



Case Study

## AYURVEDIC MANAGEMENT OF ADENOMYOSIS

Pooja Agarwal<sup>1\*</sup>, Hetal H. Dave<sup>2</sup>, Sonu<sup>3</sup>

\*1PG Scholar, <sup>2</sup>Associate Professor, <sup>3</sup>Assistant Professor (Senior), Department of Prasuti Tantra and Stri roga, National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India.

### Article info

#### Article History:

Received: 28-07-2024

Accepted: 19-08-2024

Published: 20-09-2024

#### KEYWORDS:

Adenomyosis, Dysmenorrhea, Rajaswalacharya, Nidana parivarjana, Vatanulomana.

### ABSTRACT

Adenomyosis is a gynecological condition with ectopic endometrial tissue in the uterine myometrium. This condition often results in symptoms such as heavy menstrual bleeding, dysmenorrhea, chronic pelvic pain, and can significantly impact a woman's quality of life. If untreated, it can progress to endometriosis and require a hysterectomy. Adenomyosis has a prevalence of 9% in healthy individuals, but this increases to 70% in those with endometriosis. However, Ayurvedic formulations with properties like *Anulomaka*, *Vatashamaka*, *Lekhana*, and *Balya* can provide significant relief from pain and irregular menses, thus improves patient's quality of life. **Background:** A married Hindu female patient of 26 years came to NIA Prasuti-stri roga OPD on 22-02-24 with chief complaint of painful menses since menarche and associated complaint of small sized clots p/v (1<sup>st</sup> to 11<sup>th</sup> day) and brownish discharge p/v after 7 days of menses (8<sup>th</sup> to 11<sup>th</sup> day). Her sonography findings were suggestive of adenomyosis. **Methodology:** Mainly *Vata dosha* vitiation symptoms were observed in the patient. Her complete *Nidana Parivarjana* was done, also advised to follow *Rajaswalacharya*. *Vatashamaka*, *Vatanulomak* and *Balya dravyas* were used in treatment. The treatment was continued for 2 months. **Result:** There was significant relief in pain during menses, brownish discharge after 2 months of treatment. Her sonography findings were normal.


### INTRODUCTION

Adenomyosis is a gynecological condition characterized by the presence of endometrial glandular and stromal tissues appearing in the myometrium, surrounded by hypertrophic smooth muscle. These endometrial cells migrate, often to the posterior side or back wall of the uterus, responding to monthly hormonal changes. The severity of adenomyosis symptoms is directly proportional to the degree of involvement and penetration of the uterine muscle<sup>[1]</sup>

In India, the prevalence of adenomyosis is approximately 23.5%, with 80% of cases occurring in women aged 31-50 years.<sup>[2]</sup> Patients often report heavy menstrual bleeding (menorrhagia) in 50%,

painful menstruation (dysmenorrhea) in 30%, and irregular menstrual cycles (oligomenorrhea or hypomenorrhea) in 20% of cases.<sup>[3,4]</sup> These symptoms are due to abnormal presence of endometrial tissue responding to hormonal changes, causing inflammation and increased prostaglandin production. For women who have completed their families, hysterectomy is a definitive treatment option for symptomatic adenomyosis. However, there are several conservative treatments available, including: NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), hormonal therapies, menstrual suppression with progestins, GnRH (Gonadotropin-Releasing Hormone) analogues, etc., which are having several side-effects.

*Vata* is responsible for the movement and regulation of body functions. *Apana Vata* controls the processes of menstruation, defecation, urination, and childbirth.<sup>[5]</sup> It ensures that these bodily functions occur smoothly by maintaining the downward movement of energy in the pelvic region. When *Vata* is vitiated (imbalanced), it can lead to abnormal movements of energies within the body. Vitiating *Vata*

Access this article online	
Quick Response Code	
	<a href="https://doi.org/10.47070/ayushdhara.v11i4.1694">https://doi.org/10.47070/ayushdhara.v11i4.1694</a>
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

can cause the displacement or improper movement of the endometrial tissue, leading it to penetrate into the myometrium. This abnormal movement and displacement of tissue is a key feature of adenomyosis. The improper movement of *Apana Vata* can lead to disturbances in the menstrual cycle, such as irregular periods, painful menstruation (dysmenorrhea), and heavy bleeding (menorrhagia). Ayurvedic formulations with properties such as *Vatanulomaka*, *Vatashamaka*, *Lekhana*, *balya* can provide significant results in relieving pain, regularizing menstrual cycle, thus it can enhance the quality of life.

