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Management of Adenomyosis and improvement in fertility through *Ayurveda* - A Case Study

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ABSTRACT

Adenomyosis is an important clinical challenge in gynaecology and healthcare economics. Moreover, Adenomyosis and leiomyomas commonly coexist in the same uterus and differentiating the symptoms for each pathological process can be problematic. Most of these leads to gynaecological symptoms like, AUB, dysmenorrhoea, infertility etc. The treatment explained in the modern science like endometrial ablation/resection, uterine artery ligation, have many complications. In *Ayurveda* this can be managed based on *Dosha*, *Dhatu* involvement in the *Roga* and *Rogi*. In this case patient came to OPD with complaints of anxious to conceive since 2 years and also complaints of severe abdominal pain and increased amount of bleeding during menstruation. We managed the case with *Ayurvedic* line of management by *Panchakarma* and oral *Ayurvedic* medicines successfully. After that she conceived and delivered to a healthy baby by LSCS without any complications during pregnancy and delivery.

Key words: Adenomyosis, Yoga Basti, Vataja Yoni Vyapad, Virechana.

INTRODUCTION

Adenomyosis is characterized by the presence of endometrial glands and stroma within the myometrium, surrounded by smooth muscle hyperplasia. In about one-third, it remains asymptomatic being discovered on histological examination. There is diffuse symmetrical enlargement of the uterus; the posterior wall is often more thickened than the anterior one.^[1] Adenomyosis appears to have an adverse impact on the risk of other

health outcomes, including obstetrical outcomes.

Studies using imaging to diagnose adenomyosis have reported an association between adenomyosis and an increased risk of preterm birth, small for gestational age, and pre-eclampsia among pregnant women who conceive spontaneously.^[2]

Women with adenomyosis have a higher incidence of infertility and miscarriage, due to abnormal function of the subendometrial myometrium, interference in sperm transport and blastocyst implantation, abnormal endometrial immune response and nitric oxide level.^[3]

Ayurvedic treatment relieves the symptoms and is very helpful in improving overall health of patient. Based on symptoms of severe pain, flow and menstrual blood colour it may be correlated with *Artavaha Srotodushti*, *Vatika Yoni Vyapad* and *Atya Artava*.

CASE REPORT

A 29 years female Patient with marital life of 4 years, came to OPD of Prasuti tantra and Streeroga, S.S.C.A.S.R.&H. Bengaluru with the complaints of

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anxious to conceive since 2 years. Also, complaints of increased lower abdominal pain with increased amount of bleeding during menstruation since 1 year.

Personal History

Diet: Vegetarian (Packet foods, pickles, lemon)

Sleep: 6-7 hours of sound sleep

Appetite: Normal – 3 times a day

Bowel: Once per day, normal

Habits: Nil

Micturition: 5-6 times per day, no burning sensation.

Obstetric history: G0P0A0L0D0

Menstrual history

Age of Menarche: 12 years

LMP: 1/3/2021

Flow: Regular

D1 & D2 - 3 pads : 100 % soakage

D3 - 3 pad : 80 % soakage

D4 & D5 - 2 pad : 80 % soakage

D6 - 1 Pad.

- Interval - 32-35 days

Anubandhi Vedana

Clots - Present

Pain - Present +++

Color - Dark red

Samsthanika Pareeksha / Sroto Pareeksha (systemic examination)

- R/S - Nvbs heard, no added sound
- CVS – S1 S2 heard, no murmur sound heard
- CNS – Well oriented to time, place, person
- P/A - Soft. Non tenderness present.

No scar marks

Investigations

USG - Dated 24/07/2021

- Bulky Uterus - With Subserosal (1.8 X 1.3 X 2.3 Cm) & Intramural Fibroid
- Adenomyosis, B/L Polycystic Morphology

Thyroid profile on - Dated 21/1/2022

T3 - 1.16 ng/ml

T4 - 7.80 mcg/dl

TSH - 3.09 mIU

Diagnosis: Adenomyosis

Treatment

Classical Virechana Planned

Poorvakarma	Medicine	Days
Deepana Pachana	Agnitundi Vati 2 BD, Before food. Avipattikara Churna - 2tsp bed time with hot water Anupana.	3 Days
Snehapana	Guggulu Tiktaka Ghrita - 40ml, 80ml, 120ml	3 Days
Sarvanga Abhyanga and Baspa Sweda	Sahacharadi Taila	3 Days

On the 3rd day of Sarvanga Abhyanga and Baspa Sweda, Virechana With 60gm Trivrit Lehya + 100 ml Triphala Kashaya given.

