

## MANAGEMENT OF UTERINE FIBROID ALONG WITH POLYCYSTIC OVARIAN SYNDROME THROUGH AYURVEDIC MEDICINE: A CASE STUDY

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### ABSTRACT

Uterine fibroid are the most common, non-cancerous tumour in women of childbearing age and the second most common reason women of childbearing age undergo surgery. Polycystic ovarian syndrome is a common endocrine system disorder among women of re-productive age. The most common characteristic of polycystic ovarian syndrome is irregular menstrual period. In Ayurveda, both the diseases come under “*Raktagulma*”. Here the study was under-taken to evaluate the effect of some Ayurvedic formulation with good safety and efficacy profile. A female patient of 26 years of age was diagnosed with “*Raktagulma*” on the basis of clinical features and USG findings. This study was carried out in the I.P.D. level of I.P.G.A.E.&R. at S.V.S.P. Hospital, Kolkata, Syp. *VarunadiKashayam* 30 ml and Syp. *PunarnavadiKashayam* 30 ml was given to the patient before meal along with equal amount of water for 7 months. Tab. *KanchanarGuggul* and Tab. *Kankayan* (Gulma) were given along with above said medicine. The result of this study was found encouraging after 5 months of this therapy, all major complains like irregular menstrual bleeding, lower-abdominal pain, and fullness of abdomen got reduced. After 7 months of this therapy, patient was completely cured from this disease. It can be concluded that *Raktagulma* can be efficiently and effectively managed with Ayurvedic Medication and the complication be prevented.

**Keywords:** Uterine fibroid, Polycystic ovarian syndrome, *Raktagulma*.

### INTRODUCTION

Fibroid are the Commonest Benign tumor of the Uterus and also the commonest benign solid tumour in female. It has been estimated that at least 20% of women at the age of 30 have got fibroid in their wombs. Fortunately, 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 these having one child infertility. The prevalence is highest between 35—45 years age group.<sup>(1)</sup>

Polycystic ovarian syndrome (PCOS) is a common endocrine system disorder among women of Reproductive age. Women with PCOS may have enlarged ovaries that contain small collection of fluid in each ovary. Infrequent or prolonged men-

strual period, excess hair growth, acne, obesity, infertility can occur in women with PCOS.<sup>(2)</sup> The most common characteristic of PCOS is irregular menstrual period. The incidence varies between 0.5 – 4%, more common amongst infertile women. It is prevalent in young re-productive age group (20 – 30%). PCOS may be seen in about 20% of normal women.<sup>(3)</sup>

Most women with uterine fibroid have no symptoms (75%). The symptoms are related to anatomic type and size of the tumor. The common symptoms are: Menstrual abnormality such as menorrhagia, metrorrhagia, dysmenorrhea, infertility, pressure symptoms, recurrent pregnancy loss (Miscarriage, Pre-term labour), dyspareunia, lower abdominal pain or pelvic pain, abdominal enlargement.<sup>(4)</sup>

According to Ayurveda, both of the diseases come under “*Raktagulma*”. Here, *Vata* gets aggravated and vitiated very quickly due to specific *Nidansevan* and then aggravated *Vata* enters into *Garbhashaya* and obstruct *ArtavvahaSrotas*. Finally, this *Vata* and *Rakta* both are accumulated gradually and develop irregular, rounded shaped growth or *Pinda* within and around the wall of uterus i.e. *Raktagulma*.<sup>(5)</sup> It palpitates as whole but there is non-movement in its parts. Pain is one of the most important features of this disease. Others sign and symptoms are fullness of abdomen, occasional burning pain and pregnancy related sign and symptoms. *Raktajagulma* occurs only in female and should be treated after passing 10 months.<sup>(6)</sup>

According to Allopathic System, standard treatment of systemic fibroid is myomectomy or Hysterectomy<sup>(7)</sup> and Laparoscopic Ovarian drilling is the treat-

ment of choice in case of PCOS<sup>(8)</sup>. So, there is definite need to explore more efficacious and radical cure to this illness. With this background, present study was undertaken to evaluate the effect of some Ayurvedic formulations with good, safety and efficacy profile.

