

Ayurvedic Management of Dysfunctional Uterine Bleeding: A Case Study

Mehta P, Tarapure S* and Skandhan KP

Department of Kayachikitsa, Shri BMK Ayurveda Mahavidyalaya, KLE Higher Education Centre, Belagavi, Karnataka, India

*Corresponding author: Tarapure S, Department of Kayachikitsa, Shri BMK Ayurveda Mahavidyalaya, KLE Higher Education Centre, Belagavi 590 003, Karnataka, India, Tel: +918312444444; Email: shrutitarapure24@gmail.com

Rec date: February 03, 2018; Acc date: February 13, 2018; Pub date: February 16, 2018

Citation: Mehta P, Tarapure S, Skandhan KP (2018) Ayurvedic Management of Dysfunctional Uterine Bleeding: A Case Study. Gynecol Obstet Case Rep Vol.4:No.1:61.

Abstract

Many women of reproductive age suffer from Dysfunctional Uterine Bleeding (DUB). This is a known cause affecting fertility, in modern medicine several drugs are available for its treatment but without satisfactory result. Gynaecologists are concerned about unwanted side effects of drugs. Ayurveda the oldest systematic medical practice, in its classics describe a variety of treatment etiquettes for DUB. We present here a case study of a female patient of 28-years-old with excessive bleeding for more than 2 years and known sterility for 5 years. Case was diagnosed as DUB. She approached our hospital after failing to get improvement from modern medicine. She was treated with medication prescribed in Ayurveda. Her menstrual cycle became regular and delivered a normal healthy baby in 2 years of time. This case study proves in Ayurveda treatment is available for DUB.

Keywords: Menstrual cycle; Ayurveda; Gynaecologists; Dysfunctional uterine bleeding; Infertility

Introduction

Abnormal uterine bleeding in a woman without no any cause is termed as Dysfunctional uterine bleeding (DUB) [1,2]. DUB is the diagnosis given to women with abnormal uterine bleeding in whom no clear etiology can be identified (DUB) [3] is an abnormality in the frequency, duration or amount of menstrual blood flow which eventually results in menorrhagia without any local or systemic disease. DUB has been observed in both ovulatory and anovulatory cycles. Over the years menorrhagia has become a frequent complaint. Treatment includes nonsteroidal anti-inflammatory drugs, oral contraceptive pills, progestin, danazol (a synthetic androgen), GnRH agonists, and antifibrinolytic drugs and whose diagnosis, General physical and pelvic examination reveals no evidence of organic disease [3]. This decoration of menstrual bleeding is extremely common immediately following menarche or in the perimenopausal period, i.e., at the two extremes of reproductive life. However, DUB can occur in women in the

middle of their reproductive years, most commonly associated with stress.

Ayurveda, ancient medical science (1000-2000) written about the length of normal cycle (28-30 days) and duration of bleeding time (4-5 days). This is tallying with present medical knowledge [4]. Normally in a healthy girl, menarche appears between 11 and 15 years, with an interval of 21-35 days and duration of bleeding about 4-5 days [4]. It is in parlance with dysfunctional uterine bleeding (DUB), the incidence being about 30% amongst new patients attending gynaecological OPD. Incidence of DUB is approximately of 10%-30% [5,6].

Around 1400 B.C. Asrigdara characterized by excessive, prolonged, and menstrual or inter menstrual bleeding. This is equivalent to DUB. Irregularity in menstruation may affect fertility of women. DUB appears any time between puberty and menopause. Several modern medicines are available, but always result need not lead to pregnancy [7]. Also, it is unaffordable for many patients due to high price and some may exert side effects too. Ayurveda discussed about DUB and different treatment strategies are mentioned. We opted one of them where only oral medication was required [8].

Case History

A female patient of age 28-years reported to our outpatient department of our hospital with complaints of excessive bleeding during her cycle. She consulted well-known gynaecologists for the same reason [9,10]. She gave a history of measles and chickenpox. She experiences irregular cycles since menarche. Initially it was 2-2.5 months and since last two years it was once in 12-15 days, associated with mild abdominal pain and severe loss of appetite these complaints were aggravated for 8 years, experienced mild lower abdominal pain, tiredness, irritability, sleep disturbances and dysmenorrhoea [11]. These complaints aggravated during her working hours. Impression of USG pelvis report showed no intrauterine or obvious extra uterine gestation.

