

CASE STUDY

An Ayurvedic Approach in the Management of Adenomyosis W.S.R Vataja asrigdara – A Case Report

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ABSTRACT

Introduction: Many women experience various menstrual problems in their lives and adenomyosis is one of them. Adenomyosis is when the endometrial tissue grows within the muscular wall of the uterus. It forms a distinct nodular cluster of smooth muscle and endometrial glands, leading to the thickening of the surrounding myometrium. This condition is often associated with heavy or irregular menstrual bleeding and dysmenorrhea. Although adenomyosis is not directly correlated with any disease in *Ayurveda*, based on symptoms such as *Theevra vedana*, *shyava Aruna varuna Artava*, and *kati Vedana*, it mostly simulates with *Vataja asrigdara*.

Methodology: A 39-year-old married female visited to the Outpatient Department of *Prasuti Tantra Evam Stri Roga* at SKGAC & H, Kurukshetra, with complaints of pain during menstruation, dull aching pain in the lower abdomen along with heavy menstrual bleeding (HMB) per vagina with the passage of clots in menses for 3 months. She was supposed to be treated with an *Ayurvedic* line of management. *Ayurvedic* treatments can be very beneficial in relieving the symptoms of adenomyosis and improving the overall health of the patient.

Results: The patient was given three cycles of *Matra Basti* for three consecutive before the menstrual cycle along with oral *Ayurvedic* medicines. The treatment given shows noticeable progress in HMB and dysmenorrhea. The outcome of the study is very positive.

Discussion: The present study emphasized the role of *Ayurveda* in bringing positive results in the management of adenomyosis.

Conclusion: In this case study we can conclude that ayurvedic intervention are effective in treating Adenomyosis and require further studies for longer periods and larger sample size.

1. INTRODUCTION

Adenomyosis is a benign disease of the uterus characterized by uterine enlargement caused by ectopic rest of the endometrium – both glands and stroma located deep within the myometrium. These rests may be scattered throughout the myometrium, diffuse adenomyosis, or form a localized nodular collection-focal adenomyosis.^[1] The cause of such growth is not known. It may be related to repeated childbirth, vigorous curettage, or excessive estrogen effect. Pelvic

endometriosis coexists in about 40%.^[2] It produces symptoms such as menorrhagia, menometrorrhagia, and congestive dysmenorrhea. Treatment of this condition involves the use of non-steroidal anti-inflammatory drugs, COC pills to encounter heavy menstrual bleeding, levonorgestrel-releasing intrauterine system, and danazol-loaded IUD and hysterectomy.^[3] Long-term use of these drugs adversely affects women's health. Fortunately, *Ayurveda* being the holistic science of health care and a way of living can be a good alternative to replace allopathic treatment modalities which carries harmful side effects. Although adenomyosis is not directly correlated with any disease in *Ayurveda*, based on symptoms such as *Theevra vedana*, *shyava Aruna varuna Artava*, and *kati Vedana*, it mostly simulates *Vataja*

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asrigdara. Hence, the treatment approach should be *Raktastambhan*, *Raktavardhak*, and *Vata Shamak*.^[4] Attempts have been made in this study to check the effectiveness of *ayurvedic* interventions in adenomyosis.

2. CASE REPORT

A 39-year-old married female visited to the Outpatient Department (OPD) of *Prasuti Tantra Evam Stri Roga* at SKGAC & H, Kurukshetra, with complaints of pain during menstruation, dull aching pain in the lower abdomen along with heavy bleeding per vagina with the passage of clots in menses for 3 months.

2.1. History of Present Illness

The patient presented to the OPD with complaints of lower abdominal pain, particularly intensified during menstruation. Concurrently, she experienced substantial vaginal bleeding accompanied by clot passage. The pain was severe in intensity and required analgesia. For the above-mentioned complaints, she consulted a gynecologist. She initially sought relief from allopathic medication, undergoing symptomatic treatment for 2 months, yet without significant improvement. While advised for a hysterectomy, she opted against surgical intervention. Now, she came to OPD of *Prasuti Tantra Evam Stri Roga* at SKGAC & H, Kurukshetra, for the treatments of same.

