



ISSN 2456-3110

Vol 8 · Issue 11

November 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Ayurveda management of Bulky Uterus & Abnormal Uterine Bleeding (AUB) associated with Hypothyroidism: A Case Report

Pooja Sahu¹, Shiromani Mishra²

¹Post Graduate Scholar, Department of Dravyaguna, Govt. Dhanwantri Ayurveda College, Ujjain, Madhya Pradesh, India.

²Guide and Associated Professor, Department of Dravyaguna, Govt. Dhanwantri Ayurveda College, Ujjain, Madhya Pradesh, India.

ABSTRACT

Many women are suffering from dysfunctional uterine bleeding (DUB). DUB is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic, and iatrogenic causes (pelvic pathology e.g. tumour, inflammation or pregnancy is excluded). The prevalence varies widely but an incidence of 10% amongst new patients attending the outpatient seems logical. As the diagnose is based with exclusion of "organic lesion", so with the care and facilities to exclude such a lesion, the incidence varies. Currently DUB is defined as a state of abnormal uterine bleeding following anovulation due to dysfunction of hypothalamus-pituitary-ovarian axis (endocrine origine).^[1] Abnormal menstrual bleeding pattern have been traditionally expressed by terms like menorrhagia, metrorrhagia, polymenorrhea, and oligomenorrhea. In order to create a universally accepted nomenclature to describe abnormal uterine bleeding, International federation of gynecology and obstetrics (FIGO) and American college of obstetrician and Gynecologists (ACOG) introduce newer system of terminology to describe AUB.

Key words: Bulky Uterus, Abnormal Uterine Bleeding, Dysfunctional Uterine Bleeding, Hypothyroidism

INTRODUCTION

Abnormal uterine bleeding (AUB) is a broad term that describes irregularities in the menstrual cycle involving frequency, duration, and volume of flow. Up to one-third of women will experience abnormal uterine bleeding in their life; with irregularities most commonly, cycle has a frequency of 24 to 38 days and lasts 2 to 7 days. With 50 to 80 millilitres of blood loss. Variations in any of these 4 parameters constitute

abnormal uterine bleeding. Older terms such as oligomenorrhea, menorrhagia, and dysfunctional uterine bleeding should be described in favour of using simple terms to describe the nature of abnormal uterine bleeding.^[2] Abnormal bleeding can also be divided into acute versus chronic. Acute AUB is excessive bleeding that requires immediate intervention to prevent further blood loss. Acute AUB can occur on its own or superimposed on chronic AUB, which refers to irregularities in menstrual bleeding for most of the previous 6 months.^[3] Prevalence of menstrual irregularities in patients with untreated hypothyroidism was reported to be 23%. An Indian study reported 75% of hypothyroidism women had menstrual abnormalities compared to 12.2% of healthy controls. Hypothyroidism is a common endocrine disorder that affects fertility in various ways. In subclinical hypothyroidism, serum thyroid stimulating hormones (TSH) levels are elevated in conjunction with normal T3 and T4 levels. There is increased production of Thyrotropin releasing hormones (TSH) in hypothyroidism, which stimulates the pituitary to

Address for correspondence:

Dr. Pooja Sahu

Post Graduate Scholar, Department of Dravyaguna, Govt. Dhanwantri Ayurveda College, Ujjain, Madhya Pradesh, India.
E-mail: ps8370186@gmail.com

Submission Date: 17/09/2023 Accepted Date: 24/10/2023

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.8.11.38

secrete both TSH and prolactin. Hypothyroidism disrupts the normal cyclic GnRH secretion. Ultimately, it affects the normal cyclic gonadotropin secretion and prevents ovulation.^[1]

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. Normally in the healthy girl, menarche appears between 11 to 15 years, with an interval of 21-37 days and duration of bleeding about 4-5 days. It is incidence of dysfunctional uterine bleeding (AUB) is approximately of 10%-30%. 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. AUB appears any time between puberty and menopause. Several modern medicines are available, but always result need not lead to pregnancy. Also, it is unaffordable for many patients due to high price and may exert side effects too. *Ayurvedic* discussed about AUB and different treatment strategies are mentioned. We opted one of them where only oral medication was required.

CASE HISTORY

A 45 year old married woman with her husband 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. She gave a history of hypothyroidism. She experiences irregular cycles since menarche. Initially it was 5-6 months and since last two years it was once in 12-15days, associated with mild abdominal pain and severe loss of appetite these complaints were aggravated for 2 years, experienced sever lower abdominal pain, tiredness, irritability, sleep disturbance and dysmenorrhea. These complaints aggravated during her working hours. Impression of USG pelvis report showed bulky uterus and endometrium thickness is 8.8 mm.

On general examination and assessment of clinical features, history and clinical reports available was diagnosed the case as AUB. We followed *Ayurvedic* treatment regimen for 15 days, which included 5

different medicines, 2 were in tablet form and 3 were in powder form, one was in liquid form. She was advised to report after 15 days. She reported with improved appetite, reduction in duration of bleeding though no change was seen in tiredness, sleep and body weight. She was advised to continue same treatment along with a new tablet for next 30 days.

Table 1: Oral Ayurveda treatment regimen for 15 days.

SN	Oral Medicine	Dose	Duration
1.	Tablet <i>Chitrakadi Vati</i>	2 tab. X BD	15 Days
2.	<i>Lakshadi Guggulu</i>	2 tab X BD With Lukewarm water after meal	15 Days
3.	<i>Shatavari Churna</i> <i>Pushyanuga Churna</i> <i>Shupushti Yoga</i>	Each powder 3 gm with milk X BD After meal	15 Days
4.	<i>Panchvalkal Kwatha</i>	10ml X BD after meal	15 Days
5.	<i>Phala Sarpi</i>	1 tsf X HS with milk after meal	15 Days

Table 2: Oral Ayurveda treatment regimen for 15 days.

