



Review Article

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AYURVEDIC ASPECT OF ENDOMETRIAL CARCINOMA AND ITS AYURVEDIC MANAGEMENT

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ABSTRACT

Cancer is the abnormal growth of cells or tissues and endometrial cancer. It is special abnormal uncontrolled growth of endometrial tissue. It is the 6th most common cancer in women worldwide and 2nd most cancer in the Indian women. Cancer is not new for Ayurveda which is described under the heading of the arbud (tumour). Though the endometrial cancer is not directly described in any textbook of Ayurveda but it is one part of asragdar having uterine bleeding other than menstrual bleeding among other causes. The main clinical feature of both endometrial cancer and asragdar is uterine bleeding along with its other complications. Uterine bleeding other than menstrual bleeding may be non-washable stain on clothes which may be help to differentiate normal menstrual and other than menstrual bleeding. Trividh pariksha also helps to diagnose the disease including endometrial cancer by means of darshan (Inspection), sparshan (palpitation) and prashan (Questioning). Chedan karma is recommended for the excision of arbud (tumour) which applicable in the solid tumour of endometrial carcinoma after excision polyherbal or herbal minerals Ayurvedic yogas Rodra ras, Vradhdaru churn, Vradhdaru yoga, Nityanand ras, Kachnar gugulu, Hargori ras will play major role in inhibiting the growth of cancer. Rakta praderhar yog, Ashokaristha, Pradarantak ras, Pradrari ras may helpful to stop the bleeding and will helpful to cure pandu with bleeding. Ratnaprabha vatika is a balya, vrishya, rasayan in nature along with anticancer property due to hirak bhasam. Thus Ayurveda may play a major role to cure endometrial cancer in future.

Key words: Endometrial carcinoma, Arbud (Tumour), Asragdar (Abnormal uterine bleeding).

INTRODUCTION

Cancer is the abnormal growth of cells in our bodies that can lead to death. Cancer cells usually invade and destroy normal cells. Today, cancer is a common household word, with each of us closely associated with at least one near and dear one, a family member or a friend, a neighbour or a colleague, diagnosed with cancer. Endometrial cancer is a cancer that arises from the endometrial (the lining of the uterus or womb). It is the result of the abnormal growth of cells that have the ability to invade or spread to other parts of the body¹. Thus the main types are Endometroid adenocarcinoma, Variant with squamous differentiation, Villoglandular variant, Secretary variant, Ciliated cell variant, Mucinous carcinoma, Serous carcinoma, Clear cell carcinoma, Squamous cell carcinoma, Mixed cell carcinoma, Undifferentiated carcinoma². Endometrial cancer is the sixth most common cancer in women worldwide (fourteenth most common cancer overall), with 320,000 new cases diagnosed in 2012. On the Indian scene, the five most common cancers in both sexes were cancers of the breast (144,937; 14.3%), cervix uteri (122,844; 12.1%), lip-oral (77,003; 7.6), lung (70,275; 6.9%) and colorectal (64,332; 6.3%), comprising 47.2% of the 28 cancers reported. Further, death due to these five cancers are 302,124³.

Ayurveda has also mentioned the etiological factors, pathogenesis of Arbuda including Asragdar. The management and prevention including pathya –apathya of arbuda & Asragdar also found in Ayurveda. Though the management of asragdar not found due to its incurable condition as per Ayurveda,

however the various herbal, polyherbal, minerals and herbo minerals drugs has suggested for asragdar in Ayurveda. There are some in vitro, clinical trials and case report of Ayurvedic drugs for endometrial cancer has been published in index medical journal but aetiology, pathogenesis and management of Arbud (Tumour) and Asragdar (Abnormal uterine bleeding) has been randomly cited. Hence this article will highlight, evaluate, elaborate and discuss about Endometrial cancer with special reference to Arbuda and Asragdar.

CONCEPTUAL STUDY

Definition of endometrial cancer

Endometrial cancer is a cancer that arises from the endometrial (the lining of the uterus or womb). It is the result of the abnormal growth of cells that have the ability to invade or spread to other parts of the body. The first sign is most often vaginal bleeding not associated with a menstrual period. Other symptoms include pain with urination or sexual intercourse, or pelvic pain. Endometrial cancer occurs most commonly after menopause⁴.

