



The Report of a Treatment of Recurrent Ovarian Endometriotic Cyst by Using Therapeutic Methods of Traditional Persian Medicine

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Abstract

Endometriosis is a benign disease of women which is often displayed with chronic pelvic pains and sterility. Ovary endometrioma is one of common causes of pelvic pains and among the most common ovary cysts. Treatment of endometriosis is performed with different methods which classified in two major categories: medicinal and surgical treatments. Nowadays it is recognized that medicinal treatment alone is not enough and the necessity for surgical intervention in these patients is confirmed.

A 37-year-old woman referred to Traditional Medicine Clinic of Tehran at Imam Khomeini Hospital about six months after endometriotic ovary cyst surgery with complaint of recurrent pain and heaviness in the pelvic area. According to symptoms and ultrasound report, squill oxymel, *Vitex agnus-castus* in the form of capsule, Habe cyst (a pill containing celeryseed and *rasa damascena*), and astringent hydrotherapy (a sitz bath containing oak apple, myrtle and pomegranate) were prescribed. The patient was advised to continue the above treatment for two months. In third referral (two months after the second referral), feeling of pain and heaviness in pelvic area was completely disappeared and in performed ultrasound (Figure 2), ovary was reported without any cysts.

Based on high effects of pharmacotherapy and surgery for patient, it seems that using effective herbal products declines effects arising from above treatments with less expenditure. By confirmation, these treatments are effective solutions, at lower cost and with much less side effects in treatment of endometriosis.

Keywords: Traditional Persian Medicine, Endometriosis, Ovary cyst, Chronic pelvic pain, Infertility

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Introduction

Endometriosis (EM) is a chronic, estrogen-dependent disorder and therefore generally occurs when endometrial tissue grows abnormally and adheres outside of the uterus. EM has a high prevalence rate in women of reproductive age and is divided into ovarian EM, peritoneal EM, and deep infiltrating EM according to the sites of implantation. The most common site is the ovary and the most common symptom is chronic pelvic pain, notably dysmenorrhea, dyspareunia, and infertility, which all may lead to a reduction in the patient's quality of life. EM rarely undergoes malignant transformation, but with it there is a rising risk of ovarian, breast, and other cancers as well as autoimmune and atopic disorder [1]. The exact pathogenic mechanisms of EM remain unknown [2]; though recently, researchers propose several theories, including implantation theory, coelomic epithelium metaplasia theory, and induction theory. Research continues to examine other risk factors which may be potentially involved in the formation of EM, including genetics [3], immune factors [4], inflammatory factors [5], eutopic endometrium specificity, and environmental toxins [6] (Figure 1). Treatment for EM can be medical and/or surgical. In western medicine, hormone replacement therapy is commonly used and involves oral contraceptives, progestogenic, gestrinone, Danazol (androgen derivatives), and gonadotropin-releasing hormone (GnRH) agonists. Current investigations are also evaluating the role of GnRH antagonists, estrogen receptor beta agonist, progesterone receptor modulators, angiogenesis inhibitors, aromatase inhibitors, COX-2 (Cyclooxygenase 2) selective inhibitors, and immune modulators [7]. However, long-term administration with these therapies remains challenging due to the plethora of serious adverse effects including massive, perimenopausal stage symptoms, masculinizing manifestation, and liver dysfunction. Data from the Cleveland Clinic showed that EM recurrence rate ranged between 20 and 40 percent within five years following conservative surgery, unless patients reached

menopause, or hysterectomy was performed [8]. With this in mind, it is important to continue looking for other strategies to treat EM that may result in less adverse side effects. Complementary and Alternative Medicine (CAM), commonly designated as "other than" conventional medicine, differs from medical mainstream, is widely accepted as a kind of medicinal treatment, and encompasses all health systems, practices, and modalities and their accompanying beliefs, theories, and attitude of a particular culture or society in a given historical period, as defined in the 1995 CAM Research Methodology Conference. Most therapies of CAM can be considered as part of five broad classes: biological based approaches, energy therapies, alternative medical systems, muscle and joint manipulation, and mind body therapies [9].