**Case Report**

A married Hindu female of 26 years, visited to the OPD of Prasuti Tantra & Stree Roga of National Institute of Ayurveda on 22<sup>nd</sup> February, 2024 with complaints of painful menstruation since menarche and associated complaint of brownish discharge p/v with clots after 7 days of menses since last 2 months.

**Menstrual History**

Age of Menarche – 13 years  
 Duration - 7/ 24-28 days  
 LMP – 17-02-2024

**Table 1: Detailed menstrual history**

Pattern	Regular
Pain	Present, on initial 2 days (Relieves only on taking injections/medication - Meftal)
Clots	Small sized (5 rs coin size), 1 <sup>st</sup> to 11 <sup>th</sup> day
Colour	Dark red
Smell	Absent
Flow	Normal

**Table 2: Initial pad history**

Day 1 <sup>st</sup>	2 pads – Fully soaked
Day 2 <sup>nd</sup> & day 3 <sup>rd</sup>	1pad/day – Fully soaked
Day 4 <sup>th</sup> , 5 <sup>th</sup> & 6 <sup>th</sup>	1pad/day – Half soaked
Day 7 <sup>th</sup>	Spotting
Day 8 <sup>th</sup> today 11 <sup>th</sup>	Brownish discharge

**Marriage History:** Patient was having a married life of 1 year.

**Obstetric History** – Nulligravida

**Contraceptive History-** Barrier method used by male partner.

**Previous Medical History-** Non-significant

**Previous Surgical History**–Non-significant

**Family History** - Non-significant

**Allergic History-** Non-significant

**Table 3: Personal history**

<b>Diet</b>	Vegetarian	<b>Bladder</b>	Clear
<b>Appetite</b>	Decreased	<b>Bowel</b>	Clear
<b>Sleep</b>	Sound and late sleeping habits (12:00am-1:00am)	<b>Addiction</b>	None

**Table 4: Physical examination**

<b>G.C.</b>	Fair	<b>Weight</b>	61 kg
<b>B.P.</b>	110/70	<b>BMI</b>	22.42 kg/mt <sup>2</sup>
<b>P.R.</b>	76/min	<b>P. Oedema</b>	Absent
<b>Height</b>	5'5"	<b>Pallor</b>	Absent

**Systemic Examination**

CNS – Patient was conscious, well oriented to place and time, and all 12 pairs of cranial nerves are responsive.

CVS – S1S2 audible, normal, no abnormal sounds heard.

RS – Air entry is equal on both sides.

GIT– Per Abdomen – Soft, Non-tender

**Table 5: Gynecological examination**

P/V	P/S
Cervix – No abnormal discharge present healthy, no ulcerations, no erosion, no hypertrophy Vaginal walls – Healthy, pinkish	Uterus – Anteverted, anteflexed, normal in size and shape, free mobile Cervix – Downward, firm Cervical motion tenderness – Non-tender All fornices – Non-tender

**Table 6: Dashvidha Parikshya Bhava**

1	Prakruti	Vata-Kaphaja	6	Satmya	Sarvarasa Satmya
2	Vikruti	Vataja	7	Satva	Avara
3	Sara	Madhyama	8	Ahara Shakti	Avara
4	Samhana	Madhyama	9	Vyayama Shakti	Madhyama
5	Pramana	Madhyama	10	Vaya	Madhyamavastha

**Table 7: Routine investigations (Done on 03/02/2024)**

<b>Hemoglobin</b>	12.1g/dl	<b>Vitamin D Total</b>	17.96 ng/ml
<b>CBC</b>	WNL	<b>Random Blood Sugar (RBS)</b>	106.80 mg/dl
<b>Vitamin B 12</b>	182.60 pg/ml	<b>USG (uterus &amp; adnexa)</b>	Adenomyosis
<b>TSH</b>	1.02 µ IU/ml		

**Vividha Nidana**

Following *Nidana Sevana* was present in this case

- Daily intake of curd (*Dadhi*–1 bowl/day or 150-200gm) since 10 months
- Daily intake of ice-cream since 6 months
- Daily intake of *Namkeen* (1 bowl/day)
- Sleep late at night (12:30 – 01:00 AM)-*Ratrijagarana*
- History of *Vegadharana* during working hours (urine urge)
- Lack of *Rajaswalacharya* or other specific regime during menstruation period.

