

SIDDHA AYURVEDIC SURGICAL MANAGEMENT OF ENDOMETRIAL POLYP – CASE STUDY

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ABSTRACT

Surgery and ovarian suppression drugs are currently the major treatments for endometriosis. Hormonal therapies are frequently linked to adverse effects, postponed conception, and disease recurrence. In the current investigation, A 48-year-old married woman with heavy monthly bleeding, brownish intermenstrual spotting that lasted for four to twelve days, and painful coitus for two years presented to the outpatient department of the Herbal Health Care Centre, Kokuvil, Jaffna, on October 20, 2021. After a thorough study found an endometrial polyp on a USG taken in 2019, she consulted a Gynecologist and started taking oral contraceptives. She advocated surgery after repeatedly taking oral contraceptive medications failed to provide any notable results. She came for Siddha Ayurvedic treatment because she rejected surgical treatment. She received Siddha treatment, and the process was recorded. In this case study, specific Siddha medicines that have the aforementioned qualities and are useful in the clinical care of endometrial Polyp were examined.

Keywords: Endometriosis, Siddha Medicine, Menstrual Bleeding

INTRODUCTION

Endometrial poly is a term used to describe soft, fleshy intrauterine growths made up of surface epithelium,

endometrial glands, and fibrous stoma¹. Endometrial polyps are small, overgrown endometrial glands that are hyperplastic in their nature. The stroma protruding from the endometrium's surface. Women between the ages of 20 and 40 are most frequently affected². In contrast to fibroid, it lacks any muscle tissue. Again, an endometrial polyp is always found inside the uterine cavity, whereas a fibroid comes from the muscular middle layer of the uterine wall, known as the myometrium, and can thus extend outward toward the outer serosal layer or inwards toward the inner endometrial layer³. They can appear alone or in multiples and range in size from a few millimeters to centimeters. The fundus of the uterus is where polyps occur most frequently. Many uterine polyps are asymptomatic; however, symptomatic polyps may result in spotting or irregular bleeding, either before or after periods (intermenstrual bleeding) or as irregular periods (metrorrhagia)⁴. After menopause, bleeding may sometimes occur after sexual activity (post coital bleeding). In addition, they may result in dysmenorrhea, which is the term for uterine cramps during periods, and some studies have linked them to infertility and uterine polyps. Premenopausal women have high recurrence rates, ranging from 15-43%, and this needs to be discussed with the patient⁵. Instead of concentrating just on the therapy of the condition, it is preferable to concentrate on the underlying causes of the illness and any

factors that may reduce the likelihood of recurrence. By employing this technique, recurrence rates are being successfully reduced, and it is providing people with a new direction to live in order to improve their emotional and physical well-being⁶.

CASE REPORT

A 48-year-old married woman with heavy monthly bleeding, brownish intermenstrual spotting that lasted for four to twelve days, and painful coitus for two years and presented to the outpatient department of the Herbal Health Care Centre, Kokuvil, Jaffna, on 01.04.2023. On USG (taken in 12.11.2021), she was detected to have an endometrial polyp in a size of 3.2x 1.9 cm (Figure 1). Initially she consulted a gynecologist and started taking oral contraceptives (from 2022 onwards). She advocated surgery after repeatedly taking oral contraceptive medications failed to provide any notable results. She came for Siddha Ayurvedic treatment because she rejected the surgical treatment.

Menstrual history

Age of menarche	13 years
Last Menstrual Period	07 th September 2021
Cycle	Irregular
Interval	26-29 days
No of days of bleeding	06 days
No of pads per day	7-8
Intermenstrual bleeding	Spotting starts from 11th day and lasts for 18thday
Pain	NIL
Clots	NIL

Obstetrics History:

Obstetric history	P ₅ L ₅ A ₀
Last child birth	10 years
Nature of delivery	FTNVD

Contraceptive history

History of using oral Contraceptive pill for 2 years- 2008-2010

Depo Provera was administrated injection for 9 months in 2005.

Past medical history

No history of Diabetic Mellitus, hypertension, history of thyroid abnormalities

There is no surgical history

Family History: History of Hypothyroidism present

Personal History

Diet	Non vegetarian
Appetite	Normal
Sleep	Sound
Bowel habit	Normal
Urine	Clear

Allergic History: Nil

Examination:

General Physical Examination, Systemic examination and Gynecological examination had been done.

