A CASE REPORT ON AYURVEDIC MANAGEMENT OF PERIMENOPAUSAL BLEEDING

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ABSTRACT

Perimenopausal period is the transitional period where a woman passes from the reproductive to the non-reproductive stage. Abnormal uterine bleeding in the perimenopausal period accounts for 70% of all gynecological problems. Most of the abnormal uterine bleeding in this period is due to endometrial abnormalities. In Ayurveda the condition can be correlated to Asrigdhara. This is the case report of a 54 year aged lady who presented with complaints of excessive bleeding and frequent menstrual cycles since three months. Investigations were done to rule out malignancy. USG report showed endometrial hyperplasia of 17mm with bulky uterus. Pap smear and Colposcopy reports showed inflammatory and CIN I changes with HPV flat lesions respectively. Bleeding stopped after two weeks of internal medication. USG done after six months showed significant reduction in endometrial thickness. Pronounced changes were also seen in Pap smear and Colposcopy findings.

INTRODUCTION

Perimenopause refers to the period 3-4 years before menopause and followed by one year of amenorrhea.[1] It is the period of transition where a woman passes from the reproductive to the non-reproductive stage. In some women menopause may be delayed beyond the age of 50. The perimenopausal period is associated with mild ovarian hormonal deficiency leading to anovulation and menstrual disorders, especially menorrhagia.[2] Most of the abnormal uterine bleeding in this period is due to endometrial abnormalities. The probability of endometrial cancer should be suspected in every perimenopausal women with abnormal uterine bleeding. The overall incidence of endometrial cancer is approximately 0.1 percent of women per year, but in women with abnormal uterine bleeding it is about 10 percent.[3] Unopposed oestrogen exposure is a significant risk factor; whereas prolonged exposure causes endometrial proliferation and potentially endometrial carcinoma.

Other factors influencing oestrogen exposure includes obesity, PCOS, anovulation, nulliparity, Type II diabetes mellitus increases the risk of endometrial cancer.4 Hence continuous bleeding, menorrhagia or irregular heavy bleeding in the perimenopausal period are considered abnormal and should be investigated for the malignancy of genital tract.

Abnormal uterine bleeding is a very common clinical problem and accounts for 70% of all gynecological visits by perimenopausal and post-menopausal women. The pattern of abnormal bleeding in perimenopausal women presents in various forms as menorrhagia, polymenorrhoea, metrorrhagia and menometrorrhagia. These variations in bleeding pattern particularly in the extremes of reproductive period are mainly due to endometrial abnormalities. The FIGO classification (PALM-COEIN) of abnormal uterine bleeding helps in the clinical evaluation of the pathological abnormalities and categorizes the treatment methods of AUB in perimenopausal women. The investigations of AUB in perimenopausal age points out to the exclusion of malignancy. Laboratory work ups like blood count which reveals blood dyscrasias, blood sugar levels, cervical cytology for cervical lesion, endometrial study, ultrasonography, CA-125 are some among the investigations.[5] Medical management includes administration of hormones like norethisterone acetate, combined oral contraceptive pills, use of Prostaglandin synthetase inhibitors and...
antifibrinolytic agents. Dilatation & Curettage, Endometrial ablation, Hysterectomy are some of the surgical procedures designed for the therapeutic purpose. Hysterectomy is the last option when all the conservative treatment fails. Also the presence of endometrial hyperplasia and atypia on endometrial histology is an indication for hysterectomy. But the blind option for hysterectomy even in the absence of endometrial cancer may pose side effects for the women.

In Ayurveda the abnormal uterine bleeding can be correlated to Asrigdhara or Pradara. According to Susrutha, “Tadeva atiprasangena pravrittham anrithaavapi”. i.e., excessive flow and prolonged duration of bleeding in the menstruation period or even without normal period of menstruation is called asrigdhara.[6] The treatment principle of Asrigdhara can be adopted from Raktaatisara, Raktapitha, Rakta arsa or even from Raktayoni chikitsa. The Chikitsa should be formulated after assessing the Dosha pradhanya. The principles of Stambhana chikitsa can also be considered after determining the Atyayika avastha.

**Case Report**

A 54 year aged lady approached the OPD of Govt. Ayurveda College, Thiruvananthapuram complaining of frequent menstrual cycles since 3 months. She had a history of excessive and prolonged menstrual bleeding upto 14 days. On USG she was detected with increased endometrial thickness and bulky uterus. She underwent D&C. Histopathological report showed simple hyperplasia endometrium without atypia. But even after the surgery she found no relief in bleeding pattern. She was advised for hysterectomy and seeking an alternative option she approached our OPD.

