



Role of Basti in the Management of Endometrial Hyperplasia

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ABSTRACT- Menopause means permanent cessation of menstruation, perimenopause means period around the menopause. AUB is more common condition in the Menopause. AUB is the bleeding from the uterus that is longer than usual or that occurs at irregular time. Bleeding may be heavier or lighter than usual and occur often or randomly. AUB is more common in teenagers or in premenopausal women. Endometrial Hyperplasia is one of the common cause of AUB. The risk of endometrial hyperplasia may exceed 30% in perimenopausal woman with abnormal uterine bleeding¹. Heavy menstrual bleeding is clinical feature of this condition. Premenstrual period is more susceptible to endometrial hyperplasia. In Allopathy, surgical and medical management by hormonal therapy is the 1st line of treatment. In Ayurveda it can be correlated with "Asrugdara" or "Pradara". Heavy menstrual bleeding occurs here. The causes includes, excess intake of lavana(salt), Amla(sour), Guru(heavy), Teekshna(pungent), Snigdha(unctuous) food. There are four types of Asrugdara, i.e. vataja, pittaja, kaphaja and sannipataja². It's samprapti said by caraka is the agravated vayu withholding the rakta vitiated due to above causes increases its amount and then resulting rajah carrying vessels of the uterus increases immediately the amount of rajah i.e. the increase the amount of rajah is due to its mixture with increased blood³. This is the case report of 42 years old female subject who came to the OPD of prasutitantra and streeroga, Umred, Nagpur, Maharashtra with the complaint of irregular and heavy menstrual bleeding along with hot flushes and tiredness from last 3 years. Bleeding continues for so long once started. And recently complaints got increased within 5-6 months. She had taken Allopathic treatment from couples of doctors but not cured completely. On pelvic examination, she had normal sized uterus. She had done USG already, report showed thickened endometrium with E.T.16 mm. Here she was treated with Ayurvedic medications both internally and externally at our institute. Many changes has occurred like reduced numbers of pads from 10-12/day to 3 pads/day i.e. reduction in bleeding is observed, period became regular, hot flushes and tiredness decreased, a number of changes were observed within few days of treatment in USG report

Keywords - Abnormal Uterine bleeding, Asrugdar, Endometrial Hyperplasia, premenopause.

INTRODUCTION

Endometrial Hyperplasia is a condition where the lining of uterus (endometrium) becomes unusually thick because of having too many cells (hyperplasia). It's not a cancer but in certain women, it raises the risk of developing endometrial cancer, a type of uterine cancer. Unopposed action of oestrogen on endometrial tissue particularly around premenopausal or menopausal time leads to Endometrial Hyperplasia⁴. In Premenopausal women, premenopausal anovulatory cycle leads to unopposed estrogen action on endometrium. In obesity peripheral conversion of androgen into estrogen is the risk factor. In PCOS and feminizing ovarian tumor long term oestrogen stimulation leads to this condition. Endometrial Hyperplasia can be classified into 4 categories based on the presence or absence of atypia⁵ 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 hyperplasia⁶. 2% of women with simple hyperplasia developed malignancy of endometrium. 4-10% of women with glandular hyperplasia developed endometrial cancer. However atypical hyperplasia has 60- 70 % tendency to develop endometrial cancer. Simple hyperplasia without atypia responds 80% to progesterone but the response of atypical hyperplasia towards progesterone is only 50%⁷. In Ayurveda, we can correlate endometrial hyperplasia with Asrugdara or Pradara because main clinical feature of endometrial hyperplasia is excess menstrual bleeding and in Asrugdara, excess expulsion of rajah (menstrual blood) found. Acharya caraka opine the causes that, excessive intake of Amla (sour), Katu(hot), Vidahi(spicy), Guru(heavy), Snigdha(unctuous) substances, meat of domestic, aquatic and fatty animals, curd, sukta(vinegar), wine etc.⁸. The factors cause vitiation of vata and pitta. Vata controls the mechanism of human body. Due to vata vitiation, neural and endocrinal derangement may occur. Vitiation of pitta increases the fluid content of rakta. The final step of pathogenesis occurs in Rajovaha sira or spinal arterioles and hence excess expulsion occurs through this rajovaha siras. The principle treatment of Asrugdara includes to control the bleeding, to correct the vitiated doshas, to control the hormonal status and to prevent the recurrence along with regulating the cycle. The prognosis of Asrugdara is, all types of Asrugdara except sannipataja Asrugdara is curable⁹. The lakshana of Asrugdara includes athiprasanga (excessive menstrual bleeding), pravruttham anruthvapi (intermenstrual bleeding), anyth rakhta lakshana (deviation from normal menstrual bleeding). In chijitsa siddhanta of Asrugdara, the treatment is same like rakthasira, rakthapitta and raktharsha¹⁰.

