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Ayurvedic Interventions For Endometrial Hyperplasia: A Comprehensive Case Study

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Abstract:

Introduction: Endometrial hyperplasia is a uterine pathology in which proliferation of endometrial glands with a resulting increase in gland to stroma ratio and represents a precursor to the most common gynecologic malignancy in developed countries, endometrial cancer. It can be estimated that up to 10% of women at the age of menopause may exhibit asymptomatic endometrial hyperplasia. The incidence of endometrial hyperplasia increases with age, and the peak incidence is in the early 50s. The most common presentation of endometrial hyperplasia is abnormal uterine bleeding, often in the form of heavy menstrual bleeding. *Asrigdara* is a condition in which excessive, prolonged or intermenstrual bleeding per vagina are the main symptoms.

Case Presentation: The patient in this case had complaint of Prolonged heavy menses (4-5 pads/day) since 20 days. After not achieving satisfactory results with other treatment, she came for Ayurvedic management in OPD of PTSR at ITRA, Jamnagar.

Management and Outcome: She was managed with oral medications including *Aragwadhadi kashaya*, *Katuki churna* and *Kaishora guggulu* showed significant relief in symptoms. Following this protocol, the patient has Second menstrual cycle after treatment was regular, in normal quantity and without clots. Her ET has also come to normal thickness in USG.

Key words: Ayurveda, Endometrial hyperplasia, *Asrigdara, Aragwadhadi kashaya, Katuki churna, Kaishora guggulu*

INTRODUCTION

Endometrial hyperplasia is a uterine pathology in which proliferation of endometrial glands with a resulting increase in gland to stroma ratio and represents a precursor to the most common gynecologic malignancy in developed countries, endometrial cancer. 2% to 20% during the premenopausal period and up to 20% after menopause. It can be estimated that up to 10% of women at the age of menopause may exhibit asymptomatic endometrial hyperplasia.[1] premenopausal women, pre-menopausal anovulatory cycle's leads to unopposed estrogen action on endometrium. In obesity peripheral conversion of androgens in to estrogen is the risk factor. In polycystic ovarian syndrome and feminizing ovarian tumor long term estrogen stimulation leads to this condition.[2]

In Ayurveda, endometrial hyperplasia characterized mainly by heavy menstrual bleeding can be correlated with *Asrigdara*, a condition marked by excessive expulsion of *Rajas* (menstrual blood). The term *Pradara* is often used synonymously with *Asrigdara*. According to Acharya Charaka, excessive consumption of *Lavana* (salt), *Amla* (sour), *Guru* (heavy), *Katu* (pungent), *Vidahi* (irritant), and *Snigdha* (unctuous) foods, along with

meat from domestic and aquatic animals, curd, vinegar (*Sukta*), and wine etc., are causative factors.[3] All these cause vitiations of *Vata* and *Pitta*. *Vata* is contributing to the controlling mechanism of human body. So, in *Vata kopa* neural and endocrinological derangement may occur. 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 *Rajovaha sira* or the spiral arterioles. Expulsion of excess *Rajas* occur through this *Rajovaha sira*. The treatment principle of *Asrigdara* include controlling the bleeding, correcting the vitiated *dosha*, correcting the hormonal status and preventing the recurrence along with regularizing the cycle. Depending upon prognosis all types of *Asrigdara* expect *Sannipataj* is curable.[4]

In this case the patient had complaints of heavy menstrual bleeding and irregular menstrual cycle. It was identified that she had increased endometrial thickness in USG. From the clinical features took it as *Kapha pittaja asrigdara*. Excess intake of *Amla* (sour), *Ushna* (hot), *Lavana* (salty) and *Kshara* (alkaline) food is the cause of *Pittaja Asrigdara*. *Kaphaja Asrigdara* occurs due to excess intake of *Gurvadi dravya*. Excess menstrual flow is the feature of *Pittaja pradara* and dense, heavy menstrual flow is the feature of *Kaphaja pradara*.[5] The patient had features of *Kapha prakruti*. So, the treatment principles are first *Stambhana* or arrest of bleeding because the patient was very weak, then *Kapha pittahara chikitsa* to, regularize the cycles and then treatment to improve her general health.

