



Case Study

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AYURVEDIC MANAGEMENT OF FIBROID: A CASE STUDY

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ABSTRACT

Introduction: Uterine fibroids (leiomyoma) are benign neoplasms that arise from uterine smooth muscle. It produces menorrhagia, dysmenorrhea, dyspareunia, infertility, and pressure symptoms secondary to mass compression. Material and Methods: This is a single case study of a 48-years-old multiparous female patient who came with complaints of painful menstruation during the 2nd and 3rd day of the cycle and pain radiating to both lower limbs for ten years. The patient was diagnosed with a uterine fibroid based on USG findings. She was treated with Kala Basti, 9 Anuvasana Basti with Dhanwantara taila and 6 Niruha basti with Erandamooladi kashaya. The main aim of the treatment is to cure or minimize the pain during the menstruation cycle and to stop fibroid from growing. Result: After two follow-ups, the patient got mild relief from painful menstruation during 2nd and 3rd day. She also got relief from pain radiating to both lower limbs.

Keywords: uterine fibroid, kala Basti, Abdominal pain, Garbhashaya gatagranthi.

INTRODUCTION

Fibromyomas (leiomyomas, fibroids or simply myomas) are generally benign uterine neoplasms commonly encountered in gynaecological practice (5–20% of women in the reproductive age group)¹. Historically, this tumour is composed of smooth muscle and fibrous connective tissue. It has been estimated that at least 20% of women at the age of 30 have got fibroid in their wombs. Fortunately, most of them (50%) remain asymptomatic. The incidence of symptomatic fibroid in hospital outpatients is about 3%. A high incidence of 10% prevails in England. In Coloured races (black women), the incidence is even higher. There is more common in nulliparous or those having one child infertility. The prevalence is higher between 35 to 45 years². Each myoma is derived from smooth muscle cells that rest from vessel walls or uterine musculature. Although oestrogen, progesterone growth hormone and possibly human placental lactogen have been implicated in the growth of myomas, the evidence in support of oestrogen and progesterone dependence for their growth is impressive:

- Myomas are rarely found before puberty and generally cease to grow after menopause.
- New myomas rarely appear after menopause.
- The association of fibroids in women with hyperestrogenism is evidenced by endometrial hyperplasia, abnormal uterine bleeding and endometrial carcinoma.

- Myomas are known to increase in size during pregnancy and with oral contraceptives and shrink after delivery.
- Treatment with mifepristone to shrink the fibroid proves that progesterone, like oestrogen, is responsible for the growth of the fibroid. GnRH also shrinks the fibroma.
- Less common in smokers because of associated hyperestrogenism³.

As mentioned in Ayurvedic texts, Fibroids can be co-related to the “Granthi”. A knotty raised elevation which is nodular or glandular rough swelling, like the kernel of Amalaki (*Emblica officinalis*) fruit, is termed as Granthi⁴. The pathogenesis of Granthi propounded as vitiated vatadi dosas, vitiates mamsa, rakta and medas mixed with kapha produce rounded, raised, knotty and hard swelling. Vata and kapha dominating tridoshas are involved in the pathogenesis of the granthi roga; hence vata-kaphahara medications are required; Dushyas are rakta, mamsa, and meda. Therefore, the medications should possess raktashodhaka (blood purifier), lekhanas (scrapping or dissolving), srotoshodhana, and shothahara (anti-inflammatory) properties.

Patient Consent: The present case study followed good clinical practice guidelines, studies on Fibroids, and Ayurveda textual references. Written informed consent from the patient was taken before starting the treatment. A detailed patient history, all necessary clinical and physical examinations, and laboratory investigations were carried out.

