Adenomyosis: An Overview of Literature and Homeopathic Case Report

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ABSTRACT

Adenomyosis is a benign uterine condition characterized by the presence of endometrial glands and stroma within the myometrium. **"**A substantial proportion of patients may be asymptomatic**,** but the rest may present with heavy menstrual bleeding, pelvic pain, or infertility. Heavy menstrual bleeding is the most common symptom. Adenomyosis is distinct from endometriosis (the presence of endometrial glands outside of the uterus), but the two conditions often occur simultaneously. Risk factors for developing adenomyosis include increasing age, parity, and history of uterine procedures. Most patients are diagnosed from 40 to 50 years of age, but younger patients with infertility are increasingly being diagnosed with adenomyosis as imaging modalities improve. Diagnosis of adenomyosis begins with clinical suspicion and is confirmed with transvaginal ultrasonography and pelvic magnetic resonance imaging. Treatment of adenomyosis typically starts with hormonal menstrual suppression. Levonorgestrel-releasing intrauterine systems have shown some effectiveness. Patients with adenomyosis may ultimately have a hysterectomy if symptoms are not controlled with medical therapy.

Keywords: Adenomyosis, Heavy Menstrual Bleeding, Dysmenorrhoea, Individualised Homoeopathic Treatment, Sepia officinalis, Homoeopathic Case Report, Ultrasonographic Evaluation, Repertorisation.

REVIEW OF LITERATURE

Definition

Adenomyosis is a gynecologic condition characterized by ectopic endometrial tissue within the uterine myometrium and represents a common cause of dysmenorrhea and heavy menstrual bleeding with significant impact on quality of life.[1]

Etiology

The exact cause is unknown.

It is more frequently diagnosed in women in the late reproductive years, although adenomyosis can occur in younger women."It may be related to repeated childbirths, cesarean delivery, trauma to the endometrial-myometrial interface following induced abortion with curettage. This is thought to be a major factor which allows the growth of ectopic endometrial glands and stroma into the myometrium. This may explain USG find-

ings of subendometrial lines and buds with expansion to hyperechogenic islands in the myometrium. Co-existent pathology with adenomyosis are: myoma, endometriosis and endometrial hyperplasia and endometrial carcinoma. Pelvic endometriosis coexists in about 40%.[1]

Pathology

Adenomyosis appears to arise when the structural barrier between the endometrium and myometrium is breached—commonly after pregnancy—and subsequent cycles promote embedding of basalis endometrium into the muscle layer. Within the deep crypts of the basalis, glandular epithelial cells that carry activating KRAS mutations may become incorporated into the myometrium and proliferate, leading to adenomyotic growths. Emerging evidence implicates KRAS mutations in driving traits observed in adenomyosis, notably longer cell survival and resistance to progesterone signaling.[2]

Theories

Four theories on the mechanisms of adenomyosis:

(1) Invasion of endometrial basalis into the myometrium.

(2) Microtrauma of junctional zone induced by TIAR.

(3) De novo metaplasia from stem cells.

(4) Outside to inside invasion induced by the retrograde menstruation. EMT, epithelial-to-mesenchymal transition; TIAR, tissue injury and repair.[3]

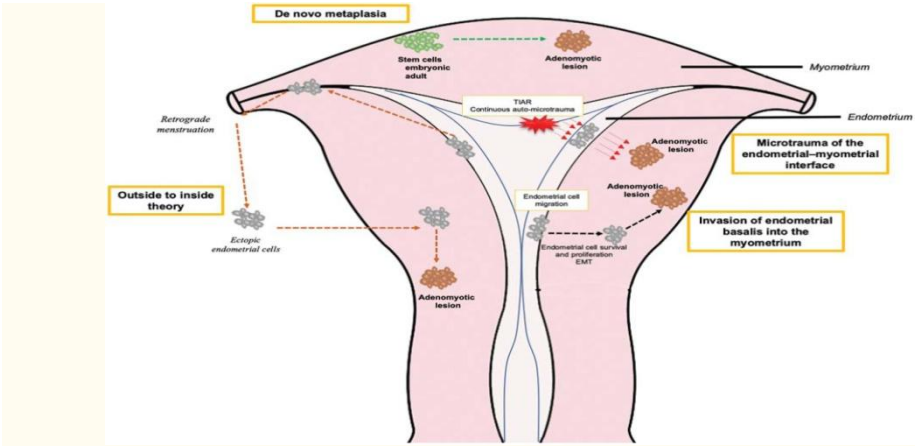


Figure1:Image showing theories on mechanisms of adenomyosis[4]

