

Ayurvedic approach in the Management of Uterine Fibroids - A Case Study

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ABSTRACT:

The fibroid is a common benign growth present in the female genital tract. Clinically uterine fibroids are generally symptomless in many cases but in some cases they may occur as a palpable mass, associated with bleeding, and pain or with the symptoms secondary to compression of the mass. Available treatment in modern science are hormonal therapy, hysterectomy, myomectomy and uterine artery embolization which is having so many complications for patient in future. Uterine fibroid is a condition where *Guru, manda* and *snigdha guna* dominated *prakupita kapha* results in impaired *artava* formation due to *samana* dysfunction and subsequent *mamsa vridhi* in *garbhasaya*. It was critically reviewed in the context of *granthi* and *vidradhi roga*. In this case report patient suffered from Intramural fibroid in uterus for 1 year. First, she took allopathic medicine but was not benefited. Modern doctors advised her for Hysterectomy. But she is not ready for the surgery and she approached us for the treatment of same. She was having severe bleeding which occurs at the interval of 10-12 days, severe backache, Hair fall, dyspnea. We started with normalization of her menstrual cycle, for that we used *Muslikhadiradikashayam* with biogest tablet in order to maintain her excessive bleeding for 3 months. After 3 months of treatment, improvement was noticed in symptoms, her menstrual cycle comes normal which is 28-30 days. The line of treatment was followed in this case was to treat provoked *vata, kapha dosha* and vitiated *mansa, medas dhatu* and *granthi chikitsa* principle. There were no adverse effects found during the Ayurvedic medication.

KEYWORDS: Ayurveda, Uterine fibroid.

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INTRODUCTION:

The uterine fibroids are the most commonly found benign neoplasm in approximately 20-40% women of reproductive age group. [1] The incidence of fibroids are higher in women with increased body mass index, in nulliparous women and in low parity women. The cause of uterine fibroid is still

not much clear. There are some hypothesis mention that Fibroid development may be due to the complex interplay of genetics, hormones promoters and growth factors. Excessive estrogen secretion causes leiomyoma. Intramural fibroids grows within the musculature of uterine wall. It produces the symptoms like menorrhagia,

dysmenorrhea, dyspareunia, infertility and pressure symptoms which is secondary to compression of the mass. Other than surgery, there is another palliative treatment in modern science which includes antifibrinolytics, hormonal therapy, danazol, gonadotrophin releasing hormone agonist, and these medical treatment is limited to short-term use because of their dangerous side effects. [2]

Granthi (tumor) arising due to excessive, uncommon or peculiar and improper growth of cells has been described in different Ayurvedic classics. A uterine fibroid is very similar to *Garbhashaya gatagranthi*, vitiated *vata dosa*, vitiating *mamsa*, *rakta* and *meda* which is mixed with *kapha* produces rounded, protuberant, knotty and hard swelling in uterus. It is included within the disorders of *mamsa* and *medas*. Looking into the pathogenesis of uterine fibroid, it becomes clear that Ayurvedic treatment which is having the properties of *lekhan*, *shodhana*, *ropana*, and *vatakaphaghna* can effectively manage this disease.

It's well understood that chromosomal abnormalities and various polypeptide growth factors such as epidermal growth factor, insulin like growth factor, transforming growth factor, estrogen and progesterone these all are involved in the growth of leiomyoma under the influence of estrogen. [3] The risk factors like obesity, high fat diet intake, hyper estrogenic state, increased body mass index, poly cystic ovarian disease and the involvement of different growth factors are very much suggestive of association of *prakupita kapha* (biochemical that can initiate the pathology) dominated with *guru guna* (the quality that promotes growth) *manda guna* (the quality which is responsible for slow actions) and *snigdha guna* (the quality which causes the nourishment) causing *rasa dushti* (impaired *rasa dhatu* which serves as the

precursor of *artava*) and subsequent *artava dushti* (unopposed estrogen and anovulation).

