

Ayurvedic Management of Endometrial Hyperplasia in early Adolescence Period - A Case Report

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ABSTRACT:

Endometrial hyperplasia (EH) is a uterine pathology representing a spectrum of morphological endometrial alterations. It is predominantly characterized by an increase in the endometrial gland-to-stroma ratio when compared to normal proliferative endometrium. Generally, endometrial growths are not malignant. They are normal tissue, but growing outside their normal location. These endometrial growths, just like the lining of the uterus, respond to the hormones of the female reproductive system and build up tissue each month, then break down to cause internal bleeding, inflammation and scarring. The most severe complication of this scarring is infertility. In *Ayurveda*, on the basis of sign and symptoms endometrial hyperplasia of uterus can be correlated with *LohitaksharaYonivyapada*. A 13 year old teenager girl visited the OPD of *Prasutitantra and Streeroga* department, having complaints of heavy menstrual bleeding with irregular cycles & severe lower abdominal pain. The present case revealed the *Raktastambhaka*, *Shothhara evum Tridoshahara* properties. *Ayurvedic* medicines prescribed in this case viz. *Shonitaragal Ras* (250 mg tab two times in a day after meal with water *Pushyanug yoga* (1/4th tsp three times in a day before meal with *Tandulodaka*), *Varunadikashaya* (25 ml two times in a day before meal with warm water), *Chandraprabhavati* (500 mg tab two times in a day after meal with water) and *Kanchnargugglu* (1 gm tab two times in a day after meal with warm water) in a known case endometrial hyperplasia with Bulky Uterus. USG scan of pelvis showed no hyperplasia of uterus after completion of treatment of- endometrial hyperplasia.

KEY WORDS: *Ayurveda*, Endometrial Hyperplasia, *Lohitakshara Yonivyapada*, *Raktastambhaka* Drugs.

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INTRODUCTION:

Endometrial hyperplasia is a disordered proliferation of endometrial glands. It results from the unopposed estrogenic stimulation of the endometrial tissue with a relative deficiency of the counterbalancing effects of progesterone. The irregular

growth of the endometrium results in an abnormal gland-to-stroma ratio and presents in a continuum of the spectrum of changes in the endometrium. The causes of estrogen excess could be endogenous or exogenous. One of the risk factors

associated with endometrial hyperplasia is a PCOD (Polycystic Ovarian Disease).

The incidence of endometrial hyperplasia has been estimated to be thrice the number of cases of endometrial cancer. Endometrial hyperplasia is thought to be a precursor to endometrial cancer, and if caught early, prevention to progression for cancer can be performed. The typical causes for endogenous estrogen excess include anovulatory cycles (perimenopause, polycystic ovarian syndrome (PCOS)), obesity, and estrogen secreting ovarian tumors. The exogenous causes include unopposed estrogen therapy, hormone replacement therapy (HRT), and tamoxifen (used in breast cancer treatment). Endometrial hyperplasia can be classified in to four categories based on the presence or absence of atypia.

1. Simple hyperplasia without atypia,
2. Complex hyperplasia without atypia,
3. Simple hyperplasia with atypia,
4. Complex hyperplasia with atypia.^[1]

Another classification is based on histology of endometrial tissues, simple hyperplasia, glandular hyperplasia and atypical hyperplasia. 2% of women with simple hyperplasia develop malignancy of endometrium. 4-10% of women with glandular hyperplasia develop endometrial cancer.^[2] However the therapeutic intervention includes continuous oral progesterone therapy and if not relief then surgery is only the line of treatment. Some common side effects include, abdominal cramps, Back pain, Breast tenderness, Hypotension and dizziness, Hypercoagulant state, Vaginal bleeding etc.^[3] In *Ayurveda* endometrial hyperplasia of uterus can be correlated with *Yonivyapada*. The *Lohitakshara Yonivyapada* is *Artava Atipravrutti* (excessive bleeding), *Akala Artava Dashana* (irregular menstruation), *Chosha evum Daha*.^[4] In

Ayurveda, this condition is characterized by *Lohitakshara Yonivyapad* which has been described by *Acharya sushrut* in *Yonivyapad* which presents - excessive bleeding or oozing of blood from vagina associated with burning sensation. Excessive oozing of blood occurs due to vitiation of blood and burning sensation due to vitiation of *Pitta*. Both symptoms coexist due to simultaneous vitiation of both *Pitta* and blood. Other symptoms include local suppuration, increased heat and burning sensation in the genital organs etc. Fever can also be present as a generalized symptom due to vitiation of *Pitta*.

