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# AAYURVEDIC MANAGEMENT OF EARLY UTERINE ADENOMYOSIS: A CASE STUDY

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## ABSTRACT

**Background:** Adenomyosis is a benign gynaecological condition characterised by the presence of endometrial glands and stroma within the myometrium and may manifest clinically with pelvic pain and heavy menstrual bleeding. Ultrasonography is an important non-invasive modality for its assessment. **Clinical findings:** A 46-year-old female presented with abdominal pain and heavy menstrual bleeding. Her menstrual cycle was approximately 22 days, with bleeding lasting 3–5 days. *Ayurveda* assessment revealed *Vata-Pittaja Prakriti, Vishamagni* and *Krura Koshtha*. Initial ultrasonography demonstrated a mildly retroflexed, bulky and globular uterus measuring 82 × 51 × 54 mm, with heterogeneous myometrium and loss of endometrial–myometrial differentiation. The radiological impression was early adenomyosis of the uterus. **Intervention:** The patient was administered a multimodal *Ayurveda* regimen comprising *Chandraprabha Vati* twice daily, *Indukanta Ghrita* 5 mL with milk in the early morning, *Indukanta Kashaya* 15 mL in the afternoon and at night after food, and equal quantities of *Triphala Churna* and *Avipattikara Churna* at night. **Outcome**: Follow-up ultrasonography, demonstrated an anteverted uterus measuring 48 × 42 × 51 mm. The previously reported bulky globular morphology,

heterogeneous myometrium and loss of endometrial–myometrial differentiation were not described in the follow-up report. A 10 × 12 mm intramural fibroid was reported in the right lateral uterine wall. **Conclusion:** The case demonstrates an interval change in clinical and ultrasonographic findings following multimodal *Ayurvedic* intervention.

**KEYWORDS:** Adenomyosis, *Artavavaha Srotas*, Case study, *Granthi*, Heavy menstrual bleeding.

## INTRODUCTION

Adenomyosis is a benign gynaecological disorder characterised by endometrial glands and stroma within the myometrium. It may be associated with dysmenorrhea, abnormal or heavy menstrual bleeding, pelvic pain and uterine enlargement. The condition may coexist with other uterine disorders, including leiomyoma, which can complicate clinical and radiological interpretation.[1]

Ultrasonography is commonly used as an initial imaging modality to assess adenomyosis. Sonographic findings described in adenomyosis include a globular uterine configuration, a heterogeneous myometrium, and abnormalities of the junctional zone or endometrial myometrial interface. The revised Morphological Uterus Sonographic Assessment (MUSA) consensus distinguishes direct features, which indicate ectopic endometrial tissue within the myometrium, from indirect features, which represent secondary myometrial changes.[2]

This case is noteworthy because the initial ultrasonographic examination showed a bulky, globular uterus with a heterogeneous myometrium and loss of endometrial-myometrial differentiation, consistent with early adenomyosis. After multimodal *Ayurveda* intervention, a subsequent ultrasonographic examination showed a change in uterine morphology and no longer showed the previously described sonographic features.

The purpose of this case study is to document the clinical presentation, *Ayurveda* assessment, therapeutic intervention and interval ultrasonographic findings in a patient with features suggestive of early uterine adenomyosis.

## CASE PRESENTATION

### Patient information

A 46-year-old female presented with complaints of abdominal pain and heavy menstrual bleeding.

Her menstrual cycle was approximately 22 days, with menstrual bleeding lasting 3–5 days.

**Chief complaints**

1. Pain abdomen [during menstrual bleeding].
2. Heavy menstrual bleeding [First two days of menstrual bleeding].

**Menstrual history**

**Table No. 03: Menstrual history.**

| Parameter | Finding |
|---|---|
| Menstrual cycle | Approximately 22 days |
| Duration of bleeding | 3–5 days |
| Amount of bleeding | Heavy |
| Pain abdomen | Present |
| Passage of clots | Present |
| Dysmenorrhea | Present |
| Intermenstrual bleeding | Not present |

**Obstetric history**

Gravida:03

Para:02

Abortions:01

Living children: 02

**Past history**

Medical history: N/K/C/O – Hypertension, Diabetes Mellitus, Thyroid disorder

Surgical history: No prior surgical intervention.

