

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

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### **ABSTRACT:**

Uterine fibroids are a major cause of morbidity in women of a reproductive age (and sometimes even after menopause). There are several factors that are attributed to underlie the development and incidence of these common tumors, but this further corroborates their relatively unknown etiology. The most likely presentation of fibroids is by their effect on the woman's menstrual cycle or pelvic pressure symptoms. Leiomyosarcoma is a very rare entity that should be suspected in postmenopausal women with fibroid growth (and no concurrent hormone replacement therapy). The gold standard diagnostic modality for uterine fibroids appears to be gray-scale ultrasonography, with magnetic resonance imaging being a close second option in complex clinical circumstances. The management of uterine fibroids can be approached medically, surgically, and even by minimal access techniques. The recent introduction of selective progesterone receptor modulators (SPRMs) and aromatase inhibitors has added more armamentarium to the medical options of treatment. More definite surgery in the form of hysterectomy can be performed via the minimal access or open route methods. This article seeks to review the already established uterine fibroids; these are smooth muscle cells in the uterine wall. They are common gynecological tumors in women of reproductive age,. This study present a

case of 40-year-old female with painful heavy menstrual bleeding and backache with a clinical diagnosis of uterine fibroids..

**KEYWORDS:** uterine fibroid, gynecological tumors, reproductive age

## **INTRODUCTION:**

Uterine fibroids are the commonest benign gynecological tumors arising from the smooth muscle cells.<sup>[1,2]</sup> They are usually firm, well demarcated whorled tumours and have been found to occur in 70-80% of women<sup>1</sup> before or by the onset of menopause. The prevalence increases with age, and although it has been reported rarely in adolescents, the exact aetiology of a leiomyoma is not clearly understood. A number of risk factors have been implicated. In adolescents, it is hypothesised that ovarian activation, genetic characteristics, prenatal hormone exposure, growth factors could predispose to the development of leiomyomata. The presentation and clinical features of uterine fibroids depends on the size and location. Among the women diagnosed with leiomyoma the majority will be asymptomatic and will not require treatment. However, in symptomatic cases, abnormal uterine bleeding is the most frequent complaint, the commonest of which is heavy menstrual bleeding. Other symptoms include; abdominal pain, dysmenorrhoea, spontaneous miscarriage and infertility<sup>2</sup>.

Uterine myomas have been classified according to their general uterine position: sub mucous, intramural, and sub serosal. In sub mucous fibroids are located within the wall of the uterus and are the most common type; unless they may be asymptomatic. Though the exact cause of intramural fibroids is unknown, it is believed that fibroids develop from an abnormal muscle cell in the middle layer of the uterine wall. It rapidly multiplies and forms a tumor being influenced by estrogen.<sup>4</sup> Traditionally myomas have been the leading cause for hysterectomy, making this surgery the third most common surgical intervention worldwide. 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 progestin or danazol block estrogen to treat fibroids. Uterine fibroid embolization (UFE) gonadotrophin-

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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>5</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 Samprapti Vighatana (to break the pathogenesis). <sup>6</sup>

## **CASE STUDY**

A 40year old female patient home maker, reported to the outpatient department of prasutitantra and strirog (Dhanwantari hospital) on 10/5/2021 with complaints of low back ache, fatigue and painful heavy menstrual bleeding since 1year(7 to 8days) during each menstrual cycle. She was gravid 2(1=Female FTND 20yrs, 2=Male LSCS 16yrs) was non vegetarian,

M/H- 7-8 days/30 days with backache, abdominal pain, bleeding (5 -6 pads/day) & had a less active lifestyle. She was diagnosed with Uterine Fibroid on ultrasound, No other systemic complaints

## **CLINICAL FINDINGS**

### **General examination (Rogi Pariksha)**

O/E- P- 78/min

S/E – RS- AEBE clear

BP- 110/80 mm of Hg

CVS- S1 S2 normal

T- 97.2 F

CNS- conscious and oriented

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P/A- Soft,Non Tender

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

## INVESTIGATION

Ultrasound scan of Abdomen & Pelvis revealed that uterus was anteverted and bulky in size measuring 89\*53\*39mm and showed a small sub serosal anterior wall fibroid measuring 29\*22mm. Hemoglobin- 9.3gm%, ESR- 10mm/dl

Garbhashyagata (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) , Rajodosha (menstrual disorders), granthi (tumors) and the clinical experience the line of treatment formulated from medicines available at OPD. She was advised the following medicines initially for a period of 3months to observe changes in the menstrual cycle (Table 1).

