Dysfunctional uterine bleeding (dub) due to endometrial hyperplasia with bulky uterus in Ayurvedic view – case study

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ABSTRACT :-
Endometrial is inner lining of uterus. Hyperplasia is excessive growth of cells. Endometrial Hyperplasia is excessive cell growth or thickness of inner lining of uterus. Endometrial hyperplasia is excessive or abnormal thickening of the lining of the uterus, which is most probable cause of Dysfunctional Uterine Bleeding (DUB). In most of the cases, it is benign in nature. The treatment of endometrial hyperplasia of uterus is mainly done by hormonal treatment (especially by progesterone) and by surgical treatment such as hysterectomy, which are having their own side effects. Ayurveda is a health care system sensitive to women’s special health needs. Women are far more sensitive to the rhythms and cycles of nature, Ayurveda is founded on the principle of keeping the body toned in time with nature, and naturally, women find Ayurveda very suitable. In Ayurveda, Endometrial hyperplasia of uterus can be correlated with Lohitakshara Yonivyapada. The present case revealed the Raktaastambhaka, Shothhara evum Tridosahara properties of some Ayurvedic medicines viz. Pushyanuga Churna, Ashokarishta and Dashamoola Kashaya in a known case of DUB due to endometrial hyperplasia with Bulky Uterus. After 3 months of treatment sonography report showed no hyperplasia of uterus.

AIMS AND OBJECTIVES
To evaluate the efficacy of Shamana Aushadhi in the management of Dysfunctional Uterine Bleeding (DUB) due to Endometrial Hyperplasia

MATERIALS AND METHODS
It is a case study of the subject of 35 yrs age with Dysfunctional Uterine Bleeding (DUB) due to Endometrial Hyperplasia who has been treated with Shamana Chikitsa.
RESULTS AND DISCUSSION
The subject is on follow up and without any medicine on normal cyclic rhythm till date with overall feeling of wellbeing. There is improvement and no evidence recurrence of Dysfunctional Uterine Bleeding and Endometrial Hyperplasia.

CONCLUSION
The selected treatment protocol i.e. Shamana Aushadha is very effective in the management of Endometrial Hyperplasia

KEYWORDS –
Ayurveda, Lohitakshara Yonivyapada, Endometrial Hyperplasia, Raktaastambhaka Drugs

INTRODUCTION :
Endometrial hyperplasia is excessive or abnormal thickening of the lining of the uterus, which is most probable cause of Dysfunctional Uterine Bleeding (DUB). In most of the cases, it is benign in nature. Main cause of trial hyperplasia of uterus is high levels of oestrogens, combined with insufficient levels of the progesterone like which ordinarily counteract oestrogens proliferative effects on this tissue. It may also occur because of chronic disorders, such as diabetes, obesity, or polycystic ovarian syndrome. This disorder most often affects young women who are just beginning to menstruate and older women approaching menopause. Common symptoms of endometrial hyperplasia of uterus are vaginal bleeding, including bleeding or spotting between menstrual periods, dramatic changes in the duration of menstrual periods, postmenopausal bleeding, dyspareunia, and anaemia. During a bimanual examination of the pelvis, hyperplasia of uterus may be noticed by Ultrasound (TVS), endometrial biopsy, dilatation – curettage and Hysteroscopy diagnose endometrial hyperplasia of uterus. The treatment of endometrial hyperplasia of uterus is mainly done by hormonal treatment (especially by progesterone) and by surgical treatment such as hysterectomy, which are having their effects. In Ayurveda endometrial hyperplasia of uterus can be correlated with Lohitakshara Yonivyapada. The Lakshanas of Lohitakshara Yonivyapada is Artava Atipravrutti (Excessive bleeding), Akala Artava Darshana (irregular menstruation), Ausha, Chosha evum Daha. Chikitsa of Lohitakshara Yonivyapada include Stambhaka, Shothahara and Tridosha-Shamaka Karma. In present case, study Shamana Yoga used for the management of Hyperplasia of uterus. Pushyanug Churna and Ashokarishta are having Stambhana, Mandagnivardhaka, Shotha, Pandu and Aruchiha property; along with this Dashmula Kashya is also having Tridoshashamaka, Vatavyadhihara and Basthishulahar property.

