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Ayurvedic measures to minimize need of Hysterectomy

Khan Tarannum Nisar,¹ Dalvi Prashant N.²

¹Associate Professor, ²Associate Professor, Dept. of Prasuti Tantra and Stri Roga, Govt. Ayurvedic College, Nanded, Maharashtra, India.

ABSTRACT

Menopause is not just cessation of menstruation; it is depletion of ovarian follicles leading to decrease in ovarian hormones. A woman who has undergone hysterectomy but retains her ovaries will experience cessation of menstruation and not oestrogen deficiency syndrome just after it. In such cases the depletion of oocytes would occur earlier and thus women will perceive menopausal changes earlier than natural menopause. It shows that hysterectomy with or without oophorectomy leads to surgical menopause. Many times hysterectomy is done for such conditions which can be treated by medicines. In modern science, as there is no certain treatment for some diseases and the recurrences occur, hysterectomy becomes the solution. Ayurveda has mentioned such therapies which act locally as well as systemically and arrest the disease to get advanced or relapsed.

Key words: Menopause, Hysterectomy, Ayurveda, Gynaecological Disorders.

INTRODUCTION

The results of Hysterectomy are extra-ordinarily good, excluding the effects of oophorectomy. Absolute indications are malignancies of uterus, large uterine fibroids, uterine perforations, atonic PPH, morbid adherent placenta etc. But nowadays, in the majority, this surgery is being carried out unnecessarily and many times for wrong indications. Many women die annually, as a result of having this operation unnecessarily. Many perform the operation merely at the request of the patients who are led to believe that all their troubles originate in their pelvic organs will be cured by hysterectomy. Surgeon lacking in accurate

diagnosis can take a similar view and so resort to hysterectomy on the slightest pretext and indications such as chronic pelvic pain, chronic cervicitis, PID, cervical polyp, DUB etc. These diseases are mostly found in reproductive age. When hysterectomy is done early or in premenopausal age, many women are left chronic invalids or full of complaints such as headache, depression, urgency of micturition, backache, nausea, pelvic pain, sexual unresponsiveness, dyspareunia, marital disharmony etc.^[1]

In some relative indications like cervical erosion, DUB, cervical polyp, in which surgical interventions are not required on urgent base, Ayurvedic conservative measures are likely to be efficacious. These help to lower the rate of unnecessarily done hysterectomies.

LITERATURE REVIEW

Many of gynaecological disorders are included in "Yonivyapada" in Ayurveda.^[2] According to differences in signs and symptoms described in ancient texts, these are twenty in number. *Doshadushti* is considered as pathological phenomenon for *Yoni Roga*, which to be corrected while treating them. It is mentioned that not a single *Yoni Roga* would occur in women without

Address for correspondence:

Dr. Khan Tarannum Nisar

Associate Professor, Dept. of Prasuti Tantra and Stri Roga, Govt. Ayurvedic College, Nanded, Maharashtra, India.

E-mail: dr.khan_na@yahoo.com

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Vataprakopa. So *Vaataghna Chikitsa* is advised primarily in all *Yonivyapada*.^[3] The gynaecological disorders, according to modern science are not exactly described in Ayurveda. Hence only after consideration of *Doshadushti* of the disease, we can correlate it with some of *Yonivyapada* and suitable Ayurvedic treatment can be given.

Ayurvedic management of some gynaecological disorders

Cervical Erosion

Cervical erosion is a condition where the squamous epithelium of the ectocervix is replaced by columnar epithelium which is continuous with endocervix. In modern medicine, cauterization is done but recurrence is common.

The cervical erosion can be correlated with *Pittakaphaja Yonivyapada*. Local application of *Yavakshara* on the erosion followed by *Triphala Kwatha Yoni Dhawan* is very useful remedy.^[4] *Yavakshara* should be applied after menstruation for eight days, for subsequent three menstrual cycles. By its *Ksharana* property, *Kshara* does the corrosion of columnar epithelium and healing with squamous epithelium follows. *Yonidhawana* is an Ayurvedic local remedy described in ancient texts for *Yoni Rogas*. *Triphala Kwatha Yonidhawana* leads to cleansing of vaginal mucosa by washing of debris collection and vanishing bad smell of vagina. It acts as anti-inflammatory and analgesic agent due to its *Tridoshaghna Karma* and its warmness. It helps to minimize vaginal white discharge by cleansing action and reduces cervical hypertrophy by shrinking and astringent action of *KashayaRasa*. Hence this therapy gives drastic result in cervical erosion. So hysterectomy for such relative indication can be avoided.