The *artava* is considered as *upadhatu* of *rasa dhatu*. [4] The *rasa dhatu* is transformed into *artava* by the action of *rasa dhatvagni* (transforming factor at the level of cellular metabolism) with the help of *samana vayu* (*vayu* which maintains the transforming factor) which is responsible for *agni sandeepana* (metabolic excellence) and the proper execution of transformation within *artava vaha srotas* (the channels that are involved in steroidogenesis and folliculogenesis). [5]

Due to the dysfunction of the *samana vayu* following its interaction with excessive *snigdha*, *manda* and *guru guna* the proper transformation of *artava* get affected resulting in the formation of *dusta artava* (altered steroidogenesis and anovulation). This initiates the growth of leiomyoma by abnormally stimulating the *Garbhasaya* (uterine myometrium). *Garbhasaya* being the *moolasthan* (prime structure) of *artava vaha srotas* there is smooth muscle hypertrophy leading to the development of uterine fibroid. By this we can understand the *samprapti* of uterine fibroids. [6]

CASE PRESENTATION:

A female patient, aged 48 years, working as a tailor, living in Shimla, Himachal Pradesh registered from the OPD (OPD/IPD No.88288/4087), Department of Kaya Chikitsa at Shiva Ayurvedic Hospital Chandpur Bilaspur on 25/11/2021, with complaints of heavy menstrual bleeding with pain in abdomen during menstruation, Severe backache, hair fall and breathing difficulty for 1 year.

The patient states that she was quite well 1 year back. Since then, she has been suffering from heavy menstrual bleeding with pain in the abdomen associated with severe backache during menstruation. Her

menstrual cycle duration was for 7-8 days with abnormal interval of 10-12 days and the passing of heavy blood flow with clots using 6-7 pads/day, painful cycle, daily activity is affected, the analgesic drug is needed and pain persists for more than 24 hours. She had gone through 9 months of allopathic treatment and took medication, tab syron -N (norethisterone acetate 5 mg), tab trenaxa (trenexamic acid 500 mg), tab meftal spas (mefenamic acid 250 mg + dicyclomine 250 mg) and injection drotin (drotaverine 40 mg). But she did not get any relief and advised for hysterectomy surgery. Therefore she consulted for the Ayurvedic medication.

In past history, she had not any previous medical or surgical illness. Her family history revealed that there was no such complaint ever. On the general examination pulse rate was recorded to 82/min, BP was 120/80 mmHg whereas the body temperature was recorded to 98 °F. On the systemic examination, no abnormality was detected in the gastrointestinal, respiratory, cardiovascular and nervous system. In urogenital system, cervix was healthy, no discharge, and the uterus was anteverted, bulky, hard with bilateral free fornix. The Prakriti of the patient was diagnosed as *Kaphajvata* while *nadi* was *Vatadhiktridosaja*. There were no complaints with regard to *mutra* (urine), *mala* (stool) and *jihwa* (tongue). Her *drika* (eyes) was found to be *shwetabh* (pallor).

Ultrasound scan of Abdomen & Pelvis revealed that uterus was anteverted and bulky in size, measures **10.6cm*6.7cm*7cm** There is hypoechoic lesion in anterior myometrium, measuring **5.6*4.4 cm**

THERAPEUTIC INTERVENTION:

On the basis of symptoms, the treatment was carried out initially for normalizing menstrual cycle. Allopathic medicines used by the patient were stopped when Ayurvedic management was started (Table-1,2). The treatment was single blind and the assessment of the patient was done at the interval of 90 days. She was advised to take easily digestible food, whole grains, green leafy vegetables, fruits, haridra, ginger, low fat in the diet and to avoid fried and heavy foods. She was also encouraged to practice regular yoga, walking and other general physical activity.

RESULTS:

The follow-up was made on the 90th day after completion of these medication. During this period, the patient did not develop any other complaint. She reported gradual improvement in heavy bleeding and pain during menstruation. Her menstrual cycle is completely normal after the medication. She had regular cycle of 28-30 days. (Table-3).

