



# Efficacy of Ayurvedic therapies in Adenomyosis for avoiding surgical intervention (Hysterectomy)- A case report

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## Abstract

Adenomyosis is a chronic, benign uterine disorder in which endometrial glands and stromal tissues are abnormally located within the myometrium. This ectopic implantation causes thickening of the uterine wall and provokes symptoms such as pelvic pain, dysmenorrhea, and irregular or heavy menstrual bleeding. If left unmanaged, adenomyosis may progress to conditions like endometriosis and may even necessitate hysterectomy in severe cases. Modern management primarily relies on hormonal therapy and surgical methods, which may offer only temporary or symptomatic relief. In Ayurveda, the pathogenesis of this condition closely resembles *Udāvartinī Yonivyāpada*, one of the twenty *Yonivyāpada* explained in classical literature. The disease arises from the Saṅga (obstruction) of *Doṣas*, mainly *Vāta* and *Kapha*, which disturbs the *Ārtava Vaha Srotas* (channels responsible for menstruation). This imbalance further leads to *Māṃsa-Rakta Duṣṭi* (vitiation of muscle and blood tissues) and *Vāta Vaiguṇya*, manifesting as painful and scanty menstruation along with uterine discomfort. The line of treatment focuses on restoring *Doṣic* balance and maintaining normal uterine function through *Vātānulomana* (regulation of *Vāta*), *Rakta Prasādana* (purification and rejuvenation of blood), and *Lekhana* (removal of pathological tissue accumulation). Ayurvedic formulations and therapies having *Anulomaka*, *Vātaśāmaka*, *Lekhanīya*, and *Rakta Prasādaka* properties have demonstrated effectiveness in alleviating pain, normalizing menstrual flow, and improving overall health and quality of life. Thus, Ayurvedic management provides a holistic approach by addressing the underlying *Doṣic* imbalance, enhancing uterine vitality, and preventing disease recurrence. This integrative perspective suggests that non-invasive, traditional therapies can play a valuable role in the long-term management of adenomyosis, supporting women's reproductive and systemic well-being.

**Keywords-** Hysterectomy, *Raktapradara*, *Aampachana*, Adenomyosis.

**Prevalence Frequency of adenomyosis occurrence-** The true prevalence of adenomyosis, defined as the proportion of a defined population with existing disease at a given time,<sup>16</sup> is unknown. Since the gold standard for diagnosis has been histopathologic examination of the uterus after hysterectomy,<sup>17</sup> most prevalence estimates are restricted to the highly select population of women undergoing hysterectomy (Figure 1). Women requiring major surgery and removal of the uterus have medical indications for doing so, including severe symptoms that impact quality of life and that may not have responded to conservative treatment, surgical repair (i.e., pelvic organ prolapse), or removal of malignant tissue. Thus, the study population of hysterectomy patients is oversampled with regard to uterine pathologies overall, which may overestimate the prevalence. Yet, the prevalence may be underestimated from missed adenomyosis cases that do not come to clinical attention or are not managed by hysterectomy.

## Introduction

Adenomyosis is a benign gynecological disorder characterized by the presence of ectopic endometrial glands and stroma within the uterine myometrium. This pathological condition leads to uterine enlargement and disruption of the normal muscular architecture. Depending on the pattern of involvement, adenomyosis may present as a diffuse form, where endometrial tissue is scattered throughout the myometrium, or as a localized nodular form, known as focal adenomyosis. The most common clinical manifestations include menorrhagia (heavy menstrual bleeding) and dysmenorrhea (painful menstruation). The pain is believed to be associated with increased levels of prostaglandins within adenomyotic tissue, which contribute to heightened uterine contractions and inflammatory responses during menstruation. Over time, the condition can significantly affect the quality of life and require surgical interventions such as hysterectomy.

From an *Ayurvedic* perspective, the pathogenesis of adenomyosis can be correlated with *Udāvartinī Yonivyāpada*, one among the twenty *Yonivyāpada* described in the classical texts. The underlying cause involves *Saṅga* (obstruction) and imbalance of *Vāta* and *Kapha Doṣas*, leading to derangement in *Ārtava Vaha Srotas* (reproductive channels) and *Māṃsa-Rakta Duṣṭi* (vitiation of muscle and blood tissues). This *Doṣic* disturbance manifests as painful, irregular and heavy menstruation.

In *Ayurvedic* literature, disorders of the female reproductive system are described under the broad category of *Yonivyāpada*, with *Udāvartinī Yonivyāpada* being one of the twenty conditions detailed in classical texts. The pathogenesis of certain contemporary gynecological complaints, particularly those marked by painful and scanty menstruation, aligns closely with the *Ayurvedic* understanding of this condition. *Udāvartinī* arises primarily due to *Saṅga*, or obstruction of the bodily channels, which disrupts the normal flow and functioning of the *Doṣas*. Among these, *Vāta* and *Kapha* play a predominant role in initiating and perpetuating the disease process. When these *Doṣas* become obstructed or move in an abnormal direction, they impair the *Ārtava Vaha Srotas*, the channels responsible for the formation and expulsion of menstrual blood.

