Case Report

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AN AYURVEDIC APPROACH IN THE MANAGEMENT OF ADENOMYOSIS: A CASE REPORT

Leela Ramakrishnan [1]*, Saranya [2], Yuthika [3]

[1] Associate Professor, PG Department of Prasuti Tantra Evam Stri Roga, Sri Jayendra Saraswathi Ayurveda College & Hospital, Nazarathpettai Chennai, (Department of Ayurveda), Sri Chandrasekharendra Saraswathi Viswa Mahavidyalaya, Kanchipuram, India

[2] Medical officer @ Srushti Ayurveda, Chennai, India

[3] Consultant at Sai Wellness Veda Clinic, Ambattur, Chennai, India

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***Corresponding author**
E-mail: drleelaa@gmail.com

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ABSTRACT

Introduction: Adenomyosis is a benign Gynecological disorder condition characterized by ectopic endometrial glands and stroma within the uterine myometrium often associated with dysmenorrhea and heavy menstrual bleeding. Objective: To report a case of a 40-year – old women with adenomyosis successfully managed with Matra Basti. Methodology: In the PG departmentof Prasuti Tantra Evam Stri Roga a 40-year-old woman with a 10-year history of severe dysmenorrhoea and heavy menstrual bleeding was ultrasonography diagnosed adenomyosis. The patient underwent Matra Basti with Tiktaka Ghrita for three consecutive menstrual cycles, along with supportive Ayurvedic medications. Result: Marked clinical improvement was observed. Follow –up ultrasonography demonstrated regression of adenomyotic changes. Conclusion: This case suggests that Matra Basti with Tiktaka Ghrita may offer a promising, uterine preserving therapeutic approach for adenomyosis. Further studies are warranted to validate its efficacy in large cohorts.

Keywords: Adenomyosis, Ayurveda, Matra Basti, Tiktaka Ghrita, dysmenorrhea, heavy menstrual bleeding

INTRODUCTION

Adenomyosis is a benign gynaecological disorder characterized by the presence of endometrial glands and stroma within the myometrium, leading to the hypertrophy of the surrounding smooth muscle tissue[1]. The prevalence of adenomyosis in India has been reported at 23.5%, with the majority of cases occurring in women in their 40s and 50s[2]. Conventional management primarily involves hormonal therapy or hysterectomy; however many women prefer uterine –preserving alternatives. The patient in this case had been diagnosed with adenomyosis 10 years earlier. Following childbirth in 2014, she began experiencing severe dysmenorrhoea and heavy menstrual bleeding which progressively worsened. A recent ultrasonography, performed during her routine check- up after a period of significant stress, confirmed adenomyosis, necessitating further management. Considering the chronicity of symptoms and the patient's desire to preserve her uterus, Matra Basti (medicated enema) with Tiktaka Ghrita was administered for 3 consecutive menstrual cycles, along with supportive Ayurvedic medication. The patient reported progressive improvement in dysmenorrhoea and heavy menstrual bleeding from the very first cycle. After three months of therapy, follow- up ultrasonography demonstrated resolution of adenomyotic changes. This case highlights the potential efficacy of Matra Basti with Tiktaka Ghrita in alleviating symptoms and reducing radiological evidence of adenomyosis, thereby supporting its role as a safe, non-invasive, uterine – preserving treatment option.

Case Report

A 40-year-old parous woman attended the outpatient Department of Prasuti Tantra Evam Stri Roga, Sri Jayendra Saraswathi Ayurveda College & Hospital, with complaint of severe dysmenorrhea and heavy menstrual bleeding for past 10 years. Menstrual history: The patient reported dysmenorrhoea with a Visual Analogue Scale (VAS) score 7/10.[3] Menstrual bleeding was excessive, requiring 8-10 pads per day, which had to be changed almost hourly. Associated symptoms: She also experienced a sensation of bladder pressure, attributed to a bulky uterus. Dysmenorrhoea necessitated frequent use of nonsteroidal anti-inflammatory drugs (NSAIDs) during menstrual period. Management: The patient was advised Pancha karma (purificatory procedure) for three consecutive months followed by Shamana Chikitsa (internal medication) for three months.

Clinical Findings: Uterus was bulky and anteverted. No significant adnexal masses were noted.
Diagnostic Assessment: Ultrasonography revealed features consistent with adenomyosis.

