

AYURVEDIC MANAGEMENT OF ADENOMYOSIS – A CASE REPORTShivakumaraswamy P¹, Seema Yadav², Deepthi. G. B³, Sindhu Umesh⁴

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**ABSTRACT**

Most of the women are suffering from one or other menstrual problem in their life, Adenomyosis is also one among them. In general, Adenomyosis is defined as presence of endometrial tissue within the myometrium. It is described as circumscribed nodular aggregate of smooth muscle and endometrial glands with compensatory hypertrophy of the myometrium surrounding the ectopic endometrium¹. It is associated with menorrhagia or menometrorrhagia and congestive dysmenorrhoea. In Ayurvedic text 20 yoni Vyapads are explained, among them *Vipluta* is one of them characterised with constant pain associated with other pains of *Vata Prakopa*². So, in this case we diagnosed the case as *Vipluta Yonivyapad* and treated with the same line of treatment, which got promising result.

Keywords: Adenomyosis, *Yoni Vyapad*, *Vipluta Yoni Vyapad*.

INTRODUCTION

Adenomyosis is characterised by uterine enlargement caused by ectopic rests of endometrium, both glands and stroma located deep within the myometrium. These rests may be scattered throughout the myometrium diffuse Adenomyosis or they may form a circumscribed nodular focal collection – focal adenomyosis.

Approximately one third of women with Adenomyosis have symptoms in which menorrhagia and dysmenorrhoea are common. Dysmenorrhoea is thought to be caused by increased prostaglandins production found in Adenomyosis tissue compared with that in normal myometrium³.

In India the prevalence of Adenomyosis is 23.5% in which 80% were seen in the age group of 31-50yrs.

Here in this study we have correlated Adenomyosis with *Vipluta Yoni Vyapad* because of the characteristic feature is *Nitya Vedana* as described by Acharya Sushruta, which is due to increased *Vata Dosha* which we can correlate with dysmenorrhoea in Adenomyosis. Because of *Vata* predominance there will be disturbance in the myometrium.

And hence the main line of treatment chosen is *Vata - Pitta Shamaka* and *Vata Anulomaka*.

Case Report-

A 48yr old married female came to OPD of Prasooti tantra and Stree Roga, at SDM Hassan with complains of dull aching pain in lower abdomen since 1yr, associated with p/v excessive bleeding during menstruation and increased pain during menstruation.

History of present illness-

Patient was apparently healthy one year back. Later she developed localised mild pain in lower abdomen and simultaneously she was having excessive bleeding during her menses and the pain increased during menstruation. Gradually she developed irregular menstrual cycle for which she took Allopathy treatment for 3 months (details of which not available) but there was no relief and she was suggested for hysterectomy and she denied for the surgical intervention. Then she consulted PTSR OPD at SDM Hassan for the further management.

Past history- nothing significant

Family history- nothing significant

Personal history- appetite – good

Diet- mixed (spicy and salty)

Nonveg twice in a week mainly chicken)

Bowl habit- mild constipated once in two days

Micturition- normal, clear

Sleep- sound

Menstrual history

LMP- 02/03/2020

13-15days/irregular

1st 3 days- bleeding + one pad/day

4th- 15th days- bleeding ++ 3-4pads/day

Pain ++

Clots+

Smell +

Obstetric history-

Married life -22 years

G2P2A0L2D0

L1- male 20yrs FTND

L2- female 16yrs FTND

Tubectomy not done

General examination

❖ Built - Moderate

❖ Nourishment - Moderate

❖ Temperature - 96.4 F

❖ Respiratory rate -18/min

❖ Pulse rate – 78 bpm

❖ B.P - 120/80 mm of Hg

❖ Height –160cms

❖ Weight - 62 Kg

❖ Pallor - Absent

❖ Edema - Absent

❖ Clubbing - Absent

❖ Cyanosis - Absent

❖ Icterus - Absent

❖ Lymphadenopathy - Absent

❖ Tongue - Uncoated

Systemic examination-

CVS S1 S2 normal

➤ CNS: Well oriented, conscious.

➤ RS: normal vesicular breathing, no added sounds.

➤ P/A- Soft, no organomegaly, Tenderness + in hypogastrum region

P/S- Cx healthy, no white discharge

P/V- AV/NS/FF

Lab Investigations

❖ Blood investigations

Hb% - 12 grm%

U.S.G- Bulky Uterus with features of adenomyosis

(14/03/20)

Samprapti Ghataka –

Dosha – Vata Pradhana Pitta

Dushya- Rasa and Rakta

Srotas involved- Aartava Vaha Srotas

Srotodushthi- Atiprivriti

Nidana (Ahara and Vihara as patient was taking more Rukshapradhana, Katu Lavana Pradhana - spicy and salty and more nonveg)

↓
Vatapradhana Pittaprokapa

↓
Invades the Endometrium and dislodges to myometrium causing tissue injury

Nityam Vedana (because of Vata Prokopaka)

(Blood gets trapped and cannot exit out of body and irritates the surrounding tissues)

Atipravriti Of Aartava (because of pita Prokopa)

(Menorrhagia due to inflammation, neuroangiogenesis, proliferation)

Intervention-

Abhyantara Chikitsa (Shamana Chikitsa)

Name of medicine	Dose	Duration	
1) <i>Usheerasava</i>	15ml BD	For two months	} stopped this treatment after two months
2) <i>Chandnasava</i>	15ml BD	For two months	