**Role of Vividha nidana****Dadhi**

- She has been consuming market-packaged curd almost daily.
- It is made from raw milk and not like homemade curd (*Madhuramla Dadhi*), it acts as *Mandaka Dadhi* (Unfermented curd).<sup>[6]</sup>
- Mandaka Dadhi* is known to vitiate all three *Doshas*. Acharya Charaka also refers to it as *Abhishyandikari*.<sup>[7]</sup>
- Acharya Charaka has advised not to eat curd at night and recommended avoiding it in autumn, summer, and spring and warned that ignoring these guidelines could lead to health issues,<sup>[8-9]</sup> but the patient was not aware for them.

**Ice-cream**

- Cold exposure can disrupt blood circulation and prostaglandin production in the uterus, causing dysmenorrhea<sup>[10]</sup>.
- Dairy products like ice cream contain arachidonic acid, increasing prostaglandin levels and causing menstrual pain. Prostaglandins trigger uterine contractions to shed the endometrium<sup>[11]</sup>.
- Ayurveda suggests that cold foods aggravate *Vata*, increasing pain and discomfort.

**Namkeen**

- Eating too much salty or spicy food can cause water retention, inflammation, and bloating.
- High levels of spices, chillies, and besan present in namkeen can vitiate the *Vata* and *Pitta dosha* due to their *Katu rasa*.

**Ratrijagarana**

- It leads to the vitiation of the *Vata dosha*<sup>[12]</sup>.

**Vegadharana**

- In Ayurveda texts, the Acharyas have stated that suppressing natural urges disturbs all three *Doshas*, especially *Vata dosha*<sup>[13]</sup>.

**Not following Rajaswalacharya<sup>[14]</sup>**

- Acharya Sushruta prescribes *Havisya Annam*, which includes *Shali rice* with *Ghritha* and milk, or *Yava* (barley) as explained by Acharya Dalhana.
- Ghritha* helps raise good cholesterol levels, acting as a plasma antioxidant.

- *Shali rice* balances the *Tridosha* and is nourishing. Milk also has nourishing (*Bṛumhana*) and rejuvenating (*Rasayana*) properties.
- *Yava* (barley) has light (*Laghu*), sweet (*Madhura*), cooling (*Sheeta*), and laxative (*Sara*) properties, with a low Glycemic Index. It is used for weight reduction (*Karshanartha*), bowel cleansing (*Koshthashodhanartha*), and digestive fire enhancement (*Agnivardhanartha*). It promotes stool formation and alleviates *Kapha*, *Pitta*, and *Rakta* disorders. Although mildly *Vata*kar, this effect is counteracted by adding milk or *Ghrita*.

The patient wasn't aware of specific regime to be adopted during menstruation (*Rajaswala charya*), so she didn't get its benefits. This is how the condition developed from various causes (*Nidana Sevana*).

