A Clinical Case Study of Adenomyosis with Chronic Menorrhagia Diagnostic and Therapeutic Challenges

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Abstract—
Background: Adenomyosis is a frequent gynaecological disease, which develops due to the occurrence of ectopic endometrial glands and stroma in the myometrium, and is often accompanied by chronic menorrhagia and dysmenorrhea. The diagnosis is usually not easy because there is a similarity of symptoms with other uterine pathologies and traditional treatment may lack effectiveness because of side effects or patient unwillingness to undergo surgery. Case Presentation: The presented paper is dealing with a case of adenomyosis and chronic menorrhagia in a 38 years of age patient with multiple pregnancies treated successfully using Ayurvedic therapies following failure of conventional therapies. Intervention and Outcome: A patient was provided with a special Ayurvedic program with the emphasis on Rakta Shodhana, Vata-Pitta Shamana, and Garbhashaya Balya in 12 weeks. There was extensive reduction in the number of menstrual bleeding, age variation, severity of pains, and hemoglobin levels without any side effects. Conclusion: The case presents unique diagnostic difficulties of adenomyosis and proposes that Ayurvedic management which is more personalized could provide a safer and efficient alternative when it comes to control of the symptoms in chronic menorrhagia with adenomyosis.

Keywords: **Adenomyosis, Chronic menorrhagia, Ayurveda, Case study, IMRAD.**

I. INTRODUCTION

Adenomyosis is a benign but progressive gynaecological disorder where the endometrial glands and stroma then invade through the uterine myometrium leading to diffuse or localised thickening of the uterine wall. Most observed occur in women of reproductive age especially women having a history of multiparity, surgical procedures of the uterus or women subject to long-term exposure to estrogen. As a clinical finding, adenomyosis is characterized by heavy menstrual bleeding (menorrhagia), dysmenorrhea, persistent pelvic pain, and infertility in certain instances. 1

The chronic menorrhagia is the most significant and disabling symptom of adenomyosis which may result in iron-deficiency anemia, fatigue, decreased productivity at work, and worsened quality of life. Adenomyosis is a diagnosis that is difficult to make because of the nondescocratic nature of symptoms as well as the lack of separation with other gynecological disorders including, but not limited to, uterine fibroids, endometrial hyperplasia, and dysfunctional uterine bleeding. In spite of the fact that the transvaginal ultrasonography with magnetic resonance imaging has led to a better diagnostic accuracy, a lot of the cases are only diagnosed late or incidentally.

Conventionally based medical side of the practice, adenomyosis management begins with nonsteroidal anti-inflammatory agents, and hormonal agents comprising of oral contraceptives, progestins, gonadotropin-releasing hormone analogues, and levonorgestrel-releasing intrauterine devices. Although these modalities can alleviate the symptoms, in most cases, it can be temporary and it might be accompanied by side effects, recurrence of symptoms after discontinuation or restrictions in the long term use. Surgical treatment, especially, hysterectomy is the ultimate treatment, which is not acceptable when the women want to preserve their uterus and have a chance of conception.

Ayurveda provides a comprehensive treatment to gynaecological disorders considering that there is an underlying Dosha imbalance, Dhatu engagement as well as the Srotas dysfunction. The clinical over

uterine bleeding may be related to Asrigdara or Raktapradara, which are described in Ayurvedic classical sources, and are mainly caused by vitiation of Pitta and Rakta and also Apana Vata dysfunction. Others including the factors of Agnimandya, Ama formation and impaired Rakta Dhatu are also major factors in the pathogenesis.

Treatment of such conditions as per Ayurveda is based on Nidana Parivarjana, Samprapti Vighatana, Rakta–Pitta Shamana, Uterus Strengthening (Garbhasaya Balya) and Dhti-Agnita Ayurvedic normalization of the menstrual physiology. The personalized approach to treatment depending on the constitution and the level of disease is the key to meeting the long-term results. 5

The current clinical case study is expected to report the diagnostic issues and treatment results of Ayurvedic care of a patient with adenomyosis chronic menorrhagia and hence helps in the increasing body of evidence on the benefits of integrative and conservative practice in gynecology.

