



Review Article

MANAGEMENT OF ENDOMETRIAL HYPERPLASIA - AN AYURVEDA APPROACH

Sachin Khairnar^{1*}, Shreekant B G², Sujatha S Patil³, Shreyas Swamidasan⁴, Laxmi D R⁴, Govind Singh⁵

*1PG Scholar, ²Professor, ³Professor and HOD, ⁴Associate Professor, ⁵Assistant Professor, Department of Prasooti Tantra Evam Stree Roga, RGES AMC, Ron, Gadag, Karnataka, India.

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ABSTRACT

Endometrial hyperplasia is the endometrial thickening with proliferation of desultorily sized and structured endometrial glands and an increased endometrial gland and stromal rate. Unopposed long-term estrogen, particularly around premenopausal or menopausal time leads to endometrial hyperplasia. In premenopausal women, pre-menopausal anovulatory cycle's leads to unopposed estrogen action on endometrium. Endometrial hyperplasia occurs due to the patient estrogen support to the endometrial towel that leads to disordered proliferative pattern in endometrium. In uncelebrated cases it may lead to endometrial melanoma. So, early discovery and operation is necessary in this condition. In Ayurveda this condition is understood under various terms such as *Vataja Yonivyapada*, *Lohitakshara Yonivyapada*, *Raktapradara*, *Asrigdara* etc. on the basis of symptoms. The condition in Ayurveda is managed with *Shodhana*, *shamana* and *Sthanika chikitsa*. In the current study, a female patient aged 50yrs with the history of irregular cycles associated with extreme tiredness and severe abdominal cramps with the interval of 60 to 90 days since the past four years was treated with Ayurveda treatment for 6 weeks and significant results was observed. This study may give a new hope for the researchers to conduct randomised clinical trials with higher sample size. No adverse effects were observed throughout the study.

INTRODUCTION

Endometrial hyperplasia is a uterine pathology in which morphological changes occur in the cells of the endometrium and represents a precursor to the most common gynaecologic malice in developed countries which is nothing but the endometrial cancer. This condition is most frequently caused by increased exposure to oestrogens and a relative insufficiency of progesterone, frequently appertained to as "unopposed estrogenic." The most important threat factor for endometrial hyperplasia and in turn, endometroid adenocarcinoma is the forenamed habitual imbalance of or "unopposed" estrogenic.^[1] EH is the most common gynaecologic malice in developed countries, the fourth leading cause of cancer, and the

sixth cause of cancer death among women.^[2] Cancer of the endometrium is rising in the United States, with an estimated prevalence of 66,200 cases and 13,030 deaths in 2023.^[3] The prevalence of EH has increased in numerous countries over the once many decades, trend which I hypothecated to be due to the rising frequency of rotundity, as well as shifts towards delaying travail.^[4]

Tamoxifen, a picky estrogenic receptor modulator (SERM), one of the most common specifics used for endocrine treatment of hormone receptor-positive bone cancer, has been associated with an increased threat for developing endometrial hyperplasia in postmenopausal women. Lynch pattern is an inheritable complaint of autosomal dominant heritage caused by mutation of 1 of 4 genes of the DNA mismatch form system (MSH2, MLH1, MSH6, and PMS2), leading to microsatellite insecurity, which confers a markedly elevated threat for several types of cancers, particularly colon and endometrial. Cases with heritable non-polyposis colorectal cancer have a

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continuance threat of 40 to 60 for the development of endometrial cancer. [5]

Recent studies have recommended webbing of cases diagnosed with the atypical endometrial hyperplasia or endometrial cancer for microsatellite insecurity. [6] Endometrial hyperplasia and indeed low-grade endometrioid cancers) can be conservatively managed by progestin curatives example, oral or intrauterine progestons especially among women who wish to maintain fertility. Robotic resolution can do if reversible causes of estrogen are corrected.[7,8]