On general examination patient was conscious, alert, oriented to time, place and person. Height (5.4 feet) and Weight (35 kg) were noted. In Systemic examination on inspection she was normal, Auscultation peristaltic sounds heard, Palpation mild tenderness over pelvis, Percussion was normal.

On the basis of examination and assessment of clinical feature, history and clinical reports available we diagnosed the case as DUB [12]. We followed Ayurveda treatment regimen for 15 days (**Table 1**) which included 5 different medicines, 3 were in tablet form (1 tab twice a day) and 2 were in powder form (10 gm bd), one was in liquid form (20 ml tid). She was advised to report after 15 days. She reported with improved appetite, reduction in duration of bleeding (10 days) though no change was seen in tiredness, sleep and body weight. She was advised to continue same treatment along with a new tablet (2 bd HS) for next 30 days (**Table 2**). She was advised to report every fifteenth day [13].

After 45 days of treatment results showed further improvement in appetite, reduction in tiredness and increase in body weight (1½ kilogram), her menstrual cycle improved to one and half months where bleeding days were reduced to 7 days (**Table 3**).

During her next visit she was advised blood investigation in which Hb% was 10 gm%, thyroid profile was normal, USG of pelvis showed no obvious sonological abnormality. After evaluation patient was advised to continue medication for 30 more days.

Table 1 Oral ayurveda treatment regimen for 15 days.

Sr No	Oral medicine	Dose	Duration
1.	Tab. Phalatrikadi guggulu [9]	1 BD	15 days
2.	Tab. Chandraprabha vati [8]	1 BD	
3.	Gairika bhasma + Pravala bhasma	10 gm BD	
4.	Shonitasthapana mahakashaya [11]	20 ml TID	

Table 2 Oral ayurveda treatment regimen for 30 days.

Sr No	Oral medicine	Dose	Duration
1.	Tab. Phalatrikadi guggulu [9]	1 BD	30 days
2.	Tab. Chandraprabha vati [8]	1 BD	
3.	Tab. Nidrodaya yoga [9]	2-tab HS	
4.	Gairika bhasma + Pravala bhasma	10 gm BD	

Table 3 Oral ayurveda treatment regimen for next 15 days.

Sr No	Oral medicine	Dose	Duration
1.	Tab. Phalatrikadi guggulu [9]	1 BD	15 days
2.	Tab. Chandraprabha vati [8]	1 BD	
3.	Tab. Nidrodaya yoga [9]	2-tab HS	
4.	Gairika bhasma + Pravala bhasma	10 gm BD	

On 76th day she reported with increased appetite decreased tiredness, further improvement in body weight (2 kg). She experienced menstrual cycle once a month and bleeding duration reduced to 6 days. She was further advised to

continue the same treatment for 60 more days [14]. And to report for follow up every 15 days. She didn't report for follow up for 6 months (**Table 4**).

Table 4 Oral ayurveda treatment regimen for another 15 days.

Sr No	Oral medicine	Dose	Duration
1.	Phala ghrita [10]	10 ml OD	15 days
2.	Tab. Chandraprabha vati [8]	1 BD	
3.	Ashwagandha churna [12]	5 gm BD	
4.	Padmakakasta churna [9]	05 gm BD	

After 6 months patient reported to OPD with same complaints and agreed she discontinued the treatment after improvement. She was advised to continue medicines prescribed from the beginning of the treatment along with two new in powder form (10 gms bd) [15]. She was advised to report every 15 days for assessment.

While continuing the treatment, for 8 months she reported amenorrhoea for which we advised investigations where UPT was positive and thus pregnancy was confirmed. The blood report showed Hb was 9.5 gm% and urine routine were normal. She was advised to continue medication.

During her next USG was advised which showed 30+3 weeks, presentation was vertex, foetal cardiac activity present, fundal present, AFI-18.8 cm, EFW-1.6 kg. Her Hb% as 9.6 gm%.

We advised a new system of Ayurveda treatment given for smooth labour and healthy progeny, which included medicated oil enema for 5 days (**Table 5**), medicine for improvement of appetite, good sleep and lumbago. She had full term normal delivery, where a male baby of 2.8 kg was born.

Table 5 Oral medicine for smooth labour duration 5 days.

