

HYPOPLASTIC UTERUS: A CASE REPORT**Hemalata R. Jalgaonkar***

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ABSTRACT

In today's era due to competitive life, new generation desire child bestowed with good health, supreme intellect and wisdom. But, In today's affluent societies, due to career orientation, and busy life schedule, people are not paying attention towards marital age, healthy daily routines, seasonal regimen and outcome of these unhealthy habits is emerging out in the form of various disorders influencing physical, psychological and reproductive outcome.

KEYWORDS:- Chikitsa, Dosha, Congenital anomalies.**INTRODUCTION**

Procreation is a blessing that aids in transferring the genes from one generation to another, thus aids to evolution. All couples desire procreation of progeny endowed with good health, supreme intellect and excellent qualities. But, in today's era due to teenage pregnancies, advanced maternal age, inflexible workplace policies, economic or housing uncertainty, faulty lifestyle, unawareness of health due to hectic life schedule incidences of recurrent abortion, still birth, infertility and congenital malformations are the burning issues of present era. Uterine hypoplasia is a condition that affects women's reproductive health, where the uterus is abnormally small or underdeveloped. It can lead to fertility issues, menstrual irregularities, and other complications. In this we will explore the different aspects of uterine hypoplasia in detail, including its potential impact on a woman's health and well-being.

Case history

A 19 yrs female unmarried patient came to the OPD of Streerog and Prasutitantra, Ashtang Ayurved Rugnalaya, Pune in 2019, with complaints of Amenorrhea since 2 yrs. Having her menarche at the age of 12 yrs that is in 2017, her cycles were irregular with mild pain and having mild clots in her menstrual period.

On examination

General and systemic examination:

Patient was obese with height of 4'10" with weight 68kgs, no any pallor seen.

Pulse-84/min, BP-120/70mmhg. Her cardiovascular and respiratory examination were found to be normal, no any obvious condition found.

Gynecological examination:

Breast examination –

Bilateral breast – Soft, symmetrical, no any deformity found

Abdominal examination –

Found to be soft non tender, NAD

Blood investigation

Hb-14.1gm/dl, Wbc-8700/mm³, Plt-306000/mm³, Urine routine -Pus cells and epithelial cells -Occasional, TFT- T3-1.11ng/ml, T4-8.40ug/ml, TSH-4.03uIU/ml. All found to be normal.

USG Abdomen and pelvis done on 4/7/2020 which was suggestive of Uterus slightly small in size with less dimensions 34× 18×28mm, Cx length -24mm, Endometrial thickness-3mm, Polycystic change in Rt ovary and unruptured Lt ovarian follicles of 23mm diameter.

MATERIAL AND METHOD

Following is the chikitsa protocol the way to treat her:

Shaman as well as shodana chikitsa

Cap. Shatapaki Ksheerbala 2 tablet twice a day, Tab Alleos compound 2 tablet twice a day, Tab Evecare forte 2 tablet twice a day, Shatavari +Vidari+Ashwagandha churna 1 table spoon twice a day with milk. All these medications were given to the patient for the span of three months.

She was advised for weight loss (diet chart) was given to her which to help to reduce her weight.

Meditation was advised to her mostly Anulom vilom and kapalbhati pranayama.

RESULT

All the above medications were given to the patient which helped her to improve the dimensions of uterus, help in folliculogenesis, regularize her menstrual cycle. Exercise reduced obesity and pranayam help to calm her mind which helped to improve HPO axis hence improving hormonal balance.

DISCUSSION

Mithyaahara (Abnormal diet) & mithyavihara or achara (Abnormal mode of life).^[1] Various environmental factors operating either during embryonic life of the girl (Congenital abnormalities) or at a later life also. Pradushta artava, beeja dosa or abnormalities of sperms or ovum, daiva (god).

Normal development of female reproductive tract involves a series of complex processes characterized by the differentiation, migration, fusion and subsequent canalization of the mullerian system.^[2] Mullerian duct anomalies are rare and usually found in 1 of 4500 female cases of primary amenorrhoea and 2%-8% cases of infertile women. They are undiagnosed till menarche. Mullerian duct differentiate into fallopian tubes, uterus and upper part of vagina during intrauterine phase. Any interruptions during this period can cause several malformations. These range from complete agenesis, hypoplasia and fusion defects such as unicornuate uterus^[3] with or without rudimentary horn, uterine didelphys, complete or partial bicornuate uterus and arcuate uterus. The exact correlation of mullerian duct anomalies as per ayurvedic classics is not possible, but there are references regarding sexual differentiation and pathologies related to it. Acharya Charaka^[4] has well explained about the bija, bija bhaga avayava and their dushti which plays a very important role in pathogenesis of disease Vandhya. All the bruhatravees also explained the yonivyapads such as Shandi and soochimukhi which have genetic origin.

The treatment prescribed for disorders of vata should be used for all these disorders. These disorders do not occur without Vitiating of vata, thus first of all vata should be normalised.

Bhela says that due to abnormalities of bija of mother and father non-consumption of congenial rasas, suppression of natural urges and disorders of yoni, the women either delivers abnormal child or become infertile. He further writes that causes of failure to become

pregnant are only two i.e.affliction with various diseases of vata and abnormalities of yoni (reproductive organs). According to Acharya Charak vata dosha is responsible for all kind of yoniroga and all the needed karmas should be done to treat the vitiated vata doshas.

Cap Shatapaki ksheerbala^[5]

Content -Bala, Godughda, tila tail

Practice will be beneficial for the suppression of aggravated vata Ksheerbalataila having phytoestrogens, analgesic, antioxidant. Balya and brimhana properties of its drug It helps in the wear and tear of nervous and muscular tissues.

The action of ksheerbalataila could be analyzed according to the rasa panchaka of its ingredients all the three ingredients having madhur rasa and vipaka which is vata and pittashamaka, gives strength to tissues and is good for sense organs and pleasing to mind. It nourishes to body It is said to have effects on all eighty chronic conditions of vata origin.

The drug tila is rich in fatty acids and antioxidants. The chemical constituent sesamin gets converted into enterolactone in the presence of intestinal bacteria, it acts as powerful phytoestrogen it is having madhura rasa and madhur vipaka, snigdha Guna and ushna veerya hence garbhashaya shodhaka and artavajanaka karma.

Shatavari +Vidari+Ashwagandha churna with dughda – 1tsf BD

Shatavari, ashwagandha, vidari are brihana and jeevaniya and thus help nourishing rasa dhatu.

Shatavari acts as phytoestrogens and help enhancing the development endometrial bed.

Tab. Aloes compound

Aloe, Jivanti, kamboji, Manjistha

Effective in menstrual disorders -Irregular and scanty periods, Amenorrhea, Dysmenorrhoea, Delayed menarche.

Tab. Evecare forte

Aloevera, Jatamansi, Lodhra, Mundi, Methi

Helps regularise endogenous hormonal levels and supports normal Folliculogenesis, has antiandrogenic properties and helps reduces mood swings and anxiety associated with PCOS also inhibit androgen receptors and acts as a menstrual modulator

Weight management, diet and meditation was advised

Anulom-vilom & kapalbhati –

To relieve stress and to stabilize the autonomic functions of the body

Hence improving the functions of HPO axis which improves the hormonal balance and hence enhancing the reproductive growth.

CONCLUSION

The present case study concludes that all the medicinal dravyas mentioned or prescribed worked as an rejuvenation therapy which helped to improve rasa dhatu which would further lead to uttarotar dhatu poshana. Helps removing ama and improving dhatavagani in the body hence improving here reproductive system and balancing HPO axis.

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