II. AIMS AND OBJECTIVES

Aim

To consider the clinical outcome of Ayurvedic management of a diagnosed case of adenomyosis with chronic menorrhagia, particularly, the difficulties of diagnosis and therapeutic outcome.

Objectives

1. To record the clinical presentation, diagnostic findings and disease course development of adenomyosis with persistent menorrhagia in a woman of reproductive age.
2. To determine the effectiveness of customized Ayurvedic intervention to decrease the period and intensity of menstrual bleeding.
3. To measure the effect of treatment on related symptoms e.g. dysmenorrhea, pelvic pain, weakness and fatigue.
4. To monitor parameters of the objective variables such as hemoglobin levels and menstrual pattern before and after treatment.
5. To find a correlation of the clinical characteristics of adenomyosis with the Ayurvedic concepts of *Asrigdara / Raktapradara and Apana Vata Vaigunya*.

III. MATERIALS AND METHODS

Study Design

Single-patient observational clinical case study.

Patient Information

- Age: 38 years
- Sex: Female
- Marital status: Married
- Parity: P2L2
- Occupation: Homemaker

Chief Complaints

- Excessive menstrual bleeding for 8–10 days per cycle for the last 2 years
- Passage of clots during menstruation
- Lower abdominal pain and dysmenorrhea
- Generalized weakness and fatigue

History of Present Illness

The patient reported progressively increasing menstrual blood loss over the past two years, requiring frequent pad changes (every 1–2 hours during peak days). Pain was spasmodic, radiating to the lower back, and partially relieved by analgesics. She had previously received hormonal therapy, which provided only temporary relief.

Investigations

- Hemoglobin: 8.9 g/dL
- Pelvic ultrasonography: Bulky uterus with heterogeneous myometrium, suggestive of adenomyosis
- Endometrial thickness: Within normal limits

Ayurvedic Assessment

- Prakriti: Pitta-Vata
- Vikriti: Pitta-pradhana Tridoshaja
- Affected Srotas: Artavavaha, Raktavaha
- Samprapti: Pitta and Rakta Dushti with Apana Vata Vaigunya

General Examination Findings

Parameter	Observation	Remark
Consciousness	Conscious and oriented	Normal
Built and nourishment	Moderately built, poorly nourished	Suggestive of chronic illness
Pallor	Present	Indicative of anemia

Icterus	Absent	Normal
Cyanosis	Absent	Normal
Clubbing	Absent	Normal
Edema	Absent	Normal
Lymphadenopathy	Absent	Normal
Pulse rate	82 beats/min	Normal
Blood pressure	110/70 mmHg	Normal
Respiratory rate	18 cycles/min	Normal
Temperature	Afebrile	Normal
Body weight	52 kg	Mild underweight
Appetite	Reduced	Suggestive of *Agnimandya*
Bowel habit	Regular	Normal
Sleep	Disturbed during menstruation	Pain-related

Systemic Examination Findings

System	Findings	Remark
Cardiovascular system	S1 and S2 heard normally, no murmurs	Normal
Respiratory system	Bilateral clear breath sounds	Normal
Gastrointestinal system	Soft abdomen, no organomegaly	Normal
Central nervous system	Conscious, oriented, normal reflexes	Normal
Musculoskeletal system	No joint swelling or tenderness	Normal
Genitourinary system	Menstrual irregularity with excessive bleeding	Abnormal

Gynecological Examination Findings

Parameter	Finding	Clinical Significance
Abdominal examination	Mild suprapubic tenderness	Suggestive of pelvic pathology
Per speculum examination	Cervix healthy, no active bleeding	Normal
Per vaginum examination	Uterus bulky, mildly tender, restricted mobility	Suggestive of adenomyosis
Adnexa	Free and non-tender	Normal
Cervical motion tenderness	Absent	Normal