- Past history: Nothing significant
- Family history: Nothing significant
- Personal history: Appetite – good
- Diet: Vegetarian
- Bowel: Regular
- Micturition: Normal and clear
- Sleep: Sound
- Menstrual history:
- LMP – 30/10/2022
- Flow – irregular
- Duration – 7–8 days
- Interval – 28 days
- Quantity of pads – 4–5 pads per day, bleeding ++
- Pain++
- Clots++
- Foul smell+.

2.2. Asthavidha Pariksha

- *Nadi – Pitta Pradhana*
- *Mala – twice a day and regular*
- *Mutra – 4–5 times/day*
- *Jihva – Nirama*
- *Shabad – Prakrita*
- *Sparsha – Prakrita*
- *Drik – Prakrita*
- *Aakruti – Madhyam*.

2.3. Dashvidha Pariksha

- *Prakruti – Pitta Kaphaja*
- *Vikruti – Vatapitta*
- *Sara – Raktasara*
- *Samhanam – Madhyam*
- *Praman – Madhyam*
- *Satmya – Madhyam*
- *Satva – Madhyam*
- *Ahara Shakti – Madhyam*

- *Vyayam Shakti – Madhyam*
- *Vaya – Madhyam*.

2.4. Obstetric History

- P2L2A0D0
- L1 – Female 19-year FTND
- L2 – Male 16-year FTND.

2.5. General Examination

- Built: Average
- Nourishment: Moderate
- Temperature: 98.2 F
- Respiratory rate: 19/min
- Pulse: 80 bpm
- BP: 110/70 mmHg
- Height: 157 cm
- Weight: 58 kg
- Pallor: Absent
- Edema: Absent
- Clubbing: Absent
- Cyanosis: Absent
- Icterus: Absent
- Lymphadenopathy: Absent
- Tongue: Uncoated.

2.6. Systemic Examination

- CVS S1 S2 normal
- CNS: Well-oriented, conscious
- RS: Normal vesicular breathing, no added sounds
- P/A – Soft, no organomegaly, tenderness + in Hy
- Pogastrium region
- P/S – Cx healthy, no white discharge.

2.7. Assessment Criteria are shown in Table 1 below:^[5]

2.7.1. Laboratory investigation

- HB%: 12.2 g/dL
- CA125: 18 U/mL

2.7.2. Samprapati of Asrigdra:^[6]

Samprapati of Asrigdra is shown in Figure 1 below.

2.7.3. Sampratpti Ghataka

- *Dosha – Vata Pradhana and Pitta Anubandhi*
- *Dushya – Rasa and Rakta*
- *Srotas – Artavavaha Srotas*
- *Srotodushti – Atipravrutti*.

3. INTERVENTION: TABLE 2

3.1. Procedure of Matra Basti^[7]

The patient was given three cycles of *Matra basti* for three consecutive cycles before the menstrual cycle.

3.2. Treatment Plan

Duration of treatment 5 days per cycle for three consecutive cycles 10–12 days before menstrual cycle.

3.3. Drug

Dhanwantari Taila for three cycles.

3.4. Route

Matra basti by Rectal Route.

3.5. Dose

60 mL.

3.6. Procedure

- *Purva Karma*: *Abhyanga* with *Tila Taila* on *Kati-Prushtha-Parshwa-Adhodara* for 15 min and *swedan*
- *Pradhan Karma*: *Matra basti* in left lateral position with 60 mL *Dhanvantri Taila*
- *Paschat Karma*: Rest in the supine position for at least 15–20 min. After this, expulsion of oil will be observed.

3.7. Date

- 20-10-2022 (1 cycle of *Basti*)
- 18-11-2022 (2 cycles of *Basti*)
- 16-12-2022 (3 cycles of *Basti*).

4. OBSERVATION AND RESULTS:

Observation and results are shown in Table 3.

