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Management of Infertility w.s.r. To Adenomyosis: A Case Report

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ABSTRACT: -

Introduction: Adenomyosis is a condition where there is ingrowth of the endometrium, both the glandular and stromal components, directly into the myometrium. Adenomyosis usually presents with menorrhagia, dysmenorrhea, infertility and dyspareunia. **Clinical History:** A 35-year-old married female patient was present with complaint of failing to conceive and irregular, excessive, painful menses with clots for 2 year. She took allopathy treatment for same complain but failed then she came for Ayurveda management. First, we started oral medicine followed by *Nasyakarma* with oral medicine.

Result: She got relief in all symptoms and she conceived within 4 months.

Discussion and conclusion: For adenomyosis ayurvedic treatment is very useful in present era where allopathy has no permanent solution for this. So ayurvedic treatment protocol *Vatanulomana*, *Garbhashayasudhdhi*, *Lekhana karma*(Scrapping) and *Nasya* (Nasal medication) is very useful in this condition. Hence, it has been concluded ayurvedic treatment protocol is very useful for adenomyosis which needs further research in large sample.

Key words: Adenomyosis, Infertility, *Nasya*



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INTRODUCTION:

Adenomyosis is a condition where there is in growth of the endometrium, both the glandular and stromal components, directly into the myometrium. It may be diffuse or focal.^[1] An adenomyosis is described as circumscribed nodular aggregate of smooth muscle and endometrial glands with compensatory hypertrophy of the myometrium surrounding the ectopic endometrium. Patients with adenomyosis usually presents with menorrhagia, dysmenorrhea and infertility, also dyspareunia and increased frequency of micturition due to enlarged and tender uterus. In one-third it remains asymptomatic.^[2] Treatment depends on patient's age and desire for future pregnancy. The treatment of symptomatic adenomyosis in women over 40 who have completed their families is hysterectomy. The conventional management of adenomyosis includes the medical management to reduce pain and excessive bleeding by using oral contraceptive pills, levonorgestrel releasing intrauterine system, nonsteroidal anti-inflammatory drugs etc. as well as surgical management by adenomyomectomy, uterine mass reduction, uterine artery embolization etc. But these show very limited and temporary symptomatic relief, leading to many complications. In spite of high cost of therapy, there is no permanent cure. It has been clinically observed that Ayurvedic therapeutic modalities are very effective in the management of adenomyosis. It seems to

help by not only treating the diseases but also by strengthening the re-productive system and improving the fertility outcomes. Adenomyosis is correlated to *Artava Vaha Sroto Dusti* (Vitiation of *Artava Vaha Srotos*) as a complication of *Udavartini Yonivyapata* (Dysmenorrhea) or a *Rakta Mamsa dusti-janya Vatika Yonivyapaat* with the features of *Vrana* (wound), *Shoola* (pain) and *Granthi* (cyst).

CASE REPORT

A 35-year-old married female patient (G1 P1 L1) a house wife came to the PTSR OPD ITRA Hospital Jamnagar on 9/7/2020 with the complaints of Failure to conceive since 2 year and irregular, excessive, painful menses with clots since 2 year. She has also complaint of gas trouble since 2 months. Before visiting here, she took allopathic treatment. As per doctor's advice sonography done several times, which shows gradual increasing severity of Adenomyosis (Table no 3). She took allopathic medicine for the same complaints for two years but didn't get any relief. Her hormonal profile was also done, FSH markedly increased & AMH very low, showing poor ovarian reserve. She came here for Ayurveda treatment. After taking detailed history, Oral treatment was started for correction of four requisite of conception as per mentioned in Ayurvedic texts –*Ritu* (season), *kshetra* (field), *Ambu* (water) and *Beeja* (seed). In this case *kshetra* and *beejadushti* was there. So, *Garbhasayashodhaka* (uterus cleansing)

drugs to correct Adenomyosis, *Vata anulomana* for dysmenorrhea & align HPO axis and after that *Prajasthaana* treatment for ovulation induction & conception was given. (Table 4) Patient conceived successfully after four months of treatment and continuing successful pregnancy afterwards.