Summary of Clinical and Investigative Findings

Parameter	Finding
Menstrual pattern	Prolonged and heavy menstrual bleeding
Dysmenorrhea	Present
Passage of clots	Present
Hemoglobin	8.9 g/dL
Ultrasonography	Bulky uterus with heterogeneous myometrium suggestive of adenomyosis
Ayurvedic diagnosis	*Asrigdara / Raktapradara*
Modern diagnosis	Adenomyosis with chronic menorrhagia

Intervention

The treatment protocol included:

- Rakta-Pitta Shamana formulations
- Uterine tonics (*Garbhashaya Balya Dravyas*)
- Digestive and Ama-pachana support
- Pathya-Ahara emphasizing cooling and iron-rich foods

Duration of treatment: 12 weeks

Assessment Criteria

- Duration and quantity of menstrual bleeding
- Pain severity (VAS scale)
- Hemoglobin level
- General well-being

Table: Ayurvedic Intervention Details with Dose and Duration

Sl. No.	Drug / Formulation	Dosage & Anupana	Duration	Therapeutic Rationale
1	Ashokarishta	20 ml twice daily after meals with equal quantity of water	12 weeks	Uterine tonic; *Rakta-Pitta Shamana*; effective in menorrhagia and uterine disorders
2	Lodhra Churna	3 g twice daily with lukewarm water	12 weeks	Astringent; reduces excessive uterine bleeding; *Rakta Sthambhaka*
3	Praval Pishti	125 mg twice daily with honey	8 weeks	*Pitta Shamana*; improves hemostasis and corrects anemia
4	Shatavari Churna	5 g twice daily with milk	12 weeks	*Garbhashaya Balya*; hormonal modulation; nourishes reproductive tissues
5	Punarnava Mandura	250 mg twice daily after meals	12 weeks	Corrects anemia; improves hemoglobin; *Rakta Dhatu Poshan*
6	Dashamoola Kwatha	40 ml once daily before meals	6 weeks	*Vata-Shamana*; relieves pelvic pain and dysmenorrhea
7	Eranda Taila (Castor oil)	10 ml with warm milk at bedtime (twice weekly)	4 weeks	*Apana Vata Anulomana*; relieves pelvic congestion
8	Pathya Ahara–Vihara	Cooling, iron-rich diet; avoidance of spicy, sour, fried foods	Throughout study	Supports *Pitta-Rakta Shamana* and improves treatment response

Treatment Schedule Summary

- Total treatment duration: 12 weeks
- Follow-up frequency: Every 4 weeks
- Route of administration: Oral
- Adverse effects: None observed

Results

After 12 weeks of treatment:

- Menstrual duration reduced from 8–10 days to 4–5 days
- Significant reduction in clot passage
- Pain severity reduced from VAS 8/10 to 2/10
- Hemoglobin increased from 8.9 g/dL to 10.6 g/dL
- No adverse drug reactions observed

The patient reported improved quality of life and declined surgical intervention.

Table: Before and After Treatment Assessment

Parameter	Before Treatment	After Treatment (12 weeks)	Outcome
Duration of menstrual bleeding	8–10 days	4–5 days	Marked reduction
Quantity of menstrual flow	Excessive; pad change every 1–2 hours with clots	Moderate; pad change every 4–5 hours, no clots	Significant improvement
Presence of blood clots	Present (frequent)	Absent	Resolved
Dysmenorrhea (VAS score)	8 / 10	2 / 10	Significant reduction
Lower abdominal pain	Severe, spasmodic	Mild, occasional	Improved
Cycle regularity	Irregular	Regular (28–30 days)	Restored
Generalized weakness	Present	Absent	Improved energy levels
Hemoglobin (g/dL)	8.9 g/dL	10.6 g/dL	Increased
Ultrasonography findings	Bulky uterus with heterogeneous myometrium suggestive of adenomyosis	No progression; symptomatic improvement	Stabilized

