

VIRECHEN, LEKHANA BASTI AND ORAL THERAPY AN AYURVEDIC PROTOCOL FOR MANAGEMENT OF UTERINE FIBROID IN AN INFERTILE WOMAN – A CASE REPORTBalat Gauravkumar R.*¹, L. P. Dei²¹Ph.D Scholar, Department of Prasooti Tantra and Stree Roga,²Professor and Head, Dept. of Prasooti Tantra and Stree Roga, and Dean

IPGT & RA, Gujarat Ayurved University, Jamnagar, Gujarat, India 361008

Corresponding Author: balatgaurav@gmail.com<https://doi.org/10.46607/iamj3608112020>

(Published online: November 2020)

Open Access

© International Ayurvedic Medical Journal, India 2020

Article Received: 17/10/2020 - Peer Reviewed: 06/11/2020 - Accepted for Publication: 08/11/2020

**ABSTRACT**

Background: Infertility is inability to become pregnant for a sexually active couples after one year without using any contraceptives. It causes great distress to many couples. The benign tumor that originate in the uterus it is called a uterine fibroid. The growths are typically benign, or noncancerous. The cause of fibroids is unknown and there are many ways will affect the fertility of woman. **Aim & Objective:** To understand the disease according to Ayurvedic principles & to evaluate the role of a safer and cost-effective Ayurvedic treatment modality in uterine fibroid in infertile women. **Materials and Methods:** A clinical case study of uterine fibroid. Patient age 25 years with 2 years active marital life attending the O.P.D. of P.T.S.R. of IPGT & RA, Jamnagar. Patient was treated with *Virechana Karma* (Purgation) with *Trivrut Avaleha* with *Thripala Kwatha* (Decoction), *Lekhana Basti* (Enema) with *Lekhaneya Maha Kashaya* for 15 days, *Varunadi Kwath* (Decoction) 50ml for 8 weeks morning and evening after meal **Results:** There is great reduction to the size of the fibroid and the woman became pregnant and delivered a healthy baby. **Conclusion:** Hence it has been concluded that this Ayurvedic protocol useful the management of uterine fibroid in infertile woman.

Keywords: Uterine fibroid, infertility, *Virechana. Lekhana Basti***INTRODUCTION**

Fibroids are the Commonest Benign tumor of the Uterus and also the commonest benign solid tumor

among female and most of them (50%) remain asymptomatic. The incidence of symptomatic fibroid

in hospital outpatient is about 3%. These are the most common in nulliparous or in patients having one child infertility i.e. secondary infertility. The prevalence is highest between 35-45 years age group.¹ Infertility is inability to conceive after 1year of regular unprotected coitus.² There are so many causes for infertility including factors of both male and female. There are several ways the uterine fibroids will affect the fertility of woman. Uterine fibroids changes the shape of the uterus, fallopian tubes can be blocked, impact the endometrial lining, the blood flow to the uterine cavity can be effected, and all these things will decrease the ability of implantation of embryo into the uterine wall.³ The size and location of fibroids determines whether it affect fertility. Small fibroids directly do not cause infertility. But large fibroids, size more than 5cm and submucous type fibroid can cause infertility. Submucous fibroids may prevent the proper implantation of embryo there by result either infertility or miscarriage. Fibroids during pregnancy can change baby's position in the uterus. This will increase the risk of Miscarriage, Preterm labour, and Cesarean section. They also create problems such as Placental abruption, intrauterine growth retardation.⁴ Due to defective implantation of the placenta, poorly developed endometrium, reduced space for the growing fetus and placenta.⁵ A woman's ability to get pregnant can be affected by age. According to Ayurveda *Ritu, Kshetra, Ambu, & Beeja* are the four essential elements for proper conception. Impairment to any of these factors leads to *Vandhytva* (Infertility) or pregnancy failure. *Charak* has mentioned *Arbuda* (tumor) in *ChikitsaSthana* and described *Arbuda* as *Shophavishesha* (one of the forms of *Shotha*).⁶ This clearly indicates that basically aetiopathogenesis, clinical features and treatment of tumours of reproductive system are identical to the tumours of any other body part; however, few clinical features present due to specific location of disease has to be investigated. Uterine fibroids do not have definite medical treatment in the modern gynaecological practices other than surgery, available treatment protocol in modern are hormonal therapy, hysterectomy, myomectomy,

myolysis, endometrial ablation and uterine artery embolization with their own limitations and complications. Therefore, she consulted for the Ayurvedic medication.

