



## PREVENTION OF HYSTERECTOMY BY AYURVEDIC MANAGEMENT OF ASRUG-DARA WITH CYSTIC GLANDULAR HYPERPLASIA: A CASE REPORT

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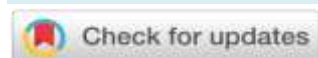
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### ABSTRACT

*Asrugdara* is a condition where there is an occurrence of heavy menstrual bleeding. Excess intake of food, which are excessive *Lavana*(salty), *Amla*(sour), *Guru*(heavy), *Katu*(hot), *Vidahi* (producing a burning sensation) and *Snigdha* (unctuous) etc. leads to this condition. This condition can be correlated with abnormal uterine bleeding (AUB). Abnormal uterine bleeding is defined as any uterine bleeding outside the normal volume, duration, regularity or frequency is considered as abnormal uterine bleeding (AUB) This is a case report of a 41-year-old female patient having complaint of heavy menstrual bleeding with passing of clots for 11 days and irregular and early menses for three months. Her ultrasonography report was suggestive of thickened endometrial thickness with chronic cervicitis and a left ovarian simple cyst. She underwent conventional treatment of heavy bleeding, including Dilatation and Curettage (D&C), but was unsuccessful. The histopathology report suggested glandular cystic hyperplasia without atypia. In the allopathic system of medicine, hysterectomy is advised. The patient is diagnosed with *Kapha Vataja Asrugadara* as per the symptoms. The objective of the present treatment included Ayurvedic management of *Asrugadara*, ensuring a decrease in the menstrual blood flow and regularization of the cycle, thereby improving the patient's general condition. The treatment plan included *Shamana Chikitsa* along

with *Basti Chikitsa*. The treatment outcome was completely relieved of the symptoms with a regular ultrasonography report.

**Keywords:** *Asrugdara*, abnormal uterine bleeding, cystic glandular hyperplasia without atypia, case report.

## INTRODUCTION

Menstrual abnormalities have become a common problem nowadays due to unhealthy dietary habits. Among them, *Asrugadara* is closely related to consuming unhealthy and spicy food. The nidana for *Asrugadara* is excessive intake of *Lavana*, *Amla*, *Guru*, *Katu*, *Vidahi bhojana*, *Shukta*, *Mastu*, *Sura Sevana* etc<sup>1</sup>. There are 4 types of *Asrugdara-Vataja*, *Pittaja*, *Kaphaja* and *Sannipataja*<sup>2</sup>. The nature of menstrual bleeding in *Kaphaja Asrugdara* is *Pichhilam* (slimy), *Pandu varnam* (pale coloured), *Guru* (heavy), *Snighdhama* (unctuous), *Sheetalam* (cold), *Ghanam* (mixed with mucous and thick) and *Manda ruja karam* (discharged with mild pain). In *Vataja Asrugdara*, it is mentioned that it is associated with *Kati*, *Vankshana*, *Hritaparshva*, *Prishtha* and *Shroni ruja*.<sup>3</sup> This can be correlated with Abnormal uterine bleeding in modern science. Abnormal uterine bleeding is defined as any uterine bleeding outside the average volume, duration, regularity or frequency is considered abnormal uterine bleeding (AUB)<sup>4</sup>. According to the PALM-COIEN classification (FIGO-2011), all causes of AUB are divided into nine main categories. The causes under the group PALM are structural or histological, and under the group COIEN are the non-structural causes. Among them, hyperplasia comes under the category M of PALM, which denotes malignancy and hyperplasia. Endometrial hyperplasia can be classified into four categories based on the presence or absence of atypia<sup>5</sup>.

1. Simple hyperplasia without atypia
2. Complex hyperplasia without atypia
3. Simple hyperplasia with atypia
4. Complex hyperplasia with atypia

Another classification is based on histology of endometrial tissues, simple hyperplasia, epithelial hyperplasia and atypical hyperplasia<sup>6</sup>. In the present case, the patient has undergone dilatation and curettage, and the histopathology report showed cystic glandu-

lar hyperplasia without atypia. So, the treatment principles are to do *Nidana parivarjana*, *Sthambana* or arrest of bleeding, *Kapha-Vatahara chikitsa* to regularize the cycles and then treatment to improve her general health.

### Patient Information

A female patient of 41 years old visited NIA *Prasuti Tantra evam Stree roga* OPD with complaints of continuous per vaginal bleeding with passing of clots for 11 days and irregular and early menses for three months. The patient had associated complaints of backache, pain in the groin region, generalised weakness and burning sensation in the throat and abdomen on and off.

