



## Case Report

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



### MANAGEMENT OF INFERTILITY DUE TO ADENOMYOSIS AND OVARIAN ENDOMETRIOMA (MAMSADUSHTIJANYA GARBHASHYA VIKARA) BY AYURVEDIC REGIME: A CASE REPORT

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Received on: 04/08/23 Accepted on: 26/10/23

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DOI: 10.7897/2277-4343.1511

#### ABSTRACT

Adenomyosis, also known as endometriosis interna, has been associated with multiparity, but currently, adenomyosis is diagnosed with increasing frequency in infertile patients since women delay their first pregnancy until their late 30s or early 40s. The prevalence of adenomyosis is 9% in healthy individuals, but in the case of those who have endometriosis, the prevalence is 70%. Ovarian endometrioma is the most common form of endometriosis; although most endometriomas are benign, some may undergo malignant changes. Here is a case study of a 30-years-old female patient residing in Jaipur who consulted in OPD of the National Institute of Ayurveda (NIA) Jaipur on 23-3-22 with the chief complaint of being unable to conceive for 4 years and associated complaint of pain in lower abdomen during menses in the last 3 years. Her sonography findings were suggestive of endometriosis stage-4 with adenomyosis and left ovarian endometrioma (6.6 cm). The patient was treated with yoga basti (Anuvasana basti with Triphaladi taila and aasthanasthi basti with lekhaneya mahakashaya) for 5 cycles, uttara basti with Apamarga kshara taila for 3 cycles and Rasanadi ksheerpaka. The patient missed her period on 8-1-23 and did her urine pregnancy test on 13-1-23, which was found to be positive. From this case study, it is concluded that yoga basti with lekhaneya mahakashaya and Triphaladi Taila and uttara basti with Apamarga kshara taila are effective in treating infertility due to adenomyosis (Mamsadushti janya garbhashya vikara).

**Keywords:** Adenomyosis, ovarian endometrioma, Mamsadushti janya Garbhashya Vikara, infertility, Uttara basti, lekhaneya mahakashaya, yoga basti.

#### INTRODUCTION

Endometriosis is the presence of endometrial glands and stroma-like lesions outside the uterus.<sup>1</sup> Ovary is the most common site for endometriosis (60-70%); when endometriosis occurs in the ovary, endometriotic cells can form a menstrual fluid-filled sac; this is called endometrioma /endometriotic/chocolate cyst.

Adenomyosis is a condition where there is ingrowth of the endometrium, both the glandular and stromal components, directly into the myometrium due to disturbance of the junctional zone, which is defined as the innermost layer of the endometrium. The junctional zone (JZ) disturbance may be due to endometrial factors, genetic predisposition or altered immune response. It may be diffuse or focal.<sup>2</sup> Patients with adenomyosis usually present with menorrhagia, dysmenorrhea, dyspareunia, infertility, and increased frequency of micturition due to enlarged and tender uterus. Several studies have demonstrated that the presence of adenomyosis may impair infertility by affecting uterotubal transport and altering endometrial function and receptivity.<sup>3</sup>

Incidence of clinical features is 50% asymptomatic, menorrhagia 70%, dysmenorrhea 30%, chronic pelvic pain 77%, dyspareunia 7%, uterine enlargement 3%, infertility 11-12%. In Ayurvedic classics, there is no direct mention of this disease; symptoms are found under various diseased conditions at various references. Menorrhagia is described under Asrugdar, dysmenorrhea under Vatika artavdushti, Udavarta yonivyapad. Dyspareunia may be correlated with paripluta yonivyapad, while the description of infertility in classics mentioned as a complication of all yonivyapada, but looking into the pathogenesis of adenomyosis where disturbance of JZ or retrograde myometrial contraction

may be correlated with Udavarta yonivyapad where Vayu moving in the reverse direction which fills yoni (uterus) initially yoni throws the raja (menstrual blood) upwards and then execute it with pain and difficulty (Charaka Samhita).<sup>4</sup> It may be considered as an initial phase of disease. Sushruta mentioned in Vatavyadhi nidana that the provoked Vata situated in Rakta (blood) causes vrana (wound) and while situated in mamsa (muscles) results in granthi (nodular growth) and shoola (pain).<sup>5</sup> Both these features are seen in adenomyosis in the form of deep nests of endometrial tissue within the myometrium, which results in progressively increased pain during menstruation. Based on the above pathology, this condition of adenomyosis and ovarian endometrioma can be correlated as a complication of Udavartini Yonivyapada or Mamsadushti Janya Garbhashya Vikara.

