



**ORIGINAL RESEARCH PAPER**

**Obstetrics & Gynaecology**

**A CASE STUDY ON AYURVEDIC MANAGEMENT OF ENDOMETRIAL HYPERPLASIA**

**KEY WORDS:** endometrial hyperplasia, dysmenorrhea, Asrigdhara

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**ABSTRACT**

Endometrial hyperplasia is a condition of the female reproductive system. The lining of uterus becomes unusually thick causing heavy or abnormal uterine bleeding. Woman who are perimenopausal or menopausal are more likely to have endometrial hyperplasia. It is not cancerous but in certain women atypical endometrial hyperplasia raises the risk of endometrial cancer. The main cause of endometrial hyperplasia is high level of estrogens combined with insufficient levels of progesterone. The treatment is mainly done by hormone therapy, especially by progesterone. In Ayurveda the condition named asrigdhara is associated with heavy menstrual bleeding. It is a condition where menstruation comes in excess amount, for prolonged period and is associated with many other symptoms depending on the dosha predominance. Asrigdhara chikitsa can be adopted in cases of excessive bleeding after doing rogi pareeksha and analysing the status of doshas. This is a case report of 51 year old lady who presented with heavy menstrual bleeding associated with severe dysmenorrhea and lower abdominal pain. On USG she was detected to have thickened endometrium, Rt. Ovarian simple cyst and Lt. hydrosalpinx. Based on the clinical features presented by the patient rakthasthambhana followed by dosha samana was done. Bleeding had completely stopped by the initial phase medication itself. After 6 months of internal medication all associated complaints reduced considerably.

**INTRODUCTION**

Endometrial hyperplasia is the endometrial thickening with proliferation of irregularly sized and shaped glands and an increased gland to stroma ratio<sup>[1]</sup>. It develops in women of 40-50 years. Amongst numerous factors, unopposed estrogen appears to be the primary factor. Premenopausal persistent anovulation is almost a constant factor<sup>[2]</sup>. Other predisposing factors are diabetes, obesity, or polycystic ovarian syndrome. In most of the cases it is benign in nature and is the most probable cause of dysfunctional uterine bleeding (DUB) in perimenopausal period. Common symptoms of endometrial hyperplasia are heavy menstrual bleeding, intermenstrual bleeding or spotting, postmenopausal bleeding, dyspareunia and anemia. Hyperplasias are classified as simple or complex, based on the presence or absence of architectural abnormalities of the endometrial gland<sup>[3]</sup>. They are additionally classified into four:<sup>[4]</sup>

1. Simple hyperplasia
2. Complex hyperplasia
3. Atypical simple hyperplasia
4. Atypical complex hyperplasia

Atypical endometrial hyperplasias are clearly associated with the subsequent development of adenocarcinoma. Simple atypical hyperplasia is relatively uncommon diagnosis. In general, most have a complex architecture<sup>[5]</sup>. The treatment on endometrial hyperplasia is mainly with hormone therapy, especially with progesterone. Hysterectomy may be an option in case of atypical endometrial hyperplasia and if the fertility need not to be preserved. In Ayurveda the condition can be correlated to asrigdhara. It is a condition where menstruation comes in excess amount, for prolonged period and is different from normal menstrual blood<sup>[6]</sup>. Excessive intake of lavana(sault), amla(sour), guru(heavy) and vidahi(causing heart burn) type food articles cause suppression of vayu but aggravates rakta. As rakta and pitta are quite similar in their properties naturally the causes vitiating rakta would aggravate pitta also. The vitiating pitta covering vayu aggravate it which in turn withhold the raktha causing its increase and increases the quantity of raja. This results in the excessive menstrual flow<sup>[7]</sup>. Asrigdhara is of four types: vataja, pittaja, kaphaja, and sannipathaja. In vataja asrigdhara the discharged menstrual blood is frothy, thin, blackish red in colour and is associated with severe pain in flanks, back and pelvis<sup>[8]</sup>. In pittaja asrigdhara

bleeding will be profuse and associated with burning sensation and giddiness<sup>[9]</sup>. Kaphaja asrigdhara is having the features of excretion of thick menstrual blood with mild pain and associated with other symptoms like vomiting, anorexia and nausea<sup>[10]</sup>.

In this case the patient had heavy menstrual bleeding associated with severe dysmenorrhea and pelvic pain. She also had the feeling of increased body heat. In USG she is detected to have increased endometrial thickness along with Rt. Ovary simple cyst and Lt. hydrosalpinx. Histopathology report showed the disorder of proliferative endometrium. The patient was of vata-pitta prakriti and her clinical features found to be more similar towards that of vata pittaja asrigdhara. The initial step of treatment was sthambhana to arrest bleeding as the patient was found to be very weak due to profuse bleeding followed by dosha samana.

**Case Report**

A 51 year old woman approached the OPD of Prasutitantra and Striroga, Govt. Ayurveda collage, Thiruvananthapuram with heavy menstrual bleeding for 1 and half month associated with severe dysmenorrhea and low back pain radiating to right leg. She was having the same complaint for last 1 year and had taken allopathic treatment for the same.

