



Case Study

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A CASE STUDY ON MANAGEMENT OF GARBHASAYA GRANTHI WITH REFERENCE TO UTERINE FIBROID

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ABSTRACT

Uterine fibroid is the most common benign pelvic tumour in women of reproductive age. Leiomyomas, also called fibroids, have a 70-80% cumulative incidence in childbearing age due to their abundant fibrotic tissue. Most of the time, it remains asymptomatic, and the fibroids are diagnosed accidentally. The patient came with the complaint of lower abdomen pain during menses and a few days before the onset of menses for ten years. The pain is in the lower abdomen, lower back region and thigh. The character of the pain is spasmodic. On examination, multiple fibroid uterus measuring 2.1x1.8 cm fibroid noted in the anterior wall, and 4.9x4.4 cm fibroid pointed out in the posterior wall. The case was diagnosed as garbhasaya granthi. There is vitiation of tridosha with a predominance of vata kapha dosha and dushya like rasa, raktha, mamsa, and medas. Hence kapha medohara chikitsa has been given. Medicines like dashamoola kashayam, varunadi kashayam, kanchanara guggulu, saptasara kashayam, dhanwantara gulika, kanchanara guggulu have been administered. Tikshna, ushna, lekshana, chedana, and srotoshodana dravya can reduce uterine fibroid symptoms and size. The patient shows a significant reduction in pain in the lower abdomen and thigh region with the above-mentioned oral medications.

Keywords: abdominal pain, Apana Vata dusti, garbhasaya granthi, uterine fibroids

INTRODUCTION

Leiomyomas, also called fibroids, have a 70-80% cumulative incidence in childbearing age due to their abundant fibrotic tissue.¹ Uterine fibroids or leiomyomas are benign tumours of the uterine muscle called the myometrium. Fibroids have the receptors of female reproductive hormones like estrogen and progesterone and other enzyme receptors related to estrogen production (aromatase receptors). When the receptors are present in the fibroid, the growth of the fibroids will be stimulated by these hormones. The cause of fibroid development is not fully understood.² An accurate estimate of prevalence would need to be based on ultrasound screening.³

A woman may have only one fibroid or many of varying sizes. A fibroid may remain very small for a long time and suddenly grow rapidly or slowly over several years.

The aetiology remains unclear. The prevailing hypothesis is that it arises from the myometrium's neoplastic single smooth muscle cell.⁴ Majority of the time, it remains asymptomatic and is diagnosed accidentally, but sometimes it induces symptoms like heavy per vaginal bleeding, intermenstrual bleeding, pain during menses, pain and heaviness in the lower abdomen, lower backache, pressure symptoms, reproductive problems such as infertility and repeated abortion. Changing lifestyle and dietary patterns has become a significant cause of increased incidence of all gynaecological disorders. Uterine fibroid is one among them. The risk factors for fibroids are nulliparity, early menarche and

obesity, family history of fibroids, hyper-estrogenic state, and high-fat diet.

Dysmenorrhea is more common in young women, declining after 30 years of age. The pain is present in the abdomen or lower back (often dull, heavy and aching, but may be sharp). The hormone prostaglandin induces the symptoms and is mediated within the lining of the uterus (endometrium), the primary site of prostaglandin production during menses. The pain may be caused secondary to a reduction in blood flow (ischemia), which accompanies uterine contraction in menstruation. This disorder causes secondary dysmenorrhea in the reproductive organs. The pain tends to get worse over time, and it often lasts longer than normal menstrual cramps. For example, the pain may begin a few days before the onset of menses. The pain may also worsen as the periods continue and persist after the cessation of menses.

In the ancient era, specific reference to the granthi of the female reproductive system was not available in any classical ayurvedic literature. Aggravated doshas vitiating mamsa, getting localized in any body part, produce a local swelling of accumulated mamsa, especially deeper muscles, which are round, fixed, significant, and associated with mild pain in deep-seated roots, increases gradually and never suppurates. Granthi has a predominance of both meda and kapha. It is included among the disorders of vitiation of raktha, mamsa and kapha.

Harita says that blood vessels spout either due to suppression of natural urges or jumping or from an ulcer; in other words, due to

the causes mentioned above, normal circulation is obstructed, and new blood vessels emerge. These newly formed vessels are again blocked, resulting in obstruction in the passage of blood. Due to this obstruction in blood flow, big and thick granthi develops. Madava nidana and Bhavaprakasa following Sushruta include vitiation of raktha and mamsa and say that this protuberance of mamsa spreads very deeply in large areas. Based on its origin from garbhasaya and its surrounding structure, it can be called garbhasaya granthi and correlated with uterine fibroid.⁵

MATERIALS AND METHODS

The study is carried out as per the declaration of Helsinki guidelines.