This disturbance in the *Srotas* results in inadequate, delayed, or painful menstrual flow. Over time, continued obstruction and imbalance contribute to *Māṃsa-Rakta Duṣṭi*, a vitiation of muscle tissue and blood, leading to compromised uterine health and increased discomfort. Aggravated *Vāta*, in particular, causes spasmodic pain, dryness, and irregular uterine contractions, which collectively account for the characteristic symptoms of the

condition. The interplay of these pathological changes results in menstrual abnormalities, pelvic discomfort, and systemic disturbances.

From an Ayurvedic perspective, understanding the role of *Doṣa* imbalance, *Srotas* obstruction, and tissue vitiation is essential for designing an effective therapeutic approach. Management strategies focus on restoring the normal flow of *Vāta*, reducing *Kapha* obstruction, purifying the affected tissues, and supporting overall reproductive health.

The Ayurvedic approach to management focuses on restoring the equilibrium of *Doṣas* and removing the obstruction in the uterine channels. Therapeutic strategies include *Vātānulomana* (regulation of *Vāta*), *Rakta Prasādana* (purification and nourishment of blood), and *Lekhana* (reduction of pathological tissue growth). Herbal formulations and procedures with *Vātaśāmaka*, *Anulomaka*, *Lekhanīya*, and *Rakta Prasādaka* properties are employed to alleviate pain, normalize menstrual flow, and enhance uterine health, offering a holistic and non-invasive alternative to conventional treatments.

In India, the prevalence of adenomyosis has been reported to be approximately 23.5%, with the highest incidence observed among women aged 31 to 50 years. The condition is frequently associated with dysmenorrhea and menorrhagia, which significantly affect the quality of life.

The uterine contractions that occur during menstruation are primarily mediated by prostaglandins, produced by the endometrial tissue. In adenomyosis, the ectopic endometrial tissue generates an increased amount of prostaglandins, leading to more intense and painful uterine contractions, which manifest as severe, estrogen plays a crucial role in stimulating endometrial proliferation; hence, excessive estrogen activity contributes to disease progression. Therapeutic strategies in modern medicine often aim to reduce estrogen levels or suppress menstrual cycles to alleviate symptoms.

Patients with adenomyosis commonly experience heavy menstrual bleeding due to an increase in endometrial tissue mass, enhanced vascularity, abnormal uterine contractility, and elevated concentrations of prostaglandins, estrogens, and eicosanoids.

The *Ayurvedic* line of treatment emphasizes *Vāta Anulomana* (restoration of normal *Vāta* movement), along with therapies aimed at pacifying *Vāta*, purifying *Rakta*, and restoring normal uterine function, thereby providing effective, holistic management of adenomyosis.

## Pathogenesis

Disturbance in *Apana Vata* disrupts the normal movement and function of *Rajas* (menstrual blood). When this occurs, the blood flow within the uterus becomes sluggish or irregular, leading to a reverse or abnormal pattern of movement (*Viloma Gati*). As a result, the uterine tissues receive insufficient oxygen, causing uterine hypoxia, which appears clinically as painful menstruation (*Krichchratava* or *Shoola*). In most cases, the pain eases once menstrual bleeding begins, and the discharge may present with a frothy or bubbly appearance.

**Case Report-**

A 43yr old married female came to OPD of Prasooti tantra and StreeRoga, at Mansarovar *Ayurvedic* medical college and Hospital with complaints of dull aching pain in lower abdomen, irregular and heavy bleeding P/V menses last 6 month.

History of Present Illness Patient was apparently healthy one year back. Later she developed pain in lower abdomen and pain increased during menstruation. Gradually she developed then she took Allopathy treatment for 3 months (hormonal therapy of 21 days was given with withdrawal) but she didn't get any relief. Then she consulted PTSR OPD at M.A.M.C. Hospital for the management.