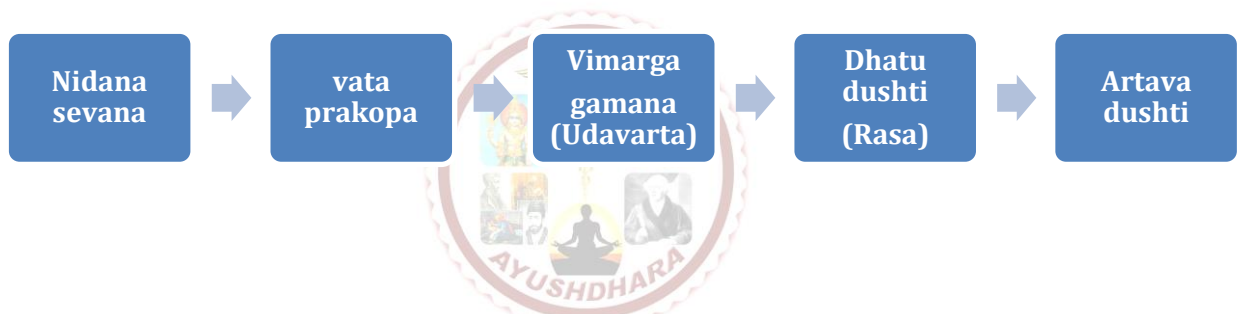
### Nidana Panchaka

- *Nidana*- Causes mentioned previously
- *Poorvaroopa*- *Kashtartava*
- *Roopa*- *Kashtartava*, menstrual disturbance
- *Upshaya*- *Vata shamak* and *vatanulomaka aahar vihara*  
- *Rajaswala charya*
- *Samprapti*- *Apana Vata*, when aggravated by various causative factors (*Nidana sevana*), can also aggravate other *Doshas*.

### Samprapti Ghataka

- *Dosha* – *Vata* (*Apana vata* and *Samana vata*)
- *Dushya* – *Rasa*- *Rakta*- *Mamsa Dhatu*
- *Srotas* – *Aartavavaha*
- *Srotodushti* – *Vimarg gamana*, *Siragranthi*
- *Sthana* - *Garbhashaya*

### Probable Samprapti



**Table 8: Treatment given to patient**

1	<i>Lavana bhaskar choorna</i> 2gm	BD with water	Before food ( <i>Pragbhakta</i> )	For 2 cycles
	<i>Shantivardhaka choorna</i> 2 gm			
2	<i>Ashwagandha choorna</i> 2 gm	BD with milk	Empty stomach ( <i>Abhakta</i> )	
	<i>Bala beeja choorna</i> 2 gm			
	<i>Yashtimadhu choorna</i> 2 gm			
	<i>Munakka</i> 8 naga (pcs)			
3	<i>Ashwagandharishta</i> 15 ml	BD with equal amount of water	After food ( <i>Pashchatbhakta</i> )	

**Table 9: Patient was advised to follow**

<b>Pathya</b>	<b>Apathya</b>
<i>Rajaswalacharya</i> for first 3 days of menses	<i>Ratrijagaran</i>
Eat <i>Vata shamaka</i> vegetables (Bottle gourd, Ridged gourd, spinach, fenugreek, pointed gourd)	<i>Dahi sevana</i>
Eat seasonal fruits	Oily, spicy food
Include <i>Saindhava lavana</i> in daily diet	<i>Vega dharana</i>

**RESULT**

After taking medication for 2 cycles

- There was 80% relief in previous complaint of painful menses.
- Relief in clots and brownish discharge p/v.
- Her USG was done on 27 April 2024 and shows normal study.

**Table 10: Menstrual history after treatment**

Pattern	Regular
Pain	Mild, bearable (analgesics not required)
Clots	Small, only 1 <sup>st</sup> day
Colour	Red
Smell	Absent
Flow	Normal

**Table 11: Pad history after treatment**

Day 1 <sup>st</sup>	2 pads- fully soaked
Day 2 <sup>nd</sup> & Day 3 <sup>rd</sup>	1 pad/ day- fully soaked
Day 4 <sup>th</sup> & Day 5 <sup>th</sup>	1pad/ day- half soaked
Day 6 <sup>th</sup>	Spotting

**DISCUSSION**

➤ Normal menstruation is a function of *Apana Vata*. Therefore, painful menstruation can be considered a result of *Apana Vata* imbalance (*Apanavayu dushti*). In this case, the patient was engaging in activities that aggravate *Vata*, such as sleeping late in night (*Ratrijagaran*), consuming cold foods (*Sheet aahara*), following a diet dominated by pungent tastes (*Katu ras*), and suppressing natural urges (*Vegadharana*). Suppressing natural urges (*Vegadharana*) causes *Apana Vata* to move in the opposite direction (*Pratiloma gati*). This vitiated *Vata* leading to unbearable pain and adenomyosis. Consequently, the treatment administered in this case was *Dosha* specific and tailored to address the vitiated *Vata Dosha* specifically.

