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Case Study

Therapeutic Reversal of Pelvic Endometriosis Using Endotone Polyherbal Capsule: A Case Report

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ABSTRACT

Background: Endometriosis is a chronic gynaecological disorder characterized by the ectopic presence of endometrial tissue, often associated with menstrual irregularities, pelvic pain, and infertility. Despite advances in conventional management, recurrence and treatment related adverse effects remain significant concerns, prompting exploration of alternative approaches. **Case Presentation:** This case report presents a 30 year old unmarried female with secondary amenorrhea for three months and a history of irregular menstrual cycles, diagnosed with pelvic endometriosis on ultrasonography. The patient was managed with endotone polyherbal capsule comprising *Cyperus rotundus*, *Curcuma longa*, *Symplocos racemosa*, *Withania somnifera*, *Glycyrrhiza glabra*, *Centella asiatica*, *Zingiber officinale*, and *Cinnamomum zeylanicum*, administered orally twice daily for three months. **Results:** The patient experienced restoration of menstrual cycles, and follow up ultrasonography revealed normal pelvic findings. No adverse effects were observed. **Conclusion:** The case highlights the potential of Unani polyherbal therapy as a safe and effective alternative approach in managing endometriosis. Further studies are required to validate these findings.

INTRODUCTION

Endometriosis is a complex, oestrogen dependent inflammatory condition characterized by the growth of functional endometrial glands and

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stroma outside the uterine cavity, affecting a significant proportion of women (approximately 10%) in the reproductive age group[1]. The condition commonly manifests as dysmenorrhea, chronic pelvic pain, infertility, and disturbances in menstrual patterns[2,5]. Its pathogenesis is multifactorial, involving retrograde menstruation, altered immune responses, oxidative stress, and hormonal imbalance[3,6,7]. Conventional treatment strategies, including hormonal suppression and surgical interventions, often provide temporary relief but are limited by recurrence and side effects[4,8,26,27]. Traditional systems of medicine, such as Unani medicine, offer a holistic framework for managing such disorders by addressing the underlying imbalance in bodily humors (*Akhlat*) and temperament (*Mizaj*). In Unani literature, conditions resembling endometriosis are described under uterine disorders associated with *Waram* (inflammation) and *Sudad* (obstruction), primarily arising from derangement of *Sauda* (black bile) and *Dam* (blood) [9–11].

Case Presentation

A 30-year-old unmarried woman presented with complaints of absence of menstruation for three months, preceded by a history of irregular menstrual cycles over several months. There was no history of significant systemic illness, endocrine disorder, or prior surgical intervention. General physical and systemic examinations were unremarkable. Pelvic ultrasonography was performed, which revealed findings suggestive of pelvic endometriosis. Although laparoscopy remains the gold standard, ultrasonography is widely used for initial evaluation and follow up [5,12]. Based on clinical presentation and imaging findings, a diagnosis of secondary amenorrhea associated with endometriosis was made.

Timeline

Time	Event
Month 0	Presentation with amenorrhea and irregular cycles
Month 0	Ultrasonography suggestive of pelvic endometriosis
Month 0–3	Administration of Endotone polyherbal capsule
Month 3	Restoration of menses
Month 3	Repeat ultrasonography showing normal findings

Therapeutic Intervention

The patient was prescribed Endotone polyherbal capsule, administered orally twice daily for a period of three months. The polyherb capsule included *Cyperus rotundus* (50mg), *Curcuma longa* (50mg), *Symplocos racemosa* (50mg), *Withania somnifera* (40mg), *Glycyrrhiza glabra* (25mg), *Centella asiatica* (25mg), *Zingiber officinale* (20mg), and *Cinnamomum zeylanicum* (15mg). These drugs were selected based on their traditional indications and pharmacological properties, including anti-inflammatory, emmenagogue, uterine tonic, and humoral corrective actions[13–18]. No concurrent hormonal or conventional pharmacotherapy was given during the treatment period, allowing isolated evaluation of the intervention.

Outcome and Follow-Up

During the course of treatment, the patient reported gradual improvement in her condition, with the resumption of menstrual cycles. By the end of three months, menstrual regularity was restored without any reported adverse effects. A follow-up pelvic ultrasonography was conducted, which demonstrated normal pelvic anatomy with no evidence of previously noted endometriotic changes. The clinical and radiological improvement suggested a favourable response to the intervention.



