



**MANAGEMENT OF UTERINE FIBROID WITH AYURVEDIC
PROTOCOL – A CASE REVIEW**

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ABSTRACT

Uterine fibroids are the commonest benign tumours that arise from the myometrium of uterus during reproductive period. It has been estimated that at least 20% of women at the age of 30 have fibroids in their wombs. Its prevalence rate ranges from 20% to 50%. The etiology is unknown but several factors such as hormones, hereditary factors etc influence their development and growth. They grow from the muscle layer of the uterus and may protrude into the uterine cavity or towards the peritoneal layer or they grow within the muscular wall. The growth of the fibroid depends upon ovarian hormone oestrogen. These are more common in nulliparous women. Majority of fibroids are small and do not cause any symptoms. The symptoms are related to number, size and location of the fibroid. One of the major complications of uterine fibroid is infertility and abortion. It causes infertility in a number of ways. In Ayurveda classics there is no direct correlation for uterine fibroids. Descriptions of two diseases, *grandhi* and *arbuda* are similar to that of tumour but specific descriptions of these diseases related to reproductive organ is not available. When going through the etiopathogenesis and symptomatology as per modern sciences, uterine fibroids can be considered as *mamsavridhijanya vikara* and is correlated as *mamsa grandhi*. This is a case of a lady aged 39 years having uterine fibroids and complaining of inability to conceive after 15 years of married life, who came to the OPD Vaidyaratnam Ayurveda College, Ollur, Thrissur for treatment. She was admitted in IP, *Prasutitantra* and *Striropa* and all the *shodhana karmas* were done along with *Utharavasti*. *Utharavasti* was done for three consecutive months after menstruation for 7 days. There is great reduction to the size of the fibroid and on follicular study, the cycle is ovulatory.

Keywords: Uterine fibroid, *Grandhi*, *Arbuda*, *Mamsagrandhi*, *Utharavasti*.

INTRODUCTION: Uterine fibroids are benign neoplasms of myometrium commonly seen in gynecological practice. It has been estimated that at least 20% of women at the age of 30 have fibroids in their wombs¹. Prevalence rate depends upon ethnicity, age and other factors and it should be ranging from 20 to 50%. 62% of premenopausal women were noted to have uterine fibroids². Many women with fibroids have no symptoms and find out during gynecological examination and

imaging techniques. These neoplasms are slow-growing and is often said to take 3 years for one to reach the size of an orange³. The symptoms may include menorrhagia, dysmenorrhoea, pelvic pain, pressure symptoms like frequency of micturition, reproductive dysfunctions like early pregnancy loss, subfertility and later pregnancy complications. The gold standard diagnostic modality for uterine fibroids is ultrasound sonography. Management of uterine fibroid is a global

challenge because there is no satisfactory conservative management for these neoplasms. As it is a hormone dependent tumour, recurrence rate is higher and its definitive management is hysterectomy.

Depending upon their relationship with the endometrium and to the peritoneal layer, these tumours are divided into three types, submucous, intramural, subserous. The symptoms are related to the size, number and location of the fibroids ⁴. It may cause infertility in different ways ⁵. When a large sub-mucous fibroid protrudes into the uterine cavity it will prevent implantation of fertilized ovum. A large fibroid may cause compression on the fallopian tubes may block the passage of sperms and egg. Another factor, a large fibroid causes difficulty to capture an egg at the time of ovulation. Some studies have reported increased myometrial peristalsis in patients with intramural and submucosal fibroids when compared with healthy controls during the mid-luteal phase ⁶. Alterations in the local blood flow and increase in the binding steroids may create unfavourable factors in the local environment which prevent implantation.