The treatment was scheduled for 3months with a follow up on every menstrual cycle.

**Table 1 Therapeutic interventions**

Sr.no	Medicine	Dosage	Time of administration
1	Kanchanar Guggual	1 Tb BD for 3 Months	After food
2	Tb.Freestroll	1 Tb BD for 3 Months	After food
3	Ushir +Vasa+Rakata chandani	2.5 Gms with water BD During menses for 3 Cycles	After food

**Table 2 Changes in subjective and objective criteria before and after treatment**


**2.1 Subjective Criteria –**

	<b>Before treatment 10/05/2021</b>	<b>After one Month 11/06/2021</b>	<b>After two Months 11/07/2021</b>	<b>After Three Months 12/08/2021</b>	<b>After Four Months 12/09/2021</b>
<b>Menorrhagia</b>	+++	++	++	+	-
<b>Fatigue</b>	+++	++	+	+	-
<b>Backache</b>	++	+	+	-	-

**2.2 Objective Criteria**

<b>Size of uterus</b>	<b>Before treatment</b>	<b>After treatment</b>
<b>Size of the fibroid in Ultrasound scan</b>	<b>29*22mm</b>	<b>14*4mm</b>
<b>Timeline</b>	<b>25<sup>th</sup> May 2021</b>	<b>22<sup>nd</sup> Sept 2021</b>

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3D / 4D | Ultrasonography | Color Doppler | Echocardiography | Digital X-ray | Laboratory

Patient Name	██████████	Age/Sex	40 Yrs./F
Ref. By	Dr. RADHA PHADNIS	Date	25-MAY - 2021

**USG ABDOMEN AND PELVIS**

**LIVER** : It is normal in size and echopattern. No any focal lesion seen. Intrahepatic biliary radical are not dilated. Portal vein is normal in caliber and shows normal wall thickness. CBD is normal. Hepatic veins are normal.

**GALL BLADER** : It is well distended and shows normal wall thickness. No sludge /calculus. No pericholecystic collection seen.

**SPLEEN** : It is normal in size & echopattern. No focal lesion seen.

**PANCREAS** : It is normal in size, shape and echopattern. Pancreatic duct is normal.

**KIDNEYS** : Both kidneys are normal in size, shape and contours. Cortico-medullary Differentiation is normal. No Calculus / hydronephrosis on either side.

**U. BLADDER** : It is well distended. Wall thickness is normal. No diverticuli or trabeculations seen.

**uterus** : it is anteverted in position . uterus appears bulky in size measuring about 89x53x39 mm. ET 9mm.uterus shows small anterior wall subserosal fibroid measuring about 29x22mm. no e/o calcification over

**BOTH OVARIES**: are normal in size and shape and shows follicles.

No adnexal mass seen. No ascites. Bowel loops are normal in caliber. RIF is clear


**IMPRESSION** : bulky uterus with fibroid

Clinical Correlation

Dr. Amruta S. Kabade  
M.B.B.S., D.M./R.E.  
Consulting Radiologist

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मात्र हॉस्पिटलच्या मागे. श्री गणेश दातांचा दवाखान्याच्या खाली. आष्टा-इस्लामपूर रोड. आष्टा. 02342 - 242212



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3D / 4D | Ultrasonography | Color Doppler | Echocardiography | Digital X-ray | Laboratory

Patient Name	██████████	Age/Sex	40 Yrs./F
Ref. By	Dr. RADHA PHADNIS	Date	22-sept - 2021

**USG ABDOMEN AND PELVIS**

**LIVER** : It is normal in size and echopattern. No any focal lesion seen. Intrahepatic biliary radical are not dilated. Portal vein is normal in caliber and shows normal wall thickness. CBD is normal. Hepatic veins are normal.

**GALL BLADER** : It is well distended and shows normal wall thickness. No sludge /calculus. No pericholecystic collection seen.

**SPLEEN** : It is normal in size & echopattern. No focal lesion seen.

**PANCREAS** : It is normal in size, shape and echopattern. Pancreatic duct is normal.

**KIDNEYS** : Both kidneys are normal in size, shape and contours. Cortico-medullary Differentiation is normal. No Calculus / hydronephrosis on either side.