**Treatment history**

She had a complaint of heavy menstrual bleeding in last year and consulted in an allopathic hospital and on investigation she was detected to have thickened endometrium of 19 mm with multiple cystic spaces, subserous right lateral fibroid of 5.5\*4.7 cm, simple right ovarian cyst and hydrosalpinx on left adnexa. She was admitted in the modern medicine hospital under gynecology unit on 22/05/2020 and underwent D&C procedure. After D&C associated complaints like low back ache and leg pain persisted. She again had repeated bleeding episodes in last year. They advised hysterectomy but she was not willing for that. So she came to Prasutitantra & Striroga OPD for further management.

**Personal history**

Bowel – regular  
Appetite – good  
Micturition – normal

Sleep – sound

**Menstrual history** (Previous)

LMP – 26/04/2021

PMP – 9/04/2021

Age of menarche	13 years
Cycle	Regular
Interval	27 days
Duration	4 days
No. of pads per day	5- 6
Pain	Menstrual
Clots	Nil

**Obstetric history**

P2L2A1

Nature of delivery – FTND

LCB – 20 years

**Marital and Sexual history**

Age of marriage – 27 years

No sexual contact since 3 years

**Contraceptive history**

PPS done 20 years back

**Investigations**

Hb- 11.8 gm%

FBS – 108mg%

PPBS – 133mg%

**Histopathology report (26/05/2020)**

Disorder of proliferative endometrium

**Usg report**

22/05 /2020	Uterus RV ET – 19mm Rt. Ovary simple cyst of 3.1*2.1 cm Lf. Adnexa enlarged cystic structure – Hydrosalpinx?
3/08/2020	Uterus RV Rt ovary- simple cyst of 3.8*2.2cm ET- 9mm Lt.hydrosalpinx
6/04/2021	RV utrus ET – 7.2mm Rt ovary unilocular cyst Lf. Hydrosalpinx
11/09/2021	ET – 5mm Lf. Hydrosalpinx

**TREATMENT**

**first visit**

- Vasaguluchyadi kasayam 90ml bd before food
- Guggulu panchapala choornum 1 tsp with honey bd after food
- Punarnavasavam 25ml bd after food
- Brihat thriphala choornum 1 tsp with hot water at be time

**Second Visit**

- Guluchyadi kasayam 90ml bd before food
- Pushyanuga choorna 1 tsp bd with honey
- Guggulupanchapala choornum 1tsp with honey bd after food
- Avipathi choornam 25gm with hot water in empty somach for virechana once in 2 weeks

**Third visit**

- Guggulupanchapala choornam 1tsp with honey bd after food
- Vara choornam 1 tsp with hot water bd
- Lohasindooram 2 pinch with honey bd after food

- Avipathy choornam 25 gm for virechana

**RESULT AND DISCUSSION**

After completion of treatment her bleeding had stopped and all associated complaints like lower abdominal pain, low backache, fatigue etc got subsided. She attained menopause without any perimenopausal complaints.

Endometrial hyperplasia is one of the prevalent reason for perimenopausal bleeding which directly affect the physical and mental health status of a woman. Through proper diagnosis and treatment at right time the condition can be successfully managed by ayurvedic medications. Here the patient is having heavy menstrual bleeding associated with severe abdominal pain and fatigue. In Ayurveda the condition can be correlated to asrigdhara where there is excessive bleeding associated with angamarda (body ache) and vedana (pain) are described. Artava which is the upadhatu of rasa and the rakta dhatu are the major dhatus vitiated here. Amapachana, dosha samana and raktha samgrahana are the major principles adopted here. The woman is at her perimenopausal stage and the major doshas vitiated are vata and pitta. Since the patient is very weak due to excessive bleeding rakthasamgrahana followed by vatapitta samana was done.

Vasaguloochyadi kasaya was given in the first visit for the purpose of rakta sthambana and for vata-pitta samana [11].

Guggulupanchapala choorna which is krimigna and gulmahara [12] and having anti-inflammatory and antispasmodic property was given for the purpose of amapachana. Also due to its anti-inflammatory property it will help in reducing the garbhasaya sobha and ovarian cyst and features of hydrosalpinx.

Punarnavasava is a well known shothahara drug with its anti-inflammatory action and has significant effect in correcting gasbhasaya sophha. Brihatrithala is given for the purpose of malanulomana. With the first visit itself the bleeding had stopped completely and there was significant reduction in the associated complaints. Since the roga is having a vatapitta predominance and rakta mamsa dushti avipathi choorna virechana was given once in every 2 weeks. Loha sindoora was given to improve rakta dhatu.

**CONCLUSION**

Endometrial hyperplasia can be managed very effectively by Ayurvedic treatment principles. Asrigdhara chikitsa based on dosha predominance can be applied. Based on clinical features vata-pittaja asrigdhara chikitsa is adopted here. Since the patient was having profuse bleeding initial sthambhana was done followed by dosha samana. After 3 phases of treatment patient got complete relief from bleeding problems and associated complaints.

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