



Case Study

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ROLE OF BASTI IN THE MANAGEMENT OF GARBHASHYAGATA ARBUDA WITH SPECIAL REFERENCE TO UTERINE FIBROID: A CASE STUDY

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ABSTRACT

Fibroids are the most common abnormal growth which develops in or on the uterus. They are also called as leiomyomas or myomas, which are common in childbearing age, generally between 30's and 40's. 70 to 80% of women will develop them in their lifetime. Most of the cases are symptomless. At the same time, some may present with symptoms like heavy or prolonged bleeding, pelvic pain and pressure, bleeding between periods, pain during intercourse, low backache, etc. In the present case study, a 47-year-old female came to OPD with complaints of heavy menstrual bleeding. On USG examination, she was having uterine fibroids with focal adenomyosis. She was treated with *yog basti* along with internal medications, which were found beneficial. USG was repeated after the procedure, which showed no uterine fibroids.

Keywords: *Garbhashyagata Arbuda*, Uterine fibroid, Myomas, *Yoni vyapad*, *Mamsavridhi*, *Artavadusti*.

INTRODUCTION

The cases of the uterine fibroid are increasing day by day and many are being diagnosed accidentally during ultrasound screening. It is one of the most common causes of hysterectomy, accounting for one-third of all hysterectomies or about 2,00,000 hysterectomies yearly.^{1,2}

The exact cause of fibroid is unknown. Chromosomal abnormality and various polypeptide growth factors such as epidermal growth factor, insulin-like growth factor, estrogen, and progesterone are involved in growth.³ Based on their location, fibroids are classified as intramural, sub-mucus and sub-serous. Menstrual abnormalities like menorrhagia, menometrorrhagia, congestive dysmenorrhea, etc., are common with sub-mucus fibroid and pressure symptoms like increased frequency, acute retention of urine, low backache and constipation are common with subserous fibroid. As the myoma causes pressure on the nearby structure, the movement of *Vata* (structures representing *Vata* in the pelvic region) gets obstructed. All these symptoms are due to *vata* vitiation as the *vega* (urges) are managed by *Vata*.

Asymptomatic fibroids are mostly intramural. The reason for being asymptomatic is the slow growth of fibroid due to *manda guna* of *Kapha dosha*. Asymptomatic growth of myometrium is due to *prakupit Kapha dosha* (leading to *mamsa vridhi*).⁴

Based on the *samprapti vighatana* of *garbhashyagata arbuda*, an *Ayurvedic* approach is tried to manage *garbhashyagata arbuda*. This case study aims to cure menstrual abnormalities, pressure symptoms and other long-term effects in later life. The treatment plan was *yog basti* with *Dasmool taila* and *Dasmool kwatha*,

along with internal medications like *Kachnara guggula*, *Kumaryasava*, *Ashokarista*, and *Patrangasav*.

Probable Samprapti

In *Ayurveda*, the pathology is said to be started when the vitiated *dosha* with various *gunas* interacts with *dushyas*, causing dysfunction within the structures and producing symptoms of the disease.⁵

The risk factors like obesity, high-fat diet, increased BMI (body mass index) and high estrogenic state suggest an association of *prakupita Kapha* dominated with *guru*⁶, *manda*⁷ and *snigdha*⁸ *guna*, which causes *dusti* of *rasa dhatu*, which is the precursor of *artava* hence leads to *artava dusti*.⁹

Ras dhatu is transferred to *artava* by *rasdhatwagni* with the help of *Samana Vayu*¹⁰. Due to *Samana Vayu* dysfunction, this transformation is affected, leading to the formation of *dusta artava*, which alters ovulation and steroidogenesis. *Garbhashya* is the *mulasthan* of *artavavaha srotas*¹¹. Hence, hypertrophy of smooth muscles of the uterus occurs due to *artavadusti*, leading to the formation of uterine fibroids.

Case Report

A 47-year-old married female approached the Prasuti tantra and Stree Roga OPD of the Institute for Ayurveda studies and Research, Kurukshetra, Haryana, India, with complaints of heavy menstrual bleeding associated with white discharge per vagina and inability to do any work for 8 months. The patient looked anxious and pale. Her cycle was reduced to 18-20 days and the

bleeding phase was prolonged to 10-12 days. She was advised for USG by an allopathic doctor.