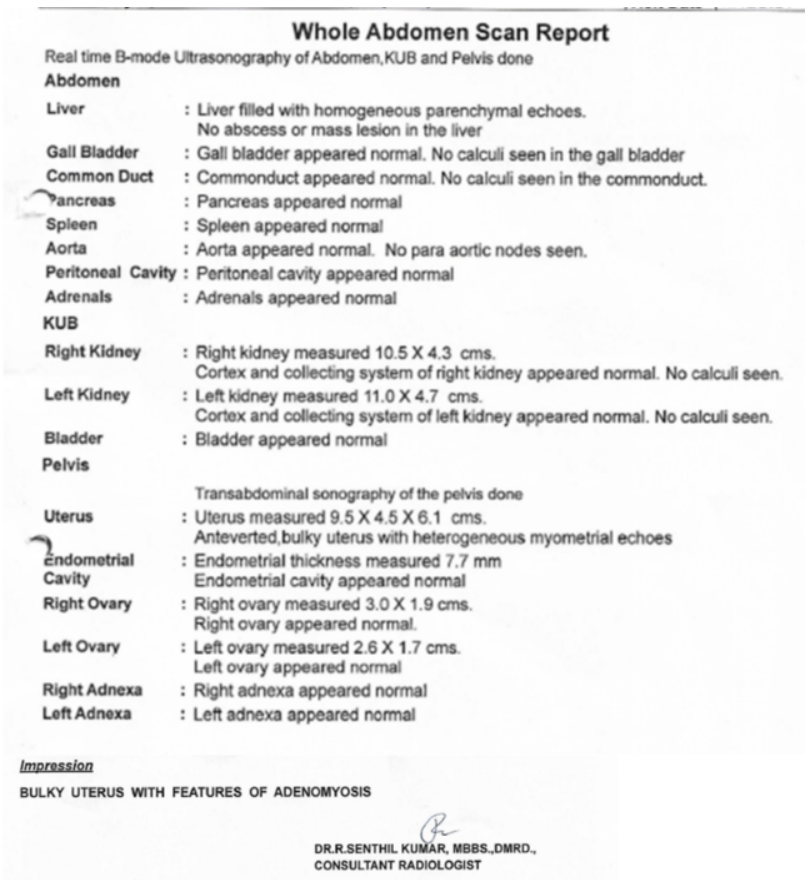
Therapeutic intervention

Internal medication (1-3 months)

1. Tiktaka Kashaya 15ml twice daily
2. Tiktaka Ghruta[4] ½ tsp. twice daily
3. Kantha sindura + Rasa sindura 120mg with honey & ginger juice

External Therapy (6^{th}-11^{th} day of menstruation for 3 consecutive cycles)

1. Matra Basti with Tiktaka Ghruta 72 ml for 6 days
2. Local therapies: Stanika Abhyanga and Patta sweda



Whole Abdomen Scan Report

Real time B-mode Ultrasonography of Abdomen,KUB and Pelvis done

Abdomen

Liver	: Liver filled with homogeneous parenchymal echoes. No abscess or mass lesion in the liver
Gall Bladder	: Gall bladder appeared normal. No calculi seen in the gall bladder
Common Duct	: Commonduct appeared normal. No calculi seen in the commonduct.
Pancreas	: Pancreas appeared normal
Spleen	: Spleen appeared normal
Aorta	: Aorta appeared normal. No para aortic nodes seen.
Peritoneal Cavity	: Peritoneal cavity appeared normal
Adrenals	: Adrenals appeared normal

KUB

Right Kidney	: Right kidney measured 10.5 X 4.3 cms. Cortex and collecting system of right kidney appeared normal. No calculi seen.
Left Kidney	: Left kidney measured 11.0 X 4.7 cms. Cortex and collecting system of left kidney appeared normal. No calculi seen.
Bladder	: Bladder appeared normal