Though there is no direct reference in Ayurveda but clinical manifestation of the Asragdar is quite similar to it. According to Sushruta the asragdar means heavy vaginal bleeding during or before or after menstrual period. There are so many causes of heavy vaginal bleeding other than menstrual period and one of the measure causes endometrial cancer. Hence the cause of asragdar mention in madhavnidan describe has also common clinical disease mainly asragdar.

World Health Organization histologic classification of endometrial carcinoma

Endometroid adenocarcinoma

A primary endometrial adenocarcinoma containing glands resembling those of the normal endometrium.

Variant with squamous differentiation

Endometrial proliferations may exhibit a variety of differentiated epithelial types including squamous, mucinous, ciliated, cleared or eosinophilic cells, and architectural variations including papillary formations. These cell types are often called metaplasia and may be countered in benign, pre malignant and malignant epithelia. When prominent in a carcinoma the neoplasm is termed a "special variant" carcinoma.

Villoglandular variant

This type is the next most commonly encountered Endometroid adenocarcinoma variant and is usually seen involving part of a low grade Endometroid carcinoma but not the entire tumour. In this pattern numerous villous fronds are seen, but their central cores are delicate, and cells with the usual cytological features (including stratification perpendicular to the basement membrane) line the villi. These features are in contrast to the more complex papillary architecture and high grade nuclear features that are typical of serous and clear cell adenocarcinomas growing in a papillary pattern.

Secretory variant

Occasional Endometroid adeno carcinomas are composed of glands lined by epithelium with voluminous, usually sub nuclear, glycogen vacuoles reminiscent of early secretory endometrium. These tumours have minimal nuclear atypical and are diagnosable as carcinoma only by virtue of a confluent, cribriform or villo glandular pattern. As with the other variants, this pattern may be seen as the only one in an Endometroid adenocarcinoma or may coexist with the usual Endometroid pattern within a single tumour.

Ciliated cell variant

Although occasional ciliated cells may be seen in many Endometroid adenocarcinomas, the diagnosis of the ciliated cell variant is made only when ciliated cells line the majority of the malignant glands. Defined in this manner, this is a rare variant, and the glands often have a strong resemblance to tubal epithelium.

Mucinous carcinoma

A primary adenocarcinoma of the endometrium in which most of the tumour cells contain prominent intra cytoplasmic mucin.

Serous carcinoma.

A primary adenocarcinoma of the endometrium characterized by a complex pattern of papillae with cellular budding and not infrequently containing psammoma bodies. Although long recognized as a common type of adenocarcinoma of the ovary, serous adenocarcinoma was first characterized as a common endometrial tumour in the early combination of these patterns.

Clear cell adenocarcinoma.

An adenocarcinoma composed mainly of clear or hobnail cells arranged in solid, Tubulocystic or papillary patterns or a combination of these patterns.

Squamous cell carcinoma

A primary carcinoma of the endometrium composed of squamous cells of varying degrees of differentiation.

Mixed cell carcinoma

Mixed adenocarcinoma is a tumour composed of an admixture of a type I (Endometroid carcinoma, including its variants, or mucinous carcinoma) and a type II carcinoma (serous or clear cell) in which the minor type must comprise at least 10% of the total volume of the tumour. The percentage of the minor component should be stated in the pathology report. It is generally accepted that 25% or more of a type II tumour implies a poor prognosis, although the significance of lesser proportions is not well understood.

Undifferentiated carcinoma

Undifferentiated carcinomas are those lacking any evidence of differentiation⁵.

Classification of asragdar as per Ayurved

There are 4 types of asragdar

Vataj Asragdar- Sushruta have mentioned that blood vitiated by vata is frothy, reddish or blackish in colour, rough, thin, limpid, flows quickly, does not clot, has after taste as Kashaya (astringent), smells like iron and is cold.

Pittaj asragdar- Sushruta have mentioned that the blood vitiated by pitta becomes blue,

Yellow, green, blackish or resembles the water mixed with smoke or rasanjan or cow urine in colour, has musty or fishy smell, being bitter (katu) in taste is not liked by ants or flies, does not coagulate because it is hot (ushan), if put in water spreads like moon-light (all of a sudden, evenly and all around).

