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 bleeding. 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 & pitta vṛutha apana vata are involved in its samprapti. This is the case report of a 50 years old female subject, came to the OPD of prasuti tantra 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 ratio. The incidence of endometrial hyperplasia and endometrial carcinoma are more common in the perimenopausal and postmenopausal women. 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 bleeding. 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 & pitta vṛutha apana vata are involved in its samprapti. The lakṣhanas of asrigdara includes athiprasanga (excessive menstrual bleeding), pravratham anruthavapi (intermenstrual bleeding), anyath raktah lakshana (deviation from normal menstrual bleeding). In chikitsa siddhantha of asrigdhara said to adopt the treatment principles of rakthaśīrasa, raktaśīrpa and rakthaśāra. In rakthaśīrpa chikitsa, sthāmbhāna therapy is contraindicated in the first line of management in person who is not weak and emaciated along with aggravated dosas. In the present study, during 1st phase for garbhhasaya 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 & rakhasodhaka property and also action on rakthavaha srotas. External treatment such as twisting of the polyp, yoni poorana and pichu with medicines having kaphapittahara, vrūna 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 Prasuti tantra evum Streeroga, P.N.N.M. Ayurveda Medical College and Hospital, Cheruthuruthy on 27th November 2020 with c/o intermittent spotting per vaginum 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
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 medicine 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 garbhhasya sodana. Apanavataporanloma action of Gandharvavahasthadi kashaya, garbhhasaya sodhana & lekhana action of Pulimukhavam, arsonasana and agnivardhana action of Abhayarishta & Hinguvachadi gulika 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 & yoni pichu with Jathvadya ghrita, which having kaphapittahara, vrun & rakthavaha srotas property helped to reduce the size of the polyp and cervical inflammation.

During the second period, medicines were given for the regulation of endometrial proliferation by pittahara, raktazhodaka action. Vasaguluchyadi kashaya, Patolakutuhothiyo kashaya, Rohithakarishta and Drakshadi lehya having action on yakrith, which is the moola sthana of rakthavaha srotas and arthava is the upadhatu 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, Chandanasava & Balaguluchyadi taila 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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