MANAGEMENT OF GARBHASHAYGATA ARBUD IN AYURVEDA W.R.T. UTERINE FIBROID – A SINGLE CASE STUDY

Deepali J Agrawal¹, Ashish C Zanwar²

¹Associate Professor, Department of Rognidan and Vikruti Vigyan, SSVP Ayurved College, Hospital and Research Institute, Hatta, Dist. Hingoli, Maharashtra, India
²Assistant Professor, Department of Kayachikitsa, SSVP Ayurved College, Hospital and Research Institute, Hatta, Dist. Hingoli, Maharashtra, India

Corresponding Author: draczanwar@gmail.com

https://doi.org/10.46607/iamj3609072021
(Published Online: July 2021)

ABSTRACT

Uterine fibroid is the most common solid benign tumour which affects merely pre-menopause age. It is 3rd leading cause of hysterectomy. It gives a negative impact on women’s physical and social activities. A 45-year-old female patient approached the OPD complaining of heavy menstrual bleeding, heaviness in the abdomen, something coming out of the vagina. USG abdomen scan revealed a big myometrium fibroid in the fundus. She was suggested a hysterectomy for the same. However, due to its complications patient was not willing for surgery. So, she was treated as per Ayurvedic basic line of treatment of Yoni Vyapad. She was administered Ashokarista and Chandraprabha Vati for 2 months along with two cycles of Yogbasti Chikitsa. After 2 months all symptoms were subsided. In follow up scan after 6 months revealed an absence of fibroid. During this treatment, the patient did not report any negative effects suggesting the progression of the disease. An attempt has been made for successful management of fibroid of the uterus in premenopausal age to relieve her symptoms. After menopause, the fibroid may be automatically shrinking due to a lack of oestrogen and progesterone. The case study will build confidence among ayurvedic practitioners to treat a fibroid of the uterus in premenopausal age with safe, non-invasive and non-hormonal management fibroid through Ayurveda,

Keywords: uterine fibroid, garbhashaygata arbud, basti, yoni vyapad
INTRODUCTION

Fibroids are abnormal growth that develops in or on a women’s uterus. In some cases, they show no signs or symptoms at all. Sometimes these tumours become quite large and cause severe abdominal pain and heavy menses. The growth of these fibroids is typically benign or non-cancerous. Oestrogen and progesterone hormone are responsible for the growth of fibroid.\(^1\) so after menopause, the fibroid may get shrink automatically due to lack of oestrogen and progesterone. Fibroids occur in 20- 40% of women during reproductive age and 11-19% during premenopausal age. Amongst all hysterectomies, fibroid of the uterus is 3\(^{rd}\) leading cause of surgery\(^2\). Uterine fibroids classified according to their location are sub mucous, intramural and subserosal. The exact cause of fibroid is not known. Removal of the uterus is unacceptable by women who are desirous of childbearing through it offers a definite solution of this problem and also removal of uterus further leads to many complications like osteoarthritides\(^3\). Accordingly, surgical techniques and aggressive treatments are the solution for only those cases with heavy symptomatology while the clinical diagnosis based on the size and number of fibroids remain the second plane of this situation\(^4\). According to Ayurveda symptoms of fibroid of the uterus can be correlated with garbhashaygata arbuda, Raktagulma, Mahayoni, and prasunstrantyonivyapad. Acharya Charaka describes all yonigataroja under the umbrella of Yonivyapad\(^5\) and a general line of treatment for all yonivyapad is vathar chikista\(^6\). basti is best as vataharanam.\(^7\) So in present case-patient complaining of heavy menstrual bleeding, heaviness in abdomen, something coming out of vagina during squatting position suggests yonivyapad. So advised Bastichikista along with shaman chikista.

Case Report:

A 45-year-old patient, a farmer by occupation visited the OPD of streerog and Prasutitantra of SSVP, Hatta with complaining of low backache and history of irregular, heavy flow for 7 to 8 days during each menstrual cycle with a feeling of something coming down in the vagina since one year and since 6-month increase frequency of micturition, passing drops of urine on coughing and sneezing with mild burning micturition. The patient was healthy before one year, then she developed the feeling of something coming out P/V during squatting position, during passing stool and urine but she neglected and continue her daily activity six months, then she started heavy P/V bleeding for 7 to 8 days in each cycle with 20 to 22 days interval for this complaint she took the modern medicine for same and she got 50 % relief but on USG abdomen reveals uterine fibroid and was advised hysterectomy with no other systemic abnormality was seen so she came at SSVP hospital, Hatta for Ayurvedic management.