Kaphaj asragdar- Sushruta says that the blood vitiated by kapha resembles water mixed with red ochre, is unctuous, cold, thick, slimy, is excreted very slowly and gets clotted like a muscle (fibres joined together).

Sannipataj asargdar- Sushruta says that blood vitiated with sannipataj has the features of all the three dosas, resembles kanji in colour and is foul smelling⁶.

Risk factor as per modern medicine

Risk factors are obesity, polycystic ovarian syndrome, early age of menarche, late age of natural menopause, history of infertility, nulliparity, menstrual irregularities, Residency in North America or northern Europe, white race, older age, high cumulative doses of tamoxifen, history of diabetes, hypertension, or gallbladder disease, long-term use of high-dose combination oral contraceptives⁷.

Risk factor as per Ayurveda

Obesity is one of the risk factor of endometrial cancer which may be due to VirudhaAshan and Adhyasan⁸.

Causes of abnormal uterine bleeding

Abnormal uterine bleeding can have many causes. They include the following-

Pregnancy, Miscarriage, Adenomyosis, use of some birth control methods, such as an intrauterine device(IUD) or birth control pills, Infection of the uterus or cervix, fibroids, Problems with blood clotting, Polyps, Endometrial hyperplasia, Certain types of cancers such as, cancer of uterus, cervix, vagina, polycystic ovarian syndrome⁹.

Etiopathogenesis of endometrial carcinoma as per modern medicine

The exact aetiology of endometrial cancer remains unknown. However, a few factors associated with increased frequency of its development are oestrogen excess, obesity, diabetes, hypertension and nulliparous state. There is irrefutable evidence of relationship of endometrial carcinoma with prolonged oestrogenic stimulation. These evidences are as under:

Endometrial carcinoma has associated with endometrial hyperplasia in which there is hyper oestrogenic and frequent an ovulatory cycle.

Endometrial carcinoma is characteristically a disease of postmenopausal women. At this age, there is excessive synthesis of oestrogen in the body from adrenal as well as from ovarian sources.

Women having oestrogen-secreting tumours (e.g. granulosa cell tumour) have increased risk of developing endometrial cancer.

Patient receiving prolonged oestrogen therapy is at higher risk of developing this cancer.

Prolonged administration of oestrogen to laboratory animals can produce endometrial hyperplasia and carcinoma.

Women with gonadal agenesis rarely develop endometrial carcinoma.

Papillary serous variant of endometrial carcinoma is associated with mutation in TP53 tumour suppressor gene while endometrial carcinoma has mutation in PTEN gene located on chromosome 10¹⁰.

Pathogenesis as per Ayurvedic medicine (Samprapti)

Aggravated doshas causing vitiation of the muscle tissue, produce muscular swelling, anywhere in the body which is round, static (immovable) with mild pain, big in size, deep

rooted, growing slowly and not ripening (forming pus), this disease is called as Arbuda by learned in the science¹¹.

Histologic Grade

The most widely used grading system for endometrial carcinoma is the three-tiered International Federation of Gynaecology and Obstetrics (FIGO) system. Grade 1 lesions typically have a good prognosis. Grade 2 tumours have an intermediate prognosis. Grade 3 cancers frequently have a poor prognosis and are associated with an increased potential for myometrium invasion and nodal metastasis.

Histopathology Criteria for Assessing Grade

Grade Definition

- 1 5% of a nonsquamous or nonmorular solid growth pattern
- 2 6–50% of a nonsquamous or nonmorular solid growth pattern
- 3 6–50% of a nonsquamous or nonmorular solid growth pattern

Histologic grading primarily should be determined microscopically by the tumour’s architectural growth pattern. However, there are a few exceptions, and the optimal method for determining grade is somewhat controversial. Nuclear atypical that is inappropriately advanced relative to the architectural grade raises a grade 1 or 2 tumour by one level. For example, a grade 2 lesion based on architectural features may be increased to a grade 3 lesion if significant nuclear atypical is present. This modification was shown to have prognostic utility in a GOG study of 715 endometrial adenocarcinomas that were reviewed (protocol 33). Based on the FIGO system, nuclear grading also takes precedent for all serous and clear cell adenocarcinomas¹².

