

Management of Adenomyosis through Ayurveda: A Case Report

Dr. Jyoti Gaur¹, Dr. Sachin Kumar², Prof. Dr. Jitesh Kumar Panda³,
Dr. Gati Krushna Panda⁴

¹Assistant Professor, Department of PTSR, MSM Institute of Ayurveda, BPSMV, Khanpur Kalan, Sonapat, Haryana

²Associate Professor, Department of Agad Tanta evam Vidhi Vaidyaka, Gaur Brahman Ayurvedic College & Hospital, Brahmanwas, Rohtak

³Chairman, PG department of Prasuti Tantra & Stri Roga, Institute of Ayurveda Studies & Research, Faculty of Ayurveda Shri Krishna AYUSH University, Kurukshetra (Haryana)

⁴Associate professor & HOD, Department of PTSR, MSM Institute of Ayurveda, BPSMV, Khanpur Kalan, Sonapat, Haryana

ABSTRACT

Adenomyosis is a benign uterine disease characterized by presence of ectopic endometrial glands within the underlying myometrium. The most common presenting signs and symptoms are abnormal uterine bleeding, chronic pelvic pain, and infertility. Over the last decade, adenomyosis has also become a condition identified in young fertile-age women due to increased use of non-invasive imaging diagnostic techniques. Modern system of medicine offers various HRT for this condition which is associated with its own side effect. Ayurveda offers different types of managements for these types of disorders which are primarily occurred due to *Nija Doshika* imbalance. For the proper management of this type of disorders we have to understand the pathogenesis of the disease according to Ayurvedic concept of *Dosha- Dushya Samurchana*. By analyzing the detail etiopathogenesis of adenomyosis we observed that it is mainly due to the vitiation of *Vata dosha* which cause *Vimargamana of Raja* (endometrium) and placed it at *Kha-vagunya of Garbhanya* (myometrium) and by vitiating *Kapha* further development of ectopic endometrium take place which give rise to symptoms of disturbed menstrual cycle. So, in the present study we are going to discuss a case report of adenomyosis diagnosed young women treated with ayurvedic management.

Keywords: Adenomyosis, *Vimargamana, Raja*

INTRODUCTION

Adenomyosis is a benign uterine disease characterized by presence of ectopic endometrial glands within the underlying myometrium¹. The most common presenting signs and symptoms are abnormal uterine bleeding, chronic pelvic pain, and infertility². Over the last decade, adenomyosis has also become a condition identified in young fertile-age women due to increased use of non-invasive imaging diagnostic techniques.³ Modern system of medicine offers HRT for this which is associated with its own side effect. In the present study we are going to discuss a young woman affected with Adenomyosis and treated with the Ayurvedic medications.

CASE REPORT

A 25-year-old female visited to the OPD of Prasuti tantra & Stri Roga department in, MSM Institute of Ayurveda, BPSMV, Khanpur Kalan, Sonapat on 25/02/2025. She complained of amenorrhea since last two months with irregular menstrual cycle since last one year. Menstrual bleeding is heavy with clots since last year associated with abdominal pain and generalized body weakness.

- Patient History**

Name- Monika w/o Kuldeep
Age/sex- 25y/F
Occupation- Housewife

OPD No- 4495/568

Marital status- Married

Address- Vill- Khanpur, Sonapat, Haryana

- **Present history of illness**

Patient having complained of amenorrhea since last two months with irregular menstrual cycle since last one year. Menstrual bleeding is heavy with clots since last year associated with abdominal pain and generalized body weakness. She had a history of two abortions in last 4 years. Patient had already taken allopathic treatment but does not get satisfactory relief. So she came to MSMIOA, BPSMV hospital for further treatment in OPD of PTSR department.

- **History of past illness:** not any relevant history found

- **Family History:** No any family History of DM, HTN, TB & Thyroid

- **Menstrual History:** AOM- 13y, LMP- 02/12/2025

6-7D/30-45D/Heavy (3-4 pad/day), clots(++) Pain (++++)

- **Obstetrical History-** G₂P₀A₂ (A₁. spontaneous abortion of 2 months 4 years back, A₂. spontaneous abortion of 2.5 months 1.5 years back)

- **Contraceptive History-** Nil

- **General physical examination:** All vital measures of patient are within normal limit. She is medium body structure (BMI-20).

Per Abdominal- mild tenderness in hypogastric and bilateral iliac region.

Per Speculum- cervix (congested), White discharge (+), watery

Per vaginal- uterus(anteverted/anteflexed), Cervical motion tenderness is absent.

- **Astavidha Pariksha:**

Nadi-Vata-Kaphaj

Mala- Samnya

Mutra-Samnya

Jiwha-samanya

Shabda- Spasta

Sparsha-Samsito-ushna

Drik-Samanya

Akriti- Madhyam

- **Sroto-Pariksha:**

Sroto-prakara- Rasa & Raktavaha

Sroto-dust-, Vimargamana, Atipravarti

- **Investigations:**

Laboratory investigations: Urine Pregnancy test to rule out pregnancy which shows negative results

Routine blood Investigations to know the variations in blood Bio-Chemistry and were assessed. These are within normal range.

