

AYURVEDIC APPROACH FOR MANAGEMENT OF UTERINE FIBROID – A CASE
REPORTJuli Kotwani^{1*} and Tejaswini Dhiraj Buchade²¹PG Scholar (Ayu), Stree Roga & Prasuti Tantra, All India Institute of Ayurveda, New Delhi.²Assistant Professor (Ayu) Stree Roga & Prasuti Tantra, All India Institute of Ayurveda, New Delhi.

*Corresponding Author: Dr. Juli Kotwani

PG Scholar (Ayu), Stree Roga & Prasuti Tantra, All India Institute of Ayurveda, New Delhi.

Article Received on 04/06/2024

Article Revised on 24/06/2024

Article Accepted on 14/07/2024

ABSTRACT

A 31-year-old woman presented with a uterine fibroid of 11 *6 mm diameter in the Anterior wall of the uterus and a cyst of 46 *33mm diameter in the right ovary. She was intended to be treated with some Ayurvedic formulations. Fibroids are the abnormal growths that develop in a woman's uterus. Sometimes these tumors are quite large and cause severe abdominal pain and heavy periods. In other cases, they cause no signs or symptoms at all. The growths are typically benign or noncancerous, the cause of fibroids is unknown. Fibroids are also called leiomyomas or myomas. Ayurvedic drugs have been proven useful for these manifestations, The case was treated for 5 months with a combination of different Ayurvedic drugs to alleviate symptoms and reduce the size of the fibroid. The patient came with the complaint of Dysmenorrhea with pelvic pain and was diagnosed with uterine fibroid by ultrasonography (USG). This patient of uterine fibroid, diagnosed as Granthi was treated with Kanchnar guggulu, Arogyavardhini vati, Kumaryasava, and Pushyanuga churna & Varunadi kashya. Only oral Ayurvedic drugs were used during the treatment. The patient's condition was assessed for symptoms of uterine fibroid which was completely relieved. No evidence of uterine fibroid was seen in USG; therefore, it indicates the case of uterine fibroid was successfully and completely cured with Ayurvedic treatment. Surgical removal of uterine fibroid or cyst is the only curative treatment in contemporary modern medical science. Ayurveda may be successfully treated with oral Ayurvedic drugs and without surgical intervention.

KEYWORDS: *Granthi, Kanchnar Gugglu, Varunadi Kashaya, Fibroid, Leiomyomas.*

INTRODUCTION

Uterine fibroids are the most common benign tumors observed in women of reproductive age, it is also known as fibromyomas, leiomyomas, or myomas; is one such gynecological disorder that is posing a major health problem. Fibroids can be of different sizes and shapes. They can be located anywhere in uterus, Approximately 50% of women who have this condition are asymptomatic. However, heavy menstrual bleeding or menorrhagia and severe pain or cramps during periods (dysmenorrhea) is a major burden, uterine tumors, with an estimated incidence of 20% to 40% in women during their reproductive years. The etiological factor of fibroid is still unknown, but chromosomal abnormalities (40 %) – t (12.14), del of ch(7), trisomy Polypeptide growth factors stimulate growth of leiomyoma either directly or through estrogen. Predominantly an estrogen tumor. They are not detectable before puberty. They may be geneticall factor HMGA2, MED 12. The risk factor of fibroid nulli parity and infertility, increasing age family history (2.5 time risk) Hyperestrogenic state, Obesity use of hormonal contraceptives), Race & genetics, Early menarche.

CASE REPORT

A 31 year old female patient, a home maker, reported to the outpatient department of All india Institute of ayurveda with complaints of Lower abdominal pain for 2- 3 years, Painful menstruation for 6 years, Not satisfactory bowel habits for 1 year She gave a history of regular, moderate flow for 5 to 6 days during each menstrual cycle & Experienced severe pain in lower abdomen which was relieved by hot water fomentation & painkiller during first 2 days of cycle She was gravida 2, was nonvegetarian & had a less active lifestyle. She was diagnosed as having Fibroid in USG. No other systemic complaints or family history related to this condition were significant. Past history seems to be insignificant.

