

Ayurvedic Management of Endometrial Hyperplasia in Perimenopausal Age – A Case Report

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Abstract— Perimenopause is the menopausal transition in which variation in normal cyclic pattern may be due to physiological hormonal changes or pathological. The histological changes in the perimenopausal endometrium are non-proliferative or proliferative benign or malignant lesions. The risk of endometrial hyperplasia may exceed 30% in perimenopausal women with abnormal uterine bleeding¹. Atypical endometrial hyperplasia may progress to or co-exist with endometrial cancer results from oestrogen stimulation unopposed by progesterone. Medical and surgical management options are available for endometrial hyperplasia. Patients may resort to medical management like hormonal therapy as the first line of treatment, which can cause severe complications including malignancy. In Ayurveda it can be correlated with *asrigdara* or *pradara*. Vitiated *rakta* & *pittavrutha apana vata* are involved in its *samprapthi*. This is the case report of a 50 years old female subject, came to the OPD of prasutitantra evum Streeroga of P.N.N.M. Ayurveda Medical College and Hospital, Cheruthuruthy c/o intermittent spotting per vaginam with a variable interval of 10-15 days and she unable to distinguish the menstrual phase since 4 months associated with hot flashes and tiredness. On pelvic examination she had normal sized retroverted uterus with endometrial polyp and mild blackish discharge from internal os. To rule out the underlying pathology, Ultrasound scan and Pap smear were done. USG report showed that thickened uterine endometrium with E.T-14.6 mm central. Pap smear report with heavy inflammatory smear. She was treated with Ayurvedic medications both internally and externally. Drastic improvement was observed in signs and symptoms as well as in USG report within few days.

Keywords— Perimenopausal age; Endometrial hyperplasia; Abnormal uterine bleeding; *Asrigdara*.

I. INTRODUCTION

Endometrial hyperplasia is the endometrial thickening with proliferation of irregularly sized and shaped endometrial glands and an increased endometrial gland and stroma ratio². The incidence of endometrial hyperplasia and endometrial carcinoma are more common in the perimenopausal and postmenopausal women³. The chronic endogenous estrogen stimulation of endometrium combined with insufficient levels of progesterone in perimenopausal age leads to endometrial hyperplasia and cancer. It is most common histopathological finding among perimenopausal age often causing symptoms of irregular or prolonged bleeding⁴. Based upon the presence of cytologic atypia, endometrial hyperplasia classified into hyperplasia without atypia and atypical hyperplasia. Women with atypical hyperplasia should undergo total hysterectomy because of high risk of underlying malignancy or progression to endometrial cancer. Medical management like hormonal therapy as the first line of treatment, which can cause severe complications including malignancy.

In Ayurveda it can be correlated with *asrigdara* or *pradara*. Vitiated *rakta* & *pittavrutha apana vata* are involved in its *samprapthi*. The *lakshanas* of *asrigdara* includes *athiprasanga* (excessive menstrual bleeding), *pravrutham anruthavapi* (intermenstrual bleeding), *anyath raktha lakshana* (deviation from normal menstrual bleeding).⁵ In *chikitsa siddhantha* of *asrigdhara* said to adopt the treatment principles

of *rakthaatisara*, *raktapitta* and *rakthaarsa*⁶. In *raktapitta chikitsa*, *sthambhana* therapy is contraindicated in the first line of management in person who is not weak and emaciated along with aggravated *dosas*⁷. In the present study, during 1st phase for *garbhasaya sodhana* internal medications were given, which helped to shed the thickened endometrium and during 2nd phase for the regulation of endometrial proliferation medicines were given internally which having *pittahara* & *rakthasodhaka* property and also action on *rakthavaha srotas*. External treatment such as twisting of the polyp, *yonipoorana* and *pichu* with medicines having *kaphapittahara*, *vruna sodhana* and *ropana* property helped to reduce the size of the polyp and cervical inflammation.

II. METHODOLOGY

A. Case Report

A 50 year old married woman consulted in the OPD of *Prasutitantra evum Streeroga*, P.N.N.M. Ayurveda Medical College and Hospital, Cheruthuruthy on 27th November 2020 with c/o intermittent spotting per vaginam with a variable interval of 10-15 days and she unable to distinguish the menstrual phase since 4 months associated with hot flashes and tiredness.

Treatment history: Tab.Traptic MF thrice daily for 5 days during heavy menstrual bleeding 4 months ago.

Family History: elder sister had undergone hysterectomy due to HMB.

Personal History: within in normal limits

Menstrual History:

Age of menarche: 13 years LMP: unable to distinguish
 Cycle: irregular Duration: variable
 Interval: 10-15 days Amount: spotting
 Clots: + Pain: absent

Obstetric History:

A0 P2 L2 1st – NVD
 LCB- 20 years ago 2nd – LSCS – over birth weight

Marital and sexual history:

Age of marriage: 23 years Coital history: satisfactory

Contraceptive history:

Method and time: Postpartum sterilization after 2nd delivery

B. On Pelvic Examination

On inspection, there was no abnormality detected

On per speculum examination, blackish vaginal discharge in mild amount without any specific odour and endometrial polyp seen through the internal os.

On bimanual examination, normal sized retroverted uterus.