Case Overview

A 41 years old woman visited the *Prasuti Tantra Evum Striroga* OPD, ITRA, Jamnagar with concern of Prolonged heavy menses (4-5 pads/day) since 20 days. Her menstrual history revealed irregular cycles with prolonged duration and no pain. She was diagnosed with ET 22mm based on her USG findings. The patient had history of Covid (1.5 yrs ago). The patient had no history of hypertension, Hypothyroidism, DM or any other medical condition. No any surgical procedure was done. Her family history mother was K/C/O DM II & HTN. She had good appetite, Regular bowel movements, urinated 3-4 times a day and sleep duration averaged 8 hours at night. Her menarche was at the age of 14 years. Interval of her menstrual cycles was 60 to 90 days with 20 to 22 days' duration, heavy flow with clots and no pain. She got married at the age of 21 years and her obstetrical history was 2 live children (FTND). Furthermore, there was no history of contraceptive use.

Clinical findings

On physical examination, pallor was present and Icterus, clubbing, cyanosis and lymphadenopathy were absent. Her Pulse was 78/min and her BP was 110/70 mm hg. Her height was 160 cm and weight was 70kg [BMI – 27.3 kg/meter2]. On systemic examination, no abnormality was seen. On abdominal examination no abnormality was detected and per speculum examination revealed healthy cervix without any abnormal vaginal discharge only bleeding present.Per vaginal examination revealed anteverted anteflexed mobile uterus with no tenderness, firm cervix without cervical motion tenderness and clear bilateral fornixes.

Ashtavidha Pariksha (eight-fold examination) revealed *Nadi Pitta Pradhana Kaphaja*, *Mootra Pravruti* was 3-4 times/day. *Mala Pravruti* 1time a day, which was of normal consistency. *Jihva* was *Saama* (whitish coated). Patient's *Aakriti* (general body built) was *Madhyama*.

Dashavidha Pariksha (tenfold examination) of the patient was done which illustrates that the patient was *Vata-Kapha Prakriti* (physical built), *Vikriti – Pitta-Kapha Pradhana*, *Sara* and *Samhanana* were *Madhyama*, *Satva- Madhyama*. The patient had *Guru*, *Snigdha*, *Amla*,*Katu* and *Lavana rasa Priyata* with *Madhyama Abhayavarana Shakti*, *Jaran Shakti*, and *Vyayama Shakti* was *Avara*, which reveals that *Roga* and *Rogi Bala* were *Madhyama*.

Investigations

Her blood (Hb-10.10gm%) and urine investigations were normal. Her USG findings showed Uterus is anteverted, bulky in size (8.8x4x5.5 cm, 105cc), adenomyotic echotexture, ET- 22mm and Right ovary shows a simple cyst (3.8x 2.6cm). Her HSG revealed bilateral patent fallopian tubes.

Treatment Protocol

1. *Aragwadhadi Kashaya*[6] (10 gm *Yavakut* made to 45 ml *kwatha*)- BD, empty stomach.
2. *Katuki Churna*[7]- 3 gm, BD, After food with *Draksha jala* and *sharkara*
3. *Kaishora Guggulu*[8]- 2 tablets, BD, After food with warm water

Follow-up and outcome

After 2 days of oral medication bleeding got stopped. After 2 weeks of treatment ET has reduced to 14mm (from 22 mm). She got her next cycle after 18 days of stoppage of bleeding which was heavy but not prolonged and quantity of clots were also less. Second menstrual cycle after treatment was regular, in normal quantity and without clots. Her ET has also come to normal thickness in USG.

Observation

Parameter	BT	1st cycle	2nd cycle
M/H	Irregular	Irregular	Regular
	22 days	5 days	5 days
	3 months	38 days	27 days
	Clots ++	Clots +	Clots -
	D_{1-5} Spotting $D_{>5}$ Pads 4-5/d	D_1 Pads 2/d D_{2-4} Pads 4-5/d D_{5-6} Pad 1/d	D_1 Pads 2/d D_{2-4} Pads 4-5/d D_5 Pad 1/d
ET	20 mm	14 mm	6 mm

