**AN ALTERNATIVE TO MEDICATION
THERAPY OF ADENOMYOSIS**
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Adenomyosis is a common gynecological disease noted in more than half of all reproductive age women. The high rate of this condition, low effectiveness of hormone therapy and undesirable effects, as well as a low quality of patients' life, call for a search for more effective medicamentous and non-medicamentous therapies. Treatment of adenomyosis requires pathogenetically effective drugs able to act on all components of pathogenesis. Such target drugs are indole-3-carbinol (Indinol ®) and epigallocatechine-3-gallate (Epigallate®).

Indole-3-carbinol decreases estrogen dependent cell proliferation, stimulates apoptosis of cells with enhanced proliferative activity in endometrial and myometrial tissue. Epigallocatechine-3-gallate suppresses neoangiogenesis and produces an antioxidant effect improving homeostasis in the tissues of target organs.

Objective: assessing the effectiveness of therapy with indole-3-carbinol and epigallocatechine-3-gallate for adenomyosis in women of reproductive age.

Materials and methods. 7 patients with adenomyosis were examined. The mean age of patients was 34.5 ± 0.7 . The examined group included women with confirmed diagnosis of adenomyosis, no indications for surgery, without severe extragenital disease or suspicion of any type of malignancy at the time of treatment; these patients had previously rejected hormone therapy.

The patients received a complex examination according to the adenomyosis protocol: investigations and lab tests, instrumental examinations (ultrasound and color Doppler of pelvic organs and etc.), hysteroscopy with myometrial biopsy and histological study of the material, if indications are present. The extent of pain syndrome was assessed using VAS.

All patients received Indinol and Epigallate, 2 capsules of each twice a day for 6 months.

Results and discussion. Most of the examined women had other obstetric and/or gynecologic disease: diseases of the cervix (40.05%), complicated delivery and abortion (25.9%), inflammatory conditions of the uterus and appendages (21.4%).

Prior to receiving the target therapy with medications in question, 93.3% of patients showed various menstrual disorders with dysmenorrhea (80%) and frequent heavy flow (57.3%) predominating. Dyspareunia was noted in 44% of cases. The severity of pain prior to the onset of therapy was 6.94 ± 0.24 points. Ultrasound and color Doppler of pelvic organs was done on day 5 of the woman's period. According to ultrasound findings, uterine walls too thick for the day of period were seen in 64% of patients, increased volume of uterus is if at 5 weeks gestation – in 78.7%. The mean size of posterior uterine wall on ultrasound was 7.43 ± 0.2 mm, the mean volume of uterus was 5.04 ± 0.1 weeks of gestation.

6 months after the onset of non-hormonal treatment, 55% of women had an absolutely normal period without abnormalities. The rate of dysmenorrhea decreased to 20% ($p < 0.01$), the rate of dyspareunia – to 5.3% ($p < 0.01$). The severity of pain was 2.15 ± 0.21 points ($p < 0.01$). Ultrasound findings indicated that enlarged uterus with thickened posterior wall persisted in 14.7 and 21.3% of patients, correspondingly ($p < 0.01$). Ultrasound and color Doppler showed that the mean size of posterior wall did not exceed 5.12 ± 0.18 mm, its mean volume – 4.94 $\pm$ 0.12 weeks. In 75% of cases a regression of endometrioid heterotopy was seen.

All patients receiving Indinol and Epigallate noted an improved quality of life and absence of any undesirable effects.

Conclusions. Findings obtained through this study indicate clinical effectiveness of target therapy, good tolerance of Indinol and Epigallate, absence of side effects. The medications in question show a powerful antiproliferative effect, which underlies the suppression of endometrioid heterotopy growth and development. Administration of these medications is an effective alternative to hormone treatment.