Dysfunctional Uterine Bleeding

This is defined as state of abnormal uterine bleeding without any detectable, organic, systemic or iatrogenic cause.

In modern science, hormonal treatment is given in DUB to stop bleeding or to regularize menstrual cycle. In small extent it helps, but many of times patients get

suffered from side effects and relapses of condition. So in modern medicine, there is no definitive treatment of DUB.

The symptoms and signs of DUB are similar to *Asruja (Raktaja) Yonivyapada*. *Shonitsthapan Chikitsa*^[5] is advised in it, with drugs like *Ashoka, Bilwa, Kutaja, Vasa* etc. these drugs act not only as haemostatic agents but normalizes *Raktadushti* also. According to ancient texts, there is involvement of *Vaata* in every *Yoni Roga*. So *Vaataashaman* treatment should be given to cure the disease. *BastiKarma* is most important treatment for *Vaatavyadhi*. *Yoga Basti* for minimum three subsequent menstrual cycles should be given after menstruation. *Pathya-Apathya* in *Aahar* and *Vihaar* should be advised to patient. These measures not only act symptomatically but break the pathology of disease, thus patients get complete relief.

Cervical Polyp

Polyp is a clinical entity referring a tumor attached by a pedicle. Polypectomy is the only solution for cervical polyp. Recurrences are fairly common, may be due to incomplete removal and/or persistence of chronic inflammation as a cause leading to polyp formation. In such cases many times hysterectomy is advised in early age.

Ayurveda has described more superior non-invasive techniques in case of *Yoni Arsha* i.e. cervical polyp. Four methods of treatment of *Yoni Arsha* are medication, *Kshara* application, cauterization and surgical removal,^[6] depending on size and nature of the polyp. We can use *Kshara* in the form of *Ksharsutra*, to be used for ligation at the base of polyp. It can be changed after two days till removal of polyp. It is found that usually within a week polyp is removed from its base by simultaneous cutting and healing action of *Kshara*. Recurrence of same polyp is taken care by chemical cauterizing effect of *Kshara*.

Uterine Prolapse (Utero Vaginal Prolapse)

Descent of uterus in vagina is called uterine prolapse and descent of anterior and posterior vaginal walls result in cystocele and rectocele respectively is vaginal

prolapse. Three degrees of uterine prolapse are recognized. Third degree uterine prolapse or procedentia is the absolute indication of hysterectomy while cystocele and rectocele are corrected by colporrhaphy according to modernscience. As genital prolapse is as sort of hernia there is practically no scope of conservative treatment. However cases of first and second degree prolapse are tackled by palliative treatment such as assurance, improvement of nutritional status and pelvic floor exercises in an attempt to strengthen the muscles. But these are not curative modalities as causes of prolapse persist; disease gets advanced and may turn to procedentia where vaginal hysterectomy becomes necessary.

Uterine prolapse can be correlated with the disease "Mahayoni", one of the *Yonivyapada* described in Ayurveda. As it is *Vaatapradhana Yonivyapada*; *Vaatahamaka Chikitsa* is advised. It is very useful in first and second degree prolapse. The treatment includes *Yonidhavana*, *Basti Karma (Gudabasti* as well as *Uttarbasti*), *Yonipichu Dharana* and *Yoni Poorana* with *Siddha Taila* (medicated oil). By the means of these procedures, *Siddha Taila* gives *Bala* (strength) to organ and muscles and removes *Shaithilya* (laxity) which is basic defect in prolapse. Some *Balya*, *Vatashamaka* Ayurvedic preparations are also given orally which improve general health and relieve constipation. Thus it becomes complete treatment of first and second degree prolapse and prevents procedentia, which requires hysterectomy.

CONCLUSION

In any case the indication for hysterectomy must therefore be clearly defined. It should be one for which more conservative treatment is not likely to be efficacious. Ayurveda has described conservative

treatment for most of the gynaecological disorders. Ayurvedic measures surely minimize the need of hysterectomy in relative indications and thus surgical menopause can be prevented.

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