Previous treatment for the presenting complaints: Tab. Clostop SRX (Tranexamic Acid 500 mg + Mefenamic Acid 250 mg) 1 TID for days (During periods).

Family history: No significant family history was reported.

**CLINICAL FINDINGS**

**General examination**

Pallor: Absent.

Icterus: Absent.

Cyanosis: Absent.

Clubbing: Absent.

Lymphadenopathy: Absent.

Oedema: Absent.

**Vitals**

Pulse: 74/min.

Blood pressure: 114/72mmHg

Respiratory rate: 18/min.

Temperature: Afebrile.

**Systemic examination**

**Respiratory System**

Bilateral air entry was equal; vesicular breath sounds were heard with no added sounds.

**Cardiovascular System**

S1 and S2 were normal with regular rhythm; no murmurs or added sounds.

**Gastrointestinal System**

Abdomen was soft and non-distended. **Abdominal pain** was reported during menstruation.

**Central Nervous System**

Patient was conscious and oriented; no focal neurological deficit was noted.

**Musculoskeletal System**

No significant abnormality was detected.

**AYURVEDIC ASSESSMENT**

**Table No. 02: Ayurvedic Assessment.**

| **Parameters** | **Finding** |
|---|---|
| *Dosha* | *Vata-Pitta* |
| *Dushya* | *Rasa, Rakta, Mamsa* |
| *Agni* | *Vishamagni* |
| *Koshtha* | *Krura* |
| *Srotas* | *Artavaha Srotas, Rasa-Raktavaha Srotas* |
| *Srotodushti Prakara* | *Granthi + Atipravritti* |

**DIAGNOSTIC ASSESSMENT**

**Initial ultrasonography**

**Ultrasonography of the abdomen and pelvis (09/01/2025)** revealed a mildly retroflexed, bulky and globular uterus measuring **82 × 51 × 54 mm**, with heterogeneous myometrial echotexture and loss of endometrial-myometrial differentiation. Endometrial thickness was **7.7 mm**. Both ovaries were normal, with no adnexal pathology or free fluid. The radiological impression was **early adenomyosis of the uterus**.

The reported globular uterine morphology and heterogeneous myometrium are recognised sonographic findings associated with adenomyosis.[1,2]

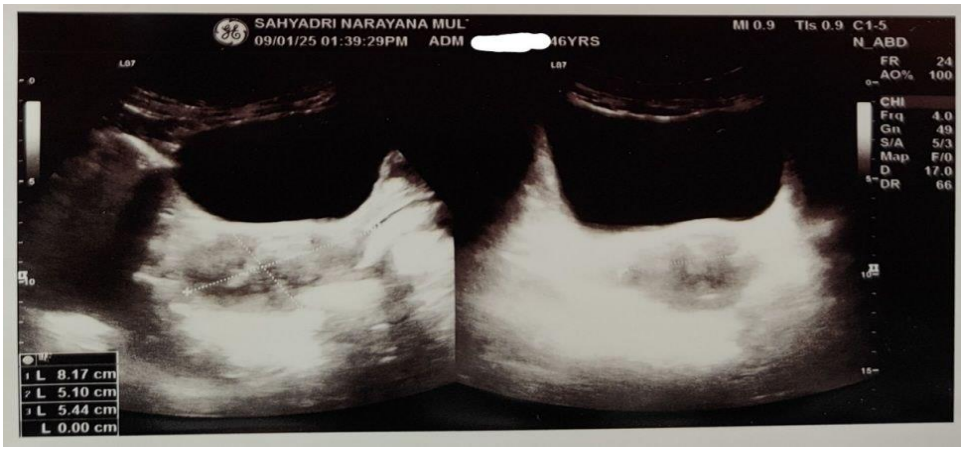


**Fig. 1: Pre-intervention ultrasonographic films dated 09/01/2025.**

## *AYURVEDIC* DIAGNOSTIC INTERPRETATION

Based on the predominant symptom of menstrual pain, the condition was considered under the spectrum of *Vatika Yonivyapada* with *Pittanubandha*. The structural uterine changes were additionally interpreted through the *Granthi* pathological concept.