Case Report

A 48-years-old multiparous woman came to OPD of Prasuti Tantra Evam Stri Roga at Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarethpet, Chennai-600123 on 4/04/2022 with complaints of painful menstruation during 2nd and 3rd day of the cycle, radiating to both lower limbs for ten years. The patient was normal before ten years. Gradually she developed cyclical pain during the period, hindering her from doing normal activity during the 2nd and 3rd days of the cycle. The patient also has a known case of gastritis which has been on and off during the past ten years. On 8/4/2022, her USG finding revealed an ill-defined heterogeneous lesion of size 2.3* 2.4 cm noted in the fundus of the uterus, fibroid uterus with heterogeneous myometrium present. Due to increased pain on the 2nd and 3rd day of the menstrual cycle, the patient was admitted on 11/4/2022 to IP Block for further treatment. On general

examination, vital signs were normal. Her weight was 63 kg. Menstrual history: Age of menarche 14 Years, LMP 30/3/2022, Duration 5-6 days/28-30 days Regular cycle, moderate flow, clots present dark red, dysmenorrhea (spasmodic pain) on 2nd and 3rd day and pain radiating to both lower limbs. Obstetric history: G2P2L2Ao P1 female 23 Years back LSCS, P2 Male 21 years back LSCS. P/V Examination - Uterus is anteverted, parous size, fornix is free and non-tender. P/S Examination - Cervix is hypertrophy, congestion present, cervical erosion present ++, discharge +.

Intervention

Shodhana Chikitsa on 11/4/2022
Kala Basti 15 9 Anuvasan Basti and 6 Niruha Basti
Niruha Basti - Eranda Moola niruha Basti
Matra Basti- Dhanwantara taila 50 ml

Table 1: Follow-up

4/4/2022	Painful menstruation during the 2nd and 3rd day of the cycle and pain radiating to both lower limbs.	LMP 30/3/2022	Chandraprabha vati, 1-0-1 after food with lukewarm water Musali khadiradi kashaya, 20 ml-0-20 ml with 40 ml water. Empty stomach Ashokarishta, 20 ml-0-20 ml with 40 ml water after food Dhanwantaram gutika, 2-0-2 with lukewarm water after cervical food erosion treated accordingly. For seven days
11/4/2022	Mild relief in painful menstruation during 2nd and 3rd days of the cycle.	LMP 30/3/2022	Planned for admission. Kala basti Niruh Basti - Eranda Moola niruha Basti Matra Basti- Dhanwantara taila 50 ml
19/4/2022	Mild lower abdominal pain during menstruation and relief in pain radiating to both lower limbs	LMP 30/4/2022	On discharge Saptasara Kashaya, 20 ml-0-20 ml with 20 ml water empty stomach Chandra prabha vati, 1-0-1 after food Ashokarishta, 20 ml-0-20 ml with 20 ml of water after food Triphala guggulu, 2-0-2 after food
9/5/2022	Pain in lower abdomen three days before periods and mild on 2 nd and 3 rd day	27/4/2022	Chitrakagranthikadi Kashaya, 20 ml-0-20 ml with 40 ml water empty stomach Sukumara ghrita ½ TSF twice with kashaya Dhanwantaram gulika 1-1-1 after food

DISCUSSION

Looking into the pathogenesis of uterine fibroid, it becomes clear that Ayurvedic treatment having the properties of lekhana, ropana, shodhana, srotoshodhana, and vatakaphaghna can effectively manage this disease. Shodhana chikitsa, like Basti, has a very miraculous effect on menstrual pain.

Shaman chikitsa - Chandraprabha vati drugs act mainly on pitta and vata doshas. Shilajatu mainly acts as rasayana dravya, where guggulu is tikta-katu rasa, ushna veerya, katu vipaka, tridosahara prabhava⁵ and primarily works as a vatashamaka. Also, it works vedanasthapana and vranashodhana-ropana. Chandraprabha vati is indicated in mutraghat vikara, but also it has a sarvarogapranashini and rasayana property, so it works on granthiroga.

Saptasarakashay drugs have the properties of vatashamana⁶.

