



Case Study

PREVENTING HYSTERECTOMY THROUGH AYURVEDIC MANAGEMENT-A HOLISTIC APPROACH TO ADENOMYOSIS

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ABSTRACT

Hysterectomy is the surgical removal of the uterus. It may also removal of the cervix, ovaries, fallopian tubes, and other surrounding structures. Hysterectomy is a major surgical procedure that has risks and benefits, and affects a woman hormonal balance and overall health for the rest of her life because of this hysterectomy is normally recommended as a last option to remedy certain uterine conditions. Hysterectomy is the one of the most frequently gynaecologic procedures. Leiomyoma and pelvic organ prolapse are the most frequent indication, although adenomyosis, endometriosis, chronic pain, and premalignant uterine or cervical disease are also relatively common. A woman aged 49 years, reported with a history of heavy and prolonged menses since 3 months and associated complaint of thick or thin white discharge P/V with foul smell and itching since 4 years. She had been examined at hospital of Sikar Rajasthan, and her gynaecologist advised hysterectomy as the only remedy available. The patient declined the operation considered herself too weak for operation. Instead she visited to OPD of National Institute of Ayurveda (NIA), Jaipur, on 08-7-23 to took Ayurvedic treatment. Her sonography suggested bulky uterus suggestive of Adenomyosis with partial prolapse and endometrial hyperplasia. Patient was treated with Ayurvedic regime for 2 cycle considered as a complication of *Udavarta yonivyapad* or *Mamsadushti Janya Garbhashaya Vikara*. Repeat sonography suggested normal study on 25-08- 2023. Implementation of an Ayurvedic approach with ultrasonography help in success of this case without hysterectomy.

INTRODUCTION

Hysterectomy is one of the most frequently performed surgical procedures during reproductive ages in many countries worldwide after caesarean section.^[1] It involves removal of the uterine corpus with (total hysterectomy) or without the cervix (subtotal or supracervical hysterectomy) to cure a number of gynaecological complaints. The main indications for hysterectomy include the following conditions: uterine cancer, uterine leiomyomas, dysfunctional uterine bleeding, endometriosis, adenomyosis, chronic pelvic pain and genital

prolapse^[2]. Some gynaecological diseases like adenomyosis, DUB, fibroid, cervical cancer where the hysterectomy is the definitive treatment option. Adenomyosis is a common gynaecologic disease characterized by invasion of endometrial glands and stroma within myometrium which causes extreme pain during menses, menorrhagia, infertility, dyspareunia. In modern science, hysterectomy is definitive treatment for adenomyosis. The most common complications of hysterectomy can be categorized as infectious, venous thromboembolic, genitourinary (GU) and gastrointestinal (GI) tract injury, bleeding, nerve injury, and vaginal cuff dehiscence.^[3] It may increase the risk of cardiovascular events, certain cancers, the need for further surgery, early ovarian dysfunction and menopause, depression and other outcomes. In Ayurveda, It may be considered as complications of *Udavarta yonivyapad*^[4] where *Vayu* moves in reverse direction which fills *Yoni* initially,

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Yoni throws the *Raja* upwards and then execute it with pain and difficulty and influenced by vitiation of *Pitta* and *Kapha doshas* also. 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). 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 Garbhashaya Vikara*.^[5] Adenomyosis do not have definite medical treatment in the modern gynaecological practices other than surgery, thus making the patients seek alternate therapy of healing. Barring morbid surgical cases, usual mentality of patients is to avoid the surgery to a possible extent by seeking Ayurveda.

On the basis of above pathology principle treatment in adenomyosis should be *Tridosha shamaka* drugs especially *Vatashamaka chikitsa* including *Shamana chikitsa* along with *Basti chikitsa*.

Case Report

A female patient of age 49 years visited in NIA OPD on 08-07-23 with chief complaint of heavy menses since 3 months. Patient had associated complaint of thin and thick white discharge P/V with foul smell and itching since 4 years. The study was carried out as per International conference of harmonization- Good Clinical Practices Guidelines (ICH-GCP). Informed written consent was taken from patient before starting the study.

Menstrual History: She attained her menarche at 14 years of age. Presently her menstrual cycle of 8-10 days of duration (heavy menses) with pain in lower

Gynecological Examination

P/S (Per Speculum)	Thick white colored, odourless discharge was present, cervix was healthy
P/V (Per Vagina)	Early cystocele, bulky uterus AV (antiverted), cervix-freely mobile, all fornices were non-tender, cervical motion tenderness was absent

History of Past Illness

Patient was taking allopathic medicine for heavy menses since 3 months.