➤ *Shantivardhaka Choorna* is a formulation from the NIA formulary that contains *Navsacara, Sauvachala, Saindhava Lavana, Trikatu, Lavang, Sukshma Ela, Swarnagairika*, and *Nimbu Satva* in equal quantities. This preparation predominantly features *Lavana* (salty), *Amla* (sour), and *Katu* (pungent) tastes, which help alleviate *Jatharagni Mandhyata* (impairment of digestive fire) and reduce *Vata* and *Kapha doshas*. Because In Ayurveda, it is said that all diseases originate from a weakened digestive fire (*Mandagni*), as stated in "*Roga Sarvepi Mandagni*".<sup>[15]</sup>

➤ *Lavanabhaskara Choorna*<sup>[16]</sup> has *Vatanulomaka* (promoting the downward movement of *Vata*) and *Vatashamaka* (pacifying *Vata*) properties due to its predominance of *Madhura rasa* (sweet taste), *Madhura vipaka* (sweet post-digestive effect),

*Snigdha guna* (unctuous quality), and *Ushna veerya* (heating potency). It removes existing *Stroto avarodha* (blockages in the channels) by penetrating the body's minute *Strotas* (channels). Some ingredients of this *Choorna* possess *Katu rasa* (pungent taste), *Tikshna guna* (sharp quality), and *Ushna veerya*, which contribute to its effectiveness. Additionally, the *Katu rasa* has a "*Shonitsamghatbhedana*" property (thrombolytic activity), which helps break down clots formed in the myometrium due to the migration of endometrial cells.

*Lavanbhaskar Choorna* and *Shantivardhak Choorna* are given before food because Acharya Charaka mentioned that in cases of *Apana Vata Vaigunya* (disorders related to *Apana Vata*), medicines should be administered before meals- "*Apane Vigune Poorvam*".<sup>[17]</sup>

➤ *Ashwagandha*<sup>[18]</sup> is characterized by its *Laghu* (light) and *Snigdha* (unctuous) qualities, along with *Tikta* (bitter), *Katu* (pungent), and *Madhura* (sweet) *Rasa*. It also has *Madhura vipaka* (sweet post-digestive effect) and *Ushna veerya* (heating potency). This herb is commonly used to address conditions related to vitiated *Vata*. Additionally, *Ashwagandha* soothes the nervous system's pain response, offering analgesic properties. It also exhibits anti-tumor, anti-inflammatory, analgesic, and immune-modulating activities.

➤ *Madhuyashti*<sup>[19]</sup> possesses *Guru* (heavy) and *Snigdha* (unctuous) qualities, with *Madhura* (sweet) and *Tikta* (bitter) *Rasa*. It has a *Sheeta Veerya* (cooling

potency) and is known for its *Vata-Pitta shamaka* (pacifying *Vata* and *Pitta*), *Medhya* (intellect-enhancing), *Rasayana* (rejuvenating), *Vedana sthapana* (analgesic), and *Shothahara* (anti-inflammatory) properties.

- *Bala*<sup>[20]</sup> is characterized by its *Laghu* (light), *Snigdha* (unctuous), and *Pichhila* (slimy) qualities, with a *Madhura* (sweet) *Rasa*, *Madhura vipaka* (sweet post-digestive effect), and *Sheeta veerya* (cooling potency). It has *Vata-pitta shamaka* (pacifying *Vata* and *Pitta*) properties, and is also known for its *Balya* (strengthening), *Brumhana* (nourishing), *Shothhara* (anti-inflammatory), and *Prajasthapaka* (supporting fertility) properties.
- *Munakka*<sup>[21]</sup> possesses *Snigdha* (unctuous), *Guru* (heavy), and *Mridu* (soft) qualities, along with a *Madhura* (sweet) *Rasa* and *Madhura vipaka* (sweet post-digestive effect). It has a *Sheeta veerya* (cooling potency) and *Vata-pitta shamaka* (pacifying *Vata* and *Pitta*) properties. Additionally, *Munakka* is known for its *Vatanulomaka* (promoting the downward movement of *Vata*), *Medhya* (intellect-enhancing), *Balya* (strengthening), *Brumhana* (nourishing), and *Garbhsthapaka* (supporting pregnancy) properties.

Acharya Charaka has mentioned *Munakka* in the *Jwarhara Mahakashaya* (group of herbs effective against fever). Fever (*Jwara*) is considered a *Rasapradoshaja Vikara* (a disorder caused by the vitiation of *Rasa Dhatu*). Since *Artava* (menstrual fluid) is an *Upadhatu* (sub-*Dhatu*) of *Rasa Dhatu*, any vitiation of *Rasa* can lead to the vitiation of *Artava* as well. Therefore, *Munakka* is used to address such conditions.