5. DISCUSSION

According to *Acharya Charaka*, none of *yoniroga* is caused without the vitiation of *Vata dosha*. Hence, the pacification and regulation of the vitiated *Vata* are necessary. *Basti Chikitsa* is considered the best treatment of vitiated *Vata dosha*.^[8] *Matra Basti* is a type of *Anuvasana Basti*. The treatment mentioned in *Vataja Yonivyapada* can be adopted for *Vataja Asrigdara* also. The treatment prescribed for *Rakta Atisara*, *Rakta Pitta*, *Rakta Arsha*, and *Garbha Srava* can also be adopted. The treatment principle of *Raktayoni* is adopted in *asrigdara*, and hemostatic drugs in accordance with *dosha* predominance should be used.^[8] *Dhanwantharam taila* is used in the treatment of *Vata* disease associated with pain and is indicated in *Yoniroga*, *Sutikaroga*.^[9]

Sukumaram Kashayam is mentioned in *Vidraddhi Vriddhi Chikitsa* and has *vatapittahara Raktashodaka*, and *sophahara* properties.^[10] It helps to regulate the cycles and dysmenorrhea. It was continued for one cycle. *Chandanāsava* is an excellent *Raktapitta shamak yoga*. *Chandanāsava* was chosen to regulate menstruation and reduce menstrual flow. These *yogas* help balance *pitta* and support tissue nourishment. After the next cycle, the patient switched to *Trayantyadi kashayam*; this *kashayam* is mentioned in *Ashtanga hridayam* in *Vidraddhi vriddhi chikitsa* and is given in disease which mainly occurs due to *Pitta* imbalance.^[11] *Kumaryāsava* is known for its *Raktapittahara* and *Vatanulomana Brimhana* properties, which help correct *Vata* and *Pitta* imbalances. In addition to this, it acts as a *Rechaka*. In this case, when there is involvement of *Vata* and *Pitta*, this combination helps restore the normal function of *Vata* and *Pitta*. If *Vata* is in its natural state (*Prakrutha Avastha*), it performs its normal functions and the symptoms associated with *Vata* aggravation, such as dysmenorrhea disappear. *Kaishore guggulu* is a famous *Ayurvedic* medicine used in inflammatory conditions, helps to reduce the inflammation of the uterus, and overall improves uterine functioning. *Kushmanda avaleha* is mentioned in *Bhaishya ratnavali* in *Raktapitta Chikitsa* and is indicated in all bleeding disorders and conditions where there is involvement of *Vata* and *Pitta*.

6. CONCLUSION

In the modern medical system, hormonal and surgical interventions are the only available treatment for adenomyosis, and these interventions adversely affect the health of women and carry its own side effects. *Ayurveda* is a holistic science in which the root cause of the disease is treated. In this study, the *Ayurveda* treatment shows a promising result thus avoiding surgical intervention. The outcome of the study is very positive. No doubt, the above treatment protocol may be helpful for the management of adenomyosis in the future. In this case study, we can conclude that ayurvedic interventions are effective in treating adenomyosis and require further studies for longer periods and a larger sample size.

7. ACKNOWLEDGMENT

Nil.

8. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

9. FUNDING

Nil.

10. ETHICAL APPROVALS

This study did not require ethical clearance as it is a case study.

11. CONFLICTS OF INTEREST

Nil.

12. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

13. PUBLISHERS NOTE

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Table 1: Assessment criteria^[5]

Parameters	Criteria	Grade
Duration of bleeding	3–5 days	0
	6–7 days	1
	8–9 days	2
	>9 days	3
Numbers of pads	1–3 pads/day	0
	4–5 pads/day	1
	6–7 pads/day	2
	>7 pads/day	3
Pain during menstruation	No pain	0
	Mild pain	1
	Moderate pain	2
	Severe pain	3

Table 2: Intervention

Months	1 st month	2 nd month	3 rd month
Oral Treatment	1. Syp. <i>Sukumara Kashayam</i> 40 mL BID empty stomach with 80 mL of water. 2. Tablet <i>Kaishore Gugglu</i> 2 BID after meal 5. Syp. <i>Chandanasava</i> 40 mL with an equal quantity of water 6. <i>Kushmanda Avleha</i> 5 g HS with milk	1. Syp. <i>Trayantadi Kashayam</i> 40 mL BID empty stomach with 80 mL of water. 2. Tablet <i>Kaishore Gugglu</i> 2 BID after meal 3. Syp. <i>Kumariasava</i> 40 ml + with an equal amount of water. 4. <i>Kushmanda Avleha</i> 5 g HS with milk	1. Syp. <i>Trayantadi Kashayam</i> 40 mL BID empty stomach with 80 mL of water. 2. Tablet <i>Kaishore Gugglu</i> 2 BID after meal 3. Syp. <i>Kumariasava</i> 40 mL + with an equal amount of water 4. <i>Kushmanda Avleha</i> 5 g HS with milk
Procedure	<i>Matra Basti</i> with <i>Dhanwantri Taila</i> (60 mL) per rectal route for 5 days.	<i>Matra Basti</i> with <i>Dhanwantri Taila</i> (60 mL) per rectal route for 5 days.	<i>Matra Basti</i> with <i>Dhanwantri Taila</i> (60 mL) per rectal route for 5 days.