Clinical findings

A. General examination

- Gc – fair
- Built– moderate
- Weight - 79kg
- Height - 158cm
- BMI- 31.6 kg/m²
- Clubbing- Absent

- Cyanosis- Absent
- Pallor- Absent
- Lymphadenopathy - absent
- Edema- Absent, Icterus - Absent
- The patient was fully conscious, alert and oriented to time, place, and person

B. Vitals

BP- 110/76mmhg

PR- 72/minute

RR- 18/minute

HR- 70/minute

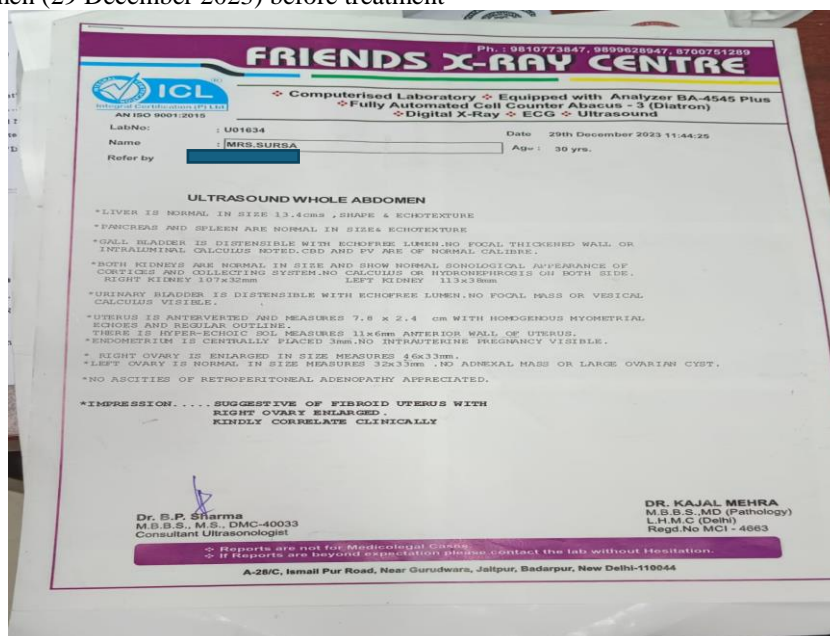
C. Gynecological examination**Per vaginal****Uterus:** Anteverted with normal size**Cervix:** Firm, non-tender, healthy, bilateral fornixes were tender, no adnexal mass

- **Per speculum** – Cervix is healthy, no white discharge

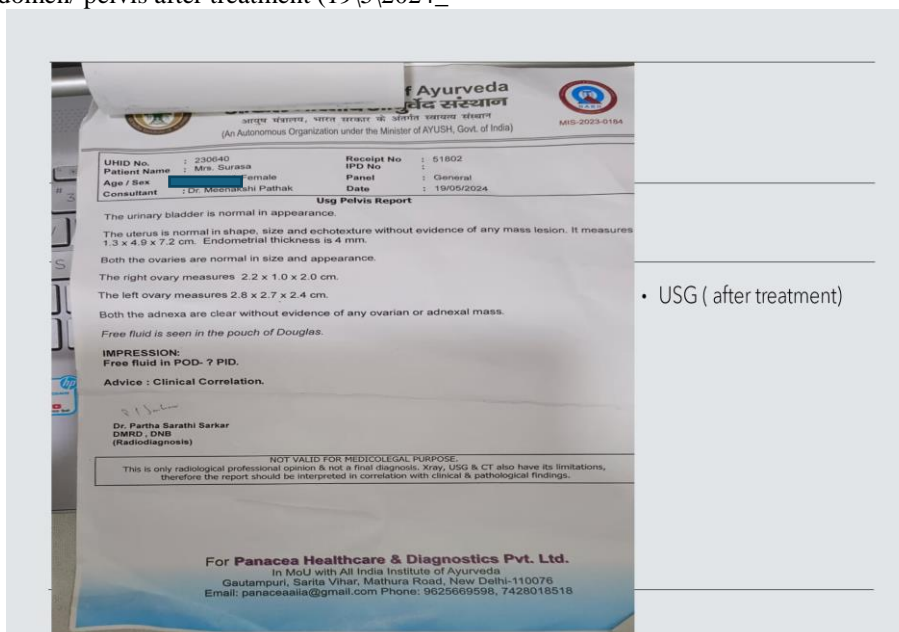
Investigation**Hematology (4/01/2023)**

Hb -	9.6 gm/dl
TLC	84450/cumm
ESR	28 mm

USG – whole abdomen (29 December 2023) before treatment



USG – whole abdomen/ pelvis after treatment (19/5/2024)



