

## **AYURVEDIC MANAGEMENT OF UTERINE FIBROID: A CASE STUDY**

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### **ABSTRACT:**

Uterine fibroid, a noncancerous growth of the uterus that often appear during childbearing age of female and also known as fibromyomas, leiomyomas or myomas, is one such gynecological disorder which is posing a major health problem. A 45year old female patient approached the outpatient department with complaints of menorrhagia and abdominal pain. Ultrasound scan revealed small posterior wall intramural fibroid measuring 1.5\*1.0cms. She was suggested hysterectomy for the same; however, the patient was not willing to undergo surgery. She was treated as per the Ayurvedic line of treatment of asrugdhara & Granthi which is correlated to Menorrhagia (presenting complaint) & growth. She was administered Asokarishta, Varunadi kashayam and KanchanaraGuggulu tablets available in the Outpatient department. Treatment was continued for 3months with a follow up once in 15days and a repeat scan revealed shrinking size of the fibroid and relief in symptoms. A follow up scan also revealed that the fibroids had disappeared. During the treatment period patient has not reported any negative effects concerning the progression of disease nor regarding the medicines. An attempt has been made to present the successful management of fibroid with non-hormonal medicines in a patient. An Ayurvedic medicine regarding the safe, noninvasive, non-hormonal cost-effective management of fibroids through Ayurvedic interventions.

**Keywords:** Asrugdhara, fibroid, uterine fibroid, Granthi

### **INTRODUCTION**

Fibroids occur in 20-40% of women during reproductive age and 11-19% in perimenopausal age.<sup>1</sup> They are clinically apparent in up to 25% of women and cause significant morbidity, including prolonged or heavy menstrual

bleeding, pelvic pressure or pain, and, in rare cases, reproductive dysfunction.<sup>2</sup> Women experience distress and impaired work productivity due to fibroid. There are many women undiagnosed with significant symptoms emphasizing the need for improved

awareness and management of fibroids.<sup>3</sup> The clinical effects are related to their local mass effect, resulting in pressure upon adjacent organs, excessive uterine bleeding, or problems related to pregnancy, including infertility and repetitive loss of pregnancy.<sup>3</sup> As a consequence of these local pressure effects and bleeding, uterine fibroids rank as a major reason for hysterectomy accounting for approximately one-third of all hysterectomies or about 2,00,000 hysterectomies/year.<sup>4,5</sup> Fibroids are of unicellular origin and possess a distinct autonomy from their surrounding myometrium because of their outer connective tissue layer which allows leiomyomas to be easily “shelled out” of the uterus during surgery. Localized nodular swelling/growth has been referred under the name of *Granthi* that develops due to localization of morbid body humors in body tissue. Pathogenesis of *Granthi* is propounded as when morbid *Tridoshas*, vitiate *Rakta* (blood), *Mamsa* (fleshy/muscles), and *Meda* (fat/adipose tissue) that are admixed with *Kapha* produce rounded protuberant, knotty or glandular and hard swelling

called *Granthi*.<sup>[8]</sup> Etiopathogenesis, clinical features and treatment of *Granthi*, are identical to the *Granthi* of any other body part, however few clinical features present due to a specific location of the disease as a result of anatomical and physiological disturbance.<sup>6,7</sup> *Granthi* when present in yoni (female reproductive system)/ *Garbhashaya* (uterus) will lead to disturbed menstrual cycle- menorrhagia, metrorrhagia, dysmenorrhea, etc. On per vaginal examination, bulky uterus is felt. Removal of the uterus is unacceptable to women desirous of (further) child bearing though it offers a definitive solution to the problem. Newer procedures for fibroid removal may relieve symptoms, but duration of symptom relief and efficacy of the procedures in restoring fertility have not been evaluated. Such procedures include High-intensity focused sonography, Cryotherapy, Radiofrequency ablation, Magnetic resonance-guided focused ultrasound surgery; Anti-hormonal drugs like progesterin or danazol block estrogen to treat fibroids. Uterine fibroid embolization (UFE) gonadotrophin-

releasing hormone (GnRH) agonists and selective progesterone receptor modulators are some of the other treatment options for fibroid. While oral contraceptive pills have been used to treat fibroid related symptoms such as bleeding and dysmenorrhoea, their effect is usually based on their suppression/regulation of the menstrual cycle. The effect of ethinyl – estrogen/progesterone containing pills on myoma growth is less clear. Mirena, is one of the widely used levonorgestrel intrauterine devices, most commonly used in fibroid. Even though the bleeding and dysmenorrhoea-related symptoms are treated, the actual myoma size remains largely unchanged.<sup>8</sup>

