



A Case Report on Adenomyosis and Polyendocrine Metabolic Ovarian Syndrome (PMOS) treated through Siddha Medicine

V. Kavyasri¹, H. Nalini Sofia²,
H. Vetha Merlin Kumari³, G. Senthilvel⁴

¹PG Scholar, Department of Maruthuvam, National Institute of Siddha, Chennai-600047.

²Professor, Department of Maruthuvam, National Institute of Siddha, Chennai-600047

³Professor & HOD Department of Maruthuvam, National Institute of Siddha, Chennai-600047.

⁴Director & Professor & HOD, Department of Gunapadam, National Institute of Siddha,
Chennai-600047.

Abstract

Background: Adenomyosis and Polyendocrine Metabolic Ovarian Syndrome (PMOS) are common gynecological disorders that adversely affect women's reproductive health. In Siddha medicine, these conditions are correlated with *SuronithaVaatham* and *Sinaippai Neerkatti*, respectively.

Case Presentation: A 37-year-old woman presented with intermittent lower abdominal pain and white vaginal discharge for one month. Ultrasonography revealed a bulky uterus with heterogeneous myometrium suggestive of early adenomyosis, bilateral polycystic ovaries, and Grade I fatty liver.

Intervention: The patient was treated with Siddha therapy comprising *Notchi Thailamoil* bath, *Agasthiyar Kuzhambu* for therapeutic purgation, followed by *Chithiramoola Nei* (5 mL BD daily) and *Siddhathi Oil* (8 drops BD daily) for 48 days.

Results: Follow-up ultrasonography demonstrated complete resolution of the sonographic features of adenomyosis and normalization of ovarian morphology, while Grade I fatty liver persisted. The patient also showed clinical improvement without any adverse events.

Conclusion: This case suggests that Siddha management may be a safe and effective conservative approach for adenomyosis associated with PMOS. Further well-designed clinical studies are needed to validate these findings.

Keywords: Adenomyosis; Polyendocrine Metabolic Ovarian Syndrome (PMOS); Siddha Medicine; Case Report.

Introduction

Adenomyosis is a benign uterine disorder in which endometrial tissue present within the myometrium, which involves both glandular and stromal components of endometrium, causing heavy menstrual bleeding, dysmenorrhea, uterine enlargement, and infertility⁽¹⁾. Its prevalence is around ~1% in general population and 31% in infertile women. Magnetic resonance imaging (MRI) and transvaginal ultrasonography (TVUS) are reported to have similar sensitivities and specificities in the detection of adenomyosis^{(2), (3)}, and have increasingly been used to identify the presence of adenomyotic lesions, and to plan subsequent treatment. In Siddha, correlated with *Suronitha Vaatham* (*Theraiyar Vagadam*).

PMOS is common endocrine-metabolic disorder affecting 10–13% of reproductive-age women, characterized by hyperandrogenism, irregular menstruation, anovulation and infertility. (PMOS) Polyendocrine Metabolic Ovarian Syndrome is the updated term for the condition previously known as (PCOS) Polycystic Ovary Syndrome⁽⁴⁾. The revised name reflects that the condition involves endocrine, metabolic, and ovarian dysfunction, rather than being limited to ovarian cysts alone. In Siddha, it is correlated with *Sinaippai Neerkatti*. Uterus-preserving procedures include adenomyomectomy. **Hysterectomy** is the definitive treatment for women. Siddha treatment helps in relieving the symptoms and is very helpful in improving overall health of patient.

Patient information:

A 37-year-old married female, homemaker with complaints of intermittent chronic lower abdominal pain (cramping pain) and the intensity of pain is high during menstruation which radiates to lumbar region, severe white curd vaginal discharge without itching and foul smell was present for more than one month associated with low back pain and general weakness. She came to the Outpatient Department of the National Institute of Siddha. She was able to perform day-to-day activities. She was not under any allopathic medication.

Marital status: Married before 13 years

Past medical history: Known case of urticaria. No history of hypertension, diabetes mellitus, thyroid disorders, tuberculosis, or any other significant systemic illness.

Personal history:

Appetite: Normal
Diet: Mixed diet
Bowel: Regular
Micturition: Normal
Sleep: Normal

Menstrual History:

Menarche: At the age of 13.
Menstrual cycle: Regular
Cycle duration: 5 days
Dysmenorrhea: Absent
Passage of blood clots: Absent
Menstrual flow: Normal

Obstetric History:

G1P1L1A0 (One full-term normal delivery with one living child and no history of abortion.)

Surgical history: Nil

Clinical findings:

General examination:

General condition: Conscious, cooperative, and oriented.

Blood Pressure: 110/70 mmHg
Pulse Rate: 78 beats/min
Heart Rate: 82 beats/min
Weight: 63.9 kg

Abdominal Examination:

Inspection: Abdomen appeared normal with no visible distension, scars, or dilated veins.

Palpation: Abdomen was soft with mild suprapubic tenderness. No palpable mass or organomegaly.

Percussion: Tympanic note; no evidence of free fluid.

