

UTERINE FIBROIDS IN AYURVEDIC PERSPECTIVE

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ABSTRACT

Aim: To make an equivalent correlation of Uterine fibroid with gynecological disorders from an *ayurvedic* perspective. **Objective:** Uterine fibroids or Leiomyomas are benign tumors of uterus. The exact cause of uterine fibroid is unknown but Genetic abnormalities, alteration in growth factor (proteins formed in the body that direct the rate and extent of cell proliferation) expression, abnormalities in the vascular (blood vessel) system, and tissue response to injury have all been suggested to play a role in the development of uterine fibroids. Many times uterine fibroid are accidentally diagnosed otherwise the clinical features are pelvic pain, menorrhagia, dysmenorrhea. Though the uterine fibroid mentioned in modern science is not directly available in *Ayurvedic* texts; however *Ayurveda* has its own principles of classifying and diagnosing diseases. In *Charak Sutrasthan* 18/44 it is said that even if a physician is unable to name a particular disease, a full knowledge of therapeutic properties of doshas, site of its manifestation, etiological factors, and due regard given to scriptural instructions would never fail his attempt to cure a disease. The gynecological disease in *ayurveda* is explained under a board term *yonivyapat*, it can be understood as the functional and structural abnormalities of female reproductive organs. Yet there are other disease need to be understand, For this purpose, diseases having comparable features with uterine fibroid in accordance with *Ayurveda* will be discussed.

Keywords: Endometriosis; Menorrhagia; Gynecological disorders; Menstruation; Dysmenorrhea.

INTRODUCTION

Uterine fibroid also referred to as uterine leiomyomata uterine leiomyomas or uterine myomas are benign growth of womb (uterine) muscle, they are composed of smooth muscle layer accompanying connective tissues of the uterus¹. Most leiomyomas occur in the fundus and body of the uterus; only 3% occur in the cervix. They are most common towards the end of the reproductive years they exist some-

times singly but most often are multiple or diffuse and if the uterus contains too many leiomyomas to count, it is referred to as uterine leiomyomatosis². They are more common in obese women and probably some genetic determinant and they are less common in smokers. Majority of fibroids grow as a women gets older, and tend to shrink after menopause³.

Leiomyomas are benign smooth muscle neoplasmas that typically originate from the myometrium, due to fibrous consistency and are also called as fibroid. In *ayurvedic* classics the explanation of *granthi* shows similarity, like *gratanath Granthi*, Localized nodular swelling/growth has been referred under the name of *Granthi* that develops due to localization of morbid body humors in body tissue⁴. It protrudes like joint of bamboo/joint between two parts of a plant or kernel of the fruit of *Amalaki* (*Emblica officinalis* Gaertn.) and is relatively hard and tough, glandular or nodular swelling; knotty, hard and rough appearance.

PATHOLOGY

Leiomyomas arise from the overgrowth of smooth muscle and connective tissue in the uterus. Histologically, a monoclonal proliferation of smooth muscle cells occurs. Estrogen and Progesterone receptors are present on fibroids. Elevated estrogen levels may cause fibroid enlargement. Overall, estrogen, progesterone, and growth factors likely promote tumor growth, but only after the initiation of tumor formation. This initiating event remains unknown, although recent evidence suggests there is a strong inherited component to fibroid development.

Pathogenesis of *Granthi* is propounded as when morbid *Tridoshas*, vitiate *Rakta* (blood), *Mamsa* (fleshy/muscles), and *Meda* (fat/adipose tissue) that are admixed with *Kapha* produce rounded protuberant, knotty or glandular and hard swelling called *Granthi*. Though there is vitiation of *rakta*, *Mamsa*, *Meda*⁵ but the initiating event remains *vata*. And also been supported by the natural site of its location (*basti pradasha*) in the body.

