Case study on endometriosis treatment with siddha medicine

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Abstract

Current treatment of endometriosis is mainly based on surgery and ovarian suppressive agents (oral contraceptives, progesterins, GnRH agonist and androgenic agents). Hormonal treatments are often associated with unwanted effects, delayed conception and recurrence of disease and symptoms when withdrawn. The present study is about treating Endometriosis with Siddha medicine, which not only treats the disease making the patient asymptomatic or symptom free clinically but also without any untoward effects. A 17 yr old girl who was found to be suffering from or diagnosed with endometriosis and was suggested for surgical interventions, was treated with Siddha treatment methodology and documented

Keywords: Endometriosis alternate treatment, siddha medicine, novel, ovarian suppressive agent

Introduction

Ever since evolution, womanhood and womb sustains the Mother Nature nurturing its fertility and maintains nature’s integrity. Presently, infertility and other gynecological conditions like PCOS are the commonest diseases concerning the woman’s health and affect their quality of life incurring severe medical expenditure both on the part of individual and also the health care providers. Among the many medical conditions afflicting the female fertility, Endometriosis, as epigenetic disease contributes to 6 to 10 % part affecting the fertility of the female genders [1]. The average age at diagnosis is 28 years [2].

Endometriosis is defined as the presence of endometrial-like tissue outside the uterus [3], under ICD10N80 [4]. Endometriosis triggers a chronic inflammatory reaction resulting in pain and adhesions. Adhesions develop when scar tissue attaches separate structures or organs together. The activity and the complaints due to endometriosis may vary during the woman’s menstrual cycle as hormone levels fluctuate. Consequently, symptoms may be worse at certain times in the cycle, particularly just prior to and during the woman’s menstrual period. While some women with endometriosis experience severe pelvic pain, others have no symptoms at all or regard their symptoms as simply being ‘ordinary menstrual pain’ [5].

The classical clinical symptoms of endometriosis are:
- Dysmenorrhea or painful menstruation
- Nonmenstrual pelvic pain or pain occurring when a woman is not menstruating.
- Dyspareunia or painful intercourse
- Infertility
- Fatigue
- Cyclical intestinal complaints: periodic bloating, diarrhea or constipation
- Cyclical dyschezia, painful or difficult defecation.
- Cyclical dysuria, painful urination
- Cyclical hematuria, or the presence of blood in the urine
- Cyclical rectal bleeding
- Cyclical shoulder pain
- Any other cyclical symptom

Cyclical symptoms are symptoms that develop a few days before a woman’s menstruation and disappear a few days after her menstruation has stopped, or symptoms that occur only during the menstruation. The symptoms reappear the next month, following the woman’s menstrual cycle [5].

Clinical presentation

A 17 year school going girl from a middle class family was suffering from lower abdominal pain for 2 months, which aggravated later. The patient was referred for ultrasound scan which doubted Right ovarian hemorrhagic cyst and was later referred for MRI whole abdomen which
confirmed hemorrhagic/ endometriotic cyst in right ovary. Menstrual history is 3-4/30, regular. Patient is a known asthmatic, non diabetic and non-hypertensive using salbutamol inhaler for acute asthmatic attack. No previous history related to drug allergies with normal South Asian diets pertaining Indian subcontinent. Clinical examination of the patient on Siddha perspective revealed Vatha, Pitham nadi, and BP: 120/80, Pulse: 72/min. Signs related to Nail, eyes, tongue presented normal. Patient with a thin built, weighed 51kg with 5’1” height with overall normal findings in systemic examination.

Investigation

USG
- Right ovarian cyst with septa and echogenicities-? Chocolate cyst. [Fig1,2]

CT Scan
- Right adnexal cyst with septa and internal debris
- Right ovary is not separately visualized
- Possibility of right ovarian hemorrhagic cyst can be considered [Fig3]

MRI Scan
- Right Ovary: Thick walled cystic lesion of size 36mm*30mm Right ovary.
- Evidence of thin septations with small hemorrhages.
- Minimal free fluid in the pouch of Douglas.
- Features suggestive of Hemorrhagic / endometriotic cyst in Right ovary
- No significant abnormality detected in Liver, Gall bladder, Spleen, Pancreas,
- kidneys, Urinary Bladder, Uterus, and left ovary. [Fig4,5,6]

Diagnosis
- Endometriosis in Right Ovary

Siddha Medicine and its Concept:
Siddha medicine, a traditional medical system established by Siddhars, originated and practiced in peninsular part of India pertaining to Tamilnadu [7, 8]. In siddha system the balance between the three basic vital energy, i.e. Vatham, Pitham, Iyyam is necessary for healthy living. The imbalance between these three energies causes ailments. Siddha system uses herbal, mineral, herbomineral preparation to treat these diseases. Henceforth combinations of the specific medicines were given in the prescribed manner to treat the disease.