In this case, the patient had complaints of heavy menstrual bleeding, intermenstrual bleeding and irregular menstrual cycle. Her USG report showed of endometrial thickness (16mm). According to her features, it is Pittaja Asrugdara. Excess intake of Amla (sour), Ushna(hot), lavana (salty) and Kshara(alkaline) food are the causes of Pittaja Asrugdara. The treatment principles are initially Stambana or arrest of bleeding and for endometrial thickness, Karshana or Lekhana therapy is

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needed. Hence here, oral medicines have given and Basti is applied and results were found within a few days of treatment.

MATERIAL and METHOD

A 42 years old married woman consulted into the OPD of Streeroga and Prasutitantra department at BMAC and H and RC, Umred, Nagpur with the complaints of heavy menstrual bleeding with clots, intermenstrual bleeding with irregular cycle from last 3 years. However, from last 6 to 7 months her complaints had increased. She took allopathic treatment for the same, she was advised to undergo Hysterectomy, but she was not willing for surgery. She has history of HTN and DM since 3 years and she was on medication for that.

TREATMENT HISTORY

She had complaints of heavy and continued menstrual bleeding with clots from 3 years but from 6 to 7 months her complaints got increased. She had taken treatment from allopathic doctors. Hemostatic drugs like T. Pause 500 mg TDS and hormonal therapy was given. Investigations done. On USG (6/11/19) found that the endometrial thickness is 16 mm. After medications, still she had repeated bleeding episodes, not relieved, and then she left that treatment. So she came in the OPD of Streeroga and Prasutitantra department for further management.

PERSONAL HISTORY

Bowels- regular

Addiction – no

Micturition- Normal

Sleep – sound sleep, No any allergy to medicines

FAMILY HISTORY- Normal

MENSTRUAL HISTORY

Age of Menarche – 13 years

Cycle – irregular

pads/day

LMP – 17/9/22

Amount - No. of pads – 10 to 12

Duration – continued for 15 to 20 days

Intervals – within 15 days

Vaginal discharge – Nil

Clots - +++++

Pain – absent

OBSTETRIC HISTORY

P2L2A1 G1- 3 months spontaneous abortion

G2- Mch, 21 years FTND

G3- Mch, 17 years FTND

MARRITAL HISTORY- Age of marriage- 20

SEXUAL HISTORY – Satisfactory

CONTRACEPTIVE HISTORY - Method and Time – TL not done

ON PELVIC EXAMINATION- On inspection- no abnormality detected, only vaginal bleeding seen with clots on pad

INVESTIGATIONS - Blood – HB 10.1%, TSH – 3.22 , BSL – F- 107 mg/dl, PP- 129 mg/dl

USG Abd and pelvis – shows Endometrial hyperplasia (6/11/19)

DATE	USG REPORTS
6/11/19	Endometrium shows increase in size and echogenicity. Size of endometrium is 16.4 mm
21/7/22	Endometrium is thickened . Size of endometrium is 12.6 mm
13/12/22	The endometrial echo is in the midline , size is 10.5 mm, the uterus and both ovaries are normal.

TREATMENT –

- Internal treatment – given for 3 months continue
 1. Chandanasava – 10 ml BD with 10 ml water
 2. Pushyanuga vati with tandulodaka – 1 BD
 3. Chandraprabhavati – 2 BD
 4. Ashokarishta – 10 ml BD with 10 ml water
 5. Saptamruta lauha 1 BD
- External treatment – After 15 days of internal medicines, Basti given for 8 days continuously in alternate day manner.
 - Anuvasana Basti – Balatail (40 ml) + Tiltail (20ml)
 - Niruha Basti – Erandmulkwath (500 ml) + Gomutra (50 ml)
- After Basti process, Patrangasava 10 ml BD with 10 ml water, added.

