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# User experience of herbal remedies in treatment of hyperplastic processes of uterus in women with obesity

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**Abstract**
Uterus hyperplastic processes are one of the urgent problems of modern medicine. 60 women with uterine leiomyoma who combined hormonal therapy and agonists of gonadotropin-releasing hormones with herbal remedies were examined. During the examination of patients we used diagnostic techniques such as medical history, clinical and gynaecological examination, instrumental methods. To evaluate clinical outcomes we analyzed the dynamics of adverse symptoms. It was established that 86.66 percent of patients had regressing adverse symptoms, improved indicators of life quality, normalization of psychosomatic conditions. Complex application of tribestan in hormone therapy program for hyperplastic processes of the uterus can increase its safety, reduce the negative impact on bone metabolism, lower side effects and degree of depressive disorders. This approach helps to significantly improve the effectiveness of treatment.

**Keywords:** Hyperplastic processes of uterus, hormonal treatment, side effects, herbal remedies

## 1. Introduction
Hyperplastic processes of the uterus are one of the urgent problems in modern medicine, the frequency of which, according to various literature sources in women of reproductive age is from 20 to 40 percent, while during the morphological studies of macro preparations after hysterectomy this pathology happens much more often – up to 75-85 percent [1-3]. Besides, in recent decades, it is noticed the rise of the proportion of symptomatic leiomyomas course, according to different authors from 60 to 75 percent [1-5], and the proportion of young patients with this pathology.
When choosing a method of drug therapy for hyperplastic processes of the uterus be aware that the lemma is not the disease of a separate organ, but the whole body, so treatment requires a set of measures aimed at correcting communications in a system hypothalamus-pituitary-ovarian and metabolic disorders, regulation of immune homeostasis, peripheral hemodynamics, prostaglandin secretion, eliminating inflammation etc. [1-5]. Hormone therapy is the most common approach in the conservative treatment of hyperplastic processes of the uterus, and its use is based on the concept of hormone dependence of tumour, which requires absolute or relative hypoestrohenemy. However, hormone therapy is often accompanied by complications for many organs and systems and severe adverse symptoms that significantly reduce the quality of life of women, as well as a high percentage of contraindications, which limit its application and prolonged use requires careful monitoring of hemostasis and lipid profile [3-5].
The aim of the study is to improve conservative treatment of hyperplastic processes of uterus by optimizing pathogenetically well-grounded therapy and assessment of its clinical effectiveness.

**2. Material and Methods.** We examined 60 women with hyperplastic processes of the uterus and divided them into two groups according to the proposed treatment program. All patients were examined according to current clinical protocols. During the examination a complex of diagnostic techniques was applied: medical history, clinical and gynaecological examination, instrumental methods with regard to biochemical, hemostasiological and other laboratory parameters. In the first group (comparison group) belonged 30 women with hyperplastic processes of the uterus who received agonist of gonadotropin-releasing hormone therapy (a-GRH) –goserelin at a dose of 3.6 mg subcutaneously every 28 days for 6 months. The main problem of a-GRH is that they cause osteoporosis [3, 4]. It is known that side effects of a-GRH arise from hypoestrogenism and are as follows: hot flushes, vaginal dryness, transient bleeding from the genital tract, insomnia, irritability, depression, breast swelling, fatigue, headache and stiffness in the joints. In order to eliminate and reduce clinical manifestations of these side effects patients of the second (basic) group received additionally to the complex hormonal

therapy such herbal drug as dry puncturevine extract; the active component of this plant is a steroid glycosides (saponins) furostanol type extracted from the plant *Tribulus terrestris* L (puncturevine), which has a mild stimulating effect on the synthesis of gonadotropin and ovarian hormones, including FSH and estradiol without significant impact on the level of androgens [6-9].

The mechanism of tribestan action is multicomponent and multilevel; affecting the hormonal balance in the body, providing indirect estrogenic effects, it doesn't break the mechanisms of its regulation. It should be noted the effects of this drug on psycho-emotional status, state of the autonomic nervous system, improvement of the overall health, reduction of fatigue, irritability, mild correction dyslipidemia, increase of physical and mental performance, memory improvement [6-9].

The duration of follow-up study was 12 months. The quality of life of patients was evaluated at the beginning of treatment and six months after completion of therapy using the adapted questionnaire. Statistical analysis was performed with the help of nonparametric test $x^2$ using the software Statistica 7.0.

## 3. Result and Discussion

Examined women were aged 25 to 45 years (31.6 ± 3.6). Previously, 23 patients (38.33 percent) received progestin hormone therapy, combined with oral contraceptives, 37 (61.66 percent) did not receive any hormonal treatment. In the process of the proposed treatment in both groups significant menstrual bleedings stopped almost all women, secondary amenorrhea was noted in 19 patients after the first injection (31.66 percent), and in 23women (38.33 percent) – amenorrhea occurred after the third injection. Four women did not respond to a-GRH therapy.

Describing the side effects of hormone a-GRH therapy, it should be noted that in the comparison group patient complained on hot flushes in 86.66 percent of cases, vaginal dryness in 53.33 percent (16 patients). Reduced libido was noted in 7 women (23.33 percent). Transient cephalalgia and emotional lability occurred in 28 patients (93.33 percent), 8 women gained weight 1-5 kg (26.66 percent). All side effects were secondary, due to a decrease in ovarian estrogen function, but in any case did not require the early termination of therapy.

Complex hormone therapy combined with herbal remedies led (in basic group) to reduction of hypestrogenism side effects: hot flushes were observed in 19 women (63.33percent), transient cephalalgia, insomnia, emotional lability – in 13 patients (43.33 percent). Weight gain 1-3 kg was observed in 4 cases (13.33 percent), but rational diet and physical exercises led to the normalization of weight. Vaginal dryness and dyspareunia were noticed in 11 patients (36.66 percent), 4 patients (13.33 percent) complained about decreased libido.

This method of treatment greatly improved the health of patients of the main group –in 2 months disappeared such symptoms as headaches in 43.33 percent of cases, sweating – 36.66 percent, depressive manifestations – 43.33 percent, decreased frequency of hyperhidrosis manifestations (20 percent against 46.66 percent of baseline data) Besides, such symptoms as coldness, dry skin, drowsiness, cephalalgia, brittle nails significantly decreased in women of the basic group. Approximately 13.33 percent of patients noted hot flushes, palpitations and sleep disturbances, but it was not the reason to interrupt their treatment, these patients were additionally consulted by a physician who prescribed them individual treatment.

## 4. Conclusion

The comparison of treatment results in different clinical subgroups showed that differentiated selection of hormone therapy in 86.66 percent of patients led to regress is adverse symptoms, improved life quality, normal psychosomatic status and role functioning, thus enhancing the safety of hormone therapy to reduce the negative impact on bone metabolism, lower side effects of hypoestrogenism and degree of depressive disorders. This approach helps to significantly improve the efficiency of conservative treatment of hyperplastic processes of myometrium.

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