



Case Study

AYURVEDIC MANAGEMENT OF ENDOMETRIAL HYPERPLASIA - A CASE REPORT

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ABSTRACT

Abnormal uterine bleeding is the changes in frequency of menses, duration of flow or amount of blood loss. AUB affects 1/3 of the women of child bearing age. Increased endometrial thickness is a common cause of abnormal uterine bleeding. Unopposed action of estrogen on endometrial tissue cause endometrial hyperplasia. Heavy menstrual bleeding is the main clinical feature of this condition. Premenopausal period is more susceptible to hyperplasia of endometrium. Atypical type of endometrial hyperplasia may lead to endometrial cancer. Medical management with correction of hormone imbalance is the first line of treatment. According to Ayurveda, *Asrugdara* is a condition where there is occurrence of heavy menstrual bleeding. Excess intake of food which are *Lavana* (salt), *Amla* (sour), *Guru* (heavy) *Teekshna* (pungent) and *Snigda* (unctuous) etc leads to this condition. There are 4 types *Asrugdara*. The nature of menstrual bleeding in *Kaphaja Asrugdara* is *Guru* (heavy), *Seetalam* (cold) and *Ghanam* (dense). In *Paithika asrugdara* there is excess menstrual bleeding. This is the case report of 40 yr old female subject who came to the OPD of Prasutitantra and streeroga, Govt. Ayurveda college Thiruvananthapuram with complaints of irregular and heavy menstrual bleeding. She had undergone allopathic management both medical and surgical. Her endometrial thickness was 19mm at commencement of treatment. The condition at that time had features of *Kapha paithika asrugdara* and hence treatment principle of *Kapha paithika asrugdara* were applied here. The patient got considerable relief in clinical features, reduced number of pads from 15-18/day to 3 pads/day and her duration got reduced from 35 days to 3 days. Hence appropriate Ayurvedic management for *Asrugdara* with due consideration to *Doshas* can be effective in conditions like endometrial hyperplasia.

INTRODUCTION

Endometrial hyperplasia is the endometrial thickening with proliferation of irregularly sized and shaped endometrial glands and an increased endometrial gland and stromal ratio^[1]. Unopposed long term estrogen, particularly around premenopausal or menopausal time leads to endometrial hyperplasia^[2]. Endometrial hyperplasia is an estrogen dependent condition it may leads to carcinogenic changes, the condition mostly develops in women of 40-50 years. Primary factor is the unopposed estrogen.

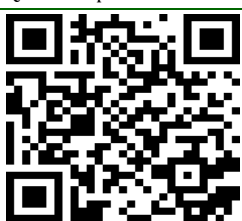
In premenopausal women, pre-menopausal anovulatory cycle's leads to unopposed estrogen action on endometrium. In obesity peripheral conversion of androgens in to estrogen is the risk factor. In polycystic ovarian syndrome and feminizing ovarian tumor long term estrogen stimulation lead to this condition. Endometrial hyperplasia can be classified in to four categories based on the presence or absence of atypia^[3].

1. Simple hyperplasia without atypia
2. Complex hyperplasia without atypia
3. Simple hyperplasia with atypia
4. Complex hyperplasia with atypia

Another classification is based on histology of endometrial tissues, simple hyperplasia, glandular hyperplasia and atypical hyperplasia^[4]. 2% of women with simple hyperplasia develops malignancy of endometrium. 4-10% of women with glandular hyperplasia developed endometrial cancer. However

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atypical hyperplasia has 60-70% tendency to develop endometrial malignancy. Simple hyperplasia without atypia may respond 80% to progesterone, but the response of atypical hyperplasia towards progesterone is only 50%^[5]. Due to the high rate of malignancy in atypical hyperplasia, total hysterectomy is suggested.

In Ayurveda endometrial hyperplasia can be correlated more towards *Asrigdara*, because heavy menstrual bleeding is the main clinical feature of endometrial hyperplasia. *Asrugdara* is the excess expulsion of *Rajas* (menstrual blood). *Pradara* is used as a synonym to *Asrgdara*. *Acharya Caraka* opine that excessive intake of *Lavana* (salt), *Amla* (sour), *Guru* (heavy), *Katu* (hot), *Vidahi* (produce burning sensation), *Snigda* (unctuous) substances, meat of domestic, aquatic and fatty animals, curd, *Sukta* (vinegar), wine etc., are causative factors^[6]. All these cause vitiation of *Vata* and *Pitha*. *Vata* is contributing to the controlling mechanism of human body. So in *Vata kopa* neural and endocrinological derangement may occur. Vitiation of *Pitha* leads to increased fluid content of *Raktha* which affect the blood coagulation mechanism of uterus. The final step of pathogenesis occurs in *Rajovaha sira* or the spiral arterioles. Expulsion of excess *Rajas* occur through this *Rajovaha sira*. The treatment principle of *Asrgdara* include controlling the bleeding, correcting the vitiated *Doshas*, correcting the hormonal status and preventing the recurrence along with regularizing the cycle. Depending upon prognosis all types of *Asrgdara* expect *Sannipata* is curable^[7].