1. Personal History:

Diet -Vegetarian

Appetite -Reduced

Bowel - once a day (sometime constipation)

Micturition - 7-8 times a day, 1-time at night.

Sleep - 7-8 hours in Night time

2.Past History: No H/O DM/HTN/hypothyroidism or any other major medical or surgical history.

3.Family history: No history of same illness in any of the family members.

4.Menstrual history (Present)

Menarche - 12 years of age

Lmp-8/7/2020

TABLE NO:1

| | |
|-------------------------|--|
| Present Menstrual cycle | |
| Nature | Irregular |
| Duration | 27-28 |
| Bleeding phase | 5 |
| Color | Dark brownish red |
| Clots | Present(++) |
| No of pads used/day | 1 st 4 days- 3-4 pads/day 5 th day-2 pads/day |
| Associated complaints | Severe lower abdomen pain with lower backache |

5.General examination

- Built -Moderate
- Nourishment -Moderate
- Temperature - 98.4F
- Respiratory rate-20/min
- Pulse rate – 78bpm
- B.P - 110/70 mm of hg
- Height –152cms
- Weight - 52Kg
- Tongue: Uncoated
- Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

6.Obstetric history-

Active married life- 5 year

G₁P₁ L₁ -3.5year female child FTND

7. Contraceptive history – at present –nil

8.Coital history

- 1-2 times in a week

➤ Dyspareunia ++

P/v-Ut –Bulky in size, Cx movable,
Fornix tender

9.Gynecological exam

INVESTIGATION:

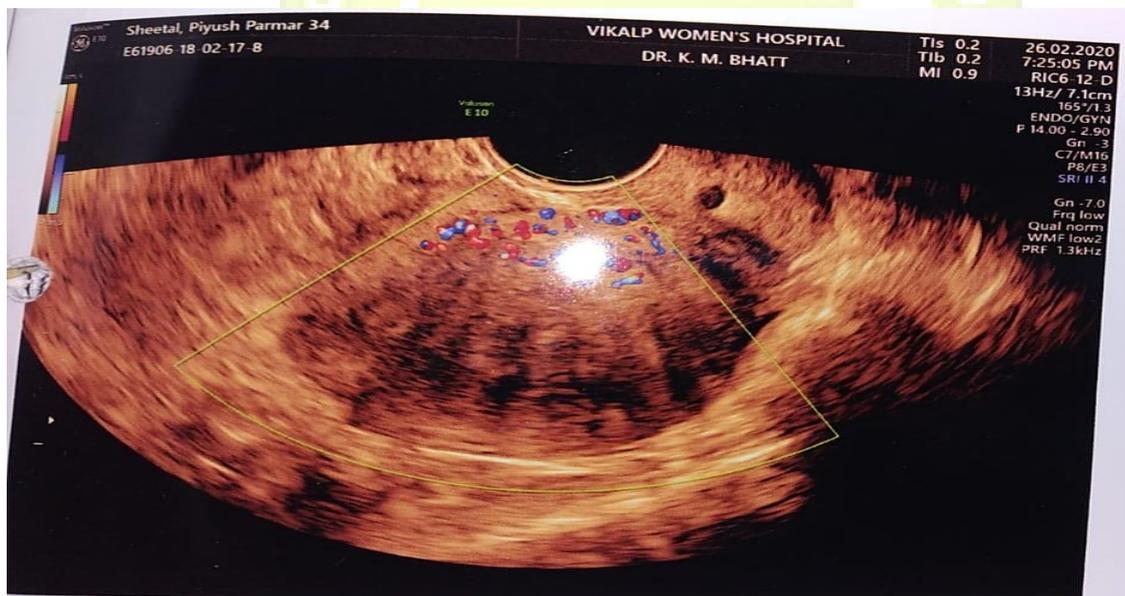
P/s- Cx –congested, Discharge-Mucoid
discharge