Table 1: Clinical staging of carcinoma of the Endometrium

Stage	Subdivision	
I	Disease confined to the body of the uterus	
	I a	Carcinoma confined to the endometrium
	I b	Myometrium invasion <50%
	I c	Myometrium invasion >50%
II	Cervical involved	
	II a	End cervical gland involvement only
	II b	Cervical stromal invasion but does not extend beyond the uterus
III	Spread of serosa of uterus, peritoneal cavity, or lymph node	
	III a	Carcinoma involving serosa of uterus or adnexa, positive ascites, or positive peritoneal washings
	III b	Vaginal involvement either direct or metastatic
	III c	Para-aortic or pelvic node involvement
IV	Local or distant metastasis	
	IV a	Carcinoma involving the mucosa of the bladder or rectum
	IV b	Distant metastases and involvement of other abdominal or inguinal lymph nodes ¹³ .

Clinical features as per modern medicine

The most common presenting symptom of endometrial cancer is postmenopausal bleeding.

Endometrial cancer may also present with postmenopausal vaginal discharge or pyometra.

Endometrial cancer should also be excluded in peri or premenopausal women with persistent inter menstrual bleeding or polymenorrhea, especially if the latter fails to respond to hormonal treatments. It is also important to consider endometrial carcinoma as part of the differential diagnosis of asymptomatic women with glandular abnormalities on routine cervical cytology. Over 90% of women with endometrial cancer will present with vaginal bleeding, and 7-10% of women with postmenopausal bleeding may turn out to have the disease.

Advanced disease may present with symptoms attributable to local and distant metastases or para neoplastic syndromes¹⁴.

Clinical features as per Ayurveda

Though there is no direct reference in Ayurveda but clinical manifestation of the Asragdar is quite similar to it. In all kind of asrgdar, the symptoms are painful body aches, Weakness, giddiness, fainting, darkness before the eyes, thirst, feeling of burning sensation, delirium, yellowish-white colour of the skin (anaemia), super and disease of vata origin will manifest¹⁵.

Physical examinations as per modern medicine

Physical examination includes checking the supraclavicular glands, inguinal glands, and palpation of the abdomen to detect any organomegally (liver/kidney). In early cases, colposcopic examination is required to visualize suspicious features such as atypical vessels, intense ace to whiteness, and/or raised/ulcerated surfaces. Diagnosis is based on histology. Sufficient material for histological assessment should be

obtained by cone/wedge biopsy. Bimanual examination may reveal a hard irregular friable cervix. The cervix becomes fixed as tumour invades the parametrium. Rectal examination has to be done to assess parametrial and posterior spread. The tumour may grow within the end cervix, producing barrel-shaped cylindrical enlargement of the cervix.

Routine examination includes CBC, urea and electrolytes, liver function tests, chest X-ray, and intravenous pyelogram (IVP). Examination under anaesthesia, including rectal examination, should be done for proper staging. Cystoscopy and proctoscopy/sigmoidoscopy should be done in cases that are/suspected to have locally advanced disease. In selected cases, lymphangiography may be needed. In all cases, diagnosis is established histologically by biopsy of the tumour¹⁶.

Investigation in endometrial carcinoma

Various investigations confirm the diagnosis and assess its stage and extent of the disease, so that appropriate and optimal treatment may be planned.

Pap smear is only 50% sensitive and reliable.

Aspiration cytology from the uterine cavity 6-month is effective in screening high- risk cases, and those on tamoxifen and HTR.

Fractional Curettage-Fractional curettage comprises histological study of end cervical isthmus, body of uterus and fundus separately, so that extent of lesion can be evaluated.

Hysteroscopy and biopsy visualization the entire uterine lining and selective biopsy from suspicious area. Then, this is not 100% predictive, as an early lesion can be missed. Recently, the concern regarding spilling of cancer cells into the peritoneal cavity during hysteroscopy is expressed.

Ultrasound useful in studying the endometrial thickness, detecting polyp and associated ovarian tumour or metastasis.

Doppler ultrasound revealing a low resistance index of .37-0.7 or below is seen in endometrial malignant lesion.

Sonosalphingography is very useful in detecting endometrial polyp which could be malignant.

