



Case Study

## AYURVEDIC MANAGEMENT OF ADENOMYOSIS

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### ABSTRACT

Adenomyosis is a gynaecologic condition characterized by ectopic endometrial tissue within the uterine myometrium. Adenomyosis, if not treated can lead to endometriosis, and hence can lead to more complications and hysterectomy might be the option. But by using Ayurvedic formulation with properties like *Anulomaka, Vatashamaka, Lekhagana, Rakta prasadaka* etc properties patient got significant relief from pain and irregular menses along with improvement in quality of life. Uterine adenomyosis is a benign condition in which endometrium like epithelial and stromal tissues appear in myometrium, surrounded by hypertrophic smooth muscle. Endometrial cells from the lining of endometrial cavity, migrate; most commonly into the posterior side or back wall of uterus, as these cells respond to monthly hormonal change. Severity and symptoms associated with adenomyosis, directly proportional to degree of involvement and penetration of uterine muscle. Adenomyosis can cause heavy menstrual bleeding (cyclic or acyclic) or scanty menstruation (oligomenorrhoea or hypomenorrhoea) along with dysmenorrhoea. So in this case study patient having adenomyosis presented symptom of dysmenorrhoea with scanty menses and irregular menses. In this study there is *Sanga of Doshas* predominantly of *Vata- kapha*, so *Lekhana* is accepted and *Vatavaigunya* is present were *Mamsa-rakta dusti* is present, so *Vatanulomana* and *Rakta prasadan chikitsa* is adapted. So adenomyosis can be compared in Ayurveda with *Udavartini yonivyapada* among 20 *Yonivyapada*.

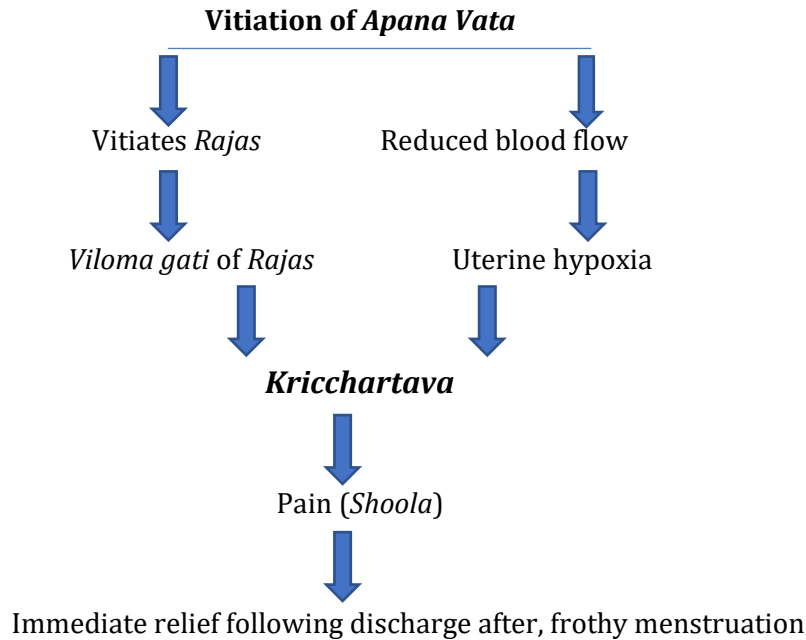
### INTRODUCTION

Adenomyosis is a uterine enlargement due to ectopic rests of both glands and stroma located deep within the myometrium. These rests may be scattered throughout the myometrium diffuse adenomyosis or they may form a circumscribed nodular focal collection have symptoms in which menorrhagia and dysmenorrhoea are common. Dysmenorrhoea is thought to be caused by increased prostaglandins production found in adenomyosis tissue compared with that in normal myometrium.<sup>[1]</sup>

In India the prevalence of adenomyosis is 23.5% in which 80% were seen in the age group of 31-50yrs.<sup>[2]</sup> Uterine menstrual contractions are caused by prostaglandin, which is produced by normal endometrial tissue. Dysmenorrhea is the main characteristic for this disease which is the result for high prostaglandin levels. Endometrial proliferation is also lead by estrogen; some treatments try to reduce its levels in order to decrease symptoms. Adenomyosis patients present with heavy menstrual bleeding due to the increase of endometrial tissue, greater degree of vascularization, atypical uterine contractions and increased levels of prostaglandins, estrogen and eicosanoids.<sup>[3]</sup> Here in this study we have correlated Adenomyosis with *Udavartini Yoni Vyapada* because of the characteristic feature is dysmenorrhoea and *Raja krichena muchyatae* as described by Acharya Sushruta, which is due to increased *Vata*. Because of *Vata pratiloma* and there will be myometrial changes. And hence the main line of treatment chosen is *Vata-*

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**Pathogenesis**



**Case Report**

A 41yr old married female came to OPD of *Prasooti tantra and Stree Roga*, at MA PODAR Hospital with complaints of dull aching pain in lower abdomen, irregular and scanty menses since 3 months.

