

A Case Study On Successful Siddha Medicine Cūraṇam For Pañcatuvarppi Management of Dysfunctional Uterine Bleeding

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Abstract

In day-to-day life, women are facing many challenges which are mostly revolving around her menstruation; one such is Dysfunctional Uterine Bleeding (DUB). Its severity ranges from mild manageable degree to major extent which requires even hospitalization. A 45 years old female was brought with a complaint of menorrhagia for >50 days. She approached Anna Hospital, Arumbakkam after failing to get improvement from modern medicine. she was given *Pañcatuvarppicūraṇam* for initial management of menorrhagia. Her excessive menstrual flow was arrested within a week. she was then treated with *Acōkappaṭṭaicūraṇam* and *Mātuḷaimaṇappāku* for management of anaemia. The patient became stable. Thus, *Pañcatuvarppicūraṇam* plays excellent role in management of menorrhagia.

Keywords: Siddha, DUB, anaemia, perumbātu, case report

Introduction

Normally, in a healthy girl menarche appears between 11- 15 years of age with an interval of 21 to 35 days which lasts for 4 to 5 days. DUB is a state of abnormal uterine bleeding without any clinically detectable organic, systemic and

(HMB) is defined as a bleeding that interferes with women's physical, social, emotional and maternal quality of life^[2]. Dysfunctional Uterine Bleeding is associated with anovulation in 10-20% of women and particularly at the extremes of

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iatrogenic cause (pelvic pathology, e.g tumour, inflammation or pregnancy is excluded)^[1]. Heavy menstrual bleeding

reproductive life or following child birth and abortion^[3]. The incidence of DUB is about 30% (10 – 30%). In siddha system of

medicine, it is called as perumbāṭu. It is classified as *Cātāraṇaperumbāṭu* and *Acātāraṇaperumbāṭu*. DUB comes under

Acātāraṇaperumbāṭu
(*Oluṅgarraperumbāṭu*).^[4]

Classification and Pathophysiology:

DUB is a state of abnormal uterine bleeding following anovulation due to dysfunction of hypothalamo-pituitary-ovarian axis (endocrine origin) ^[5]. Anovulatory bleeding is usually excessive. In absence of growth limiting factor and progesterone, the endometrial growth is under the influence of oestrogen throughout the cycle. There is inadequate stromal support and endometrium remains fragile.

Upon withdrawal of estrogen due to negative feedback of FSH, endometrial shedding continues for longer period in asynchronous sequences because of compactness ^[6]. Based on disturbance in the functioning of Cortico-Hypothalamic-Pituitary axis or the endometrium, DUB is classified as follows ^[7]: primary and secondary types.

Patient Information:

Case History

A 45-year-old female patient reported at OPD of Anna hospital, Arumbakkam with chief complaints of excessive bleeding (>50 days) and Haemoglobin 7.2 gm/dl. She was diagnosed

as DUB by gynaecologists. In spite of regular allopathic medications, her condition was deteriorating. so she came for siddha consultation.

Menstrual History:

Menstrual flow is heavy which is bright red in colour along with clots. It is associated with severe pain in lower abdomen region.

LMP: 8.1.2020

Duration/interval: 50 days/35 days

Total number of pads used per day: 8 pads/day

Obstetric History:

P₄L₂A₂ (twins) Pregnancy – 4 Abortion – 2
Living children – 2-

Contraceptive History:

Tubectomy done.

History of Past Illness:

No previous history of Diabetes mellitus, Systemic Hypertension and other Bleeding disorders

Family History:

Mother: underwent hysterectomy for Abnormal Uterine Bleeding

Personal History:

Bowel: regular
Bladder: regular
Sleep: disturbed
Appetite: poor
Addiction: nil
Diet: mixed diet

Clinical Findings:

Eṅvagaiṭērvu:

NĀṬI: vātapittam

NĀ: pallor +

NIRAM: vātanīram

MOḶI: camaoli

VILĪ: pallor +

SPARICAM: mitatāṭpam

MALAM: regular

MŪTTIRAM: regular

General Examination:

Pallor: present in palpebrae and nails

Clubbing: Absent

Cyanosis: Absent

BP: 120/70 mmHg

Pulse Rate: 71/ min

Heart Rate: 80/min

Respiratory Rate: 19/min

Systemic Examination:

- On examination, patient was well oriented to time, place and person.

INSPECTION: Normal

PALPATION: Mild tenderness
in hypogastric region.

PERCUSSION: Normal

AUSCULTATION: Normal

- Assessment of CNS, Respiratory system, GIT, Musculoskeletal system of patient was found to be normal.
- No clinical abnormality was detected.

