

## Ayurvedic Treatment Protocol in the Management of Adenomyosis: A Single Case Report

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### ABSTRACT:

Adenomyosis is a gynecological condition where the endometrial tissue grows into the muscular wall of the uterus, the myometrium. This condition can lead to an enlarged uterus and often results in heavy menstrual bleeding and painful periods. Adenomyosis can contribute to infertility through several mechanisms, with an altered Uterine Environment and an inflammation that cause disruption of endometrial function making a hostile environment for both sperm and embryos, reducing the chances of successful fertilization and implantation. The patient, diagnosed with primary infertility, presented with complaints of painful menstruation and excessive blood clotting during her periods. A pelvic ultrasound (USG) confirmed adenomyosis. She underwent 14 days of inpatient (IP) treatment, including *Yoga Vasti*. Her treatment protocol included *Dasamoola Ksheera Nirooha Vasti* with *Mahanarayana Tailam* and *Sukumara Ghritam*. Additionally, *Pradeshika Pichu* was applied to the lower abdomen, and *Uttaravasti* was administered with *Dhanwantaram* 41 A. After 2.5 months, a follow-up USG revealed a reduction in the size of the adenomyotic tissue in the uterus. Her symptoms of pain and bleeding were reduced and she conceived with the help of IVF.

**KEYWORDS:** Adenomyosis, Primary infertility, *Uttaravasti*, *Yoga basti*.

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### INTRODUCTION:

Adenomyosis is a gynecological condition where the endometrial tissue grows into the muscular wall of the uterus, the myometrium. This condition can lead to an enlarged uterus and often results in heavy menstrual bleeding and painful periods. The

main causes of Adenomyosis are not completely understood, but several theories exist such as Invasive Tissue Growth where in the endometrial cells invades the uterine muscle, possibly due C-section or uterine injury. Developmental Origin where it is believed that adenomyosis may result from

the formation of endometrial tissue within the uterine muscle during fetal development. Inflammation Post Childbirth may trigger uterine inflammation. Hormonal Factors can also cause adenomyosis. Estrogen, progesterone, and other hormones are thought to play a role in the development of adenomyosis. In India the prevalence of adenomyosis is 23.5% in which 80% were seen in the age group of 31- 50years.<sup>[1]</sup>

The Symptoms of Adenomyosis includes heavy Menstrual Bleeding or Menorrhagia, Dysmenorrhea, Chronic Pelvic Pain, Enlarged Uterus and Dyspareunia. The Signs are an enlarged, tender uterus felt on pelvic examination or bulky, and tender to touch.<sup>[2]</sup>

Adenomyosis can contribute to infertility through several mechanisms, with an altered Uterine Environment and an inflammation can cause disruption of endometrial function making a hostile environment for both sperm and embryos, reducing the chances of successful fertilization and implantation. The abnormal uterine contractions may hinder the ability of sperm to reach the fallopian tubes, where fertilization takes place. This dysfunction can reduce the chances of successful conception. Also the adenomyosis is often associated with hormonal imbalances, especially an excess of estrogen. This imbalance can disrupt ovulation and make the uterine environment less favorable for implantation. An impaired blood flow to the endometrium, reduces the chances of a successful embryo implantation due to inadequate oxygen and nutrient supply.

Adenomyosis often coexists with other fertility-compromising conditions such as endometriosis or uterine fibroids, both of which are known to negatively impact fertility. These coexisting conditions can complicate the reproductive process and further reduce fertility potential.

Having a suboptimal embryo environment by adenomyosis may not support the development of embryo, leading to early miscarriage. The treatment options in modern science are with medical interventions such as hormonal therapy or assisted reproductive technologies (ART) like in vitro fertilization (IVF). Treatment options for adenomyosis depend on the severity of symptoms, the patient's age, and reproductive goals.

