A CASE STUDY ON ADENOMYOSIS

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ABSTRACT
Adenomyosis is a common condition characterized by invasion of endometrium into the uterine muscle tissue. This results in myometrial hypertrophy and hyperplasia around the ectopic endometrial glands. The most frequent symptoms associated with the condition are dysmenorrhea, menometrorrhagia, symmetrically enlarged tender uterus and chronic pelvic pain. Treating adenomyosis is a challenge and hysterectomy has been the only way to treat the condition. But in such conditions Ayurveda can provide a better treatment on symptoms basis. In this case study, as patient came in bleeding phase rakta sthambaka chikitsa was done first and cheriya madhusnuhi rasayana, Sukumara kasayam and trayodashanga guggulu has been used and proved to be effective.

Keywords: Adenomyosis, Sukumara kasayam and Trayodashanga guggulu.

INTRODUCTION
Adenomyosis is a condition characterized by the benign invasion where there is ingrowth of the endometrium directly into the myometrium of the uterus.¹ This is usually accompanied by a diffuse hyperplasia of the myometrium. An adenomyosis is described as circumscribed nodular aggregate of smooth muscle and endometrial glands with compensatory hypertrophy of the myometrium surrounding the ectopic endometrium. Unlike endometriosis, it tends to occur in multiparous women. Typically, the patient complaints of severe menorrhagia, secondary dysmenorrhea and distended abdomen. 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. For all others conservative treatment which includes NSAIDs, hormonal therapy, menstrual suppression with progestins, GnRH analogues and conservative surgery like adenomyomectomy, uterine mass reduction be used to treat adenomyosis². Based on the symptoms like Theevra vedana, Shyava aruna varna artava, Kati vankshana prusta shroni vedana, it can be correlate to Vataja Asrgdhara³.

It has been clinically observed that Ayurveda helps in case of adenomyosis. It seems to help by not only
treating the diseases but also by strengthening the reproductive system and improving the local cellular immunity.

**Case Report:**
A 30 years old married female patient, housewife by occupation with the complaints of Excessive bleeding per vaginum which is dark brownish red in colour during menstrual cycle with heavy clots for the 1st 5 days. 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.

Intermittent lower abdomen pain starts 2 days before the onset of menstruation and lasts for 5 days during menstruation. She noticed there is increased in duration of the cycle for 2 to 4 days since last six menstrual cycle. She was unable to perform day-to-day activities during menstrual cycle like household works due to heavy clots and severe lower abdominal pain.

She visited nearby clinic and was prescribed with tablets (Details are unknown). She had taken those tablets for last 4 months only during menstrual cycle. But, she didn’t get complete relief. She revisited the clinic for the same complaints and was advised for USG- Abdomino pelvis.

USG- Abdomino pelvis - (12-01-18)

**Impression**

 الفكر القابل

Findings likely of Adenomyosis changes in the uterus

Patient was advised for hysterectomy. As she was not willing for hysterectomy. On 24/01/18 patient approached OPD of PRASOOTI TANTRA EVAM STRI ROGA department of SKAMCH & RC for the needful.

**Past History:**
No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

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

**Personal History:**

<table>
<thead>
<tr>
<th>Habit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>Mixed</td>
</tr>
<tr>
<td>Appetite</td>
<td>Reduced</td>
</tr>
<tr>
<td>Bowel</td>
<td>Regular, once a day.</td>
</tr>
<tr>
<td>Micturition</td>
<td>4-5 times a day, 1 time at night.</td>
</tr>
<tr>
<td>Sleep</td>
<td>5-6 hours in Nighttime</td>
</tr>
<tr>
<td>Habits</td>
<td>Coffee / tea, twice a day</td>
</tr>
</tbody>
</table>

**Rajo Vruttanta**

Menarche - 12 years of age

Menstrual cycle -
Nature - Regular
Duration - 30-35 days
Bleeding phase – 5-7 days
Color – Dark Brownish red
Clots – Present

No. of pads used /day – 7-8 pads/day on 1st 4 days
3-4 pads/day on 5th day
1-2 pads/day on 6th and 7th day

Associated complaints – Severe intermittent lower abdomen pain, low back pain and general weakness.