USG findings

TABLE NO:3 (when patient was on Allopathy treatment)

| | | |
|---|---|---|
| <p>(17/02/2018) Uterus –bulky 4.9cms Swiss cheese hyperplasia Right ovary cystic 3cms Left ovary normal</p> | <p>(15/10/2018) Uterus-bulky Posterior wall adenomyotic 3.5cms 16mm follicle in right ovary Left not seen</p> | <p>(26/02/2020) (Image-1) Uterus- bulky Posterior wall severe adenomyotic 3.4× 4.6cms Endometrium pushed anteriorly Ovaries small Tender descending colon</p> |
|---|---|---|

Image-1



Before treatment (Image -2)

| |
|--|
| <p>(26/05/2020) Uterus- bulky Adenomyotic 5.6cms× 5.6cms Right ovary small Left ovary 19mm follicle</p> |
|--|

Image-2



Routine blood investigation –(27/02/2020)

Blood group-O positive
HB- 13.59 g/dl
ESR-21 mm/hr

**Serological investigation
(27/02/2020)**

HIV, VDRL, HBsAg- negative

Hormone profile(27/02/2020)

FSH- 15.50 mIU/mL
LH- 3.33 mIU/mL
PROLACTIN- 7.94ng/mL
AMH level- 0.18 ng/ml (very low fertility)(Image-3)
Thyroid function test- normal value

Image-3

| TEST | | RESULTS | UNIT | BIOLOGICAL REFERENCE RANGE |
|--------------------------------|--------|---------|-------|---|
| ANTI MULLERIAN HORMONE | | | | |
| ANTI MULLERIAN HORMONE CUJA | (0.18) | | ng/mL | Optimal Fertility: 4.00 - 6.79 Satisfactory Fertility: 2.19 - 4.00 Low Fertility: 0.30 - 2.19 Very Low/undetectable: 0.0 - 0.3 |

Limitations:

• For assays employing antibodies, the possibility exists for interference by heterophile antibodies in sample. Samples from individuals which have been regularly exposed to animals or have received immunotherapy or immunization with antigenic fragments may produce antibodies, e.g.

TABLE NO: 4 Treatment protocol (Total duration- 17 week)

| From-9/7/2020- 13/8/2020 (total-5 week) Lmp-8/7/2020 | From-13/8/2020-5/11/2020 Total-11 week |
|--|--|
| <p>1) <i>Dashmoola kwatha</i>-10gm + <i>Punarnavashtaka kwatha</i>-10 gm two times empty stomach</p> <p>2) <i>Erandabhrishta haritaki</i> 3gm + <i>Shunthi churna</i> 3gm Twice a day before meal with warm water</p> <p>3) <i>Kanchnara gugglu</i> 2 Tab Thrice a day with warm water after meal</p> <p>4) <i>Arogyavardhini</i>-250mg + <i>Triphla</i>-1gm+ <i>Haridra</i>-1gm + <i>Pippali churna</i>-1gm + <i>Trikatuchurna</i>-500 mg Bd after meal with warm water</p> | <p>1) <i>Tab Shilajeeta</i> 1 bd with water after meal</p> <p>2) <i>Dashmoola kwatha</i>-10gm + <i>Punarnavashtaka kwatha</i>-10 gm two times empty stomach</p> <p>3) <i>Kanchanaraguggulu</i> 2 Tab TDS with warm water after meal</p> <p>4) <i>Arogyasardhini</i>-250mg + <i>Triphla</i>-1gm+ <i>Haridra</i>-1gm + <i>Pippali churna</i>-1gm + <i>Trikatuchurna</i>-500 mg Bd after meal with warm water</p> <p>5) <i>Shatavari churna</i>-2gm + <i>Gokshurchurna</i>- 1gm + <i>Shatapushpa churna</i>-1gm + <i>Shunthichurna</i> 1 gm Bd after meal with warm water</p> <p>6) <i>Pratimarsha Nasya</i>- <i>Shatapushpa</i>oil 2-2 drops in each nostril in morning after sunrise.</p> |

After treatment:

Pt conceived and her UPT was positive on 9/11/2020 at home.

