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Ayurvedic Management of Adenomyosis in the Purview of Vataja Asrigdara: A Case Study

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KEYWORDS
Asṛgdara,
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Basti karma,
Abnormal uterine bleeding,
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ABSTRACT

Background: Adenomyosis is a benign uterine disorder characterized by heavy menstrual bleeding, dysmenorrhea, and chronic pelvic pain, significantly affecting quality of life in multiparous women. In Ayurveda, a similar clinical presentation is described under Vātaja Asṛgdara, a subtype of Asṛgdara resulting from vitiation of Vāta and Rakta.

Objective: To evaluate the effectiveness of classical Ayurvedic management in a case clinically diagnosed as adenomyosis and interpreted as Vātaja Asṛgdara.

Methods: A 47-year-old multiparous woman presenting with heavy menstrual bleeding, severe lower abdominal pain, passage of clots, and generalized weakness was assessed through clinical examination and ultrasonography, which suggested early adenomyosis. Based on Ayurvedic principles, the condition was diagnosed as Vātaja Asṛgdara. Management included Śamana Cikitsā, Śodhana Cikitsā, and Basti karma, with emphasis on Mātrā Basti and Kṣīra Basti, along with appropriate internal medications and supportive care.

Results: Progressive reduction in menstrual blood loss, dysmenorrhea, and clot passage was observed over the treatment period. General health and hemoglobin levels improved significantly. Follow-up ultrasonography demonstrated normalization of uterine findings with no evidence of adenomyosis. The patient remained symptom-free during follow-up, and medications were gradually tapered and discontinued.

Conclusion: Classical Ayurvedic management showed promising clinical and radiological improvement in this case of adenomyosis correlated with Vātaja Asṛgdara. The findings suggest that Ayurveda may offer a safe, effective, and uterus-preserving alternative in selected cases. Larger systematic studies are required to validate these observations.

Introduction

Regular menstruation is considered an indicator of a healthy female reproductive system. Abnormal uterine bleeding (AUB) is a common gynecological condition affecting approximately 14–25% of women of reproductive age and accounts for more than 30% of gynecological outpatient visits [1]. Excessive or prolonged menstrual bleeding can significantly affect a woman's physical health, emotional well-being, and overall quality of life.

In Ayurveda, abnormal uterine bleeding is described as Asṛgdara, which refers to excessive or prolonged discharge of menstrual blood occurring either cyclically or irregularly [2]. Classical Ayurvedic texts explain that Asṛgdara occurs due to the vitiation of Vāta and Pitta doṣas, leading to increased flow of Rakta through the

Rajovaha sirās (uterine vascular channels). Ācārya Caraka describes Asṛgdara as a Rakta pradoṣaja vikāra caused by Pittāvarita Apāna Vāyu, while Ācārya Suśruta also classifies it under Rakta pradoṣaja disorders and describes symptoms such as prolonged bleeding and pain [3–4].

Based on the predominance of doṣas, Asṛgdara is classified into Vātaja, Pittaja, Kaphaja, and Sannipātaja types [5]. Vātaja Asṛgdara is characterized by heavy menstrual bleeding associated with severe pain in the lower abdomen, groin, pelvis, lower back, and sacral region, along with generalized body aches [6]. Dalhaṇa has further explained that intense uterine pain and burning sensation in the pelvic and lumbar regions may also be present in this type [7].

From a modern medical perspective, these clinical features closely resemble adenomyosis, a benign uterine condition in which endometrial tissue is present within the myometrium. Adenomyosis commonly presents with heavy menstrual bleeding, dysmenorrhea, pelvic pain, and a bulky, tender uterus, particularly in multiparous women [8]. The reported prevalence of adenomyosis is around 2%, with an incidence of approximately 0.14% [9]. Ultrasonography is commonly used for diagnosis, although early stages of the disease may be difficult to detect.

In contemporary gynecological practice, hysterectomy is often considered the definitive treatment for adenomyosis when medical management fails and fertility is not a concern. However, many women seek conservative and non-surgical treatment options due to personal, medical, or quality-of-life considerations [10]. Ayurveda offers a holistic and individualized approach aimed at correcting doṣa imbalance, reducing symptoms, and improving overall well-being.