These four medicines are given on an empty stomach because they are heavy to digest and require strong *Agni* (digestive fire) for proper digestion. Acharya Sushruta states that taking medicines without food increases their potency and quickly destroys diseases.<sup>[22]</sup>

- *Ashwagandharishta*<sup>[23]</sup> is an Ayurvedic polyherbal fermented formulation mentioned in the *Bhaishajya Ratnavali* under *Murchharogadhikara*. It is widely recognized as a *Rasayana*, known for its ability to prolong lifespan and rejuvenate the body. The formulation includes a variety of potent ingredients such as *Ashwagandha*, *Musli*, *Manjistha*, *Haritaki*, *Haridra*, *Daruharidra*, *Yasti*, *Rasna*, *Vidari Kand*, *Arjun*, *Mustaka*, *Anantmool*, *Trivrt*, *Chitrak*, *Rakt Chandan*, *Safed Chandan*, *Vacha*, *Priyangu*, *Nagkesar*, *Dhaiphool*, *Soanth*, *Maricha*, *Pippal*, *Tvak*, and *Tejpatta*.

This preparation offers a range of therapeutic benefits, including *Medhya* (intellect-enhancing), *Rasayana*

(rejuvenating), *Balya* (strengthening), and anti-stress properties. Additionally, it has *Deepana-pachana* (digestive) actions that help alleviate *Jatharagni Mandhyata*, an impairment of the digestive fire that is considered a fundamental cause of *Strotodushti* (blockage of body channels). The formulation is characterized by its predominant *Madhura-tikta rasa* (sweet-bitter taste), *Laghu-ruksha guna* (light and dry qualities), *Madhura vipaka* (sweet post-digestive effect), and *Ushna veerya* (heating potency).

In Ayurveda, *Aasava* and *Arishta* are given after food because their fermented ingredients stimulate digestive fire, enhancing digestion and nutrient absorption. Taking them after a meal also helps prevent potential stomach irritation.

*Medhya*<sup>[24]</sup> medicines were used because studies show women with adenomyosis have a higher risk of anxiety and depression. *Shothahara* medicines were given due to the inflammatory nature of adenomyosis. *Vedanasthapaka* (pain-relieving) medicines were administered for dysmenorrhea, a common feature of adenomyosis, and *Balya* medicines were given for their *Vata*-pacifying properties.

## CONCLUSION

From the above case study, it can be concluded that, in addition to medication, attention should be given to identifying and avoiding the *Nidana* (causative factors) before focusing on the *Chikitsa* (treatment) according to the patient's *Prakruti* (constitution) and the predominant *Dosha* in the specific disease. *Vata-shamaka Aahara* (diet) and *Vihara* (lifestyle), adherence to *Rajaswala Paricharya* (guidelines for women during menstruation), along with lifestyle improvements and *Vata-shamaka Chikitsa* (treatment), are effective in treating adenomyosis.

## REFERENCES

1. Hiralal Konar, D.C Dutta Textbook of Gynaecology including Contraception, Chapter 22, Jaypee Brothers Medical Publishers, The Health Sciences Publisher, New Delhi, London, Eighth Edition 2020, p.262
2. Lazzeri, L. et al. Preoperative and postoperative clinical and transvaginal ultrasound findings of adenomyosis in patients with deep infiltrating endometriosis. *Reprod. Sci.* 21(8), 1027-1033 (2014).
3. Ferency. A. Pathophysiology of Adenomyosis. *Hum. Reprod. Update* 4(4), 312-322(1998).
4. Bergeron C. A. Pathology and Physiology of Adenomyosis, *Best Pract. Res. Clin. Obstet. Gynecol.* 20(4). 511-521(2006).
5. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita, Chaukhamba Orientalia, Varanasi, Reprint