In Ayurveda this endometrial hyperplasia can be understood under various terms such as *Vataja Yonivyapada*, *Lohitakshara Yonivyapada*, *Raktapradara* *Asrigdara* etc on the basis of symptoms. Ayurveda describes in detail about the menstruation and its process in detail. It is related to *Aartavaha Srotas*, *Rajovaha Srotas* and balancing of *Vata*, *Pitta* and *Kapha doshas*. Menstruation in Ayurveda is described under three phases such as *Raja kala*, *Rutu kala* and *Rutuvyatit kala*. According to Ayurvedic physiology, *Artava* in which the reproductive apparatus along with the menstrual blood and the ovum is formed from the *Rasa Dhatu*, the first tissue formed after digestion and metabolism.

Ayurveda explains this conditions under various terms such as *Vataja Yonivyapada*, *Raktapradara*, on the basis of two symptoms dysmenorrhea and chronic pelvic pain. This condition is said to be caused due to excessive indulgence in fried foods, excessive junk food, oily foods, foods heavy for digestion, incompatible foods for instance fruits with milk, daily consumption of non-vegetarian foods overeating, etc. Other causes such as suppression of natural urges like micturition and stools, excessive stress, sedentary lifestyle, constipation, environmental and drug abuse etc factors leads to toxic metabolite formation or endotoxins in the *Rasa Dhatu* and in turn due to the improper nutrition, immune response of the body gets altered leading to the production of to excessive endometrial growth. These toxins termed as *Ama* in Ayurveda which causes *Srotorodha* in the *Artavaha srotas* and this leads to *Vata Dosha Prakopa* and *Vimarga gamana* gradually. Due to the deviation in the normal movement of *Vata Dosha* and specifically the *Apana Vata*, there is a retrograde flow of menstrual blood and this further leads to endometrial growths in the uterus. Various effective medicines are described in Ayurveda for the effective management of endometrial hyperplasia by various Ayurveda *Acharyas*. In the present study, an attempt has been

made to evaluate the role of Ayurvedic intervention in the management of endometrial hyperplasia.

Case Presentation

A female patient aged 50 years married woman attended our hospital OPD with the complaints of heavy menstrual bleeding associated with irregular cycles associated with extreme tiredness and severe abdominal cramps with the interval of 60 to 90 days for the past four years. She had taken various treatments from the conventional medicine and was advised to undergo hysterectomy. As the patient was not ready to undergo the surgery, she had come to the Ayurveda hospital for the treatment. Patient had no other co-morbidities like diabetes mellitus, hypertension, hyperthyroidism etc.

Personal history

Bowels: regular
Micturition: 3to 4 times a day
Sleep: Disturbed
Allergy: Nothing significant
Appetite: Good
Addiction: Nil
Prakriti: Pittakapha
Agni: Mandagni
Koshta: Mrudu

Menstrual history

Age of Menarche-12yrs
PMP- 29/4/2021
Vaginal discharge: Present

Obstetric history

Marital and sexual history

Marriage: at the age of 22 yrs
Sexually: Satisfactory

Contraceptive History: Nil

Investigations

Blood group – B positive
VDRL, HIV, HBsAg: Negative
TSH: 2.65 µiu/ml
Hb: 10.1gm/dl
FBS- 82mg/dl
PPBS - 124mg/dl.

Treatment History

She was treated by various doctors and at different hospitals for the same problem since 4yrs. With medications, the complaints used to come under control and once the medications are stopped, the problem would recur. With this ups and downs, the quality of life was very disturbed with loss of sleep.

Intervention**Table 1: Results**

S.No	Drugs	Dose	Duration
1.	<i>Jirakadyarishta</i>	20 ml, BD	6 weeks
2.	<i>Tab. Pratap Lankeshwar</i>	250mg, BD	6 weeks
3.	<i>Tab.Chandraprabha Vati</i>	250mg, BD	6 weeks
4.	<i>Panchavalkala Taila Yoni Pichu</i>	Once a day	4 weeks

Patient was administered *Jirakadyarishta* 20ml, before the food twice a day for 6weeks, *Tab. Pratap Lankeshwar* 250mg after food twice a day for 6 weeks and *Tab. Chandraprabha vati* 250mg, before the food twice a day for 6 weeks. In addition, the *Sthanika chikitsa* or the local treatment known as *Yoni Pichu* was administered with the *Panchavalkala taila* for 4 weeks or the 30 days.