The Causes as per *Ayurved* are enlisted below,;

- Excessive consumption of salty, sour, heavy, heat generating, food that creates burning sensation, oily, fatty food-eating before previous meal is digested
- Excessive intake of alcoholic beverages
- Not having meals on time
- Not following proper sleep patterns
- Lack of exercise
- Excessive grief
- Obesity / emaciation

Understanding of endometrial hyperplasia as per *Ayurveda*: Above mentioned causes aggravates *Vata* (energy responsible for movement) & *Pitta* (energy responsible for transformations). Vitiation of *Pitta* leads to increased fluid content of *Rakta* which affect the blood coagulation mechanism of uterus. The final step of pathogenesis occurs in *Rajovahasira* or the spiral arterioles. Expulsion of excess *Rajas* occurs through this *Rajovahasira*.

The amount of acidic blood is increased. Due to abnormal movements of *Vata*, it enters uterus & ovarian vessels in increased amount than usual. This rapidly increases thickness of inner lining. Simply, increased amount of menstrual blood is due to

excessive blood supply or congestion to the uterus & ovaries.

Ayurveda has a permanent cure for Endometrial Hyperplasia. The treatment principle includes controlling the bleeding, correcting the vitiated *Doshas*, correcting the hormonal status and preventing the recurrence along with regularizing the cycle. It reduces blood acidity & improves functions of *Vata* to avoid excessive blood entry to uterine vessels which reduces thickness of endometrium & achieves hormonal balance by supporting proper ovulation. Arrests heavy bleeding, clotting by astringent & cold potency formulations & reduces congestion at uterus.

In the present case study the patient had complaints of heavy menstrual bleeding and irregular menstrual cycle with severe lower abdominal pain as well weakness and fatigue. It was observed in the USG that she had increased endometrial thickness. All clinical features represent *Lohitakshara Yonivyapada*. Excess intake of *Amla*(sour), *Ushna*(hot), *Lavana*(salty) and *Kshara* (alkaline) food is the cause of *Pittaja* and *Raktaja dushti*. Excess menstrual flow and dense, heavy menstrual flow is the feature of *Paattika* and *Vattaja dosha dushti* along with *Rakta dhatu dushti*. That's why the treatment protocol was adopted first as *Raktapitaghna*, *Vatanulamana*, *Sthambhana* or arrest of bleeding which improves her general health by regularize the cycles.

CASE REPORT:

A 13year old teenager girl visited the OPD of *Prasutitantra* and *Streeroga* department, Govt. Ayurved College & Hospital, Panigate, Vadodara having complaints of heavy menstrual bleeding with irregular cycles & severe lower abdominal pain. Bleeding was only stopped after taking allopathic medicines since last 1.5 year and on investigation she was detected to have thickened endometrium of 15 mm with PCOD changes as per USG report (Figure-1) She undergone allopathic treatment for the same and was advised for laparoscopy as she was not willing for same she came to the Ayurvedic hospital with big hope.

In personal history, Bowel-regular; Appetite-good; Micturition-normal; Sleep-Sound

Menstrual history (Previous) (Table 1)

LMP-15/07/2022; PMP-2/07/2022

Menstrual History (Present) (When patient came to hospital 1st time) (Table 1)

Investigations: Hb-11.8gm%; FBS-108mg%; PPBS-133mg

Histopathology report done on 20/07/2022 showed disorder of proliferative endometrium as per USG Report (Table 2).