Her USG reports showed a bulky uterus measuring 9.5*4.5*5.5 cm, fibroids of size 10*7mm and 20*11 mm in the anterior wall with focal adenomyosis and a small polyp in the endometrial cavity. She was taking allopathic medications for 4 months but

Menstrual History

Age of menarche- 15 years.
 L.M.P- 19/10/2022
 Length of cycle- 18-20 days.
 Days of bleeding- 10-12 days.
 No. of pads/day- 6-8 pads/day.
 Colour- blackish.
 Pain- present (moderate).
 Clots – present
 Associated complaints- pain in lower abdomen with general malaise.
 Marital length- married for 25 years.
 Family history- her mother has been hypertensive and diabetic for 12 years.

Obstetric History

P2L2, both were FTNVD (full-term normal vaginal delivery). Both pregnancies were uneventful, with normal puerperium. Her last childbirth was 18 years ago.

Personal History

Bowel - Regular and clear
 Bladder - No burning micturition, no polyuria.
 Appetite - Adequate.
 Sleep - Sound

Clinical Findings

Built - Medium
 Weight - 67 kg

got no relief. Now, she was advised for a hysterectomy, but the patient was not willing for an operation. She came to an *Ayurvedic* hospital for further management on 29/10/2022.

The study was carried out per the International Conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP).

Height – 5 feet
 Pulse rate - 72/m.
 Blood pressure - 110/70 mmHg.
 Respiratory rate - 14/ min.
 Temperature - 97.2 °C
 P/A (Per abdomen) - Soft, tender iliac region.
 P/S (Per speculum) - White-coloured, odourless discharge was present, and the cervix was hypertrophied (mild).
 P/V (Per vagina) - Uterus AV (anteverted), average in size, freely movable bilateral fornices.

Table 1: Astvidha Pareeksha

<i>Nadi</i>	72/min
<i>Mala</i>	<i>Abadhh mala</i>
<i>Mutra</i>	<i>Prakruta</i>
<i>Jihva</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Prakrut</i>
<i>Sparsha</i>	<i>Anushna sheeta</i>
<i>Drik</i>	<i>Prakrut</i>
<i>Aakruti</i>	<i>Madhyam</i>

Other Investigations

Hb - 9.8 mg/dl.
 ESR - 3 mm/1st hour.
 Blood sugar fasting - 99 mg/dl.

Treatment Given

Yog basti with *Dasmoola taila* and *Dasmoola kwatha* was given for 8 days for 3 consecutive months.

Table 2: The sequence of basti

Day	<i>Basti type</i>	<i>Basti dravya</i>	Dose
1	<i>Anuvasan basti</i>	<i>Dasmoola taila</i>	120 ml
2	<i>Anuvasan basti</i>	<i>Dasmoola taila</i>	120 ml
3	<i>Niruha basti</i>	<i>Dasmoola kwatha</i>	450 ml
4	<i>Anuvasan basti</i>	<i>Dasmoola taila</i>	120 ml
5	<i>Niruha basti</i>	<i>Dasmoola kwatha</i>	450 ml
6	<i>Anuvasan basti</i>	<i>Dasmoola taila</i>	120 ml
7	<i>Niruha basti</i>	<i>Dasmoola kwatha</i>	450 ml
8	<i>Anuvasan basti</i>	<i>Dasmoola taila</i>	120 ml

Oral medications for 3 months

Kanchnara guggulu 2 tablets twice a day chewed with *anupana* of *jala*.
Kumaryasava + *Ashokarista* (15 ml + 15 ml) with equal water twice daily after meal.
Patrangasava 20 ml + 40 ml water twice a day after meal.

RESULT AND DISCUSSION

Nowadays, the management of uterine fibroid is undergoing a significant evolution, which focuses on the patient's quality of life. The patient reports psychological stress, negative body image, helplessness in dealing with the diagnosis and treatment options, effects on sexuality and a lack of support.

As per *Ayurveda*, uterine fibroid can be considered as *garbhasayagata granthi* (an encapsulated growth). Here, in this case, the patient opted for *Ayurvedic* treatment instead of hysterectomy, which is based on the principle of *karyakaranabhava* (cause and effect theory), which means when the effect is treated, the causative factors, i.e. symptoms reduced side by side. It is observed that the symptoms decreased by 3 cycles of *yog basti* along with internal medications.