Observation - 14 Vegas occurred (Madhyama Shuddhi)

After 3 days of Vishrama Kala Yoga Basti planned.

Anuvasana Basti - Dhanwantaram Taila - 30 ml + Sahacharadi Taila - 30 ml

Niruha Basti - Dashamoola Kashaya Basti

Dashamoola Kashaya - 450ml

Dhanwantaram Taila - 60ml

Shatapushpa Kalka - 20gm

Gomutra - 60ml

Madhu - 80ml

Saindhava - 5gm

Internal medicines given

- *Pushpadhanwa Rasa* 1-0-1 After Food
- Tab *Shatavari* 1-1-1 After Food
- *Sukumara Kashaya* 2tsp-0-2tsp With Equal Water Before Food
- Aloes Compound 2-0-2 After Food
- *Kanchanara Guggulu* 1-0-1 After Food
- *Usheerasava + Chandanasava* – 3tsp-0-3tsp with Half Glass of Water X 1 month given

Follow Up

After 2 cycles she came to our OPD with the complaints of previous complaint of pain during menstruation and heavy bleeding has reduced during last cycle. After that cycle she stopped the all medicines and tried for conception and she missed her periods in next month. She came to our hospital with amenorrhea of 1 month 10 days.

Investigation - UPT Positive**USG of abdomen and pelvis**

A Single Live Intrauterine Gestation of 6 Weeks 4 Days

- Ovaries - Enlarged in size and multiple sized peripherally arranged follicles.
- Uterus - Anteverted, Mild Bulky Measuring 7.9 X 4.3 X 5.7 Cm

Subserosal Fibroid with Left Lateral Ant. Wall Measuring 1.8 X 1.3 X 2.3 Cm. No Adenomyosis seen.

Advice - Madiphala Rasayana 2tsp-0-2tsp before Food

Tab. *Shatavari* 1-0-1 after Food

Outcomes

Patient was comfortable and has reduced the dysmenorrhoea and heavy menstrual bleeding in next cycle of treatment. Adenomyosis completely resolved after 2 months of treatment. After two months of treatment patient came to hospital with complaint of amenorrhea of 1 month 10 days. Investigations done with biochemical (UPT test) and biophysical test (Early pregnancy scan). Resulted as A Single Live Intrauterine Gestation of 6 Weeks 4 Days. She was regular to her

ANC check-up in our hospital till her term, she delivered by LSCS in our hospital without any complications in pregnancy, delivery and puerperium.

DISCUSSION

As patient was having the heavy menstrual bleeding one of the symptom of adenomyosis, so first managed with the classical *Virechana*. *Guggulu Tikta Ghrita* is having the ingredients of *Tridoshashamaka*, helps by reducing the inflammatory changes occurring in uterus and body. *Ghrita* is having *Vata-Pitta Shamaka* property helps in *Asrigdara*. *Guggulu* has been used for various disorders specially related to *Vata Dosha*. In this patient was having the severe pain during menstruation due to adenomyosis changes in uterus can be reduced by *Guggulu Tikta Ghrita* orally. *Sahacharadi Taila* used for *Abhyanga* which is having the property of *Vatashamaka* helps in normalise of vitiated *Dosha*. In *Astanga Hrudaya* has been explained as *Sahacharadi Taila* helps in all *Yoni Rogas*.

Trivritlehyam is having *Tikta Rasa*, *Tikta Rasa* has the property of *Deepana*, *Pachana*, *Raktaprasadana*, *Dahaprashamana*, *Shoshana* of *Mala*, *Mutra*, *Pitta*, *Kapha*. *Apanavritta Pitta* is one of the main causes leading to *Asrigdara* and *Virechana* helps to pacify the *Apana Vayu*.^[4]

Vata Dosha is the most important among *Tridosha* which is responsible to control all type of movement. *Apana Vayu* is located in *Pakvadhana* and traversed though *Sroni* (pelvis), *Basti* (urinary bladder), *Medhra* (external genital apparatus of each sex) and *Uru* (thighs). It helps in elimination *Samirana* (flatus), *Sakrit* (faeces), *Mutra* (urine), *Sukra* (semen), *Garbha* (fetus), *Artava* (menstrual fluid). If any derangements in the *Apana Vata* function leads to different *Artava Dusti* and *Yoni Rogas*.