Sr no	Oral medicine	Duration
1.	Ksheerabala anuvasana basti 50 ml Retention time was 8 to 10 hours	5 days for smooth labour
2.	Pichu dharana once at night [14]	
3.	Shatavari kalpa 10 gm with milk [15]	

Discussion

DUB is the most common problem for which women seek medical attention in menstrual function. The probable cause of abnormal uterine bleeding depends on the age of the patient [3], was not able to identify any cause for DUB. The type of an ovulatory bleeding is physiological and commonly seen soon after menarche and at premenopausal period. Dysfunctional Uterine Bleeding has a wide spectrum of presentations that range from heavy bleeding requiring hospitalisation and which also disturbs the lifestyle of the patient. The treatment etiquettes in case of contemporary science usually emphasise on hormones and ends as symptomatic relief management.

This will not completely heal the patient and end the burning issues. Casper correctly pointed out the etiology of dysfunctional uterine bleeding occurring during ovulatory cycles is unknown and all medical therapies at present are necessarily experimental. In this context Ayurveda line of management can effectively deal with similar case, as shown in the present case. Here the patient was treated on the base of "Principle" which detailed in Ayurveda. During the treatment regimen we advised, as per Ayurveda text, diet restriction and life style modification. Diet restriction and further advice milk and ghee (clarified butter) intake, life style modification included prescribed minimal exercise.

Approach of Ayurveda towards diagnosis and management of a patient can save the time and money and which act as nectar. The detail of Ayurvedic medicine prescribed in the study for treatment (names and dosage) shall be sent on request. Using Ayurveda medication DUB can be well treated without any complications.

Conclusion

Excessive menstrual blood loss is a common reason for women to seek medical help and leads to large demands in health resources. Ayurvedic medication is a proven as are effective medicine in treating Dysfunction Uterine Bleeding. In the present case study remarkable improvement was seen after two months of treatment and the patient discontinued the treatment for six months. The same treatment restarted lead to pregnancy. She was advised to take medicine for maintenance of pregnancy. She delivered a baby at the end on active treatment for the period of 8 months. Diet restriction was followed. This case study showed that Ayurvedic treatment in combination with life style modifications and diet restrictions is effective in treating the disease.

References

1. Chen BH, Giudice LC (1998) Dysfunctional uterine bleeding. *West J Med* 169: 280-284.
2. Coulter A, Bradlow J, Agass M (2003) Outcomes of referral to gynaecology outpatient clinics for menstrual problems: An audit of general practice records. *Br J Obst Gynecol* 110:938-947.
3. Casper RF (1983) Dysfunctional uterine bleeding. *Canad Family Physician* 29:7712-7713.
4. Dutta DC (2013) *Textbook of Gynaecology*, New Delhi, Jaypee Brothers Medical Publishers (P)Ltd. (6th edn) 187: 191-195.
5. Salhan S (2011) *Textbook Of Gynacology*, New Delhi, Jayapee Brothers Medical Publishers p.105
6. Tan MM (2002) Detection and management of dysfunctional uterine bleeding. *J Kedokter Trisakti* 21:58-62.
7. Halavanekara VS, Datar V (2005) Selected drug from the panchabhautica chikitsa, panchabhautik chikitsa and samshodhana kendra, sangali, phalatrikadi guggulu. p. 28.
8. Murthy SKR (1984) *Sharangadhara Samhita*, Madhyama Kanda, Varanasi Chaukhambha Orientation. p. 105-106.
9. Sharma PP (2004) *Nighantu, Shatapusphadhi Varga Varanasi: Choukhamba Surabharati Publications*. (7th edn), pp. 81-106.
10. Sastri PP, Vidyasagara (2005) *Sharangadara Samhita*, Varanasi Chaukhambha Orientalia. (6th edn). p. 221.
11. Kushwaha HC (2009) *Charaka Samhita*, Varanasi, Choukhambha Orientation. p.67.
12. Kamat SD (1986) *Dhanvantari Nighantu*, Varanasi, Choukhambha Orientation. p. 105.
13. Dwivedi V (1986) *Oushadhi Vijnana Sastra*. Nagpur, Sri Baidyanth Ayurveda Bhavan Pvt Limited. p. 536.
14. Trikamji Y, Pandeya G, *Charaka Samhita* (2002) *Sharirsthana*. Varanasi, Chaukhambha Sanskrit Sansthan. p. 832.
15. Sharma K (2011) *Asparagus Racemosus (Shatavari): A versatile female tonic*. 2: 855-863.