



Case Study

A CASE REPORT ON AYURVEDIC MANAGEMENT OF PERIMENOPAUSAL BLEEDING

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ABSTRACT

Perimenopausal period is the transitional period where a woman passes from the reproductive to the non-reproductive stage. Abnormal uterine bleeding in the perimenopausal period accounts for 70% of all gynecological problems. Most of the abnormal uterine bleeding in this period is due to endometrial abnormalities. In Ayurveda the condition can be correlated to *Asrigdhara*. This is the case report of a 54 year aged lady who presented with complaints of excessive bleeding and frequent menstrual cycles since three months. Investigations were done to rule out malignancy. USG report showed endometrial hyperplasia of 17mm with bulky uterus. Pap smear and Colposcopy reports showed inflammatory and CIN I changes with HPV flat lesions respectively. Bleeding stopped after two weeks of internal medication. USG done after six months showed significant reduction in endometrial thickness. Pronounced changes were also seen in Pap smear and Colposcopy findings.

INTRODUCTION

Perimenopause refers to the period 3-4 years before menopause and followed by one year of amenorrhoea.^[1] It is the period of transition where a woman passes from the reproductive to the non-reproductive stage. In some women menopause may be delayed beyond the age of 50. The perimenopausal period is associated with mild ovarian hormonal deficiency leading to anovulation and menstrual disorders, especially menorrhagia.^[2] Most of the abnormal uterine bleeding in this period is due to endometrial abnormalities. The probability of endometrial cancer should be suspected in every perimenopausal women with abnormal uterine bleeding. The overall incidence of endometrial cancer is approximately 0.1 percent of women per year, but in women with abnormal uterine bleeding it is about 10 percent.^[3] Unopposed oestrogen exposure is a significant risk factor; whereas prolonged exposure causes endometrial proliferation and potentially endometrial carcinoma.

Other factors influencing oestrogen exposure includes obesity, PCOS, anovulation, nulliparity, Type II diabetes mellitus increases the risk of endometrial cancer.⁴ Hence continuous bleeding, menorrhagia or irregular heavy bleeding in the perimenopausal period are considered abnormal and should be investigated for the malignancy of genital tract.

Abnormal uterine bleeding is a very common clinical problem and accounts for 70% of all gynecological visits by perimenopausal and post-menopausal women. The pattern of abnormal bleeding in perimenopausal women presents in various forms as menorrhagia, polymenorrhoea, metrorrhagia and menometrorrhagia. These variations in bleeding pattern particularly in the extremes of reproductive period are mainly due to endometrial abnormalities. The FIGO classification (PALM-COEIN) of abnormal uterine bleeding helps in the clinical evaluation of the pathological abnormalities and categorizes the treatment methods of AUB in perimenopausal women. The investigations of AUB in perimenopausal age points out to the exclusion of malignancy. Laboratory work ups like blood count which reveals blood dyscrasias, blood sugar levels, cervical cytology for cervical lesion, endometrial study, ultrasonography, CA-125 are some among the investigations.^[5] Medical management includes administration of hormones like norethisterone acetate, combined oral contraceptive pills, use of Prostaglandin synthetase inhibitors and

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antifibrinolytic agents. Dilatation & Curettage, Endometrial ablation, Hysterectomy are some of the surgical procedures designed for the therapeutic purpose. Hysterectomy is the last option when all the conservative treatment fails. Also the presence of endometrial hyperplasia and atypia on endometrial histology is an indication for hysterectomy. But the blind option for hysterectomy even in the absence of endometrial cancer may pose side effects for the women.

In Ayurveda the abnormal uterine bleeding can be correlated to *Asrigdhara* or *Pradara*. According to Susrutha, "*Tadeva atiprasangena pravritam anrithaavapi*". i.e., excessive flow and prolonged duration of bleeding in the menstruation period or even without normal period of menstruation is called *asrigdhara*.^[6] The treatment principle of *Asrigdhara* can be adopted from *Raktaatishara*, *Raktapitha*, *Rakta arsa* or even from *Raktayoni chikitsa*. The *Chikitsa* should be formulated after assessing the *Dosha pradhanya*. The principles of *Stambhana chikitsa* can also be considered after determining the *Atyayika avastha*.

Case Report

A 54 year aged lady approached the OPD of Govt. Ayurveda College, Thiruvananthapuram complaining of frequent menstrual cycles since 3 months. She had a history of excessive and prolonged menstrual bleeding upto 14 days. On USG she was detected with increased endometrial thickness and bulky uterus. She underwent D&C. Histopathological report showed simple hyperplasia endometrium without atypia. But even after the surgery she found no relief in bleeding pattern. She was advised for hysterectomy and seeking an alternative option she approached our OPD.

Family History: Sister had same complaints of prolonged bleeding

Medicines during the first visit

1	<i>Mahatiktakam kashayam</i>	90ml- 0- 90ml before food
2	<i>Pushyanugam choornam</i>	1 tsp -0-1tsp with honey & rice washed water
3	<i>Arjuna ksheerapaka</i>	30gm stem bark of <i>Arjuna</i> boiled in 4 glass water and 2 glass milk reduced to 1 glass and taken 1 hour before food (once daily)

During the second visit

Bleeding stopped after 14 days of medication. She was advised for *Yonipichu* for 7 days with *Jatyadi Ghrta*.