Fig. 1: Per speculum examination

Investigations:

Blood: Hb: 11.7 gm%
 TSH: 2.6mIU/L

USG: Abdomen & pelvis (30/11/2020)

Uterus: retroverted, normal size (6.8*3.6*4 cm), E.T 14.6mm
 Thickened uterine endometrium

Papsmear (2/12/2020)

Heavy inflammatory smear

C. Treatment

1st phase: *Garbhasaya sodhanartham* (for 7 days from 27/11/2020)

- *Gandharvahasthadi kashaya* (20ml *kashaya* + 60ml lukewarm water bd B/F)
- *Pulimkuzhambu* (1tsp with *kashaya*)
- *Abhayarishtha* (30ml bd A/F)
- *Hinguvachadi gulika* (1 with *arishta*)
- *Drakshadi kashaya* (*panajala*)

External treatment:

- Twisting of the polyp with sponge holding forceps for 4 days from 30/11/2020
- *Yoni poorana* with *Patoladi kashaya* for 4 days from 30/11/2020
- *Yoni pichu* with *Jathyadi taila* for 3days from 1/12/2020

2nd phase: For regulation of endometrial proliferation (from 9/12/2020 after shedding)

- *Vasaguluchyadi kashaya* (20ml *kashaya* with 60ml lukewarm water morning B/F)
- *Patolakaturohinyadi kashaya* (20ml *kashaya* with 60ml lukewarm water evening B/F)
- *Rohitakarishtha*+ *Chandanasaava* (30ml bd A/F)
- *Drakshadi lehyam* (1tsp with milk at night)
- *Balaguluchyadi taila* (*thalam*)

III. OBSERVATIONS AND RESULT

On the first day of evaluation, there was blackish vaginal discharge in mild amount without any specific odour and endometrial polyp seen through the internal os. On the 7th day, marked reduction was noticed in the size of the polyp. On the 8th day, heavy menstrual bleeding for 4 days, then treatment get stopped, 12th day onwards there was no bleeding.

TABLE I. Results

Before treatment	After treatment
USG- Abdomen & pelvis (30/11/2020) Normal sized retroverted uterus. E.T – 14.6 mm Thickened uterine endometrium	USG- Abdomen & pelvis (29/12/2020) Normal sized retroverted uterus E.T- 3.7 mm
Intermittent spotting per vaginam with the interval of 10-15 days	Spotting stopped
Irregular menstrual bleeding with variable duration	Regular menstrual bleeding for 4 days in next 2 cycles
Endometrial polyp seen through the internal os.	Size of the polyp reduced
Hot flashes and tiredness present	Hot flashes and tiredness reduced

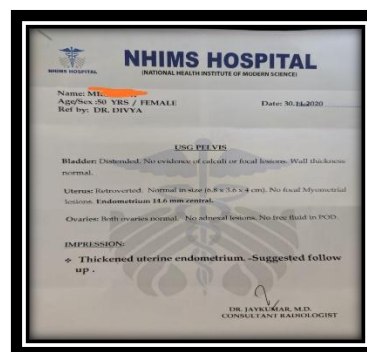


Fig. 2: USG report before treatment

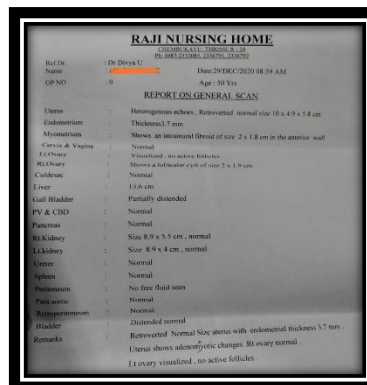


Fig. 3: USG report after treatment

IV. DISCUSSION

Disordered proliferative pattern of the endometrium due to persistent oestrogen stimulation in perimenopausal age leads to endometrial hyperplasia and it may progressed into endometrial carcinoma. So early diagnosis and treatment is very important. Ayurvedic management has a strong potential to breakdown the pathogenesis of endometrial hyperplasia and can prevent its progression into malignancy especially in perimenopausal age.

In the present study, during the first phase, internal medicines were given for *garbhasaya sodana*. *Apanavatanulomana* action of *Gandharvahasthadi kashaya*⁸, *garbhasaya sodhana & lekhana* action of *Pulimkuzhambu*⁹, *arsonasana and agnivaradhana* action of *Abhayarishtha*¹⁰ & *Hinguvachadi gulika*¹¹ helped to shed the thickened endometrium and reduce the size of the polyp.

External treatments such as twisting of the polyp with sponge holding forceps, *yoni poorana* with *Patoladi kashaya*¹² & *yoni pichu* with *Jathyadi ghrita*¹³, which having *kaphapittahara, vrunasodhana & ropana* property helped to reduce the size of the polyp and cervical inflammation.

During the second phase, internal medications were given for the regulation of endometrial proliferation by *pittahara, raktashodhaka* action. *Vasaguluchyadi kashaya*¹⁴, *Patolakaturohinyadi kashaya*¹⁵, *Rohithakarishtha*¹⁶ and *Drakshadi lehya*¹⁷ having action on *yakrith*, which is the *moola sthana* of *rakthavaha srotas* and *arthava* is the *upadhathu* of *raktha dhathu*. In modern view proper endometrial proliferation and shedding occurs by the influence of ovarian steroids such as oestrogen & progesterone, its metabolism takes place in the liver. So these medicines helped to correct the irregular menstruation.

*Drakshadi kashaya*¹⁸, *Chandanasava*¹⁹ & *Balaguluchyadi taila*²⁰ got very good action on reducing the hot flashes and tiredness by its *pittahara* property.

V. CONCLUSION

In the present study drastic improvement could be seen in signs and symptoms as well as in USG report within few days. The effective Ayurvedic management of endometrial hyperplasia with no adverse effects highlights the scope of traditional medicine in the various uterine disorders.

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