THERAPEUTIC INTERVENTION:

The details about the treatment protocol is mentioned in (Table 3)

1. Counselling of the patient.
2. According to *Dosha*, *Koshtha*, *Kala* & *Dosha avastha*, *Deepana*, *Pachana* was done.
3. *Shamana Chikitsa*

Table 1: Menstrual history:

Menstrual history	Previous	Present
Age of Menarche	11 years	-
Cycle	Regular	Irregular
Interval	27 days	Not fixed
Duration	4 days	Only stopped with allopathic medicine
No. of pads/day	5 - 6	10-12
Pain	Menstrual	Lower abdominal pain daily
Clot	Nil	Blackish clots during menstruation

Table- 2: USG findings:

20/7/2022 (Before treatment)	Uterus AV & of normal size Endometrial thickness - 15 mm PCOD changes Endometrial hyperplasia
21/5/2023 (After treatment)	Uterus AV & of normal size Endometrial thickness - 5 mm PCOD changes No endometrial hyperplasia was there

Table 3: Therapeutic Intervention:

Drug	Dose	Duration	Anupan
<i>Varunadikashayam</i>	25 ml Two times in a day	Before meal	<i>Samabhagkoshna jala</i> (Warm water)
<i>Churna: (Ashokachhal- 1 gm, lodhra 1 gm, pushyanug 1 gm, gairika 125 mg, godantibhasm 125 mg)</i>	1/4th tsp Three times in a day	Before meal	<i>Tandulodaka</i> (Normal rice water)
Tab. <i>Shonitaragal Ras</i> (250 mg)	Two times in a day	After meal	Water
Tab. <i>Chandraprabhavati</i> (500 mg)	Two times in a day	After meal	Water
Tab. <i>Kanchnargugglu</i> (1 gm)	Two times in a day	After meal	<i>Koshna jala</i> (Warm water)

Table- 4: Result:

Before treatment	After treatment
Thickened endometrium-19mm	ET 5 mm
Irregular cycle	Regular cycle
Number of pad-10-12/day + 4-5 /night	2-3 pads/day
Interval - not fixed	Interval - 35 days
Clots +++	Clots nil

