ABSTRACT

Endometrial hyperplasia represents a spectrum of morphologic and biologic alterations of the endometrial glands and stroma, ranging from an exaggerated physiologic state to carcinoma in situ. Endometrial hyperplasia is important clinically because it will cause abnormal bleeding and precede or occur simultaneously with endometrial cancer. The premalignant potential of hyperplasia is influenced by age, underlying ovarian disease, endocrinopathy, obesity and exogenous hormone exposure.

In patients where there is excessive bleeding with endometrial hyperplasia, Ayurvedic procedures play significant role, both in reducing excessive bleeding as well as endometrial thickness. Vasti (mediated enema) is one of the best procedures in such conditions. Reproductive system is considered to be the place of Vata which is one of the 3 humors mentioned in Ayurveda (Vata, Pitta & Kapha). Apana vata is one type of Vata which is responsible for excretion and reproduction and also expulsion of fetus during labor. Vasti is like nectar in diseases related to genito-urinary system.

The present study is a case report of a patient suffering from excessive bleeding for a long time and transvaginal ultrasonography measured endometrial thickness of 2.4cm. Uttaravasti (intra-uterine instillation of medicated oil) and Yogavasti (enema with medicated oil and decoction) were done to the patient for 3 cycles. After 3 cycles of the treatment, endometrial thickness reduced to 1cm. Hence Vasti (both uttaravasti and yogavasti) is considered to be more effective in treating endometrial hyperplasia and offers scope for prevention of endometrial carcinoma and conduct a phased clinical trial to prove cause and effect relationship.

Keywords uttaravasti, yogavasti, apana vata, pitta, kapha, carcinoma

INTRODUCTION: Endometrial hyperplasia most often is caused by excess estrogen without progesterone. If ovulation does not occur, progesterone is not made, and the lining is not shed. The endometrium may continue to grow in response to estrogen. The cells that make up the lining may crowd together and may become abnormal. This condition, called hyperplasia, may lead to cancer in some women. Endometrial hyperplasia usually occurs after menopause, when ovulation stops and progesterone is no longer made. It also can occur during perimenopause, when ovulation may not occur regularly.

CASE REPORT

- Treatment done at Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarathpet, Chennai, Tamilnadu

Age of the patient: 43 years

Clinical features: excessive bleeding associated with pain in the lower abdomen during menstruation, fatigue and general weakness since 2-3 years

Before treatment

USG (06.10.2017): Bulky uterus, endometrial hyperplasia, right hydrosalpinx, right ovarian cyst, chronic cervicitis.
Endometrial thickness – 2.4cm

USG Report Before Treatment Image .1

Dear Doctor,
Thank you very much for your kind reference.

Real Time - B Mode - Grey Scale - Ultrasonography shows:

- Normal in size and parenchyma filled with homogenous Parenchymal echoes
- No mass lesions imaged
- Gall bladder normal. No stone or polyp
- CBD Normal. 0.4 cm.
- Portal Vein Normal 0.8 cm.
- Intra Hepatic biliary radicles not prominent
- Spleen normal in size
- Pancreas normal. No mass lesions or calcifications

- Both the kidneys normal in size
- Corticomedullary differences preserved
- Corticomedullary differences preserved
- Collecting system normal
- Bladder normal. No calculus imaged
- Uterus anteverted and Bulky 10 x 5.5 cm
- Myometrium normal. No myoma made out
- Endometrial Thick. Thickness 2.4 cm
- Retold shaped cystic mass measuring 9 x 6.7 cm imaged close to the right ovary
- Right ovary cystic measuring 6 x 6 cm
- Left ovary normal in size and contains follicles
- Cervix contains nabothian follicles
- No fluid imaged in the POD. No distended bowel loops.

IMPRESSION:

- Bulky uterus
- Endometrial Hyperplasia
- Right hydrosalphinx
- Right ovarian cyst
- Chronic cervicitis

Thanking You,
Truly Yours,

Treatment - Internal medicines:

1. Saptasaram kashayam - 15 ml with 60 ml warm water twice a day on empty stomach
2. Gokshuradi guggulu – 1 tablet twice a day with kashayam
3. Chandraprabha vati - 1 tablet twice a day after food
4. Pushyanuga churnam – 1 tsp with honey and tandulodakam thrice a day half an hour before food.

- Medicines no. 4 and 5 are started from 4th day of menstruation.

Pancha karma: 1. Yogavasti (8 days) and 2. Uttaravasti (5 days) for 3 consecutive cycles.

After treatment

1. Kashaya vasti with Erandamuladi kashayam (600 ml)
2. Anuvasana vasti with mahanarayana tailam (120 ml)
3. Uttaravasti with Mahanarayana tailam (2 ml)

Yogavasti is given before periods and uttaravasti 5th or 6th day after periods. After 3 cycles again investigations are done where endometrial thickness reduced to 1 cm.

USG (27.12.2017): Bulky uterus, right hydrosalphinx
Endometrial thickness – 10 mm (1 cm)
All the symptoms – excessive bleeding, fatigue, general weakness reduced.

**DISCUSSION:** Ėraṇḍa comes under bhedaneya, adhobhagahara, Vāta samsamana gana and contains teekshaṇa and sukshma gunas. Most of the drugs of Maha narayana taila are laghu, ushna and teekshaṇa, vata pitta samaka, grahi in guna. These gunas may be useful in bringing Vāta and pitta to normalcy and also in scraping the thickened endometrium.
The internal medicines that are used to reduce the bleeding as well as increase the haemoglobin levels. As the disease is predominantly apana vata sthana, the above procedures might have helped in reducing the thickness of endometrium.

**CONCLUSION:** Hence it can be concluded that both yoga vasti and uttara vasti are very effective in reducing the endometrial thickness thereby reducing the risk of endometrial carcinoma in such patients.

**REFERENCES:**
1. Ashtanga Hridayam – Vasti Kalpa Adhyayam; ch.4; Sloka. No. 6-10; Pg.No. 754-755; 8th edition; 1998

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Source of support: Nil
Conflict of interest: None Declared

Cite this Article as: [Maganti Anuradha : Endometrial Hyperplasia – A Case Report]