This case study presents the Ayurvedic management of Vātaja Asṛgdara, clinically correlating with adenomyosis, using classical treatment principles such as Śamana Cikitsā, Śodhana Cikitsā, and Basti karma, and highlights its potential role as a non-surgical treatment option.

Case Presentation

Patient Information

A 47-year-old married female patient presented with complaints of heavy and prolonged menstrual bleeding associated with severe lower abdominal pain and passage of clots for the past five to six menstrual cycles. She also complained of low backache, generalized weakness, and

disturbed sleep during menstruation. There was no history of intermenstrual bleeding.

She attained menarche at the age of 13 years. Her previous menstrual cycles were regular, occurring every 28–30 days, with a duration of 4–5 days and an average usage of 2–3 pads per day. The last menstrual period was on 05/03/2024. Obstetric history revealed gravida 2, para 2, with two full-term normal vaginal deliveries. Both children were male, aged 19 and 11 years. She had undergone laparoscopic tubal ligation eight years earlier.

There was no history of diabetes mellitus, hypertension, thyroid dysfunction, or any other chronic systemic illness. Family history was non-contributory.

Personal History

The patient was vegetarian. Her appetite was reduced. Bowel habits were regular, with once-daily bowel movements. Micturition occurred 4–5 times during the day and 1–2 times at night. Sleep was disturbed, especially during the menstrual period.

Clinical Findings

On general examination, the patient was moderately built and nourished. Vital signs were within normal limits. Systemic examination revealed no abnormalities in the cardiovascular, respiratory, or central nervous systems.

Per abdominal examination showed a soft and non-tender abdomen.

On gynecological examination, the vulva appeared normal and healthy, with no evidence of genital prolapse on straining. Per speculum examination revealed normal vaginal walls with no white discharge. The cervix appeared pale and mildly hypertrophied, with blackish bleeding noted from the cervical os.

Per vaginal digital examination revealed no labial swelling. The cervix was firm, mobile, and non-tender. On bimanual examination, the uterus was found to be anteverted, mid-positioned, bulky, painful on touch, and deviated towards the right side. The left fornix was non-tender, while the right fornix was tender.

Based on the above findings, the patient was advised admission for further evaluation and management. A chronological timeline of the patient's symptoms, investigations, therapeutic interventions, and outcomes is summarized in Tables 3, 5, and 6.

Ayurvedic Clinical Assessment

As per Daśavidha Parīkṣā [11], the patient's prakṛti was assessed as Vāta–Pitta. Vikṛti assessment revealed predominance of

Rakta and Pitta. Sāra, saṃhanana, sātmya, sattva, āhāra śakti, vyāyāma śakti, and bala were assessed as madhyama. The patient was in the yauvāna avasthā.

Table 1: Patient Information and Baseline Clinical Findings

Parameter	Findings
Age	47 years
Sex	Female
Marital status	Married
Obstetric history	G2 P2 A0 L2
Chief complaints	Heavy and prolonged menstrual bleeding, severe dysmenorrhea, passage of clots, generalized weakness
Duration of complaints	5–6 menstrual cycles
Menstrual pattern at baseline	Cycle length: 28–30 days; Duration: 4–5 days; Flow: excessive
Pad usage	Increased
Clots	Present
Lower abdominal pain	Present
Hemoglobin	9.8 g/dL
Ultrasonography	Bulky uterus with altered myometrial echotexture suggestive of early adenomyosis
Ayurvedic diagnosis	Vātaja Pradara (Asṛgdara)
Contemporary correlation	Adenomyosis

Diagnostic Assessment

Based on the patient's clinical presentation of heavy and prolonged menstrual bleeding, severe dysmenorrhea, passage of clots, and associated lower abdominal and back pain, a provisional diagnosis of abnormal uterine bleeding was considered. Further evaluation was carried out through laboratory investigations, imaging studies, and Ayurvedic diagnostic assessment.

