A CASE STUDY - REGRESSION OF UTERINE FIBROID THROUGH HOLISTIC MANAGEMENT OF AYURVEDA

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ABSTRACT
Uterine fibroids are non cancerous growths in the uterus that can develop in the females during childbearing age and its actual cause is not well understood. In Ayurveda pathogenesis of the disease can be understood under Arbuda. In this modern era there is no definite conservative or complete therapy for fibroids except surgery. In Ayurveda, Shodhana chikitsa (cleansing therapy) is indicated in such complicated diseases like Arbuda. It is a case study of a female patient who reported with complaints of intermittent and irregular scanty menses with lower abdominal pain. Her USG report is suggestive of intramural fibroid in the fundus of uterus of 15 X 11 mm size. The patient past history says that she had undergone laparoscopic surgery for sub serosal fibroid approximately four months before the reporting day at OPD. Based on these factors patient was treated with Virechana; as Shodhana chikitsa and followed with Kanchanar guggulu, Chandraprabha vati and Pushyanug churna as Shamana chikitsa (conservative therapy). After the four months of therapy, mass was completely resolved. In this case Virechana might have helped normalising the aggravated humours and hyper estrogen at hormonal level which is also one of the factors for the uterine fibroids. Further administered drugs might act as anti-inflammatory, fibrolysis and regularising the hormones.

Keywords: Virechana, Kanchanar guggulu, Chandraprabha vati, Pushyanug churna

INTRODUCTION
Uterine fibroid is the most common disease met by Gynaecologists in day to day practice. It is a benign tumour of the uterus found during active reproductive period in women. Fibroid tumour is composed of smooth muscle and fibrous connective tissue, hence is named as uterine leiomyoma, myoma or fibromyoma. It has been estimated that at least 20 percent of women at the age of thirty have got fibroid in their wombs¹. The fibroids are mostly located in the body of uterus and are usually multiple. Initially the fibroids are intra mural in position but subsequently some are pushed outwards or inwards.² Majority of the times it remains asymptomatic, but some time it induces heavy bleeding, severe pain in abdomen. These clinical effects are related to their local mass effect, resulting in pressure upon adjacent organs. In nullipara women, presence of fibroid causes distortion of endometrial surface leading to
nidation problems; sometimes it intervenes with ovulation also. After conception also this may lead to repetitive loss of pregnancy. Further uterine fibroids rank as a major reason for hysterectomy accounting for approximately one-third of all hysterectomies or about 2,00,000 hysterectomies/year. The chance cancer with fibroids is about 1 in 10,000 cases and risk of surgical complications is one in 1000 cases.

Fibroid is a solid tumour and all solid tumours can be compared to Arbuda according to Ayurveda and it can occur in any part of the body. Fibroid is a smooth muscle tumour, hence it can be compared with Mamsaja arbuda. Treatment of single dosha arbuda is described and dvandaja arbuda are considered as difficult to cure. The line of treatment for any disease in Ayurveda starts with shodhana cikitsa, followed by administration of shamana chikitsa which helps in removal of vitiated body humours, early recovery from the disease and also increases bioavailability of administered drugs.

**Material and Methods:**
A 29 years old female patient, reported to Outdoor patient department in the month of January 2017 in RARIMCH, Nagpur with complaints of occasional pain in abdomen (bilateral iliac) and intermittent per vagina bleeding for last three months. Further she complained scanty menses along with low backache occasionally. Patient had similar complaints four to five months before and diagnosed with subserosal uterine fibroid with right paraovarian cyst. Subsequently she underwent surgery for the same in the month of October 2016. After surgery in routine follow up Ultra-sonography was done and diagnosed again with intramural fibroid in the fundus of uterus of 15 X 11 mm approximately in size. Then patient approached our hospital for further management.

**Past History:**
1. History of spontaneous incomplete abortion in the month of September.
2. History of scanty menses and irregular menses since one year.
3. Patient was operated for the sub serosal fibroid in uterus with the size of 39.7mm X 37 mm on 13 October 2016.

**Menstrual History:**
- Past: 4-5 days with interval of 28-30 days, regular, moderate and painless
- Present: (After surgery) 2-3 days with the interval of 30-40 days with scanty and irregular cycle.
- First visit: 13 January 2017

The patient came with the complaints of intermittent and irregular scanty menses with lower abdominal pain, occasional P/V white discharge. The patient was advised to take Yashtimadhu churna tablet (one tablet thrice in a day) and Sanjeevani Vati (one tablet twice in a day) for three days for the purpose of Dosha pacana (ripening of dosha). Then she was advised to admit in the IPD for further procedure of Shodhana cikitsa (biological purification).