Case Report:

Presenting Complaints: a 25-year-old female who was a housewife came to OPD of Stree Roga department of IPGT & RA, Jamnagar on 4 July 2019, having the complaints of weight gain and failure to conceive since 2 years of active married life.

History of Present Illness: she narrated her history of presenting complaints as follows, lower abdomen pain since last 1 year. She had regular cycles (i.e. 2 - 3 days flow/28-30 days cycle/ 2-3 pad) associated with spasmodic dysmenorrhea [*Udavartini Yoni Vyapad*]. She had taken allopathic treatment for the complaints of infertility and painful menstruation for 2 years. But still there was not any considerable improvement, so the patient came to take ayurvedic treatment. During this treatment all basic investigations of both husband and wife were done during the evaluation of infertility, sonography revealed an anterior wall subserosal single fibroid (3.8×3.5×2.9) cm with 15cc volume and 40 cc uterine volume and both ovaries were bulky with multiple small follicles.

Family History: mother was hypertensive

Personal history:

Diet – Vegetarian, Appetite – Good, Bowel – Regular, Micturition – Normal, Sleep – Normal, Exercise – Not at all, Sexual life – 5-6time/week

Husband factor: husband - private job. Semen analysis was normal, and he had no erectile dysfunction etc.

General examination:

Female partner

Per abdomen, (P/V) per vaginal and (P/S) per speculum examinations were normal.

General Examination

Body weight – 93 kg, Height – 152.5 cm, BMI – 40 Kg/m², Pulse rate – 84/min, BP - 120/80 mmHg

Investigations: the blood values of the patient before treatment (B.T.) and after treatment (A.T.) are as under i.e. Table 1.

Table 1: Hematological & Urine investigation.

Sample	Particulars	Obtain Value	
		B.T.	A.T.
Blood	Hb gm%	12.4 gms%	12.4 gms%

	TC/ cumm	7700/cumm	6900/cumm
	DC – N%	60 %	62 %
	B%	00 %	00 %
	E%	03 %	02 %
	L%	32 %	33 %
	M%	05 %	03 %
	ESR mm/hr	26 mm/hr	38 mm/hr
	PCV %	35.8 %	37.3 %
	B. T	1.40 sec	1.35 sec
	C.T	3.55 sec	3.50 sec
Urine	Routine	Nil	Nil
	Microscopic	Nil	Nil
Blood sugar	Fasting	86 mg/dl	77 mg/dl
	HIV	Negative	Negative
	VDRL	Negative	Negative
	HBsAg	Negative	Negative

The hematological and urine investigation are normal (Table 1)

USG:

1. USG pelvis and H.S.G (Hysterosalpingography) reports were normal
2. Ovulatory study has anovulatory cycles.

Treatment protocol: Patient has been given following treatment for four months after taking the informed written consent.

1st month - *Virechana Karma*

2nd month - *Lekhana Basti*

3rd and 4th month – Oral therapy

1st Month of Treatment Protocol

1. *Virechana*

Procedure	Drug and Dose	Duration
<i>Deepana & Pachana</i>	<i>Amapachanavati</i> - 2 tablets/bd / before meal with Lukewarm water	3 days
<i>Snehapana</i>	<i>Goghrita</i> (as per <i>Kostha and Agni</i>) 30ml -150ml empty stomach in morning	3 - 7 days
<i>Abayanga & Swedana</i>	<i>Tila Taila</i>	3 days
<i>Virechana Karma</i>	<i>Trivrut Avaleha</i> 100gm with <i>Triphala Yavakuta</i> 30gm	1 days
<i>Samsarjana Karma</i>	Diet (as per <i>KoshthaShuddhi</i>)	3 –7 days

2. *Lekhana Basti*: *Lekhaneya Maha Kashya* (Decoction) was used for *Lekhana Basti*⁷

Procedure	Drug and Dose	Duration
<i>Snehana – Abhyanga</i>	<i>Tila Taila</i> (As per required) lower abdomen, lower back and thigh	15 min
<i>Swedana</i>	<i>Nadi sweda</i> by steam lower abdomen, lower back	15 min
<i>Lekhana Basti</i>	<i>Lekhaneya Maha kashya</i> – 250ml <i>Kalka Dravya</i> - 10g, <i>Saindhava Lavana</i> - 5g, <i>Madhu</i> (Honey) -30gm, <i>Tila Taila</i> (Sesame oil) - 60ml	15 days

In 3rd and 4th Months of Treatment Protocol: Oral Therapy: *Varunadi Kwatha*⁸

After completion of *Basti Karma* Oral drug *Varunadi Kwatha* [*Varuna* 1 part (16g), *Gokshura* 1 part (16g), *Shunti* 1 part (16g), *Yavakshara* 2g] 50 ml per day/BD/after meal was administration for 8 weeks