In Ayurved classics there is no direct correlation for uterine fibroids. Descriptions of two diseases, *grandhi* and *arbuda* are similar to that of tumour, but specific descriptions of these diseases related to reproductive organ is not available⁷. When going through the etiopathogenesis and symptomatology as per modern sciences, uterine fibroids can be considered as *mamsavriddhijanya vikara* and is correlated as *mamsa grandhi*. Literally, the word *grandhi* means knotted appearance ⁸ and this tumour develops due to vitiation of *Vata* and *Kapha*. This vitiated *doshas* then vitiates *dhatus* like

raktha, *mamsa* and *medas* and produce rounded protuberant and knotty swelling ⁹. Here *kapha* plays a predominant role as a result it is slow growing and of benign nature. In Ayurveda, treatment comprises of two types i.e. *samsamana chikitsa* (pacification therapy) and *samsodhana chikitsa* (purification therapy) and among these *samsodhana chikitsa* is more effective in vitiated *doshas* which can provide a permanent cure for the disease. Purification of the whole body is achieved by all the *samsodhana karmas* i.e. purification of *Kapha* by *vamana* therapy (emesis therapy), *Pitta* by *virechana* therapy (purgation therapy), all types of *Vata* by *asthapana* & *anuvasana vasti* exclusively that of *apanavata* by *uttaravasti*. Intrauterine instillation of medicated ghee or oil is termed as *utharavasti*. In this case *Utharavasti* was done for 7days per month for a period of 3 consecutive months. Since it is a disease affecting the *garbhasaya*, local treatment at the level of *Garbhasaya* and *Yoni* (genital organs) is effective to reduce the size and symptoms of *garbhasayasritha grandhi*.

CASE REPORT: It is a case of lady of 39years having uterine fibroid and had the complaint of difficulty to conceive after 15years of married life. She consulted an allopathic doctor and underwent treatment for 10 years. USG revealed multiple uterine fibroids. She couldn't get any satisfactory result. Then she came to the OPD, Vaidyaratnam Ayurveda College for treatment. She was advised to take USG and was noted with left lateral wall fibroid of size 3.4x3.1cm & a small anterior wall fibroid of 1cm size. She was admitted in the IPD Vaidyaratnam Ayurveda College, Thrissur for better treatment.

After admission the patient was advised to take orally the following medicines for two days.

S.no	Medicine	Dose	Time
1	<i>Sukumara kwatha</i>	15ml <i>kwatha</i> mixed with 45ml boiled lukewarm water	6am & 6pm before food
2	<i>Lakshmanarishta</i>	30ml	Twice daily after food
3	<i>Vaiswanara churna</i>	10gms	At bed time

The following *kriyakramas* were started on first phase and they are summarized in the table below.

s.no	Kriyakrama	Medicine	Dose/ duration	Days	Remarks
1	<i>Udwarthana</i>	<i>Kolakulathadi churna</i>	45mts	2	<i>Rookshana</i> achieved
2	<i>Snehapana</i>	<i>Phalasarpis</i> and <i>thikthaka grhtha</i> mixed in equal proportion	30ml,60ml,90ml, 120ml, 150ml, 180ml	6	<i>Samyaksnigdhalakshana</i> obtained on 6th day
3	<i>Abhyanga sweda</i>	<i>Dhanwanthram taila</i>	30mts	1	<i>Samyakswinna lakshana</i> obtained
4	<i>Vamana</i>	300ml <i>Madanaphaladi kwatha</i> mixed with 2.5 litre milk and 100gms <i>saindhava</i> .	8am Full stomach	1	<i>Samyak vamana lakshana</i> obtained after 3 <i>vegas</i> (- <i>dhoomapana</i>) was done with <i>haridra churna</i> after <i>vamana</i> . Light diet as rice gruel was advised at noon and night.
5	<i>Virechana</i>	<i>Avipathy churna</i>	6am 20gms	1	<i>Samyak virechana</i> . Rice gruel was advised at noon and night.
6	<i>Snehavasti</i>	<i>Satahwadi vasti taila</i> mixed with <i>phalasarpis</i> in equal proportion	1pm 120ml	3	
7	<i>Niruhavasti</i>	1. <i>Erandamoola qwadha</i> mixed with equal part of <i>sukumara kwatha</i> 2. <i>Satahwadi</i>	1. 600ml 2. 210ml 3. 30gms 4. 210ml 5. 15gms 9.30am	5	<i>Snana</i> and <i>niruha</i> diet