**History of Present Illness**

Patient was apparently healthy one year back. Later she developed mild pain in lower abdomen and pain increased during menstruation. Gradually she developed dysmenorrhoea then she had irregular menstrual cycle then she took Allopathy treatment for 5 months (hormonal therapy of 21 days was given with withdrawal) but she didn't get any relief. Then she consulted PTSR OPD at M.A Podar Hospital for the further management.

**Past history-** Nothing significant

**Family history-** Nothing significant

**Personal history-** Appetite – good; Diet- mixed (spicy and salty non-veg twice in a weak mainly chicken)

**Bowel habit-** Mild constipated once in two days

**Micturition-** Normal, clear

**Sleep-** Sound

**Marital status:** Married since 21 yr. (living with husband)

**Menarche:** 13 yrs of age

**Menstrual History**

LMP- 02/05/2023

L1MP:12/03/23

L2MP:3/01/23

**Menstrual History**

Menarche	At the age of 13 years
Cycle	Irregular
Interval	2 - 3 months (1 yr)
No. of days of bleeding	2-3 days
No. of pads per day	2-3 pads/day, painless

## Obstretic History

G<sub>2</sub>P<sub>2</sub>L<sub>2</sub>A<sub>0</sub>L<sub>2</sub>D<sub>0</sub>

G1,L1- Male 20yrs FTND

G2, L2- Female 16yrs FTND tubectomy not done

Contraceptive History: Nil

## Examination

General examination		Samanya parikshana	
GC- moderate	Temp.- 98.6°F	Jivha- ishat sama	Mala- aniyamit
P - 78/min	Weight- 58kg	Kshudha- mandya	Mutra- prakrut
BP-110/70mm of hg	BMI- 25.5kg/ m <sup>2</sup>	Nidra- prakrut	
RR- 20/ min			

## Dashvidhpariksha

Prakriti - Kapha-vataj	Satwa - Madhyam
Vikriti- Rasa-rakta-mamsa- Meda	Kosta - Madhyam
Agni- Vishama	Aharshakti - Avar
Samhanan - Madhyam	Vyayamshakti - Madhyam
Satmya - Vyamishra	Vaya - Yuvavastha

## Systemic Examination

CVS: S1-S2 normal

CNS: Well oriented, conscious.

RS: normal vesicular breathing, no added sounds.

P/A- Soft, no organomegaly, tenderness + in hypogastrum region

## Per Vaginal Examination

- Cervix - Soft, mobile, movement - painless
- Lateral Fornices - Free, non-tender
- Posterior Fornix - No tenderness

## Uterus (Bimanual Examination)

- Position - Anteverted & Anteflexed, Size - Bulky Uterus
- Tenderness - Present

## Per speculum Examination

- Cervix Os- Erosion present
- Mucoïd white discharge,
- Healthy Vaginal Wall.

## Blood investigations

Hb% - 12 gm%,

CBC-WNL

Thyroid Profile-WNL

LFT, RFT- WNL

BSL-F 86; PP 102

Lipid Profile = WNL

HHH - Negative

## U.S.G (Abdomen + Pelvis): 25/5/23

Bulky uterus with changes of focal adenomyosis in anterior myometrium.

## Samprapti Ghataka

Dosha- Vata Pradhana

Pitta Dushya- Rasa and Rakta

Srotas involved- Aartava Vaha Srotas Srotodushthi- Apravatti

## Intervention

The treatment was started with Aamapachan and Agnideepan and Anulomana for 7 days.

- After that oral medications, Yoga Basti given to patient after 3 consecutive menstrual cycles. For oral medication Daruharidra gana Vati pragbhakta with Koshna jala; Chandraprabha vati and Kanchanar guggulu was given after food with Kosana jala with Basti karma for 3period of 4 months.
- During this period, intake of routine homemade Pathya ahaar and Vihaar of Suryanamaskar, pranayama was told to follow.
- Avoiding of Apathya ahaar and Vihaar outside junk food, Diwaswaap was totally told to be avoided.
- Required Taila and Kasaya were made according to the standard operative procedure (SOP) According to Sharangdhar Samhita.

