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Dr. V Juliet Ruby

Lecturer, RVS Siddha Medical
College, Sullur, Tamil Nadu,
India

Dr. Manikandan Rajarathinam

Medical Officer and Research
Officer, CGHS, Ministry of
AYUSH, Chennai, Tamil Nadu,
India

Case study on endometriosis treatment with siddha medicine

Dr. V Juliet Ruby and Dr. Manikandan Rajarathinam

Abstract

Current treatment of endometriosis is mainly based on surgery and ovarian suppressive agents (oral contraceptives, progestins, 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treatments are often associated with unwanted effects, delayed conception and recurrence of disease and symptoms when withdrawn.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

Correspondence**Dr. V Juliet Ruby**

Lecturer, RVS Siddha Medical
College, Sullur, Tamil Nadu,
India

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

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

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.

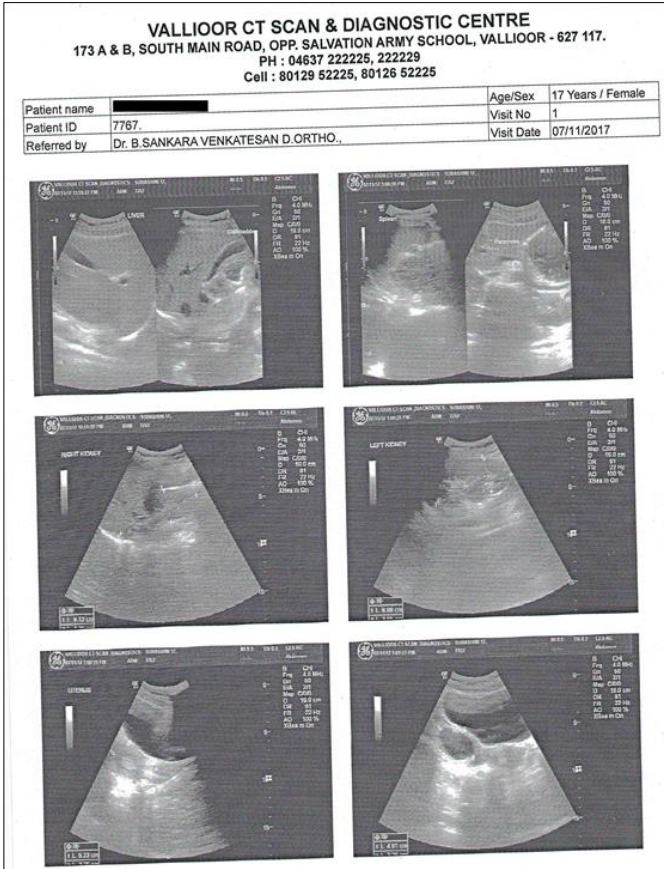


Fig 1: Pretreatment USG

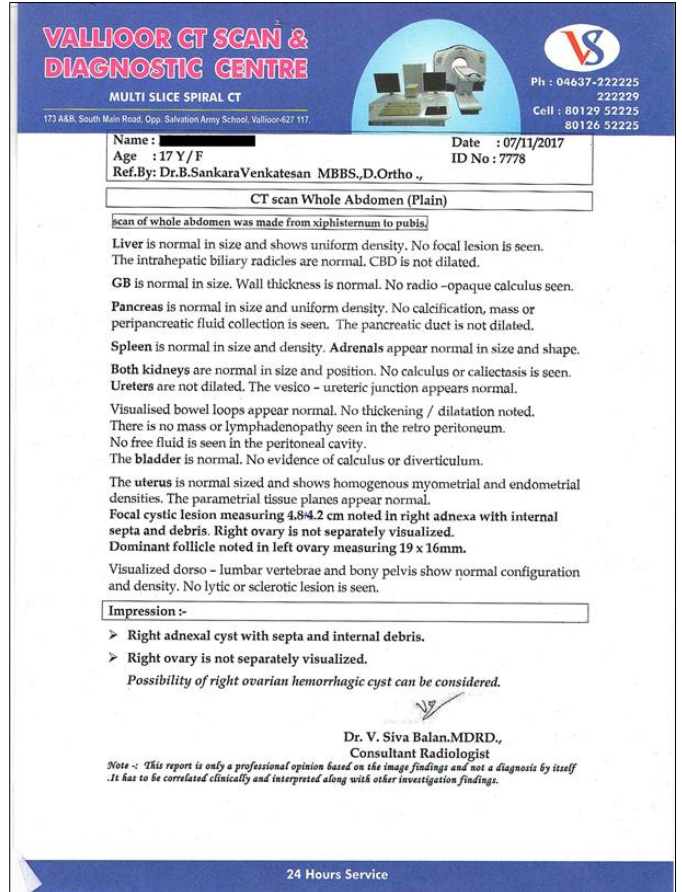


Fig 3: Pretreatment CT Scan

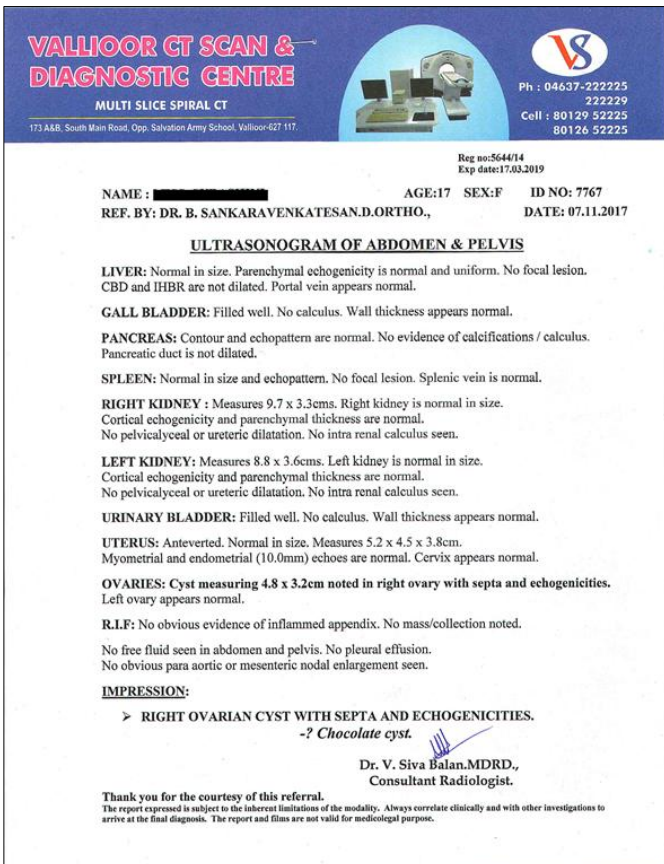


Fig 2: Pretreatment USG

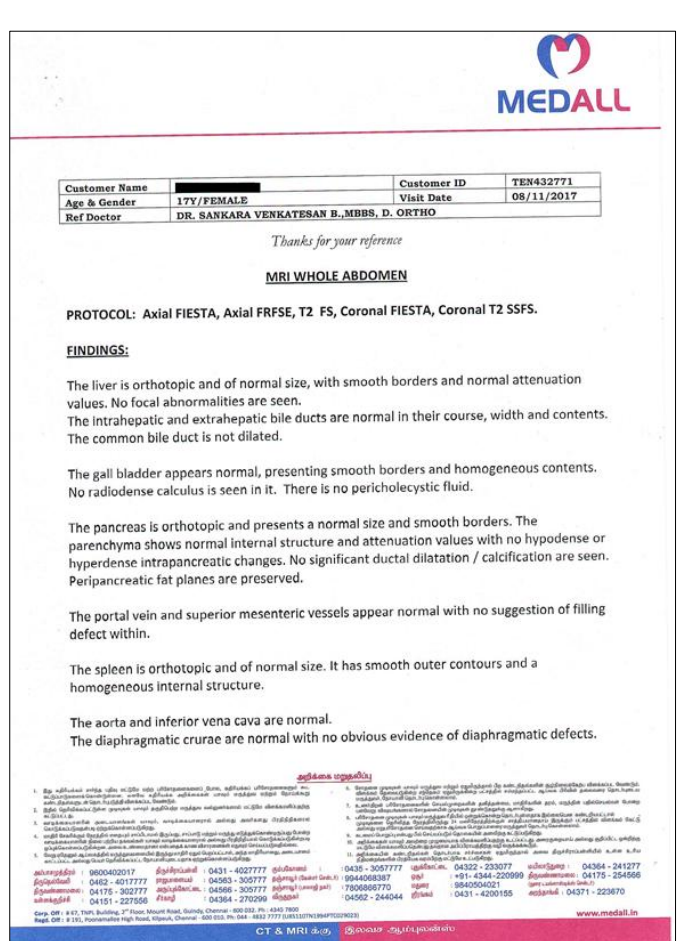



Fig 4: Pretreatment MRI scan



Customer Name	[REDACTED]	Customer ID	TEM432771
Age & Gender	17Y / FEMALE	Visit Date	08/11/2017
Ref Doctor	DR. SANKARA VENKATESAN B., MBBS, D. ORTHO		

The gastro-esophageal junction is normal.
The stomach and intestines show normal configuration.