Hematological investigations revealed anemia, with hemoglobin level of 9.8 g/dL. Other parameters showed white blood cell count of 6800/cmm, platelet count of 3,40,000/cmm, packed cell volume of 20%, mean corpuscular volume of 49.26 fL, and mean corpuscular hemoglobin of 16.15 pg, indicating microcytic hypochromic anemia. Erythrocyte sedimentation rate was 18 mm/hour. Bleeding time and clotting time were within normal limits. Random blood sugar was 90 mg/dL.

Routine urine examination showed the presence of blood (+++), with 4–6 red blood cells per high-power field and trace proteinuria.

Ultrasonography of the abdomen and pelvis revealed a bulky and globular uterus measuring 44 × 64 × 94 mm, with an endometrial thickness of 6 mm. Altered echotexture of the myometrium was noted, suggestive of early adenomyotic changes. Both ovaries were normal in size, and no free fluid was observed in the pouch of Douglas. Ultrasonographic images before and after treatment are presented to support the clinical and symptomatic improvement observed during the course of therapy.

From an Ayurvedic perspective, the condition was diagnosed as Vātaja Pradara (Asṛgdara) based on the predominance of symptoms such as excessive menstrual bleeding, severe pain, passage of clots, and pain radiating to the lower abdomen, pelvis, and lower back. The involvement of Rakta and Pitta along with vitiation of Apana vayu was inferred from the clinical presentation and Dashavidha Pariksha findings.

The clinical features and imaging findings were found to correlate with early-stage adenomyosis as described in contemporary medicine. Considering the patient's age, symptom severity, imaging findings, and desire for non-surgical management, an integrative diagnostic conclusion of Vātaja Pradara (Asṛgdara) corresponding to adenomyosis was made, and an Ayurvedic treatment protocol was planned accordingly.

Table 2: Diagnostic Assessment and Investigations

Investigation / Assessment	**Findings**
Hemoglobin	9.8 g/dL
Total leukocyte count	6800 /cmm
Platelet count	3,40,000 /cmm
ESR	18 mm fall
Urine examination	Blood (+++), RBC 4–6 /HPF
Ultrasonography	Bulky, globular uterus with altered myometrial echotexture
Prakruti	Vāta–Pitta
Vikruti	Rakta–Pitta
Dosha involvement	Vāta predominance
Final diagnosis	Vātaja Pradara (Asṛgdara)correlating with adenomyosis

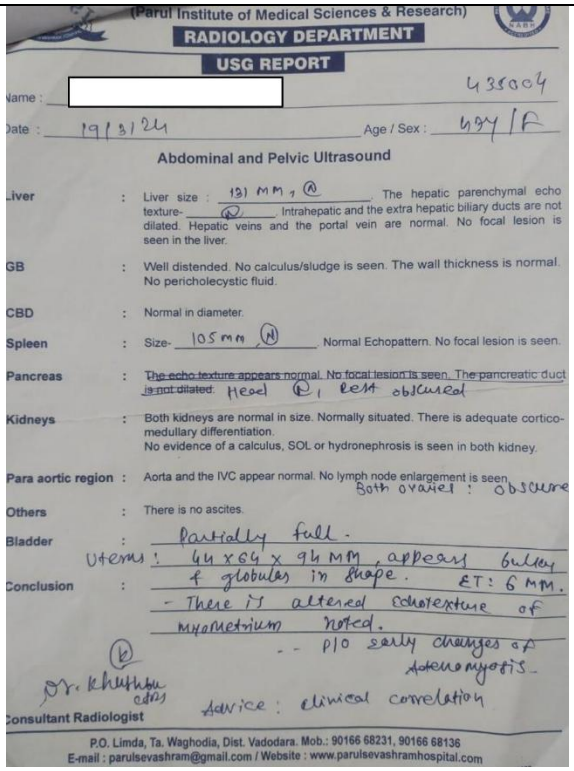
(Parul Institute of Medical Sciences & Research)
RADIOLOGY DEPARTMENT
USG REPORT
Name : [redacted] 438004
Date : 19/3/24 Age / Sex : 49Y/F
Abdominal and Pelvic Ultrasound
Liver : Liver size : 131 MM, (N) The hepatic parenchymal echo texture- (N) Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.
GB : Well distended. No calculus/sludge is seen. The wall thickness is normal. No pericholecystic fluid.
CBD : Normal in diameter.
Spleen : Size- 105 mm (N) Normal Echopattern. No focal lesion is seen.
Pancreas : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated. Head (N), rest obscured
Kidneys : Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation. No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.
Para aortic region : Aorta and the IVC appear normal. No lymph node enlargement is seen. Both ovaries : obscure
Others : There is no ascites.
Bladder : Partially full.
Uterus : 44 x 64 x 96 MM, appears bulky & globular in shape. ET: 6 MM.
Conclusion : - There is altered echotexture of myometrium noted.
- P/O early changes of Adenomyosis.
Advice : clinical correlation
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Figure 1: Before Treatment