The condition of uterine fibroid is similar to Garbhashayagatagranthi, mentioned in Ayurveda with vitiated vata affecting mamsa (muscle tissue), rakta (blood) and medas (fat) mixed with kapha producing rounded, protuberant, knotty and hard swelling. Fibroids can be related to the “Granthi” mentioned in Ayurvedic texts, and it can be managed according to the principle of SampraptiVighatana (to break the pathogenesis).<sup>9</sup>Such clinical

entity is diagnosed today as Uterine fibroid where in *Vata Dosha* (humor) is the predominant pathological factor being the natural site of its location (*Basti Pradesh*) in the body. In Ayurvedic literature *Granthi* have been mentioned depending upon the pathological factor, and the body tissue involved.<sup>10</sup> Fibroids can be related to the “*Granthi*” mentioned in Ayurvedic texts, and it can be managed according to the principle of *SampraptiVighatana*.

### Case study

A 45year old female patient, a worker, reported to the outpatient department of Sanjeevini Ayurveda Medical and Hospital on 2nd July 2019 with complaints of abdominal pain and painful heavy menstrual bleeding since 1year. She gave a history of irregular, heavy flow for 7 to 8days during each menstrual cycle. She was gravida 2, was nonvegetarian& had a normal active lifestyle. She was diagnosed as having Fibroid from the report on 3<sup>rd</sup> July 2019 and was advised hysterectomy. No other systemic complaints or family history related to this condition were significant.

### Clinical findings

**General examination (Rogi Pariksha)**

All vitals were stable on examination and it was assessed that the patient belonged to vata-pittajaprakruti. Per abdomen examination revealed that abdomen was soft, tender and no organomegaly was detected.

**Investigation**

Ultrasound scan of Abdomen & Pelvis revealed that uterus was anteverted size measuring 7.9\*4.0\*4.8 cms and showed a small hypoechoic lesion intramural posterior wall fibroid measuring 1.5\*1.0cms. Haemoglobin- 9gm%, ESR- 15mm/dl

**Diagnosis**

The clinical features along with the ultrasound scan report suggests that it is case of Intramural fibroid and

was diagnosed as *Garbhashayagata*(intrauterine) *Granthi*(encapsulated growth). Based on the symptoms, it was treated on the lines of Pradara (Menorrhagia) and Granthi.

**Therapeutic interventions**

Based on Ayurvedic line of management of Asrigdhara (menorrhagia) & Granthi (tumour) and the clinical experience, we formulated the line of treatment from medicines available at OPD. She was advised the following medicines for a period of 3months to observe changes in the menstrual cycle and Size of fibroid. The treatment was scheduled for 3months with a follow up once in 15days.

Therapeutic interventions

S. No	Medicine	Dosage	Time of administration
1	Ashokarishta*	10ml twice daily	After food
2	Varunadikashayam*	10ml twice daily	Before food
3	Kanchanarguggulu*	1Tab twice daily	After food

Changes in subjective and objective criteria before and after treatment

Subjective criteria		
	Before treatment	After treatment
Menorrhagia	Present	Absent
Duration of the menstrual cycle	7-8days	3-4days
Fatigue	++	-

Objective criteria		
Size of uterus	7.9*4.0*4.8cms	8.0*4.3*5.0cms
Size of the fibroid in Ultrasound scan	1.5*1.0 cms	-----
Timeline	July. 2019	Oct 2019

## DISCUSSION

In the *Samprati* (pathogenesis) of *Granthi*, it is mentioned that *Mamsa* (muscle fibers) *Rakta* and *Medo Dhatu* are vitiated. Several studies have found an association between obesity and an increased incidence of uterine leiomyomas. The management of fibroids is undergoing an important evolution, with the focus on patient's quality of life. Spies et al.<sup>7</sup> showed that symptomatic uterine fibroids can have a negative impact on health related quality of life (HRQL) through impairment of daily activities and anxiety, which may develop before and after diagnosis.<sup>7</sup> Patients report psychological distress, helplessness in dealing with the diagnosis and treatment options, negative body image, effects on sexuality and a lack of support.<sup>11</sup>