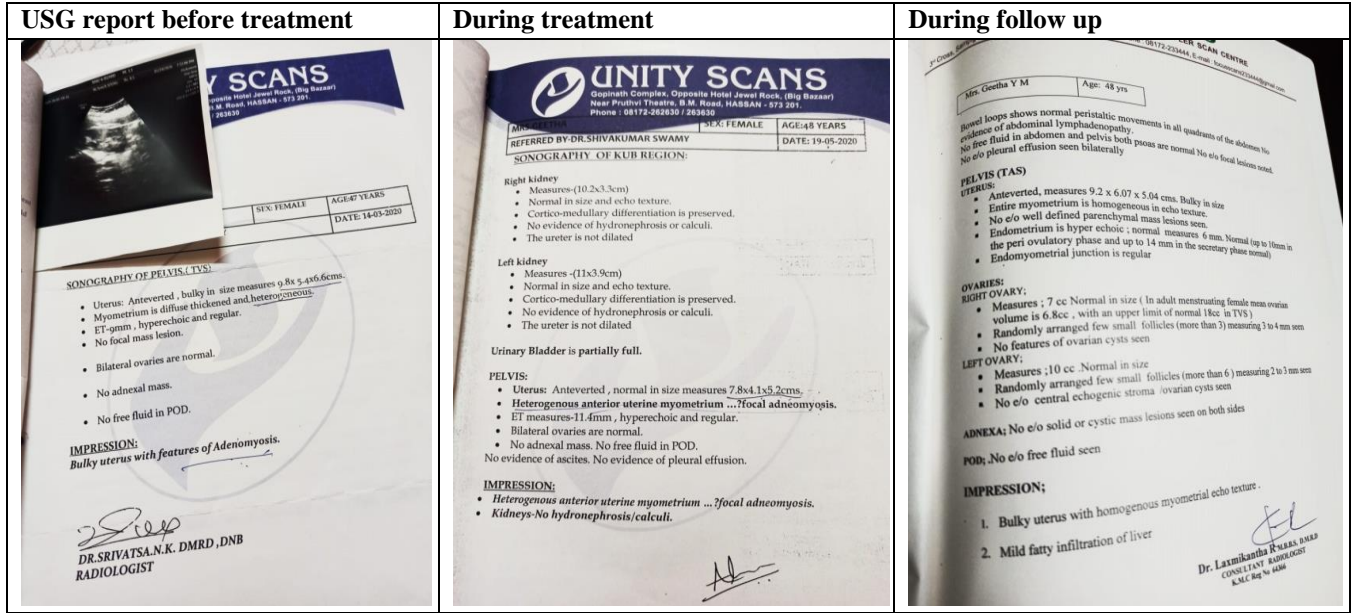
Then started with

1) <i>Kumaryasava</i>	15ml BD	} For 3 months then stopped
2) <i>Sukumarakashaya</i>	15ml BD	
3) <i>Kanchnara guggulu</i>	One tb TID	
4) <i>Madhusnuhi Rasayana</i>	One TSF BD	

Follow up and outcome-

After the treatment, advised follow up after 2 months without any medication.

USG was done in the follow up period showed promising result.



DISCUSSION

The case was diagnosed as Adenomyosis. It is often asymptomatic. Symptoms typically associated with Adenomyosis include heavy and prolonged menstrual bleeding and dysmenorrhea, Acharya Sushruta advocates Madhura Rasa drugs as the specific treatment of *Vipluta Yoni Vyapat*. In this case, *Usheerasava* and *Chandnaasava* were selected, for regularizing the menses and to reduce the quantity of menstrual flow. As *Usherasava* and *Chandanaasava* are *Shitapradhana Yogas*, which are *Raktapittahara* in nature and also *Balapustikara*. Both these *Yogas* help in normalizing the pitta and helps in *Dhatupusti*. Once the patient regained normal menses for two consecutive cycles, she was then advised to stop *Chandanasava* and *Usheerasava* and started with *Kanchanara Guggulu*, *Kumaryasava*, *Sukumarkashaya* and *Madhusnuhi Rasayana*. *Kanchanara Guggulu* which helps in *Granthi Vilayana* and is *Vranahara* i.e. helps in decreasing the size of *Granthi* and *Vrana*. *Kumaryasava* is *Raktapittahara* and *Vatanulomaka Brimhana*, *Rechana* which in term helps correction of the *Vata* and *Pitta*. *Sukumarkashayam* indicated in *Udavarthini*, *Granthi* and in *Artava Dusti*, also has antispasmodic property. The main content of *Madhusnuhi Rasayana* is *Chopachini* and it acts as a *Nitya Virechaka* and *Vatapittahara*. *Chandnasaasava* and *Usheerasava* are best *Raktapittasamak* *Yogas*. So, it is given to regularize the

menses, continued till two consecutive cycles. *Kumaryasava* and *Sukumara Kashaya* are *Vata Shamaka Pitta Shamaka* and *Vata Anulomaka* and also helps in regularizing the menses. In this case there is *Vata* and *Pitta* involvement noted, hence this combination will normalize the function of *Vata* and *Pitta*. If *Vata* is in its *Prakrutha Avastha*, it does its normal function, the *Vataprakopaka Lakshanas* disappears i.e. *Vedana* (dysmenorrhoea). Adenomyosis is described as circumscribed nodular aggregates of smooth muscles, hence it looks like *Granthi*. *Kanchanara Guggulu* works as *Granthihara* and decrease its size. *Madhu Snuhi Rasayana* act as *Nitya Virechaka* which helps in removing excess pitta dhatu as it is indicated in *Raktadhatudushthi*.

Considering above points we planned to normalize the functioning of *Vata* and pitta (*Samprapti Vighatana*). *Madhusnuhi Rasayana* was chosen to act as *Bala Pusthikara* and *Vrishya*.

CONCLUSION

Ayurveda is a holistic science in which root cause of disease is treated. In this study promising result were obtained and the same study can be conducted on a large group of population which will be beneficial for the society.

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