1	<i>Arjuna ksheerapaka</i>	Continued in the same manner for two weeks
2	<i>Pushyanugam choornam</i>	1tsp-0-1tsp with honey & rice washed water
3	<i>Chandanasavam</i>	25 ml-0- 25ml after food
4	<i>Cap. Rasagandhi mezhugu</i>	1-0-1 after food (for one month)

Yonipichu with *Jatyadi Ghrta* was done for two more consecutive months seven days each.

During: Sixth months

USG: Uterus measures 8.2*5.4*5.2 cm. Myometrium appears homogenous. Endometrial thickness 3.5mm.

Past History: Nothing specific

Menstrual History

Age of menarche	13 years
Duration of bleeding	14 days
Interval	15 days
No. of pads per day	7-8
Clots	+
Dysmenorrhoea	Nil
PMS	Lower abdominal pain, LBA
Vaginal discharge	Nil

Marital & Sexual History

Age of marriage	20
Dyspaerunia	Nil
Contraception	Nil

Obstetric history

Gravida	2
Parity	2
Abortion	0
Live birth	2
Mode of delivery	FTND

Surgical history: D&C done. Histopathological report showed simple hyperplasia endometrium without atypia.

Personal History

Bowel	Constipated
Appetite	Normal
Bladder	Normal
Diet	Mixed
Tastes preferred	Sour, spicy
Sleep	Less
Allergy	Cold, dust

USG: Uterus anteverted, bulky measures 108*56*80 mm. Thickened endometrium 17mm. Left ovary simple cyst.

Blood investigations: normal

Pap smear: Inflammation, Negative for intraepithelial lesion for malignancy

Colposcopy: CIN I changes/HPV flat lesion

Pap smear: Negative for Intraepithelial lesion for Malignancy.

Colposcopy: Normal

RESULTS AND DISCUSSION

Abnormal bleeding from the genital tract is always disgusting for the women especially in the perimenopausal age. The management should be in such a way considering the *Bala* of *Dosha*, *Dushya*, *Vaya*, *Kala* and *Bala* of the *Roga*. As the perimenopausal age is the period approaching to the *Dhatukshaya avastha*, special care has to be taken with respect to the *Dosha* and the nature of the disease. As the incidence of carcinoma is increasing day by day, treatment protocol has to be designed after excluding the malignancy.

Asrugdhara is a disease caused by the *Avarana* of *Apana vatha* by *Pitha* and is one among the *Rakthapradoshaja vikara*.^[7] Considering the age and *Bala* of the patient, *Raktha stambhana* was initially adopted. The initial approach was to pacify the vitiated *Vata* and the *Pitha dosha*. Hence *Mahatiktakam kashaya* was given. It is *Pitha Kapha samana*, *Rakthaprasadana* and having *Kledaharatwa karma*. It helped in reducing the endometrial thickness and thereby reduced the excessive bleeding. *Pushyanugam choornam* was also administered to produce a *Stambhana* action. By virtue of its *Kashayatiktha rasa*, *Seeta veerya*, *Rooksha guna* and *Kaphanasaka* property it pacified the bleeding. Also *Arjuna ksheerapaka* was advised due to its haemostatic and hepatoprotective property. *Arjuna* possesses *Kashaya rasa*, *Laghu*, *Rooksha guna*, *Seeta virya* and is rich in calcium and magnesium. *Brhhatrayis* have indicated the use of *Arjuna* in *Rakthapitha*, *Arsas*, *Kushta*, *Prameha* etc.^[8]

During the second follow up same medicines were repeated along with the addition of *Chandanasavam* and *Rasa Gandhi mezhugu*. *Chandanasavam* is known for its *Pitha samaka* action and *Rakthaprasadana karma*. *Rasagandhi mezhugu* was given with a view to reducing the CIN I changes in the Colposcopy analysis. *Yonipichu* with *Jatyadi Ghrta* was advised for three months with duration of seven days each.

Drastic changes were found after the management. Bleeding stopped after 14 days of internal medication itself. USG findings after six months showed reduction in endometrial thickness from 17mm to 3.5mm which was normal for the age. Also the regression of CIN I changes to inflammatory

smear proves the effectiveness of the above management in perimenopausal bleeding. Apart from all these proper *Pathya ahara vihara* plays a key role in bringing the success to the treatment.

CONCLUSION

Hysterectomy should be primarily employed to save women from life-threatening gynaecological problems and for a better healthy life. Six percent of women in the forties age group is unnecessarily opted for hysterectomy. One of the main reasons is excessive menstrual bleeding. The tendency for blind approach to hysterectomy is alarmingly increasing now a day and should be changed by the implication of new health strategy policies. The holistic approach of Ayurveda is an eye opener in this field. The present case is also an evidence for the current problem.

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