Pelvis

Transabdominal sonography of the pelvis done

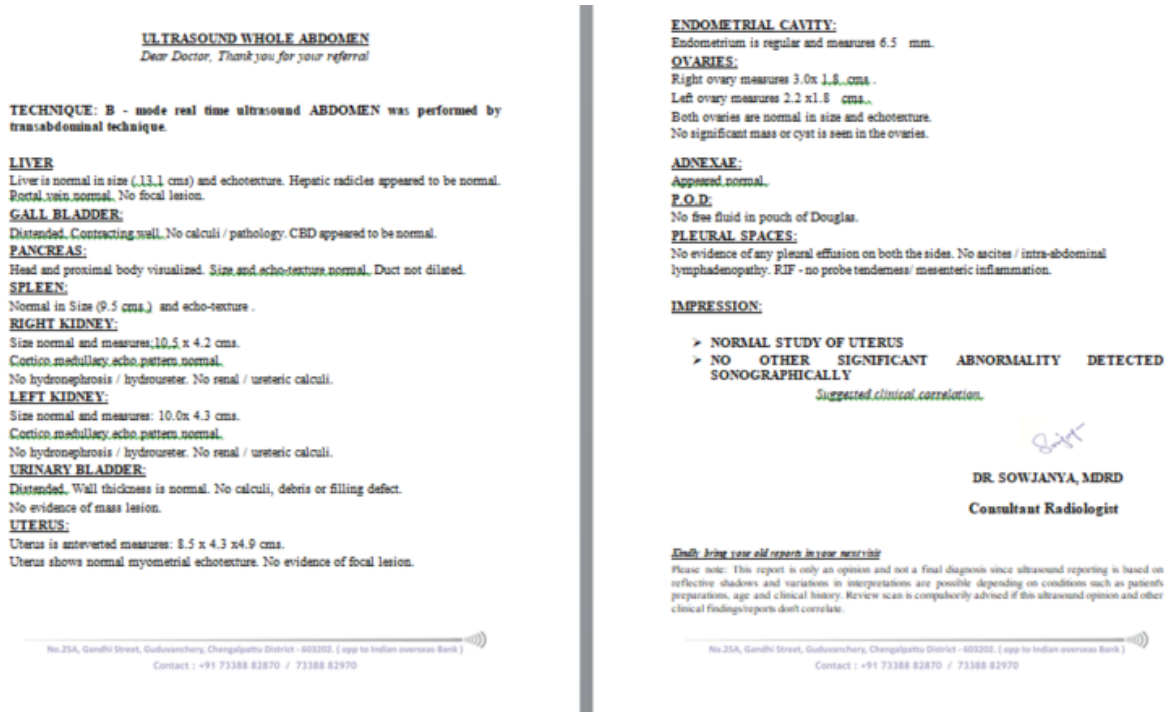
Uterus	: Uterus measured 9.5 X 4.5 X 6.1 cms. Anteverted,bulky uterus with heterogeneous myometrial echoes
Endometrial Cavity	: Endometrial thickness measured 7.7 mm Endometrial cavity appeared normal
Right Ovary	: Right ovary measured 3.0 X 1.9 cms. Right ovary appeared normal.
Left Ovary	: Left ovary measured 2.6 X 1.7 cms. Left ovary appeared normal
Right Adnexa	: Right adnexa appeared normal
Left Adnexa	: Left adnexa appeared normal

Impression

BULKY UTERUS WITH FEATURES OF ADENOMYOSIS

DR.R.SENTHIL KUMAR, MBBS.,DMRD.,
CONSULTANT RADIOLOGIST

Figure 1: Before Treatment



ULTRASOUND WHOLE ABDOMEN

Dear Doctor, Thank you for your referral

TECHNIQUE: B - mode real time ultrasound ABDOMEN was performed by transabdominal technique.

LIVER
Liver is normal in size (13.1 cms) and echotexture. Hepatic radicles appeared to be normal. Portal vein normal. No focal lesion.

GALL BLADDER:
Distended. Contracting well. No calculi / pathology. CBD appeared to be normal.

PANCREAS:
Head and proximal body visualized. Size and echo-texture normal. Duct not dilated.

SPLEEN:
Normal in Size (9.5 cms.) and echo-texture .

RIGHT KIDNEY:
Size normal and measures:10.5 x 4.2 cms.
Cortico medullary echo pattern normal.
No hydronephrosis / hydroureter. No renal / ureteric calculi.

LEFT KIDNEY:
Size normal and measures: 10.0x 4.3 cms.
Cortico medullary echo pattern normal.
No hydronephrosis / hydroureter. No renal / ureteric calculi.

URINARY BLADDER:
Distended. Wall thickness is normal. No calculi, debris or filling defect.
No evidence of mass lesion.

UTERUS:
Uterus is anteverted measures: 8.5 x 4.3 x4.9 cms.
Uterus shows normal myometrial echotexture. No evidence of focal lesion.

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ENDOMETRIAL CAVITY:
Endometrium is regular and measures 6.5 mm.

OVARIES:
Right ovary measures 3.0x 1.8 cms .
Left ovary measures 2.2 x1.8 cms .
Both ovaries are normal in size and echotexture.
No significant mass or cyst is seen in the ovaries.