Auscultation: Bowel sounds were normal.

Siddha Diagnosis:

The patient was diagnosed as *SuronithaVaatham* associated with *Sinaippai Neerkatti* based on Siddha clinical examination.

Envagai Thervu:

Naadi– Vaatha Pitham

Sparisam– Affected

Naa – Hyperpigmented spots present

Niram – Vaatha Niram

Mozhi – Sama Mozhi

Vizhi – Normal

Malam – Regular

Moothiram – Regular

Investigations: She was advised for USG-Abdomen & pelvis.⁽³⁾

Ultrasonography Findings Before Treatment (14-03-2026):

Pelvic ultrasonography performed before initiation of treatment revealed Grade I fatty liver. The uterus appeared bulky, measuring $8.4 \times 4.7 \times 5.4$ cm, with a heterogeneous myometrial echotexture, which was suggestive of early adenomyosis. Both ovaries were enlarged and demonstrated multiple peripherally arranged follicles with increased ovarian volume, consistent with polycystic ovarian morphology (PMOS). The right ovary measured $2.0 \times 2.7 \times 3.3$ cm with a calculated volume of 10.0 cc, while the left ovary measured $2.5 \times 3.0 \times 3.6$ cm with a volume of 14.3 cc. Based on these ultrasonographic findings, the radiological impression was **early adenomyosis, bilateral polycystic ovaries (PMOS) and Grade I fatty liver.**

Therapeutic intervention:

Duration: The patient received Siddha treatment for 48 days.

Treatment goal: Based on Siddha principles, the aim was to correct the imbalance in *Vaatha–Kablahumours* and to restore normal function of the uterus and ovaries.

Line of treatment:

Day 1 – *Ennai Muzhuku* / Therapeutic Oil with *Notchi Thailam*.

Purpose: To improve blood circulation and prepare the body for purification.'

Day 2 – *Virechanam*/ Therapeutic Purgation with *Agasthiyar Kuzhambu 200 mg*, adjuvant: ginger juice.

Purpose: To eliminate aggravated doshas and toxins accumulated in the body (*aamam*), improve digestion and metabolism, and increase the effectiveness of medicines.

From Day 3 to Day 48 - Internal Medicines:

1. *Chithiramoola Nei* – 5 mL, BD after food with lukewarm water.

2. *Siddhathi Oil* – 8 drops, BD after food with lukewarm water

The patient was advised to follow the prescribed diet and lifestyle modifications throughout the 48 days. No other internal or external, Siddha or allopathic medicines, were given during this period. No other adverse drug reactions were noted during this treatment period.

Outcome:

Ultrasonography Findings After Treatment (23-05-2026):

Following 48 days of Siddha treatment, repeat ultrasonography showed significant improvement. The liver continued to show Grade I fatty changes with no notable difference. The uterus measured $8.2 \times 6.5 \times 3.6$ cm and was normal in size, shape, and echotexture. The endometrial thickness was 9.4 mm. Importantly, there was **no evidence of adenomyosis**, indicating complete resolution of the earlier findings. Both ovaries were normal in

size and echotexture. The right ovarian volume was 10.0 cc. The left ovarian volume had decreased from **14.3 cc to 9.0 cc**, which falls within the normal range. The multiple peripheral follicles and **polycystic ovarian appearance** seen

previously were absent, suggesting normalization of ovarian morphology. Liver showed persistent Grade I fatty liver.

ULTRASONOGRAM - WHOLE ABDOMEN

LIVER:
Normal in size (~ 13.6 cm) and shows increased echotexture.
No focal Pathology. CBD and IHBR appear normal. Portal vein is normal.

GALL BLADDER:
Adequately distended. Wall is normal. No calculus/sludge/polyp in fundus.

PANCREAS:
Normal in size & echo pattern. Pancreatic duct is not dilated. No focal/diffuse pathology.

SPLEEN :
Normal in size & echo pattern. It measures ~ 10.1 cm.

KIDNEYS:
Right kidney measures ~ 11.3 x 4.8 cm.
Cortical echoes are normal. No focal lesion.
Collecting system is normal. No evidence of calculus.

Left kidney measures ~ 10.9 x 4.0 cm.
Cortical echoes are normal. No focal lesion.
Collecting system is normal. No evidence of calculus.

URINARY BLADDER:
Adequately distended. Wall appears normal. Bladder wall thickness appears normal.
No abnormal intraluminal echoes.

UTERUS:
Uterus appears bulky and it measures ~ 8.4 x 4.7 x 5.4 cm.
Myometrium appears heterogeneous. No focal lesion.
Endometrium measures ~ 6.5 mm.

OVARIES:
Right Ovary measures ~ 2.0 x 2.7 x 3.3 cm Vol: 10.0 cc
Left Ovary measures ~ 2.5 x 3.0 x 3.6 cm Vol: 14.3 cc
Both ovaries appear enlarged in size and volume and shows peripherally arranged multiple immature follicles with central echogenic stroma.
No adnexal mass lesion. No e/o free fluid noted in POD.

