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Estrogen Dominance as a Lifestyle Disorder: An Integrative Ayurvedic Approach

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ABSTRACT:

Background: Estrogen dominance, an imbalance between estrogen and progesterone, is associated with gynecological disorders such as fibroids, endometriosis, menorrhagia, and premenstrual syndrome. Conventional management often relies on surgical intervention, with limited conservative strategies available. **Methods:** This paper presents an integrative eight-step Ayurvedic protocol designed to address estrogen dominance. The approach combines Rasāyana therapies, functional medicine principles, and psychological support, with emphasis on detoxification, diet tailored to Agni, stress regulation, and targeted herbal interventions. **Results:** Over the past years, several patients have been treated using this protocol. Two representative cases, for which complete clinical documentation is available, are described in detail. Both demonstrated significant improvement and successfully avoided hysterectomy. **Conclusion:** Estrogen dominance can be regarded as a lifestyle-related disorder that responds favorably to integrative Ayurvedic care. The proposed protocol offers a structured, non-surgical alternative that empowers women and may reduce the need for invasive treatment.

KEYWORDS:

Ayurveda; estrogen dominance; lifestyle disorder; perimenopause; Rasāyana; integrative medicine; hysterectomy prevention

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INTRODUCTION:

Estrogen dominance, defined as an imbalance between estrogen and progesterone, is increasingly recognized as a contributing factor in conditions such as uterine fibroids, endometriosis, adenomyosis, menorrhagia, dysmenorrhea, and premenstrual syndrome. These disorders impair women's health and quality of life and often lead to severe anemia, with hysterectomy frequently recommended as a definitive treatment. Although conventional medicine acknowledges the role of estrogen in fibroid development, the concept of 'estrogen dominance' is not formally integrated into clinical practice, and effective conservative strategies remain limited. Functional medicine highlights mechanisms such as impaired hepatic and intestinal detoxification, microbiome dysbiosis, chronic inflammation, insulin resistance, and exposure to xenoestrogens. These factors closely mirror explanations found in Ayurveda, which attributes such disorders to aggravated Kapha and Vāta, impaired Agni, and the accumulation of āma. Both frameworks emphasize lifestyle, digestion, and detoxification, albeit through different conceptual lenses. This paper introduces an eight-step Ayurvedic protocol designed to address estrogen dominance as a lifestyle-related disorder, aligning Ayurvedic wisdom with functional medicine and psychology. To illustrate its application, two fully documented case studies are presented.

Pathophysiological Background

In conventional medicine, the etiology of fibroids and other estrogen-related gynecological conditions remains uncertain. Nevertheless, the correlation with elevated estrogen is well recognized. Functional medicine proposes underlying mechanisms, including impaired hepatic detoxification, altered microbiome activity, chronic inflammation, and endocrine disruption from environmental exposures. Ayurveda, in parallel, explains these conditions through Kapha–Vāta aggravation, weakened Agni, and accumulation of āma. These perspectives, though distinct, both highlight the central role of detoxification and metabolic regulation in reproductive health.

Lifestyle Factors

Modern lifestyle patterns contribute significantly to estrogen dominance:

1.Dietary Factors: Processed foods, refined sugar, and trans fats impair hepatic detoxification and increase inflammation. Low fiber intake reduces estrogen clearance, while animal products may contain exogenous hormones. Contemporary dietary patterns place a significant burden on hepatic and gastrointestinal function, compromising all three phases of estrogen detoxification: Phase I (hepatic transformation), Phase II (hepatic conjugation), and Phase III (intestinal elimination). Inefficiency in any of these phases results in inadequate metabolism and clearance of estrogens, thereby contributing to systemic hormonal imbalance.

2. Physical Inactivity: Sedentary habits promote adipose accumulation, particularly abdominal fat, which actively produces estrogen.

3. Xenoestrogens: Chemicals such as BPA, phthalates, pesticides, and personal-care products act as endocrine disruptors.

4. Chronic Stress: Sustained cortisol elevation diverts pregnenolone, the common precursor of both cortisol and progesterone, towards cortisol synthesis, thereby reducing progesterone availability. This "pregnenolone steal," together with cortisol's ability to block progesterone receptors and disrupt circadian rhythms, further aggravates estrogen dominance.

5. Digestive Disorders: Constipation and dysbiosis impair estrogen elimination, while beta-glucuronidase activity reactivates conjugated estrogens.