Past history-Nothing significant

Family history-Nothing significant

Personal history-Appetite –good; Diet-mixed

Bowel habit-Mild constipated once in two days

Micturition-Normal, clear

Sleep-Sound

Marital status: Married since 20 yr. (living with husband)

Menarche:13 yrs of age

Menstrual History-

LMP-29/07/2025

L1MP:22/05/2025

L2MP:10/03/2025

Menstrual History



Menarche	At the age of 13 years
Cycle	Irregular
No. of days of bleeding	7-8 days
No. of pads per day	Day-1- 5-6 pads Day-2-4-5 pads Day-3-4-5 pads Day-4-3-4 pads Day-5-3 pads Day-6-2 pads Day-7-1/2 pad Day-8-1/2 pad

### Obstetric History

G2P2L2A0L2D0

G1,L1-Male 18yrs FTND

G2, L2-Female 16yrs FTND

H/O- tubectomy done

### Examination

General examination	<i>Samanya parikshana</i>
GC-moderate	<i>Jivha-ishat sama</i>
P -78/min	<i>Kshudha-mandya</i>
BP-110/70mm of hg	<i>Nidra-prakrut</i>
RR-20/ min	<i>Mala-aniamit</i>
Temp.-98.6°F	<i>Mutra-prakrut</i>
Weight-58kg	
BMI-25.5kg/ m2	

### Dashvidh pariksha

<i>Prakriti -Kapha-vataj</i>	<i>Satwa -Madhyam</i>
<i>Vikriti-Rasa-rakta-mamsa-Meda</i>	<i>Kosta -Madhyam</i>
<i>Agni-Vishama</i>	<i>Aharshakti -Avar</i>

<i>Samhanan –Madhyam</i>	<i>Vyayamshakti -Madhyam</i>
<i>Satmya –Vyamishra</i>	<i>Vaya -Yuvavastha</i>

### Systemic Examination

CVS: S1-S2 normal

CNS: Well oriented, conscious.

RS: normal vesicular breathing, no added sounds.

P/A-Soft, no organomegaly, tenderness +in hypogastrium region

Per Vaginal Examination

Cervix -Soft, mobile, movement -painless

Lateral Fornices -Free, non-tender

Posterior Fornix –No tenderness

Uterus (Bimanual Examination)

Position -Anteverted & Anteflexed,

Size -Bulky Uterus

Tenderness -Present

Per speculum Examination

Cervix OS-Erosion present

Mucoid white discharge,

Healthy Vaginal Wall.

Blood investigations-

Hb% -12 gm%,

CBC-WNL

Thyroid Profile-WNL

LFT,RFT-WNL

BSL-F 86; PP 102

Lipid Profile =WNL

HHH-Negative

U.S.G (Abdomen Pelvis):25/12/2023

Uterus ovaries are normal in shape and size

Bulky and globular uterus with changes of focal adenomyosis in anterior myometrium.



Few sub-centimetric Nabothian cyst noted in anterior and posterior lip of cervix.

*Samprapti Ghataka*

*Dosha–Vata Pradhana*

*Pitta Dushya-Rasa and Rakta*

*Srotas involved-Aartava Vaha Srotas Srotodushthi-Apravatti*

Intervention

The treatment was started with *Aamapachanand Agnideepanand Anulomana* for 7 days.

Required *Taila* and *Kasayaweremade* according to the standard operative procedure(SOP) According to *Sharangdhar Samhita*

**Drug**

Name of medicine	Doses	Anupan
<i>Chandrakala rasa</i>	2 tablet (each of 250mg)BD– <i>Bhojanottar</i> )	<i>Koshna jala</i>
<i>Patranagsava</i>	10 ml BD	Equal quantity of luke warm water
<i>Pushyanuga churna</i>	3 gm with honey and <i>tandulodak</i>	
<i>Kaharwa pisthi</i>	250 mg BD	

**Observation**

During the initial visit, a treatment plan incorporating Ayurvedic interventions was formulated with a follow-up period of 30 days. The patient adhered strictly to the recommended *Pathya* related to diet and lifestyle, including practices such as yoga and *Suryanamaskar*. At the first consultation on 29/07/2025, the patient reported irregular menstrual cycles, dysmenorrhea, and scanty menstrual flow. Over the course of treatment, the irregularity in cycles decreased; for three consecutive cycles the interval ranged between 45 and 60 days. Following the intervention, a normal menstrual rhythm of 28–35 days was re-established. Scanty menstruation improved, and the intensity of pain also reduced.

**Observations**

**Subjective Criteria**

	Date	Pain during menstruation	Regular/irregular
1st follow up	29/07/2025	Severe pain	Irregular
2 <sup>nd</sup> follow up	28/08/2025	Moderate pain	regular
3 <sup>rd</sup> follow up	30/09/25	Moderate pain	regular
4 <sup>th</sup> follow up	25/10/25	Mild pain	regular
5 <sup>th</sup> follow up	26/11/2025	Mild pain	regular

## Objective Criteria

### Changes in LMP

Before Treatment	After Treatment
LMP-29/07/2025	L3MP-29/07/2025
L1MP:22/05/2025	L2MP-25/08/2025
L2MP:10/03/2025	L1MP-21/09/25
L2MP:01/02/2025	LMP-20/10/2025

