

## Ayurveda-Based Therapeutic Approaches in the Management of Symptomatic Adenomyosis: A Case Report

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### ABSTRACT:

Adenomyosis is a clinical condition where there is ingrowth of the endometrium directly to the uterine myometrium. Symptoms of adenomyosis typically include menorrhagia, pelvic pain, and dysmenorrhea. Hysterectomy has been considered as definitive management for Adenomyosis. A 36-year-old obese female patient with regular cycles and moderate bleeding presented with severe dysmenorrhoea for the past 5 years. The pain was aching in nature, deep in the pelvis restricting her from doing day-to-day activities. She also had complaints of weight gain and fatigue, bloating of the abdomen, and whole-body pain premenstrually. The bimanual examination was suggestive of bulky uterus and pelvic USG was confirmative of Adenomyosis. As the patient presented with *yonithoda* (lower abdominal pain), *gulma* (bloated abdomen) and *vankshana parsva vyatha* (low back ache) it was considered as *vathiki yoni vyapath*. In this condition, the pain is predominantly due to *vata dosha*. The *pitta kapha raktha pradhana sopha* involved in the *samprapthi* of the disease also contributes to the pain. In this case, as the patient is obese, *sthoulyahara chikitsa* incorporated with *vata anulomana* and *pitta, kapha, raktha samana* was the treatment plan. The symptoms were gradually relieved by 3 months of treatment at the Department of *Prasuti evam Stri Roga*, Government Ayurveda College, Tripunithura, Ernakulam, Kerala.

**KEYWORDS:** Adenomyosis, Ayurveda, Congestive dysmenorrhea, *Vathiki yonivyapath*.

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### Quick Response Code



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**INTRODUCTION:**

Adenomyosis, also known as internal endometriosis, is a common benign gynecological disease characterized by the presence of ectopic glandular and stromal tissues in the uterine myometrium. Clinical signs and symptoms may vary, but most commonly are painful menstruation and/or heavy menstrual bleeding. <sup>[1]</sup> Abnormal growth of endometrial tissue within the myometrium causes symptoms through several mechanisms. Typically, endometrial tissue produces prostaglandins that regulate menstrual contractions. In cases of adenomyosis, however, the presence of endometrial tissue inappropriately located within the myometrium leads to increased prostaglandin levels, resulting in dysmenorrhea, furthermore, estrogen contributes to the proliferation of this endometrial tissue. <sup>[2]</sup> Due to increased endometrial tissue, enhanced vascularization, abnormal uterine contractions, and elevated hormone levels, some patients with adenomyosis may also present with heavy menstrual bleeding. Hysterectomy is the only definitive treatment option for symptomatic adenomyosis in women who have completed their family. Conservative treatments include hormonal therapy, menstruation suppression with progestins, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), GnRH (Gonadotropin-Releasing Hormone) analogs, etc., all of which have many negative effects eventually.

In India, the prevalence of adenomyosis is 23.5%, in which 80% were seen in the age group of 31- 50 years <sup>[3]</sup>. Here in the study, pain is the cardinal feature exhibited by the patient, hence it is considered under *vathiki yonivyapath*, one among the *vimsathi yoni vyapath* mentioned in *Ayurveda*. *Vata* is responsible for the movement and is the chief controller of all bodily functions. When *vata* becomes

vitiated, there is *vimargagamana* by which the endometrial tissue displacement occurs leading it to invade the myometrium, resulting in Adenomyosis. Even though *vata* is the predominant *dosha*, there is the involvement of *pitta* and *kapha* along with *raktha* and *mamsa dhatus*. Hence, *vata samana*, along with *pitta kapha hara*, *sthoulryabara*, and *rakthaprasadana chikitsa* were adopted here.

**CASE REPORT:**

A 36-year-old obese multiparous woman came to OPD of *Prasuti evam Stri Roga*, Govt Ayurveda College, Tripunithura with complaints of severe pain in the lower abdomen and low back area during the first five days of menstruation over the last 5 years associated with tiredness, abdominal bloating, whole body pain pre-menstrually and weight gain (15 kg in 2 years).

Her complaints increased gradually and became severe in 2019. During the onset of bleeding, she had severe pain over the lower abdomen, radiating to low back region and medial aspect of bilateral thighs lasting for 5 days. Due to severe pain, she found difficulties in doing household work and was forced to take bed rest. The patient was not willing to continue allopathic medication for a long duration. So, she came to our hospital for further management.