**Family History:** Sister had same complaints of prolonged bleeding

**Medicines during the first visit**

|   |   |
|---|---|
| 1 | Mahatiktakam kashayam 90ml- 0- 90ml before food |
| 2 | Pushyanugam choornam 1 tsp -0-1tsp with honey & rice washed water |
| 3 | Arjuna ksheerapaka 30gm stem bark of Arjuna boiled in 4 glass water and 2 glass milk reduced to 1 glass and taken 1 hour before food (once daily) |

**Past History:** Nothing specific

**Menstrual History**

|   |   |
|---|---|
| Age of menarche | 13 years |
| Duration of bleeding | 14 days |
| Interval | 15 days |
| No. of pads per day | 7-8 |
| Clots | + |
| Dysmenorrhoea | Nil |
| PMS | Lower abdominal pain, LBA |
| Vaginal discharge | Nil |

**Marital & Sexual History**

|   |   |
|---|---|
| Age of marriage | 20 |
| Dyspaerunia | Nil |
| Contraception | Nil |

**Obstetric history**

|   |   |
|---|---|
| Gravida | 2 |
| Parity | 2 |
| Abortion | 0 |
| Live birth | 2 |
| Mode of delivery | FTND |

**Surgical history:** D&C done. Histopathological report showed simple hyperplasia endometrium without atypia.

**USG:** Uterus antverted, bulky measures 108*56*80 mm. Thickened endometrium 17mm. Left ovary simple cyst.

**Blood investigations:** normal

**Pap smear:** Inflammation, Negative for intraepithelial lesion for malignancy

**Colposcopy:** CIN I changes/HPV flat lesion

**Personal History**

|   |   |
|---|---|
| Bowel | Constipated |
| Appetite | Normal |
| Bladder | Normal |
| Diet | Mixed |
| Tastes preferred | Sour, spicy |
| Sleep | Less |
| Allergy | Cold, dust |

**During the second visit**

Bleeding stopped after 14 days of medication. She was advised for Yonipichu for 7 days with Jatyadi Ghrta.

|   |   |
|---|---|
| 1 | Arjuna ksheerapaka Continued in the same manner for two weeks |
| 2 | Pushyanugam choornam 1tsp-0-1tsp with honey & rice washed water |
| 3 | Chandanasavam 25 ml-0- 25ml after food |
| 4 | Cap. Rasagandhi mezhugu 1-0-1 after food (for one month) |

Yonipichu with Jatyadi Ghrta was done for two more consecutive months seven days each.

**Pap smear:** Negative for Intraepithelial lesion for Malignancy.

**Colposcopy:** Normal

**USG:** Uterus measures 8.2*5.4*5.2 cm. Myometrium appears homogenous. Endometrial thickness 3.5mm.
RESULTS AND DISCUSSION

Abnormal bleeding from the genital tract is always disgusting for the women especially in the perimenopausal age. The management should be in such a way considering the Bala of Dosha, Dushya, Vaya, Kala and Bala of the Roga. As the perimenopausal age is the period approaching to the Dhatukshaya avastha, special care has to be taken with respect to the Dosha and the nature of the disease. As the incidence of carcinoma is increasing day by day, treatment protocol has to be designed after excluding the malignancy.

Asrughdha is a disease caused by the Avarana of Apana vatha by Pitta and is one among the Rakthapradoshaja vikara. Considering the age and Bala of the patient, Raktha stambhana was initially adopted. The initial approach was to pacify the vitiated Vata and the Pitta dosha. Hence Mahatiktakam kashaya was given. It is Pitta Kapha samana, Raktha prasadana and having Kledaharatwa karma. It helped in reducing the endometrial thickness and thereby reduced the excessive bleeding. Pushyanugam choornam was also administered to produce a Stambhana action. By virtue of its Kashayatiktha rasa, Seeta veerya, Rooksha guna and Kaphanasaka property it pacified the bleeding. Also Arjuna ksheerapaka was advised due to its haemostatic and hepatoprotective property. Arjuna possesses Kashaya rasa, Laghu, Rooksha guna, Seeta virya and is rich in calcium and magnesium. Brhhatraiys have indicated the use of Arjuna in Rakthapitha, Arsas, Kushtha, Prameha etc.

During the second follow up same medicines were repeated along with the addition of Chandanasavam and Rasa Gandhi mezhuugu. Chandanasavam is known for its Pitta samaka action and Raktha prasadana karma. Rasagandhi mezhyugu was given with a view to reducing the CIN I changes in the Colposcopy analysis. Yonipichu with Jatyadi Ghrta was advised for three months with duration of seven days each.

Drastic changes were found after the management. Bleeding stopped after 14 days of internal medication itself. USG findings after six months showed reduction in endometrial thickness from 17mm to 3.5mm which was normal for the age. Also the regression of CIN I changes to inflammatory smear proves the effectiveness of the above management in perimenopausal bleeding. Apart from all these proper Pathya ahara vihara plays a key role in bringing the success to the treatment.

CONCLUSION

Hysterectomy should be primarily employed to save women from life-threatening gynaecological problems and for a better healthy life. Six percent of women in the forties age group is unnecessarily opted for hysterectomy. One of the main reasons is excessive menstrual bleeding. The tendency for blind approach to hysterectomy is alarmingly increasing now a day and should be changed by the implication of new health strategy policies. The holistic approach of Ayurveda is an eye opener in this field. The present case is also an evidence for the current problem.

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