CASE REPO
RT –
Name – Xyz
Age – 42 Yrs
Occupation –

Endometrial hyperplasia
Normal endometrium
Housewife

Socioeconomic Status – Middle

Chief complaint – Episodes of Heavy Menstrual Bleeding with clots since 1 year of menstrual cycle. The patient was under allopathic treatment for above complaints, taking hormonal replacement therapy. After all investigations of hysteroscopy, biopsy, and pap smear test, she was suggested hysterectomy by her consultant. The patient was not willing to undergo surgery and requested Ayurvedic treatment as an alternative therapy.

Present Menstrual History –
LMP – 2/6/2018, 6 Days / 28 Days, 3 Pads / Day, Regular, Heavy Flow, Pain (+), Clots (+)

Past Menstrual History –
4- 5 days / 28 - 30 days, 2 - 3 Pads / day, Regular, Moderate flow, No Pain and Clots

Obstetric History –
Married since 27 years
Score = G4 P2 L2 A2 D0
G1 P1 – 25yrs Male child of 2.8 kg
FTND at Hospital, A and W
G2 A1 – 2 month spontaneous abortion, D and E done
G3 A2 – 1 month spontaneous abortion
G4 P2 – 19 yrs Female child of 2.8 kg FTND at Hospital, A and W
Tubal ligation done since 19 years ago.

General Examination –
Pulse – 76/min Blood pressure – 126/82mmHg
Respiration rate – 20/min Height – 160 cm

Weight – 62 kg BMI – 24.22 (Normal)
Temperature – 98.6 Body
Build – Average
Jimha (Tongue) – Ishita Sama (Slightly coated), Pallor (+)
No / Oedema / Icterus / Cyanosis / Clubbing / Lymphadenopathy
Mala – once a day Mutra – 10 times a day, once at night if
Shabda – Avishesha Sparsha – Anushna Sheera
Drika – Avishesha Akriti – Madhyama
Prakriti – Vata Pittaja Sara – Madhyama
Vikriti – Madhyama Bala - Madhyama
Samhanana – Madhyama Satmya – Vyamisha
Satva – Madhyama Prawna – Madhyama
Ahara Shakti – Madhyama Jarana
Shakti – Madhyama Vyayama Shakti – Avara Vaya – Madhyama

Systemic Examination – RS / CVS / CNS - Normal
Per Abdomen – Soft, Nontender, L0 S0 K0
Per Speculum –
Cervix – Parous Congested
Watery White discharge present
No Nebothian cyst / polyp / erosion / fibroid
Vagina Healthy
No Bleeding
No Discharge

Per Vagina –
Cervix – at the level of ischial spine  
Uterus – Bulky, size 8 – 10 weeks, AVAF, Non-mobile, No palpable adnexal

Mass / ovaries, B/L fornices – free, non-tender  
Cervical motion – free, non-tender

INVESTIGATION – (21/1/2018)

| Parameter | Value         | Parameter | Value         |
|-----------|---------------|-----------|---------------|
| Hb        | 8.8gm/dl      | T3        | 91.13 ng/dl   |
| TLC       | 9,600/cumm    | T4        | 7.34 ng/dl    |
| RBC       | 9,600/cumm    | HIV/VDRL/HBsAg | Non- Reactive |
| ESR       | 22 mm in 1 hr | Montoux test | 2 x 2 mm (N)  |
| PLT       | 2,77,000/cumm | LA        | 31.51 (N)     |
| Blood group | A + ve       | ACL       | 4.2 (N)       |
| FBS       | 98 mg/dl      | Urine Pus cells | Nil |
| SrTSH     | 4.02 Ulu/ml   | Epi cells | 1 – 2 /hpf    |