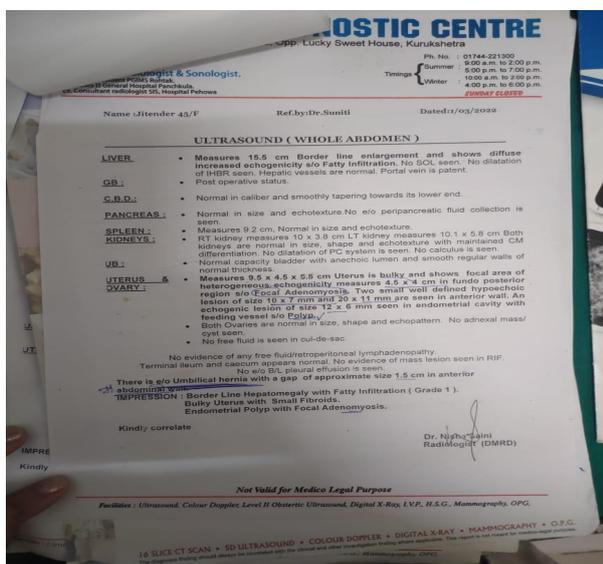
Treatment of *Garbhasayagata arbuda* should be aimed at *Agni vardhak* and *Vatanulomana* and *sthoulaya nashaka* because, in the case of *granthi mandagani*, is the root cause along with *Vata Kapha dosha* vitiation. *Deepana dravyas* can also be given along with *Vatakaphahar* and *lekhana chedana* drugs. A brief discussion of drugs administered in this study is,

Kachnara Guggulu: It is a classical formulation where *Kanchnara* [*Bauhinia variegata*], *Triphala* [combination of *Terminalia chebula*, *Terminalia bellirica* and *Emblica officinalis*] and *Trikatu* [*Zingiber officinale*, *Piper nigrum* and *Piper longum*] are mixed with *Guggula*. This combination eliminates the deep-seated *Kapha* and toxins, decreasing inflammation and further extra growth of the *granthi*. It is anti-inflammatory and useful in cysts, syphilis, fistula, ulcers and extra growth.

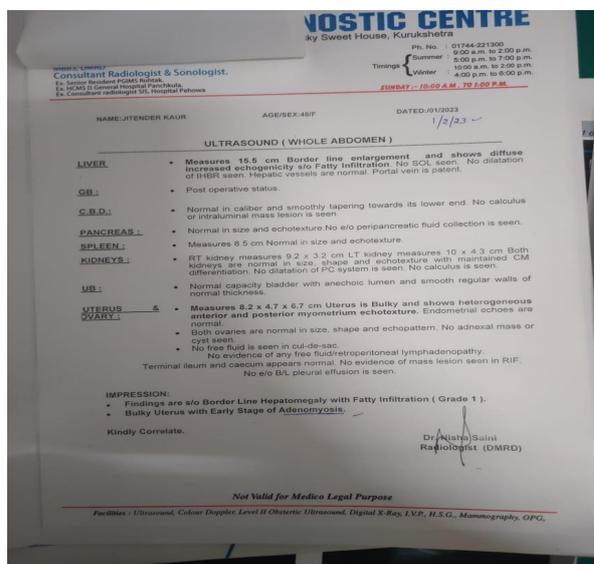
Kumaryasava: It is a combination of drugs like *Aloe barbadensis*, *Terminalia chebula*, *Ricinus communis*, *Myristica fragrans*, *Syzygium aromaticum*, *Woodfordia fruticosa*, *Piper cubeba* and *Nordostachys jatamansi* which are helpful in all female disorders. It improves the menstrual flow and regulates regular cycles.

Ashokarista: Its key ingredients are *Ashoka*, *Dhatki*, *Musta*, *Haritaki*, *Amalaki*, etc. *Ashoka* has anti-inflammatory properties. *Dhatki* is having healing *guna's*. *Haritaki* and *Amalaki* have immune modulatory properties. It is a haemostatic, anti-secretory and blood purifier, helpful in scanty menstruation, *yoniroga*, *yoniruja*, *swetpradar* and uterine bleeding disorders.

Patrangasava: This is a classical *Ayurvedic* formulation given in *Bhaisajya ratnavali*, which is helpful in heavy menstruation and leucorrhoea. It corrects the hormone balance, improves Hb level, and has astringent properties. It contains *Patraga* [*Caesalpinia sappan*], *Khadira* [*Acacia catechu*], *Semal* [*Bombax malabaricum*] *Chirayta* [*Swertia chirata*], *Bilva* [*Aegle maemelos*] and *Munakka* [*Vitis vinifera*] etc.



Before treatment: USG report



After treatment: USG Report

CONCLUSION

Uterine fibroids result in various menstrual problems like dysmenorrhea, menorrhagia and irregular periods. Surgical intervention is not the only management of uterine fibroids. Nowadays, the time focuses on enhancing the patient's quality of life.

Our ancient *acharyas* have illustrated the importance of *dincharya*, *ritucharya* and the role of *ahara* and *vihar* in managing uterine growth. *Kapha* and *medo vardhak* food should be avoided.

This study shows that through *Ayurveda*, medical management of uterine fibroid is also possible, which relieves symptoms, increases the quality of life of the patient, and avoids further complications.

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