**Past-history:** She had a history of mild PCOS which was treated with allopathic medication (2017).

**Family history:** Obesity and Diabetes mellitus from the paternal side.

**Menstrual history:**

Menarche	: 13 years
Interval	: 24-30 days
Duration	: 4-5 days
No of pads per day	: 2-3 pads /day (bleeding within normal limits)
Clots	: Nil

Pain : Severe lower abdominal and low back pain during  
 D1-D3 : VAS – 8/10 ;  
 D4-D5 : VAS 6/10

LMP-09/12/2023

PMP-12/11/2023

**Obstetric history** - G3P2L2 A1, She had a history of spontaneous abortion followed by D&E. Her last childbirth was 13 years ago. Both her deliveries were LSCS. Postpartum sterilization was done. No history of contraceptives used.

**Personal history** - She had regular bowels, sound sleep, and micturition. Her appetite was reduced. She was afebrile with a normal pulse rate of 70/min and, a respiratory rate of 20/min. Blood pressure was 120/80 mmHg. Her height was 141 cm, weight was 98 kg, and BMI was 40 kg/m<sup>2</sup>.

**Gynecological examination** - On per speculum examination – the cervix is healthy and high up in the vagina, with no abnormal discharge, Fornices-free, non-tender, bimanual examination revealed bulky uterus.

**Blood investigations:** Hb-11gm%, HbA1C-5.4%, LFT, and RFT were within limits as of 18/01/24.

**USG (Abdomen & Pelvis)** on 17/1/2024 revealed anteverted uterus mildly bulky (10\*5\*6 cm). Myometrium is mildly heterogeneous, with mild adenomyosis.

**THERAPEUTIC INTERVENTION:**

Treatment is carried out with the following medicine for 4 months [Table-1]. On considering *ama* dominant features and *agnimandhya*, initial *deepana pacana rukshana* were done with *Gandharvabasthadi kashaya* and *Shaddharanam gutika*. Later *shodhana chikitsa* including *vamana, virecana, and vasthi* were done accordingly.

**OBSERVATIONS AND RESULT:**

The patient was given oral medications during the first visit, and an IP management protocol was planned. After the two courses of treatment, her lower abdominal pain during periods reduced from VAS 8/10 to VAS 1/10 with considerable relief in symptoms like fatigue, whole-body pain, and bloating of the abdomen. The general health of the patient improved. The patient's body weight was reduced from 98 kg to 92 kg (Table-2).

**Table- 1: Therapeutic Intervention and Time Line:**

Date	Complaints	Medicine	Dose & Anupana
04/01/24 OP Level	Severe lower abdominal pain (VAS-8/10), low backache, fatigue, whole body pain, weight gain LMP-09/12/2023	1. <i>Varanadi kashaya</i>	48 ml <i>kashaya</i> -twice daily, before food
		2. <i>Punarnavadi kashaya</i>	48 ml <i>kashaya</i> -twice daily, before food
		3. <i>Pranada tablet</i>	One tablet thrice daily – after food
11/1/24 - 15/01/24 (Periods)	Lower abdominal pain	1. <i>Sapthasaram kashaya</i>	48 ml <i>kashaya</i> -twice daily, before food
		2. <i>Rajapravartini vati</i>	Two tablets twice a day – after food

	The pain persisted throughout the bleeding phase D1-D5.		
16/01/24 (D6 of periods) - 26/02/24  IP Admission	Pain and bleeding subsided by the 5 <sup>th</sup> day of menstruation and the patient got admitted on the 6 <sup>th</sup> day.	<p><b>Internal Medicines</b></p> <ol style="list-style-type: none"> <li>1. <i>Gandharvabasthadi kashaya</i></li> <li>2. <i>Kanchanara guggulu gutika</i></li> <li>3. <i>Shaddharana gutika</i></li> <li>4. <i>Ayaskrithi</i></li> </ol> <p><b>Kriyakrama</b></p> <ol style="list-style-type: none"> <li>1. <i>Udwarthana</i></li> <li>2. <i>Snehapana</i></li> <li>3. <i>Abhyanga ushmasweda</i> &amp;</li> <li>4. <i>Vamana</i> (6 <i>vega</i> and 4 <i>upavegas</i>) followed by <i>peyadi</i></li> </ol>	<p>48ml <i>kashaya</i>-twice daily, before food</p> <p>One tablet twice a day - after food</p> <p>One tablet twice a day - after food</p> <p>10ml bd, after food</p> <p><i>Kolakulathadi churna</i> -14 days</p> <p><i>Sukumara ghrita</i> -7days</p> <p><i>Chinchadi taila</i> - 1day</p> <p><i>Madanaphala</i> 10 g, <i>vaca</i> 5g, <i>yashti</i> 20g, <i>madhu</i>, <i>saindhava</i></p>
11/02/24 -15/02/24	Periods: Lower abdominal pain VAS 7/10	<ol style="list-style-type: none"> <li>i. <i>Sapthasaram Kashaya</i></li> <li>ii. <i>Rajaprawartini vati</i></li> </ol>	<p>48 ml <i>kashaya</i>-twice daily, before food</p> <p>Two tablets twice a day – after food</p>
16/02/24		<ol style="list-style-type: none"> <li>5. <i>Snehapana</i></li> <li>6. <i>Abhyanga ushma sweda</i> &amp;</li> <li>7. <i>Virecana</i> (5 <i>vegas</i>)</li> </ol>	<p><i>Sukumara ghrita</i>-3days</p> <p><i>Chinchadi taila</i>-3days</p> <p><i>Anipathi churna</i> 20 g with lukewarm water</p>