BMI -27Kg/m²

Bp: 140/90mmHg PR- 88/m

Thyroid goiter – present

Ankle odema – present

USG Findings:

According to Figure 1, the size and thickness of the polyp is follows;

Endometrial Polyp - 3.2x 1.9 cm

Endometrial thickness – 2.4 cm

Blood Investigation :

Hb – 8.1g/dl

TSH -48.21µg/mmol

FT4 -0.674ng/dl

Diagnosis –

Endometrial Polyp



Fig -01 -USG taken before the commencement of treatment



Fig -02 -USG taken in the treatment

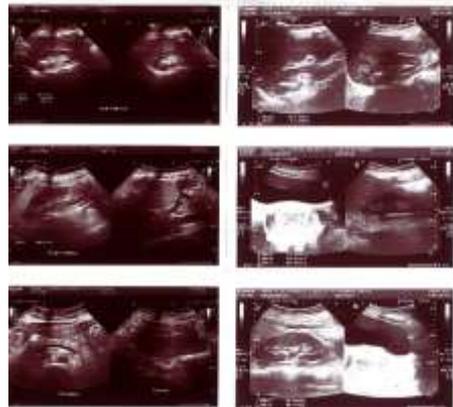
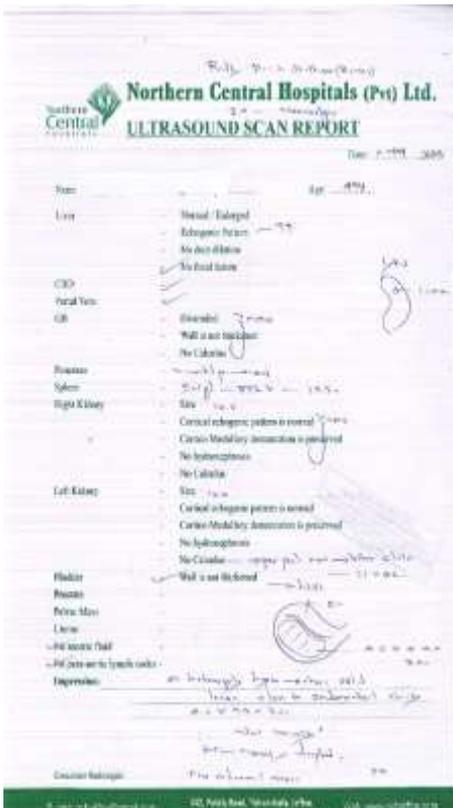


Fig -03 -USG taken after the treatment

Siddha Ayurvedic management for the
The following medicines were given during the first visit for 21 days;

Kalingathi Thilum	10 ml	early morning on empty stomach
Kanchanara Guggulu	02 pills	After meals / BD
Valaippoo decoction	60 ml	After meals / BD
Sangu paspam 100mg -bid + Panchatheep akiny churnam 5 g - bid with hot water	100mg+5g	After meals / BD

Table -5: The following medicines were given during the second visit for 40 days;

Perumpaddu decoction	60 ml	After meals / BD
Karpakaddy decoction	60 ml	After meals / BD
Thiripala tablet	02 pills	After meals / BD

Follow up and outcome:

After treatment -

Bilateral lower abdominal pain – absent

Heavy bleeding- decreased- no of pads decreased to 2 pads

The menstrual cycle was consistent and occurred at regular intervals without any issues

There have been no recurrences during six menstrual cycles (at the fourth, fifth, sixth, seventh, eighth, and ninth cycles without medications) after six months of follow-up.

On USG- There are no endometrial polyps of any size, Normal endometrial thickness was found (Fig -3)

DISCUSSION

For those who practice Siddha medicine, endometriosis is one of the more

difficult chronic clinical conditions. Siddha Ayurveda treatment can successfully treat the disease by early detection and effective treatment. It is possible to create the treatment philosophies in a way that will effectively cause the endometriotic implants to disappear and restore normal physiology. Case management is being used to avoid surgery. When taken internally, Kanchanara Guggulu, Valaippoo decoction, and Sangu paspam perform Aamapachana and disintegrate blocking materials (doshas). Doshasaamyatha or Swasthanaaanayana of doshas is caused by Aamapachana and Srorhoshodhana. When taken internally, the ushna and theekshna gunas in Sangu paspam, one of the Karam (Kshara), aid in the desquamation of sloughs (debridement) and drainage of pus. Karam's cleansing and antibacterial qualities make them useful in the ropana or healing process in Avrana. In order to heal, new blood vessels must grow, then granulation tissue must form, and finally, fibrocytes must flood in to produce scar tissue. Kanchanaraguggulu, also known as Bauhinia variegata, possesses anti-inflammatory, Vata-Kaphasamana, and Lekhana (scraping) qualities. The cytotoxic impact of kanchanaraguggulu⁷ inhibits cell division and lowers cell proliferation. It has been discovered to be successful in balancing Kapha via improving digestion⁸. There was a significant improvement in bleeding symptoms. All of these medications were given and assisted in stopping the bleeding, reducing endometrial thickness, and treating the inflammatory disease.

CONCLUSION

The following Siddha Ayurvedic management strategy was successful in alleviating the signs and symptoms of Endometrial Polyp. The secret to success in this discipline is timely, accurate

diagnosis, appropriate medicine selection, and strict devotion to Pathya Ahara Vihara.

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