USG findings

9/11/2020

Single G sac (gestational sac),Yolk sac+, Poor foetal echoes, No FHS(fetal heart sound)

24/11/2020(Image-4)

7 week 5 days G. sac
Fetal cardiac activity present
Fetal movement present, CRI-62

Image-4



DISCUSSION

Over the last decade, Adenomyosis has become a condition identified in young woman with pain, Abnormal uterine bleeding, infertility, or no symptoms by using imaging techniques.^[3] And hysterectomy can't be the line of treatment for patients who want to conceive. Even available medical management like hormonal therapy is not effective in treating the disease and the complications include infertility, postpartum hemorrhage and even endometrial carcinoma in rare cases. Ayurvedic management of adenomyosis is planned and executed. Here patient is a known case of adenomyosis which is *Kshetra dushti* as per Ayurveda. *Acharya Sushruta* has described *ArtavaVaha Srotas* (channels carrying menstrual blood) with its *Moola* (Root) as *Garbhashaya* (Uterus) and *Artavavahi Dhamanis* (fallopian tubes and uterine arteries).^[4] While we analyze the *Srotodusti Lakshana*^[5] in the context of *Artavavaha Srotas*, *Siragranthi* (cyst) and *Vimargagamana* can be co-related with the pathogenesis of adenomyosis as there is upward movement of *Rajah* due to *Apanavikruti* by *Vegadharana* (suppression of urges), leading to retrograde menstruation that may result in endometriosis and adenomyosis. While describing the *Vatavyadhi Nidana* (cause), *Acharya Sushruta* mentioned that the provoked *Vata* situated in *Rakta* (blood) causes *Vrana* (wound) and while situated in *Mamsa* (muscles) results in *Granthi* (nodular growth) & *Shoola* (pain).^[6] Both these features are seen in adenomyosis in the form of deep nests of endometrial tissue within myometrium which results in progressively increased pain during menstruation. Thus, in this study, adenomyosis is correlated to *Artava Vaha Sroto Dusti* as a complication of *Udavartini Yonivyapat* or a *Rakta-Mamsa dustijanya Vatika Yonivyapat* with the features of *Vrana*(wound), *Shoola*(pain) and *Granthi*

(nodular growth). As per Ayurveda *Shoola* (pain) is due to *Vata*. And also, infertility is mainly due to vitiated *Vata* as per *Acharya kashyapa*. So first of all, *Vatanulomana* is needed. For *Vatanulomana*, *Eranda bhrishta haritaki* and *Dashamoola kwatha* were used. *.Garbhashaya* (uterus) is *Ashraysthana* (origin) of *artava* (menstrual blood). As *Artava* (menstrual blood) is *Agneya yoni*, for *garbhashaya sudhdhi ushna* (hot) & *Anulomana dravya* were used. *Arogyavardhiniyadi* combination was used as *Arogyavardhini- tridoshasamana, triphala-anulomana, trikatu-triushna, pippalimoola churna- katurasa* (pungent), *ushnavirya* (hot), *haridra-ushna virya, katu vipaki, tridoshasamana, vranahara*. As per previously described adenomyosis is like *granthi* (nodular growth). As mentioned in *Sharangdhara, Kanchanara guggulu* is therapeutically important for the management of *Gulma* (Abdominal tumor), *Apachi* (growth), *Granthi* (nodular growth), *vrana*(wound). By virtue of its *lekhaniya guna* (scrapping property)^[7] and anti inflammatory property helps in reducing the size and arrest the further growth. Therefore, *lekhana karma* was done by prescribing *kanchanaragugglu, Shilajita (Asphaltum)*^[8] and *Punarnavashtaka kwath*^[9] is helpful in reducing the size of bulky uterus. *Bija* is also prime factor for conception. So to increase the quality of ovum, *Shatpushpa* oil *pratimarsha nasya* was given. For nidation and conception purpose *shatavaryadi yoga-shatavari-garbhaprada, gokshura*^[10], *shatapushpa, sunthi*^[11] *vrushya* was given. Here this protocol was very fruit full for patient. Patient was completely cured and she conceived within four months.

CONCLUSION

In the present study, ayurvedic treatment protocol have been used for the treatment of

adenomyosis, which is found to be very effective. Patient is free from all the symptoms and she conceived within short time of period.

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Conflict of Interest: Nil

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