No bowel wall thickening/dilatation seen. No mass or fluid collection is seen in the right iliac fossa. Mesenteric fat appears normal.

Both adrenal glands present normal size and position with normally developed crura. There is no evidence of a mass and no circumscribed expansion.

Bilateral kidneys:
Appear normal in size and position, with normal width and density of renal parenchyma.
The calices are of normal shape. The renal pelvis is normal and free of stones, and there is no obstruction of urinary drainage.
The ureters are not dilated.
The perirenal and pararenal spaces are unremarkable.

Urinary bladder: The bladder shows smooth outer contours and normal wall thickness. No intravesical mass or calculus is seen.
No retroperitoneal or mesenteric lymphadenopathy is seen.
The pelvic inlet appears normal, with normal configuration of the iliac wings and iliopsoas muscles.



CT & MRI 

Fig 5: Pretreatment MRI scan



Customer Name	[REDACTED]	Customer ID	TEM432771
Age & Gender	17Y / FEMALE	Visit Date	08/11/2017
Ref Doctor	DR. SANKARA VENKATESAN B., MBBS, D. ORTHO		

Uterus: normal in size. Anteverted/ anteflexed.
Myometrium appears normal.
Endometrial thickness measures 7mm.

Left ovary: Appears normal with antral follicles.

Right ovary: Evidence of thick walled cystic lesion of size 36mm x 30mm in right ovary. Evidence of thin septations with small hemorrhages.
Minimal free fluid in pouch of Douglas.
The rectal and pararectal tissue planes are normal.
No abnormality of the vertebral column or the bony pelvis is seen.

IMPRESSION:
★ **RIGHT OVARY: THICK WALLED CYSTIC LESION OF SIZE 36MM X 30MM IN RIGHT OVARY. EVIDENCE OF THIN SEPTATIONS WITH SMALL HEMORRHAGES.**
★ **MINIMAL FREE FLUID IN 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.**

DR. DANIEL STANLEY PETER, M.D.R.D.,
Consultant Radiologist



CT & MRI 

Fig 6: Pretreatment MRI scan



Name	[REDACTED]	Patient ID	AS_VPI_MR_7588
Accession No	16_007588_181890	Age/Gender	17Y / Female
Referred By	Dr.SANKARA VENKATESAN.B. MBBS D. ORTHO	Date	10-Feb-2018

3TESLA MRI REPORT - ABDOMEN AND PELVIS

TECHNIQUE:
SE and FSE T1W, T2W Coronal
T2W sagittal T1W, T2W axial

OBSERVATION:
Liver is normal in size and shows uniform signal intensity. The Intrahepatic biliary radicles are normal.
GB is normal in size. No calculus is seen. Wall thickness is normal. CBD is not dilated.
Pancreas is normal in size and uniform intensity. Pancreatic duct is not dilated. No calcifications or mass is seen.
Spleen is normal in size and intensity.
Both kidneys are normal. No mass seen in the region of adrenals. There is no retroperitoneal lymphadenopathy.
Uterus is anteverted. There is no focal mass lesion within the uterus. Uterus measures 6.2 x 3.8 x 3.0cms. Junctional zone - 4mm. Endometrial thickness - 8mm.
Cervix appears normal. Vagina appears normal.



CT & MRI 

Fig 7: Posttreatment MRI Scan



Name	[REDACTED]	Patient ID	AS_VPI_MR_7588
Accession No	16_007588_181890	Age/Gender	17Y / Female
Referred By	Dr.SANKARA VENKATESAN.B. MBBS D. ORTHO	Date	10-Feb-2018

3TESLA MRI REPORT - ABDOMEN AND PELVIS

Right ovary measures 2.7 x 1.9cms.
Left ovary measures 2.6 x 1.7cms.
Both ovaries are normal in size. No focal lesions noted in both ovaries.
Pouch of Douglas appears normal. No free fluid seen.
Rectum appears normal. There is no evidence of rectal wall thickening.
Urinary bladder is minimally distended. No abnormal wall thickening seen.

IMPRESSION:
❖ No significant abnormality seen.

DR. S.TIMOTHY CHELLIAH, DMRD, MDRD,
CONSULTANT RADIOLOGIST


CT & MRI 

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 2011 Clinical 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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