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 Raktaapitta 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 Panchbhaautic 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 Kshardharmishnata 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 PGF2α/PGE2. PGF2α 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 Ashtaartavadusht & Asrugdara. (6)

Vitiated Vata increases Rakta dhatu, increased Rakta Dhatu increases Rajas (Artava) in quantity. Charak has enumerated Asrugdara among Apanaaavritta vyavanayu lakshana (symptoms) (7) and Pittavritta Apanavayu lakshana.
According to Madhavnidana abortion is also cause of Asrugdara. Brihattrayi describes Asrugdara complications should be treated on the line of Adhogarakapitta 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 hystereotomy 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 – G4P3A1L1, 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 Adhogarakapittapta. Initially patient was treated with Takraamalki chirudhara 350ml (for 15 min) for 3 days and Dhatrinisha oil Abhyanga externally to reduce initiated Vata with Pitta. (9)

In Active Phase of Bleeding – Bolbadha Ras 250mg before meals BD, Pushyanug Churana 5gm before meals (Apana Kale) BD, Jambutwak Kanti (Chandrprabha 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 (Chandrprabha 1 part + Padamak Kashtha 4 part (Prunus cerasoidea) + Girij 60mg + Trivang Bhasma 60 mg) Apane BD, Paripatthadi Kwath 15ml BD, Rajniyog 10gm at 2. 00pm (Gairik 1 part + Haridra 1 part) with water, Shwadanstrandi 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 Vasaghritha 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, Shatatvarigudam 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 Panchabhatuk Chikitsa view by Vd.Datarashtri. Panchabhatuk 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 Kshardharmiusnhata 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 Apanadushtri (14)

Bolbadha Rasa, Pushyanug Churana was initially used as a Stambhana dravyas to stop the flow of blood. Chnadraprabha & Girij balanced Prithvi Tatva (Dharana) which is reduced due to Lekhana (D & C). Jambu Twak (Eujenia Jambolana) which is Kashaya (astringent) & Padamak Kashtha (Prunus cerasoidea) acts on uterus by balancing Pitta, Vata & stabilization of Rakhtadh. Considering Adhoga Raktapittapta after Snehpana with Vasa ghrit, Vaman karma proved beneficial. Cycle was normal up to month of May when due to Ushna ratu (environment), patient again developed same symptoms of DUB which was controlled with Sharan & Sheet dravyas like Audambaravaleha, Paripatthadi kwath. These are used in Tejamahabhatta vrudhi Avasthayanya vyadhi by Vd.Datarashtri which was fruitful in this case. Rasayan dravyas shatavariyugo & 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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