Case taken on: 3 May 2022

Case Report

The patient aged 42, complained of lower abdomen pain during menses and a few days before the onset of menstruation. The intensity of pain gradually got increased and became more severe after micturition. She has two days of menses, with an interval of 28 to 35 days. The pain is in the lower abdomen, lower back region and thigh. The character of the pain is spasmodic. The pain was continuous for two days. The onset of pain starts during premenstrual and during the first two days of the bleeding phase. The frequency of pain is intermittent spasmodic pain with severe intensity and lasts for two days of the menstrual cycle. There were mild clots present during the first two days of menses. The colour of the bleeding is bright red colour. There was mild white discharge present occasionally. On application of hot bag fomentation, she has gentle relief in symptoms. She took her first line of allopathic medications. She was not satisfied with the medication. For further treatment, she has come to our Prasuti Tantram and Stri Rogam Outpatient department, Sri Jayendra Saraswathi Ayurveda College and Hospital, Chennai, 600123.

History

History of Typhoid fever in 2021

History of chikungunya in 2014

History of renal calculi in 2012

No history of Diabetes Mellitus and Hypertension

Family History

Nothing significant

Present Menstrual History

Age of menarche: 13 years

Last Menstrual Period: June 8, 2021

Number of days of flow: 2 days

Interval between menstrual cycle: 28-35 days

Regularity of cycle: Regular

Clot: small clots are present

Smell: Normal

Colour: bright red colour

No of pads used: day 1- 2 pads, day 2- 2 pads

Pain during menses: present

Location of pain: lower abdomen, back region, hip region.

The character of pain: spasmodic

Duration of pain: 2 days (continuous pain)

The onset of pain: premenstrual (during the luteal phase- last ten days) and during menstruation

Frequency of pain: intermittent

The intensity of pain: severe

Routine work: affected

Marital Status

Married. It is not a consanguineous marriage

Age at marriage: 25 years

Marital life: 19 years

Dyspareunia: not present

Obstetric History

G³ P² L² A¹

P1 – male, 18 years, Full Term Normal Delivery

P2 – female, 15 years, Full Term Normal Delivery

A1- spontaneous abortion at 1.5 months

Any difficulty during pregnancy/ labor/ puerperium- No
Last Childbirth - 2002

Contraceptive History

H/O of tubectomy done in 2002

Personal History

Diet: Mixed

Bowel: Regular

Appetite: Normal

Micturition: 4/3 Day/Night

Sleep: sound sleep for 7 hours

General Examination

1. Built: Moderate

2. Nourishment: Moderate

3. Pulse: 79 beats/min

4. BP: 120/80 mm Hg

5. Temperature: 98.5 °F

6. Respiratory rate: 18 /min

7. Height: 5'9" inch

8. Weight: 60 kg

9. Tongue: uncoated

10. Pallor/Icterus/Cyanosis/Clubbing/Edema/

Lymphadenopathy: Absent

Systemic Examination

CVS: S1 and S2 Normal

CNS: Well-oriented, conscious

RS: normal vesicular breathing, no added sounds

GIT: Inspection: contour - flat, umbilicus centrally placed, palpation: soft, tender, no mass palpated, percussion: tympanic auscultation: normal bowel sounds heard

Breast examination: No tenderness was present on palpation, no discolouration of the skin is present, no lump is palpated, there is no discharge from the nipple, no lymphadenopathy is present

Vaginal Examination: O/E: Lax perineum, P/S examination: polyp seen 1-2 cm in the lateral lip of cervix, cervix healthy, low down, white discharge noted, P/V examination: uterus upright, mobile, bulky, corresponding to the size of 8 -10 weeks of gestation.

