



Case Study

AYURVEDA MANAGEMENT OF DYSFUNCTIONAL UTERINE BLEEDING - A CASE REPORT

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ABSTRACT

A 41yrs. female patient came to our clinic outpatient department Gune Ayurved College, Ahmednagar, Maharashtra with complaints of excessive vaginal bleeding. The case was diagnosed as *Adhoga Raktapitta* by Ayurvedic *nidan*, symptomatic relief by *Stambhana dravyas* was not ultimate solution to avoid hysterectomy. This case was successfully treated on basic principles of Ayurveda *Panchbhautic chikitsa*. A symptom free follow up in this case was noticed after completion of 8 months Ayurved therapy. The treatment options offered here primary aim at reducing *Kshardharmiushnata* in the body with *Parthivdravya* and increasing uterine tone (*Dharana*).

Dysfunctional Uterine Bleeding is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic & iatrogenic cause. Heavy Bleeding interferes with women's physical emotional, social & material quality & life. Currently DUB is defined as a state of abnormal uterine bleeding following anovulation due to dysfunction & hypothalamo-pituitary-ovarian axis endocrine origin. It is more prevalent in premenopausal & abortion. Overall 70%-80% results of endometrial ablation or resection amongst 10% of the patients need hysterectomy. In present case study we are presenting here with more than 2 yrs. history of Dysfunctional Uterine Bleeding without any response from modern medicine.

KEYWORDS: Dysfunctional Uterine Bleeding, *Adhogaraktapitta*, *Asrugdara*.

INTRODUCTION

Womanhood is blessed with rhythm and cycle from God. It is difficult to accept changes in this harmony. Currently DUB is defined as a state of abnormal uterine bleeding following anovulation due to dysfunction & hypothalamo-pituitary-ovarian axis endocrine origin⁽¹⁾.

It is more prevalent in premenopausal and after abortions. The physiological mechanism of haemostasis in normal menstruation are 1) platelet adhesion formation 2) formation of platelet plug with fibrin to seal the bleeding vessels 3) localized vaso constriction 4) regeneration of endometrium 5) biochemical mechanism in increased endometrial ratio of PGF_{2α}/PGE₂. PGF_{2α} causes vasoconstriction and reduces bleeding.⁽²⁾

The statement of excessive bleeding is assessed by number of pads used, passage of clots (size & number) and duration of bleeding. Hysteroscopy & biopsy is the best to evaluate the endometrial pathology in Dysfunctional Uterine Bleeding. In premenopausal period genital malignancy should be ruled out prior to any therapy. Ultrasound findings of endometrial hyperplasia are endometrial thickness more than 12mm, hyperchoic and regular outline, angiogenesis

and neovascular signal study. Transvaginal sonography detects anatomical abnormality like fibroid, adenomyosis of the uterus, endometrium and adnexae.⁽³⁾

Hormonal abnormalities that are thyroid problems, elevated prolactin hormone, excessive weight loss, obesity, stress, liver disorders, renal disorders are other factor causes for DUB.⁽⁴⁾

Modern medicine suggests hormones therapy, antiprostaglandin and antifibrinolytic agent, NSAID's etc. have not proved their efficacy in spite at higher price of side effects. If medical therapy fails in a woman in whom child bearing is complete, hysterectomy may be considered.⁽⁵⁾

In Ayurveda Classics most of the menstrual disorders have been described under the heading of *Ashtaartavadushti* & *Asrugdara*.⁽⁶⁾

Vitiated *Vata* increases *Rakta dhatu*, increased *Rakta Dhatu* increases *Rajas (Artava)* in quantity. *Charak* has enumerated *Asrigdara* among *Apanaavritta vyanvayu lakshana* (symptoms)⁽⁷⁾ and *Pittavritta Apanavayu lakshana*.

According to *Madhavidana* abortion is also cause of *Asrugdara*. *Brihatrayi* describes *Asrugdara* complications should be treated on the line of *Adhogaraktapitta chikitsa*.⁽⁸⁾

The written consent has been obtained from the subject.

Case History -

A 41yrs. Old multigravida female came to outpatient department on 20th October 2013 with complaints of excessive vaginal bleeding with clots since 20 days of menstrual cycle. She had consulted three well known metro city gynecologists since last 2 yrs.

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 a alternative therapy.

On examination, *Nadi* was *Vatapradhan*, *Ksheenbala*, normal *Mala*, *Mutra*, *Jivha*. *Shabdaksham* (low voice), sleep disturbed, dry skin with associated symptoms of increased hair fall, *Agnimandya*, *Udargaurav*, flatulence. Previous history of jaundice 2 yrs. back

Obs Gyn H/O – G₄P₁A₃L₁, 2 times D & C & one IUD, Per Vaginal Speculum showed – severe cervical lesions.

Before Planning Treatment - Ultrasonography report shows – disordered proliferative endometrium with bulky uterus, endometrial echo – 13mm, right ovarian cyst, Pap Smear test was negative, there was no evidence of TB or malignancy. Blood reports shows – HB – 8.5 gm. %, BT/CT – normal, FSH – 3.14, LH – 158, Thyroid Hormonal assay – normal, Wt. – 50kg. She was under stress, pale and tired.