**Past Menstrual History**—She attained her menarche at the age of 13. Her menstrual cycle was 10-12 days in duration, with passing big clots that stopped only after taking medication and at a 10-12-day interval. The amount of flow was 3-4 pads/day.

### Obstetrics history- G2P2A0L1D1

G1- Twin baby delivered by lower segment cesarean section one female child is alive, and one male child died after 2.5 months of delivery 20 years ago.

G2- Male child delivered by full-term normal delivery 17 years ago.

**Medical history-** Her USG reports on date 29<sup>th</sup> May 2023 showed a retroverted uterus with thickened endometrium (Endometrial thickness 17 mm), a left ovarian simple cyst of 27X21 mm, chronic cervicitis and grade 1 fatty liver. Her past medical reports of Thyroid profile, Serum LH, FSH, Testosterone, Progesterone, and Estradiol were within normal limits. She consulted an allopathic doctor one month ago for the same complaint. There, she had undergone dilatation and curettage. The sample report of histopathology was suggestive of cystic glandular hyperplasia without atypia. There, she was advised to undergo a hysterectomy, but she was not willing to have the surgery. Her history revealed normal appetite, satisfactory bowel clearance and sound sleep.

### Observations

#### Physical findings-

General condition- Fair

Blood pressure- 120/80 mm of Hg  
 Pulse rate- 74/minutes.  
 Temperature- 97.2 degrees Fahrenheit  
 Height- 5 feet  
 Weight- 62 kg

**Pelvic examination-**

**Per speculum examination-** Mild thin white discharge present, os slit-shaped, 2-3 nabothian cysts were present on the upper lip of cervix, erosion present around us, vaginal walls- healthy.

**Per vaginal examination-** Uterus retroverted, cervix- freely mobile, all fornices were non-tender, cervical motion tenderness was absent.

**History-**

**Past medical history-** The patient took allopathic medicine for 5-6 days for heavy menstrual flow.

**Past surgical history-** Dilatation and curettage followed by endometrial biopsy one month ago.

The histopathology report suggested cystic glandular hyperplasia without atypia.

**Table 1 Treatment advocated.**

<i>Shamana chikitsa</i>	<i>Basti Chikitsa</i>
1. <i>Laghu sutashekhar rasa</i> -250mg <i>Avipattikar churna</i> -2gm <i>Pittantaka churna</i> - 500mg BD 10 min. before food with water.	<i>Yoga Basti</i> -8 (First 2 <i>Anuvasana Basti</i> , then <i>Asthapana</i> and <i>Anuvasana Basti</i> on alternate days)
2. <i>Giloyghana vati</i> – 2-tab BD with water	<i>Anuvasana basti</i> with <i>Dashmula Taila</i> and <i>Triphala Taila</i> 60 ml after food.  <i>Asthapana basti</i> prepared with <i>Madhu</i> , <i>Saindhava Lavana</i> , <i>Dashmula Taila</i> , <i>Shatapushpa Kalka</i> and <i>Jwarahra Kwatha</i> and <i>Lekhaniya Mahakashaya kwatha</i> 400-500 ml on an empty stomach in the morning.
3. <i>Kutaki churna</i> - 1 gm BD with munakka and mishri	
4. <i>Haritaki churna</i> -2 gm <i>Amalaki churna</i> -2 gm <i>Arjuna churna</i> - 2 gm <i>Sphatika Bhasma</i> – 500mg BD with water.	

**Table.2 Observations**

Day			Complaints	Treatment
Day 0			Continuous vaginal bleeding with passing of clots in the last 11 days and irregular and early menses for 3 months. Histopathology report was suggestive of Glandular cystic Hyperplasia without atypia.	<i>Shamana chikitsa</i>
Day 15 <sup>th</sup>			Relief in previous complaint of continuous per vaginal bleeding.	Continued <i>Shamana chikitsa</i>
<b>Second month</b>	Date of menses	Interval	Early onset of menses and heavy bleeding with passing of big clots	1. <i>Shamana chikitsa</i> 2. <i>Yoga basti</i> after cessation of menses
	04 <sup>th</sup> July,2023	12 Days		
<b>Third month</b>	Date of menses	Interval	Relief in previous complaint of early onset of menses and heavy bleeding.	Continued <i>Shamana chikitsa</i> and <i>Yoga Basti</i> .
	27 <sup>th</sup> July,2023	23 Days		
<b>Fourth month</b>	Date of menses	Interval	No fresh complaints. Ultra sonography report showed no abnormality, endometrial thickness of about 6	

			mm with normal pattern.	
	21 <sup>st</sup> August,2023	25 Days		

*Pathya- Apathya-* 1. Less oily, less spicy, *Laghu Supachya aahara*.