CA-125.serum Ca-125 tumour marker is raised above 35IU/ml in some cases, but in all and is not specific for endometrial cancer¹⁷.

Identification of sudha artav laksana as per Ayurveda

The menstrual blood which resembles the blood of a rabbit or solution of lac and that which does not stain the cloth is greatly praised¹⁸.

Trividha Pariksha of endometrium carcinoma

Ayurveda has suggested trividha pariksha having darsan, sparsan, prashan. Which is unique and it will play major roll to diagnosis and disease.

Darshan (Inspection)-The darshan pariksha is included in the inspection which is done by darshan indriya (eyes) of physician. It is nothing but visible signs of patients in endometrial cancer are anaemia (Pandu), bleeding tendency (rakt strava) are major signs which is found in endometrial cancer. which will be evaluate by inspection.

Sparshan (Palpitation)--It have major role and included in palpitation supraclavicular glands, inguinal glands, and palpation of the abdomen to detect any organomegaly (liver/kidney).

Parshan (Questioning)-it is done by questionings about symptoms which is found in patient in Endometrial cancer painful body ache, Weakness, giddiness, fainting, darkness before the eyes, thirst, feeling of burning sensation, delirium, stupor and disease of vata origin will manifest¹⁹.

Prevention of endometrial carcinoma by Screening

There is currently no role for routine screening of endometrial cancer for women at average or increased risk. Instead, at the onset of menopause, women should be informed about the risks and symptoms of endometrial cancer. They should be strongly encouraged to report any unexpected bleeding or spotting to their health care provider.

However, annual screening by endometrial sampling should begin at age 35 years in women at high risk for endometrial cancer due to HNPCC. Potential mutation carriers of this syndrome may be identified if they have first- or second-degree family members diagnosed with more than one endometrial, colon, or ovarian cancer. Referral for genetic counselling can further clarify the risk to predict which patients may benefit from specific germ line testing. Since endometrial cancer is the most common "sentinel cancer," obstetrician-gynaecologists play a pivotal role in identification of women with HNPCC²¹.

Management as per Ayurveda medicine

Surgical management of uterine cancer - Sushruta has recommended the Chedan Karma in the arbud (excision of solid tumour) to cut out the route of abnormal growth of cells.²¹

Certain polyherbal or herbal minerals Ayurveda Yoga has been found in the text of Ayurveda. Which has been indicated for Arbuda along with other disease.

Rodra Ras having content Suta (mercury), Gandhak (sulphur), Nagavalli (*Piper betal*), Meghanada (*Amaranthus spinosus*), Punarnava (*Boerhaavia diffusa*), Pippali (*Piper longum*) and Gomutra (cow's urine). Which is given in 125mg thrice a day with honey orally²².

Vradh daru churn having content Vradha daru (*Argyrea speciosa*), Haritki (*Terminalia Chebula*), Amalaki (*Emblca officinalis*), Shunthi (*Zinziber officinalis*), Marich (*Piper nigrum*), Pipali (*Piper longum*), Daruhaldi (*Berberis aristata*), Chavya (*Piper retrofractum*), Varun (*Crataeva nurvala*), Gokshur (*Tribulus terrestris*), Chopchini (*Smilax china*), Sudha, Mundi (*Sphaeranthus indicus*), Gomutra kshara. This is given in 6-12gm along with kanji or gomutra²³.

Vradha daru yoga having content Vradha daru (*Argyrea speciosa*), Haridra (*Curcuma longa*), Shunthi (*Zingiber officinale*), Marich (*Piper nigrum*), Pipali (*Piper longum*), Haritki (*Terminalia Chebula*), Amalaki (*Emblca officinalis*), Vibhitaki (*Terminalia bellerica*), Shigru (*Moringa oleifera*), Kampillak (*Mallotus philippinensis*) Ajnayan (*Trachysprum ammi*), purana guda and Gomutra (cow's urine). This is given in Imasha (3 gm) as orally²⁴.

