Original Research Paper



Ayurveda

ADENOMYOSIS AYURVEDIC INTERVENTION: CASE REPORT

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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. The tissue thickens, sheds and bleeds during every menstrual cycle. Dysmenorrhea occurs during menstruation by prostaglandin which is produced by normal endometrial tissue. In adenomyosis there is shedding of ectopic endometrial tissue along with prostaglandin production causing high levels of prostaglandin which in turn causes extreme pain during menstruation which is the most common symptom of the adenomyosis. Other symptoms are menometrorrhagia, symmetrically enlarged tender uterus and chronic pelvic pain. In Ayurveda among vimshati yonivyapat the vataja yonivyapat consists of following symptoms such as pricking pain, pain with stiffness and painful menstruation. In pittaja yonivyapat, there is excessive menstrual discharge along with burning sensation. In kaphaja yonivyapat there is excessive thickening of endometrium. So by observing following symptoms the adenomyosis can be concluded as vataja yonivyapat influenced by vitiation of pitta and kapha doshas also. In allopathic science, adenomyosis is concluded difficult to treat and hysterectomy is treatment of choice which is not liked by many females. As many of them are not at completed there progeny and even hysterectomy in early age causes further complications. In Ayurveda there are certain treatment principles which are proved in relieving symptoms and stopping the progression of disease.

KEYWORDS: Adenomyosis, Vataja yonivyapat, yogavasti.

CASE REPORT:

A 28 year old unmarried female patient , graduated came to OPD department with the complaints of severe pain in lower abdomen before the onset of menstruation and during menstruation since 4years ; along with excessive bleeding per vaginum during menstruation with heavy clots.

She consulted many allopathic doctors . They prescribed analgesics and hormonal therapy. But she didn't get any relief from above treatment. The hysterectomy is the final treatment protocol in allopathic medicine but there is no scope to do it in present case as she is unmarried and likely to have progeny after marriage . Finally she approached us for ayurvedic treatment to find a solution. She visited our OPD Prasuthi tantra and stree roga department on 30/10/2020 at Dr. Achanta lakshmipati government ayurvedic hospital , Vijayawada , for the needful.

Past history: No h/o DM/HTN/Hypo or Hyperthyroidism or any other medical or surgical history.

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

Personal history: Diet-mixed Number of pads used per day: 2-3 days.

Appetite: Reduced Associated complaints: severe **Bowel:** Regular lower abdominal pain, low back pain,

Micturition: 4-5 times a day. General weakness. Sleep: Sound.

Marital life: Unmarried

GENERAL EXAMINATION:

Built: Moderate

Nourishment: Moderate Height: 5'5

Temperature: 98.4F Weight: 70 kgs.

Respiratory rate: 20/min Tongue: uncoated.

Pulse rate: 76 bpm Pallor/Icterus/Cyanosis/Edema:

BP: 120/80 mm Hg Absent.

SYSTEMIC EXAMINATION:

CVS: S1 S2 Normal.

CNS: Well oriented, conscious.

RS: Normal vesicular breathing, no added sounds.

Gynecological Examination:

Breast: NAD.

External genitalia: NAD.

Per vagina and per speculum examination : not done as she was unmarried. Investigation (Before treatment): Hb % -8.9 gm % RBS-100 mg/dl

USG Abdomen pelvis on (23/10/2017):

Bulky uterus with adenomyosis changes and fundal fibroid. Uterus measures $9.6 \times 6.5 \times 6.0$ cm. End thickness -8 mm MRI pelvis: Focal adenomyosis in anterolateral myometrium.

Uterus uniformly enlarged in size, asymmetric thickening of uterine myometrium , more so in anterior and left lateral myometrium (5.5×5.8 cm) with multiple interspersed cystic areas within. Junctional jone thickened in anterior myometrium and measures > 12mm.

Chikitsa vrittanta:

During Bleeding phase: Pradarantaka vati 2 TID, AF

Dasamula kasaya 15 ml BD, AF

After bleeding phase over: Bhallataka vati 1 TID AF

Kanchanara guggulu 1 TID

Panchakarma procedure: Yogavasti is given for 8 days in every month for a period of six months.

