



Case Study

CLINICAL OUTCOME OF AYURVEDIC TREATMENT IN ADENOMYOSIS: PERSPECTIVE OF VATAJA ASRIGDARA

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ABSTRACT

Adenomyosis is a benign but debilitating gynaecological condition characterized by ectopic endometrial tissue within the myometrium, often presenting with dysmenorrhea, heavy menstrual bleeding, and infertility. Ayurveda describes a comparable condition under *Vataja Asrigdara*, attributed to *Dushti* of *Vata*, *Pitta*, and *Rakta*. Integrative Ayurvedic management has shown promise in reducing symptoms and improving uterine health. **Case Presentation:** A 36-year-old married woman presented with severe dysmenorrhea, heavy menstrual bleeding, and pelvic heaviness for 18 months. Transvaginal ultrasound reported a bulky uterus with asymmetric thickening of the posterior myometrium suggestive of adenomyosis. **Intervention:** She underwent an integrative Ayurvedic protocol comprising *Deepana-Pachana*, *Vatanulomana*, *Raktashodhaka* drugs, *Nasya*, and *Basti Krama*. Diet and lifestyle guidelines following *Vata-Pitta Shamaka* principles were advised. **Results:** Within 90 days, the patient showed marked reduction in pain score on the VAS scale, decrease in menstrual blood loss (PBAC score), improved haemoglobin, and reduction in uterine volume on ultrasound. **Conclusion:** This case demonstrates that an integrative Ayurvedic approach can significantly improve clinical symptoms and uterine morphology in adenomyosis, offering a non-invasive therapeutic option. Larger controlled studies are required.


INTRODUCTION

Adenomyosis is a benign but progressive gynecological disorder characterized by the presence of ectopic endometrial glands and stroma within the myometrium, leading to diffuse or focal uterine enlargement. Clinically, it manifests as dysmenorrhea, heavy menstrual bleeding, chronic pelvic pain, and subfertility, significantly impairing the quality of life of affected women. The prevalence of adenomyosis ranges between 20% and 35% among women of reproductive age, with higher incidence reported in multiparous women and those aged above 35 years^[1].

The pathophysiology of adenomyosis involves repeated tissue injury and repair, estrogen-dependent myometrial hyperplasia, increased inflammatory

mediators, and altered uterine peristalsis. Elevated prostaglandins, cytokines, and angiogenic factors contribute to uterine pain and abnormal uterine bleeding^[2]. Current conventional management includes non-steroidal anti-inflammatory drugs, hormonal suppression (oral contraceptives, progestins, GnRH analogues), levonorgestrel intrauterine systems, and ultimately hysterectomy in refractory cases^[3]. However, long-term hormonal therapy is often associated with adverse effects, recurrence of symptoms after discontinuation, and limitations in women desiring uterine preservation.

In Ayurveda, adenomyosis does not have a direct disease equivalent. Considering its predominant clinical manifestations such as excessive menstrual bleeding, severe dysmenorrhea, pelvic pain, and uterine dysfunction, the condition can be more appropriately correlated with *Vataja Asrugdar*^[4]. Classical Ayurvedic texts describe *Asrugdar* as a disorder characterized by abnormal or excessive uterine bleeding resulting from vitiated *Vata*, often associated with *Pitta* and *Rakta Dushti*, leading to pain

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and disturbed menstrual physiology. Vitiating of *Apana Vata* results in abnormal uterine contractility and dysmenorrhea, while chronic *Rakta Dushti* contributes to increased menstrual flow and inflammatory changes within the uterine tissues.^[5] Therefore, adenomyosis may be understood as a *Vata-pradhana Tridoshaja* condition presenting clinically as *Vataja Asrugdar*, with associated structural and functional alterations of the uterus.

Menstrual abnormalities such as menorrhagia (*Rakta Pradara*), severe dysmenorrhea (*Kashta Artava*), and pelvic pain are well documented under *Yoni Vyapad* and *Artava Dushti* in classical texts^[6,7]. Ayurveda offers a holistic and uterus-preserving approach through *Shodhana* (biopurification), *Shamana* (pacification), and localized therapies such as *Matra Basti*, which directly address *Apana Vata Vaigunya* and restore normal uterine physiology.

This case report is unique as it demonstrates objective and subjective improvement in adenomyosis using a structured integrative Ayurvedic protocol, supported by ultrasonographic findings, haematological improvement, and symptom-based scoring, highlighting Ayurveda's potential as a non-surgical therapeutic option.