**Vaivahika Vruttanta**

Married life – 12 years

**Contraceptive history** – Not Tubectomised
H/o using Barrier method for last 12 years (on & off)

**Vyavaya Vruttanta**

➢ 1-2 times in a week
➢ No Maithuna asahishnuta

**Prasava Vrittanta**

OH- P3 L3 A1 D0

➢ L1- 10-year Female child
➢ L2- 7-year Female child
➢ L3- 4-year Female child
➢ A1- @ 1 month (MTP by Tablets) 1 year

Back

**General examination**

➢ Built - Moderate
➢ Nourishment - Moderate
➢ Temperature - 98.4 F
➢ Respiratory rate -20/min
➢ Pulse rate – 76 bpm
➢ B.P - 110/70 mm of hg
➢ Height –152 cms
➢ Weight - 52 Kg
➢ Tongue: Uncoated
➢ Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

**Systemic examination**

CVS: S1 S2 Normal
CNS: Well oriented, conscious.
RS: normal vesicular breathing, no added sounds

**Ashta Sthana Pareeksha**

- **Nadi** - 76 bpm
- **Mootra** - 4-5 times a day, 1 time at night.
- **Mala** – Once/ day.
- **Jihwa** - Alipta
- **Shabda** - Avisesha
- **Sparsha** - Anusha sheeta
- **Druk** - Avisesha
- **Aakruti** – Madhyama

**Dashavidha Pareeksha**

- **Prakruti** - Vata + Pitta
- **Vikruti** - Madhyama
- **Sara** - Madhyama
- **Samhanana** - Madhyama
- **Pramana** - Madhyama
- **Satmya** - Madhyama
- **Satva** - Madhyama
- **Aahara Shakti** - Abhyavaharana Shakti - Madhyama
- **Jarana Shakti** - Madhyama
- **Vyayama Shakti** - Madhyama
- **Vaya** - Youvana

**Gynecological Examination**

- Breast examination - NAD, B/L soft non tender
- External genitalia –
  - Inspection – Pubic hair - Equally distributed
  - Clitoris -Healthy, NAD

Discharge per vaginum – Present (Thin Mucous white discharge)

Prolapse – Absent

**Pelvic Examination**

**Chikitsa Vrittanta**

<table>
<thead>
<tr>
<th>LMP – 21-1-18</th>
<th>LMP – 21-1-18</th>
<th>LMP – 22-2-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 24-1-18</td>
<td>Duration of menstrual cycle 21.1.18-30.1.18 From 1-2-18</td>
<td>Duration of menstrual cycle 22.2.18-27.2.18 From 28-2-18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ashoka ghrita- 2 tsp (20ml) BD BF with milk</th>
<th>Ashoka ghrita- 2tsp(20ml) Morning BF with milk</th>
<th>Cheriya madhusnuhi rasayana- 2tsp BD with milk AF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usheerasava- 3 tsp TID AF</td>
<td>Cheriya madhusnuhi rasayana- 2tsp BD with milk AF</td>
<td>Sukumara kashayam- 2tsp BD with 4tsp of water AF</td>
</tr>
<tr>
<td>Cap. Gynovedan- 1 TID AF</td>
<td>Sukumara kashayam- 2tsp BD with 4tsp of water AF</td>
<td>Trayodashanga Guggulu 2 BD AF</td>
</tr>
<tr>
<td>Tab.posex forte- 1 BD AF</td>
<td>Trayodashanga Guggulu 2 BD AF</td>
<td>Cap. Gynovedan- 1 TID (during menstruation) for 3 consecutive menstrual cycle</td>
</tr>
<tr>
<td>For 1 week</td>
<td></td>
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</tbody>
</table>

**Per Speculum Examination**

- **Vagina** – Healthy
- Discharge – Mild white discharge
- (Thin white discharge, no foul smell)
- Cervix – Hypertrophied
- External os – Multiparous os
- Tear – Absent
- Growth – Absent
- Erosion – mild on both lips

**P/V examination:**

- **Uterus**-
  - Position – Anteverted
  - Size- Bulky
- Mobility – Mobile
- Tenderness – Present
- Vagina – Healthy
- Cervix – Mid posterior
- External os – Multiparous os (Lip of the mouth)
- Station – At the level of ischial spines
- Texture – Firm
- Movement – non tender, freely movable.
- Bleeds on touch – Absent
- Fornices – Free

**Investigation**

- **Hb%** (24-1-18) - 8.9 gm%
- **CA 125** - 43.16 U/ml (13-2-17)
- **RBS** – 91mg/dl (4-7-17)
- **USG- Abd-pelvis on 12-1-18**
- **Impression**- Findings likely of Adenomyosis changes in the uterus