2. Absolute restrictions for deep-fried food items.
3. Regular exercise for 30 minutes.

### Results

After the treatment, the interval of her menstrual cycle was improved from 10-12 days to 23-25 days, and the duration was also reduced from 10-12 days to 7 days after one month to 4-5 days after two months. The passing of heavy blood clots, along with the amount of menstrual blood flow, was also improved. After three months, her USG on 26th September 2023 showed no sonographic abnormality, with an endometrial thickness of about 6 mm and a regular pattern.

### DISCUSSION

The diagnosis was confirmed as *kapha- vataja Asrugadara* according to her menstrual flow pattern. The characteristic of the menstrual flow was excessive *Picchilam* (slimy), *Ghanam* (passing of big clots) with *Manda Rujakarma* (with mild pain) associated with pain in the back and groin region. The patient consumed excessive *Katu, Vidahi* and *Snighdha Bhojana*, which are specific *Nidanans* for *Asrugadara*. According to Modern, this condition can be correlated with abnormal uterine bleeding due to cystic glandular hyperplasia. Endometrial hyperplasia occurs due to the persistent estrogen support to the endometrial tissue, leading to a disordered endometrium proliferative pattern. In unrecognised cases, it may lead to endometrial carcinoma. So, early detection and management are necessary in this condition<sup>7</sup>. In this case, *Asrugadara Chikitsa* is adopted. The *Samanya Chikitsa Siddhanta* for *Asrugadara* is to adopt treatment of *Raktatisara, Raktapitta, Raktarsha*<sup>8</sup>. So, in this case, firstly, *Sthambhana Chikitsa* is adopted to reduce the menstrual blood flow, followed by *kapha-vatahara chikitsa* to reduce

the endometrial thickness and to regularize the menstrual blood flow pattern; medicine was also given to improve her general health. In *Asrugadara* the main *Samprapti* initiates from *Vata Prakopa*. It increases the amount of *Rakta* and then takes that excess amount of *Rakta* to the *Garbhashayagata Sira*, which carries the *Raja* and thus causes *Asrugadara*. This increase in menstrual blood is due to a relatively more increase in *Rasa*<sup>9</sup>. For *Samprapti Vighatana* prevention of *Vata Prakopa* is also necessary. So *Vatahara medicines* are also used. *Samprapti Ghataks* in this case can be laid down as follows:

**Hetu-Lavana, Amla, Katu, Vidahi** and *Snighdha ahara sevan, Divaswapna*.

**Dosha:** *Vata, Kapha*

**Dushya:** *Rasa, Rakta, Artava*

**Strotas:** *Rasavaha, Raktavaha, Artavavaha*

**Strotodushhti:** *Atipravratiti, Granthi*

**Ashaya:** *Garbha-ashaya and Beejashaya*

Considering the above factors, the basic treatment options in this case should be *Nidanaparivarjana, Shonitasthambhana, Vatakaphashamana, and Agnideepana*.

*Shamana aushadhi* given to patient-*Guduchi Ghana vati* is used due to its *Sangrahika, Vatahara, Shleshma, Shonita, and Vibhandha Prashamana properties*<sup>10</sup>. *Katuki churna* is used because of its *Dipaniya, Kaphapittahara, Raktashodhaka, Raktajita property* and *Sheeta virya*<sup>11</sup>. It could also help decrease the endometrial thickness due to its *Bhedana property*. *Avipattikara churna, Pittantaka churna* is used due to its *Pitta Shamaka property* and for complaints of a burning sensation in the throat and abdomen on and off. *Sphatika bhasma* is also given for its *sthambhana property*. In *Bhaishajya Ratnavali, Haritaki churna, Amalaki churna* and *Arjuna churna* are mentioned as *Rajonivruttikara yoga*.<sup>12</sup>

**Role of Basti Chikitsa-**

Acharya Sharangdhara has mentioned *Asrugadara* in *Basti Sadhya Vyadhi*. As we know, *Vata* plays a vital role in the vitiation of any female-related disorders.