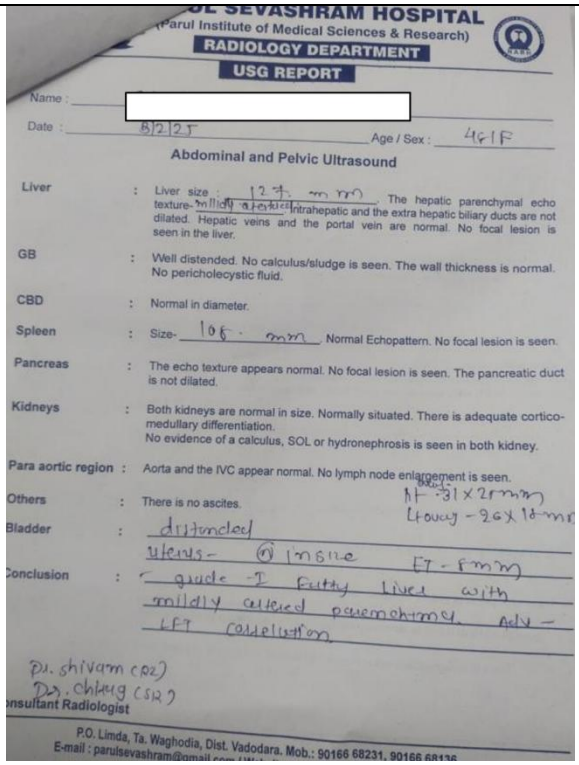
SEVASHRAM HOSPITAL
(Parul Institute of Medical Sciences & Research)
RADIOLOGY DEPARTMENT
USG REPORT
Name : [redacted]
Date : 8/2/25 Age / Sex : 45/F
Abdominal and Pelvic Ultrasound
Liver : Liver size : 127 mm, The hepatic parenchymal echo texture- mildly altered Intrahepatic and the extra hepatic biliary ducts are not dilated. Hepatic veins and the portal vein are normal. No focal lesion is seen in the liver.
GB : Well distended. No calculus/sludge is seen. The wall thickness is normal. No pericholecystic fluid.
CBD : Normal in diameter.
Spleen : Size- 106 mm Normal Echopattern. No focal lesion is seen.
Pancreas : The echo texture appears normal. No focal lesion is seen. The pancreatic duct is not dilated.
Kidneys : Both kidneys are normal in size. Normally situated. There is adequate cortico-medullary differentiation. No evidence of a calculus, SOL or hydronephrosis is seen in both kidney.
Para aortic region : Aorta and the IVC appear normal. No lymph node enlargement is seen.
Others : There is no ascites.
Bladder : distended
Uterus- (N) Inside ET - 5mm
Conclusion : - grade-I Fatty Liver with mildly altered psuemchimes. Adv - LFT correlation
Rt. 31 x 21 mm
Lt ovary - 26 x 18 mm
Dr. Shivam (DR)
Dr. Chirag (SR)
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Figure 2: After Treatment

Therapeutic Intervention

After a thorough clinical evaluation, the patient was admitted for inpatient management. The treatment plan was formulated based on the diagnosis of Vātaja Asṛgdara, with the primary aim of pacifying vitiated Vāta and Pitta doṣas, controlling excessive uterine bleeding, relieving pain, correcting anemia, and restoring normal menstrual function.

The treatment protocol included a combination of Śamana Cikitsā (palliative therapy), Śodhana Cikitsā (purificatory therapy), and Basti karma, along with supportive internal medications and local procedures.