Impression - Findings likely of Adenomyosis changes in the uterus
Observation

<table>
<thead>
<tr>
<th>After 1 Month of Treatment</th>
<th>After 2 Months of Treatment</th>
<th>After 3 Months of Treatment</th>
<th>4th Month Follow Up Period</th>
<th>5th Month Follow Up Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lmp- 22-2-2018</td>
<td>Lmp- 24-3-2018</td>
<td>Lmp- 25-4-2018</td>
<td>Lmp- 25-5-2018</td>
<td>Lmp- 25-6-2018</td>
</tr>
<tr>
<td>Duration- 6 Days</td>
<td>Duration- 4 Days</td>
<td>Duration- 4 Days</td>
<td>Duration- 3 Days</td>
<td>Duration- 3 Days</td>
</tr>
<tr>
<td>Pad Used</td>
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<td>Pad Used</td>
</tr>
<tr>
<td>5- 6 Pads/Day 1st 3 Days</td>
<td>5 Pads/Day 1st 2 Days</td>
<td>4-5 Pads/Day 1st 2 Days</td>
<td>4 Pads On 1st Day</td>
<td>4 Pads On 1st Day</td>
</tr>
<tr>
<td>2 Pads/Day On 5th And 6th</td>
<td>Day Clots- Present (Reduced)</td>
<td>Day Clots- Present (Mild)</td>
<td>Clots- No</td>
<td>Clots- No</td>
</tr>
<tr>
<td>Day Clots- Present (Heavy)</td>
<td>Color – Dark Red</td>
<td>Color – Dark Red</td>
<td>Color – Reddish</td>
<td>Color – Reddish</td>
</tr>
<tr>
<td>Color – Dark Brownish Red</td>
<td>Severe Lower Abdomen Pain</td>
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<td>Intermittent Lower</td>
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</tr>
<tr>
<td>On Before 2 Days Of Menstruation And 1st 3 Days</td>
<td>After 3 Months of Treatment</td>
<td>4th Month Follow Up Period</td>
<td>5th Month Follow Up Period</td>
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<td>Pad Used</td>
</tr>
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<td>After treatment- USG- Abdomen pelvis – 22.5.18</td>
<td>After 2 Months of Treatment</td>
<td>After 3 Months of Treatment</td>
<td>4th Month Follow Up Period</td>
<td>5th Month Follow Up Period</td>
</tr>
<tr>
<td>Uterus – Measures about 7.7<em>6.3</em>6 cm</td>
<td>Lmp- 24-3-2018</td>
<td>Lmp- 25-4-2018</td>
<td>Lmp- 25-5-2018</td>
<td>Lmp- 25-6-2018</td>
</tr>
<tr>
<td>Endometrial thickness – 5mm</td>
<td>Duration- 4 Days</td>
<td>Duration- 4 Days</td>
<td>Duration- 3 Days</td>
<td>Duration- 3 Days</td>
</tr>
</tbody>
</table>

**DISCUSSION**

As patient came in bleeding phase rakta sthambaka chikitsa was done first with ashoka Ghrita, usheera asava, Cap. Gynovedan and Tab. Posex forte for 1 week. Later lekhana chikitsa was done with Sukumara kasayam, Cheriyamadhusnuhi Rasayana and Trayodashanga Guggulu. Sukumara kasayam is having srotoshodhaka, vatapitta shamaka, shoolahara, rasayana properties and indicated in gulma roga. Cheriyanadhusnuhi Rasayana is having deepana, lekhana, rasayana, shoolahara and dathu bala vardhaka properties and by its lekhana property removes the ectopic tissue from abnormal sites and by vata anulomana prevents udharvagamana of raja leading to its proper expulsion. Trayodashanga Guggulu having vedana hara property is indicated in vata kaphajanya rasas and yonidosha. Trayodashanga Guggulu due to its vedana hara and vatashamana properties helps in relieving the pain. 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.

**CONCLUSION**

In the present study, Cheriyamadhusnuhi rasayanam, Sukumara kashayam and Trayodashanga guggulu have been used for the treatment of adenomyosis, which is found to be very effective. Patient is free from all the symptoms and able to perform her daily routine activities without difficulty. Hence the treatment given was not only relieving the symptoms of illness but also increasing the defense mechanism and immunity of patient.

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