Management

After careful assessment and examination patient was planned to treat on Ayurvedic *Nidan* and management as *Adhogaraktapitta*. Initially patient was treated with *Takraamalki shirodhara* 350ml (for 15 min) for 3 days and *Dhatrinisha oil Abhyanga* externally to reduce initiated *Vata* with *Pitta*.⁽⁹⁾

In Active Phase of Bleeding – *Bolbhadha Ras* 250mg before meals BD, *Pushyanug Churna* 5gm before meals (*Apana Kale*) BD, *Jambutwak Kanti* (*Chandraprabha* 1 part + *Jambutwak Churna* (*Eujenia Jambolana*) 3 part), *Girij* (*Bole rubra*) 125mg every 4 hourly with water. During next follow up cycle was normal.

In Passive Phase of Bleeding – *Padamak Kanti* 125mg (*Chandraprabha* 1 part + *Padamak Kashta* 4 part (*Prunus cerasoides*) + *Girij* 60mg + *Trivang Bhasma* 60 mg) *Apane* BD, *Paripathadi Kwath* 15ml BD, *Rajniyog* 10gm at 2. 00pm (*Gairik* 1 part + *Haridra* 1 part) with water, *Shwadansthtrandi Guggul* 120mg at 2. 00pm & 6.

00pm, *Jatamansi Phanta* 50ml HS. Same treatment was given for 3 months with regular follow up.

In between *Shodhan Chikitsa* – *Chandan balalakshadi oil* – 50cc *Matrabasti* for 7 day⁽¹⁰⁾, and in the month of April *Vasantik Vaman Karma* followed with *Vasaghrita snehpana* was administered.⁽¹¹⁾ Patient was asked to follow *shaman* diet and lifestyle guidelines.

As an *Apunarbhava* (*Rasayan Chikitsa*) – *Kushmandapak* 10gm OD at 10.00 am, *Shatavarigudam* 10gm OD at 6. 00pm was given for 3 months.

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.

DISCUSSION

Dysfunctional Uterine Bleeding has a wide spectrum of presentations that range from heavy uterine bleeding that warrant hospital admission and emergency treatment to occasional irregular uterine spotting anytime throughout the cycle. The treatment options in these conditions by modern medicines often require a combination of invasive surgical procedures.

Ayurvedic approach of diagnosis and management can save time and resources by offering relief in such condition. In this case we decided to treat this patient on *Panchabhautik Chikitsa* view by Vd.Datarshastri. *Panchabhautik Chikitsa* describes Ayurvedic treatment not only based on *Tridoshas* but on exact cause of diseases (*Hetu*), past history of disease. Equilibrium of *Panchamahabhuta* in the body denotes health while their imbalance denotes diseases. Considering patient's past history of jaundice and repeated abortions as a *Hetu* line of treatment was to eradicate *Kshardharmiushnata* in the body and to give strength to uterus.⁽¹²⁾

Shirodhara therapy is a novel approach to deal with such hypothalamus pituitary ovarian axis abnormalities and to reduce stress.⁽¹³⁾

Vayu is key factor in *Samprapti* of *Yonivyapada* hence *Bastikarma* is beneficial in *Apanadushti*⁽¹⁴⁾

Bolbadha Rasa, *Pushyanug Churana* was initially used as a *Stambhana dravyas* to stop the flow of blood. *Chnadrprabha* & *Girij* balanced *Prithvi Tatva* (*Dharana*) which is reduced due to *Lekhana* (D & C). *Jambu Twak* (*Eujenia Jambolana*) which is *Kashaya* (*astringent*) & *Padamak Kashta* (*Prunus cerasoides*) acts on uterus by balancing *Pitta*, *Vata* & stabilization of *Raktadhatu*. Considering *Adhoga Raktapitta* after *Snehpana* with *Vasa ghrit*, *Vaman karma* proved beneficial. Cycle was normal up to month of May when due to *Ushna rutu* (environment), patient again developed same symptoms of DUB which was controlled with *Shaman* & *Sheet dravyas* like *Audambaravaleha*, *Paripathadi kwath*. These are used in *Tejamahabhuta vrudhi Avasthajanya vyadhi* by Vd.Datarshastri which was fruitful in this case. *Rasayan dravyas shatavariguda* & *Kushmandavleha* were used to regain *Bala* of uterus & *Mamsa Dhatu*.

After Treatment – Normal menstrual cycle of 4 days regularly, USG Reports - No evidence of endometrial, hyperplasia, endometrial echo - 8mm normal uterus, HB - 11.5 gm. %, Wt. - 54kg.

It is need of the today to avoid surgical invention unnecessarily & restore health, wealth & psychological condition of such cases with Ayurveda.

CONCLUSIONS

Panchabhautik Chikitsa was found effective in treating Dysfunctional Uterine Bleeding. This is classical example of *Hetuviparita Chikitsa*. The patient was followed up regularly from 2014 onward till date and did not reveal any evidence of recurrence. The patient was on active treatment for the period of 6 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.

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