Table 3: Day-wise Therapeutic Intervention and Clinical Response

Day	Clinical features	Interventions given	Clinical response
Day 1	Heavy bleeding, severe lower abdominal and back pain, 4–5 pads/day, clots ~2 cm	• Vaginal packing with Pañcavalkala kvātha; • Abhyaṅga with Dashamoola taila; • Nāḍī sveda; • Puṣyānuga cūrṇa 6 g BD with Taṇḍulodaka;	No immediate relief

		• Pāṭhā cūrṇa 2 g + Kuṭaja cūrṇa 2 g + Lodhra cūrṇa 2 g + Gokṣura cūrṇa 2 g with madhu in divided doses; • Bolabaddha rasa 250 mg BD; • Pañcavalkala kaṣāya 30 ml+ Pañcatikta kaṣāya 30 ml BD (Oral Intake)	
Day 2	Bleeding and pain persisted	• Same treatment continued	Mild reduction in pain
Day 3	Bleeding and pain persisted	• Same treatment + • Mridu Abhyanga in Kati Pradesh, Nadi sveda followed by Mātrā basti • Nasya with Goghrita once a day	Reduction in pain
Day 4	Bleeding present, pain reduced	• Same internal medicines; • Mridu Abhyaṅga and Nāḍī sveda followed by Mātrā basti Continued • Nasya with Goghrita once a day	Pads reduced to 3–4/day, clot size <1 cm
Day 5	Bleeding reduced	• Vaginal packing continued; • Same internal medicines; • Mridu Abhyaṅga and Nāḍī sveda followed by Mātrā basti Continued • Nasya with Goghrita once a day	Further reduction in bleeding and pain
Day 6	Bleeding reduced	• Vaginal packing continued; • Internal medicines continued, • Kṣīra basti initiated • Nasya with Goghrita once a day	Marked symptomatic relief
Day 7	Spotting only	• Internal medicines Continued • Kṣīra basti continued	Marked symptomatic relief
Day 8	Minimal spotting	• Internal medicines Continued • Kṣīra basti continued	Pads reduced to 1–2/day, pain minimal

Shamana Chikitsa

The patient was administered internal medications having hemostatic, anti-inflammatory, Vāta–Pitta pacifying, and uterine tonic properties. The medicines

included Puṣyānuga cūrṇa, Bolabaddha rasa, Pañcavalkala kaṣāya, Pañcatikta ghṛta, Pāṭhā cūrṇa, Kuṭaja cūrṇa, and Gokṣura cūrṇa. These formulations were selected to reduce excessive bleeding, alleviate pain, improve uterine tone, and stabilize the menstrual cycle. Supportive medications such as Dhātrī loha and Dāḍimāvaleha were prescribed to improve hemoglobin levels, enhance digestion, and support overall strength and vitality.

Local and External Therapies

Local therapeutic procedures were carried out to support systemic treatment. Vaginal packing with Pañcavalkala kvātha was performed to help control bleeding and reduce local inflammation. Abhyaṅga followed by Nāḍī sveda was administered to pacify Vāta doṣa, relieve pain, and promote relaxation. Nasya karma was also included as part of the supportive therapy.

Basti Karma

Basti therapy was a key component of the treatment protocol, considering the central role of Apāna Vāyu in the pathogenesis of Asṛgdara. Mātrā basti and Kṣīra basti were administered using formulations prepared with Pañcavalkala, Pañcatikta ghṛta, Śatāvarī kalka, and Dāḍimādi ghṛta. Kṣīra basti was selected for its nourishing, Vāta–Pitta pacifying, and tissue-supportive actions. The inclusion of Śatāvarī was intended to provide uterine nourishment and hormonal balance, while ghṛta-based preparations supported tissue healing and improved uterine function. Dāḍimādi ghṛta contributed to strengthening digestion and systemic nourishment. The treatment was administered in a planned and sequential manner, with close monitoring of symptoms, menstrual flow, pain intensity, and overall well-being throughout the inpatient period.