		<p>8. <i>Yoga Vasthi</i></p> <ul style="list-style-type: none"> <li>• <i>Sneha vasthi</i></li> <li>• <i>Kashaya vasthi</i></li> </ul> <p>9. <i>Yoni Purana</i></p>	<p><i>Madhuyashtyadi taila</i></p> <p><i>Gandharvabasthadi kashaya, Sathahwa kalka &amp; Sukumara gbrita</i></p> <p><i>Sukumara gbrita-5days</i></p>
26/02/24	Patient was discharged	<b>Discharge medicines</b>	
		1. <i>Guduchyadi kashaya</i>	48ml <i>kashaya</i> -twice daily, before food
		2. <i>Punarnavadi kashaya</i>	48ml <i>kashaya</i> -twice daily, before food
		3. <i>Kanchanara guggulu gutika</i>	One tablet twice a day – after food
		4. <i>Guggulu panchapala churna</i>	1 tsp with honey once a day – after food
06/03/24	Periods	Lower abdominal pain during menstruation - VAS reduced to 4/10, No fatigue, body pain, and bloating of the abdomen premenstrually.	
25/03/24 -02/04/24 IP Admission	She came for the second admission.	<p>1. <i>Yoga vasthi</i></p> <ul style="list-style-type: none"> <li>• <i>Sneha vasthi</i></li> <li>• <i>Kashaya vasthi</i></li> </ul> <p>2. <i>Yoni purana</i></p>	<p><i>Madhuyashtyadi taila</i></p> <p><i>Gandharvabasthadi kashaya, Sathahwa kalka &amp; Sukumara gbrita</i></p> <p><i>Sukumara gbrita-5days</i></p>
02/04/24	Patient got discharged	<b>Discharge medicines</b>	
		1. <i>Guduchyadi kashaya</i>	48ml <i>kashaya</i> -twice daily, before food
		2. <i>Punarnavadi kashaya</i>	48ml <i>kashaya</i> -twice daily, before food
		3. <i>Kanchanara guggulu gutika</i>	One tablet twice a day – after food
		4. <i>Guggulu panchapala churna</i>	1 tsp with honey once a day, after food
06/04/24	Periods	Lower abdominal pain during menstruation - VAS reduced to 1/10. Premenstrual symptoms were relieved.	

**Table -2: Subjective Criteria:**

	LMP	Lower abdominal pain -VAS Score	Other symptoms
Before Treatment	09-12-2023	VAS-8/10	Low backache, fatigue, abdominal bloating, whole body pain
During Treatment OP	11-01-2024	VAS -8/10	Symptoms persisted
During the first Admission	11-02-2024	VAS-7/10	Symptoms persisted
After the first Admission	06-03-2024	VAS-4/10	No premenstrual fatigue, bloating of the abdomen, and whole body pain. Body weight reduced from 98 kg to 92 kg.
After the second admission	06-04-2024	VAS-1/10	Symptoms relieved completely Body weight-92Kg

**DISCUSSION:**

The case was diagnosed with adenomyosis on USG and the patient presented with severe lower abdominal pain and low back ache during menstruation along with premenstrual symptoms of fatigue, body ache, and bloating of the abdomen. She also had complaints of weight gain. In adenomyosis, there is penetration of the endometrium into the myometrium, along with the growth of ectopic endometrial foci and myometrial hyperplasia around the endometriotic foci. Adenomyosis is associated with pelvic pain, due to increased neurogenic inflammation and activation of peripheral nerve fibers. In *Ayurveda*, the *samprapthi* can be explained as *vimarga gamana* of *arthava* by vitiated *apana vayu*. This further leads to the vitiation of *pitta* and *kapha*, and *dhathus* like *raktha*, *mamsa*, and *medas*. This eventually leads to the penetration of endometrium into myometrium and its further proliferation causing *arthavavaha srotovagunya* as *garbhasaya* is the *moolasthana* of *arthavavaha srotas*. The dominance of *pitta dosha* and *vata dosha* during *rithunyata kala* and *rajasravakala* respectively results in the

manifestation of the symptoms like *yoni thoda*, *vankshana parsva vyatha* and *gulma* as seen in *vathiki yonivyapath*. Hence *vata anulomana*, *pitta kapha hara*, *rakthaprasadana*, and the treatment advised in the context of *sopha* and *granthi* should also be adopted. Medicines having *kapha medohara* property and recommended in *sthobhya chikitsa* are particularly used in the management of this condition.