Accordingly, surgical techniques and aggressive treatments are reserved for only those cases with heavy

symptomatology, while the clinical diagnosis based on size and number of fibroids remains in a second plane in this situations.<sup>12</sup>

In this case the patient opted for Ayurvedic treatment instead of surgery as hysterectomy would have long term complications like osteoporosis etc. According to Ayurveda, Uterine fibroid is considered as *Garbhashayagata* (intrauterine) *Granthi* (encapsulated growth). The symptoms are similar to the condition "pradara" which is menorrhagia. Treatment was aimed at reduction of symptoms of menorrhagia as well as treating the fibroid. It is based on the Ayurvedic principles of *karyakaranabhava* (Cause and effect theory). When the effect is treated, it should have an impact on its causative factors also. It has been observed that fibroids have fully disappeared by the end of 3 months of treatment.

Ashokarishta, is a popular Ayurvedic medicine mentioned in the classical text *BhaishajyaRatnavali* in the

context of Streeroga (Gynecology). It is extensively used in the condition Pradara/Raktapradara/Asrukdhara (as mentioned in Ayurveda) which is characterized by qualitative and quantitative increase in flow of menstrual bleeding. It mainly contains medicinal plants like *Ashoka* (Saracaindica Linn), *Amalaki* (*Emblica officinalis* Gaerth), *Bibhitaki* (*Terminalia bellerica*), *Jeeraka* (*Cuminum cyminum* Linn), *Haritaki* (*Terminalia chebula* Retz.), *Shunti* (*Zingiber officinalis* Rosc), *Amra* (*Mangifera indica* Linn), *Vasa* (*Adhatodavasic*), *Chandana* (*Santalum album*), *Daruharidra* (*Berberis aristata* DC), *Dhataki* (*Woodfordia fruticosa* (L.) KURZ), *Musta* (*Cyperus rotundus* Linn), *Kamala* (*Nymphaea nouchali* BURM. F.), and Guda (Jaggery). It contains 5–10 % of self-generated alcohol, which acts as a medium for herbal active principles. Ashoka contains mainly tannins, saponins,  $\beta$ -sitosterol and exhibits antioxidant, anti-inflammatory activities, hence indicated in Uterine bleeding. It has both antioxidant and Hematoprotective potentials which is essentially needed for management of

menorrhagia. Ashoka bark contains phenol glycoside which has direct effect on uterine musculature. It stimulates both endometrium and ovarian tissue. It decreases blood flow and tones up the endometrial vascularity and thus, checks excessive bleeding.<sup>13</sup>

If we see the contents of the drugs; Guggulu (*Commiphora mukul* Hook. ex Stocks.) is analgesic and anti-inflammatory. Guggulu possesses Laghu (light), Ruksha (dry), Tikshna (sharp), Vishad (clear), *Sara* (mobile), *Dipana* (stomachic) enkindle the digestive fire), *Anuloman*, *Lekhana* (scraping), *Medohara*. *Kanchanara Guggulu* is a classical Ayurvedic formulation, used for *Kapha* accumulations in the tissues. As *Kapha* moves deeper within the system, it may manifest as swollen lymph nodes, cysts or growths. Powerful decongestants such as *Kanchanara*, *Triphala* (a combination of fruits of *Terminalia chebula* Retz., *Terminalia bellerica* Roxb., and *E. officinalis*), and *Trikatu* (*Zingiber officinale* Rosc., *Piper nigrum* L. and *Piper longum* L.) are mixed with *Guggulu* to break down and eliminate hardened *Kapha*. This

detoxifying blend supports the proper function of the lymphatic drainage and digestive systems, aiding in the prevention of further *Kapha* accumulation. Its main ingredients *Kanchanara* (*Bauhinia variegata* L.), *Varuna* (*Crataevanurvala* Buch.-Ham.), *Triphala*, *Trikatu*, *Trijataka* may also be useful in hypothyroidism. *Kanchanara Guggulu* supports proper function of the lymphatic system, balances *Kapha Dosh*, promotes elimination of inflammatory toxins; it is alterative, anti-inflammatory and tonic and is administered in cysts, malignant ulcers, syphilis, fistula, scrofula, sinus, etc., *Kanchanara* is very useful in extra growth or tumors and helps in reducing bleeding.<sup>14</sup>

### CONCLUSION

Surgical intervention need not be the only management for uterine fibroids. This case illustrates a situation where methodical Ayurvedic intervention can not only help in relieving symptoms but also restores normal life of the women and avoid further complications and successful management.

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