

AN AYURVEDIC APPROACH TO MANAGE A CASE OF SECONDARY AMENORRHEA ASSOCIATED WITH HYPOLASTIC UTERUS AND STREAK GONADS: A CASE REPORT

Nidhi Bajpai¹, Kamini Dhiman²

¹PG Scholar, ²Associate Professor

Department Of SRPT, All India Institute of Ayurveda, Sarita Vihar, New Delhi, India

Email: drnidhibajpai90@gmail.com

ABSTRACT

Pathological Amenorrhea ranges from 3 to 4 percent in reproductive aged population. In Ayurveda this condition taken as *kshayaja avastha*. A female patient of 27 years age having *Vata-pittaaja Prakriti* visited OPD of *Stree Roga Evum Prasuti Tantra* on 10.04.2018 with complaining of Absence of menses for 8 months and Unable to Conceive. The TVS reports shows streak ovaries with relatively small uterus. Per vaginal examination reveals small uterus. Based upon the history and clinical findings, the case was diagnosed as *kshayaj vyadhi* as due to developmental delay and deficiency condition. The subject was planned to give *Brinhan Chikitsa*. During the treatment for two months patient had her menses and TVS was repeated at 11.06.18 showed normal scan. On follow up patient had her menses consecutively for three months. So, this case report represents the importance of ayurvedic management of Secondary Amenorrhea associated with Hypoplasia of Uterus and Streak Ovaries.

Keywords: Amenorrhea, Brinhan Chikitsa, Uterine Hypoplasia, Streak Ovaries, Developmental delay.

INTRODUCTION

Secondary Amenorrhea is the absence of menstruation for three normal cycles or for six months after commencement of menarche. True amenorrhea is one in which the menstrual function is suppressed, and the explanation may be physiological or pathological. Physiological amenorrhea occurs before puberty, during Pregnancy, lactation and menopause. While Pathological amenorrhea may be of three types of which amenorrhea with secondary sexual characteristics and anatomical abnormality is a type.

Menstruation depends on the proper functioning of a chain made up of hypothalamus-pituitary-ovary-uterus¹. Amenorrhea can be due to break in one or more of these links. On exploring Uterine causes as if the uterus is congenitally absent or has been removed by operative treatment or if it is grossly underdeveloped or damaged by radiotherapy. On the other hand in ovarian causes the ovary although present may never developed a capacity to respond to gonadotropins stimulus or having very few ova. More commonly however nonreactive gonads are streak or even testes in an apparent

woman. When the chromosomal drive to the gonads is weak, hypoplasia of the gonads is likely. The condition of streaks gonads is often referred to as gonadal dysgenesis but this term strictly means any disturbance in the development of gonads.

In the conventional system of medicine, the treatment of hypoplastic uterus and streaks ovary are hormonal therapy in the form of OCPs or sequential conjugated estrogen with progestogen or no treatment is of any help in this condition. So, it is planned to manage this condition with ayurvedic line of treatment.

Aim and Objectives

This case illustrates the therapeutic effect of the ayurvedic line of management of secondary amenorrhea associated with hypoplastic uterus and streaks ovaries. Further here also emphasize to understand the patient based on ayurvedic fundamental principles in order to define the specific *Samprapti* (pathogenesis of disease) before intervention has made.

Material and Methods-

Prospective Interventional case report managed by ayurvedic treatment using a Subjective evaluation as occurrence of menses and Objective evaluation by USG reports to assess status of uterus and ovaries.

Case Report-

A 27 years old married, nulliparous female patient having 8 years married life reported to infertility O.P.D. on date 10-04-2018, complaining of amenorrhea since 8 months and unable to conceive since 6 years. Patient had menarche at 18 years of age followed by irregular periods with increased time interval between cycle of menses from 3 months to 5 months, and at present her last menstrual period was 8 months back. While cohabiting with her husband with adequate coital frequency she was unable to conceive and also complaining of decreased libido. She has history of allopathy treatment for 1 year for irregular menses and for infertility from 6 years.

TVS reports done at 8-4-2018 reveals that patient had small uterus of size 4.50cmX2.33cmX3.90 cm with streaks ovaries. Hematological and Hormonal reports were within normal limits.