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>

Ayurveda understands this as a *udavartini yonivyapath* where there is *apana vayu vaigunya* causing the disruptions in the endometrial lining and derangements in the blood supply making it unsuitable for pregnancy. *Udavartini Yoni Vyapada* has the characteristic feature of *dysmennorhoea* and a *Raja krichena muchyatae* s described by Acharya Sushruta, which is due to vitiated Vata. Because of *Vata pratiloma* and there will be myometrial changes. And hence the main line of treatment chosen is *Vata*.

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.

In this case study, a patient with adenomyosis presented with severe dysmenorrhea, excessive bleeding with clots, and regular menstrual cycles. The involvement of Vata and Kapha doshas indicates the need for *Lekhana* therapy, while the presence of *Vatavaigunya* and *Mamsa-Rakta Dushthi necessitates Vatanulomana* and *Rakta Prasādana Chikitsa*. In Ayurvedic terms, adenomyosis can be correlated with

*Udavartini Yoninyapada*, one of the 20 types of *Yoninyapada*.

### CASE REPORT

A 40-year-old married female from France presented to the outpatient department (OPD) at Vaidyaratnam Nursing Home with complaints of dysmenorrhea accompanied by excessive blood clots. She also expressed a desire to conceive. Additionally, she reports anxiety, anger, and stress-related concerns. The patient had a history of miscarriage in 2014 during her first marriage. She remarried in January 2022, and after six months of married life, she sought medical consultation due to concerns about conception. A gynecological evaluation led to a diagnosis of adenomyosis, for which she underwent treatment. Subsequently, she underwent in vitro fertilization (IVF) in 2023, which was unsuccessful. The patient also experiences persistent stress and anxiety.

Past Medical History: No significant past medical history was reported.

### Family History:

Father: Cardiac issues and a history of stress.

Mother: History of stress-related concerns.

### Personal History:

Appetite: Good

Diet: Mixed, including spicy and salty foods; consumes non-vegetarian meals (primarily chicken) twice a week.

Bowel Habits: Regular

Micturition: Normal and clear

Sleep Pattern: Shallow sleep

Marital Status: Married for 1.2 years

Menstrual history is mentioned in table-1

Obstetric History: P2 L0 A2 L0 D0

A1 - Missed abortion in 7 weeks with no heart beat

A2 - Missed abortion in 8 weeks with no heart beat

Contraceptive History: Nil

### Examinations:

General examinations are mentioned in table-2

Systemic Examination

CVS: S1-S2 normal

CNS: Well oriented, conscious.

RS: normal vesicular breathing, no added sounds.

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

Per Vaginal Examination

Cervix -Soft, mobile, movement -painless

Lateral Fornices -Free, non-tender

Posterior Fornix -No tenderness

Uterus (Bimanual Examination)

Position - Retroverted,

Size -Bulky Uterus

Tenderness -Present

Per speculum Examination

Cervix Os-Normal

Mucoid white discharge, Healthy Vaginal Wall

**Investigations:** The related investigations are mentioned in table -3

U.S.G(Abdomen+Pelvis):13/09/23

Uterus site of a significant diffuse adenomyosis, a right anterior corporeal myomatous formation measuring 23x20mm (CF diagram)

Endometrium measured at 2.6mm

Presence of 4 right ovarian follicular images, measuring between 3 and 6mm

Presence of 2 left ovarian follicular images, measuring between 3 and 6mm

The study of the main endometriotic sites does not find any abnormality, in particular at the level of the torus or the uterosacral ligaments.No sonographically detectable hydrosalpinx