The medicated oils used for anuvasana vasti are Mahanarayana taila

, Balaguduchayadi taila, Kshara taila. Niruha vasti is given by the kashaya prepared from Dasamoola

Niruha vasti is given by the kashaya prepared from Dasamoola kwatha churna kashaya.

The above treatment protocol is followed for a period of six months with follow up in every month.

After treatment:

INVESTIGATION:

USG report (20/4/2018): Bulky uterus with submucous fibroid.

Uterus: measures 9×5.8×5.7 cms. End thickness: 6 mm.

DISCUSSION:

In the present case the patient came in bleeding phase along with severe abdominal pain, the treatment is started with Pradarantaka vati and Dasamula kashaya. After the bleeding phase over, Bhallataka vati and Kanchanara guggulu are given till the next menstrual period and yogavasti is done. Kanchanara guggulu consists of kanchanara bark, shunthi, Triphala, Twak, Ela, Patra, Varuna, Guggulu. Here in above formulation guggulu is analgesic and anti- inflammatory. Guggulu possess laghu (light), ruksha (dry), tikshna (sharp), vishada (clear), sara (mobile), deepana (stomachic kindle the digestive fire), anulomana (agents removing doshas in downward direction), lekhana (scraping), medohara, hrudaya, raktaprasadana. It is used in removing kapha accumulation in tissue. As in present case the vitiated vayu causes penetration of endometrial tissue into myometrium and vitiated kapaha causes further proliferation of ectopic endometrium in the myometrium. So kanchanara guggulu with its lekhana and anulomana karma helps in curing adenomyosis.

Bhallataka vati having ingredients Bhalltaka, tila beeja having properties such as bhedana, lekhana and vatanulomana. With its lekahana karma scrapes the vitiated kapha causing further proliferation of ectopic endometrium in myometrium.

Vasti karma done in present case has excellent results in treating adenomyosis. Yogavasti is given for eight days in every month for a period of six months. The combination of oil administered in anuvasana vasti shows its action at molecular level. The medicated oils such as narayana taila having properties such as vata anulomana ,kapha hara , sothahara , deepana, pachana , brihmana. Balaguduchyadi taila having properties of tikta (bitter), madhura (sweet), laghu (light), snigdha (unctuous) in nature, ushna (hot) virya , katu vipaka (postdigestive taste) and showing vata pitta hara, vedanasthapana , shophagna action along with analgesic, anti-inflammation , antioxidants, antiarthritic, immunomodulatory activity. Kshara taila possessing lekhana karma and balances vata and kapha.

Yogavasti was administered by the combination of above three oils is shown good result in treating adenomyosis. The tridoshas are involved in the pathogenesis of adenomyosis that is at first vitiation of vata causes impregnation of endometrium deeper into myometrium along with dysmenorrhea and this vitiated vata causes further vitiation of pitta and kapha. kapha causes proliferation of endometrium in the myometrium and vitiation of pitta causes menometrorrhagia. The combination of above medicated oils with there properties helps in relieving the symptom's and treating adenomyosis. The marked improvement is observed in decreasing bulkiness of uterus.

CONCLUSION:

It can be concluded that compared to allopathic treatment, approach based on ayurvedic principles is proved helpful in treating adenomyosis. The combination of oral drugs and yogavasti plays an important role in balancing the tridoshas. The above treatment protocol not only helpful in treating adenomyosis but also helps in retaining her progeny when she desire conception in her future life.

REFERENCSES

- Dr.P.V.Tewari, (2014) Ayurveda prasooti tantra evum streeroga part 1,2, 2nd edition, Varanasi, Chowkhamba Viswabharathi.
- 2. Dr. Nisteshwar, Dravya Guna Vignan (2007) Volume 1,2.
- 3. Jeffcoate's, Principles of Gynecology, (1987) 5th edition, Butter worth & co.