*Varanadi kashaya* <sup>[4]</sup>, *Punarnavadi Kashaya* <sup>[5]</sup>, and *Pranada tablet (Gomutra Hareethaki-Bipha)* having the properties of *sophahara*, *gulmahara*, and *granthihara* was given to relieve the symptoms of *yonithoda*, *gulma*, and *angamarda*. *Sapthasara kashaya* <sup>[6]</sup> and *Raja pravarthini vati* <sup>[7]</sup> which was given during *rajasravakala* provides *vatanulomana* and relieves *kasbthartha* and *yoni prshta shroni ruja*.

*Gandharvabasthadi kashaya* <sup>[8]</sup> and *Shaddharana gutika* <sup>[9]</sup> are *anabahara* and causes *anulomana* of *vata dosha*. *Ayaskerthi* <sup>[10]</sup> specifically acts on abnormal *vata kapha doshas*. It promotes body metabolism and helps to manage obesity. *Kanchanara guggulu gutika* is enriched with *vata kapha hara*, *lekhana*, *shotobhara*, *medohara*, and *granthihara* properties.

As the patient presented with weight gain (BMI-40KG/M<sup>2</sup>), *udwarthana*<sup>[11]</sup> which is having *rukshana*, *kaphahara*, *medovilayana karma* was selected to reduce body weight and to undergo *snehapana poorva rookshana*. *Kolakulathadi churna*<sup>[12]</sup> having *vatabara guna* was selected for *udwarthana* procedure.

*Snehapana* with *Sukumara ghruta*<sup>[13]</sup> which is specifically mentioned in *vathiki yoniyapath* is adopted here. *Vamana karma*<sup>[14]</sup> has an impact on eliminating aggravated *kapha pitta* and the proper elimination of *doshas*. Again, *Sukumara ghruta snehapana* was done as *poorvakarma* to *virecana*. *Virecana* was done with *Arivathi churna*<sup>[15]</sup> which helps in removing excess *pitta kapha dosha*, and provides *srothoshodhana* and *rakthaprasadana*.

*Vasthi* is the cardinal treatment for *vata dosha*. As no *yoniroga* occurs without the involvement of *vata dosha*, *vasthi* plays a significant role in the management of *yonirogas*. *Vasthi* is a unique treatment modality with both systemic and local effects. It eliminates morbid *doshas* rapidly from the body. In this case, *vasthi* was done in *yoga vasthi*<sup>[16]</sup> pattern. *Madhuyashtyadi taila*<sup>[17]</sup> having *vata pitta raktha samana* was opted for *snehavasthi*. *Kashaya vasthi* was done with *gandharvahasthadi kashaya*, *shatahwa kalka*, *maksbika*, *saindhava lavana*, and *sukumara ghruta*. This helps in the elimination of vitiated *doshas* and provides *srothoshodhana*, *vata anulomana*, and *soolabharatva*. *Sthanika chikitsa- yoni purana* is beneficial for alleviating *sthanika dosha dushti* from its respective sites<sup>[18]</sup>. Hence, *Sukumara ghruta* with *vatanulomana* and *sopha gulma hara* properties, explained in *vathiki yoni vyapath* was opted here.

*Guduchyadi kashaya*<sup>[19]</sup> pacifies *pitta kapha dosha* and *Punarnavadi kashaya* is *sophahara* and *vata kaphahara*. *Guggulu panchapala churna*<sup>[20]</sup> when taken along with *madhu* possess *lekhaneeya*, *medohara*, and *granthihara* properties.

## CONCLUSION:

In the present study, the above treatment used for adenomyosis was found to be very effective. The patient was free from all the symptoms and able to perform her daily routine activities without any difficulty. Hence the present case may be considered as a stepping stone for future research works on Ayurvedic pain management in Adenomyosis cases.

## Declaration of patient consent:

An informed written consent was obtained from all three patient for participating in the study and reporting this case in research journal.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor:** The corresponding author is the guarantor of this article and its contents.

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