FAMILY HISTORY -No history of same illness in any of the family members

Menstrual History: Menarche at-18 years of age

Menstrual Cycle-3-5/90-240 days

No. of Pads -2-3 pads in first 3 days

LMP-8 months back

O/H -Nulliparous

General Examination

BUILT-Lean- thin

NOURISHMENT-Poor

PULSE-76b/min

BP-100/60mmhg

TEMPERATURE -98.3F

RESPIRATORY RATE-22/min

HEIGHT- 4feet

WEIGHT- 40 kg

TONGUE -slight coated

PALLOR/ICTERUS/CYANOSIS/club-

bing/edema/lymphadenopathy -Absent

Systemic Examination

CVS-S1 S2 Normal

CNS-Well Oriented, Conscious

RS-Normal Vesicular Breath, No added sounds

P/A-Soft, N on-tendor, no-Organomegaly

Astavidha Pareeksha-

Nadi (pulse)-76/min

Mutra (Urine)-Pitavarniya (yellowish)

Mala (Stool)-Vibandha (Constipation)

Jihva (Tongue)-saama (coated)

Shabda (Speech)-Normal

Sparsha (Skin)-Anunshnashit (Normal)

Druka (Eyes)-Netravilata

Akruti-heena (Lean-thin)

Bala-Madhyama (Normal Strength)

Dashavidha Pareeksha-

Prakriti-Vata-pitta

Sara-Asthi sara

Samhanan-Avara

Satmya-Misra rasa

Satva- Avara

Aharshakti-Madhyam

Vyayam shakti- Avara

Bala-Avara

Vaya-Madhyam

On Per-speculum examination discharges was nil, cervix was healthy and nulliparous. On Per-Vaginal

examination Uterus size is small, anteverted ante-flexed, all fornix clear.

Treatment –

Initially *Deepan Pachana* and *Matrabasti* followed with *Yonipichu* for local application was done which

was followed by *Brinhan Basti*. The subject was admitted on 11.04.2018 and discharged at 11.05.18 and internal medicines were prescribed for the period of one month.

Table 1: Interventions

11.4.18 to 17.4.18	<i>Deepana</i> and <i>Pachana</i>
18.4.18 to 24.4.18	<i>Matrabasti</i> with <i>Ksheerbala taila</i> (60ml) <i>Yonipichu</i> with <i>Phalaghrita</i>
02.05.18 to 11.5.18	<i>Brinhan Basti</i>

Table 2: Medicines prescribed for oral intake

11.04.18 to 24.04.18	<i>Shatverex</i> granules 3gm BD with milk <i>Yastimadhu Churna</i> , <i>Amalki Churna</i> , <i>Guduchi Churna</i> each 2gm BD with milk. <i>Ashwagandha Churna</i> 5 gm BD with milk
11.05.18 to 11.06.18	Continue same oral medicines to add with <i>Phalasarp</i> 2tsf BD with lukewarm water before meal.

DISCUSSION

The Patient is of poor built, having *Avarabala* (Poor strength), *Avarasatva* (Poor mental strength), and *Avara Jeerna Shakti* (Reduced digestion power). Hence, *Shodhana* line of treatment was not followed. *Saama Vata lakshana's* like, *Vibandha* (constipation), *Agnisaada* (Poor digestive capacity) and *Aantrakujana* (borborygmi) were seen. Ultrasound reports shows small sized uterus with Streaks ovary. According to Ayurveda we can consider this condition as *Kshayaj avastha*. As during development due to improper nutrition, as also suggested by the history of patient this was a condition of developmental delay and deficiency state. In Ayurveda while describing *Shadvidha Chikitsa* *Brinhan chikitsa* is beneficial in those who are weak, lean and thin, aged people, who always done heavy work, Pregnant women, puerperium period and in children².

Rajah kshaya and any type of *bala, varna, manasa* and *shukra kshaya* is *yogya* for *Basti karma*³. So *Brinhan Basti* was planned. Along with this *Matra Basti* (a type of *anuvastana basti*) is indicated for providing *Sthirata* and for progeny in infertility. It has properties of *brinhan* and *Vataroghara*. *Yonipichu* is indicated in the patient who are suffering from *Vataja* type of

gynecological disorders and *Phalaghrita* is indicated in *Yoniroga, Rajadosha* and also has rejuvenating properties. So *Yonipichu with phalaghrita* was given to the patient.

Shatavari granules added as it exerts estrogenic effects which promotes growth of uterus and its stress relieving factor can promote folliculogenesis as FSH and LH production improved by GnRH pulse improvement.

Yastimadhu added as it exerts *Rasayan* effect, hepatoprotective and its antioxidant activity can improve metabolism of sex steroids. Charak mention it as *vrishya* (aphrodisiac) and fertility promoter. The various pharmacological activities attributed to it are liver protective, estrogenic, anti-stress and used for conditions arise as due to adrenal insufficiency.

Guduchi mention by Charak in *Krishna chikitsa, Kshayaj roga*, and as *rasayan* by Vagbhatta. It is also an ingredient of our *Brinhan basti*. It has many micronutrients which have health restorative purpose. Elemental analysis reveals immunomodulation, body building and health restoration.

Amla is a nutrient tonic. It helps in maintaining the function of liver, increases hemoglobin, red blood cell count. *Aswagandha* helps to reduce anxiety and stress and increases strength and muscle mass, toning.

