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A Case Report on Ayurvedic management in Adenomyosis

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ABSTRACT

Adenomyosis is a medical complication involving into the myometrium of the uterus. It is a condition where endometrial tissue proliferates in the myometrium and these ectopic endometrial tissue in the myometrium starts proliferating as a result thickening of the uterus occurs. Treating adenomyosis is a challenge and hysterectomy has been the only way to treat the condition. But by using *Ayurvedic* formulation with properties like *Raktastambhan*, *Raktavardhak*, *Vatashamak*, *Balya*, *Lekhana* etc. properties patient got significant relief from pain and excessive bleeding along with the improved quality of life.

Key words: Adenomyosis, Asrgdhara, Dyspareunia, Raktastambhana

INTRODUCTION

Adenomyosis is a Gynaecological condition characterized by ectopic endometrial tissue within the uterine myometrium. Deep endometriosis (DE) occurs in 15-30% of patients with endometriosis and is associated with concomitant adenomyosis in around 25-50% of cases.^[1,2] In India the prevalence of Adenomyosis is 23.5% in which 80% were seen in the age group of 31-50yrs. Patient complaints of severe menorrhagia 50%, dysmenorrhea 30% and Metrorrhagia 20% and dyspareunia and chronic pelvic pain are less common.^[3,4] The treatment of symptomatic adenomyosis in women over 40 who

have completed their families is hysterectomy. Conservative treatment which includes NSAIDs, hormonal therapy, menstrual suppression with progestin's, GnRH analogues etc. *Ayurvedic* treatment relieves the symptoms and is very helpful in improving overall health of patient. There is no any direct correlation of adenomyosis but based on the symptoms like *Theevra Vedana*, *Shyava Aruna Varna Artava*, *Kati Vedana*, it can be correlate to *Vataja Asrgdhara*.^[5] Treatment approach should be *Raktastambhan*, *Raktavardhak* and *Vata Shamak*.

CASE STUDY

A 46 years old married female patient, housewife by occupation with the complaints of heavy and prolonged menstrual bleeding per vaginum, severe pain in lower abdomen before the onset of menstruation and during menstruation since last six menstrual cycles associated with low back pain and general weakness. She was unable to perform day-to-day activities during menstrual cycle like household works due to heavy bleeding and severe lower abdominal pain. She visited nearby clinic and was prescribed with tablets Tranexamic acid 500mg BD and analgesic for the pain. She had taken those tablets for last 2 months only during menstrual cycle. Even after taking these medicines the patient did not find any

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relief. She revisited the clinic for the same complaints and was advised for USG- Abdomen & pelvis finding adenomyosis changes in myometrium. Patient was advised for hysterectomy. As she was not willing for hysterectomy so approach to Dr. S.R. Rajasthan Ayurved University hospital on 14/03/2022 (OPD no.- 4288) for Ayurvedic treatment.

Past history of endometrial biopsy done on 26/07/2021, reported proliferative endometrium no evidence of malignancy.

Personal history

Appetite: Reduced.

Bowel: Sometimes regular sometimes constipated.

Micturition: 3-4 times a day 1-2 times in night.

Sleep: 5 hours in night and 1/2 to 1 hour afternoon (*Diva Sayan*)

Menstrual history

Menarche - 12 years of age

Menstrual cycle - Nature - Irregular, Duration - 60-90 days, bleeding phase - 15-20 days

No. of pads used /day – 7-8 pads/day on 1st 4 days, 3-4 pads/day on 5th day, 1-2 pads/day rest of the days

Blood clots - Present

Marital history: Got married in the age of 19 years.

Obstetrical history: P₃ A₀ L₃ - FTND at hospital, L3- female child age 17 years

No any contraceptive history

Clinical Findings

Per Abdomen

Inspection - No any surgical scar present

Palpation - Soft, Tenderness in supra pubic and right iliac fossa, No organomegaly observed

Percussion - Tympanic

Auscultation - Normal Bowel sounds heard

Gynaecological Examination

Pelvic Examination

Examination of Vulva

- **Inspection:** Pubic Hair - Normal
- Clitoris - Normal
- Labia - Normal

Per Vaginal Examination

- Cervix - Soft, Mobile, Movement - Painful
- Lateral Fornices - Free, Non tender
- Posterior Fornix - Tenderness +

Uterus (Bimanual Examination)

- Position - Anteverted & Anteflexed, Size - Bulky Uterus
- Tenderness - Present

Per speculum Examination

Cx healthy, no abnormal discharge

Investigation (before treatment)

USG (Abdomen +pelvis) - 19/02/2022 - Bulky uterus (94 x 73 x 59 mm) with heterogeneous echotexture of myometrium likely adenomyosis changes. ET measures 6.7 mm.