#### Case Study:

26 years old female patient, reported to *Kayachikitsa* outdoor department in I.P.G.A.E.& R. at S.V.S.P. Hospital, Kolkata with complaints of irregular bleeding per vagina along with lower abdominal pain for last 4 – 5 months. She also had intermittent low back pain. She complained that pain was increasing day by day and felt occasional burning pain in lower abdomen. In addition to these symptoms, she has had recurrent miscarriages for last 1 year. Patient was anaemic. On palpation abdomen was slightly firm in the lower portion. On Bimanual examination, there was an irregular enlarged swelling in uterus. She had visited Allopathic Hospital for treatment. Lower abdominal USG was done immediately and she was diagnosed with uterine fibroid along with polycystic changes in ovaries, and was advised laparoscopic ovarian drilling. But patient was unwilling for operative intervention, so she came to our hospital for Ayurvedic Management.

#### Past History:

- History of complete abortion at the age of 4 weeks of gestation on January'14 due to unknown cause.
- History of complete abortion at the age of 6 weeks of gestation on May'14 probably due to uterine fibroid along with polycystic changes in ovary.

- History of complete abortion at the age of 8 weeks of gestation on January'15 probably due to same cause.

**Drug History:** H/o taking Traneximic acid, mefememic acid, proton-pump inhibitor since February'14 to August'14 but no improvement occurs. Then she stopped all medication. She was totally psychological upset. Then she took antipsychotic drug (Amitriptyline) since September'14 to November'14. After that, patient was advised to stop all medicine before starting ayurvedic treatment (treatment started on 26.11.14).

**Family History:** Father died due to Diabetes Mellitus.

**Menstrual History:**

Cycle = Irregular  
Duration= 14 – 15 days  
Amount= 6 – 7 pads/day  
Colour = Blackish Red, Clotted

Pain = Severe.

**General Examination:**

Anaemia =Moderate  
Oedema =Mild

**Investigation:**

**USG of Lower abdomen on 13.3.14**

Sub mucous fibroid noted to the left (17 mm size) and small polycystic changes in ovaries.

**Diagnosis:** Based on Clinical features and USG findings, diagnosis was confirmed.

**Treatment:** *VarunadiKashayam* 30 ml and *PunarnavadiKashayam* 30 ml with equal amount of water were given twice daily before meal.

Treatment started on → 26.11.14.

Patient observed following diet during the therapy:-

**Pathya & Apathya :**<sup>(9)</sup>

**Table 1: Pathya of the patient**

Ahaar	Vihar
<i>Shali, Pippali, Chitrak, Kshar, Hingu, Mansa Rasa</i>	<i>Langhan, Snehapan, Snehan, Swedan etc.</i>

**Table 2 :Apathya of the patient**

Ahaar	Vihar
<i>Viruddha Anna, Suskhamansa, Visthambhi Guru, SheetalJal</i>	<i>Vegadharan, Ratri-Jagaran, AtiShrama etc.</i>

**1<sup>st</sup> Follow Up:**

On 26.12.14. Complains of irregular bleeding per vagina along with lower abdominal pain were still present.

**Treatment:** Patient was advised to take Tab. *KanchanarGuggul* (250 mg) and Tab. *Kankayan (Gulma)* – 250 mg twice daily after tiffin for 3 months. Patient was also advised for USG of lower abdomen and to come for follow up after 3 month.

**2<sup>nd</sup> Follow Up:** Patient came for follow up on 23.04.15. She was completely free from all symptoms. But USG report on 21.04.15

revealed that marginally bulky uterus with heterogeneous myometrium. There was no fibroid. Small polycystic changes in ovaries were seen.

**Treatment:** Patient was advised to take same medication for 2 months again and advised for USG of lower abdomen.

**3<sup>rd</sup> Follow Up:** Patient came to OPD on 02.07.15 and was free from all sign and symptoms. USG report on 30.06.15 revealed that Bulky Uterus with thickened endometrium and normal ovary.

## DISCUSSION

According to Ayurveda, the pathogenesis of Raktagulma involves Vata, Kapha & Rakta Dosha. So, Vata-Kapha Shamak as well as pitta & raktaprashamak treatment is necessary. Hence in this present clinical study varunadikashayam and punarnavadi-kashayam along with Tab. Kanchanar Guggul & Kankayanbati were selected.