In most Asian countries, CAM is historic and has been widely utilized since the 19th century, while utilization in Western countries has continued to increase [10, 11]. CAM is usually suggested as available complementary therapies. Among CAM procedures, the non-pharmacologic interventions can reduce pain and concomitant mood disturbance to increase quality of life by employing mind-body interventions [12]. In the Western world, CAM is predominantly used to treat or prevent musculoskeletal conditions or other conditions associated with chronic or recurring pain [13]. Additionally, CAM therapies are often utilized, attempting to manage chronic pain [14]. All these features show that CAM is fit for pain alleviation. As EM is typically accompanied by chronic pelvic pain and dysmenorrhea, CAM therapies could be an effective treatment strategy. In this paper, a case of management of recurrent ovary endometriotic cyst by using therapeutic methods of Traditional Persian Medicine (TPM) has been reported.

Methods

The case is a 37-year-old woman who had surgery in 2014 with complaint of pelvic pain and heaviness feeling in pelvic area and with cyst

recognition of ovary. Endometriotic ovary cyst is mentioned in her pathology report and she referred to Traditional Medicine Clinic of Tehran at Imam Khomeini Hospital about six months after endometriotic ovary cyst surgery. In ultrasound which performed two weeks before referral to clinic (Figure 1), three cysts with endometrioma view by diameters of 23,20,27 mm were reported in right ovary of the figure. Based on patient symptoms and ultrasound report, squill oxymel, capsule containing Vitex agnus-castus, Habe cyst, soda and astringent hydrotherapy were prescribed. In the second referral (one month after the first referral), the feeling of pain and heaviness in pelvic area was much less. The patient was advised to continue the above treatment for two months.



Figure 1. Sonography report of a 37-year-old woman who had surgery in 2014 with complaint of pelvic pain and heaviness feeling in pelvic area and with cyst recognition of ovary.



Figure 2. Post treatment ultrasound sonography report of the patient after third referral. Accordingly, ovary is reported without any cysts.

Result

In this patient in third referral (three months after the first referral), feeling of pain and heaviness in pelvic area were completely disappeared and in performed ultrasound (Figure 2), ovary was reported without any cysts.

Discussion

Endometriosis is a common gynecological condition causing menstrual and pelvic pain. Treatment of endometriosis is classified into two major categories: medicinal and surgical interventions. Common drugs for treatment of endometriosis are included into: contraceptive pills, progestin drugs, Danazol and GNRH agonists such as decapeptyl. Nowadays, it is recognized that in treatment of endometriosis, medicinal treatment alone is not enough and the necessity for surgical intervention in these patients is confirmed.

Conclusion

Based on high effects of pharmacotherapy and surgery for patient, it seems that using effective herbal products declines effects arising from the above mentioned treatments at lower costs. By confirmation, these treatments are effective solutions, at lower cost and with much less side effects, in treatment of endometriosis. CAM therapies have been gradually accepted in some countries, though, some obstacles - such as the lack of safety and efficacy studies - still hinder more widespread application of CAM therapies throughout the world. The molecular mechanisms of some CAM therapies need to be further investigated and confirmed in the future. The active principle of the CAM therapies has a strong scientific foundation and researchers are increasing their interest in this area of medicinal treatment. Standardizations of the effective CAM therapies are still needed to increase the benefits of these alternative medicinal interventions to patients with EM throughout the world.

Conflict of Interest

Authors have no conflict of interest.