Nidana Panchaka

1. Nidana		
Mithya Ahara	Mithya Vihara	Mansika Bhava
- Oily and spicy food (<i>Katu, Vidahi, Snigdha ahara</i>) - Intake of excessive tea (summer-4-5 times per day, winter -7-8 times per day) - Daily intake of curd since 20 years (<i>Abhishyandhi ahara</i>)	- Sleeping during daytime (<i>Divaspana</i>) - No yoga, <i>Pranayama</i> or exercise	- Patient was stressed due to family problems.

abdomen since 3 months. She has to take medicine to stop menses since 3 months. Her menstrual interval of 30 days.

Marriage History: She was married at age of 20 yrs.

Obstetrics History: G2P2A0D0L2

G1- FTNVD, male child, 27 years back in 1997 G2-FTNVD, male child, 22 years back in 2002

Both pregnancies were uneventful, with normal puerperium.

Clinical Findings: Her sonography was done on 14-05-23 was suggestive of bulky uterus with adenomyosis, partial prolapse, endometrial hyperplasia and early cystocele formation. Her personal history revealed normal appetite, satisfactory bowel clearance, and sound sleep.

Physical Examination

Weight	60 kg
Height	5 feet 1 inch
BMI	24.7 kg/m ²
Blood pressure	110/70 mmHg
Pulse rate	80/min
Respiratory rate	18/min

Systemic Examination

CNS (Central nervous system)- Patient is conscious, well oriented to place and time, all 12 pairs of cranial nerves are responsive.

CVS (Cardiovascular system)- S1S2 audible, normal, no any abnormal sound heard.

RS (Respiratory system)- Air entry equal on both sides.

GIT (Gastrointestinal system)- P/A (Per abdomen)- soft

2. Poorva Roopa: Heaviness in abdomen
3. Roopa: Heavy menses
4. Upshaya: <i>Rajaswala paricharya.</i> <i>Mansika prasannta</i> by meditation or self motivation etc. <i>Anupshaya:</i> <i>Mansika avsada, Mithya ahara vihara</i>
5. Samprapti: <i>Vata (Apana vata)</i> impelling other <i>Doshas</i> aggravated by various <i>Nidana sevana</i>
6. Vyadhi Vinishchaya: <i>Mamsadushti Janya Garbhashaya Vikara</i>

Treatment Plan

She was treated by administering

Date	Complaints	Investigation	Treatment
8-07-2023	1. Heavy menses since 3 months 2. Thin and thick white discharge per vaginal since 4 years LMP-6-7-2023 Duration- 8- 10 days Interval -30 days D1 to D8-8 pads/ day	USG on 14-5-23 Bulky uterus (10.7×6.9×5.8cm) With adenomyosis, partial prolapsed, endometrial hyperplasia and early cystocele formation	Shamana chikitsa 1. <i>Avipatikara churna</i> 3gm + <i>Pitantaka churna</i> 500mg twice a day before food 2. <i>Giloyghana vati</i> 2 tablet twice a day 3. <i>Kutaki churna</i> 1gm once in a day with <i>Munakka</i> and <i>Dhagha mishri</i> in the form of tablet 4. <i>Amalaki churna</i> 2gm + <i>Haritaki</i> 2gm + <i>Arjuna</i> 2gm twice in a day 5. <i>Sphatika bhasma</i> for <i>Prakshalana</i>
15-7-23 to 22-7-23	Same complaints	USG on 14-7-2023 Bulky uterus (10.1×5.7×7.1 cm) with adenomyosis with partial prolapse	Shamana chikitsa along with Shodhana chikitsa <i>Yoga basti</i> 1. 8 <i>Basti</i> (first 2 <i>Anuvasana basti</i> , then <i>Asthapana</i> and <i>Anuvasana basti</i> on alternate days) 2. <i>Anuvasana basti</i> with <i>Triphalataila</i> (30ml) + <i>Dashmoola taila</i> (30ml) after food 3. <i>Aasthapaana basti</i> with <i>Jwarahara kwath</i> + <i>Punarnavastaka kwath</i> (400-500ml) in empty stomach in morning 4. <i>Yoni prakshalana</i> with <i>Triphala Kwath</i> 5. <i>Yoni pichu</i> with <i>Changeri ghrta</i>
5-8-2023	Relief in previous complaint of white discharge P/V	-	<i>Shamana chikitsa</i>
26-8-2023	LMP-18-08-2023 Relief in previous	USG on 26-8-2023	-
	Complaint of heavy menses and white discharge P/V	No significant abnormality seen in present study. Uterus appears normal in size (85mm×57mm)	