**Drug and Posology****For Deepan Pachan and Anulomana (for 7 days)**

Name of medicine	Doses	Anupan	Ingredients and Reference
<i>Aarogyavardhini vati</i>	2 tablet (each of 250mg) BD- Bhojanottar	<i>Koshna jala</i>	[3]
<i>Avipattikar churna</i>	3 gm HS	<i>Koshna jala</i>	[4]

**For cervical erosion (for 7 days)**

Name of Medicine	Doses	References
<i>Yonipichu (Jatyadhi taila)</i>	For 7 days for 2 hrs after menses.	(5)

**For 3 consecutive menstrual cycles (for period of 4 months)**

Name of medicine	Doses	Anupan	Ingredients and Reference
<i>Tab. Daruharidra gana vati</i>	2 tablet BD- <i>Bhojanottar</i>	<i>Koshna jala</i>	(6)
<i>Kanchanar guggulu</i>	2 tablet (each 250mg) BD 3- <i>Bhojanottar</i>	<i>Koshna jala</i>	(7)
<i>Tab. Chandraprabhavati</i>	2 tablets BD (250 mg) <i>Bhojanuttara</i>	<i>Koshna jala</i>	(8)
<i>Yogabasti- Anuvasan- Dhanvantri Taila</i> <i>Niruha-Dashmoola+Triphala kwatha</i>	Post-menstrually- 3 consecutive cycles For 8 days	-	(9)
<i>Avipattikar Churna</i>	3gm HS	<i>Koshna jala</i>	(4)

1 <sup>st</sup> Follow up. (4/5/23)	2 <sup>nd</sup> Follow up. (9/5/23)	3 <sup>rd</sup> Follow up. (2/6/23)	4 <sup>th</sup> Follow up. (15/6/23)	5 <sup>th</sup> Follow up. (2/07/23)	6 <sup>th</sup> Follow up. (30/7/23)
LMP- 2/5/23 TO 3/5/23	LMP- 2/5/23 TO 3/5/23	LMP- 28/5/23 TO 30/5/23	LMP-28/5/23 TO 30/5/23	LMP-28/6/23 TO 30/6/23	LMP- 24/7/23 TO 26/7/23
1.Tab.Arogyavar dhini vati 2.Avipattikar Churna	1.Yogabasti- (1 <sup>st</sup> cycle) (9/5/23 to 15/5/23) 2.Tb.Chandrapra bha vati 3.Tb.Daruharidr a gana vati 4.Tb.Kanchanar Guggulu. 5.Avipattikar churna	1. Yogabasti- (2 <sup>st</sup> cycle) (28/5/23 to 30/5/23) 2.Tab.Chandrapr abha vati 3.Tab.Daruharidr a gana vati 4.Tab.Kanchanar Guggulu. 5.Avipattikar churna	1.Tab.Daruhari dra gana vati 2.Tab.kanchan ar Guggulu. 3.Avipattikar churna	1.Yogabasti- (3 <sup>rd</sup> cycle) (2/7/23 to 8/7/23) 2.Tab.Chandrap rabha vati 3.Tab.Daruharid ra gana vati 4.Tab.Kanchana r Guggulu. 5.Avipattikar churna	1.Tab.Chandrapr abha vati 2.Tab.Daruharidr a gana vati 3.Tab.kanchanar Guggulu. 4.Avipattikar churna

**OBSERVATION AND RESULTS**

During first visit of treatment along with Ayurvedic intervention, treatment protocol was decided with 30 days follow up. Patient had strictly followed the said *Pathyas* of *Ahaar and Vihaar* like yoga and Suryanamaskar at the time of first visit (04/05/2023) patient was having irregular menses, dysmenorrhoea and scanty menses. The symptoms of irregular menses were reduced, for 3 consecutive cycles it was 45 to 60 days interval, after the treatment normal menstruation pattern (28-35 days) was restored. Scanty menses improved. Pain reduced.