Table 4: Therapeutic Interventions and Treatment Protocol

Therapeutic category	Intervention	Route / Method	Duration
Śamana Cikitsā	Puṣyānuga Cūrṇa	Oral administration	10 days
	Bolabaddha Rasa	Oral administration	10 days
	Pañcavalkala Kaṣāya	Oral administration	10 days
	Pañcatikta Ghṛta	Oral administration	10 days
	Pāṭhā Cūrṇa	Oral administration	10 days
	Kuṭaja Cūrṇa	Oral administration	10 days
	Gokṣura Cūrṇa	Oral administration	10 days
Local Therapy	Vaginal packing with Pañcavalkala Kvātha	Local application	5 days

Pañcakarma	Abhyaṅga and Nāḍī Sveda	External therapy	7 days
Nasya	Medicated Nasya	Nasal route	7 days
Basti Karma	Mātrā Basti	Rectal administration	7 days
	Kṣīra Basti	Rectal administration	5 days
Supportive Therapy	Dhātrī Loha, Dāḍimāvaleha	Oral administration	April 2024 – January 2025

Follow-Up And Outcomes

The patient was monitored closely during the inpatient treatment period and subsequent follow-up visits. A gradual improvement in symptoms was observed over the course of treatment. Within 10 days, there was a noticeable reduction in the severity of lower abdominal pain and low backache. The amount of menstrual bleeding reduced progressively, and the passage of clots decreased in size and frequency.

Following discharge, the patient was advised to continue the prescribed medications and attend regular follow-up visits. Over the next two menstrual cycles, her menstrual pattern showed significant improvement, with reduction in duration and quantity of bleeding and marked relief from dysmenorrhea. Her general health improved, with better appetite, improved sleep, and reduced fatigue.

On 03/02/2025, the patient reported for follow-up with no fresh complaints. Her last menstrual period was on 20/01/2024, and the cycle was reported to be normal. She was advised ultrasonography of the abdomen and pelvis, which revealed a normal-sized uterus with a normal endometrium and no evidence of adenomyosis. To further confirm clinical improvement, hemoglobin estimation was repeated and was found to be within normal limits. Ultrasonographic images obtained before and after treatment are presented to demonstrate radiological correlation with the observed clinical improvement.

In view of the complete resolution of symptoms, normalization of ultrasonography findings, and improvement in hematological parameters, the medications were discontinued. The patient continued to remain symptom-free during subsequent observation.

Table 5: Long-term Follow-up and Outcome Assessment

Date	Medications during follow-up	Pain score (VAS)	Menstrual flow
24-04-2024	Puṣyānuga Cūrṇa; Śatāvarī Ghṛta; Dhātrī Loha; Dāḍimāvaleha	5	Regular cycle
10-05-2024	Same medicines continued	4	5 days, ~4 pads/day
16-06-2024	Same medicines continued	3	Regular cycle
10-08-2024	Śatāvarī Ghṛta, Dhātrī Loha, Dāḍimāvaleha	2	5 days, ~3 pads/day
18-11-2024	Same medicines	1	4 days, ~2 pads/day
10-01-2025	Dhātrī Loha and Dāḍimāvaleha	0	Normal
03-02-2025	Medicines stopped	0	Normal

Table 6: Outcome Measures and Follow-up

Parameter	Baseline	After treatment	Follow-up
Menstrual bleeding	Excessive	Reduced	Normal
Dysmenorrhea	Severe	Mild	Absent
Passage of clots	Present	Reduced	Absent
General weakness	Present	Improved	Absent
Hemoglobin	9.8 g/dL	Improved	Normal
Ultrasonography	Early adenomyosis	—	Normal uterus, no adenomyosis
Overall quality of life	Poor	Improved	Good

Discussion

Asṛgdara is described in Ayurvedic classics as a condition characterized by excessive or prolonged menstrual bleeding resulting from vitiation of doṣas, mainly Vāta and Pitta, along with involvement of Rakta [6]. Among its subtypes, Vātaja Asṛgdara is marked by severe pain, irregular and excessive bleeding, passage of clots, and radiating discomfort in the pelvic and lumbar regions. These features closely resemble the clinical presentation of adenomyosis described in modern gynecology.