Hb - 10.20 gm. %

Treatment

The treatment is carried out with the following medicine for 6 month. During this period the patient was advised to take *Pathya Ahara* (nutritive diet) and avoid *Amla & Lavana Ahara*.

Name of medicine	Dose
<i>Chandrakala Rasa</i>	250mg BD
<i>Pradrantak Loha</i>	250mg BD
<i>Praval Pishti</i>	250mg BD
<i>Dashmool Kashaya</i>	15ml BD

Lodhrasava	15ml BD
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OBSERVATION AND RESULT

The patient had followed the *Aahar* and drug restriction strictly. After six months of treatment, patient was comfortable and pain was very much reduced and bleeding was reduced and clots were absent. The Ultrasonography was done after 6 months of treatment.

Laboratory finding

USG (Abdomen +pelvis) - 13 september2022

Uterus: Anteverted (87 x 53 x 42 mm). Endometrial thickness: 9-10 mm.

No gross adnexal pathology seen.

Hb-11.20 gm. %

Before treatment

KAMLA NAGAR HOSPITAL
 Ph: 0291-275001, 275002, 275003, 275004, 275005
 Email: kamlanagarhospital@gmail.com, www.kamlanagarhospital.com

NAME: [REDACTED] 42 Yrs./F
 REF BY: [REDACTED] 19.02.2022

ULTRASOUND WHOLE ABDOMEN

LIVER: is normal in size and shows normal echotexture. No c/o focal or diffuse lesions. IHDV are not dilated. PV and CHD appear normal.

GALL BLADDER: appears echo free with normal wall thickness. No evidence of calculus or cholecystitis seen.

PANCREAS: is normal in size and echotexture. No mass lesion or changes of pancreatitis seen.

SPLEEN: is normal in size and shows normal echotexture.

KIDNEYS:
 Both kidneys are normal in position, size and in outline. Both kidneys show normal cortical echotexture with cortico medullary differentiation is maintained. No evidence of calculus or hydronephrosis seen in both kidneys. A cortical cyst of size 11 x 10 mm seen at lower pole of right kidney.

URINARY BLADDER: Urinary bladder is well distended. No c/o calculus or mass lesion seen. Uterus anteverted with bulky in size (94 x 73 x 89 mm) with heterogeneous echotexture of myometrium. ET measures 6.7 mm. Both ovaries appears normal in size and echotexture. Right Ovary - 16 x 14 x 23 mm, vol - 7 cc. Left Ovary - 23 x 17 x 18 mm, vol - 4 cc.

No evidence of ascites seen. No c/o significant mesenteric or para-aortic nodes seen. No evidence of abnormal dilatation or wall thickening of bowel loops seen.

IMPRESSION:

- Bulky uterus with heterogeneous echotexture of myometrium - likely adenomyosis changes
- Simple right renal cortical cyst.

Added clinical correlation and follow up. Thanks for reference.

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After treatment

Okay Diagnostic Research Centre Pvt. Ltd.
 C-16-A, Shastri Nagar, Opp. MDM Hospital, Jodhpur - 342003 (Raj.)
 Phone : (0291) 2632111

NAME: [REDACTED] AGE: 43 Yrs./F
 Ref. By: DR. [REDACTED] DATE: 13-Sep-22
 R.NO.

ULTRA SONOGRAPHY OF ABDOMEN/PELVIS

Liver: Normal in size, shape and contours. Parenchymal echotexture is normal. Portal vein radicles and hepatic veins are normal. Intrahepatic biliary radicles are not dilated. C.B.D. is normal in calibre 5 mm.

Gall bladder: Seen in normal distension. Walls are smooth and normal in thickness. Lumen is anechoic.

Pancreas: Head, body and tail are normal in dimensions and echotexture.

Spleen: Normal in size, shape and contours. Parenchymal echotexture is normal.

Kidneys:
 Rt. Kidney: 9.6 x 3.8 cm.
 Lt. Kidney: 9.8 x 4.1 cm.

Both the kidneys are normal in size, shape and contours. Parenchymal echotexture is normal. Corticomedullary differentiation is maintained. Central echo-complexes are normal.