Thyroid profile assessment is done which is also within normal range (TSH- 3.66μIU/ml)

Imaging: USG abdomen and pelvis was done to know the condition of Uterus and Ovaries; Report says uterus is bulky in size having myometrium appearance heterogenous in echotexture with multiple cystic spaces with partly ill-defined endometrial junction posteriorly with a remark of **Bulky uterus with uterine adenomyosis**. Endometrial thickness was 6mm.

- **Treatment:**

1. Pushpdhanwasras- 250 mg BD
2. Kanchnar Guggulu- 250 mg TID
3. Cap. Endotone (Charka pharmacy)- 2 BD
4. Cap.Cruel Plus (Virgo pharmacy)- 1 BD
5. T. Styplon (Himalya pharmacy)- 2 BD
6. Eranda-bhrasta-haritiki chauna- 5 gm HS with Luke warm water

Treatment Duration: same treatment continues for 5months after relief in symptoms, all parameters were calculated which are listed as-

RESULTS

S.N.	Findings	Before treatment	After Treatment
1.	Menstrual Complaints	Duration- 6-7D Interval-30-45D Amount- Heavy (3-4 pad/day) Clots (++) Regularity- Irregular Pain- Pain (+++)	Duration- 3-4D Interval-28-32D Amount- adequate (3 pad/day) Clots (+) Regularity- Regular Pain- Pain (+)
2.	Generalized Weakness	Present (++)	Absent
3.	USG (Abd& Pelvis)	(06-03-2025) uterus is bulky in size having myometrium appearance heterogenous in echotexture with multiple cystic spaces with partly ill-defined endometrial junction posteriorly with a remark of Bulky uterus with uterine adenomyosis. Endometrial thickness was 6mm	(11-07-2025) Normal Study

- **Follow-up:** Patient is under follow-up for the treatment of infertility with repeated abortions.

DISCUSSION

Adenomyosis is a benign uterine disease characterized by presence of ectopic endometrial glands within the underlying myometrium. The most common presenting signs and symptoms are abnormal uterine bleeding, chronic pelvic pain, and infertility. *Ayurveda* offers different types of managements for these types of disorders which are primarily occurred due to *Nija Doshika* imbalance. For the proper management of this type of disorders we have to understand the pathogenesis of the disease according to *Ayurvedic* concept of *Dosha- Dushya Samurchana*. *Ayurvedic* text explain the *Yonivyapada* for gynecological disorders in which the pathogenesis and symptoms of adenomyosis can be correlated with the *Udavartini Yonivyapada*. In which *Acharya Charka* has explained *Urdhavagamana* of *Raja* (ectopic endometrium) having symptoms like adenomyosis⁴. By analyzing the detail etiopathogenesis of adenomyosis we observed that it is mainly due to the vitiation of *Vata dosha* which cause *Vimargamana* of *Raja* (endometrium) and placed it at *Kha-vagunya* of *Garbhastha*(myometrium) and by vitiating *Kapha* further development of ectopic endometrium take place which give rise to symptoms of disturbed menstrual cycle. So, in the present study we try to balance the *Vata – Kapha dosha* for the management of adenomyosis.

CONCLUSION

In the present case report we give ayurvedic treatment for the management of pathogenesis of adenomyosis. Here synergetic effects of different type of drugs were observed. In this case treatment is selected to reduce the benign ectopic growth, for maintaining of normal menstrual cycle and endometrial growth by *Vatanulomana*, *Raktastambhak* and *Vata-kapha samana* properties of the selected treatment. In the present study not any adverse effects of the drugs were observed during the treatment period.

REFERENCES

- [1]. McCluggage WG, Robboy SJ: Mesenchymal uterine tumors, other than pure smooth muscle neoplasms, and adenomyosis. In: Robboy SJ, Mutter GL, Prat J, *et al.*: (eds), editor. *Robboy's pathology of the female reproductive tract (second edition)* Churchill Livingstone Elsevier, London, UK;2009;427–56. Reference Source [Google Scholar]
- [2]. Peric H, Fraser IS: The symptomatology of adenomyosis. *Best Pract Res Clin Obstet Gynaecol*. 2006;20(4):547–55. 10.1016/j.bpobgyn.2006.01.006 [DOI] [PubMed] [Google Scholar]

- [3]. Pinzauti S, Lazzeri L, Tosti C, et al. : Transvaginal sonographic features of diffuse adenomyosis in 18-30-year-old nulligravid women without endometriosis: association with symptoms. *Ultrasound Obstet Gynecol.* 2015;46(6):730–6. 10.1002/uog.14834 [DOI] [PubMed] [Google Scholar]
- [4]. Charak Samhita, edited By Satyanarayan Shastri, reprint, Varanashi: chaukhambha bharati academy; 2003, Ch. Chi30.