Adenomyosis is a benign but chronic uterine disorder commonly seen in multiparous women and is associated with heavy menstrual bleeding, dysmenorrhea, and a bulky uterus. Conventional management is largely symptomatic, and hysterectomy is often considered the definitive treatment when medical therapy fails and fertility is not a concern [12].

However, surgical intervention may not be acceptable to all patients due to personal, medical, or psychosocial reasons. This highlights the need for effective conservative treatment options.

In the present case, the patient's symptoms of heavy bleeding, severe dysmenorrhea, passage of clots, and tenderness over the uterus indicated Vātaja Asṛgdara. Ultrasonography findings suggestive of early adenomyosis further supported the clinical correlation between the two conditions. The Ayurvedic treatment approach was therefore planned to address the underlying doṣic imbalance, particularly the vitiation of Apāna Vāyu and Rakta, rather than only controlling symptoms.

The treatment protocol included Śamana Cikitsā to control bleeding and inflammation, Śodhana Cikitsā to address systemic doṣa imbalance, and Basti karma as the principal therapy for pacifying Apāna Vāyu. Basti is considered the most effective treatment for Vāta disorders and plays a key role in gynecological conditions involving the pelvic organs. The use of Mātrā Basti and Kṣīra Basti provided nourishment, reduced inflammation, relieved pain, and supported normal uterine function.

Internal medications such as Puṣyānuga Cūrṇa and Bolabaddha Rasa are traditionally indicated in Asṛgdara for their hemostatic and uterine-stabilizing actions. Pañcavalkala and Pañcatikta preparations possess anti-inflammatory and tissue-healing properties, which may have contributed to reduction in bleeding and improvement in uterine pathology. Śatāvarī, included in the basti formulation, is known for its rasāyana and reproductive tissue-supportive actions and has been reported in experimental studies to exhibit estrogen-modulating effects, which may be beneficial in peri-menopausal women.

The progressive reduction in pain, bleeding, and clot formation observed during treatment, followed by normalization of menstrual cycles and improvement in hemoglobin levels, indicates a positive therapeutic response. The absence of adenomyotic features on follow-up ultrasonography suggests not only symptomatic relief but also possible reversal of early pathological changes. While imaging findings alone cannot confirm complete resolution at a histological level, the clinical and radiological improvement observed in this case is noteworthy.

This case also reflects the individualized and holistic nature of Ayurvedic management, where treatment is tailored based on the patient's constitution,

disease presentation, and response to therapy. Attention was given not only to the primary gynecological complaint but also to associated symptoms such as weakness, disturbed sleep, and anemia, thereby improving overall quality of life.

Being a single case study, the findings cannot be generalized. The absence of standardized outcome assessment tools and advanced imaging such as magnetic resonance imaging are additional limitations. The absence of histopathological confirmation and advanced imaging such as magnetic resonance imaging represents a limitation of this case report.

Table 7: Mode Of Action Of The Drugs Prescribed

Formulation	Ingredient (Botanical Name)	Major Active Components	Reported Pharmacological Actions	Probable Role in Vātaja Asṛgdara
Puṣyānuga Cūrṇa	Lodhra (Symplocos racemosa) [13]	Symplocososide, Betulinic acid	Astringent, Anti-inflammatory, Estrogen-modulatory	Reduces excessive uterine bleeding and supports endometrial stability
	Aśoka (Saraca asoca) [14]	Quercetin, Apigenin	Anti-haemorrhagic, Uterine tonic	Controls heavy menstrual bleeding and improves uterine tone
	Mustā (Cyperus rotundus) [15]	Flavonoids, Tannins	Antispasmodic, Haemostatic	Relieves uterine spasm and dysmenorrhea
	Nāgakeśara (Mesua ferrea) [16]	Flavonoids, Mesuol	Astringent, Haemostatic	Helps arrest excessive bleeding
	Mocārasa (Salmalia malabarica resin) [17]	Tannins, Polysaccharides	Styptic, Cooling	Promotes haemostasis and tissue toning
	Śuddha Bola [18]	Guggulsterones	Anti-inflammatory, Astringent	Reduces pelvic congestion and inflammation
	Pravāla Piṣṭi [19]	Calcium carbonate	Cooling, Haemostatic	Supports control of bleeding
	Muktā Piṣṭi [20]	Calcium carbonate	Haemostatic, Calming	Reduces bleeding and stress-related aggravation
	Kāharavā Piṣṭi [21]	Resinous compounds	Styptic, Astringent	Supports haemostasis
	Loha Bhasma [22]	Elemental iron	Hematinic	Improves hemoglobin and strength
	Abhraka Bhasma [23]	Silicates, Iron oxides	Rasāyana, Metabolic regulator	Supports tissue nourishment and recovery

