

ENDOMETRIAL HYPERPLASIA – A CASE REPORT

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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* (medicated 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: 43years

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

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

Patient ID	38630	Age/Sex	43 Years / Female
Referred by	Dr. T.S.SATHYAVANI BAI MD DGO	Visit no	1
		Visit date	06/10/2017

Dear Doctor
Thank you Very Much for your kind references

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

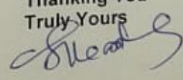
RESISTANT LESIONS ARE NOT RULED OUT BY THIS SCAN.
 Liver. Normal in size and parenchyma filled with homogenous
 Parenchymal echoes No mass lesions imaged
 Gall bladder Normal.No stone or polyp
 CBD Normal. 0.4 cms. Portal Vein Normal 0.8 cms.
 Intra Hepaticbiliary radicles Not prominent
 Spleen normal in size
 Pancreas Normal. No mass lesions or calcifications

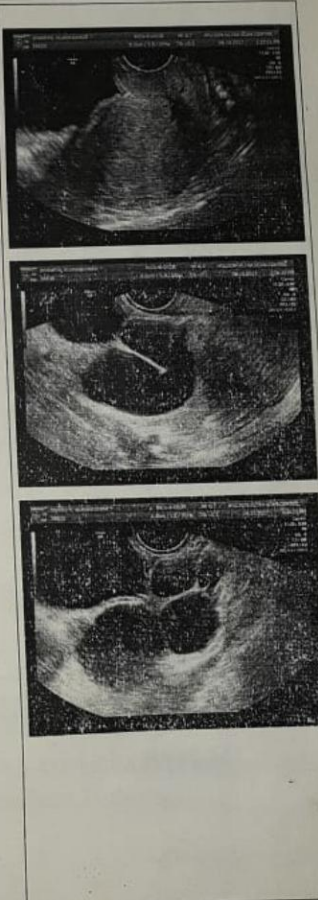
Both the kidneys normal in size
 Corticomedullary differences preserved
 Corticocalyceal differences preserved
 Collecting system normal
 Bladder normal. No calculus imaged

Uterus Anteverted and Bulky 10 x 5.5 cms
 Myometrium normal. No myoma made out
 Endometrium Thick .Thickness 2.4 cms
 Retord shaped cystic mass measuring 9 x 6.7 cms imaged
 close to the right ovary
 Right ovary cystic measuring 6 x 6 cms //
 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 HYDROSALPINX
 RIGHT OVARIAN CYST
 CHRONIC CERVICITIS

Thanking You
 Truly Yours




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Treatment - Internal medicines:

1. Saptasaram kashayam - 15 ml with 60ml 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 (5days) for 3 consecutive cycles.

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

After treatment

USG (27.12.2017): Bulky uterus, right hydrosalpinx
 Endometrial thickness – 10mm (1cm)

USG Report After Treatment Image .2 and 3

Patient name	Mrs. SHANTHI	Age/Sex	43 Years / Female
Patient ID	29472	Visit No	1
Referred by	Dr. ANU RADHA	Visit Date	27/12/2017

ULTRASOUND - WHOLE ABDOMEN

LIVER:
Liver normal in size ~ 14.0cm with uniform echotexture.
No focal alteration in echotexture.
Intrahepatic biliary radicles appear normal.
Common duct appears normal.
Portal and hepatic veins appear normal.

GALL BLADDER:
Adequately distended.
No abnormal intraluminal echoes.
Wall thickness appears normal.

PANCREAS:
Normal in size. It shows uniform texture.
No evidence of calcification.

SPLEEN:
Appear normal in size (9.3cm). It shows uniform echotexture.

KIDNEYS:
Right kidney measures 9.2 x 5.4 cm.
Left kidney measures 9.7 x 4.9 cm.
Normal cortical echoes.
Cortico medullary differentiation is maintained.
Pelvicalyceal systems on both sides appear normal.

BLADDER:
Bladder normal in contour.
No abnormal intraluminal echoes.
Wall thickness appears normal.

Patient name	Mrs. SHANTHI	Age/Sex	43 Years / Female
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PELVIC REPORT:
Uterus anteverted and appears bulky , it measures 9.9 x 5.2 x 4.7cm.
Endometrial and myometrial echoes normal. (ET - 10mm)
Right ovary measures 3.2 x 2.3cm.
A fluid filled tubular structure with septations noted in right adnexa , measuring 7.4 x 4.3cm.
Left ovary measures 3.3 x 2.5cm.
Both ovaries appear normal in echotexture.
No free fluid in cul-de-sac..

RETROPERITONEUM:
Aorta appears normal in calibre. I.v.c. Normal.
No significant retroperitoneal lymphadenopathy.
No free fluid in the peritoneal cavity.
No mass lesion made out in the abdomen.
Right and left iliac fossa scanning shows no abnormal sonographic features.

IMPRESSION:
***Bulky uterus.
***Right hydrosalpinx.

All the symptoms – excessive bleeding, fatigue, general weakness reduced.

DISCUSSION: *Ēraṇḍa* comes under *bhedaneeya*, *adhobhagahara*, *Vāta* samsamana gana and contains *teekshna* and *sukshma gunas*. Most of the drugs of

Maha narayana taila are *laghu*, *ushna* and *teekshna*, *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 utara vasti are very effective in reducing the endometrial thickness thereby reducing the risk of endometrial carcinoma in such patients.

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

2. *Bhaishajya Ratnavali – Vāta vyadhi Chikitsa Prakaranam*; Ch. 26/343-354. Pg. No. 397; 8th edition 1987.

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