**THERAPEUTIC INTERVENTION:**

- The treatment was started with internal medicines which are having Agnideepana and Anulomana for 7 days.
- After that Yoga Basti was given with dasamoola ksheera nirooha vasti with Mahanarayana taila and Sukumara ghritam. Matravasti was given with dhanwantaram mezhu.
- Pradeshika lower abdominal pichu was kept with cheriya bala tailam for reducing the lower abdominal pain.
- Uttaravasti was given continuously for 5 days with bala tailam and dhanwantaram 41 avarti to help nourish the endometrium and improve the implantation.
- Sirolepam was also administered with Panchagandham choornam mixed with kachooradi choornam and amalaki choornam, as she had stress and anxiety which can be a cause for endocrinal disruptions.
- After the course of treatment she was administered with Dhanwantaram 101 avarti and phalasarpis for a period of 3 months.
- During this period, intake of routine homemade Pathyaahaar and Vihaar of Suryanamaskar, pranayamawas were told to follow.
- Avoiding of Apathya ahaar and Vihaa routside junk food, Diwaswaap was totally told to be avoided.

Abhyangam was given with Sahacharadi tailam for a period of 12 days along with vasti treatment. The Matravasti was done with Dhanwantaram tailam (75 ml) for 5

days. Dasamoolaksheera vasti was done with dasamoola srutham ksheeram, Mahanarayana tailam and Sukumara Ghritam for 5 days. Pradeshika Pichu was done over lower abdomen with cheriya bala tailam for a period of 12 days. Uttaravasti with Bala tailam and Dhanwantaram 41 A was done after abhyangam for 4 days. Yoni pooranam with Bala tailam was done for 7 days after uttaravasti. Sirolepam with Panchagandham choornam mixed with kachooradi choornam and amalaki choornam was done for 5 days after the vasti, along with it Head bath was given with Triphala jalam (Table-5).

**Follow up and outcomes:**

After two and half month of treatment is mentioned in table-6.

USG was repeated which shows reduction in size of adenomyosis of uterus. Patient was comfortable pain was very much reduced and after three months of treatment, Bleeding was reduced and clots were absent. She was planning for conception, so from March 2024 till May 2024 she tried for natural conception, but it did not happen. Hence in June she went for IVF and got conceived in July End. The endometrium was enriched and implantation took place properly with the help of both ayurvedic and modern medicine.

**Table- 1: Menstrual History:**

Menarche	13 yrs
LMP	03-11-2023
Cycle	Regular

Interval	20 - 25 days
No. of days of bleeding	4 - 5 days
No. of pads per day	3-6 pads/day

**Table- 2: General Examinations:**

General Condition - Moderate	Jihva - Ishat sama
Pulse - 78/min	Kshudha-mandya
BP - 110/70 mm of hg	Nidra- reduced
RR - 20/min	Mala - Madhyama
Temp. - 98.6 o F	Mutra-prakrut
Weight - 56.5	
BMI - 24	

**Table- 3: Blood Investigations done before and after treatment**

Test	Value (BT)	Value (AT)
Hb	12gm%	12.5gm%
CBC	WNL	WNL
Thyroid profile	WNL	WNL
LFT,RFT	WNL	
Lipid profile	WNL	
FSH	8.7 mIu/ml	10.7 mIu/ml
LH	5.0mIu/ml	14.0 mIu/ml
Oestadiol	58pg/ml	48pg/ml
Prolactin	28ng/ml	16ng/ml
Anti thyroglobulin	88UI/ml	86UI/ml
Vit D	12ng/ml	18ng/ml
AMH	0.86MUL/MI	0.8MUL/MI
FSH	8.7 mIu/ml	
LH	5.0mIu/ml	

Oestadiol	58pg/ml	
Prolactin	28ng/ml	
TSH	2.53UI/ml	
Anti thyroglobulin	88UI/ml	
Anti thyroperoxidase	34.1UI/ml	
CMV IgM(Cytomegaloviruses)	-ve	
Rubeola IgG	88	
Chlamydiae Trachomatis Ig G	-ve	
Toxoplasma IgM	-ve	