- USG (after treatment)

Dashavidh pariksha

- *Prakruti- Vata Kapha*
- *Vikruti – Hetu – Madhura, Katu, Amla, Lavana Rasa Pradhanaahar,*
- *Dosha- Vata, Kapha*
- *Dushya- Rasa, Rakta, Mamsa, Meda.*
- *Srotas: Rasavaha, Raktavaha, Mamsavaha, Medovaha, Artavavaha*
- *Srotodushti Prakara: Sanga*
- *Desha- Sadharana*
- *Bala, Sara, Samhanana, Pramana, Vyayama Shakti, Vaya – Madhyama*
- *Satva, Ahara Shakti(Abhyavarana, Jarana Shakti) – Madhyam*

Ashtavidha pariksha

- *Nadi – Sama*
- *Mootra- Prakruta*
- *Mala- Savibandha*
- *Jihva – Prakruta Varna, Nirama*
- *Sabda-Prakruta*
- *Drik- Prakruta*
- *Sparsh-Prakruta*
- *Akriti- Madhyam*

Treatment schedule

The line of treatment followed in this case was Granthi roga and Vata, Kapha dominating Tridoshas are involved in the pathogenesis of the Granthi Roga and hence Vata-Kaphahara medications are required; Dushyas are Rakta, Mamsa, and Meda and hence the medications should possess Rakta shodhaka (blood purifier) and Lekhana (Scraping or dissolving) properties.

DISCUSSION

According to ayurveda, granthi roga is characterized by the involvement of tridoshas that favors vata-kapha, necessitating the use of vata-kaphahara medications. The dushyas are rakta, mamsa, and meda, so the medications must have the properties of raktstambhak, raktashodhaka (Blood purifier), and lekhan (Scraping or dissolving). In this patient samana chikitsa has been started for 5 months. The case was treated on the line of management of Granthi roga. As mainly Vata and Kapha Doshahara drugs were prescribed because of the predominance of Vata and Kapha Dosha in Granthi. Pushyanuga churna, Arogyavardhini Vati, Kumaryasava, Kanchanar Guggulu, and Varunadi Kashaya were advised to patient for the treatment, proper dietary habits were advised such as to avoid junk, oily, spicy, and Refrigerated food. Fibers and vegetables were also advised to the patient. The uterine fibroid was completely cured as no sign of dysmenorrhea.

In the context of gynecological problems, the traditional ayurveda text Charaka Samhita mentions pushyanuga churna. It includes patha, jambu, amra, pashanabheda, daruharidra, shalmali, kamala, kumkuma, ativisha, musta, bilva, lodhra, rakta chandana, kutaja, dhataki, yastimadhu, and arjuna. It is used to treat gynecological

problems such as asrigdhara (Menorrhagia, metrorrhagia) by acting as raktstambhak. It acts as uterine tonic, menstrual regulator and astringent i.e. vasoconstrictive in action. It helps in relieving the symptoms of heavy and prolonged menstrual bleeding.

Kanchanara Guggulu in this main ingredient is kanchanara and guggulu. Kanchanara (*Bauhinia variegata*) is having shothahara, granthihara, kaphahara, lekhan, vranasodhaka, etc. Its bark showed significant anti-inflammatory activity. The petroleum ether, benzene, chloroform and alcohol extracts were not toxic either orally or intraperitoneally. These properties of kanchanara might have helped in the lyses of fibrous tissue of fibroid and help in reducing the size of fibroid.

In addition to causing constipation, Vata is the source of a number of ailments in the body, Arogyavardhini Vati helps in both. Hence along with the above drugs Arogyavardhini Vati was also advised as it is Vata-kaphahara and works dominantly on Granthi roga. It improves absorption and metabolic activities in the body. Uterine fibroids are considered to be estrogen-dependent hence Arogyavardhini Vati by improving the liver function can maintain increased estrogen level which decreased proliferation of cell and reduce size of fibroid.