Table no. 2

OBSERVATION – BEFORE TREATMENT – USG on (4/6/2018)

Uterus – AVAF measuring  
Bulky uterus with 9.6 x 5.4 x 6.7 cm  
Endometrial thickness – 12mm, no mass seen  
Both Ovaries and tubes are normal  
Cul de sac – no free fluid seen

TREATMENT

1) Counselling of the patient and her husband done  
2) According to Dosha, Koshtha, Kala and Dosha Avastha, Deepana, Pachana done.  
3) Shamana Chikitsa

SHAMANA CHIKITSA (From 10/06/2019 until 11/09/2019)

| Drug            | Dose     | Duration | Anupana                        |
|-----------------|----------|----------|--------------------------------|
| Ampachaka Vati  | 250mg BD | Before Meal | Koshna Jala (Warm Milk)        |
| Pushyanug Churna| 5gm BD   | Before Meals | Tandulodaka (Normal Rice Water)|
| Ashokarishta    | 15 ml    | After Meal | Sambhaga Koshna Jala (Warm Milk)|
| Dashmoola Kwatha| 15 ml    | After Meal | Sambhaga Koshna Jala (Warm Milk)|

Table no. 3
Above treatment given for 3 months

FOLLOW UP – Monthly follow up taken

OBSERVATION AND RESULT – AFTER TREATMENT USG on (16/9/2018)

Uterus – AVAF measuring
Normal size uterus with 7 x 3.4 x 4.4 cm and echotexure.
Endometrial thickness – 7mm, no mass seen
No evidence of endometrial hyperplasia
Endometrial canal is normal
Both Ovaries and tubes are normal
Cul de sac – no free fluid seen

HB - 11.5 gm %
The subject is on follow up and without any medicine on normal cyclic rhythm till date with overall feeling of wellbeing. There is no evidence recurrence of Dysfunctional Uterine Bleeding and Endometrial hyperplasia.

DISCUSSION –
Endometrial hyperplasia of uterus is one of the prevalent reasons for uterine dysfunction, which directly affects the health status of women. The present finding based on sonography and the effective management of hyperplasia of uterus with Ayurvedic formulations with no adverse effect highlights the promising scope of traditional medicine in the various uterine disorders. Stambhana, Vedanahara and Tridoshashamka properties of Pushyanuga Churna, Ashokarishta and Dashmula Kashya act on reproductive system and improve the functions of uterus and Artava. (Especially Bahipushpa (menstrual blood). Along with this Shothahara property of Ashokarishta also helps in reducing the size and arrests further growth of endometrium. After the treatment, the sonography report showed no hyperplasia of uterus. Ayurveda is the oldest form of healthcare in the world. Ayurveda has best natural health supplements and products to manage the changes in the body right from puberty to menopause. Various effective Ayurvedic herbal formulations are available for the management of female disorders, which are having very good results, and with no any adverse effect. The present study reveals the effective management of endometrial hyperplasia of uterus by Ayurvedic treatment, especially by herbal medicines.

CONCLUSION –
Shamana Chikitsa was found effective in treating Endometrial Hyperplasia. The patient was followed up regularly from 2017 onward till date and did not reveal any evidence of recurrence. The long-term treatments with hormonal imbalance results from many untoward effects like weight gain, stress, depression, and premature menopause if not treated well. Ayurveda gives major spotlight on Shamana Chikitsa. The patient was on active treatment for the period of 3 months. Diet restrictions were followed further. This case study shows that a combination of life style modifications, diet restrictions, and treating root cause is effective in treating any disease holistically. In this case, important consideration was given to Vata Anulomana, Deepana and Pachana because proper functioning of Vata Dosha is necessary in every aspects of endometrial hyperplasia.
means proper functioning of hypothalamo-pituitary – ovarian axis and Uterus seen. With proper Pathya like to take Santarpana (nutritive diet like milk etc.), green vegetables etc. and avoid Snigdha (oily), Vidahi, Amla and Lavana Ahara is advised.

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