Based on this principle, treatment for infertility associated with adenomyosis and ovarian endometrioma should be targeted on Vata-Kapha shamaka drugs.

#### CASE REPORT

A female patient of age 30 years visited NIA OPD on 23-3-22 with a chief complaint of being unable to conceive for 4 years. The patient had associated complaints of pain in the lower abdomen during menses for 3 years. The study was carried out as per the International Conference on Harmonization-Good Clinical Practices Guidelines (ICH-GCP). The study has been registered in CTRI (CTRI/2023/05/052788). Informed written consent was taken from the patient before starting the study.

**Menstrual History:** She attained her menarche at 14 years of age. Presently, her menstrual cycle is 3 days in duration and 30 days

of intervals with severe pain in the lower abdomen during menses, and she took analgesics on the 1<sup>st</sup> and 2<sup>nd</sup> day of menses.

**Marriage History:** She has been married for 6 years.

**Obstetrics History:** G2P1A1D1L0

G1- FTCS, Male child, in 2017 (died 13 days after birth due to cardiac anomaly).

G2- Induced abortion by MTP pills – (due to the absence of cardiac activity, which was conceived through IVF) in 2018.

**Clinical Findings:** Her sonography was done on 23-02-21 and was suggestive of endometriosis-grade-4, adenomyosis, and ovarian Endometrioma. Past medical reports were suggestive of high oestrogen levels. The semen analysis of the husband was also normal. She had undergone allopathic treatment and IVF. She got 1<sup>st</sup> IVF failure in September 2021. After that, she conceived through 2<sup>nd</sup> IVF in December 2021 but aborted by induction due to the absence of cardiac activity in Feb 2022. Her history revealed normal appetite, satisfactory bowel clearance, and sound sleep.

**Physical Examination**

Weight- 57 kg

Height- 153 cm

BMI- 24.3 Kg/m<sup>2</sup>

BP- 110/70 mmHg

PR- 76/min

**Past Medical History**

- The patient has been taking 12.5 mcg of thyroxine for 3 years.
- History of intake of medicine for infertility for 4 years.
- History of taking analgesics during menses for 3 years.

- History of 1 IVF (*In vitro* fertilization) failure in September, 2021.

- History of induced abortion in February 2022 due to absence of cardiac activity, which was conceived through IVF in December 2021.

**Past Surgical History**

- LSCS, 5 years back in 2017.
- Operative laparoscopy for ovarian cyst, 1 year back.

**Nidana Panchaka**

Nidana: Various nidanas related to the patient's ahara, vihara and mansika avastha were ruled out, which are as follows:

- Mithya Ahara
  - Oily food samosa, kachori, etc: once or twice weekly
  - Snacks like namkeen, biscuits etc. during teatime, fast food like pizza, burger etc. once in a month
- Mithya Vihara
  - Sedentary lifestyle
  - Sleeping during daytime
  - Staying awake till late at night
  - No yoga, pranayama or exercise
- Mansika bhava: The patient was stressed due to the death of her child after 13 days of delivery.