ADNEXAE:
Appeared normal.

P.O.D:
No free fluid in pouch of Douglas.

PLEURAL SPACES:
No evidence of any pleural effusion on both the sides. No ascites / intra-abdominal lymphadenopathy. RIF - no probe tenderness/ mesenteric inflammation.

IMPRESSION:

- **NORMAL STUDY OF UTERUS**
- **NO OTHER SIGNIFICANT ABNORMALITY DETECTED SONOGRAPHICALLY**

Suggested clinical correlation.

DR. SOWJANYA, MDRD

Consultant Radiologist

Kindly bring your old reports in your next visit

Please note: This report is only an opinion and not a final diagnosis since ultrasound reporting is based on reflective shadows and variations in interpretations are possible depending on conditions such as patient's preparations, age and clinical history. Review scan is compulsorily advised if this ultrasound opinion and other clinical findings/reports don't correlate.

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Figure 2: After Treatment

RESULT

Table 1: Timeline

Dec 2014	History of heavy menstrual bleeding, Dysmenorrhea
Dec 2024	USG – Diagnosed with Adenomyosis
Jan 2025	Internal medicine External therapy
Feb 2025	Internal medicine External therapy
Feb 2025	Observation Follow up after 1 month 50% Reduced in pain 30% Reduction in bleeding
Mar 2025	Internal medicine External therapy
Mar 2025	Observation Follow up after 2 month Complete resolution of dysmenorrhea and heavy menstrual bleeding. Patient reported improved quality of life.
Apr 2025	Follow up USG – Reduction in the uterine size (8.5 × 4.3 × 4.9 cm) Adenomyotic changes improved by 45.8%

DISCUSSION

Adenomyosis affects 70% of patients with endometriosis, with the symptoms often becoming severe due to the progressive nature of the disease and difficult to manage conservatively[5]. Medical therapy (such as combined oral contraceptives), gonadotropin-releasing hormone antagonists/agonists, progestin-only pills, Levonorgestrel intrauterine devices), a surgical approach may be required[6]. Medical therapy may be useful for treating adenomyosis in patients who do not desire fertility[7]. However, patients desire a uterine-preserving treatment option instead of a hysterectomy, although a hysterectomy is curative. As in the present case Matra Basti administered for 3 consecutive cycles with Tiktaka Ghritam. As this ghrita has apoptogenic, anti-inflammatory, antileishmanial, chemopreventive, antiproliferative, antihyperglycemic, antihyperlipidemic, and laxative properties.[8-12] It antiproliferative the tissues in myometrium and seems that most of the molecules are functioning by controlling the hormonal pathways, as antioxidant and also on the glucose metabolism in the body.[13] The cytotoxic activities of Duralaba, Trayanti, Trayamana, Patala, Darvi, Katuka, Nimba, Patola are more effective in resolving the adenomyosis. The aforesaid transformation may result in the synthesis of some new metabolites that calm the inflamed Doshas locally, interrupting the pathogenesis cycle and resolved the symptoms. The case suggests that Matra Basti not only provides symptomatic relief but also shows radiological improvement, indicating a possible disease- modifying effect.

Table 2: USG Before and After Matra Basti

Uterus Adenomyosis	Size [cm]	Reduction %
Before Treatment	9.5 ×4.5 ×7.7 cm	
After Treatment	8.5 x 4.3 x4.9 cm	45.8%

CONCLUSION

The current case is based on the management of patients on an OPD basis who was diagnosed with adenomyosis on the line of treatment of Asrigdara. Administration of Matra basti, which was easy to use along with internal medications possessing Vataharadrugs, was found to be very useful in the management of adenomyosis. No other conventional medicines were given during the course of treatment. The current study provides a way for more clinical trials to evaluate the effect of Tiktaka Ghritaand also shows a good effect of OPD basis management of Ayurveda therapies for adenomyosis helpful in alleviating the sign and symptoms found in adenomyosis without any side effects. USG revealed that the adenomyosis resolved by 45.8%. The case suggests that Matra Basti with Tiktaka Ghrita, offering a safe, cost- effective, and non-surgical treatment option. Larger clinical studies are warranted to validate these findings.

Patient Perspective: I feel better after the treatment with relief in painful and heavy menstrual bleeding. Overall, I am happy and satisfied with the outcome.

Declaration of Patient Consent: Informed consent was obtained from the patient for publication of this report, Personal identifiers have been omitted.

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