**U. BLADDER** : It is well distended. Wall thickness is normal. No diverticuli or trabeculations seen.

**uterus** : it is anteverted in position . uterus appears bulky in size measuring about 80x51x39 mm. ET 9mm.uterus shows small anterior wall subserosal fibroid measuring about 12mm. no e/o calcification over . size of fibroid is reduced slightly than previous sacn

**BOTH OVARIES**: are normal in size and shape and shows follicles.

No adnexal mass seen. No ascites. Bowel loops are normal in caliber. RIF is clear

**IMPRESSION** : bulky uterus with fibroid

Clinical Correlation

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**Assesment criteria**

Description	Mild (+)	Moderate (++)	Sever (+++)
<b>1.Menorrhagia duration with pad /day</b>	<b>3-5 day 1-3pad/day</b>	<b>6-7 day 3-4 pad /day</b>	<b>7-8 day 5-7 pad/day</b>
<b>2.fatigue</b>	<b>tired but still able to work</b>	<b>interferes with physical activity</b>	<b>interferes with my work family and social life</b>
<b>3.Back ache</b>	<b>can do routine work</b>	<b>disturbance in routine</b>	<b>difficulty in walking and</b>

		<b>activity</b>	<b>working</b>
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## **DISCUSSION**

Fibroids also known as Uterine leiomyomas (fibroids or myomas) are benign tumors of the human uterus, and the single most common indication for hysterectomy. About 20% to 80% of women develop fibroids by the age of 40. In 2013, it was estimated that 171million women were affected worldwide. After menopause, they usually decrease in size<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>8</sup>.

Accordingly, surgical techniques and aggressive treatments are reserved for only those cases with heavy symptomatology, while the clinical diagnostic based on size and number of fibroids remains in a second plane in this situations<sup>9</sup>. In this case the patient opted Ayurvedic treatment instead of surgery as hysterectomy would have long term complications like osteoporosis. According to Ayurveda, Uterine fibroid is considered as *Garbhashyagata* (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 reduced to half its size by the end of 6 months of treatment and fully disappeared later.

Tb. Freestroll It contains medicinal plants like Punarnawa (*Boerhavia Diffusa*), Guduchi (*Tinospora Cordifolia*), Chopchini (*Smilax China*), Dhashamul, Nirgundi (*Vitex Negundo*), Rasana (*Alpinia Calcarata*), Saptaparna (*Alstonia Scholaris*), Ashawagandha (*Withania Somnifera*), shunthi (*Zingiber Officinale*), Guggul (*Commiphora wightii*), Sameerpanka ras<sup>11</sup> punarnawa – shothaghna karma ,guduchi- deepaneya, balya karma, shunthi -dipan panchan karma, dashmool – tridosh shamak, Nirgundi vatashamak and vedanasthapak, Guggul\_ kaphavata shamak and lekhan, Samirpannag – tridoshashamak . Above all properties helps in relieving doshasanghat of kaphavata and cures fibroid.

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Kanchanar Guggulu is a popular polyherbal Ayurvedic medicine mentioned in the classical text Bhaishajya Ratnavali in the context of Streeroga (Gynecology).<sup>10</sup> It is extensively used in the uterine fibroid .It mainly contains medical plants like Kanchnar (*Bauchinia variegata*), Dalchini (*Cinnamomum verum*),Ela (*Elettaria cardamomum*),Tamalpatra (*Cinnamomum tamala*), Aamlaki (*Embllica officinalis*). Bhibhitaki (*Terminalia bellirica*),Haritaki (*Terminalia chebula*), Shunthi(*Zingiber Officinale*), Kali marich (*Piper nigrum*),Pippali (*Piper longum*), Varun (*Crateva religiosa*), Guggul (*Commiphora wightii*)<sup>11</sup>. A lipoma is a slow-growing, fatty lump which develops beneath the layer of the skin. In Ayurveda, lipoma can be correlated with Medoj Granthi based on similar signs and symptoms. Aggravated Kapha and Ama (toxic remains in the body due to improper digestion) are responsible for Medoj Granthi or lipoma. Taking Kanchnar Guggulu helps balance Kapha and reduces Ama. Altogether, it helps control the signs and symptoms of lipoma. This is due to its Kapha balancing and Deepan (appetizer), Pachan (digestive) properties<sup>10</sup>.

Ushir(*Vetiveria zizanioides*)+ Vasa(*Justicia adhatoda*)+ Rakata chandan( It is extensively used in the conditionPradara/Raktapradara/ Asrukdhara (as mentioned in Ayurveda) which is characterized by qualitative and quantitative increase in flow of menstrual bleeding. It constricts the blood vessels and help in reducing uterine blood flow. balancing and Deepan (appetizer), Pachan (digestive) properties.<sup>11</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 avoid further complications and give successful management.

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