		<i>vasti taila</i> mixed equally with <i>phalasarpis</i> 3. <i>Satahwa</i> <i>kalka</i> 4. <i>Madhu</i> 5. <i>Saindhava</i>			
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After *yogavasti* patient was discharged and advised to take further admission after menstruation for doing *utharavasti*. She was also advised to consume *Sukumara kwatha* 15ml *qwatha* mixed with 45boiled lukewarm water – 6am & 6pm before food at the time of discharge. She had reported in the OPD after stoppage of menstrual bleeding and again admitted in the IPD.

Treatment done on second phase

1. *Niruha vasti* was done for 2days with same *yoga* and dose.
2. After two days of *niruhavasti*, *Utharavasti* was started. First three days *utharavasti* was done with *dhanwantharam* 101 *avarthy* and last 4 days with *sukumara ghritha*.

On third day she raised complaints of lower abdominal pain and dysuria. She was advised urine routine examination and the pus cells was found to be 20-30 /HPF. *Utharavasti* was stopped and she was directed to consume the following medicines.

1. *Chandanasava* – 30ml twice daily after food.

At the time of discharge she was advised to consume the following medicines and directed to undergo USG.

S.no	Medicine	Dose	Time	Anupana
1	<i>Ashokarishta</i>	30ml	Two times daily after food	Boiled warm water
2	<i>Sukumara ghrutha</i>	10grms	At bed time	Boiled warm water

On USG after one month there is marked reduction to the size of uterine fibroid and minimal fluid was present in the POD. The size of the anterior wall fibroid was reduced to 0.8mm and left lateral wall fibroid to 3 x 2.8cm. Endometrial thickness was 8cm.

She was advised to consume the following medicines for one month and directed to do follicular study.

S.no	Medicine	Dose	Time	Anupana
1.	<i>Sukumara kwatha</i>	15ml <i>kwatha</i> mixed with 45ml boiled warm water	6am & 6pm	Boiled warm water
2	<i>Phalasarpis</i>	10gms	6am	Boiled warm water
3	<i>Dhanwantharam gulika</i>	1tab	6pm	Boiled warm water
4	<i>Sukumara ghrutha</i>	10grms	At bed time	Boiled warm water
5	<i>Lakshmanarishta</i> mixed with <i>sukumarasava</i> in equal proportion	30ml	Two times – after food	Boiled warm water

On follicular study, ovulation occurs on 14th day of menstrual cycle.

DISCUSSION: The commonest benign tumour affecting the reproductive organ during the child bearing period is uterine fibroid. As it is an oestrogen dependent tumour its growth restricted during reproductive period. They are often seen as single or multiple and its size also varies. Majority of fibroids are asymptomatic and the symptoms associated with fibroids may be variable, ranging from mild to severe. There is an association with sub-fertility. The fibroids will alter local blood flow to the uterus and increase the binding steroids which may create unfavourable environment in the uterus and this will prevent implantation of fertilized ovum. In Ayurveda the character of *grandhi* is glandular or nodular swelling and develops due to vitiation of *Vata* and *Kapha*. *Dhatus* involved in the development of *grandhi* is *raktha*, *mamsa*, and *medas*. *Vata* is responsible for the faulty division of cells and *Kapha* is helpful for the growth. Vitiation of *Vata* can lead to *anovulation* and *vasti* and *utharavasti* therapy may help in anovulation condition also. The purification procedures are helpful to normalize all the three doshas. *Utharavasti* therapy is the best way of

administering the drug to impart maximum cure in gynecological diseases.

CONCLUSION: *Garbhasayasritha grandhi* occurs due to vitiation of *Vata* and *Kapha*. *Samsodhana chikitsa* is more effective in vitiated *doshas* which can provide a permanent cure for the disease. *Utharavasti* has been successfully practising for gynecological diseases. This conservative management through *Ayurveda* may be deemed alternative method to surgery in modern medicine. Once *shodhana* is done there is lesser or no chance of reccurence.

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