USG-Ultra sound sonography, LMP-last menstrual period

RESULTS AND DISCUSSION

After the treatment the duration of menstrual cycle was reduced from 8-10 days to 3 days and reduced in number of pads from 8 pads/day to 1 pad/day and passing of heavy blood clots along with amount of menstrual blood flow was also improved. After 45 days her USG showed no significant abnormality with normal size of uterus.

S.No.	Menstrual history	Before treatment	After treatment
1.	LMP	6-7-2023	18-8-23
2.	Duration	8-10 days	3 days
3.	No. of pads per day	Day 1 to day 8- 8 pads/day Day 9 & day 10 -2 pad/day	Day 1 to day 3 - 2 pads/day
4.	Interval	Regular (28-30 days)	Regular
5.	Pain	+	+
6.	Colour	Dark red	Red
7.	Clots	++	+
8.	Foul smell	Absent	Absent

USG Finding:

Before treatment	After treatment
Bulkyuterus (10.7×6.9×5.8cm) With adenomyosis, partial prolapse, endometrial hyperplasia and early cystocele formation	No significant abnormality seen in present study Uterus appears normal in size (85mm×57mm)

The diagnosis can be considered as complication of *Udavarta yonivyapada* or *Mamsadushti Janya Garbhashaya Vikara*. Specific *Upadravas* are not mentioned for *Udavarta yonivyapada* and those mentioned in *Yoni rogas* such as *Pradara*, *Arsa*, *Vandhyatwa*, *Artavadosha* etc can be taken as *Updrava*. *Udavarta* is *Ek doshaja (Vataja nanatmaja)*. In *Udavartini Yonivyapad* *vayu* aggravates due to *Vegadharana*. During the aggravated states, *Vata Dosh* transports all other *Doshas (Pitta and Kapha)* to various locations where they produce diseases^[6]. In this case *Pitta* produces symptoms like heavy menstrual bleeding, thick white discharge with foul smell and *Kapha* produces bulky uterus. Acharya Vagbhata mentioned *Bhramsha* in *Vatiki yonivyapad*. In this case all three *Doshas* involved. In *Yonivyapad* main *Samprapti* initiates from *Vata prakopa* for *Samprapti vightana* prevention of *Vata prakopa* is also necessary. So here treatment based on *Tridosahara shaman chikitsa* along with *Yoga basti* and *Sthanika chikitsa* like *Yoni prakshalana*, *Yoni purana* and *Yoni pichu* adopted as line of treatment.

Shamana chikitsa

Guduchi ghanavat is used due to its *Sangrahika, vatahara, Shleshma, Shonita, Vibhandhaprashamana* property^[7]. *Guduchi ghanavati* prepared from aqueous extract of *Tinospora cordifolia* which possesses antimicrobial, antioxidant, anti-toxic, anti-diabetic, hypo-lipidemic, anti-malarial, anti-neoplastic, hepato-protective, wound healing and immuno-modulatory activities. *Katuki churna* is used because of its *Dipaniya, Kaphapittahara, Raktashodhaka, Raktajita* property and *Sheeta virya*.^[8]

Avipatikara churna mentioned in *Bhaishajya Ratnavali*.^[9] *Avipatikara Churna* has fourteen different ingredients which are: *Shunthi (Zingiber officinale Roxb)*, *Maricha (Piper nigrum Linn)*, *Pippali (Piper longum Linn)*, *Haritaki (Terminalia chebula Retz)*, *Vibhitaki (Terminalia bellerica Roxb)*, *Amalaki (Embelica officinalis Gaerth)*, *Musta (Cyprus rotundus Linn)*, *Salt (Vida lavana)*, *Vidanga (Embelia ribes Burmf)*, *Ela (Elettaria cardamomum Maton)*, *Patra (Cinnamomum tamala Nees and Eberm)*, *Lavanga (Syzygium aromaticum Linn)*, *Trivita (Operculina turpethum Linn)* and *Sharkara (sugar candy)*.^[10] They are *Ushna* and *Laghu*. They are also known to be *Pitta kapha Shamaka*. They are *Agnidipak* and *Amapachak*.

