

UNDERSTANDING ADENOMYOSIS THROUGH AYURVEDA: A HOLISTIC APPROACH**Dr. Mrunali G. Phapale***

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ABSTRACT

Adenomyosis is a menstruation-related uterine disorder, refers to the presence of endometrial stroma and glands within the myometrium and is typically observed in reproductive-age women. Ayurveda does not have a single direct correlation for Adenomyosis but identifies it through various conditions that resemble its symptoms. Nowadays, using imaging techniques such as transvaginal ultrasonography and magnetic resonance imaging, adenomyosis is increasingly identified in young women with dysmenorrhoea, dyspareunia, abnormal uterine bleeding and heavy menstrual bleeding. Despite the fact that adenomyosis requires long-term management-addressing symptoms, fertility concerns, and pregnancy risks- there is no consensus on treatment due to the absence of approved medications and personalized therapies. Adenomyosis requires a lifelong management plan, including pain and bleeding control, fertility preservation and pregnancy_complications. Ayurveda focuses on doshas. There is no any direct correlation of adenomyosis but based on the symptoms it can be correlate to Vataja Asrugdara. Treatment approach should be Raktastambhan, Raktavardhan, Raktaprasadan and Vata Shaman.

KEYWORDS: Adenomyosis, Dysmenorrhoea, Heavy menstrual bleeding, Asrugdar, Yonivyapad.**INTRODUCTION**

Adenomyosis is a condition in which there is a growth of endometrial cells inside the uterine myometrium (usually 2.5mm beneath the basal endometrium).^[1] The prevalence of adenomyosis ranges between 20% and 35% among women of reproductive age, with higher incidence reported in multiparous women and those aged above 35 years.^[2] In Ayurveda, adenomyosis does not have a direct disease equivalent. Considering its predominant clinical manifestations such as excessive menstrual bleeding, severe dysmenorrhea, pelvic pain, and uterine dysfunction, the condition can be more appropriately correlated with Vataja Asrugdar, vipluta yonivyapad, udavarta yonivyapad attributed to Dushti of Vata, Pitta, and Rakta.^[3] Vitiating of Apana Vata results in abnormal uterine contractility and dysmenorrhea, while chronic Rakta Dushti contributes to increased menstrual flow and inflammatory changes within the uterine tissues.^[4] Ayurvedic management focuses on restoring doshic balance, improving uterine health, and strengthening the body's natural healing mechanisms through herbal remedies, Panchakarma and shaman therapies, and dietary and lifestyle modifications. This holistic approach aims not only to alleviate symptoms

but also to address the root cause of the disorder, promoting long-term reproductive health, restore normal uterine physiology and overall well-being.

AIM

This article's critical review aims to synthesize the qualitative research that was present in Ayurveda classics better. The various facts of adenomyosis and its correlation in Ayurveda.

OBJECTIVE

- To understand the Ayurvedic perspective of adenomyosis by a review of Ayurvedic literature.
- To learn more about the role of Dosha in adenomyosis.
- To understand the role of Nidana, chikitsa in developing adenomyosis.

METHODOLOGY

This article adopts a qualitative and integrative approach to understand adenomyosis through the lens of Ayurveda. Research Articles and publications books from both the modern and the Ayurvedic were used to review various aspects of adenomyosis in connection to Dosha and dhatus. Classical references were explored

from foundational Ayurvedic compendia such as the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* to identify conditions analogous to adenomyosis, including *Rajovrudhi*, *Artavavrudhi*, *Vataj Asrugdara* and *vataj Yoni Vyapad*. These descriptions were critically examined to establish conceptual correlations with the modern clinical understanding of adenomyosis. In addition, a review of modern medical literature was conducted to gather current insights into the etiology, pathophysiology, and clinical presentation of adenomyosis. This helped in drawing parallels between biomedical explanations and Ayurvedic principles, particularly in relation to *dosha* imbalance, *dhatu dushti*, and *srotas* dysfunction.

Asrugdar: A condition associated with severe bleeding may be accompanied with menstruation or may not be. This is called as Raktapradar or Asrugdar. It is of 4 types- Vataj, Pittaj, Kaphaj or shleshmaj and sannipataj.

The abnormality can be one of the following types.

1) Increase in amount 2) Increase in duration 3) Shortening of interval and 4) Irregularly irregular bleeding. In Ayurvedic texts this type of abnormal haemorrhage is known as- rajovrudhi, artavavrudhi, raktapradar or asrugdar.

General Aetiology and Pathogenesis

Excessive consumption of Lavana (salt), Amla (sour), Guru (heavy), Katu (pungent), Vidahi (producing burning sensation), unctuous substances meat of domestic, aquatic and fatty animals, curd, Sukta (vinegar), Mastu (curd water), wine etc. aggravates Vayu → The aggravated Vayu withholds Rakta vitiated due to the above mentioned reasons increases its amount reaching the Rajovaha Sira → which further increases the Rajas (menstrual blood).

Vataja Pradara: Due to Ruksha Ahara-Vihara the aggravated Vayu with holds Rakta and leads to Vataja Pradara.

Characteristics of menstrual blood in Vataja Pradara: Frothy, thin rough, blackish or reddish or washing of Palasha flower, the bleeding occurs repeatedly but less in quantity.

