



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 *Raktastambhaka*, *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, Raktastambhaka 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 *Aruchihara* property; along with this *Dashmula Kashya* is also having *Tridoshashamaka*, *Vatavyadhihara* and *Basthishulahar* property.

CASE

REPO

RT –

Name

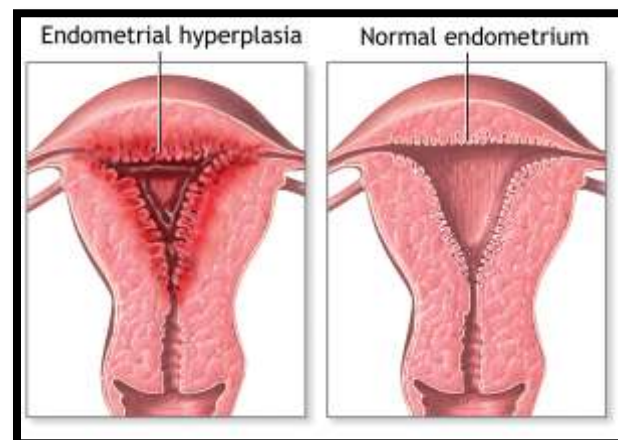
– Xyz

Age –

42 Yrs

Occup

ation –



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

– *Vyamishra*

Satva –

Madhyama

Pramana – *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)

Hb	8.8gm/dl	T3	91.13 ng/dl
TLC	9,600/cumm	T4	7.34 ng/dl
RBC	3.01 Mill/uL	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 Epi cells	Nil 1 – 2 /hpf
Sr TSH	4.02 Ulu/ml	---	---

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

Pap Smear Test – Negative

TREATMENT

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

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

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