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

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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-pittaja 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-uterus³. 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 ovaries 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.

**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:** 4 feet
- **WEIGHT:** 40 kg
- **TONGUE:** Slight coated
- **PALLOIR/ICTERUS/CYANOSIS:** Clubbing/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)
- **Jhivha (Tongue):** Sama (coated)
- **Shabda (Speech):** Normal
- **Sparsa (Skin):** Anunshnashit (Normal)
- **Druka (Eyes):** Netravilata
- **Akruti-heena (Lean-thin):**
- **Bala-Madhyama (Normal Strength):**

**Dashavidha Pareeksha**

- **Prakriti-Vata-pitta**
- **Sara-Athi sara**
- **Samhanan-Avara**
- **Satmya-Misra rasa**
- **Satva-Avara**
- **Aharshakti-Madhyam**
- **Vyyayam shakti- Avara**
- **Bala-Avara**
- **Vaya-Madhyam**

On Per-spectculum examination discharges was nil, cervix was healthy and nulliparous. On Per-Vaginal
examination Uterus size is small, anteverted anteflexed, 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**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.4.18 to 17.4.18</td>
<td>Deepana and Pachana</td>
</tr>
<tr>
<td>18.4.18 to 24.4.18</td>
<td>Matrabasti with Ksheerbala taila (60ml) Yonipichu with Phalaghrita</td>
</tr>
<tr>
<td>02.05.18 to 11.5.18</td>
<td>Brinhan Basti</td>
</tr>
</tbody>
</table>

**Table 2: Medicines prescribed for oral intake**

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.04.18 to 24.04.18</td>
<td>Shatverex granules 3gm BD with milk Yastimadhu Churna, Amalki Churna, Guduchi Churna each 2gm BD with milk. Ashwagandha Churna 5 gm BD with milk</td>
</tr>
<tr>
<td>11.05.18 to 11.06.18</td>
<td>Continue same oral medicines to add with Phalasarpi 2tsf BD with lukewarm water before meal</td>
</tr>
</tbody>
</table>

**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 karma³. So Brinhan Basti was planned. Along with this Matra Basti (a type of anuvasana 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 reliving factor can promotes 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 Krisha 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

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>3-5 days</td>
<td>5-7 days</td>
</tr>
<tr>
<td>Interval</td>
<td>90-240 days</td>
<td>30-35 days</td>
</tr>
<tr>
<td>Pain</td>
<td>Painless</td>
<td>Painful</td>
</tr>
<tr>
<td>Amount</td>
<td>Scanty</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>TVS Lower Abdomen</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus</td>
<td>Small (Size -4.50x2.33x3.90cm)</td>
<td>Normal (Size -7.1x4.5x3.5cm)</td>
</tr>
<tr>
<td>Ovaries</td>
<td>Streak Ovaries</td>
<td>Normal R.O.=1.7x1.2cm L.O.=1.6x1.5cm</td>
</tr>
</tbody>
</table>

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

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Conflict of Interest: None Declared