Urinary bladder: Seen in full distension. Walls are normal thickness. Lumen is anechoic.

Uterus: Anteverted (87 x 53 x 42 mm). Endometrial thickness: 9-10 mm. \

No gross adnexal pathology seen.

IMPRESSION: - FINDINGS ARE SUGGESTIVE OF:

- NORMAL STUDY OF UPPER ABDOMEN.
- NO CBD CALCULI / PANCREATIC PATHOLOGY.
- PV/SMV APPEARS NORMAL.
- NO HYDRONEPHROSIS/CALCULUS SEEN ON EITHER SIDE.
- NO GROSS ADNEAXAL PATHOLOGY SEEN.
- NO ASCITIS/PLEURAL EFFUSION.

Adv: Further work-up and clinical correlation.
 Note: This is a radiological imaging opinion and not the final diagnosis. It only helps in arriving at the diagnosis. All final diagnosis are taken in correlation with details of clinical and lab data. In case of discrepancy with imaging opinion, review of the same may be done with clinical correlation. This report is not valid for medico-legal purposes.

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डॉ. अशोक नागल
 एम.डी.
 कंसल्टंट रेडियोलॉजिस्ट
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DISCUSSION

Chandrakala Rasa contains *Kajjali*, *Tamra Bhasma*, and herbal *Dravyas* like *Kutki*, *Guduchi*, and *Ushira* etc. The drug contains ingredients having properties of *Raktaprasadana*, *Raktavarodhak Balya*, *Raktapittahara*, *Dahashamana*, etc. By these properties it relief the symptoms of patient heavy menstrual bleeding.

Praval Pishti, a powdered formulation of coral is hallowed with *Madhura*, *Amla* and *Kashaya Rasa* and shows *Laghu* and *Snigdha Guna*. Its properties like *Shita Virya*, *Kashaya Rasa* and *Madhura Vipaka* act as *Raktaastambhak*. It pacifies all the three *Doshas*, *Kapha*, *Pitta* and the *Vata Doshas*.

Pradrantak Loha content *Lauh Bhasma*, *Tamra Bhasma*, *Shankh Bhasma*, *Vang Bhasma*, *Abhrak Bhasma*, *Trikatu*, *Triphala*, etc. It is indicted in *Pradar Roga* due to properties like *Kashaya Rasa* which act as *Sthambhana*. *Loha Bhasma* that induces the formation of haemoglobin and RBCs. *Sankha Bhasma* and *Abhrak Bhasma* stimulate appetite and improve digestion.

Trikatu and *Triphala* having *Lekhana* properties which reduce the growth of endometrium in myometrium.

In *Lodhrasava*, *Lodhra* is the main ingredient. *Lodhra*, the main ingredient possesses *Kashaya Rasa*, *Seetha Veerya*, *Pittaghna*, *Sthambhana* and *Grahi* properties. It is also highly effective astringent, and this astringent action can be attributed to an alkaloid present in *Lodhra* bark called loturodine. It is suggested that *Lodhra* might have influenced the endometrial prostaglandin apparatus, thereby acting effectively in the control of abnormal uterine bleeding.

Dashamoola Kwatha contains *Bilva*, *Agnimantha*, *Shyonaka*, *Patala*, *Gambhari*, *Bruhati Kantakari*, *Shaliparni*, *Prisniparni*, *Gokshura*. Most of the drugs in *Dashamool* are having *Madhura & Kashaya Rasa*, *Laghu Ruksha Guna*, *Ushna Veerya*, *Madhura Vipaka*, which mainly act on *Vata Vikriti*. *Madhura rasa*, *Laghu Guna* and *Madhura Vipaka* helps to pacify vitiated *Vata*. The actions of *Dashamoola* are *Vatahara*, *Shulahara*, *Shothahar*, *Balya* etc. It has being also proven that *Dashamoola* has anti-inflammatory and analgesic properties.

CONCLUSION

Ayurveda is a holistic science in which root cause of disease is treated. In the present study, *Chandrakala Rasa*, *Pradrantak Loha*, *Praval Pishti* *Lodhrasava*, *Dashamoola Kashaya* and have been used for the treatment of adenomyosis, which is found to be very effective. The treatment given was very effective for heavy menstrual bleeding management and treating

the adenomyosis and improved patient's general health.

CONSENT

Consent of the patient is taken. Proper advice and counselling also done during treatment

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