We can compare Atyaartava with metrorrhagia which is a classical symptom of uterine Fibroid, so along with this Kumaryasava was also given to the patient as it helps in controlling heavy menstrual flow and also helps in Kasantartava. Kumaryasava mainly acts on Vata and has a great role in Artava Dosha, Vata and Kapha are the main Doshas involved in Granthi. The dose was 20 ml with equal water twice a day. Generally, poor digestion may cause malabsorption and production of more toxins, i.e., Ama in the body, which ultimately cause a variety of disorders. The second factor is constipation. Constipation occurs in Vata Vriddhi and is also a root of many diseases in the body, Varunadi Kashaya ingredient of this drug are Varuna, Shatavari, Chitraka, Bilva, Bhallatak etc. Which have Katu - Tikta Rasa. It has Kapha - Vataharam, Medanashana, Gulmanashana and Vidradhi Nashana property.

CONCLUSION

The above-mentioned oral ayurvedic drugs helped treat the patient with uterine fibroid. This approach may be taken into consideration for further treatment and research work for uterine Fibroid.

Patient perspective

The patient was satisfied with the improvement. Her ultrasound reports show significant change with disappearance of fibroid along with ovarian cyst. Her pain was also reduced, and she was completely cured from Ayurvedic management.

Patient Consent -Written permission for publication of this case study had been obtained from the patient.

Clinical significance

In modern medicine, only surgical intervention, i.e., hysterectomy is the only treatment available for uterine fibroid. As many people are terrified of surgical intervention or do not want to undergo surgery. Even though surgery is the only treatment in modern science but that also do not assure recurrence of disease, as chances of recurrence of uterine fibroid are very high. In Ayurvedic science, availability of medicine is a chance for patients to avoid surgical intervention and to get cured completely without the recurrence of disease.

REFERENCE

1. Pratap K, Malhotra N. Jeoate's Principles of Gynaecology. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, 2008; 7: 488.
2. Ryan GL, Syrop CH, Van Voorhis BJ. Role, epidemiology, and natural history of benign uterine mass lesions. Clin Obstet Gynecol, 2005; 48(2): 312–324. DOI: 10.1097/01.grf.0000159538.27221.8
3. Wallach EE, Vlahos NF. Uterine myomas: an overview of development, clinical features, and management. Obstet Gynecol, 2004; 104(2): 393–406. DOI: 10.1097/01.AOG.0000136079.62513.39.
4. Vaidya Jadavji Trikamji Acharya, ed. Sushruta Samhita of Sushruta, Nidana Sthana, Varanasi: Chaukhamba Orientalia, Varanasi, 2007; 256: 1, 3-9.
5. Vaidya Jadavji Trikamji Acharya, ed. Sushruta Samhita of Sushruta, Nidana Sthana, Varanasi: Chaukhamba Orientalia, Varanasi; 2007; 311: 11, 4-9.
6. Vaidya Shivprasad Sharma, ed. Ashtanga Sangraha of Vriddha Vagbhatta, Ut tara Tantra, Varanasi: Chowkhamba Sanskrit Series Office, Varanasi, 2006; 34, 3, 1: 803–804.
7. Pandit Harishastri Paradakar, ed. Ashtanga Hridaya of Vagbhatta, Chikitsa Sthana, Varanasi: Chowkhamba Krishnadas Academy, Varanasi, 2006; 881, 29: 1-1.
8. Vaidya Jadavji Trikamji Acharya, ed. Charak Samhita of Charak, Chikitsa Sthana, Varanasi: Chaukhamba Orientalia, Varanasi, 2011; 12, 488: 74-9.
9. Vaidya Ambikadutt Shastri, ed. Bhaishajyaratnavali of Govind das Sen, Varanasi: Chaukhamba Sanskrit Sansthan, Varanasi, 2005; 1033, 66: 49-50, 9.
10. Vaidya Ambikadutt Shastri, ed. Bhaishajyaratnavali of Govind das Sen, Varanasi: Chaukhamba Sanskrit Sansthan, Varanasi, 2005; 1033: 66, 48-49, 18.
11. Vaidya Krishan Gopal, ed. Ras Tantra Sarva Siddhi Pryog Sangraha, Pratham Khand, Aasavadi Prakran, Ajmer: Krishan Gopal Ayurved Bhavan, 2006; 739.