Discussion

The patient is overweight (27.34 BMI) and had a family H/O DM II and HTN (maternal). She had *Santarpanajanya nidana* (*Guru, Snigdha, Amla, Lavana, Dadhi, Divaswapana, Vidahi, Viruddha Ahara, Ajirna, Adhyashana*) too. It resulted in *Pitta Kaphavruta Vata* vitiation and led to symptoms of prolonged, heavy and delayed menses. The *guna* vitiation involved is *Guru, Snigdha, Ushna* and *Drava guna*. Initial focus of treatment should be *Pitta Kapha shamaka*. *Aragwadhadi kashaya* is *Kapha Pitta shamaka*. It is *kledahara* (indicated in *prameha*) which can treat vitiated *Guru, Snigdha,Ushna* and *Drava guna*, it promotes mild *Shodhana* as well. Due to *Tikta rasa* and *Seeta veerya Katuki* will act on *pitta* vitiated *rasa* and *rakta dhatu*. It is also having *Bhedana* action. It augments *Agni* and cleanses the blocked *Srotasas*. *Katuki* is also *Pitta- Kapha shamaka*. *Kaishora Guggulu* is *Tikta* and *Kashayarasa pradhana* and it is *Deepana* and *pachana*.it reduce *Kleda guna* of *Rakta, Kapha* and *Ama*. Due to its *lekhana* and *shoshana guna* it helps in removing *avarodha* of *srotas*. The combination is *Tridoshahara*. All these medicines altogether acted against the vitiated *guna*. It removed the *Kapha Pitta avarana*, did *Srotoshodhana* by *Amapachana* and *Kledaharana*. It helped in the *Sodhana* of thickened layer of endometrium due to estrogen unopposed by progesterone. Endometrial hyperplasia in perimenopausal age is a common clinical scenario which affects the day-to-day life of women. With simple administration of oral ayurvedic drugs can relive the symptoms and will be benificial in surgery contraindicated patients and preventing HRT. In this case study oral medications including *Aragwadhadi kashaya, Katuki churna* and *Kaishora guggulu* showed significant relief in symptoms.

Patient consent details

Authors declare that they have obtained a patient consent form, where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity.

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USG Findings

09-May-2023

USG PELVIS - TVS

Urinary bladder appears normal.

Uterus is anteverted, bulky in size and show adenomyotic echotexture.
Uterus size: 8.8 x 4.0 x 5.5 cm, volume: 105 cc
Endometrial cavity is filled with mixed echogenic areas with maximum thickness at body is 22.0mm.

Right ovary shows a simple cyst of size 3.8 x 2.6 cm,
Left ovary: 1.9 x 2.6 cm.

No evidence of free fluid in the pelvis.

IMPRESSION:

Bulky uterus.
Mixed echogenic areas within endometrial cavity. ? clots

Facilities • Digital X-Ray • Sonography • 4D USG • MULTI-SLICE CT SCAN • MRI • Colour Doppler • Portable X-Ray • ECHO • OPG • CBCT

Dr.Jayesh Patel
M.D.Radiologist

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Blood Investigation

Name : Mrs. RITA SARAVANAN
Lab No. : 314256171
Ref By : DR. D. H. BHAGDE SIR (M.D.,D.G.O.)
Collected : 15/05/2023 07:01:00 PM
A/c Status : P
Collected At : M21-Walk in cash Jamnagar
Ground Floor, Rudrax Complex, Nr. Dr.Takvani's Hospital,Walkeshwari Nagari

Age : Female
Gender
Reported : 15/05/2023 07:45:25 PM
Report Status : Final
Processed At : BINDISH DIAGNOSTIC LABORATORY LLP GROUND FLOOR, RUDRAX COMPLEX, NEAR DR.TAKVANI'S HOSPITAL, WALKESHWARI NAGARI, INDIRA MARG, JAMNAGAR-GUJARAT-361008

Test Report

Test Name	Result	Unit	Biological Reference Interval	
COMPLETE BLOOD COUNT (CBC) (Electrical Impedence, Photometric)				
Hemoglobin	10.10	g/dL	12 - 15	
Packed Cell Volume (PCV)	29.50	%	40 - 50	
RBC Count	3.67	Million/Cu mm	4.5 - 5.5	
MCV	80.00	fL	83 - 101	RBC
MCH	27.50	Pg	27 - 32	
MCHC	34.20	g/dL	31.5 - 34.5	
Red Cell Distribution Width (RDW)	16.20	%	11.60 - 18.00	
Total Leukocyte Count (TLC)	11300.00	/cmm (Electrical Impedence)	4000 - 10000	
Differential Leucocyte Count (DLC)				
Segmented Neutrophils	51.80	% (Flow Cytometry)	40.00 - 80.00	WDF
Lymphocytes	38.90	% (Flow Cytometry)	20.00 - 40.00	
Monocytes	5.30	% (Flow Cytometry)	2.00 - 10.00	
Eosinophils	4.00	% (Flow Cytometry)	1.00 - 6.00	
Basophils	0.00	% (Flow Cytometry)	<= 2.00	
Absolute Leucocyte Count (Calculated)				
Neutrophils	5853.40	/cmm	2000 - 7000	
Lymphocytes	4395.70	/cmm	1000 - 3000	PLT
Monocytes	598.90	/cmm	200 - 1000	
Eosinophils	452.00	/cmm	20 - 500	
Basophils	0.00	/cmm	0 - 100	
Platelet Count	399000	/uL (Electrical Impedence)	150000 - 450000	