Case Presentation/Methods

Patient Profile

A 36-year-old married female (P2L2) presented to the OPD with:

Chief complaints

- Severe dysmenorrhea for the last 18 months
- Heavy menstrual bleeding (duration 8–10 days)
- Pelvic heaviness and fatigue
- Constipation and bloating (intermittent)

History

- Menstrual cycle: 26–28 days, heavy flow, clots present.
- Past treatment: NSAIDs, tranexamic acid (intermittent use).
- No history of hormonal therapy.
- Completed family; unwilling for surgical intervention.

Physical Examination

- BP: 110/70 mmHg, Pallor: Mild

RESULTS

Clinical Symptom Improvement

Parameter	Baseline	After 90 Days
VAS pain score	8/10	2/10
PBAC score	320	120
Hemoglobin	9.8 g/dL	11.6 g/dL
Uterine size (TVS)	10.8 × 5.6 × 5.3 cm	9.4 × 4.8 × 4.6 cm
Posterior wall thickness	35 mm	25 mm

- Abdomen: mild suprapubic tenderness
- BMI: 24.6 kg/m²

Investigations

- **TVS (Transvaginal Sonography) findings:** bulky uterus (10.8 × 5.6 × 5.3 cm), posterior wall thickened (35 mm), heterogenous myometrium—*suggestive of adenomyosis*.
- **Hb:** 9.8 g/dL
- **PBAC score:** 320
- **VAS pain score (dysmenorrhea):** 8/10

Ayurvedic Diagnosis

Based on classical descriptions:

- *Vataja Pradhana Tridosaja Asrigdara* with associated *Rakta Dushti* (due to *Apana Vayu Vaigunya*).
- *Samhita*
 - Abnormal uterine bleeding under *Rakta Pradara* by Charaka with *Pitta-Rakta Dushti*.^[4]
 - Severe dysmenorrhea corresponding to *Kashta Artava* described in *Yoni Vyapad*.^[5]

Treatment Protocol (90 days)

1. Deepana-Pachana (7 days)

- *Trikatu Churna*: 3 g HS daily
- *Hingvastaka Churna*: 3 g BD daily with lukewarm water

2. Vatanulomana and Raktashodhana

- *Punarnavadi Mandura* 250mg BD daily
- *Kumaaryasava* 20ml BD daily
- *Dashmoola Kwatha* 40ml BD daily

3. Specific Treatment

- ***Matra Basti*** with *Mahantarayana Taila* 60ml for 7 days (started from day 11 to day 17 of menstrual cycle) for consecutive 3 menstrual cycle.
- ***Pratimarsha Nasya*** with *Shadbindu Taila*, 2 drops/nosril × 7 days (started from day 17 to day 24 of menstrual cycle) for consecutive 3 menstrual cycles.

4. Supportive Dietary & Lifestyle Plan

- Intake of warm, unctuous diet; avoidance of *Amla*, *Lavanya*, curd, refined sugar
- Daily *Abhyanga* with sesame oil
- Gentle yoga: *Baddhakonasana*, *Setu Bandhasana*

Patient-Reported Outcomes

- Marked reduction in pelvic heaviness
- Improved energy levels
- Menstrual cycle normalized to 5–6 days
- Reduced clot passage

No adverse effects reported.

DISCUSSION

Adenomyosis involves chronic inflammation, increased prostaglandin production, myometrial hyperplasia, and hormonal imbalance.^[6] Modern therapies aim to suppress estrogen or remove the uterus, which limits their long-term applicability.

Ayurvedic Interpretation

Adenomyosis can be classically correlated with *Vataja Asrigdara*, *Vata* becomes aggravated, it produces repeated, small quantities of menstrual bleeding, either painful or painless, which aligns with the spotting and cyclical pelvic pain characteristic of adenomyosis.^[2] *Vataja* menstrual blood is rough, thin, frothy, blackish or reddish, swiftly flowing, cold, astringent in aftertaste, and emitting an iron-like smell- features that closely resemble the dark, altered, and clotted bleeding seen in adenomyosis.^[3,4] Additionally, the classical description of *Kati-shula*, *Urah-shula*, and *Parshva-shula* reflects the severe dysmenorrhea, backache, and pelvic pain commonly experienced in this condition. Thus, the symptomatology of adenomyosis corresponds strongly with the classical *Lakṣaṇas* of *Vataja Asrigdara* with *Pitta-Rakta anubandha*