Table 3: Observation and result

Parameter	BT	DT	AF	FU
Duration of bleeding	Grade 2	Grade 1	Grade 0	Grade 0
Number of pads	Grade 1	Grade 1	Grade 0	Grade 0
Pain during menstruation	Grade 3	Grade 2	Grade 1	Grade 1

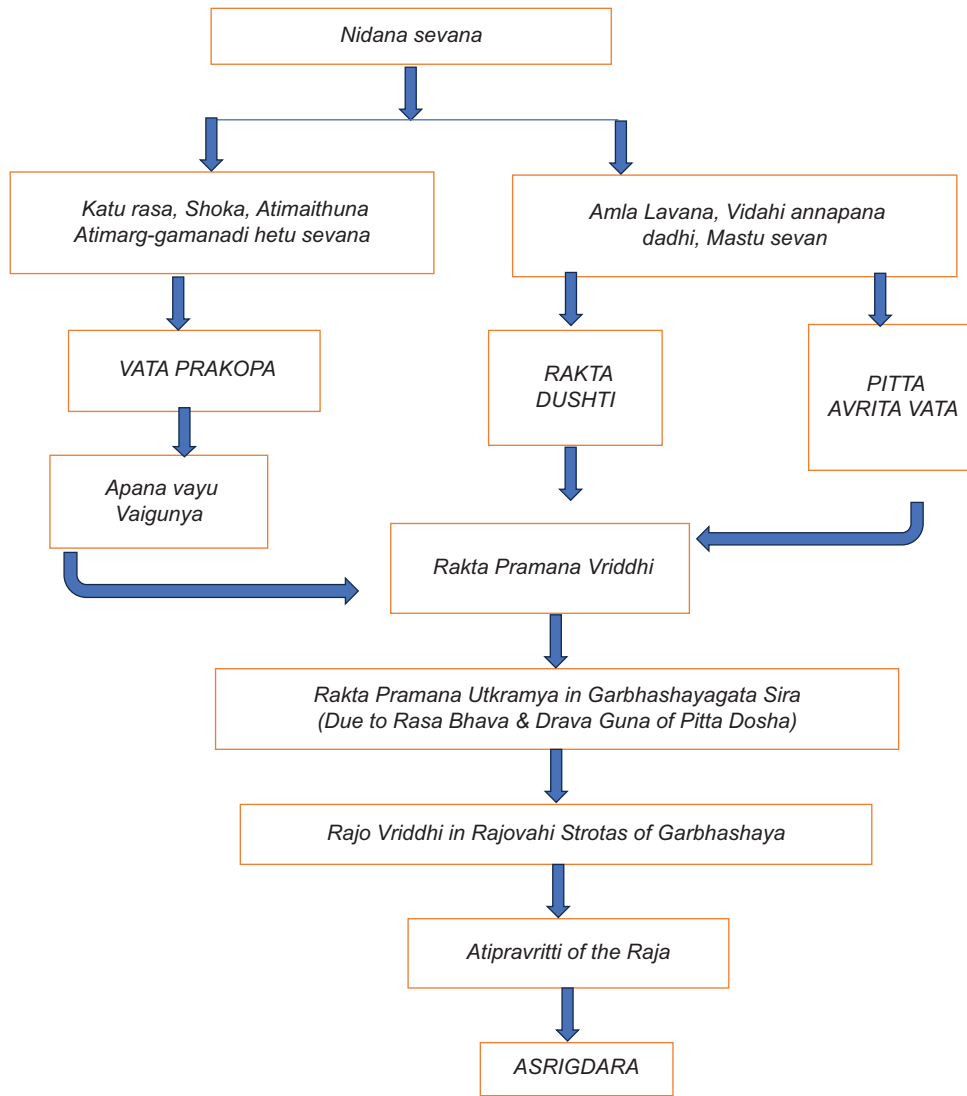


Figure 1: Samprapati of asrigdra