OTHERS:
RIF & LIF obscured by bowel gas.
No evidence of ascites / Pleural effusion.

IMPRESSION:-

- Grade - I fatty liver.
- Bulky uterus with heterogeneous myometrium - Early adenomyosis.
- Bilateral polycystic appearing ovaries.
- Suggested clinical /Hormonal correlation.

Dr. Anish . N. MD(Radio-Diagnosis)

Figure 1.USG before treatment

Discussion

According to Siddha principles, adenomyosis associated with PMOS can be interpreted as a disorder resulting from the derangement of *Mukutram*, predominantly *Vaatham* and *Kabham* humours, leading to impaired physiological function of the *Karuppai*(uterus) and *Sinaippai*(ovaries). Aggravation of *Abanan Vaayu* along with increased *Kabham* may contribute to menstrual and reproductive dysfunction.

Chithiramoola Nei was selected based on its classical indication in the Siddha literature, *Nam naatuvaithiyam*⁽⁵⁾ for the management of *Soothaga Vaatham*, *Vippuruthi* and *Soothaga Katti*. This formulation possesses *Kaarppu Suvai* and *Veppa Veeriyam*, which help pacify aggravated *Kabham*, improve the functional integrity of the

USG ABDOMEN & PELVIS

OBSERVATION:

LIVER:
Is normal in size. Measures: ~ 14.9 cm.
Diffuse increase in parenchymal echoes, but periportal and diaphragmatic echogenicity is still appreciable.
No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.
Portal vein, hepatic veins and IVC appear normal in dimensions.

GALL BLADDER:
Contracted.

PANCREAS:
Visualized pancreas is normal in size and shows uniform echo texture.
No calcifications are seen.

SPLEEN:
Is normal in size. No obvious focal lesion seen. Measures: ~ 11.1 cm.

RIGHT KIDNEY:
Right Kidney Measures: ~ 11.3 x 4.6 cm.
Cortico medullary differentiation is maintained.
Right Kidney is normal in size and echoes.
No evidence of pelvicalyceal dilatation.
No obvious renal calculi seen.

LEFT KIDNEY:
Left Kidney Measures: ~ 11.3 x 5.7 cm.
Cortico medullary differentiation is maintained.
Left Kidney is normal in size and echoes.
No evidence of pelvicalyceal dilatation.
No obvious renal calculi seen.

URINARY BLADDER:
Urinary bladder is normally distended. No intra luminal echoes are seen.

UTERUS:
Uterus Measures: ~ 8.2 x 6.5 x 3.6 cm .
Endometrium Thickness: ~ 9.4 mm.
Uterus is anteverted/anteflexed, normal in size.
Myometrial and endometrial echoes are normal.
No focal lesion noted.

USG ABDOMEN & PELVIS

OVARIES:
Right Ovary Measures: ~ 3.6 x 3.5 x 1.5 cm volume : 10 cc.
Left Ovary Measures: ~ 3.0 x 3.3 x 1.6 cm volume : 9 cc .
Both ovaries are normal in size and echoes.

OTHERS:
No significant bowel dilatation noted. Appendix could not be traced.
No significant retroperitoneal lymphadenopathy noted.
No free fluid in the abdomen and pelvis.

IMPRESSION:

Previous reports available: Yes

- Grade I Fatty Liver.

Figure 2.USG after treatment

reproductive organs, and restore the balance of *Mukutram*.

Previous standardization studies on *Chithiramoolaennai* have demonstrated the presence of copper and as per *Gunapadam Thaathu-Seeva Vaguppu*⁽⁶⁾, *Chithiramoolam* mentioned in (*Sembu Saththu*) *mooligai* verses. In addition, the *pothugunam* of copper, *Soothaganai* is also mentioned. Copper is known to participate in various enzymatic and antioxidant processes that support normal reproductive physiology and tissue repair.

Siddhathi Oil was administered as an adjuvant to regulate aggravated *Vaatham*, particularly *Abanan Vaayu*, which governs menstruation and reproductive functions according to Siddha principles. Restoration of *Abanan Vaayu* may

help normalize hormonal function, improve ovarian physiology, and support regular reproductive health.

In the present case, the patient showed marked clinical improvement with complete resolution of the ultrasonographic features of adenomyosis and normalization of polycystic ovarian morphology following 48 days of Siddha treatment. These findings suggest that the selected Siddha regimen may have contributed to restoring the normal structure and function of the uterus and ovaries. However, larger controlled clinical studies are required to further establish its efficacy and safety.

Conclusion

This case suggests that Siddha management may serve as a cost-effective and non-invasive alternative for selected patients, potentially reducing the need for surgical intervention. Early diagnosis and appropriate treatment can improve prognosis and quality of life. However, further clinical studies are required to establish its efficacy and safety in a larger population.

Consent: Written informed consent was obtained from the patient for the publication of this case report, including the clinical and radiological images. The patient was informed that every effort would be made to maintain confidentiality and that no personal identifying information would be disclosed.

Conflicts of interest: There are no conflicts of interest.

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