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6. Excess Weight: Adipose tissue acts as an endocrine organ, producing additional estrogen via aromatization.[1]

Materials and Methods/ Intervention Model

The intervention is structured as an eight-step program delivered over six months, combining therapeutic practices with a strong educational component to ensure long-term adherence. The steps are as follows:

Step 1: Understanding Doṣas, Prakṛti, and Agni

Patients are introduced to the concepts of Vāta, Pitta, and Kapha and their unique constitution (Prakṛti) [2]. They also learn about Agni (digestive fire) and its variations: Samāgni, Mandāgni, Viṣamāgni, and Tīkṣṇāgni [3]. This diagnostic and educational step enables individualized interventions tailored to constitution and metabolic type.

Step 2: Detoxification Therapies (Śodhana)

Estrogen detoxification occurs in three sequential phases. Phase I involves hepatic transformation of estrogens into intermediate metabolites. Phase II consists of hepatic conjugation, rendering these metabolites water-soluble and suitable for excretion. Phase III takes place in the intestine, where the gut microbiome plays a pivotal role. Dysbiosis, particularly through increased β-glucuronidase activity, may deconjugate estrogens already prepared for elimination, thereby reactivating them and promoting enterohepatic recirculation [4, 5]. Impairment of these processes contributes to estrogen dominance. In classical Ayurveda, deep detoxification is achieved through Panchakarma procedures such as Virechana, typically requiring inpatient hospital care [6,7]. Since such facilities are not widely available in many countries outside India, this step was adapted to provide patients with safe, simple, and context-appropriate self-care detoxification practices.

Instead of a full Virechana protocol, a gentler Vāta Anulomana approach was implemented to support intestinal transit and reduce hepatic load. The sequence included:

(1) Sādhya Snehana, consisting of both internal and external oleation. Internal oleation was performed with a minimal dose of Snehapāna (oral administration of ghee), while external oleation was carried out through Abhyanga (self-massage with medicated oils such as Mahanārāyaṇa Taila).

(2) Avagāha Svedana (immersion-based sudation) combined with dietary mobilization (Utkleśana) through the use of sour fruit juices, buttermilk (Takra), and light spicy soups;

(3) Mṛdu Virecana (gentle purgation) with a minimal dose of castor oil (Eranda Taila), aiming for up to eight eliminations;

(4) gradual restoration of digestive fire (Saṃsarjana Krama) through a phased reintroduction of light foods (Māṇḍa, Peya, Vilepi) [8]. This adapted procedure provided a practical and well-tolerated alternative to classical inpatient Panchakarma, while maintaining its fundamental therapeutic objectives. When indicated, individualized sequences of Mātrā Basti (oil enema) and Nirūha Basti (herbal decoction enema) are taught to patients, promoting intestinal health, reducing Vāta imbalance, and lowering beta-glucuronidase activity.

Step 3: Dietary Regulation

Nutrition is adapted to the patient's Agni type. Dietary guidance aligns Ayurvedic principles with evidence from modern research showing that diet modulates endogenous estrogen metabolism [9]. Patients identify supportive foods and those to avoid, building sustainable menus rather than rigid prescriptions. Based on clinical observation, the majority of patients with estrogen dominance tend to present either Viṣamāgni (irregular digestive fire) or Mandāgni (diminished digestive fire),

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both of which contribute to metabolic and hormonal imbalance.

Step 4: Natural Products for Associated Conditions

One of the most frequent comorbidities of estrogen dominance is anemia, often secondary to excessive menstrual blood loss (*menorrhagia, metrorrhagia*). Instead of prescribing direct iron supplementation, the therapeutic approach focuses on nourishing *Rasa Dhātu*, thereby enabling the generation of high-quality *Rakta Dhātu*. For this purpose, deep-sea, microfiltered seawater (collected at approximately 200 m depth) is utilized due to its mineral profile, which closely resembles human extracellular fluids. From an Ayurvedic perspective, this substance is considered analogous to *Rasa Dhātu*, being rich in minerals and trace elements that support tissue nutrition. Its affinity with *Rakta Dhātu* derives from the *tattvic* composition of blood (*Tejas* + *Āpa*), which parallels the inherent *Lavaṇa Rasa* (salty taste) present in seawater [10, 11]. To further support hematopoiesis and the strengthening of *Rakta Dhātu*, fruits traditionally recognized for their nutritive properties, such as raisins (*Drākṣā*), figs (*Udumbara/Anjīra*), dates (*Kharjūra*), and pomegranate (*Dādimā*), are recommended [12]. For fibroids and cysts, Kañchanār Guggulu is administered to reduce abnormal growths, balance doṣas, and improve lymphatic circulation. Local applications such as Yoni Pichu with Nimba Taila and abdominal massage with Eranda Taila followed by heat are used to reduce inflammation and support reproductive health.