Etiopathogenesis, clinical features and treatment of *Granthi*s, are identical to the *Granthi*s of any other body part, however few clinical features present due to a specific location of the disease as a result of anatomical and physiological disturbance.^{5,6} *Granthi* when present in *yoni* (female reproductive system)/*Garbhashaya* (uterus) will lead to disturbed menstrual cycle-menorrhagia,

metrorrhagia, dysmenorrhea, etc., along with infertility

TYPES OF UTERINE FIBROIDS

Growth and location are the main factors that determine if a fibroid leads to symptoms and problems.⁷

- Intramural fibroids are located within the wall of the uterus and are the most common type; unless they may be asymptomatic.
- Subserosal fibroids are located underneath the mucosal (peritoneal) surface of the uterus and can become very large. They can also grow out in papillary manner to become pedunculated fibroids. These pedunculated growths can actually detach from the uterus to become a parasitic leiomyoma.
- Submucosal fibroids are located in the muscle beneath the endometrium of the uterus and distort the uterine cavity; even small lesion in this location may lead to bleeding and infertility. A pedunculated lesion within the cavity is termed as intracavitary fibroid and can be passed through the cervix.
- Cervical fibroids are located in the wall of the cervix (neck of the uterus). Rarely fibroids are found in the supporting structures (round, ligament, broad ligament, or uterosacral ligament) of the uterus that also contain smooth muscle tissue

Ayurveda acharys are also explains different types of *granthi* as follows⁴

- *Vataja granthi* which are elongated and usually painful- Subserous fibroid can become very large and even wondering hence this can understand.
- *Pittja granthi* are more prone for suppuration and inflammation-as this distort the uterine cavity it can be consider as submucosal fibroid.
- *Kaphaja granthi* are with mild pain, localized mass.-cervical and Intramural fibroids can be understood.
- *Medo granthi* are usually board, mild pain
- *Sira granthi* is quick in onset and with multiple symptoms and complication -when it comes to

understanding *medoja* and *siroja granti* the degenerative changes of fibroid can be well established.

SYMPTOMS OF UTERINE FIBROIDS

The most common symptoms of women with fibroids are pressure symptoms and heavy periods. An enlarged womb will place pressure on the bladder giving increased symptoms⁸. Generally, symptoms include abnormal bleeding, heavy or painful periods, abdominal discomfort or bloating, painful defecation back ache, urinary frequency or retention and in some cases, infertility.

In same way any *Granthi* when present in yoni (female reproductive system)/*Garbhashaya* (uterus) will lead to disturbed menstrual cycle-menorrhagia, metrorrhagia, dysmenorrhea, etc., along with infertility

FIBROID TREATMENT OPTIONS

Treatment should be individualized, but some factors can help with the decision:

- Asymptomatic fibroids: No treatment
- Postmenopausal women: Trial of expectant management
- Surgically accessible symptomatic fibroids,
- Non-surgical techniques

In *ayurveda* treatment principle for *granthi* are described as

- Managed according to the principle of *Samprapti Vighatana* (to break the pathogenesis).
- Choice of Kapha vatahara drugs
- *Vataanulomana*
- *Lekhana* and *Rakthaprasadana*
- *Chedana* and *visravana*

Same principles can also be used in treating *Garbhasaya granti*.

CONCLUSION

The uterine fibroids in *Ayurvedic* perspective can be clearly understood as *Garbhasaya gata Granti* due to vitiation of *vata* and *kapha* along with *mamsa* and *raktha*. On treatment approach it may *Oushada*

sadya or *Shastra sadya* according to clinical symptoms and extension of *granti*.

REFERENCES

1. http://www.medicinet.com/uterine_fibroids/discussion-269.htm.
2. Philip Thomason. Leiomyoma, Uterus (Fibroid) [online]. 2008 May 6. Available from: URL: <http://emedicine.medscape.com/article/405676-overview>
3. Goto A, Takeuchi S, Sugimura K, Maruo T. "usefulness of Gd-DTPA contrast-enhanced dynamic MRI and serum determination of LDH and its isozymes in the differential diagnosis of leiomyosarcoma from Degenerated leiomyoma of the uterus". Int. j. gynecol. Cancer 12 (4): 354-61.
4. Vaidya Jadavji Trikamji Acharya., editor. 9th ed. Varanasi: Chaukhamba Orientalia; 2007. Sushruta, Sushruta Samhita, Nidana Sthana, Vatvyadhinidan Adhyaya, 1/3. 256.
5. Vaidya Jadavji Trikamji Acharya., editor. Varanasi: Chowkhamba Orientalia; 2011. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Chikitsa Sthana, Shwayathu Chikitsa Adhyaya, 12/74. reprint ed. 488.
6. Ibidem. Charak Samhita, Chikitsa Sthana, Shwayathu Chikitsa Adhyaya, 12/81. 489.
7. Wallach EE, Vlahos NF. "Uterine myomas: an overview of development, clinical features, and management". Obstet Gynecol 104 (2004), pp. 393-406.
8. http://www.womenshealth.gov/FAQ/uterine_fibroids.cfm

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