Nityanand Ras having content Suta (mercury), Gandhak (sulphur), Tamra Bhasma, Kansya Bhasma, Vang Bhasma, Tuth, Sankh Bhasma, Varatica Bhasma, Shunthi (*Zingiber officinale*), Marich (*Piper nigrum*), Pipali (*Piper longum*), Haritki (*Terminalia Chebula*), Amalaki (*Emblca officinalis*), Vibhitaki (*Terminalia bellerica*), Loha Bhasma, Vidang (*Embelia ribes*), Sandhav lavana, Samudhra lavana, Sauvarchal lavana, Vid lavana, Audhbhidha lavana, Chavya (*Piper retro fractum*), Karchura (*Curcuma zedoria*), Padha (*Cissampelos pareira*), Devdaru (*Cedrus deodara*), Ela (*Elettaria cardamomum*), Vradhadaru (*Argyrea speciosa*), Nishoth (*Operculina turpethum*), Chitrka (*Plumbago zeylanica*), Danti (*Baliospermum montanum*). This is given in 375mg along with water orally²⁵.

Kachnar gugulu having content Kachnar (*Bauhinia variegata*), Shunthi (*Zingiber officinale*), Marich (*Piper nigrum*), Pipali (*Piper longum*), Haritki (*Terminalia chebula*), Tezpatra (*Cinnamomnm tamala*), Dalchini (*Cinnamomnm zeylanicum*), Guggalu (*commiphera mukul*), Ela (*Elettaria cardamomum*). This is given in 1gm along with Kachnar kwatth (*Bauhinia*

varigata), Mundi kwath (*Sphaeranthus indicus*) and Khadir sar (*Acacia catechu*) orally²⁶.

Hargauri ras having content Raskarpoor (HgCl₂), Hartal (AS₂S₃), Somal (AS₂O₃), Bhoj patra (*Betula utilis*), Phitkari(alum). This is given 125 mg along with ghrat²⁷.

Study shows that EEIB (Ethanol extract of *impatiens balsamina*) should significant antitumor and phytotoxic effect against DLA (Dalton's ascites lymphoma)²⁸.

Symptomatic Ayurvedic management of endometrium cancer (For Bleeding)

Rkata Pradehar Yog Having kashthodember (*Ficus hispida*) 25ml, mixed with 10grm honey then this is given in qvath form²⁹.

Ashokaristha- Dhatkipusp (*Woodfordia fruticosa*), krishan jeera (*Carum bulbocastanum*), nagar moutha (*Cyperus rotundus*), Soth (*Zingiber officinale*), Daruharida (*Berberis aristata*), Neel Kamal (*Nymphaea stellata*), Amalki (*Emblica officinalis*), Haritki (*Terminalia chebula*), Bheda (*Terminalia bellerica*), Aamrasthi majja (*Mangifera indica*), Jeera (*Cuminum cyminum*), Vasa (*Adhatoda vasica*), Shwet Chandan (*Santalum album*). This is given 12-25 ml³⁰.

Madhukaadhya awleh- Having content Yasthimadhu (*Glycyrrhiza glabra*), Lal Chandan (*Pterocarpus santalinus*), Laksha (*Rasa centifolia*), Rakta Kamal (*Nelumbo nucifera*), Rasanjan (*Berberis aristata*), Kusthmool (*Saussurea lappa*), khas (*Vetiveria zizanioidis*), Bala mool (*Sida cordifolia*) Vasa mool (*Adhatoda vasica*), Badriphal.majja (*Zinziphus mauritiana*), Musta (*Cyperus rotundus*), Vilbphal majja (*Aegle marmelos*), Moch ras (*Salmalia malabarica*), Daru Haridra (*Berberis aristata*), Dhatki pushpa (*Woodfordia fruticosa*), Ashok twak (*Saraca asoca*). Draksa (*Vitis vinifera*), Japapushpakali (*Hibiscus rosa-sinesis*), Amra patra (*Mangifera indica*), Jamun patra (*Syzygium cumini*), komal kamal patra (*Nelumbo nucifera*), Shatavari (*Asparagus racemosus*), Vidarikand (*Pueraria tuberosa*), Rajat bhasm (Silver), loh Bhasam, Abhrak Bhasm (Mica). This is given 250mg orally³¹.

Pradrantak Ras- Having content Sudha Parad (mercury), Sudha Gandhak (sulphur), Vang bhasm (tin), Kharpar Bhasm, Kodi Bhasm, these all are 1-1 part and Loh Bhasm 12 part. This is given 250mg along with madhu³².