Clinical Features

Heavy menstrual bleeding and dysmenorrhea are the typical symptoms of adenomyosis, occurring in approximately 60 and 25 percent of patients, respectively . Chronic pelvic pain may also occur.Heavy menstrual bleeding is possibly related to the increased endometrial surface of the enlarged uterus, while pain may be due to bleeding and swelling of endometrial islands confined by myometrium. There is also evidence that menstrual blood loss is correlated with the overexpression of inflammatory mediators in adenomyotic tissue samples. Approximately one-third of patients are asymptomatic.

Diagnosis

Diagnosis is based on clinical assessment supported by imaging. Transvaginal ultrasonography is the primary imaging modality and should be reported using standardized MUSA terminology, including direct and indirect sonographic features of adenomyosis[5]. MRI may be considered when ultrasound findings are inconclusive or

when further characterization is required; characteristic findings include junctional-zone abnormalities and myometrial cysts.[6]

Management

1. Asymptomatic: Observation and follow-up may be appropriate.

2. Symptomatic:Treatment should be individualized according to the severity of bleeding and pain, fertility wishes, extent of disease, comorbidities, and patient preference.[7]

3. Medical options: NSAIDs for pain, tranexamic acid for heavy menstrual bleeding, combined hormonal contraceptives, LNG-IUS, oral progestins including dienogest, and GnRH analogues may be used according to individual needs.

4. Interventional/surgical options:Uterine artery embolization (UAE), adenomyosis excision/ adenomyo-mectomy in selected patients, and hysterectomy as definitive treatment when symptoms are severe, conservative treatment has failed, and fertility is no longer desired.[8]

5. Supportive care:Assess and treat iron-deficiency anaemia where heavy menstrual bleeding is present.

CASE REPORT

Patient Information

On January 9, 2026, a 34-year-old married female presented to the outpatient department with complaints of heavy and prolonged menstrual bleeding, severe dysmenorrhoea, and a persistent sensation of heaviness in the uterus for the past 2 years. The patient was apparently well until approximately 2 years prior to consultation, when she began experiencing progressively painful menstruation. Initially, the pain was mild and occurred only on the first day of menstruation. Over the following months, the pain increased in intensity and was accompanied by excessive menstrual bleeding. For the previous 8 months, her periods had become markedly heavy and prolonged. She reported passing dark, clotted blood during menstruation. The bleeding usually continued for 8–9 days, with the first 3–4 days being particularly heavy accompanied with extreme exhaustion after menses. The patient had two children, both delivered vaginally. There was no history of previous pelvic surgery.

Clinical Findings

On examination, the patient appeared tired and mildly pale. Abdominal examination revealed mild tenderness in the hypogastric and pelvic regions. On pelvic examination, the uterus was found to be mildly bulky and tender. No significant adnexal mass was palpable. Pulse and blood pressure were within normal limits.Transvaginal ultrasonography demonstrated a mildly bulky uterus with heterogeneous myometrium and sonographic features suggestive of adenomyosis according to standardised terminology.Baseline investigations and pelvic ultrasound findings were consistent with adenomyosis.

Generals

The patient had a moderate appetite with 3 meals/day.She feels thirsty and drinks about 3-3.5lit/day.She had a distinct craving for sweets with no specific aversions and intolerance.Her urine was clear with no burning and her stools were regular and satisfactory.She complained that her sleep was disturbed due to pain.She was extremely chilly and always wanted covering while sleeping in all seasons. The patient described herself as someone who was comfortable in her own company and did not feel the need to be around people all the time. She preferred spending time alone and often avoided social gatherings. Since few years,she felt less interested in her usual activities and responsibilities and noticed that she had become more withdrawn. She was often worried about her health and would think about her condition even when there was no immediate problem.

When her family tried to comfort her, she found it irritating and preferred that they leave her alone rather than sympathise with her.

Diagnostic Assessment

Transvaginal ultrasonography of her pelvis reveals:

- a mildly bulky uterus
- heterogeneous myometrial echotexture and areas suggestive of adenomyosis.
- The endometrial cavity was unremarkable
- No significant adnexal abnormality was noted.