## Observations

### Subjective Criteria

	Date	Pain during menstruation	No. of pads used, flow of blood	Regular/irregular
1 <sup>st</sup> follow up	04/5/23	Severe pain	1 pad/day For 2 days	Irregular
2 <sup>nd</sup> follow up	9/5/23	Moderate pain	1 pad/day For 2days	Irregular
3 <sup>rd</sup> follow up	2/6/23	Moderate pain	2 pad/day for 3 to 4 days	Irregular
4 <sup>th</sup> follow up	15/6/23	Moderate pain	2-3 pad/day for 3 to 4 days	regular
5 <sup>th</sup> follow up	2/7/23	Mild pain	2-3 pad/day for 3 to 4days	regular
6 <sup>th</sup> follow up	1/8/23	Mild pain	2-3 pad/day for 3to 4 days	regular

### Objective Criteria

#### Changes in LMP

Before Treatment	After Treatment
LMP- 2/5/23	L3MP- 2/5/23
L1MP- 12/3/23	L2MP- 28/5/23
L2MP- 3/1/23	L1MP- 28/6/23
L3MP- 12/10/23	LMP- 24/7/23

#### Changes in USG

USG (25/5/23)	USG (21/8/23)
Minimal bulky uterus with changes of focal adenomyosis in anterior myometrium	Normal USG of abdomen and pelvis

## DISCUSSION

- The case was diagnosed as adenomyosis. It is often asymptomatic. Symptoms typically associated with adenomyosis include heavy and prolonged menstrual bleeding and dysmenorrhea, Acharya Sushruta advocates *Vata Shamaka* and *Vata Anulomaka* as the specific treatment of *Udavartini Yoni Vyapata*.
- In this case, *Sthanika Chikitsa* of *Yoni pichu* with *Jatyadhi taila* was given for 7 days for cervical erosion, due to *Vrana Ropana* property cervical erosion was reduced.
- Then *Arogyavardhini Vati*<sup>[3]</sup> was given initially for 7 days which is *Pittakapha samaka* and *Pittavirechaka*, which acts on cervical erosion and act as *Deepaka pachaka* and *Anulomaka*.
- Avipattikar Churna*<sup>[4]</sup> act as *Pitta- kapha virechaka* and act as *Nitya virechaka* and does *Rakta prasadhana* treating cervical erosion and *Rakta dusti* due to adenomyosis.
- Yoga vasti* has both local and systemic affects. *Basti* acts on *Apana vata* and causes *Vataanulomana* due to which *Pratiloma* of *Vata* gets direction and dysmenorrhoea reduces. *Vasti* stimulates enteric nervous system (ENS) and generate stimulatory response on CNS; acts on molecular level and stop secretion of unsaturated arachidonic acid which is a precursor for prostaglandin, It acts as prostaglandin inhibitor, which acts on neural pathways relieving spasm.<sup>[10]</sup> *Taila* enters into the *Srotas* and removes the *Sankocha* (spasm) by virtue of its *Sookshma vyavayi* and *Vikasi* i.e., fast spreading nature.
- Daruharidra Gana vati*<sup>[6]</sup> is *Tikta* having *Deepana, Lekhana, Shoolahara* and by its *Lekhana* property removes the ectopic tissue from abnormal sites and by *Vata anulomana* prevents *Udharvagamana* of *Raja* leading to its proper expulsion.
- Kanchanara Guggulu*<sup>[7]</sup> acts as *Vata-kaphagana* and *Lekhagana* decreasing the size of *Granthi*. The drugs used in this study helps in normalizes *Doshas* and *Vatavaigunya*, reduces *Ama* formation, excess *Meda* and remove *Srotorodha/Sanga* and creates normal functioning of *Doshas* and helpful in reduction of symptoms In this case there is *Vata* and *Kapha* involvement noted, hence this combination will normalize the function of *Vata* and *Kapha*. *Vata* in its normal state i.e., *Apana vayu* is in *Anuloma avastha*, it does its normal function, the *Vataprakopaka* does not happen i.e., *Udar shula* (dysmenorrhoea) disappears. Adenomyosis is described as circumscribed nodular aggregates of smooth muscles, hence it looks like *Granthi*. *Kanchanara Guggulu* works as *Granthihara* with *Usna veerya* and decrease its size.
- Avipattikar churna*<sup>[4]</sup> act as *Nitya Virechaka* which helps in removing excess *Pitta -kapha dhatu* by this *Rakta prasadhana* occurs.



- Considering above points we planned to normalize the functioning of *Vata* and *Kapha* (*Samprapti vigatanarta- basti* externally given and internally *Daruharidra gana vati*, *Kanchanar guggulu*, *Chandraparabha vati* with *Nitya virechaak* of *Avipattikar* was selected.

### CONCLUSION

In the present study, above treatment used for adenomyosis, is found to be very effective. Patient is free from all the symptoms and able to perform her daily routine activities without difficulty. In this study it is treated from root cause and can be used for many patients by using this *Siddhanta*.

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