As in adenomyosis due to vitiated *Vata* and *Pitta Doshas*, *Virechana* will helps to remove the *Pitta* accumulated in *Garbhashaya*. It has being proven that *Dashamoola* has anti-inflammatory, analgesic, and antipyretic actions.^[5] *Basti* is basically due to its *Shodhana* property that starts from the *Pakvashaya*. It is multidrug formulation that is given per rectum and reaches up to ileocaecal junction.

Basti Chikitsa makes the vitiated *Apanavata* to move in a downward direction and cures the adenomyosis, *Granthi* by action of medicines given in the form of *Basti* also cures the dysmenorrhea.^[6]

Sukumar Kashaya has been given orally which is having the Ingredients like *Dashamoola*, *Satavari*, *Tranapanchamoola* etc. are of *Vatashamaka*, *Granthihara*, and cures *Artava Vikara*. As in adenomyosis uterus will become inflamed and little bulky *Kanchanara Guggulu* having the property of *Granthihara*, *Shothahara* helps in reduction of *Shotha* in body.

CONCLUSION

As the management of adenomyosis in modern is having limited methods with more side effects, but in *Ayurveda* based on *Doshas* and *Dhatu* involved in *Roga* manage each disease. In this case due to adenomyosis patient was having the menstrual problems and also infertility problems cured successfully by *Ayurvedic* line of treatment.

USG report after treatment

PRIM DIAGNOSTICS
KANAKAPURA ROAD

Name	[REDACTED]	Patient ID	PDJ219129
Age & Gender	29-Y/Female	Visit ID	22PK32162
Ref Doctor	[REDACTED]	Visit Date	[REDACTED]

PELVIC ULTRASONOGRAPHY.

LMP - 03.06.2022 GA (LMP) - 5 weeks 1 day

UTERUS is anteverted and has normal shape and bulky in size.
 Anterior wall intramural fibroid measuring 1.3 x 0.5cms.
 Posterior wall intramural fibroid measuring 1.4 x 0.7cms.
 Hypochoic lesion measuring 2.1 x 1.5cms in the left lateral wall - subserosal fibroid.
 Endometrium is thickened, measures 13.6mm.
 Uterus measures as follows:
 LS: 9.9cms AP: 5.2cms TS: 5.5cms.

OVARIES are normal in size, shape and echotexture and appears mildly polycystic.
 Right ovary: 3.3 x 2.6cms
 Left ovary: 2.8 x 1.8cms

Mild free fluid in POD.

Impression:

- Bulky uterus with thickened endometrium.
- **Suggested follow-up Beta HCG correlation and follow-up scan aft. to 10 days to rule out intra / ectopic pregnancy.
- Uterine fibroids.
- Mild free fluid in POD.

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USG report before treatment

PRIMA DIAGNOSTICS
KANAKAPURA ROAD

Name	[REDACTED]	Patient ID	PDJ219129
Age & Gender	29-Y/Female	Visit ID	21PK17151
Ref Doctor	[REDACTED]	Visit Date	[REDACTED]

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
 No evidence of focal lesion or intrahepatic biliary ductal dilatation.
 Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
 Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
 No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.
 No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
 Cortico- medullary differentiations are well madeout.
 No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.0
Left Kidney	9.3	1.2

URINARY BLADDER show normal shape and wall thickness.
 It has clear contents. No evidence of diverticula.

UTERUS is anteverted and has normal shape. It is bulky in size with heterogeneous myometrial echotexture.
 Subserosal fibroid along the left lateral anterior wall measuring 1.8 x 1.3 x 2.3 cms.
 Small anterior & posterior wall intramural seedling fibroids are seen
 Endometrial echo is of normal thickness - 9.0 mms.
 Uterus measures as follows:
 LS: 8.8 cms AP: 4.0 cms TS: 4.9 cms.

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