*Vata Prakopa + Pitta Anubandha*

↓

*Apana Vata Vaigunya*

↓

*Artavavaha Srotas Dushti*

↓

*Rakta–Mamsa Dushti*

↓

*Granthi-like structural change in Garbhashaya*

↓

*Artava Atipravritti + Yoni Shoola*

↓

Heavy menstrual bleeding + abdominal pain

## THERAPEUTIC INTERVENTION

The patient was administered the following Ayurvedic regimen

**Table 3: Ayurvedic treatment regimen.**

| Medicine | Dose | Frequency | Administration |
|---|---|---|---|
| *Chandraprabha Vati*[4] | 1tablet | BD | Oral |
| *Indukanta Ghrita*[5] | 5 mL | OD | Early morning with milk |
| *Indukanta Kashaya*[5] | 15 mL | BD | Afternoon and night after food |
| *Triphala Churna*[6] | Equal quantity | OD | At night |
| *Avipattikara Churna*[7] | Equal quantity | OD | At night |

**Duration of treatment:** 2 months

**Treatment adherence and Adverse effects**

The patient adhered to the prescribed treatment regimen, and no adverse effects were reported during the treatment period.

## FOLLOW-UP AND OUTCOME

**Ultrasonography of the abdomen and pelvis (18/12/2025)** showed an anteverted uterus measuring 48 × 42 × 51 mm, with an intramural fibroid measuring 10 × 12 mm in the right lateral uterine wall. The endometrial thickness was 9.2 mm, and both ovaries were normal.

A 4-mm left renal calyceal calculus/concretion, a few Nabothian cysts and minimal free fluid in the pouch of Douglas were also noted.

The follow-up radiological impression included an intramural uterine fibroid, left renal calyceal calculus/concretion and minimal free fluid in the pouch of Douglas. Adenomyosis was not reported in the follow-up impression.

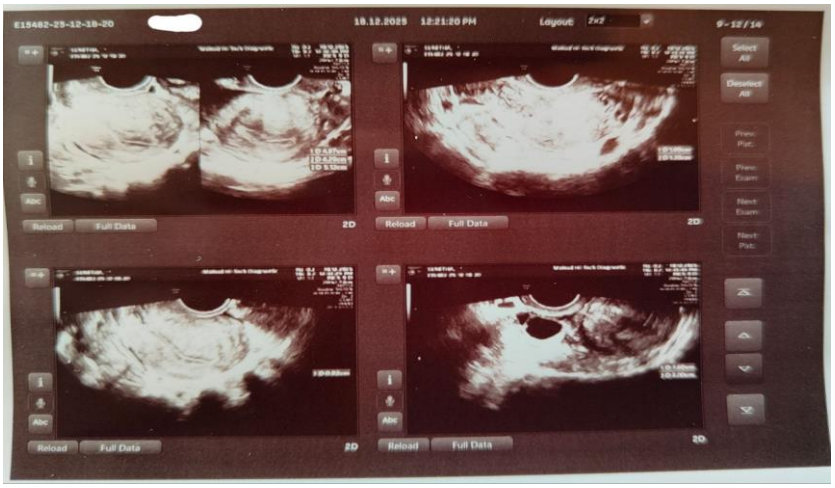

**Fig. 2: Post-intervention ultrasonographic images obtained on 18/12/2025.**

## PRE- AND POST-INTERVENTION COMPARISON

**Table 4: Comparison of ultrasonographic findings before and after intervention.**

| Parameter | Pre-intervention | Post-intervention |
|---|---|---|
| Date | 09/01/2025 | 18/12/2025 |
| Uterine position | Mildly retroflexed | Anteverted |
| Uterine dimensions | 82 × 51 × 54 mm | 48 × 42 × 51 mm |
| Uterine morphology | Bulky, globular | Bulky/globular morphology not reported |
| Myometrium | Heterogeneous | Heterogeneity not reported |
| Endometrial–myometrial differentiation | Lost | Loss not reported |
| Endometrial thickness | 7.7 mm | 9.2 mm |
| Adenomyosis | Early adenomyosis reported | Not reported |
| Fibroid | Not reported | Intramural, 10 × 12 mm |
| Ovaries | Normal | Normal |
| Adnexal mass | None | None reported |