Based on the clinical presentation and USG findings, the patient was diagnosed with adenomyosis.

Totality of symptoms

1. Aversion to company

2. Anxiety about health

3. Indifference

4. Consolation aggravation

5. Chilly patient

6. Desire for sweets

7. Menses which are dark and clotted

8. Painful menses

9. Profuse and prolonged menses

10.Exhaustion after menses

Repertorisation was performed using Hompath Zomeo repertory.



Remedy Name	Sep	Chin	Lyc	Calc	Bell	Kali-c	Ign	Rhus-t	Ars	Plat	Cham	Sil
Totality	29	28	27	26	26	25	25	25	24	24	24	23
Symptoms Covered	8	9	8	9	7	9	8	8	8	8	7	7
Kingdom												
[Complete] [Mind]Company:Aversion to: (448)	4	3	4	3	4	2	4	4	4	4	4	3
[Complete] [Mind]Anxiety:Health, about: (317)	4	3	3	4	4	3	4	4	4	3	4	3
[Complete] [Mind]Indifference, apathy: (665)	4	4	4	4	4	4	4	3	4	4	4	4
[Complete] [Mind]Irritability:Consolation agg.: (29)	4	1	1	1	3	1	4		1	3		4
[Complete] [Generalities]Food and drinks:Sweets:Desires: (308)	3	4	4	4		4	1	3	1	1		1
[Complete] [Generalities]Coldness, lack of vital heat: (806)	4	4	4	4	4	4	4	4	4	3	3	4
[Complete] [Female Genitalia]Menses:Clotted, coagulated:Dark, ...		3	3	1	4		3	1		3	3	
[Complete] [Female Genitalia]Menses:Painful, dysmenorrhea:Ext...	3					3		3			3	
[Complete] [Female Genitalia]Menses:Profuse:Prolonged, and: (...	3	3	4	4	3	3	1	3	3	3	3	4
[Complete] [Generalities]Weakness:Extreme, exhaustion:Menses...		3		1		1			3			

Figure 2: Repertorisation chart generated using Hompath Zomeo software[9]

Therapeutic Intervention

After repertorisation, China officinalis, Sepia officinalis, Belladonna , Calcarea carbonica and Lycopodium came up as leading remedies[Figure2].After eliminating other remedies ,Sepia was selected because according to the prescribing framework used, it most closely corresponded to the recorded symptom totality. The combination of painful and profuse periods with dark clots, weakness during menstruation, aversion to company, indifference and irritability when consoled was particularly characteristic. China mainly covered the heavy bleeding and weakness while Belladonna had the painful and congestive menstrual complaints but they did not have the peculiar potential differential field symptoms such as indifference and painful menses with dark clotted blood .Sepia was finally selected conforming to materia medica and covered all the symptoms. Sepia Officinalis 200C was prescribed as a single dose according to the physician's individualised homeopathic assessment, placebo was administered during periods in which no repetition was considered necessary..All the medicines were administered orally.One single dose consisted of six medicated globules of size 30 followed by identical looking placebo. Placebos were advised to be taken thrice daily every day for 30 days. In between or during the followups, when the physician didn't feel the need of repetition of the medicine,placebo was prescribed. The patient was advised regular follow-up with appropriate gynecological monitoring. No unnecessary repetition of the remedy was made while clinical improvement continued.

Followup

After the administration of this remedy , seven times over the course of 8 months ,there was a reduction in junctional-zone thickness and myometrial heterogeneity was reported on follow-up ultrasonography.The follow-up details are given in Table 1 .