**Table- 4: Internal Medicines given with its dose, anupana and Time**

Medicine	Dose	Anupanam	Time
Sukumara Kashayam <sup>(4)</sup>	15 ml	60 ml warm water	6 am and 6 pm
Kanchanaraguggulu <sup>(5)</sup>	2-0-2	Hot water	After food
Mahanarayana tailam Sevyam <sup>(6)</sup>	1 tsp	60 ml warm water	After food
Pancharavinda Choornam	1 tsp	warm milk	Bed time
Manasamitra vati	1 no	warm milk	bed time
Dhanwantaram tab	1 no	warm milk	Bed time

**Table- 5: IP Treatments provided with date and treatment**

11/11/2023	12/11/23	13/11/2023	14/11/2023	15/11/2023	16/11/2023	17/11/2023	18/11/2023
Matra vasti with Dhanwantaram mezhu	Ksheera vasti - 1	Ksheera vasti - 2	Ksheera vasti - 3	Ksheera vasti - 4	Ksheera vasti - 5	-	Sirolepam
Uttaravasti - 1	Uttaravasti - 2	Uttaravasti - 3	Uttaravasti - 4	Uttaravasti - 4	-	-	Abhyangam

	Abhyangam	Abhyangam	Abhyangam	Abhyangam	Abhyangam	Abhyangam	Yonipooranam
	Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu
		Yonipooranam	Yonipooranam	Yonipooranam	Yonipooranam	Yonipooranam	Matravasti
		Matravasti		Matravasti		Matravasti	

19/11/2023	20/11/2023	21/11/2023	22/11/2023	
Abhyangam	Abhyangam	Abhyangam	Abhyangam	Abhyangam
Yoni pooranam	Yoni pooranam	Yoni pooranam	Yoni pooranam	Yoni pooranam
Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu	Pradeshika Pichu
Sirolepam	Sirolepam	Sirolepam	Sirolepam	Sirolepam

**Table- 6: Follow up medicines for a period of 3 months**

Medicine	Dose	Anupana	Time
Phalasarpis	1 tsp	hot water	twice daily after food
Manasamitram tab	1 no.s	hot milk	bed time
Dhanwantaram 101 A	5 drops	hot milk	bed time
Mahanarayana tailam	1 tsp	hot milk	Morning after breakfast

**DISCUSSION:**

The case was diagnosed as adenomyosis. 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, as she wanted her symptoms to get

reduced as well as to conceive, Sthanika Chikitsa was given more importance. Uttaravasti and Yoni pooranam with bala tailam and dhanwantaram 41 avarti tailam was given for 5 - 7 days for endometrial receptivity and facilitating implantation. The internal medicines given were Sukumara kashayam with Kanchanaraguggulu which help correct apana vata and relieves pain.

Kanchanara Guggulu acts as Vata-kaphagana and Lekhagana decreasing the size of Granthi.<sup>[7]</sup> 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. Mahanarayana taila was given as it helps relieve infertility in females. The medicines are having the property of vatanulomana and brumhana which helps correct the apana vayu and nourishes the endometrium.

Yoga vasti has both local and systemic affects. Basti acts on Apana vata and causes Vata anulomana 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>(7)</sup>. Taila enters into the Srotas and removes the Sankocha (spasm) by virtue of its Sookshma vyavayi and Vikasi i.e., fast spreading nature.

Uttaravasti, a localised procedure where in the intrauterine instillation of medicated ghee or taila is done. Here Dhanwantaram 41avarti and Bala tailam was used for

uttaravasti as it helps in enriching the endometrial layer and also aids in implantation. Considering above points we planned to normalize the functioning of Vata and Kapha (Samprapti vigatanartabasti externally given and internally sukumara kashaya, Kanchanar guggulu, mahanarayana tailam, phalasarpis was selected. Drugs in this study helped in balancing all threedosha, Vatanulomana and Srotoshodhana.

## CONCLUSION:

Adenomyosis can cause significant discomfort and disrupt a woman's quality of life. 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 conceive. In this study it is treated from root cause and can be used for many patients by using this Siddhanta.

## Limitation of study

The study was performed in one patient, This study protocol can be used in a population and the data can be collected.

## Consent of patient:

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

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

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