Mechanism of Action of Interventions

A. Deepana-Pachana Drugs

Trikatu Churna

Trikatu (*Shunthi*, *Maricha*, *Pippali*) possesses strong *Deepana* and *Pachana* properties, improving *Agni* and correcting *Ama* accumulation. From a biomedical perspective, its bioactive compounds enhance gastrointestinal absorption and improve drug bioavailability, ensuring effective tissue delivery of subsequent medications. By reducing *Ama*, it prevents inflammatory mediators that aggravate pelvic congestion and pain^[8].

Hingvastaka Churna

Hingvastaka acts as a potent *Vatanulomaka*, reducing abdominal distension, constipation, and pelvic pressure. It helps normalize the direction and function of *Apana Vata*, which is central to menstrual regulation. Its carminative and antispasmodic action also aids in relieving dysmenorrhea^[9].

B. Shamana and Raktashodhana Drugs

Kumaryasava

Kumari (Aloe vera) is described as *Artava-Janana* and *Yonidoshahara*. It regulates endometrial shedding and improves uterine tone. Modern studies indicate its anti-inflammatory, estrogen-modulating, and tissue-repair properties, making it particularly beneficial in estrogen-dependent conditions like adenomyosis^[10].

Punarnavadi Mandura

Punarnava acts as a *Shothahara* and *Raktavardhaka*, reducing uterine edema and correcting anemia secondary to menorrhagia. *Mandura* (processed iron) improves hemoglobin levels, while *Punarnava*'s diuretic and anti-inflammatory effects reduce myometrial congestion^[1].

Dashamoola Kwatha

Dashamoola is classically indicated in *Vata-Vyadhi* and inflammatory conditions. It exerts analgesic, anti-inflammatory, and smooth muscle-relaxant effects, thereby reducing uterine spasm and dysmenorrhea. Experimental studies demonstrate inhibition of prostaglandin synthesis, directly correlating with pain reduction in adenomyosis^[12].

C. Panchakarma and Local Therapies

Matra Basti with Narayana Taila

Basti is considered the prime therapy for *Vata Dosh*^[13]. *Matra Basti* nourishes pelvic tissues, corrects *Apana Vata*, and improves pelvic circulation. *Narayana Taila* is indicated in chronic pain disorders and gynecological diseases, providing analgesic and neuromuscular relaxation effects, thereby reducing pelvic pain and dysmenorrhea^[14].

Nasya with Shatbindu Taila

Nasya helps regulate the hypothalamic-pituitary-ovarian axis by acting on neuroendocrine pathways. *Shatbindu Taila* pacifies *Vata* and improves hormonal balance, indirectly supporting menstrual regularity and reducing pain perception^[15].

D. Diet and Lifestyle Intervention

Dietary modifications following *Vata-Pitta Shamaka* principles reduce systemic inflammation and prevent further *Dosha Prakopa*. *Abhyanga* and yoga postures improve pelvic circulation, enhance lymphatic drainage, and support uterine health, complementing pharmacological therapy.

Matra Basti

Directly corrects *Apana Vata Vaigunya*, improving pelvic circulation and relieving pain.^[9]

Raktashodhana drugs (*Punarnavadi Mandura*, *Kumaryasava*)

Reduce oedema, improve haemoglobin, and promote uterine tissue healing.^[10]

Dashmoola Kwatha

Well-known for anti-inflammatory and smooth muscle-relaxant properties, helping dysmenorrhea.^[11]

Comparison with Modern Case Reports

Recent integrative and Ayurveda-based case studies show reduction in uterine volume and bleeding scores after *Basti* therapies.^[12] This aligns with the present findings.

Overall Interpretation

The combined effect of *Vata-Pitta Shamana*, tissue nourishment, anti-inflammatory action, and restoration of uterine physiology explains the significant clinical improvement observed in this case.

CONCLUSION

This case highlights the potential of an integrative Ayurvedic approach in managing adenomyosis, particularly for patients who wish to avoid hormonal therapy or surgery. The treatment resulted in substantial reduction in pain, menstrual blood loss, and uterine enlargement. While results are encouraging, limitations include the single-case nature and lack of long-term follow-up. Future clinical trials are essential to validate these findings.

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