Investigations:

Done on 29.1.2020

CBC:

Hb -7.2gm/dl (*iron deficiency anaemia*).

Total RBC: 4.22 million/cu.mm

PCV: 37%

MCV: 89 fl

MCH : 30pg

MCHC: 34g/dl

Platelet count: 3.12 Lakhs/cu.mm

TLC:6100 cells/cu.mm

Red cell distribution width:14%

DLC: N:61% L 30% MID(B,M,E):9%

BT : 2 minutes 30 seconds

CT: 5 minutes 30 seconds

HBSAG, HIV: Negative

Blood sugar

Fasting-129 mg/dL

Post prandial:156 mg/dL

Thyroid function test:

Free T3 : 3.07 pg/ml

Free T4 :0.99 ng/dl

TSH: 2.17 microIU/ml

USG

Done on 27/1/20

Her USG reports showed normal study

ET – 7mm,UT-8.1 X 4.0 X 5.6 cm

TIMELINE:



Diagnostic Assessment:

On the basis of clinical features, history, examination and reports, her condition was diagnosed as Dysfunctional Uterine Bleeding DUB.

Therapeutic Intervention:

- We prescribed a siddha formulation (*Pañcatuvarppicūraṇam*) with the dosage of 2 gm bd with lukewarm water, after food. She was then advised to report after a week. She reported with cessation of menstrual flow.
- Since she presented with Hb 7.2 gm/dl, she was prescribed with two siddha medications (*Acōkappattaicūraṇam* with dosage of 2 gm bd with luke warm water after food and *Mātuḷaimaṇappāku* with dosage of 5 ml bd with luke warm water after food) for management of anaemia.

I. Oral Siddha Formulation For First Week :

Pañcatuvarppicūraṇam– 2 g bd with lukewarm water, after food

Composition of *Pañcatuvarppi*: Barks of

- *Āl (Ficus benghalensis.Linn)*^[8]
- *Atti(Ficus racemosa.Linn)*^[9]
- *Itti(Ficus microcarpa.Linn.f)*^[10]
- *Nāval (SyzygiumcuminiLinn)* skeels^[11]
- *Arasu(Ficus religiosa. Linn)*^[12]

II. Oral Siddha Treatment Regimen For Follow Up:

1. *Acōkappaṭṭai Cūraṇam*^[13] (*Saracaasoca.Rexb de wilde*)^[14] 2 gm bd with lukewarm water after food
2. *Mātuḷaimaṇappāku*^[15] (*Punicagranatum.Linn*)^[16], 5 ml bd with lukewarm water after food.

Results:

Before Treatment	After Treatment
Heavy mensuration-bright red in colour	Mensural flow arrested
Severe pain in lower abdomen	Pain reduced
Unable to do physical activity during mensuration	Able to do day-to-day activities
No. of pads used per day:8 pads/day (Number of pads were calculated by interrogating with the patient. All the pads were fully filled and it belongs to same quality.)	No. of pads used perday:3 pads /day

Discussion:

Dysfunctional uterine bleeding is an alarming condition which affects women with significant adverse effects in the quality of life like anaemia, cost of sanitary pads and interfere with day-to-day activities. The medical treatment emphasize on hormones and ends as symptomatic management.

Pañcatuvarppicūraṇam consists of chemical compounds which help in arresting blood flow. Studies suggest that, Barks of *Syzygiumcumini* has styptic and wound healing properties^[17]. *Ficus bengalensis* and *Ficus racemosa* contains styptic action (stoppage of blood flow)^[18]. *Ficus microcarpa* acts in case of haemorrhages^[19]. *Ficus reliogosa* has been

studied for its antihemorrhagic property^[20]. *Ficus benghalensis* and *Ficus reliogosa* has been previously studied for Dysfunctional Uterine Bleeding^[21]. Hence, its action for the treatment of menorrhagia is proven.

Strength: management of DUB was attained within a week. There were no Adverse Events reported during this study. Limitations: Though *Cūraṇam* was used to manage DUB with some extent, further research work need to be done to elicit its efficacy for severe conditions. *Pañcatuvarppicūraṇam* has astringent property that may cause constipation in some cases, so proper advice should be given for management of constipation

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Conclusion:

Pañcatuvarppicūraṇa along with other oral medications for DUB is found to be the best therapy to rescue patient from sufferings. It is a very economical and magical drug for

DUB. This therapy reduces the use of hormonal medications. This case study showed that Siddha treatment is available for DUB.

Conflict Of Interest:

The authors declare that there is no conflict of interest concerning this article.

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