Table 1:Follow up details

Follow-up period	Clinical Observation	Prescription
First month	Profuse, prolonged menses with dark clotted blood; severe cramping abdominal pain with extreme weakness and exhaustion.	Sepia 200C, 1 dose, followed by placebo thrice daily for1month
Second month	Slight reduction in menstrual flow and pain; dark clots and weakness still present.	Placebo thrice daily for 1month
Third month	Menses moderately reduced with fewer clots; cramping less severe and weakness somewhat improved.	Sepia 200C, 1 dose, followed by placebo thrice daily for1month
Fourth month	Flow and duration further reduced; pain moderate with considerable improvement in menstrual exhaustion.	Sepia 200C, 1 dose, followed by placebo thrice daily for1month
Fifth month	Menses less profuse with occasional dark clots; pain mild–moderate and weakness only slight.	Sepia 200C, 1 dose, followed by placebo thrice daily for1month
Sixth month	Menstrual duration near normal with minimal clotting; pain mild and energy significantly improved.	Sepia 200C, 1 dose, followed by placebo thrice daily for1month
Seventh month	Flow is almost normal with very few clots; only occasional mild cramps and minimal weakness.	Sepia 200C, 1 dose, followed by placebo thrice daily for1month
Eighth month	Menses regular with normal/near-normal flow and duration; dark clots, severe cramping and extreme menstrual weakness markedly improved/absent.	Sepia 200C, 1 dose, followed by placebo thrice daily for1month

Ultrasonographic Evaluation of Uterine Changes

Pre-treatment ultrasonographic findings: On 9 January 2026, ultrasonography of the pelvis revealed a mildly bulky uterus measuring 6.8 × 8.4 × 4.4 cm, with heterogeneous myometrial echotexture. The endometrial thickness was 8 mm. The overall sonographic findings were suggestive of adenomyosis.

Post-treatment ultrasonographic findings: On 13 September 2026, follow-up ultrasonography demonstrated a uterus measuring 6.8 × 4.0 × 3.0 cm, with normal myometrial echotexture and an endometrial thickness of 3 mm. The previously reported heterogeneous myometrial appearance was no longer evident, indicating improvement in the sonographic findings following treatment.

DISCUSSION

Adenomyosis is a common benign uterine disorder characterized by the presence of endometrial glands and stroma within the myometrium. It commonly presents with heavy menstrual bleeding, dysmenorrhoea, pelvic pain and uterine enlargement, affecting quality of life. Conventional management includes analgesics, hormonal therapy and surgery in selected cases.

Comparison with Literature

The present case showed typical features of symptomatic adenomyosis, including progressively painful menstruation, profuse and prolonged bleeding, dark clotted blood and post-menstrual exhaustion. Ultrasonography revealed a mildly bulky uterus with heterogeneous myometrial echotexture, suggestive of adenomyosis.The case was managed according to individualized homoeopathic principles based on the totality of symptoms. Characteristic mental and physical symptoms included aversion to company, anxiety about health, indifference, aggravation from consolation, chilliness, desire for sweets, dark clotted menses, profuse and painful menstruation and post-menstrual exhaustion.Repertorisation using the Zomeo repertory identified China officinalis, Sepia officinalis, Belladonna, Calcarea carbonica and Lycopodium as leading remedies. Materia Medica comparison showed China to correspond mainly to profuse bleeding and weakness, while Belladonna covered painful and congestive manifestations. Sepia officinalis showed closer overall correspondence with the characteristic mental, general and uterine symptoms and was therefore selected.During 12 months of follow-up, improvement was reported in menstrual flow, duration, clot formation, dysmenorrhoea and post-menstrual weakness. Sepia 200C was administered initially and repeated when further intervention was considered necessary, with placebo during periods of continued improvement. Follow-up ultrasonography reportedly showed improvement in myometrial heterogeneity and hypoechoic areas.The case demonstrates individualized homoeopathic prescribing based on the patient's symptom totality rather than the pathological diagnosis alone.

LIMITATIONS

1. Single-case design: The report is based on a single patient, which limits the generalizability of the findings.

2. Absence of a comparator: No control or comparison group was included to distinguish treatment effects from other factors.

3. Potential nonspecific effects: Placebo effects and other concurrent or unidentified influences cannot be excluded.

4. Clinical observation rather than evidence of efficacy: The findings should be considered a clinical observation from a case report and not as evidence establishing treatment efficacy.

5. Need for further research: Prospective studies with appropriate controls, standardized clinical outcome measures, reproducible imaging criteria and longer follow-up are required to determine whether similar outcomes can be consistently reproduced.

CONCLUSION

This case report describes the clinical course of a patient with symptomatic adenomyosis managed with individualized homoeopathic treatment.Improvement in menstrual symptoms and reported ultrasonographic findings were observed during 12months of followup.However ,because this was a single uncontrolled case without objective standardised outcome measures, a causal relationship with homeopathic treatment cannot be established.Further well designed prospective studies are required.

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CONFLICT OF INTEREST

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