So, Basti plays a significant role in the suppression of vata. In *Asrugdara*, *Ssamprapti* is initiated by *Vata dosha*; that's why Basti Chikitsa is adopted here for *Vata Shamana*. *Kwatha dravya* used in *Niruha basti* are *Jwarahara kwatha* and *Lekhaniya mahakashaya siddha kwatha*. There are *Tikta rasa pradhana dravya* in *Jwarahara kwatha*. *Tiktarasa* has *Deepana, Pachana and Lekhana property*<sup>1,3</sup>. *Tikta rasa* also has *Sukshma guna* so it can enter *Sukshma Srotasa* for *Samprapti Vighatana*. To reduce the endometrial thickness, *Lekhana dravya* is needed, so *Lekhaniya Mahakashaya* is used. *Sneha* used for *Anuvasana basti* are *Dashmula Taila* and *Triphala Taila*. *Dashmula* has *Tridoshashamaka Guna*, and *Triphala* is used due to its *Depana* and *Kaphapittahra Guna*. *Basti Chikitsa* is also helpful in regularising the menstrual cycle by doing *Vatanulomana*.

## CONCLUSION

In this case report, *Asrugadara*, due to endometrial hyperplasia, is treated using the Ayurvedic treatment principle. *Sthambhana Chikitsa* is first adopted to stop the heavy menstrual flow, and then *Lekhana Dravya* is used to reduce the endometrial thickness. Endometrial hyperplasia may lead to endometrial carcinoma if estrogen support continues, and in allopathic treatment, if the patient does not respond to medicines, hysterectomy is the last option. So, by adopting Ayurvedic *Chikitsa Siddhanta*, the disease can be prevented and cured.

## REFERENCES

1. Vaidya Yadavji Trikamji Acharya (Ed.), Charaka samhita of agnivesa chikitsasthana, chapter 30, verses 205,206, Chaukhamba surbharati Prakashan, Varanasi (2016), p. 642
2. Vaidya Yadavji Trikamji Acharya (Ed.), Charaka samhita of agnivesa chikitsasthana, chapter 30, verses 210, Chaukhamba surbharati Prakashan, Varanasi (2016), p. 643

3. Vaidya Yadavji Trikamji Acharya (Ed.), Charaka samhita of agnivesa chikitsasthana, chapter 30, verses 213 and 218, Chaukhamba surbharati Prakashan, Varanasi (2016), p. 643
4. Hiralal Konar, D.C. Dutta's textbook of Gynecology, Jaypee Brothers Medical Publishers the Health Sciences Publishers New Delhi / London 8th edition, 2020: pg-154.
5. Konar H. Dutta D, DC Dutta's Textbook of Gynecology. 6th Ed. New Delhi: New Central Book Agency (P) Ltd; 2013. p-329.
6. Dutta D, Konar H. DC Dutta's Textbook of Gynecology. 6th Ed. New Delhi: New Central Book Agency (P) Ltd; 2013. p-330.
7. Anila. M, Drishya. P. T, Jyothi. P. K -Ayurvedic Management of Endometrial Hyperplasia - A Case Report. International Journal of Ayurveda and Pharma Research. 2021;9(10):83-86.  
<https://doi.org/10.47070/ijapr.v9i10.213>
8. Vaidya Yadavji Trikamji Acharya (Ed.), Charaka samhita of agnivesa chikitsasthana, chapter 30, verses 228, Chaukhamba surbharati Prakashan, Varanasi (2016), p. 643
9. Vaidya Yadavji Trikamji Acharya (Ed.), Charaka samhita of agnivesa chikitsasthana, chapter 30, verses 206,207,208, Chaukhamba surbharati Prakashan, Varanasi (2016), p. 642,643
10. Vaidya Yadavji Trikamji Acharya (Ed.), Charaka samhita of agnivesa sutrasthana, chapter 25, verses 40, Chaukhamba surbharati Prakashan, Varanasi (2016), p. 131
11. Late Dr. G.S. Pandey(Ed.), Bhavaprakasa Nighantu of Sri Bhavamisra, haritkyadivarga, verses 151,152, Chaukhamba Bharati Academy, Varanasi (2015), p. 67
12. Prof.Siddhi Nandan Mishra (Ed.), Bhaishajya Ratnavali of Kaviraj Govind das Sen, Chapter 67,versus 33,Chaukhamba surbharati prakashan, Varanasi(2021), p.1044
13. Vaidya Yadavji Trikamji Acharya (Ed.), Charaka samhita of agnivesa sutrasthana, chapter 26, verses 43, Chaukhamba surbharati Prakashan, Varanasi (2016), p. 144

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