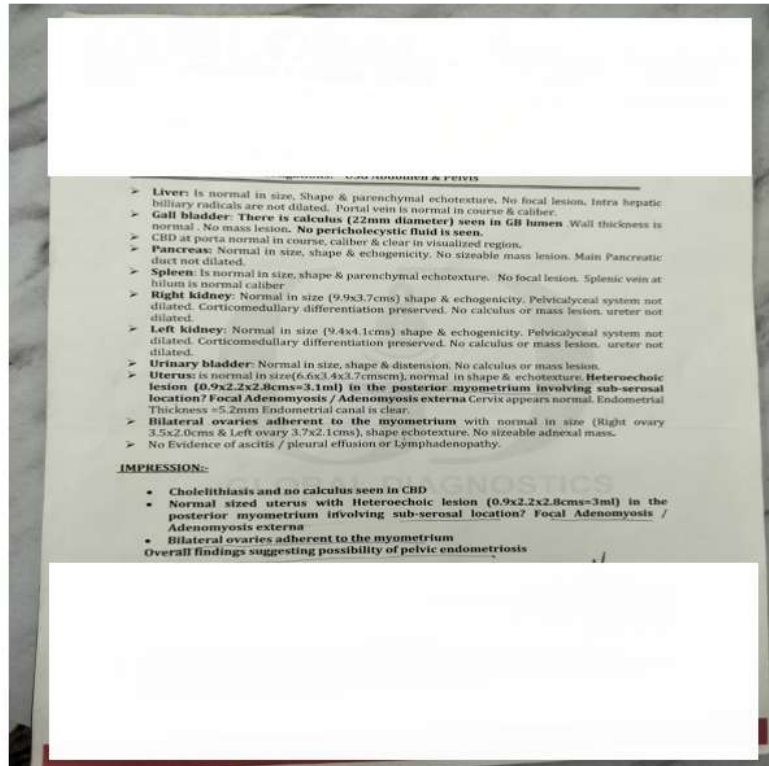


Fig.1: Ultrasonography before treatment

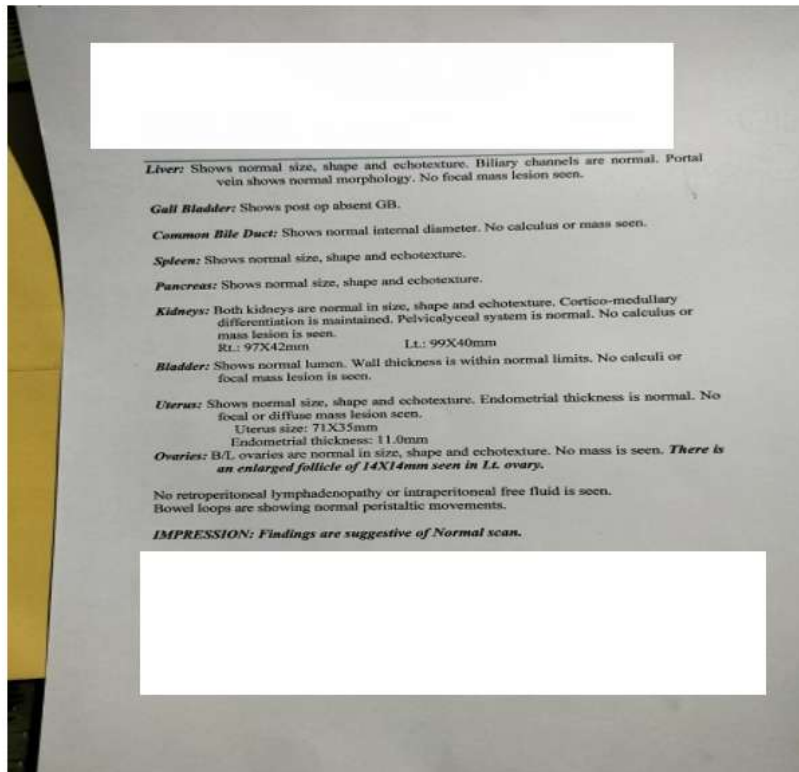


Fig.2: Ultrasonography after treatment

DISCUSSION

Endometriosis is increasingly recognized as a chronic inflammatory condition with a complex

etiopathogenesis involving immune dysfunction, oxidative stress, and hormonal dysregulation. The favourable outcome observed in this case may be attributed to the synergistic pharmacological actions of the herbal components and the multi targeted nature of traditional medicinal systems [23,24,25]. Herbs such as *Curcuma longa* have demonstrated anti-inflammatory and anti-angiogenic effects by modulating cytokines and growth factors [19,20], and *Zingiber officinale* possesses significant anti-inflammatory and analgesic properties [21], which may help reduce ectopic endometrial activity. *Withania somnifera* and *Glycyrrhiza glabra* contribute to hormonal modulation and immunoregulation [15,22], while *Symplocos racemosa* acts as a uterine tonic, supporting menstrual normalization. Additionally, *Centella asiatica* promotes tissue repair and microcirculation [14,16], whereas *Cyperus rotundus* and *Cinnamomum zeylanicum* aid in improving metabolic and circulatory functions. From the Unani perspective, the condition can be interpreted as a manifestation of *Su' Mizaj Barid Yabis* associated with the accumulation of *Sauda*, leading to obstruction and inflammation within the uterus. The therapeutic approach in Unani medicine focuses on the correction of temperament, elimination of morbid humors, resolution of inflammation, and strengthening of the uterus. The prescribed formulation appears to act through these principles, exerting emmenagogue, anti-inflammatory, uterine tonic, and blood purifying effects. The integrative action of these mechanisms likely contributed to the restoration of normal menstrual function and resolution of endometrial pathology.

CONCLUSION

This case report demonstrates that Endotone polyherbal capsule may offer a promising, non-invasive therapeutic option for the management of pelvic endometriosis, with beneficial effects on

both clinical symptoms and radiological findings. The absence of adverse effects further supports its safety profile. However, as this is a single case observation, larger well-designed clinical studies are required to validate these findings and establish the role of Unani medicine in the broader management of endometriosis.

Ethical approval: Not applicable.

Informed Consent: Written informed consent was obtained from the patient for publication of this case report and accompanying clinical details.

Conflict of interest: None declared.

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