Pañcavalkala Cūrṇa	Vaṭa (Ficus benghalensis)	Tannins, Flavonoids	Astringent, Wound-healing	Promotes mucosal healing and reduces bleeding
	Udumbara (Ficus racemosa)	Leucocyanidin, Tannins	Styptic, Anti-inflammatory	Helps control uterine and vaginal bleeding
	Aśvattha (Ficus religiosa)	Polyphenols, Sterols	Antioxidant, Styptic	Supports tissue repair
	Pāriśa (Thespesia populnea)	Thespesone	Anti-inflammatory	Reduces local inflammation
	Plakṣa (Ficus lacor)	Tannins, Catechins	Antiseptic, Wound-healing	Supports mucosal integrity
Pañcatikta Kaṣāya	Nimba (Azadirachta indica)	Azadirachtin, Nimbidin	Anti-inflammatory, Detoxifying	Reduces chronic inflammatory component
	Paṭola (Trichosanthes dioica)	Flavonoids	Anti-inflammatory	Supports doṣa pacification
	Vāsā (Adhatoda vasica)	Vasicine	Anti-inflammatory	Reduces tissue congestion
	Guḍūcī (Tinospora cordifolia)	Tinosporin, Berberine	Immunomodulatory, Rasāyana	Supports systemic recovery
	Kaṇṭakārī (Solanum xanthocarpum)	Solasodine	Anti-inflammatory	Reduces pain and inflammation
Pāṭhā Cūrṇa	Pāṭhā (Cissampelos pareira) [26]	Cissamine, Pareirine	Antispasmodic, Anti-inflammatory	Reduces uterine pain and spasm
Kuṭaja Cūrṇa	Kuṭaja (Holarrhena antidysenterica) [27]	Conessine	Astringent, Anti-inflammatory	Supports control of bleeding and discharge
Gokṣura Cūrṇa	Gokṣura (Tribulus terrestris) [28]	Protodioscin	Rasāyana, Anti-inflammatory	Supports pelvic strength and Vāta pacification

Conclusion

This case study demonstrates the effective management of Vataja Asrigdara, clinically correlating with adenomyosis, through classical Ayurvedic treatment principles. The patient, who initially presented with heavy and prolonged menstrual bleeding, severe dysmenorrhea, and general debility, showed significant clinical improvement following a comprehensive Ayurvedic treatment protocol

that included Shamana chikitsa, Shodhana chikitsa, and Basti karma.

The treatment resulted in marked reduction in menstrual bleeding and pain, normalization of the menstrual cycle, improvement in hemoglobin levels, and overall enhancement of quality of life, without the need for surgical intervention. Follow-up investigations, including ultrasonography and blood reports, indicated resolution of early adenomyotic changes, suggesting not only symptomatic relief but also possible reversal of underlying pathology at an early stage.

This case highlights the potential role of Ayurveda as a conservative, uterus-sparing treatment option in the management of adenomyosis, particularly for women seeking non-surgical and holistic approaches. While the findings from a single case cannot be generalized, the outcomes observed encourage further systematic clinical studies to evaluate the efficacy of Ayurvedic interventions in similar gynecological conditions on a larger scale.

Patient Perspective

The patient reported significant relief from heavy menstrual bleeding, abdominal pain, and general weakness following the Ayurvedic treatment. She expressed satisfaction with the non-surgical approach and noted improvement in her daily activities and overall quality of life. The patient appreciated the holistic nature of the treatment and was comfortable continuing follow-up without further medication after completion of therapy.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical details and investigation findings. Patient identity has been protected, and no personally identifiable information has been disclosed in this report.

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