Clinical features of Vataja Pradara: Severe pain in sacral, groin, cardiac region, flanks, back and pelvis.^[8]

General principles of treatment of Pradar

- Dosha – Shodhan
- Dosha- shaman
- Rakta- sthapan. Rakta – Sangrahan
- Use of tikta- rasa
- Eradication of the cause.

a) Dosha – Shodhan
Sthanic shodhan is carried out by the method of D & C while sarvadehic shodhan can be performed by medicinal curettage and panchakarma chikitsa i.e. virechan, basti.

b) Dosha- shaman

This treatment is a sort of an anti-pathy. Doshas which are increased, are brought to normal by introducing various methods.

c) Rakta- sthapan. Rakta – Sangrahan

This means the administration of drugs or other methods which cause coagulation of blood. Charaka described one group of drugs under the names of Shonit sthapan.

d) Use of tikta- rasa

Tikta –rasa is advised with the following purposes.

- To improve metabolism
- As a coagulant
- For pachan of doshas i.e. to bring them to normal
- Eradication of the cause

It is the chief principle of treatment in Ayurvedic system.

The treatment of *Vataj Pradara* should be carried out on the same principles as the management of *Vataj Yonivyapad*, *Raktatisara*, *Raktapitta*, and *Raktarsha*.^[9] Customised diet, Practice of Yoga and Pranayama will help to alleviate the vata dosha and even help in balancing the derranged hormones in the body.

Adenomyosis

Definition: Adenomyosis is a condition where there is ingrowth of the endometrium, both the glandular and stromal components, directly into the myometrium. It is associated with the myometrial hypertrophy. Microscopically, there are ectopic, non-neoplastic endometrial glands and stroma, surrounded by hypertrophic and hyperplastic myometrium.

Causes: The cause of such ingrowth is not known. It may be related to.

- Uterine trauma- surgical procedures such as caesarean section, tubal ligation and, pregnancy termination.
- Oestrogen dominance- localised production of excessive oestrogens.
- Abnormal level of various cytokines.

Pathology: The growth and tissue reaction in the endometrium depend on the response of the ectopic endometrial tissues to the ovarian steroids. If the basal layer is only present, the tissue reaction is much less, as it is unresponsive to hormones. But, if the functional zone is present which is responsive to hormones, the tissue reaction surrounding the endometrium is marked. There is hyperplasia of the myometrium producing diffuse enlargement of the uterus, sometimes symmetrically but at times, more on the posterior wall. The growth may be localized or may invade a polyp.

Clinical Presentation

Nearly 35% of women are asymptomatic. Commonly occurring symptoms include menorrhagia and progressively increasing dysmenorrhea. Other symptoms

may include pelvic pain, backache, dyspareunia, dyschezia and subfertility.^[1]

Pelvic examination- uterus may become diffuse and enlarged about 12-14 weeks in size.

Investigations: a. Transvaginal sonography features such as presence of myometrial cysts, linear myometrial striations, poor delineation of the endomyometrial junction and a heterogeneous myometrium are associated with an increased probability of the presence of disease b. MRI –considered when findings on TVS appear to be inconclusive c. CA-125 d. histopathological examination.

Management

Medical management: Management is often directed at the treatment of symptoms. It comprises of non-steroidal anti-inflammatory drugs, hormone therapy, danazol, gonadotropin-releasing hormone(GnRH) agonists and Mirena intrauterine contraceptive device (IUCD). Medical non-hormonal therapy, including mefenamic and tranexamic acid. Symptomatic relief is also obtained using hormonal treatment including progestogens, the combined oral contraceptive pills and GnRH analogues.

Surgical management: a) Hysterectomy b) Conservative surgery- 1. Uterine artery embolization 2. Endomyometrial ablation 3. Magnetic Resonance-guided Focussed Ultrasound 4. Laparoscopic/ Hysteroscopic Biopsy.

Complications: Reduced fertility, Coexistence of pelvic abnormalities such as uterine fibroids, endometrial hyperplasia and endometrial adenocarcinoma.

DISCUSSION

Adenomyosis involves chronic inflammation, increased prostaglandin production, myometrial hyperplasia, and hormonal imbalance. Modern therapies aim to suppress estrogen or remove the uterus, which limits their long-term applicability. Presently, there is limited evidence regarding the use of medical, non hormonal therapy for the treatment of cases of adenomyosis. These treatment strategies are likely to result in a variable and unpredictable degree of symptomatic relief, which is usually limited to the duration of treatment.

Ayurvedic Interpretation of Adenomyosis can be classically correlated with Vataja Asrugdara, Vata becomes aggravated, it produces repeated, small quantities of menstrual bleeding, either painful or painless, which aligns with the spotting and cyclical pelvic pain characteristic of adenomyosis. The symptomatology of adenomyosis corresponds strongly with the classical Lakṣaṇas of Vataja Asrugdara with Pitta–Raktaanubandha.

CONCLUSION

Adenomyosis can be correlated with Vataja asrugdar in ayurveda. Vataja Asrugdara is prolonged and excessive menstrual bleeding or intermenstrual bleeding along with pain and bodyache. Aggravated Vayu, withholding the Rakta (blood) vitiated due to Nidana Sevana, increases its amount and then reaching Raja carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of Raja (Menstrual blood). After reviewing different research articles and Ayurvedic classics, the general principles of treatment of bleeding per vaginum with severe pain are - Eradication of the cause, Dosha Shodhana, Dosha Shamana, Rakta-Sthapana & Rakta Sangrahana and Use of Tikta Rasa, these help in regulating the excessive menstrual flow, promotes the strength of the reproductive tract and by means of Shodhana Chikitsa i.e., Virechana is help in resolving vitiation of Rakta and Pitta Dosha and Basti improves the Vataja Asrugdara by its specific action on Vata. After the reviewing the aspect of Asrugdara as per Ayurveda which intends to intervene and proves that the entities discussed in the article are safer, reliable and effective therapies.

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