RESULTS

Observations were made before and after the treatment. After the treatment results are shown in the below table.

Table 2: Before and After Treatment Results

S.No	Symptoms	Before treatment	15 th day	After treatment
1.	Menstrual bleeding	Severe	Moderate	Mild
2.	Pain	Severe	Moderate	Nil
3.	Tiredness	Present	Absent	Absent

DISCUSSION

Endometrial hyperplasia is the endometrial thickening with proliferation of irregularly sized and shaped endometrial glands and an increased endometrial gland and stromal ratio.^[9] Unopposed long-term estrogen, particularly around premenopausal or menopausal time leads to endometrial hyperplasia^[10]. Endometrial hyperplasia is an estrogen dependent condition it may lead to carcinogenic changes; the condition mostly develops in women of 40-50 years. Primary factor is the unopposed estrogen. In premenopausal women, premenopausal anovulatory cycle's leads to unopposed estrogen action on endometrium. Endometrial hyperplasia occurs due to the persistent estrogen support to the endometrial tissue that leads to disordered proliferative pattern in endometrium. In unrecognized cases it may lead to endometrial carcinoma. So, early detection and management is necessary in this condition.

According to Ayurvedic literature, Endometrial hyperplasia occurs due to the *Tridosha* imbalances, in which *Kapha* imbalance leads to the production of the overgrowth of the tissues. Location of the uterus with the involvement of hormones including blood indicates imbalance in *Pitta dosha* and the movements of the menstrual cycle is due to *Vata dosha*. The endometrial hyperplasia is caused due to the imbalance or the vitiation of all three *Doshas* or *Tridoshas*. In Ayurveda, endometriosis cannot be correlated to any one single disease but should be treated based on the pathogenesis and balancing of *Tridosha's*. It includes an

approach including *Shodhana chikitsa*, *Shamana chikitsa* and the *Sthanika chikitsa* such as *Amapachana*, *stimulation of Agni*, *Mridu virechana*, *Vaatanulomana*, *Raktasravarodhaka*, *Vatashamaka*, *Lekhana chikitsa* and *Granthihara Chikitsa*. The intervention used in the present study such as *Jirakadyarishta*, *Pratap Lankeshwar Ras* and *Chandraprabha vati* is showed its efficacy by balancing the *Tridoshas* as it is *Tridoshha Shamaka*, *Rakta srava avarodhaka* and due to its *Granthihara* properties. *Sthanika chikitsa* in the form of *Yoni Pichu* with *Panchavalkala taila* by its anti-inflammatory and healing properties reduced the complaints and treated the disease effectively.

CONCLUSION

The condition that involves the presence of endometrial layer of the uterine cavity is referred to as endometriosis. As per the Ayurvedic science, the vitiation of *Apana Vayu* causes the retrograde flow of menstruation and vascular spread of endometrial tissues. By this, the implants of endometrium get enlarged with subsequent menstrual cycles leading to endometrial hyperplasia. In the current study, a female patient aged 50 yrs with the history of irregular cycles associated with extreme tiredness and severe abdominal cramps with the interval of 60 to 90 days since the past four years was treated with Ayurveda treatment for 6 weeks and significant results was observed. This study may give a new hope for the researchers to conduct randomised clinical trials with higher sample size. No adverse effects were observed throughout the study.

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***Address for correspondence**

Dr. Sachin Khairnar

PG Scholar,

Department of Prasooti Tantra

Evam Stree Roga, RGS AMC, Ron, Gadag, Karnataka, India.

Email: sachu118.2009@gmail.com

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