SN	Oral Medicine	Dose	Duration
1.	Tablet <i>Chandraprabha Vati</i>	2 tab. X BD	15 Days
2.	<i>Shatavari Churana</i> <i>Pushyanuga Churna</i> <i>Shupusti Yoga</i> <i>Ashwagandha Churna</i>	Each powder 3 gm with milk X BD After meal	15 Days
3.	<i>Panchavalkal Kwatha</i>	10ml X BD after meal	15 Days
4.	<i>Phala Sarpi</i>	2tsf X Hs with milk after milk	15 Days

Table 3: Oral Ayurveda treatment regimen for next 30 days.

SN	Oral Medicine	Dose	Duration
1.	Tablet <i>Phalatrikadi Guggulu</i>	1 BD	30 Days
2.	Tablet <i>Chandraprabha Vati</i>	2 tab X BD	30 Days
3.	<i>Shatavari Churna</i> <i>Pushyanuga Churna</i> <i>Shupusti Yoga</i> <i>Ashwagandha Churna</i>	Each powder 3 gm with milk X BD After meal	30 Days
4.	<i>Gairika Bhasma + Pravala Bhasma</i>	10 gm X BD	30 Days
5.	<i>Panchavalkal Kwatha</i>	10ml X after meal	30 Days
6.	<i>Phala Sarpi</i>	2tsf X Hs with milk after meal	30 days

On 61st days she reported with decreased tiredness, further improvement in physical and mental health. She experienced menstrual cycle ones a month and bleeding duration reduced to 5 to 6 days. She was further advised to continue the same treatment 60 more days. And to report for follow up every 15 days. She continues treatment up to 3 months and came for follow up frequently.

After 3 months patient reported to OPD with some complaints and she agreed to discontinue the treatment after improvement. She was advised to continue medicine prescribed from the beginning of the treatment along with two new medicines in powder form (10gm bd). She was advised to report every 15 days for assessment.

Complication

Complications of chronic abnormal uterine bleeding can include anaemia, infertility and endometrial cancer. Acute abnormal uterine bleeding can result into severe anaemia, hypotension, shock and even death. May need prompt treatment and supportive care.

DISCUSSION

AUB is one of the most common, yet complicated clinical presentation. AUB depending upon all the etiologies, ovulatory disorder is one of the most common causes which usually occurs secondary to thyroid dysfunction.^[4] Thyroid dysfunction is very systemic disease most often associated with AUB. Various studies have stated that any menstrual abnormality in women justifies screening for thyroid is regulated by hypothalamus and pituitary gland with the help of its secreted hormones, thyrotropin releasing hormones (TRH) and TSH respectively. TRH regulates the release of TSH from anterior pituitary. Hypothalamic-pituitary-ovarian axis is physiologically related to hypothalamic-pituitary-thyroid (HPT) axis. TSH shares common alpha subunit with LH and FSH, the mid cycle LH, FSH surge may thus be blunted in hypothyroidism. Moreover, thyroid hormones synergize with follicle stimulating hormones and responsible for ovulation and corpus leutium formation.

Hypothyroidism causes decrease in heart rate, cardiac contractility and thereby decrease cardiac output. as seen in our case she came with severe bleeding and normal pulse rate and weakness.

The overall effect of hypothyroidism is decrease in intelligence but in our case, though hypothyroidism was severe but intelligence was minimally affected. It is general consensus in a developing country like India that even grossly apparent cases of hypothyroidism are often neglected until it leads to significant morbidities. Consequences of prolonged untreated hypothyroidism during adolescence are retarded growth and development of children causing them lifelong stigma and affecting quality of life.^[5]

CONCLUSION

Hypothyroidism causes menstrual irregularities. Every girl and woman presenting with AUB should be timely evaluated and iron supplementation. Tablet tranexamic acid 500 mg BD was advised during her next menses. She is on tablet thyroxine and having normal menstrual cycle. During her follow up visits after one

year, patient was having normal menstrual cycle with her TSH value decreased and endometrial thickness about decreased. This case study showed that Ayurvedic treatment in combination with lifestyle modification and diet restrictions is effective in treating the disease.

REFERENCES

1. Konar H, editor. DC Duutta’s Textbook of gynecology. 8th edition, ch.17. New Delhi: Jaypee Brothers Medical Publishers; 2020.p.188.
2. Management of acute abnormal uterine bleeding. Obset gynecol.2013 apr:121 (4): 891-896
3. Liu z, Doan QV, Blumenthal p, Dubois RW.A systematic review evaluating health-related quality of life, work impairment, and health care costs and utilization in abnormal uterine bleeding. value health.2007 may June: 10 (3);183-94 .

4. Kumar AHS. Int j report contracept obstet gynecol.2017;6(3):1036-9
5. Singh s Sahoo s, Das PC. A study of thyroid dysfunction in dysfunctional uterine bleeding. Inj J report contracept obstet Gynecol.2018;7(3):1002 -6.
6. Hiralal konar, DC dutta’s textbook of Gynecology, 7thedition, 2015. vol.1st.

How to cite this article: Pooja Sahu, Shiromani Mishra. Ayurveda management of Bulky Uterus & Abnormal Uterine Bleeding (AUB) associated with Hypothyroidism: A Case Report. J Ayurveda Integr Med Sci 2023;11:233-236. <http://dx.doi.org/10.21760/jaims.8.11.38>

Source of Support: Nil, **Conflict of Interest:** None declared.

Copyright © 2023 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc-sa/4.0>), which permits unrestricted use, distribution, and perform the work and make derivative works based on it only for non-commercial purposes, provided the original work is properly cited.