Step 5: Reduction of Xenoestrogen Exposure

Minimizing exposure to xenoestrogens from cosmetics and personal hygiene products represents an essential component in the management of estrogen dominance [13]. Within Ayurveda, this principle is articulated through the guideline that only substances deemed pure and safe for ingestion should be applied to the skin. Patients are educated to replace synthetic cosmetics and personal-care products with natural alternatives. Practices include washing hair with Amla, Reetha, and Shikakai, using Henna and Indigo for dyeing, preparing homemade toothpaste and deodorants, and applying Abhyanga with medicated oils instead of chemical shower gels or body lotions.

Step 6: Cortisol Regulation with Medhya Rasāyana

Chronic stress is recognized as a major driver of estrogen dominance. Elevated cortisol contributes to hormonal imbalance through several mechanisms: (1) the “pregnenolone steal,” in which cortisol synthesis diverts the common precursor pregnenolone away from progesterone pathways, thereby reducing progesterone availability; and (2) competitive inhibition at progesterone receptors, which limits the physiological utilization of circulating progesterone. Maintaining cortisol within an optimal range is therefore essential for restoring the estrogen–progesterone balance [14]. To support this objective, *Medhya Rasāyana* herbs with adaptogenic effects, but without isoflavones or estrogen-agonist receptor activity, are recommended. While *Glycyrrhiza glabra* (licorice) is traditionally classified as a valuable *Medhya Rasāyana*, it is excluded in this context due to its potential to aggravate estrogen dominance. Instead, herbs such as *Vacha* (*Acorus calamus*), *Brahmi* (*Bacopa monnieri*), *Tagara* (*Valeriana wallichii*), and *Jyotiṣmatī* (*Celastrus paniculatus*) may be employed. Additionally, *Nasya* therapy is integrated into the protocol, with either *Pratimarśa Nasya* using ghee or *Marśa Nasya* with a *Vacha* decoction, depending on patient needs [15]. This therapy promotes nervous system regulation, reduces stress, and

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modulates the hypothalamic–pituitary–adrenal axis, thereby contributing indirectly to cortisol normalization. Complementary daily practices, including guided meditation, are also incorporated to reduce psychological stress, stabilize cortisol levels, and promote autonomic balance.

Step 7: Emotional Regulation and Relational Balance

This step emphasizes the role of emotional regulation in women's health, with particular relevance to estrogen dominance. Patients are supported in recognizing and processing emotions through structured methods aimed at reducing psychological stress and its somatic manifestations. Furthermore, guidance is provided to foster healthier relational patterns, as clinical and psychosomatic research suggests that unresolved emotional conflicts and relational tensions may contribute to the exacerbation of hormonal imbalances. Evidence indicates that effective emotional regulation not only improves psychological well-being but also supports endocrine homeostasis, thereby mitigating the impact of estrogen dominance [16].

Step 8: Progesteronic Herbs

The final stage of the protocol involves the administration of progesterone-supporting herbs, such as *Vitex agnus-castus*, which are introduced in carefully individualized doses and schedules [17]. The preceding steps: systemic detoxification, dietary adaptation to *Agni*, and cortisol regulation, serve to optimize physiological conditions, thereby enhancing the assimilation and activity of phytohormonal compounds.

Although contemporary studies indicate that plant-derived progesterone is not directly bioavailable without laboratory processing, clinical observations from this protocol suggest that, when the body is adequately prepared through Ayurvedic interventions, the active principles of such herbs can exert meaningful physiological effects. Consistent clinical outcomes in patients support the therapeutic relevance of this approach.

Case Studies

Over the years, multiple patients have been treated with this integrative program. Two representative cases are presented here, as they are fully documented with clinical data.

Case 1: A perimenopausal patient presented with metrorrhagia, fibroid uterus, and a left ovarian cyst. Hemostatic curettage was recommended and subsequently performed. A second ultrasound post-curettage still reported a fibroid uterus with **surgery advised.** Hemoglobin at entry: **10.4 g/dL**.

After undergoing the eight-step program, ultrasound findings normalized, hemoglobin increased to 11.8 g/dL, and hysterectomy was no longer required.

Case 2: A perimenopausal patient with submucosal fibroid and menorrhagia had been scheduled for hysterectomy. Following the intervention, fibroid size decreased with 26%, bleeding was significantly reduced, and surgical treatment was avoided. The patient was advised periodic monitoring instead.