### Probable mode of action of Varunadi-Kashayam<sup>(10)</sup>

The main ingredient of this drug are Varuna (Crataevanurvala), Shatavari (Asparagus racemosus), Chitraka (Plumbago Zeylanica), Bilva (Aeglemarmelas), Bhal-latak (Semecarpusanacardium) etc. which have katu-tikta Rasa, Ushna Veerya. It has kapha-vataharam, medanashanam Gulmanashan and Vidradhi Nashan property.

### Probable mode of Punarnavadi-Kashayam<sup>(11)</sup>

The main ingredient of this drug are Patola (Trichosanthes dioica), Punarnava (Boerhaviadiffusa), Nimba (Azadiractaindica), Sunthi (Zingibarofficinalis), Katukarohini (Picrorhizakurroa), Guduchi (Tinosporacordifolia) etc. which have Tikta Rasa, SamaSheetoshnaveerya. It is kapha-pitta hara, sophahara, slightly laxative. So, it can easily clear up the channels or srota.

### Probable mode of KanchanarGuggul<sup>(12)</sup>

It is tikta-kashaya-katu rasa, ushna-veerya. It has Kapha-hara, Lekhana, Chedana & Granthi-hara property. So, it easily destroys all types of Gulma.

### Probable mode of Tab. Kankayan (Gulma)<sup>(13)</sup>

The main ingredient of this drug is Hingu and Yavakshar which have Lekhan,

Chedan and Granthihara property. It is well known drug of GulmaRoga.

## CONCLUSION

It can be concluded from current Research project that:

- 1) Uterine fibroid along with polycystic ovarian changes can be efficiently and effectively managed by Ayurvedic Medication.
- 2) The complication of this disease can be prevented by this medication.
- 3) Study has not shown any side effects.

## REFERENCES

1. Dutta's D.C., Text book of Gynaecology, edited by Konrar. Hiralal, 6<sup>th</sup> edition, New Central Book Agency Ltd. Kolkata, Page No. 259.
2. Google search: <http://www.mayoclinic.org/disease-conditions/PCOS/basics/definition/con-20028841>.
3. Dutta's D.C., Text book of Gynaecology, edited by Konrar. Hiralal, 6<sup>th</sup> edition, New Central Book Agency Ltd. Kolkata, Page No. 440.
4. Dutta's D.C., Text book of Gynaecology, edited by Konrar. Hiralal, 6<sup>th</sup> edition, New Central Book Agency Ltd. Kolkata, Page No. 264.
5. Sushruta, Sushruta, Samhita, edited by Sharma, Dr. Anantram, reprint edition 2612, Uttartantra – 42th Chapter, 13 – 14 no. shloka, Page No. 334.
6. Agnivesha, CharakSamhita, edited by Kushwaha. Vd. Harish Chandra Singh, 2<sup>nd</sup> part, Chikitsasthana – 5<sup>th</sup> Chapter, ChaukhambhaOrientalia, reprint edition – 2012, Page No. 162.
7. Dutta's D.C., Text book of Gynaecology, edited by Konrar. Hiralal, 6<sup>th</sup> edition,

- New Central Book Agency Ltd. Kolkata,  
Page No. 269.
8. Dutta's D.C., Text book of Gynaecology, edited by Konrar. Hiralal, 6<sup>th</sup> edition, New Central Book Agency Ltd. Kolkata, Page No. 451.
  9. Sharma, Prof. Ajay Kumar, Kayachikitsa, 2<sup>nd</sup> part, Page No. 324.
  10. Vagbhatta, AstangaHriday, edited by Tripathi Dr. Brahmanand, Sutrasthana – 15<sup>th</sup> Chapter, Shloka No. 21, Chaukhambha Sanskrit Pratishthan, Delhi, Page No. 200.
  11. Mahadevan, Dr. L., Critical analysis of Ayurvedic formulations (Sahasrayoga& other Samhitas), SaradaMahadevaIyer-Ayurvedic Educational & Charitable Trust, Tamilnadu, Page No. – 205.
  12. Mahadevan, Dr. L., Critical analysis of Ayurvedic formulations (Sahasrayoga& other Samhitas), SaradaMahadevaIyer-Ayurvedic Educational & Charitable Trust, Tamilnadu, Page No. – 274.
  13. Ayurved Sarsamgraha, Shree Vaidyanath Ayurved Bhavan Limited, Kolkata, Page No. 435.

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