Reference

- [1] Giudice LC, Kao LC. Endometriosis. *Lancet* 2004;364:1789-1799.
- [2] Batt RE. *A History of Endometriosis*. Springer. London 2011.
- [3] Fauser BC, Diedrich K, Bouchard P. Contemporary genetic technologies and female reproduction. *Hum Reprod Update* 2011;17:829-847.
- [4] Sinaii N, Cleary SD, Ballweg ML, Nieman LK, Stratton P. High rates of autoimmune and endocrine disorders, fibromyalgia, chronic fatigue syndrome and atopic diseases among women with endometriosis: a survey analysis. *Hum Reprod Update* 2002;17:2715-2724.
- [5] C. Wellbery, "Diagnosis and treatment of endometriosis. *Am Fam Physician* 1999;60:1753-1762.
- [6] Guo SW, Simsa P, Kyama CM. Reassessing the evidence for the link between dioxin and endometriosis: from molecular biology to clinical epidemiology. *Mol Hum Reprod* 2009;15:609-624.
- [7] Ruhland B, Agic A, Krampe J, Diedrich K, Hornung D. Innovations in conservative endometriosis treatment: an updated review. *Minerva Ginecol* 2011;63:247-249.
- [8] *Recurrent Endometriosis: Surgical Management, Endometriosis*. The Cleveland Clinic, 2010.
- [9] National Center for Complementary and Alternative Medicine. <http://nccam.nih.gov>.
- [10] Loudon I. A brief history of homeopathy. *JRSM* 2006;99:607-610.
- [11] Coulter ID, Willis EM. The rise and rise of complementary and alternative medicine: a sociological perspective. *Med JAust* 2004;180:587-589.
- [12] Pujol LAM, Monti DA. Managing cancer pain with nonpharmacologic and complementary therapies. *J Am Osteopath Assoc* 2007;107:ES15-ES21.
- [13] Barnes PM, Powell-Griner E, McFann K, Nahin RL. Complementary and alternative medicine use among adults: United States, 2002. *Advance data* 2004;343:1-19.
- [14] Kellehear A. Complementary medicine: is it more acceptable in palliative care practice?. *Med J Aust* 2003;179:S46-S48.
- [15] Chen HH. Clinical observation of traditional Chinese combining western medicine treatment for 45 endometriosis patients. *J Tradit Chin Med* 2007;30:643.
- [16] Li WL, Song XJ. Integrated traditional Chinese medicine treatment for 68 endometriosis patients. *MTCM* 2009;29:19.
- [17] Yang J. Enema treatment for 50 endometriosis patients. *Shaanxi J Tradit Chin Med* 2005;26:1007.
- [18] Yu BJ, Zhao YH. Clinical observation of endometriosis patients treated with Chinese medicine. *Chin J Misdiag* 2009;9:2055.
- [19] Meissner K, Ohling BB, Schweizer-Arau A. Long-term effects of traditional chinese medicine and hypnotherapy in patients with severe endometriosis—a retrospective evaluation. *Forsch Komplementmed* 2010;17:314-320.
- [20] Hawkins RS, Hart AD. The use of thermal biofeedback in the treatment of pain associated with endometriosis: preliminary findings. *Appl Psychophysiol Biofeedback* 2003;28:279-289.
- [21] Xu H, Lui WT, Chu CY, Ng PS, Wang CC, Rogers MS. Anti-angiogenic effects of green tea catechin on an experimental endometriosis mouse model. *Hum Reprod* 2009;24:608-618.
- [22] Laschke MW, Schwender C, Scheuer C, Vollmar B, Menger MD. Epigallocatechin-3-gallate inhibits estrogen-induced activation of endometrial cells in vitro and causes regression of endometriotic lesions in vivo. *Hum Reprod* 2008;23:2308-2318.
- [23] Long JR, Li Z. Ginsenoside Rg3 in combination with surgery in patients with stage III-IV endometriosis: a clinical control trial. *Chin Remed Clin* 2012;12:720-724.
- [24] Song ZY, Li Z, Zhi MC, Jiang YH. The observation of inhibition effect of Ginsenoside Rg3 on endometriosis rats model. *Chin Remed Clin* 2006;6:255-256.
- [25] Li Z, Zhi MC, Li XL. Control study of Ginsenosides and Gestrinone on the treatment of endometriosis rats. *Chin J Obstet Gynecol* 2007;42:417-418.