In this case the patient had complaints of heavy menstrual bleeding and irregular menstrual cycle. It was identified that she had increased endometrial thickness in USG. From the clinical features took it as *Kapha pithaja asrgdara*. Excess intake of *Amla* (sour), *Ushna* (hot) *Lavana* (salty) and *Kshara* (alkaline) food is the cause of *Paithika asrugdara*. *Kaphaja asrudra* occurs due to excess intake of *Gurvadi dravya*. Excess menstrual flow is the feature of *Paithika pradara* and dense, heavy menstrual flow is the feature of *Kaphaja pradara*^[8]. The patient had features of *Kapha prakruthi*. So, the treatment principles are first *Sthambana* or arrest of bleeding because the patient was very weak, then *Kapha pitha hara chikitsa* to regularize the cycles and then treatment to improve her general health.

MATERIALS AND METHOD

A 40 year old married woman consulted in the OPD of Prasuti tantra and Stree roga department, Govt. Ayurveda College Thiruvananthapuram with complaints of heavy menstrual bleeding and irregular cycles with interval of 60 days for the past two years. She took allopathic treatment for the same complaints. She was advised to undergo hysterectomy but the patient was not willing for surgery because she had

allergy to several modern medicines. She had a history of bronchial asthma but not under inhaler.

Treatment history

She had a complaint of heavy menstrual bleeding in last 2 years and was admitted in modern medicine hospital under gynecology unit on 6/6/19. On further investigation they identified that the endometrium has increased thickness more than the normal value (19mm). And she underwent therapeutic D&C from the same hospital. After that she had regular menstrual cycle for successive 2 months. But on third month she had 30 days bleeding and again admitted in causality of same hospital for which had given symptomatic treatment only. She had repeated bleeding episodes during the last two years. They advised hysterectomy, but she is not willing for that due to the allergy of several modern medicines, so she came in OPD of Prasuti tantra and Stree roga department for further management.

Personal history

Bowel – regular Micturition – normal

Allergy– towards Penicillin Appetite – good

Addiction – nil Sleep– sound sleep

Menstrual history

Age of Menarche-13yr

LMP-27/5/2021

PMP-29/4/2021

Vaginal discharge -nil

Previous menstrual cycle	Cycles after taking Ayurveda medicine
Irregular cycle	Regular cycle
Duration 3-35days	Duration 3 days
Interval 60 days	Interval 30 days
Dysmenorrhea ++	Dysmenorrhea -nil
Number of pad-10-12/day + 4-5 /night	Day-3 pad
Clots +++	Clots -nil

Obstetric history

P₂L₂A₀

Both FTND

LCB-19 years

Marital and sexual history

Marriage -23rd year

Sexual satisfaction – satisfactory

Contraceptive History

Postpartum sterilization –PPS done 19 years ago

Investigations

Blood group – O positive

VDRL, HIV, HBsAg – Negative

Tsh-1.43 µiu/ml Hb- 9.9gm/dl

FBS- 94mg/dl PPBS - 128mg/dl.

Endometrial curetting –secretory endometrium

Histopathology report (18/6/19)**Table 1: USG Reports**

15/6/19	Uterus-retroverted, no signs of myometrial lesion. Thickened endometrium-19mm Right and left ovary normal
15/5/20	Uterus retroverted ET- 14. 8mm No focal myometrial lesion noted Left ovary-normal Right ovary-cystic lesion measuring 2.2*2.2cm Impression -simple cyst in right ovary (functional cyst?)
6/10/20	Bulky uterus with mildly thickened endometrium with tiny cystic area ET-13.6mm Bilateral simple ovarian cyst –functional cyst
12/4/21	Uterus retroverted, ET-9mm right ovary- cystic (simple cyst)

Treatment**First phase – For 60 days***Sathavaryadi kashayam* 90ml bd before food*Pushyanuga choornam* 1tsp bd after food*Pravala bhasmam* 125mg bd after food**Second phase - 60 days***Panchathikthakam kashayam* 90ml bd before food*Musaleekhadiradi kashayam* 90ml bd before food*Pushyanuga choornam* ½ tsp HS*Asoka ksheerapakam* 60ml bd after food**RESULTS AND DISCUSSION**