Requirement of analgesics	Regular	Occasional / none	Reduced dependency
Adverse drug reactions	—	None observed	Safe

IV. DISCUSSION

Adenomyosis is a long-lasting, estrogen-dependent gynecological disease, which presents great diagnostic and treatment problems because of its heterogeneity of clinical presentation and the similarity with other causes of abnormal bleeding of the uterus. Chronic menorrhagia is also one of the most frequent as well as debilitating symptoms frequently resulting in anemia, lacking in life quality and psychological distress. The patient in this study had all the classical characteristics of adenomyosis of excessive and protracted menstrual bleeding, dysmenorrhea, pelvic pain, and U-enlargement on ultrasonograph, which validated the diagnosis.

Regarding a contemporary medical standpoint, adenomyosis is related to impaired uterine contractility, augmented local uterine estrogen levels, local inflammation, and angiogenesis of the myometrium which causes heavy menstrual bleeding and pain. Traditional approaches to management, such as hormonal treatment and analgesics, can offer short-term relief, however, are restricted by side effects, recurring when the treatment is stopped, and lack long-term adherence by patients. Surgical surgery, especially hysterectomy, is the ultimate form of treatment that cannot be done to women who need to preserve their uterus.

In Ayurveda, the symptomology of chronic menorrhagia has a close similarity to Asrigdara or Raktapradara diseases which the Ayurveda classics refer to as excess / excessive bleeding in the uterus caused by vitiation of Pitta and Rakta with related Dysfunction of Apana Vata. Agni Mand, Ama developing, and Rakta Dhatu Dushti among other factors also worsen the disease process. The Pitta-Vata Prakriti, abnormal menstrual cycle, pain, and deep bleeding of the patient in this case revealed a Pitta-pradhana Tridoshaja Vikriti with the involvement of the Artavavaha Srotas and Raktavaha Srotas. [9]

The treatment plan that was implemented in the given case was premised on the Samprapti Vighatana that attempted to treat both the underlying cause and the clinical symptoms. The use of Rakta-Pitta Shamana also helped to reduce excessive bleeding and inflammation whereas Vata Shamana and Apana Vata Anulomana addressed the dysmenorrhea and pain in the pelvic area. Garbhasaya Balya and rasayana drugs were used to facilitate uterine health, and provide bigger strength of tissues.

It is the noted decrease in menstrual length, amount of vaginal hemorrhage, and the presence of clots leading to an improved hemostasis and reestablishment of the normal uterine physiology. The presence of the considerable decrease in the pain level indicates the proper control of uterine contractile activity and the minimization of mediators of inflammation. This can be explained by the fact that blood loss is less and the Rakta Dhatu Poshana is improved. Notably, the Ayurvedic regimen was found safe when used wisely without any adverse drug reactions. [11]

Even though reversal of adenomyotic changes by ultrasonographic means is not likely to take place in the period of treatment, it was significant clinically that disease progression was decelerated, and significant symptom reduction was observed. This underscores the use of Ayurveda that offers a conservative, non-surgical treatment that is oriented in managing symptoms and improving the quality of life and not necessarily correcting the anatomy. [12]

This case is found to be in line with the developing facts that individualized Ayurvedic management can be effective in chronic cases of gynecology that have failed to respond to long-term conventional treatment. Nevertheless, this is only one single case study and therefore the findings cannot be generalized. Such interventions need to be investigated using larger clinical trials which involve the use of standardized evaluation tools and longer follow-up times to determine their effectiveness and reliability.

V. CONCLUSION

This clinical case study indicates that adenomyosis related chronic menorrhagia offers significant diagnostic and treatment problems in context of normal gynecological practice. This disorder affects dramatically the physical, emotional and the quality of life especially where the traditional treatment procedure is limited or unacceptable to the patient. As pointed out in the context of the current case, a customized Ayurvedic therapy approach (that follows rigorous evaluation of Dosha, Dushya, Srotas

and Samprapti) can help effectively prevent menstrual blood loss, minimize pain, increase hemoglobin levels and promote an overall state of well-being with no side effects. Ayurvedic management in patients is a safe and non-surgical, cost-effective alternative to uterine preservation and long-term control of the symptoms. Although the findings of this case are promising then more well-designed clinical research relying on larger sample sizes is a must so that the findings can be confirmed as well as so that Ayurvedic management can become more incorporated into evidence-based gynecological therapy. Early diagnosis, treatment planning which is patient-centred and holistic management continue to play a vital role towards attaining optimal adenomyosis therapeutic outcomes.