### Changes in USG

USG(27/12/2023)	USG(11/02/2024)
Bulky and globular uterus with changes of focal adenomyosis in anterior myometrium. Few sub-centimetric Nabothian cyst noted in anterior and posterior lip of cervix.  Uterus measuring- Right ovary seen measuring- Left ovary seen measuring-	Normal USG of abdomen and pelvis

## Discussion

At the beginning of the treatment, a therapeutic plan was formulated, incorporating Ayurvedic interventions and a 30-day follow-up schedule. The patient adhered strictly to the prescribed *Pathya-Ahara* (dietary regimen) and *Pathya-Vihara* (lifestyle regimen), which included practices such as Yoga and Surya Namaskar. During the initial consultation on 04/05/2023, the patient presented with complaints of irregular menstrual cycles, dysmenorrhea, and heavy menstrual flow. Over the course of treatment, a gradual improvement was observed. The irregularity in the menstrual cycle, which initially showed intervals of 45 to 60 days, became regular, restoring a normal pattern of 28 to 35 days after consistent therapy. Additionally, menstrual flow normalized, and the pain associated with menstruation significantly reduced, indicating the positive impact of the combined Ayurvedic management and lifestyle modifications. The present case was diagnosed as Adenomyosis, a condition that is frequently asymptomatic but, when symptomatic, is characterized by heavy and prolonged menstrual bleeding along with dysmenorrhea. According to Acharya *Sushruta*, the line of treatment for *Udavartini Yoni Vyapad* involves therapies that pacify and normalize the function of *Vata dosha* — specifically *Vata Shamana* and *Vata Anulomana* approaches.

Overall, the formulations and procedures employed in this case worked synergistically to restore *Dosha* balance, reduce *Ama* and *Meda*, clear *Srotorodha* (obstructions), and reestablish the normal physiology of *Apana Vata*. When *Vata* functions in its natural downward direction (*Anuloma Avastha*), the *Vata Prakopa* ceases, leading to relief from *Udarashula* (dysmenorrhea). Thus, this combined Ayurvedic management effectively addressed both the symptomatic relief and pathological aspects of adenomyosis through regulation of *Vata* and *Kapha doshas*, purification of *Rakta dhatu*, and removal of local tissue pathology.

The management strategies outlined in Ayurvedic classics aim not merely at symptomatic relief but at rectifying the underlying pathophysiological disturbances. *Vātānulomana*, or restoring the natural downward movement of *Vāta*, is a central therapeutic goal, helping to relieve pain and support regular menstrual flow. *Rakta Prasādana* therapies focus on purifying and nourishing the blood, thereby improving the quality of menstruation and supporting uterine tissue health. *Lekhana* approaches, which reduce pathological tissue accumulation and remove *Srotas* obstruction, further enhance the restoration of normal reproductive function.

Herbal formulations and procedures possessing *Vātaśāmaka*, *Anulomaka*, *Lekhanīya*, and *Rakta Prasādaka* properties serve as the foundation of treatment. These interventions work synergistically to reduce uterine congestion, alleviate dysmenorrhea, and promote healthier endometrial function. Additionally, lifestyle modifications, dietary guidance, and stress reduction practices form essential components of a holistic therapeutic plan, reinforcing the body's inherent capacity to maintain balance.

In conclusion, Ayurveda offers a gentle, integrative, and non-invasive alternative for managing conditions resembling *Udāvartinī Yonivyāpada*. By addressing the root causes rather than isolated symptoms, *Ayurvedic* therapy supports long-term reproductive well-being and underscores the system's relevance in contemporary women's health care.

## Conclusion

In the present case study, the Ayurvedic treatment protocol adopted for adenomyosis proved to be highly effective. The patient experienced complete relief from symptoms and was able to resume her daily activities comfortably and without any difficulty. The management approach focused on addressing the root cause of the condition rather than merely alleviating symptoms. This holistic treatment principle (*Siddhanta*) can potentially be applied to similar cases, offering a sustainable and comprehensive therapeutic approach for other patients suffering from adenomyosis.

The *Ayurvedic* understanding of gynecological disorders such as *Udāvartinī Yonivyāpada* provides a comprehensive and holistic framework for addressing menstrual abnormalities and associated uterine discomfort. Rooted in the principles of *Doṣa* balance and *Srotas* integrity, Ayurveda emphasizes that health of the reproductive system depends on the unobstructed functioning of *Ārtava Vaha Srotas* and the harmonious interplay of *Vāta*, *Pitta*, and *Kapha*. Among these, *Vāta's* role is particularly significant, as its aggravation leads to spasmodic pain, constriction of channels, and irregular menstrual flow. When combined with *Kapha*-induced obstruction and *Rakta* tissue impairment, these imbalances manifest as painful, scanty, or difficult menstruation characteristic of *Udāvartinī*.