After the completion of first phase treatment her cycles got regular with moderate menstrual bleeding. Other associated complaints like general weakness etc got subsided

Table 2: Comparison Between Before Study and After Study

Before Treatment	After Treatment
Thickened endometrium-19mm	ET-9mm
Irregular cycle	Regular cycle
Number of pad-10-12/day + 4-5 /night	Day-3 pad
Interval 60 days	Interval 30 days
Clots +++	Clots nil

Endometrial hyperplasia occurs due to the persistent estrogen support to the endometrial tissue that leads to disordered proliferative pattern in endometrium. In unrecognized cases it may lead to endometrial carcinoma. So, early detection and management is necessary in this condition. In this case she had a 19mm thickness of endometrium. Repeated therapeutic suctional evacuation helps to decrease

from her presenting complaints. But the condition is persists on her and she suffer a lot in each menstrual cycle due to heavy bleeding, both physically and mentally. She is allergic to several allopathic medications. So she is not willing to do hysterectomy surgery that is the final opinion of allopathic doctor's. Ayurveda medicine has the properties for normalizing the disordered proliferative pattern of endometrial tissue through this we can regulate her cycles. It also helps to prevent tendency of malignant changes of endometrium.

In this case the patient had *Kapha prakruthi*. The disease is *Kapha paitthika asrugdara*. So the line of treatment adopted here is *Kapha pitha hara* and also important give to follow appropriate diet and lifestyle also. In the first phase of treatment we adopt *Sthambana chikitsa*. Since *Roga* with *Pravara bala* and *Rogi* with *Avara bala*, *Sthambana* was the first line of choice in bleeding phase. Medicines were *Satavaryadi kashya*, *Pushyanuga choornam* which had *Seetha* and *Sthambana* property. *Pushyanuga choorna* contains *Raktha chandana*, *Manjishta*, *dataki* etc with *Sthambana* property^[9], due to *Seetha veerya*. Altogether the Yoga is *Pitha hara* and most of the drugs in *Pushyanuga choorna* are *Pitha kapha hara*. The yoga is *Thiktha kashya* rasa so it has *Kapha pitha hara* property. *Satavari kashaya* also have *Sthambana* property^[10]. *Pravala basma* also used in first phase, which had had *Raktah pitha samana* property, *Tridosahara* especially *Kapha vatahara* so used in first phase^[11]. Through this 60 days treatment itself her complaint of excess menstrual flow got decreased. Number of pads she used previously got reduced from 15-17 to 3-4 pads. Next phase of treatment was correcting her endometrial thickness. Increased

endometrial thickness is due to *Kapha dosa* involvement. The type of *Asrugdara* involved here is *Kapha paithika* so the second phase to normalize *Kapha* and *Pitha*. *Tiktha rasa* has the property of *Kapha pithahara* [12]. So *Pancha Thikthaka kshaya* is used in second phase. It also has *Seethe virya* and *Sthambana* property. *Musaleekhadiradi kashya* also has the same properties like *Sthambana*[13] *Asoka ksheera* is another drug used. *Ksheera* has the property of *jeevanam*[14]. It also has *Seetha virya* so we can use in *Amasoola*, *Pandu* etc. Here the patient is a *Pandu rogi* due to excess blood loss. *Asoka* with *Kashaya tikta madhura rasa* had property like *Kapha pithasamana*, *Sthambana*[15] etc. The bark of *Asoka* was used for menorrhagia from ancient time itself. *Asoka* was used as a uterine tonic, it acts like ergot but do not produce tonic contractions so *Asoka ksheera kalpana* was chosen.

CONCLUSIONS

Endometrial hyperplasia is the condition of abnormal proliferation of endometrial tissue in response to unopposed estrogen. Endometrial hyperplasia may lead to endometrial carcinoma if estrogen support continues. Clinical presentation of hyperplasia is irregular menstrual cycles associated with heavy menstrual bleeding. Endometrial hyperplasia can be managed with Ayurvedic treatment principles. *Asrugdara chikitsa* can be adopted based on *Dosha* predominance. Here *Kapha pithahara chikitsa* were adopted. The patient was weak so *Sthambana* was done in initial stage and in second stage, increased endometrial thickness was reduced with *Kapha pitha hara chikitsa* and finally medicine was also given to improve her general health including improvement in the Hb gm% value.

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