Asta Vidha Pariksha

1. Nadi: Vatakapha

2. Mala: Once/day

3. Mutra: 4/3 day/night

4. Jivha: Alipta

5. Shabda: Madhyama

6. Sparsha: Anushna Sheeta

7. Druk: Madhyama

8. Akriti: Madhyama

Dasavidha Pariksha

1. Prakruti: vatakaphaja

2. Vikruti: Rasa, Mamsa and Meda

3. Sara: Madhyama

4. Samhanana: Madhyama

5. Satva: Madhyama

6. Satmya: Sarva rasa satmya

7. Pramana: Madhyama

8. Ahara Shakti - Abhyavara Shakti: Madhyama, Jarana Shakti: Madhyama
9. Vyayama Shakti: Madhyama
10. Vaya: Madhyama

Lab Investigation

15/5/2019	Pap smear- histopathology report Dense inflammatory smear
11/5/2019	USG whole abdomen Multiple fibroid uterus 2.1*1.8 cm fibroid noted in the anterior wall 4.9*4.4 cm fibroid noted in the posterior wall Multiple small follicles are seen in both ovaries.
19/6/2021	USG whole abdomen Bulky uterus with fibroids 9.17*5.9*6.7 cm 4.65*4 cm fibroid noted in the anterior wall 5.33*2.87cm fibroid noted in the posterior wall
23/7/2021	PAP smear Negative for intraepithelial lesion or malignancy Inflammatory smear
4/4/2022	USG whole abdomen The uterus and ovaries appear bulky and measure 11.1x7.2 cm, with normal myometrial and endometrial echoes. A few heterogeneous lesions were noted, the largest measuring 4.4x3.6cm in the right lateral wall and 5.1x4.3 cm lesion in the posterior wall of the uterus. No evidence of any internal vascularity was noted. Impression: Bulky uterus

Samprapthi

Nidana: Mithya ahara (gramya mamsa, abhishyandhi bhojana), Mithya viharas (rathri jagarana, avyayama), Manasika: soka, chintha

Poorva Roopam: avyaktam

Roopam: Pain during premenstrual and first two days of menses, calf muscle pain, lower back pain

Samprapthi: Mithya ahara, vihara, and manasika bhavas bring about agnidusti, leading to the vitiation of tri doshas, especially Apana Vata. These cause rasadhata dusti, resulting in improper nourishment of its upadhatu, i.e., raja and its uttarottara dhatu, i.e., mamsa and medas. Due to Apana Vata dusti, khavaigunyatva is occurring in the yoni. Due to this, there will be mamsa shaithilya causing garbhasayagata granthi.⁶

Samprapthi Gatakas

Dosha: Tridosha with a predominance of vata kapha dosha

Dushya: rasa, raktha, mamsa, medas

Srotas: raktha, mamsa, medas and arthava vaha srotas

Srotodusti: sira granthi

Adhistana: garbhasaya

Sadhyaasadya: Yapyay vyadhi

Differential Diagnosis

Ayurveda: Vataja yoni vyapat, garbhasaya granthi, udavartini, vipluta

Modern: Adenomyosis, uterine fibroid, endometriosis, secondary dysmenorrhea

Final Diagnosis

Ayurveda: Garbhasaya granthi

Modern: Uterine fibroid

Intervention

26/6/2021	Dashamoola kashayam and Varunadi kashayam each 20ml BD with water A/F Kanchanara guggulu 2 BD	15 days	Pain during premenstrual and first two days of menses, calf muscle pain, lower back pain
6/7/2021	Saptasara kashayam 20ml with water Dhanwantara gulika 2TID Kanchanara guggulu 2BD	15 days	Pain is present only in the lower back for one and half days, and abdominal pain is reduced
30/7/21	Saptasara kashayam and dasamoola kashayam each 20 ml with water in Empty stomach Dhanwantara gulika 2TID Kanchanara guggulu 2BD	15 days	The same complaint persists
8/9/2021	Saptasara kashayam and dasamoola kashayam each 20 ml with water in Empty stomach Saddharana choornam 1tsp with the first bolus of food BD		lower back pain present
15/11/2021	Saptasara kashayam and dasamoola kashayam each 20 ml with water in Empty Stomach Tab Hinguvachadi gulika 2BD just before food Sukumara gritham ½ tsp BD in an Empty stomach	1 month	lower back pain persists
1/2/2022	Sukumara gritham 1 tsp BD in an Empty stomach Dhanwantara gulika 2 BD A/F	1 month	Condition improved
14/3/2022	Sukumara gritham 1 tsp BD in an Empty stomach	1 month	Patient feels better

Conservative Management

As the garbhasaya granthi is predominant in vata and kapha, vatakapha hara chikitsa is done. The medicine administered first is dashamoola kashayam and varunadi kashayam. Dasamoola kashayam is given to regulate sarva doshajith and for kaphavata samanam. It is used in kati shoalam and trika shoalam and can be given in vidbandam.

Varunadi kashayam is given to regulate kapha, medas, agni mandyam, and gulma. It is kaphavata hara.

Then Kanchanara guggulu is given for granthi and gulma. It is used for kapha alleviation. As kapha moves deeper within the system, it may manifest as swollen lymph nodes, cysts or growth. Powerful ingredients like kanchanara, triphala, and trikatu are mixed with guggulu, which helps to increase the agni and prevent further kapha vitiation.

In the subsequent follow-up, saptasara kashayam and dasamoola kashayam is given.

Saptasara kashayam is given for vata anulomana, vitvibandha, agnimandya, yonisoola, kukshi prushta soola, sroni soola, udara,

gulma. Dasamoola kashayam was given along with it to regularize kaphavata.