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Case	Diagnosis	Initial Findings	Intervention Highlights	Outcome
1	Fibroid uterus + ovarian cyst + metrorrhagia	Hb 10.4 g/dL; fibroid uterus + cyst	8-step protocol, focus on detox & Rakta support	Hb 11.8 g/dL; USG normalized; hysterectomy avoided
2	Submucosal fibroid + menorrhagia	Scheduled for hysterectomy	8-step protocol, emphasis on emotional balance & Medhya Rasāyana	Reduced bleeding; fibroid regression with 26%; surgery avoided

DISCUSSION:

This study highlights an integrative Ayurvedic approach to estrogen dominance, emphasizing the role of lifestyle, diet, detoxification, and emotional regulation. By combining Ayurvedic principles with functional medicine insights, the protocol addresses both underlying mechanisms and symptomatic relief. The educational focus empowers patients, facilitating adherence and long-term lifestyle changes. While the results are promising, the evidence is based on case documentation rather than controlled clinical trials. Larger studies are needed to validate efficacy, determine reproducibility, and compare outcomes with conventional treatments.

CONCLUSION:

Estrogen dominance is a multifactorial, lifestyle-driven disorder that can be effectively addressed through an integrative Ayurvedic approach. The eight-step protocol presented here illustrates how detoxification, dietary adaptation, Rasāyana therapies, stress management, and progesterone-supporting botanicals can restore hormonal balance. The documented cases demonstrate the potential for avoiding invasive surgery such as hysterectomy, underscoring the relevance of Ayurveda in contemporary women's health care.

REFERENCES:

1. Bhardwaj P, Au CC, Chow LWC, Toi M, Ghazali S. Estrogens and breast cancer: Mechanisms involved in obesity-related development. J Steroid Biochem Mol Biol. 2019;189:161–70.
2. Vagbhata. *Aṣṭāṅga Hṛdayam*, Sūtra Sthāna 12/1–3, 5–7.
3. Agnivesha. *Caraka Saṃhitā*, Vimāna Sthāna 6/12. Revised by Charaka and Dridhabala.
4. Hu S, Wang J, Huang S, Fan H, Xu Y, Zhang Y, et al. Gut microbial beta-glucuronidase: a vital regulator in female estrogen metabolism. Gut Microbes. 2023;15(1):2267802.
5. Flores R, Shi J, Fuhrman B, Xu X, Veenstra TD, Gail MH, et al. Fecal microbial determinants of systemic estrogens: a cross-sectional study. J Transl Med. 2012;10:253.
6. Vāgbhaṭa. *Aṣṭāṅga Hṛdayam*, Sūtra Sthāna 18.Varanasi: Chaukhamba Sanskrit Sansthan; 2016. Reprint Edition.
7. Agniveśa, revised by Charaka and Dridhabala. *Caraka Saṃhitā*, Sūtra Sthāna 15/17. Varanasi: Chaukhamba Surbharati Prakashan; 2017. 5th Edition.
8. Agniveśa, revised by Charaka and Dridhabala. *Caraka Saṃhitā*, Sūtra Sthāna 15/16. Varanasi: Chaukhamba Surbharati Prakashan; 2017. 5th Edition.

9. Wiggs AG, Nilsson MI, Booth FW. The effects of diet and exercise on estrogens and breast cancer risk. *Front Endocrinol (Lausanne).* 2021;12:726627.
10. Vāgbhaṭa. *Aṣṭāṅga Hṛdayam*, Sūtra Sthāna 10/1.Varanasi: Chaukhamba Sanskrit Sansthan; 2016. Reprint Edition.
11. Suśruta. *Suśruta Saṃhitā*, Sūtra Sthāna 15/10.Varanasi: Chaukhamba Sanskrit Sansthan; 2015. Reprint Edition.
12. Vāgbhaṭa. *Aṣṭāṅga Hṛdayam*, Sūtra Sthāna 6/115–121.Varanasi: Chaukhamba Sanskrit Sansthan; 2016. Reprint Edition.
13. Gachowska M, Zgórka A, Góralczyk A, Struciński P, Ludwicki JK. Influence of environmental exposure to xenoestrogens. *Int J Mol Sci.* 2024;25(2):1035.
14. Plechner AJ. Cortisol abnormality as a cause of elevated estrogen. Med Hypotheses. 2004;62(3):416–26.
15. Vagbhata. *Aṣṭāṅga Hṛdayam*, Sūtra Sthāna 20. Varanasi: Chaukhamba Sanskrit Sansthan; 2016. Reprint Edition.
16. Dowding C, Hunter MS, Gentry-Maharaj A. Emotional distress and physical functioning in endometriosis: a 12-month study. Appl Psychol Health Well-Being. 2023;15(3):927–47.
17. Van Die MD, Burger HG, Teede HJ, Bone KM. Vitex agnus-castus extracts for female reproductive disorders: a systematic review. Planta Med. 2013;79(7):562–75.

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