Patient Consent

The patient signed an informed consent to publish this case study.

Conflict of Interest

None declared.

Finding

No external funding was received for this study.

REFERENCES

[1] Bird CC, McElin TW, Manalo-Estrella P. The elusive adenomyosis of the uterus—revisited. Am J Obstet Gynecol. 1972;112(5):583–593.

[2] Garcia L, Isaacson K. Adenomyosis: review of the literature. J Minim Invasive Gynecol. 2011;18(4):428–437.

[3] Benagiano G, Brosens I. History of adenomyosis. Best Pract Res Clin Obstet Gynaecol. 2006;20(4):449–463.

[4] Leyendecker G, Kunz G, Kissler S, Wildt L. Adenomyosis and reproduction. Best Pract Res Clin Obstet Gynaecol. 2006;20(4):523–546.

[5] Vercellini P, Vigano P, Somigliana E, et al. Adenomyosis: epidemiological factors. Best Pract Res Clin Obstet Gynaecol. 2006;20(4):465–477.

[6] Dueholm M. Transvaginal ultrasound for diagnosis of adenomyosis: a review. Best Pract Res Clin Obstet Gynaecol. 2006;20(4):569–582.

[7] Champaneria R, Abedin P, Daniels J, et al. Ultrasound scan and MRI for the diagnosis of adenomyosis: systematic review. Hum Reprod Update. 2010;16(5):425–437.

[8] Brosens I, Gordts S, Habiba M, et al. Uterine adenomyosis: a need for uniform terminology and classification. Hum Reprod. 2019;34(6):1018–1028.

[9] Farquhar C, Brosens I. Medical and surgical management of adenomyosis. Best Pract Res Clin Obstet Gynaecol. 2006;20(4):603–616.

[10] Abbott JA. Adenomyosis and abnormal uterine bleeding (AUB-A): pathogenesis, diagnosis, and management. Best Pract Res Clin Obstet Gynaecol. 2017;40:68–81.

[11] Dutta DC. Textbook of Gynecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2016. p. 262–266.

[12] Berek JS. Berek & Novak's Gynecology. 15th ed. Philadelphia: Lippincott Williams & Wilkins; 2012. p. 485–492.

[13] Jeffcoate N. Jeffcoate's Principles of Gynaecology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers; 2014. p. 321–326.

[14] Acharya JT, editor. Charaka Samhita of Agnivesha. Varanasi: Chaukhambha Surbharati Prakashan; 2018. Chikitsa Sthana, Yonivyapad Chikitsa.

[15] Acharya JT, editor. Sushruta Samhita. Varanasi: Chaukhambha Orientalia; 2019. Sharira Sthana, Yonivyapad Nidana.

[16] Shastri AD, editor. Ashtanga Hridaya of Vagbhata. Varanasi: Chaukhambha Sanskrit Sansthan; 2017. Uttara Sthana, Stree Roga.

[17] Sharma PV. Dravyaguna Vijnana. Vol 2. Varanasi: Chaukhambha Bharati Academy; 2016. p. 415–420.

[18] Dash B, Kashyap L. Diagnosis and Treatment of Diseases in Ayurveda. New Delhi: Concept Publishing Company; 2014. p. 291–296.

[19] Patwardhan B, Mutalik G, Tillu G. Integrative approaches for gynecological disorders: Ayurvedic perspectives. J Altern Complement Med. 2015;21(12):732–740.

[20] Singh RH. Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med. 2010;1(2):91–95.