**First follow up: 27 January 2017**
The patient was admitted in the hospital for Virechana Karma. On 30/01/17 arohana snehapana (administration of medicated ghee in increasing order ) was started with 30 ml of Phalaghrita. She attained the snehasiddha lakshana after 4 days with the maximum dose of 130 ml of ghrita. Followed by this, Sarvanga Abhyanga and Bashpaswedan were done for three days. After this, Virechana (purgation) was induced by administering one tablet of Ischhabhedi Rasa and Avipattikara Churna in 6gm quantity. During the course of Virechana, patient had total 14 vegas and it was considered as Madhyam Shudhhi as per Shastra. Samsarjan krama was given for 5 days. There after Shamana drugs Kanchanara Guggulu (500 mg tds orally after food with normal water), Chandraprabha vati (500mg tds orally after food with normal water) and Pushyanuga Churna (5gms bd orally before food with normal water) were administered for 2 months.

**Second follow up: 16/04/17**
History was taken about the changes in menstrual complaints and pain in abdomen; and observed that improvement was there in the menstrual blood flow and no intermittent blood flow was there during the...
menstrual cycle. Follow up USG (15/04/17) was done and found no hypo echoic area in the uterus. Patient was followed up to two months, but no fresh complaints were observed; her cycle became regular and pain in the lower abdomen reduced. Again patient was advised to undergo Ultrasoundography to confirm the thickness of endometrium on 6th day of her menstrual cycle. It showed a complete normal USG report with no hypo echoic lesion and normal endometrial thickness.

**DISCUSSION**

According to Ayurveda the pathogenesis of Arbuda is formed due to the derangement of Mamsa, Rakta and Kapha and vitiation of Medo dhatu. Hence, to bring back harmony of above mentioned factors Virechana; mode of shodhana was selected. Virechana in general eliminates the aggravated doshas (humours), toxins of the Rakta (blood) from the body; and clears the srotas (channels) for the normal functioning of Vata. In this case of Garbhashaya arbuda (fibroid uterus) Virechana karma might have helped in regulation of normal functioning of Rakta and Kapha humours which facilitated normalcy of Mamsa and Medo elements in the body. Fibroid uterus is oestrogen dependent tumour, hyper estrogenic condition during the active reproductive phase is often the cause of formation of fibroid, and in this regard Virechana may be an ideal regulating therapy to bring back the normal levels of estrogen.

Probable mode of action of drugs:

1. **Phalaghrita**

   It is suggested for all Yoni dosha in Ayurvedic classics (Sharangadhar) and hence was selected for snehapana (oleation). Ashwagandha which is one of the contents of Phalaghrita; shown to have effective in uterine fibroids in some of the clinical trials. Triphala and Katuriohini may have an action on maintenance of metabolic equilibrium and its Lekhana properties might have helped in bringing the changes in the consistency of fibroid which further helped indirectly in the process of Virechana.

2. **Kanchanra Guggulu**

   In this drug Kanchanara and Guggulu are the main ingredients. Kanchanara (Bauhinia variegata) is having Shothahara, Granthihara, Kaphahara, Vranaprakshalana, etc properties. Kanchanara bark showed significant anti-inflammatory activity. The petroleum ether, benzene, chloroform and alcohol extracts were not toxic either orally or intraperitoneally. Shothahara, granthihara properties of Kanchanara might have helped in the lyses of fibrous tissue of fibroid tumour.

3. **Chandraprabha Vati**

   It contains Shilajatu and Guggulu as main ingredients. Because of presence of Shilajatu, this drug acted as rejuvenator and helped to combat disease. Guggulu (Commiphora wightii) is the main ingredient in both Kanchanara Guggulu and Chandraprabha vati and is having Shothahara, Srotorodhaka, Vranaprakshalana, Lekhana, Raktaasodhaka, Tridoshaghna etc properties. Gum resin of Guggulu showed different pharmacological properties like astringent, aphrodisiac, antispasmodic, emmenagogue, thyroid stimulating, hypolipidaemic, hypocholesteremic activities. Its shothahara and srotorodhakara properties might have helped in the reduction of growth of fibroid.

4. **Pushyanuga churna**

   It is the common and essential drug used in gynaecological diseases. This drug might have controlled hyper estrogenic state in the patient, which is one of the main reasons for occurrence and growth of the fibroid. This action can be attributed to Lodhra (Smplocos racemosa), one of the important ingredients of the Pushyanuga churna. In this case first Virechana therapy might have increased the drug acceptability at the tissue level and this further helped all other drugs to act well on the fibroid. The intention behind giving Virechana was that the macro molecules in the pathogenesis of Arbuda gets motivated and they get easily break down to micro molecules after the administration of the medicines. Such micro molecules are expelled out from body in the form of Sweda or through Mutra.
Limitations:
The limitations and advantages on various types of fibroids in different conditions like size, chronicity etc. can be evaluated by clinical research in large subjects.

CONCLUSION
It can be concluded from current research project that Uterine Fibroid can be corrected with the help of Ayurvedic approach, considering the size of the Fibroid and early diagnosis along with the compromised fertility. The menstrual cycle duration and the bleeding flow can be corrected with the proper approach and correct medication for proper duration. Further study is required to evaluate the type of fibroid on which this type of conservative therapy is useful. Such type of conservative therapies not only will help in the less exposure to surgeries but also will help in the reduction of post surgical complication which is very common in females.

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