Pathyapathya: *Pathya*

1. Intercourse during *Rutukala*.
2. To avoid Mental Stress.

3. To take Simple food.
4. To have more cow's milk.
5. To have *Somansya* by Good Readings, *Yogas* and *Prayanamas*.

RESULTS AND DISCUSSION

After the complete of 4 month of treatment next period she was reported in the OPD and the severity of lower back pain becomes mild. These subjective criteria were measured by scoring pattern and she took

USG revealed an anterior wall subserosal single fibroid (2.8×2.7×2.8) cm with 3.6 cc volume and 11 cc uterine volume it means the size was reduce (1.8×1.2×0.1) with 11.4 cc volume and also 30 cc uterine volume respectively. (Table 2) After 4 month was advised to consume the same oral medicines *Varunadi Kwath* and directed to consume *Churna* combination of *Bala + Shatavari + Shatpushpa + Guduchi* every month from the 5th day of periods to 18th day. After 6 months reported that she is not having periods on the date. She was directed to do UPT and the result was positive. The pregnancy period was uneventful, and she delivered normally. *Arbuda* is a *Bahu Dosaja vyadhi* and *Virechana karma* is the best for vitiated *pitta*, and also it has *Raktaprasadana*

karma. It helps to normalise the endocrine function by its purifying action. *Lekhana* by the *Lekhana Basti* is the process of scrapping or desiccation of all excess *Dosha, Dhātu* and *Mala*. That means the drug which rarefies the protoplasmic contents of the tissue cells and thus gradually clears the system of it disarrange constituents is known as *Lekhana*. As *Garbhashaya Arbuda* is a *Sanga Pradhan vyadhi* *Lekhana Karma* of *Srotas* is needed. The main ingredient of this drug is *Varuna, Gokshura, Shunti* and *Yavakshar* which have *Tikta Rasa*. It is *Kapha-Pitta Hara, Sophahara*, slightly laxative. So, it can easily clear up the channels or *Srota*. *Yavakshar* which have *Lekhan, Chedan* and *Granthihara* property. It is well known drug of *Gulma Roga*.

Table 2:

USG (Trans vaginal / abdominal)	B.T	A.T
Single / Multiple	Single	Single
Type	Subserous	Subserous
Size	3.8×3.5×2.9 cm	2.8×2.7×2.8 cm
Volume	15 cc	3.6 cc
Location	Anterior wall	Anterior wall
Uterine Volume	40 cc	11 cc

CONCLUSION

The case study concluded that *Virechan, Lekhan basti* and *Varunadi Kwath* very effective in uterine fibroid and also highly effective in promoting the ovulation and helps in achieving conception without any side effects and needed to be study in a greater number of patients. So, it is a promising intervention for future practices of Ayurvedic gynaecologists for managing female infertility due to uterine fibroid.

REFERENCES

1. Dutta's DC. Textbook of Gynaecology, edited by Konrar. Hiralal, 6th edition, New Central Book Agency Ltd. Kolkata, Page No. 259.
2. Professor Dr. C.S. Dawn & Dr. Subrata Dawn, C.S. Dawn Textbook of Gynaecology, Contraception and Demography, Dawn Books 25B, C.I.T. Road, Entally, Kolkatta, 14th ed, 2003, pg – 103
3. www.reproductive factors.org.
4. https://Innovativegyn.com
5. D.C.Datta, Edited by Hiralal Konar, DC Dutta's Textbook of Gynecology including Contraception, Jaypee Brothers Medical Publishers (p) LTD, New Delhi, 17th ed. 2016pg. 225

6. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Chikitsa Sthana, Shwayathu Chikitsa Adhyaya, 12/74, edited by Vaidya Jadavji Trikamji Acharya, reprint ed. Chowkhambha Orientalia, Varanasi, 2011; p-488.
7. Kashinath SP, Gorakhanatha C, editor. Charaka Samhita of Agnivesha, Shutra Sthana. Reprint edition. Ch. 04/03, Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p. 1067.
8. Srilanka/Ayu/ Pharmacop-eia/228/ Vol 2

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Balat Gauravkumar R.* & L. P. Dei Virechen, *Lekhana Basti And Oral Therapy An Ayurvedic Protocol For Management Of Uterine Fibroid In An Infertile Woman – A Case Report*. International Ayurvedic Medical Journal {online} 2020 {cited November, 2020} Available from:

http://www.iamj.in/posts/images/upload/5178_5181.pdf