- Edition 2011, Sutra sthana, Chapter 25, Versus 40, p 468
6. Priyanka BV, Mallika KJ. Dietic practice of curd – Demographic survey. Ayurpharm Int J Ayur Alli Sci. 2013; 2(12): 364-371.
  7. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita, Chaukhamba Orientalia, Varanasi, Reprint Edition 2011, Sutra sthana, Chapter 27, Versus 225, p 551
  8. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita, Chaukhamba Orientalia, Varanasi, Reprint Edition 2011, Sutra sthana, Chapter 7, Versus 61-62, p 171
  9. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita, Chaukhamba Orientalia, Varanasi, Reprint Edition 2011, Sutra sthana, Chapter 27, Versus 225, p 551
  10. Wu T, Doyle C, Ito J, Ramesh N, Ernest DK, Crespo NC, Hsu FC, Oren E. Cold Exposures in Relation to Dysmenorrhea among Asian and White Women. Int J Environ Res Public Health. 2023 Dec 30; 21(1): 56. doi: 10.3390/ijerph21010056. PMID: 38248521; PMCID: PMC10815354.
  11. <https://holyhormones.com/womens-health/menstrual-cycle/ice-and-menstruation/>
  12. Kaviraja Ambikadutta Shastri, Sushruta Samhita Vol-1 Sharira sthana chapter 4 versus 38, published by Chaukhambha Sanskrit Sansthan, Varanasi, 2014, p.45
  13. Arundutta, Vagbhatta, Ashtang Hrudyam, Sutra Sthana, chapter 4 versus 23, published by Chaukhambha Sanskrit Sansthan, Varanasi, 2017, p.56
  14. Kaviraja Ambikadutta Shastri, Sushruta Samhita Vol-1 Sharira sthana chapter 2, published by Chaukhambha Sanskrit Sansthan, Varanasi, 2014, p346
  15. Arundutta, Vagbhatta, Ashtang Hrudyam, Nidana Sthana, chapter 12 versus 1, published by Chaukhambha Sanskrit Sansthan, Varanasi, 2017, p.513
  16. Punam Kumari et al: Lavana Bhaskar Churna – An Ayurvedic Formulation Used In The Treatment Of Gastric Intestinal Disease: A Review. International Ayurvedic Medical Journal {online} 2022 {cited March 2022} Available from: [http://www.iamj.in/posts/images/upload/717\\_724a.pdf](http://www.iamj.in/posts/images/upload/717_724a.pdf)
  17. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita, Chaukhamba Orientalia, Varanasi, Reprint Edition 2011, Chikitsa sthana, Chapter 30, Versus 300, p 881
  18. Prof. P.V.Sharma, Dravyaguna vigyan, Chaukhamba Orientalia, Varanasi, Reprint Edition 2022, p.763.
  19. Prof. P.V.Sharma, Dravyaguna vigyan, Chaukhamba Orientalia, Varanasi, Reprint Edition 2022, p.253.
  20. Prof. P.V.Sharma, Dravyaguna vigyan, Chaukhamba Orientalia, Varanasi, Reprint Edition 2022, p.734.
  21. Prof. P.V.Sharma, Dravyaguna vigyan, Chaukhamba Orientalia, Varanasi, Reprint Edition 2022, p.133.
  22. Kaviraja Ambikadutta Shastri, Sushruta Samhita, uttar tantra, chapter 64, published by Chaukhambha Sanskrit Sansthan, Varanasi, 2008, p489
  23. Santosh Choudhary, Vineeta Saini, Gunal, Anupam Srivastava. Compendious Review on Ashwagandharista: An Ayurvedic Tonic. Compendious Review on Ashwagandharista : An Ayurvedic Tonic. Ijppr.Human, 2023; Vol. 28 (3): 176-200.
  24. Li N, Yuan M, Li Q, Ji M, Jiao X, Wang G. Higher Risk of Anxiety and Depression in Women with Adenomyosis as Compared with Those with Uterine Leiomyoma. J Clin Med. 2022 May 7; 11(9): 2638. doi: 10.3390/jcm11092638. PMID: 35566763; PMCID: PMC9099604.

**Cite this article as:**

Pooja Agarwal, Hetal H. Dave, Sonu. Ayurvedic Management of Adenomyosis. AYUSHDHARA, 2024;11(4):153-159.

<https://doi.org/10.47070/ayushdhara.v11i4.1694>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Pooja Agarwal**

PG Scholar,

Department of Prasuti Tantra and

Stri roga, National Institute of

Ayurveda, Deemed to be University,

Jaipur, Rajasthan.

Email: [drpooja.bams@gmail.com](mailto:drpooja.bams@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.