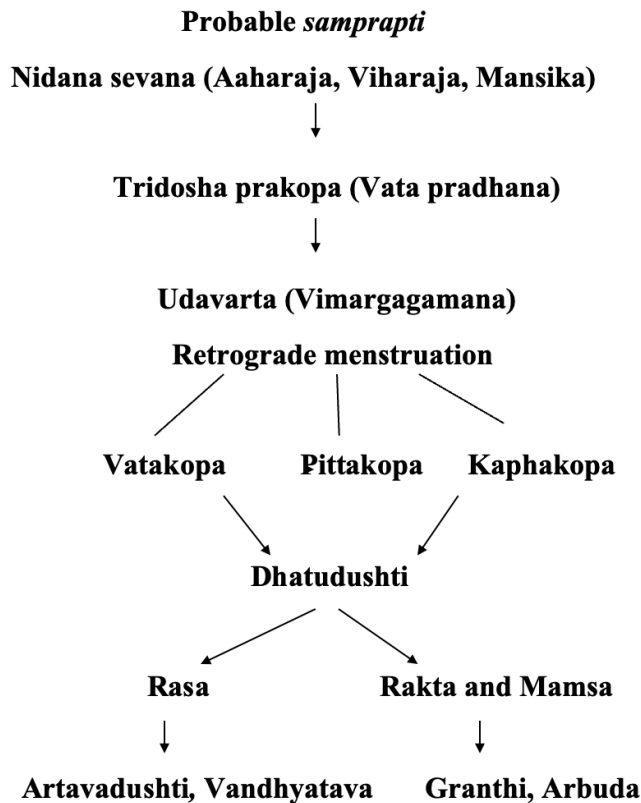
Poorva roopa: Pain in the lower abdomen during menses.

Roopa: Vandhatawa (infertility)

Upshaya: Rajaswala paricharya, mansika prasannta by meditation or self-motivation etc. anupshaya: Mansika avsada, Mithya ahara vihara

Samprapti: Vata (Apana vata) impelling other doshas aggravated by various nidana sevana.

Vyadhi vinishchaya: Vandhyatva



## Treatment plan

Date	Complaints	Investigation	Treatment
23-3-22	1 <sup>st</sup> visit – unable to conceive for 4 years, Pain in lower abdomen during menses for 3 years	Laparoscopy in February 2021- endometriosis stage 4 with adenomyosis and left ovarian endometrioma of 6.6 cm	Rasanadi ksheerpaka 40 ml twice a day before food Dashmoolarishta 20 ml twice a day after food with equal water Planned for yoga basti in next cycle after cessation of menses
15-4-22	Same complaints as above	Ultrasound sonography on 31-03-2022 Adenomyotic uterus left ovarian endometrioma of 27*26 mm A right ovarian simple cyst (36*36 mm)	Yoga basti- 8 (first 2 anuvasana basti, then asthapana and anuvasana basti on alternate days) anuvasana basti with Triphala taila (60 ml) after food Aasthapaana basti with lekhaneya mahakshaya (400-500 ml) on an empty stomach in the morning
18-5-22	Mild relief in complaint of pain in lower abdomen during menses	16-05-22 TVS - Adenomyotic uterus Right PCOD (11 cc), left ovarian endometrioma (23*14 mm, 28*21 mm)	Yoga basti
20-6-22	-	-	Yoga basti
18-7-22	-	-	Yoga basti
17-8-22	-	-	Yoga basti
23-9-22	relief in previous complaints of pain during menses	TVS on 10-09-22 Mild adenomyosis changes, left ovarian endometrioma (35*11mm, 28*10mm), right PCOD, left adnexal septate cystic lesion haemorrhagic (58*45 mm)	Uttara basti with Apamarga kshara taila (5 ml) after food once in a day
07-10-22		USG on 12-10-22 Left ovarian endometrioma (29*26 mm, 26*16 mm), right PCOD, a complex cystic lesion in the left ovary has resolved	Uttara basti with Apamarga kshara taila
15-11-22			Uttara basti with Apamarga kshara taila
13-1-23	The patient missed her menses	Urine Pregnancy Test -found Positive. USG on 10-02-23 Single live Intrauterine gestation corresponding to a gestational age of 9 weeks 2 days, foetal activity present, cardiac activity present, CRL-27.3 mm	
03-3-23	----	USG on 03-03-23(NT-NB Scan) Intrauterine gestation corresponding to a gestational age of 12 weeks 2 days, cardiac activity present, foetal heart rate -159 bpm, Nasal bone -2.21 mm-present Nuchal translucency 1.8 mm normal Ductus venosus –normal flow	

TVS- Transvaginal sonography PCOD – Polycystic ovarian disease, USG –Ultrasound sonography, NT-NB – Nuchal translucency –nasal bone, CRL- Crown-rump length

## Counselling

As the patient was anxious about issues and was psychologically upset with the death of her baby previously so, proper counselling was need of the hour, as the importance of a stable and happy mind has been mentioned in Garbha Dharana by:

- Acharya Charaka as “Soma nasya Garbha Dharnanaam” in Agryadravya prakrana.<sup>6</sup>
- Acharya Vagbhata has also mentioned the importance of the psychological condition of partners while elaborating on essential factors for conception.