In *Bhaishajya Ratnavali haritaki churna*, *Amalaki churna* and *Arjuna churna* is mentioned as *Rajonivruttikara yoga*.^[11] *Haritaki churna* is used due to its *Rasayana* and *Deepaniya* property and *Kashaya pradhana rasa* and *Madhura vipaka*.^[12] *Amalaki churna* is used due to its *Rasayana, Raktapittahara* and *Tridosha shamaka* property.^[13] *Arjuna churna* is used due to *Kashaya rasa, Sheeta virya* and *Asrajitta* property.^[14]

Sphatika has *Kashaya, Laghu, and Ruksha* properties. Due to *Kashaya rasa* and *Ruksha* it acts as *Grahidravaya. Shuddha sphatika bhasma* may act as haemostatic in *Raktpradar*.^[15]

Mode of action of Basti

Vata is responsible for pain in *Udavartini yonivyapad*, *Basti* is the main line of treatment mentioned in classics. *Yoga Basti* in the form of *Kashaya* and *Anuvasana* has local and systemic affects. *Veerya* of *Kashaya Basti* may get transported through *Dhamanis, Sira, and Strotas* to entire body.^[16] *Makshika*

and *Lavana* does *Kapha Chedana* and *Vilayana Saindava* by its *Sookshma*, *Teekshna*, and *Vyavaya Guna* reaches to minute channels of the body. *Taila* enters *Strotas* and removes the *Sankocha* (spasm) by the virtue of its *Sookshma*, *Vyavayi* and *Vikasi Guna*. *Basti* makes *Vatanulomana* and normalizes the *Apana vata*.

Sneha used for *Anuvasana basti* are *Dashmoola taila* and *Triphala taila*. *Dashmoola taila* carries *Madhura*, *Tikta*, *Kashaya rasa*, *Guru*, *Snigdha guna*, *Ushna virya*, *Madhura*, *Katu vipaka* and *Tridoshanashaka karma*. It has being proven that *Dashmoola* has anti-inflammatory, analgesic and anti-pyretic actions.^[17] *Triphala* is used due to its *Depana* and *Kaphapittahra guna*. *Kwatha dravya* used in *Niruha basti* are *Jwarahara kwatha* and *Punarnavasthaka kwath*. There are *Tikta rasa pradhana dravya* in *Jwarahara kwatha*. *Tikta rasa* is having *Deepana*, *Pachana* and *Lekhana property*.^[18] *Tikta rasa* is also having *Sukshma guna* so it can enter *Sukshma srotasa* for *Samprapti vighatana*. *Punarnavasthaka kashyaya* is the formulation containing 8 drugs in equal proportion. It has anti-inflammatory and analgesic property.^[19]

Sthanika chikitsa

Sthanika chikitsa or local treatment plays very crucial role in the management of various gynaecological disorders. *Yoni prakshalan* is a procedure of cleansing or purification of *Prathamavarta* of *Yoni* (vagina) with medicated decoctions or medicated milk.

Triphala kwath have antimicrobial property against bacteria, fungi. *Yoni pichu* with *Changeri ghrita* was given to the patient to relieve early cystocele formation. *Yoni pichu* is made from sterile swab and soaked in medicated lukewarm ghee and then inserted in vagina to be retained for two hours. All the ingredients of *Changeri ghrita* have anti-bacterial activity.^[20]

Changeri ghrita includes drugs like *Changeri*, *Pippali*, *Nagara*, *Chitraka*, *Gokshura*, *Gajjippali*, *Dhanyaka*, *Bilva*, *Patha*, *Yavani*, *Sarpi*, *Dadhi*. These drugs will help in *Prasramsini yonivyapad* by its *Vatashamaka* property.

CONCLUSION

Bulky uterus with adenomyosis is a leading problem now a days and hysterectomy is the definitive treatment in modern science. In Ayurveda it can be considered as *Mamsadushti Janya Garbhashaya Vikara*. From above study it is concluded that *Shamana chikitsa* along with *Yoga Basti* and *Sthanika chikitsa* are effective to prevent hysterectomy.

Declaration of Patient Consent

Informed oral consent was taken. The patient gave consent for clinical information to be reported in

the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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