Ultrasonographic Interpretations After 2nd Intervention

Anteverted uterus measures **8.0*5.7 cm** normal in shape, size and echotexture. There is hypoechoic lesion in anterior myometrium, measuring **5.0*4.2 cm**

Table 1. Medication 1st Phase:

Medication	Dose	Time	Duration
<i>Muslikhadiradikashayam</i>	15ml + 30 ml Lukewarm water	Two times before food	3 Months
<i>Biogest</i> Tablet	2 Tablet	Two times after food	2 Months
<i>Kanchnaar Guggulu</i>	1 Guggulu with Kashay	Two times before food	3 Months

Table- 2: Medication 2nd Phase:

Medication	Dose	Time	Duration
Trayantyadi Kashayam	15ml+30ml Luke warm water	Two times before food	3 Months
Shigru Guggulu	1 Guggulu with Kashay	Two times before food	3 Months
Kanchnaar Guggulu	2 Guggulu with Kashay	Two times before food	3 Months
Kalyanak Khshaar	1/4 th Teaspoon with Ghrita and Luke warm milk	once after food	2 Months
Rasa Sindoor and Shataryadi Churnam	Mix 100gm of Ras sindoor with 200gm of Shatavaryadi Churnam 1 Tablespoon	Two times before food	3 Months

Table-3: Results:

Symptoms	Before Treatment	After Treatment
Heavy Bleeding	+++++	Normal
Severe Backache	+++++	Nil
Dyspnea	+++++	Nil
Hair fall	+++++	Nil
Weight gain	+++++	Reduced

DISCUSSION:

Muslikhadiradikashayam is a classical medicine used in various gynaecological disorders like *shwetapradar*, *raktapradara* and *kashtaartava*. [7] It is *pitta-kapha shamaka* in nature which helps in normalizing the excessive bleeding and painful menstruation. Biogest tablet containing *haritaki bibhitaka* and *guggulu* reduces inflammation, suppresses inflammation-causing interleukins and prostaglandins, and pacifies *kapha* which is perfect combination for such gynecological issues.

Kanchnarguggulu is a classical Ayurvedic formulation used for cysts, tumors, and swollen lymph nodes. It supports the proper function of the lymphatic system, balances the *kaphadosa* and promotes the elimination of inflammatory toxins. *Guggulu* promotes detoxification, rejuvenation and purification of blood and being anti-inflammatory works tremendous in fibroids. [8] Inflammatory swellings are considered to be due to the derangement of *Kapha-Pitta* elements in the body. Considering fibroid as *Antah Vidradhi*,

Vagbhata has mentioned this *kashay* in *Vidradhi chikitsa*.

Shigruguggulu having properties like *katu, tikta rasa, laghu, tikhshana, ruksha guna* and *kaphvata shamak* proves it as a very effective against fibroids. [9]

Khshaar has the *tikhshana ushana* properties make it *Kapha vata shamaka*, it contains *Bhallatak, Chitraka* and *pippali* along with *gomootra* enables *Kalyanaka khshaar* to destroy the fibroids which is *kapha vata* in nature.

Rasa Sindoor and *Shatavaryadi choornam* is used here in order to provide strength to the patient as the condition is chronic in nature, in order to do *dhatu poshana* and also to provide good nutrition of the Uterus this combination is applied to the patient.

Surgical intervention need not be the only management for uterine fibroids. In modern medicine, only surgical intervention, i.e., hysterectomy is the only treatment available for uterine fibroid. Majority of people suffering from this condition are not on same standards. Not every person will be able to go for a surgical invention because of socio economic status. In India the poverty is one of the biggest issue, these people cannot

afford these expensive surgeries, for such people this science proven so helpful. 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 also for those who are not guarded with much of leisure's to get cured completely without the recurrence of disease.

CONCLUSION:

This case illustrates a situation where methodical Ayurvedic intervention can not only help in relieving symptoms but also reduces the size of fibroid in small span of time and also avoid further complications and successful management.

PATIENT PERSPECTIVE:

The patient was satisfied with the improvement. Her ultrasound reports show significant change with measurement of fibroid along with complete relief from all the symptoms.

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