Further follow-up was given, Tab Hinguvachadi gulika, sukumara gritham, and dhanwantara gulika. tab hinguvachadi gulika is given for hritparswasoola, vastitrikayonipayu soola, kruchrasadhya gulma, and vatavitmootra sanga. Annaasradha and agnisada.

Sukumara gritham was given for kanthi lavanya pushtidam, gulma, yonirogam, vatarogam, malabandam.

OBSERVATION

According to Ayurveda, granthi vyadhi can be managed by the principle of Samprapti vighatana (to break the pathogenesis). Formation of ama and accumulation of vitiated kapha dosha block the movement of apana vata in a susceptible individual when kha vaigunyam occurs in garbhasaya. It leads to vitiation of mamsa dhatu leading to granthi formation. Vatakapha dominating tridosha are involved in the pathogenesis of granthi. Hence vata kapha hara chikitsa may be administered. Tikshna, ushna, lekshana, chedana, and srotoshodana dravya can reduce uterine fibroid symptoms and size.

Pathya

- Consuming proper foods like purana gritham, shali rice, yava, mudga, patola, ruksha, katu and deepana dravyas, guggulu and shilajatu.
- Pathya is mentioned in yoni rogam like yava-annam, abhaya aristam, pippali, lasuna, and amalaki.
- Viharas like exercise like Jogging, yoga etc.
- Sleeping at the right time
- Do meditation.

Apathya

- Kapha medo vardhaka like mamsa bhojana, junk food.
- Srotoavarodha ahara like abhishyandhi bhojana, guru Bhojana.
- The meat of an aquatic animal is sweet, sour, heavy, and moisture-producing. Processed foods like cheese, pizza, microwave dinner,
- Foods with ingredients added for flavour and texture, like sweeteners and spices.
- Colours and preservatives like sauce, jam, yoghurt, juices etc.⁵

RESULTS

Present Menstrual History

Number of days of flow: 2 days

The interval between menstrual cycles: is 25-27 days

Regularity of cycle: Regular

Clot: not present

Smell: Normal

Colour: bright red colour

No of pads used: day 1: 1-3 pads, Day 2: 2-3 pads

Pain during menses: present

Location of pain: lower back pain during the first day of the cycle.

The character of pain: dull aching pain

Duration of pain: first few hours after the onset of menses.

The onset of pain: gradual

Frequency of pain: mild

The intensity of pain: less intense

Discharge: white discharge is seen occasionally

Inter menstrual bleeding: absent

DISCUSSION

The congestive variety may be due to associated pelvic congestion or endometriosis. Spasmodic type is associated with the extrusion of the polyp and its expulsion from the uterine cavity.

Drug therapy has established a firm place in the management of symptomatic fibroids. The drugs are used either as temporary palliation or may be used, in rare cases, as an alternative to surgery.⁷

Medical treatments are Gonadotropin-releasing hormone analogues, progesterone antagonists, and aromatase inhibitors. Surgical treatment, such as hysterectomy, laparoscopic myomectomy, or hysterectomy, should be done.

Based on pathogenesis, sign and symptoms of uterine fibroid, they have correlated it with mamsaja granthi mentioned in Sushruta Samhita.⁵

Acharya Charaka⁸ and Acharya Vagbhata⁹ has considered granthi as mamsapradoshaja vyadhi.

As per the Ayurveda perspective, granthi is vata kaphaja in origin. Vata dosha is responsible for the faulty division of cells, and kapha dosha for their growth/proliferation. Thus, vitiated vata dosha and kapha dosha (dosha vaishamyawastha) result in tumour formation (benign tumour). Muscular tissue is the most common dhatu affected by the tumour. The benign tumour of muscular origin is a slow-growing tumour caused mainly by kapha dosha entering mamsa vaha srotas and thus vitiating mamsa dhatu. Granthi vyadhi can be managed according to the samprapti vighatana (to break the pathogenesis). Vatakapha dominating tridosha are involved in the pathogenesis of granthi. Hence vatakapha hara chikitsa may be administered. Tikshna, ushna, lekshana, chedana, and srotoshodana dravya can reduce uterine fibroid symptoms and size.⁵

Acharya Charaka has provided effective management for granthi as samana, sodhana chikitsa, rasayana chikitsa, satvavajaya chikitsa (counselling and therapy), yoga and pranayama.¹⁰

Keeping this in mind, the garbhasaya granthi can be treated with tikshna, ushna, lekshana, chedana, srotoshodana dravya and samana sodhana chikitsa, rasayana chikitsa.

CONCLUSION

The present study shows a significant reduction in pain in the lower abdomen and thigh region with the above-mentioned oral medications, which helped treat the patient with uterine fibroid.

This case illustrates that Ayurvedic medications not only help in reducing pain but also help in avoiding complications. Treatment of fibroid depends upon the fibroid's age, size and location. Hence careful observation has to be made before treatment.

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