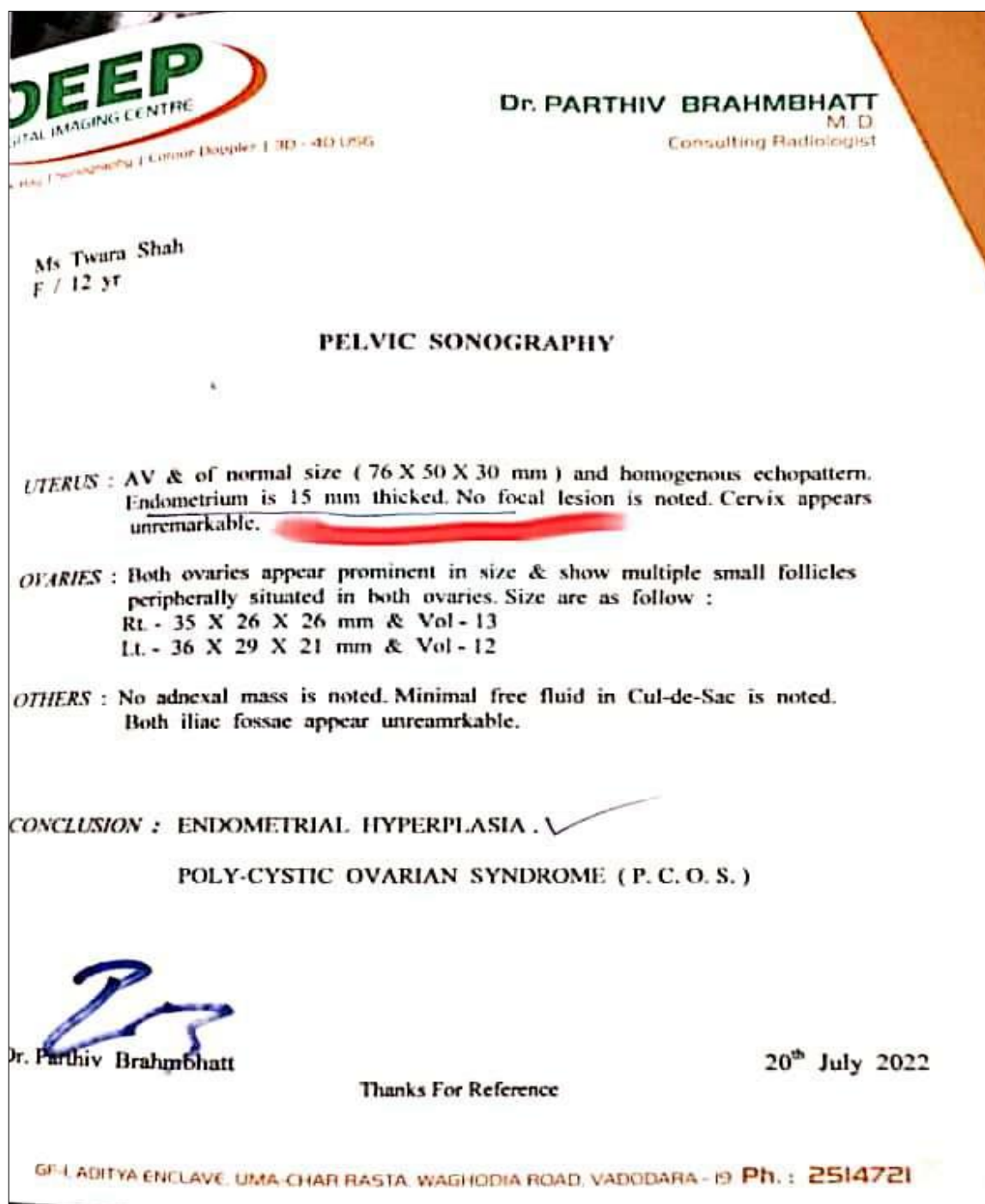


Fig-1: USG-Before Treatment

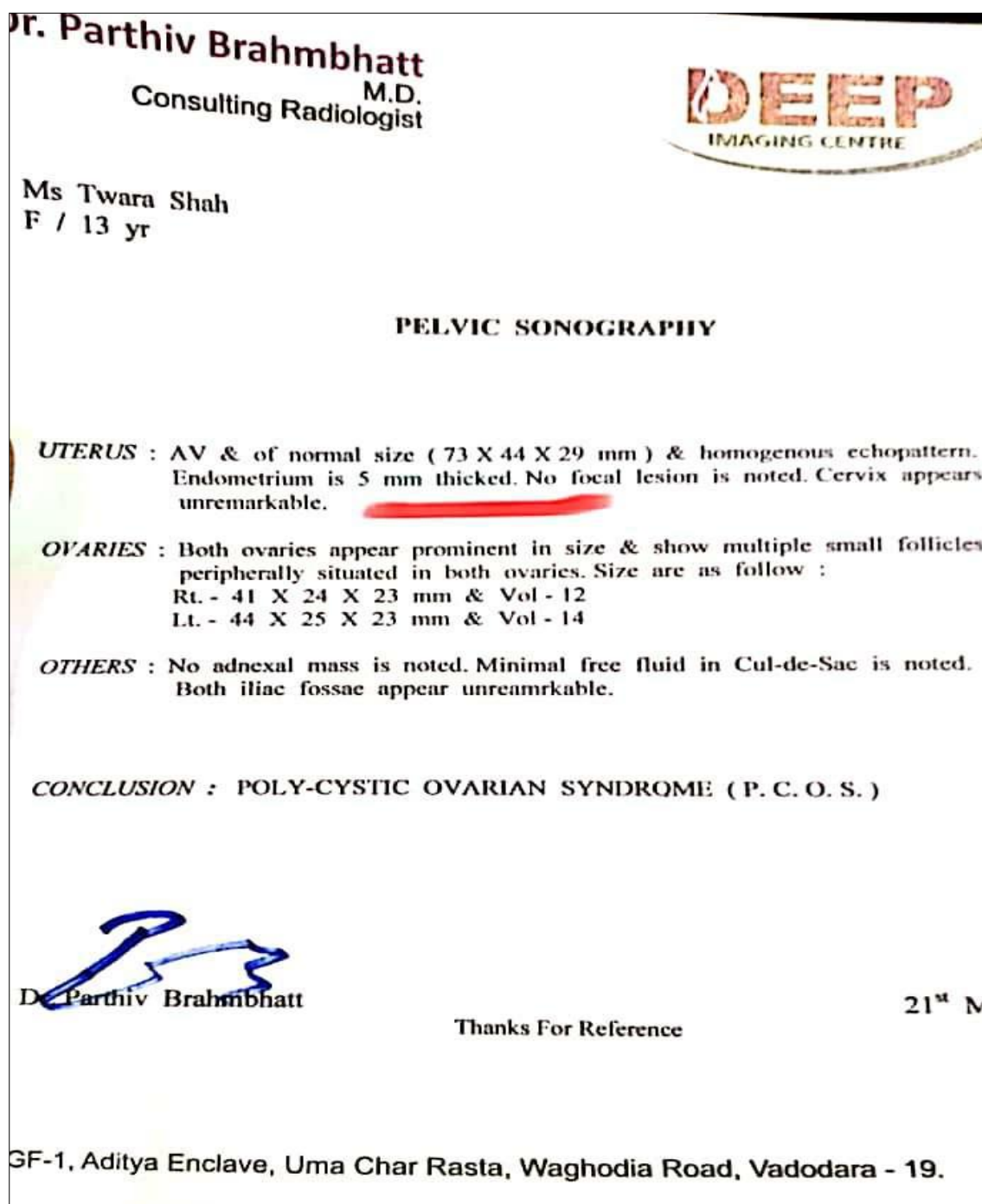


Fig-2: USG- After Treatment

RESULT AND DISCUSSION:

After starting treatment her cycles got regular with moderate menstrual bleeding. After completion of treatment other associated complaints like general weakness etc got subsided. Comparison between before study and after study (Table 4)

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 all the drugs act on reproductive system and improve the functions of uterus and *Artava*. (Especially *Bahipushpamenstrual* blood) **Varanadi Kashayam** is herbal formulation used in *Ayurveda* for the treatment of *Kapha* diseases including especially inflammation & PCOD. It is *shothahara* drug with its anti inflammatory action and has significant effect in correcting *Garbhashayashotha*. [5] **Pushyanugayogam** is having *Sheeta* and *Sthambhana* property. Altogether the *Yoga* is *Pithahara* and most of the drugs in *Pushyanugayogam* are *Pitta kapha hara*. [6] The *yoga* is *Tiktakashya rasa* so it has *KaphaPittahara* property.

The ingredients of **Shonitargalrasa** almost all possess *SheetaVirya* which helps in *Stambhana* (ceases) of the *Srava* (secretion) and reduce the excessive bleeding. [7] It is having *Pittahara* property which helps to reduce the symptoms of *Pitta vikara*. All the ingredients of *Shonitargala rasa* possess *Balya*, *Rasayana*, *Varnya*, which helps to give strength to the body.

Menstrual problems like pain, cramps or abnormal bleeding generally occurs due to an imbalance of *Vata-Pitta dosha*. **Chandraprabha Vati** helps to manage menstrual problems due to its *Vata-Pitta* balancing and *Rasayana* (rejuvenation) properties. [8]

KanchnarGuggulu treats various kinds of tumours, ovarian cysts, PCOS, and ulcers. It helps to reduce swellings and lumps by drying out the excessive *Kapha* and fluid within the body. It is made up of ingredients that have anti-tumour, anti-inflammatory, diuretic, and decongestant properties that help promote the body's healthy functioning. [9]

CONCLUSION:

Endometrial hyperplasia can be managed with *Ayurvedic* treatment principles. *Asrugdara Chikitsa* can be adopted based on *dosha* predominance. Here *Kaphapithahara Chikitsa* were adopted. The patient was weak so *Stambhana* was done in initial stage and in second stage; increased endometrial thickness was reduced with *KaphapithaharaChikita*. Hence above treatment protocol is said to be effective in management of Endometria Hyperplasia.

Consent of patient:

The consent of patient has been taken for publication and procedure without disclosing the identity of patient.

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