## RESULTS AND DISCUSSION

The patient missed her period on 13-1-23 and did her UPT and found it positive.

A viability scan was done on 10-2-23. Single live intrauterine (SLIU) Pregnancy of 9 weeks 2 days was found with normal foetal cardiac activity.

Acharya Charaka has mentioned that the yoni of females never gets spoilt without Vata, which means Vata is responsible for all

the physiological functions of female reproductive organs, and any vitiation in Vata may lead to yoni vikara. Considering the above, Vandhyatva is also a yonigata vikara and can be cured by pacifying Vata. The best treatment for pacifying Vata is sneha and basti.

## Yoga basti with lekhaneya mahakshaya and triphaladi taila

Acharya Charaka mentioned Musta, Kushta, Haridra, Daruharidra, Vacha, Ativisha, Katurohini, Chitrak, Chirbilva, Haimvatya in lekhaneya mahakshaya.<sup>7</sup> Mostly drugs under lekhaneya mahakshaya having properties of laghu, ruksha, and tikshna, having tikta, katu, kashaya rasa along with katu vipaka and ushna virya. The word lekhaneya itself indicates its action, meaning “Lekhanampratilekhanam”. Lekhanam Karshanam” (Sushruta Samhita sutrasthana 40 Dalhana tika). Lekhaneya is the scrapping or desiccating all excess dosha, dhatu and mala. Therefore, lekhaneya maha kashaya yoga basti will be used to manage adenomyosis and ovarian endometrioma because of their lekhaneya (scrapping) properties. Triphaladi taila<sup>8</sup> contains Amalaki, Haritaki, Bibhitaka, Ativisha, Murva, Trivruta, Chitaka, Vasa, Nimba, Aargvadhya, Vacha, Haridra, Daruharidra,

Saptaparna, Guduchi, Indravaruni, Pippali, Kushtha, Sarshap and Sauth. All ingredients of Triphaladi taila have ushna, tikshna, property and are Vata-Kapha shamaka.

Apamarga kshara taila<sup>9</sup> has Vata-Kapha shamaka and lekhaneya property. Uttara basti of Apamarga kshara taila may have a local effect in scrapping the extra cell growth from the thickened myometrium of the uterus found in adenomyosis.

Rasanadi ksheerpaka<sup>10</sup> has Rasna, Vasa, and Ashwagandha. According to Yogratnakara, this combination is used in yonishoola. Rasna has Vatahar property, Rasna Vataharanam. Rasna is guru, having tikta rasa, katu vipaka, ushna virya and vishaghana prabhava. Rasana is used as an analgesic, laxative and nerve tonic. Ashwagandha is laghu and snigdha, having tikta, katu, madhura rasa, madhura vipaka, and ushna virya. It is commonly used in the vitiated condition of Vata. Ashwagandha also soothes the nervous system from pain response as it is an analgesic and has anti-tumour, anti-inflammatory, analgesic and immune modulator activity. Vasa is a promising source of potential phytopharmaceutical agents that exhibit diverse pharmacological activities, including anti-inflammatory, antiulcer antioxidant, etc.

## CONCLUSION

Infertility due to adenomyosis is the leading disorder in women nowadays. Infertility not only causes marital disharmony and social rejection, but it also causes psychological suffering like stress, anxiety, etc. From the above study, it is concluded that yoga basti with lekhaneya mahakashaya and Triphaladi taila, and uttara basti with Apamarga kshara taila along with Rasanadi ksheerpaka are effective in women who have infertility due to adenomyosis and ovarian endometrioma.

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## Cite this article as:

Deepika Munjal and Poonam Choudhary. Management of infertility due to adenomyosis and ovarian endometrioma (Mamsadushtijanya garbhashya vikara) by Ayurvedic regime: A Case Report. *Int. J. Res. Ayurveda Pharm.* 2024;15(1):1-4 DOI: <http://dx.doi.org/10.7897/2277-4343.1511>

Source of support: Nil, Conflict of interest: None Declared

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