OBSERVATION and RESULT-

In this case, while taking internal medicines she got mild relief from hot flushes and tiredness. But her menstrual bleeding started and continued for 12 days. Hence, Oral medicines were continued. After stopping of menses, Basti Chikitsa started for 8 days continued in alternate day manner.

COMPARISION BETWEEN BEFORE TREATMENT and AFTER TREATMENT

BEFORE TREATMENT	AFTER TREATMENT
Thickened endometrium – 16 mm	Endometrial thickness- 10.5 mm
Irregular cycle	Regular cycle
No. of pads -10-12/day	3 pads/day
Interval 15 days a month	30 days interval
Clotts +++	No clots

DISCUSSION –

Endometrial hyperplasia is the endometrial thickening with proliferation of irregularly sized and shaped endometrial gland and stroma ratio¹¹. Disorderd proliferative pattern of endometrium due to persistent estrogen stimulation in premenopausal age leads to endometrial hyperplasia and it may convert into endometrial carcinoma. So early diagnosis and

treatment is necessary. In this case patient had 16 mm endometrial thickness. She had taken many oral medicines of allopathic, but she got temporary relief, after stoppage of medicines again bleeding used to get started. Hence she suffered physically and mentally too. And due to covid pandemic she ignored her health. She was advised for Hysterectomy but she refused to do it. Then after she came here in Ayurvedic hospital. Ayurvedic medicines have properties for regulating the menstrual cycle and to decrease the endometrial thickness. And it also helps to prevent the progress of malignant changes of endometrium.

In this present study, according to her symptoms, she had Pitttik asrugdara, so the line of treatment was pittahara treatment. In 1st phase of treatment, we have given stambhana Chikitsa in the form of internal medicines. Medicines were Chandanasava, chandan is sheet and having stambhak property. Chandanasava has very good role on reducing hot flushes and tiredness by its pittahara property¹². Ashokarishta, Ashok is also sheet virya, it is also stambhak drug, hence used in Raktapradara¹³. Chandraprabhavati have good action on genitourinary system. Pushyanugavati with tandulodaka anupana also have stambhak property. Pushyanugavati contains raktachandana, manjishtha, dhatki etc with stambhak property due to sheet virya¹⁴. Altogether the yoga is Pittahara. Saptamruta lauha given as heamatenic because due to heavy blood loss to fillup the deficiency of blood. By this treatment, her excessive menstrual flow got decreased. The quantity of menstrual pads reduced from 10-12 pads/day to 3-4 pads/day. The weakness reduced. External treatment includes the treatment for endometrial thickness. We have given here Basti Chikitsa¹⁵, which was used for lekha and karshana karma of the endometrium ultimately Garbhashayashodhana. Anuvasana Basti and Niruha Basti were given alternate day for 8 days. In Anuvasana Basti, Balatail and Tiltail used. Balatail for balya property for endometrium¹⁶ and Til tail for vatshamana used. In Niruha Basti, Erandmula and gomutra were used. Eranda has tikshna guna hence can be used for lekha and garbhashaya shodhana¹⁷. Gomutra ia also tikshna guna so used for lekha¹⁸. Along with that Yoga and proper diet was advised.

CONCLUSION-

Endometrial hyperplasia is a condition of abnormal proliferation of endometrial tissues in response to unopposed estrogen. Endometrial hyperplasia may lead to endometrial carcinoma. The risk of endometrial hyperplasia may exceeds 30% in premenopausal women if left untreated. Heavy menstrual bleeding is the main symptom of Endometrial hyperplasia. Endometrial hyperplasia can be managed and corrected by Ayurvedic treatment. Asrugdara can be treated according to Doshas it contains. Here it is Pitttik Asrugdara hence Piittahara treatment was given. Initially Stambhana Chikitsa done and then garbhashayalekhana and garbhashayashodhana Chikitsa done. Heamatenic medicines were given to improve the HB % value. Yoga and diet was advised to improve her health and mental peace.

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