Chitrakagranthikadi kashaya: This kashayam has the properties of srotoshodana, vatanulomaka, chedana, lekhana and deepana and kaphavatahara, shooldprashaman.⁷

Shodhan Chikitsa: In basti chikitsa, the medicine prepared is administered through the rectal canal. It has the action up to the nabhi pradesa, kati, parsva, and kuksi. Basti churns the accumulated dosha, and purisa (morbid humour and faecal matter) spreads the unctuousness (potency of the drugs) all over

the body and easily comes out along with the churned purisa and dosha. Basti chikitsa makes the vitiated apana vata move in a downward direction. Basti is desirable for increased dosas having a predominance of vata⁸. At the same time, basti, by suppressing vata, restore the disturbed kapha and pitta at their original seats. Here we gave niruha basti with Eranda mooladi kwath and matra basti with Dhanwantara taila 50 ml.

Eranda mooladi kashaya has the properties of deepana and lekhana and acts as maruta nigraha (controls vata). Erandamoola is said to be an agrya vatahar dravya⁹ and Eranda is the main content of it. Erandmooladi kashaya drugs have ushna veerya and are vatakaphahara in nature. Drugs also possess ushna, teekshna and sukshma guna (qualities), which help eliminate obstruction of srotas (channels), which further helps in the formation of prakrita dhatu. It is also indicated in the kaphavrita condition, which significantly pacifies the kapha dosha¹⁰.

Dhanwantara tail drugs have the properties of vatahar¹¹.

CONCLUSION

Uterine fibroid is analogous to garbhashyagata (intra-uterine) and granthi (encapsulated growth). Vata and kapha dominating tridoshas are involved in the pathogenesis of the granthi roga. From this case study, we can say that the basti and shamana aushadhi are highly recommended and effective methods to reduce pain during mensuration and stop fibroids from growing.

REFERENCES

1. Howkins and Bourne Shaw's Textbook of Gynaecology edited by VG Padubidri and SN. Daftary, Published by Reed Elsevier India Private Limited; India: 2015. p. 391
2. DC Dutta's Textbook of Gynaecology, edited by Hiralal Konar, Published by Jaypee Brothers Medical New delhi:2013. P 272.
3. Howkins and Bourne Shaw's Textbook of Gynaecology edited by VG Padubidri and SN. Daftary, Published by Reed Elsevier India Private Limited; India: 2015. p. 392.
4. Hemalatha Kapoorchand's Textbook of Comprehensive Treatise on Stri Roga Gynaecology. Published by Chaukhamba, Varanasi: 2018. P 425,426.
5. Bhaishajya Ratnavali of Govinda Dasji Bhisagratna, Commented upon Vaidya Shri Ambika Datta Shastri, English translation by Dr Kanjiv Lochan, Volume 2. Published by Chaukhamba Sanskrit Bhawan, Varanasi; 2008. 37/102-110, P 521.
6. R.vidyanath's of Sahasrayogam. Published by Chaukhamba Sanskrit Series Office, Varanasi, 2008. P 33.
7. Srikanta Murthy. Vagbhata Ashtanga Hridaya. Published by Chaukhamba Krishna Academy, Varanasi; 2014. Vol 2: p 409.
8. Srikanta Murthy. Vagbhata Ashtanga Hridaya. Published by Chaukhamba Krishna Academy, Varanasi; 2014. Vol 1: p 238
9. Charaka Samhita by R.K. Sharma, Bhagwan Dash. Published by Chaukhamba Sanskrit Pratisthan, Varanasi: 2013. Vol 1: p 429.
10. Charaka Samhita by R.K. Sharma, Bhagwan Dash. Published by Chaukhamba Sanskrit Pratisthan, Varanasi: 2013. Vol 6: p 410.
11. Srikanta Murthy. Vagbhata Ashtanga Hridaya. Published by Chaukhamba Krishna Academy, Varanasi: 2014. Vol 1: p 387

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