## CLINICAL OUTCOME

Following *Ayurvedic* intervention, the patient reported improvement in abdominal pain and heavy menstrual bleeding, with an increase in menstrual cycle interval from approximately 22 days to 24–26 days. The duration of menstrual bleeding remained 3–5 days.

## TIMELINE

**Table 5: Timeline of the case.**

| Date | Clinical event |
|---|---|
| 09/01/2025 | USG impression: Early Adenomyosis |
| 15/03/2025 | Ayurvedic treatment initiated |
| 20/05/2025 | Multimodal Ayurvedic intervention continued till |
| 18/12/2025 | Follow-up ultrasonography |
| 19/12/2025 | Final clinical outcome assessed. |

## DISCUSSION

Adenomyosis commonly presents with pelvic pain and heavy menstrual bleeding. In the present case, ultrasonography showed a bulky globular uterus with heterogeneous myometrium and loss of endometrial-myometrial differentiation, suggestive of early adenomyosis.[1,2]

*Ayurvedically*, the case was assessed as *Vata-Pitta* predominant with *Vishamagni, Krura Koshtha* and *Artavavaha Srotas* involvement with *Atipravritti*. The treatment was therefore planned to address *Agni, Koshtha, Apana Vata* and *Artava Dushti.*

*Chandraprabha Vati* was selected considering its classical indication in *Artavaja Rujā* and *Mandagni*, supporting its role in menstrual pain and associated *Agni* disturbance.[4] *Indukanta Kashaya*, indicated in *Vata* disorders, was used for its *Deepana-Pachana* and *Vatanulomana* actions, supporting *Agni* correction and *Apana Vata Anulomana*.[5] *Indukanta Ghrita*, with *Vata Shamana*, *Deepana-Pachana* and *Shulahara* properties, was intended to address *Vata*-associated pain and digestive dysfunction.[5]

Considering *Vishamagni* and *Krura Koshtha*, *Triphala Churna* and *Avipattikara Churna* were administered at night. *Triphala* supports *Anulomana*,[6] while *Avipattikara* contributes *Deepana-Pachana* and *Anulomana*, thereby promoting bowel regulation and normal *Apana Vata* function.[7]

Thus, the therapeutic approach is summarised as:

*Vishamagni* + *Krura Koshtha*

↓

*Deepana-Pachana* + *Anulomana*

↓

*Apana Vata* regulation

↓

*Artavavaha Srotas* management

↓

Reduction in *Artava Atipravritti* and *Artavaja Shula*

Following treatment, abdominal pain and heavy menstrual bleeding reduced, with the menstrual cycle increasing from 22 days to 24–26 days.

Follow-up ultrasonography showed a reduction in uterine dimensions from 82 × 51 × 54 mm to 48 × 42 × 51 mm, and the previously reported sonographic features suggestive of adenomyosis were not described. However, the uterine position differed between examinations and a 10 × 12 mm intramural fibroid was reported at follow-up.

## CONCLUSION

This case demonstrates clinical improvement in menstrual pain and heavy menstrual bleeding, accompanied by interval changes in ultrasonographic uterine morphology following multimodal *Ayurvedic* intervention. The treatment was planned according to the patient's *Vata-Pitta* predominance, *Vishamagni*, *Krura Koshtha* and *Artavavaha* Srotas involvement.

However, further prospective studies with standardised clinical and imaging outcomes are warranted.

## PATIENT PERSPECTIVE

The patient reported improvement in abdominal pain and heavy menstrual bleeding following the *Ayurvedic* intervention.

## INFORMED CONSENT

Written informed consent was obtained from the patient for publication of the case details and anonymised ultrasonographic images.

## FUNDING

No external funding was received for this case study.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest associated with this case study.

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