Treatment

Table 1

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Before/after food</th>
<th>Adjuvant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kalingathi thylum [9]</td>
<td>For purgation initially: 10ml</td>
<td>Early morning on empty stomach</td>
<td>With rice water</td>
</tr>
<tr>
<td>Kalingathi thylum [9]</td>
<td>3 drops</td>
<td>Early morning on empty stomach, on first 3 days of menses</td>
<td>With rice water</td>
</tr>
<tr>
<td>Capsule. Neeradi muthu vallathaki mezhugu [9]</td>
<td>1 OD</td>
<td>After food, night on alternate days</td>
<td>-</td>
</tr>
<tr>
<td>Thalisathi choornam [9]</td>
<td>1gm BD</td>
<td>After Food</td>
<td>With warm water</td>
</tr>
<tr>
<td>Attachy choornam [9]</td>
<td>1gm BD</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Kukkil parpam [9]</td>
<td>100mg BD</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Gowri chinthamani [9]</td>
<td>100mg BD</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Nerunjil kudineer [9]</td>
<td>30 ml OD</td>
<td>Evening before food</td>
<td>-</td>
</tr>
<tr>
<td>Gunmakudori mezhugu [9]</td>
<td>100mg</td>
<td>sos</td>
<td>With butter milk for alleviating pain</td>
</tr>
</tbody>
</table>

Dietary Regimen advised to avoid non-veg diet [10]

Post treatment Finding
MRI Abdomen and Pelvis:
No significant Abnormality seen. [Fig7,8]

Results
Chief complaints of the patient i.e. lower abdominal and lower back pain were relieved. MRI confirms and substantiates the clinical symptom free evidence.
**Fig 1:** Pretreatment USG

**Fig 2:** Pretreatment USG

**Fig 3:** Pretreatment CT Scan

**Fig 4:** Pretreatment MRI scan
Fig 5: Pretreatment MRI scan

Fig 6: Pretreatment MRI scan

Fig 7: Posttreatment MRI Scan

Fig 8: Post treatment MRI scan
Discussion
This case study of a 17 year old school going girl with chief complaints of lower back pain and right lower abdominal pain for nearly 2 months. The pain slowly aggravated and pain around umbilicus made general medicine practitioner to suspect appendicitis. USG was taken to rule out the underlying cause for pain. The scan doubted chocolate cyst, and a CT scan was taken on the same day to confirm the diagnosis but failed to reveal a good picture. Further MRI revealed the presence of Endometriotic cyst in the Right ovary. Surgical intervention was suggested to remove the pain causing cyst as the best possible treatment. Considering the age of the patient, Siddha treatment was preferred to get treated without surgery. At the end of 3 months of treatment, the patient has been relieved from all her painful symptoms and has been found disease free which is confirmed with MRI scan. The possible mechanism of action and site of action of the prescribed siddha drugs is yet under observation i.e. Whether they are mimicking the presently prescribed conventional treatment or alternate pathway is to be elucidated in future studies. Henceforth, they have been diagnosed and advised as per classical siddha literatures and results substantiate its therapeutic potential. However any recurrence of the aforesaid symptoms or any other related ailments is subject to be the part of observation and under consideration.

Conclusion
The management of endometriosis and related sub fertility is typically with surgery, which has a modest effect and surgical excision of endometriosis improves spontaneous fertility and sometimes associated with normal ovarian tissue removal decreasing the ovarian reserve. Surgical and medical management of chronic pelvic pain associated with endometriosis are effective but with high recurrence rates incurring severe financial burden. (Tommaso Falcone 2011Clinical management of Endometriosis). The estimated annual health care burden in the United States for endometriosis exceeds $20 billion. Simoens 2007 This annual cost actually supersedes that of Crohn’s disease ($865 million) or migraine care ($13–$17 billion). The present study details about the therapeutic management of endometriosis with cost effective Siddha medicine and its successful intervention without any untoward effects within the duration of three months. The possible mechanism of action and site of action of the prescribed siddha drugs is yet under observation i.e. Whether they are mimicking the presently prescribed conventional treatment or alternate pathway is to be elucidated in future studies. Henceforth, they have been diagnosed and advised as per classical siddha literatures and results substantiate its therapeutic potential. However any recurrence of the aforesaid symptoms or any other related ailments is subject to be the part of observation and under consideration.

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