History:

No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

Family history:

No history of the same illness in any of the family members.

Occupational history: Farming.

Nature of work – She does heavy weightlifting works every day.

MENSTRUAL / OBSTETRIC HISTORY:

Menarche at - 13 years of age

Menstrual cycle – 7 to 8 days/ 20- 22 days cycle having heavy painful, and irregular bleeding

Married life – 38 years

O/H – P:\(\_1 \_3 \_2 \_1\) FTND (home)

Contraceptive history –Tubal ligation was done 20 years back.

Last delivery 23 years back

General examination

- Built: moderate
- Nourishment: moderate
- Pulse:82/min
- BP:130/80 mm of Hg
- Temperature:98.4 F
- Respiration Rate:18 /minute
- Height:153cm
- Weight:59 kg
- Tongue: slightly coated

Systemic examination

- CVS: S1 S2 Normal
- CNS: well oriented, conscious,
- RS: normal vesicular breathing, no added sound
• P/A-soft, no tenderness, no organomegaly.

**Examination**

**Per speculum** (P/S) examination- vagina normal and normal size, no white discharge.

**On P/V** Bulky uterus
External OS-2.5cm below the level of the ischial spine.
On coughing - External OS 3cm below the level of the ischial spine. Remain inside the vagina.

**Lab investigation:**

- **Hb:** 10.2 gm%
- **RBS:** 110 mg/dl

**Urine routine and microscopy:**

Epithelial cells: 1-2 /hpf

Pus cells-3-4/hpf

Albumin – nil

Sugar- nil

**USG abdomen and pelvis:**

Bulky uterus. There is a well-defined hypoechoic lesion of size 64x 51 mm seen anteriorly in myometrium in the fundus and body of the uterus. ET 8.7 displaced posteriorly. Both adnexaeis normal. Suggestive of Intramyometrial fibroid.

**Diagnosis:** Mahayoni (yonivyapad) / yonigata arbud

**Therapeutic interventions:**

Based on ayurvedic line of management of Mahayoni (yonivyapad) and rajodushti and the clinical experience, formulated a line of treatment. (Table 1)

Table 1: Abhyantar Chikitsa-

<table>
<thead>
<tr>
<th>Sr no</th>
<th>Drug of intervention</th>
<th>Dose</th>
<th>Anupan</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Chandraprabha vati</td>
<td>250 mg twice daily, after food</td>
<td>Lukewarm water</td>
<td>For 2 months</td>
</tr>
<tr>
<td>2.</td>
<td>Ashokaarista</td>
<td>15 ml twice daily, after food</td>
<td>Lukewarm water</td>
<td></td>
</tr>
</tbody>
</table>

**Panchakarma:** Yog basti krama is given for two cycles (with an interval of 15 days).

The order of the basti is as follow (Table 2).

Table 2: Order of the basti

<table>
<thead>
<tr>
<th>Day</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Type of basti</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>A</td>
<td>A</td>
<td>A= Anuvasanbasti with Dashmool tail</td>
</tr>
</tbody>
</table>

**Observations:**

Changes observed in the subjective and objective criteria before, after completion of 1<sup>st</sup> cycle of basti and after administration of 2<sup>nd</sup>Basti are observed and they are as follows.

Table 3: Observation of signs and symptoms during and after treatment

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Before treatment</th>
<th>After 1&lt;sup&gt;st&lt;/sup&gt; cycle</th>
<th>After 2&lt;sup&gt;nd&lt;/sup&gt; cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menorrhagia</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Fatigue</td>
<td>+++</td>
<td>++</td>
<td>Absent</td>
</tr>
<tr>
<td>P/V</td>
<td>External OS 3cm below the iliac spine</td>
<td>External OS 2 cm below the iliac spine</td>
<td>External OS 1.5 cm below the iliac spine</td>
</tr>
<tr>
<td>Uterus</td>
<td>Bulky</td>
<td>normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Dribbling of urine</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Something coming out in squatting position</td>
<td>Present +++</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Frequency of micturition</td>
<td>7-8 times</td>
<td>5-6 times</td>
<td>3-4 times</td>
</tr>
<tr>
<td>Passing urine after coughing sneezing</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Constipation</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Low backache</td>
<td>Present</td>
<td>Complete relief</td>
<td>Complete relief</td>
</tr>
</tbody>
</table>
DISCUSSION