Result-

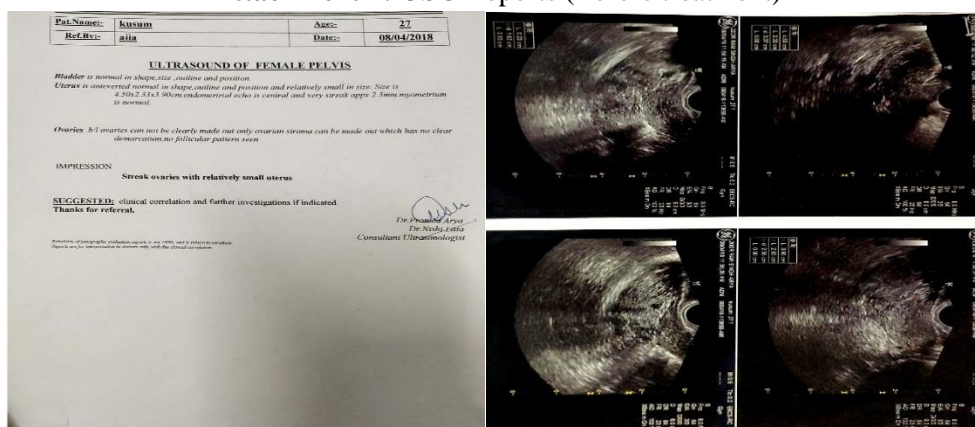
Table 1: Results of Subjective parameters i.e. Menstrual pattern

Parameters	Before Treatment	After Treatment
Duration	3-5 days	5-7 days
Interval	90-240 days	30-35 days
Pain	Painless	Painful
Amount	Scanty	Moderate

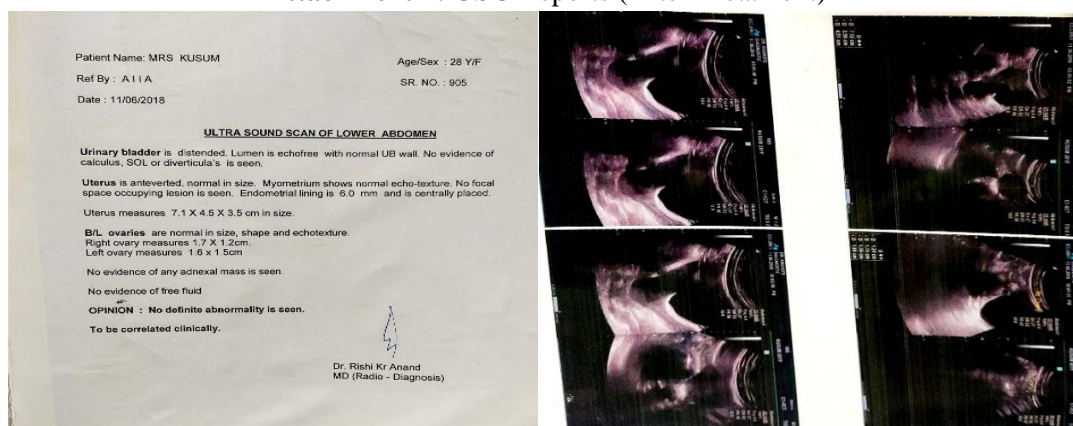
Table 2: Results of Objective Parameters (TVS Study for Uterus and ovary assessment)

TVS Lower Abdomen	Before Treatment	After Treatment
Uterus	Small (Size-4.50x2.33x3.90cm)	Normal (Size-7.1x4.5x3.5cm)
Ovaries	Streak Ovaries	Normal Size R.O.=1.7x1.2cm L.O.=1.6x1.5cm

Attachment 1: USG Reports (Before treatment)



Attachment 2: USG Reports (After Treatment)



CONCLUSION

This case study demonstrates the successful management of a case of Hypoplasia of Uterus and Streak Ovaries using Ayurvedic treatment. While the scope for further research and clinical trials is enormous, it remains substantiated, that with proper diagnosis and

selection of treatment protocol, Ayurveda can be enormously beneficial in the treatment of Uterine Hypoplasia and Streaks ovaries.

REFERENCES

1. Dutta, DC. Textbook of Gynaecology, 6th ed: New Central Book Agency Ltd, 2013, p. 229.
 2. R. K. Sharma, Bhagwan Das, Charak Samhita sutra sthana: chapter 22, verse 38-39, Chaukhambha Sanskrit Series, Varanasi, 2015, p.161
 3. R. K. Sharma, Bhagwan Das, Charak Samhita siddhi sthana: chapter 1, verse 34, Chaukhambha Sanskrit Series, Varanasi, 2015, p.161
-

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Nidhi Bajpai & Kamini Dhiman: An Ayurvedic Approach To Manage A Case Of Secondary Amenorrhea Asso-Ciated With Hypolastic Uterus And Streak Gonads: A Case Report. International Ayurvedic Medical Journal {online} 2020 {cited March, 2020} Available from: http://www.iamj.in/posts/images/upload/3160_3164.pdf