Pradrari Ras-having content Vang Bhasm (tin), Loh Bhasm (iron),Sudha Afeem (*Papaver somniferum*), Shadgungandhakjerna parad, Rakta Kamal Churn, Rakta Chandan (*Pterocarpus santalinus*). This is given 250 mg along with madhu³³.

Pandu along with bleeding

Pradrari Loh- having content Kutaj twak (*Holarrhena antidysentrica*), Manjistha (*Rubia cardifolia*), Semal Mool (*Salmalia malabrica*), Patha (*Cissampelos pareira*), Vilb phalmajjas (*Aegle marmelos*), Nagar motha (*Cyperus rotundus*), Dhatki puspa (*Woodfordia fruticosa*), Atees (*Aconitum heterophyllum*), Abharak Bhasm (mica), Loh Bhasm (iron). This is given 1-3 grm along with madhu and kushmool swaras³⁴.

Shilajatu Vatika- Having content Sudha Parad (mercury), Sudha Gandhak (sulphur), Sudha Shilajatu (*Asphaltum panjabinum*), Sugar, Vansh Lochan Churn (*Bambusa arundinacea*), Piper Churn (*Piper longum*), Amla Churan (*Emblica officinalis*), Kakda Singi (*Pistacia integerrima*), Kantkari Phal (*Solanum surrtese*), Dal cheeni (*Cinnamomn Zeylanium*), Choti ela (*Elettaria cardimomum*) Tej Ptara (*Cinnamomn zeylanicum*), Madhu (Honey). This is given 1gram along with cow milk³⁵.

Navayas Loh- Soth (*Zingiber officinale*), pippli (*Piper longum*), Marich (*Piper nigrum*), Harad (*Terminalia chebula*) Amalki

(*Emblica officinalis*), vibhitki (*Terminalia bellerica*), Nagar Motha (*Cyprus rotundus*), Vaya Vidang (*Embelica ribes*), Chitrakmool (*Plumbago zeylanica*) and Loh Bhasm (iron)³⁶.

Rasayan Therapy

Ratanprabhavtika-Swaran Bhasam (gold), Moti Bhasm, Abhark Bhasm (mica), Nag Bhasm (lead), Vang Bhasm (tin), Pital Bhasm (brass), Swarn maksik Bhasm (copper pyrite), Rajat Bhasm, Hirak Bhasam (Diamond), Loha Bhasm (iron), Sudha Hartal (orpiment), Kharper Bhasm. This is given 125mg³⁷.

Pain

Pradrari Ras-having content Vang Bhasm (tin), Loh Bhasm (iron), Sudha Afeem (*Papaver somniferum*), Shadgungandhakjerna parad, Rakta Kamal Churn (*Nelumbo nucifera*), Rakta Chandan (*Pterocarpus santalinus*). This is given 250 mg along with madhu.it will also helpful to relive pain in the hypochondrium, pain due to endometrium cancer³⁸.

Pathya in Arbudha

Advice drumsticks (*Moringa oliefera*), old rice (*Oryza sativa*) green gram (*Phasleous aureus*), patol (*Tricosanthes dioica*), bitter-gourd (*Momordica muricata*), pungent and non-greasy foods³⁹.

Apathya

Avoid taking milk, all types of meat preparation sugarcane and its products, sour, sweets, and hard to digest food and abishyanda causing foods.

CONCLUSION

Endometrium cancer is the 6th most common cancer in the women world-wide it is one part of asardgar which means bleeding other than menstrual period. Certain polyherbal or herbal or Ayurvedic yogas Rodra ras, Vradhdaru churn, Vradhdaru yoga, Nityanand ras, Kachnar gugulu, Hargori ras may be useful to reduce further growth of cancerous cells as like chemotherapy. As patient have heavy uterine bleeding along with its complications which should be need to manage instantly to stop the further complication.

Raktpradar yog, Ashokarishat, madhukaadhya awleh, pradrantak ras, Pradrari ras may be useful to manage the bleeding and pradarailoah will be useful for anaemia along with bleeding. Ratanprabhavatika is the swarn preparation along with hirak bhasam which is balya, vrishya and rasayan in nature along with anticancerous activity which may be helpful in the endometrium cancer.

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