According to Charak every patient is unique. The samprapti that occurs in every patient is different. If you can decide the doshadashti, sthan and samamathan of vyadhi then you can treat them accordingly. It is not compulsory to nomenclature every disease of the patient. These symptoms resemble two or three diseases mentioned by acharys like asrugdar, mahayoni, prasanntrini yonivyapad. So according to symptoms and signs of the patient following doshadusti and samprapti is considered.

Sampraptighatak
Dosha: Saman, Apanvata, Pachakpitta, Avalambak Kaptha, Dushya: rasadhatu-rajjodusti, mansmadhatu, Samathan: pakwashay, Adhistan: Garbhhashay, Samprapti: Multiple child births, abhiphat, due to dukhaprasava lead to apan vayudusti, further leads to khavaigunyaavat in yoni. vitiated vata hampers the dharanashakti of mansadhatu. And due to improper dietary habits, brings about agnidushti causing rasadhatu dushti. This leads to improper nourishment of its updhatu i.e. raja and its uttaradhatu mansa. Due to pitadushti there is loss of compactness and integrity in the structures which leads mansa shaithilya causing myometrial fibroid.

Probable mode of action of Bastikarma: According to Acharya Charak in yonivyapad chikitsa, vataharchikista is to be adopted. basti is said to be best for vata shaman. Garbhhashay is sthan of Apanvaya so Basti is indicated in this patient. The objective of treatment is here is to improve the toxicity of abdominal and peritoneal muscles and to prevent further collapse of uterus.

Dashamoola being Madhura, Tikta, Kashaya Rasa, Guru, Snighda Guna, Ushna Veerya, Madhura Katu, Vipaka, and Tri doshanashaka Karma which will relieve the symptoms and dosha dushti.

Probable mode of action of Ashokarista:
Being Madhura, Tikta, Kashaya, Katu Rasa, SheetaVirya, Madhura Vipaka, Laghu Guna, and Tridoshashamak gunas of ashokarista acts on vatashaman, dhatuposhan and Rasayana, Vayahsthapana, Vedanasthapana gunas acts on samprapti vighatan. It gives strength to the uterus which helps in easier dislodging of the uterine lining during menstruation and prevents ischemia. Thus, it reduces menstrual cramps.

Probable mode of action of Chandraprabhavati:
The main ingredients of Chandraprabhavati are Shilajatu and Guggulu. presence of Shilajatu, acted as a rejuvenator and helped to combat disease. Guggulu (Commiphorawightii) having Srothorodhahar, Shothahara, Vranaprakshalana, Lekhana, Raktasodhaka, Tridoshaghnha etc properties. Its shothahara and srotorodhakara properties might have helped in the reduction of growth of fibroid. Ingredients like Lohbhasma and Makshika helps in balancing haematopoietic compound. As Most of the fibroids does not require treatment unless they are causing symptoms in the patient. After menopause fibroid shrinks. Symptomatic treatment is mostly indicated except in extreme cases where invasive procedure like hysterectomy surgery is advised. In this present case whether myometrium fibroid in menopausal age is to be treated or not without surgery is the question so it is decided to administer Ayurvedic medicine and Panchakarma Chikitsa which is helpful in this case.

CONCLUSION

The present case study shows significant improvement and avoids surgical management. Surgical intervention need not be only management of uterine fibroids. Treatment of fibroid depends on the age of the patient and Sthana of fibroid. Ayurveda can not only help in relieving symptoms but also avoid further complications of hysterectomy.

REFERENCES
1. www.healthline.com
4. Moravek MB, Bulun SE. Endocrinology of Uterine Fibroids: Steroid Hormones, Stem Cells, and Genetic


Source of Support: Nil
Conflict of Interest: None Declared


doi:10.46607/iamj3609072021 | IAMJ July 2021 | www.iamj.in 1548