

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 lo-

cated 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.³ Further uterine fibroids rank as a major reason for hysterectomy accounting for approximately one-third of all hysterectomies or about 2,00,000 hysterectomies/year⁴. The chance cancer with fibroids is about 1 in 10,000 cases and risk of surgical complications is one in 1000 cases⁵.

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*.⁷ Treatment of single *dosha arbuda* is described and *dvandaja arbuda* are considered as difficult to cure⁸. 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 Ultrasonography 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*.⁹ 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)¹⁰. *Ashwagnadha* which is one of the contents of *Phalaghrita*; shown to have effective in uterine fibroids in some of the clinical trials^{10a}. *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 ingredients¹¹. *Kanchanara* (*Bauhinia variegata*) is having *Shothahara*, *Granthihara*, *Kaphahara*, *Vranasodhaka* etc properties.¹¹ *Kanchanara* bark showed significant anti-inflammatory activity.¹² The petroleum ether, benzene, chloroform and alcohol extracts were not toxic either orally or intraperitoneally.¹³ *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*, *Srothorodhahara*, *Vranaprakshalana*, *Lekhana*, *Raktasodhaka*, *Tridoshaghna* etc properties¹⁴. Gum resin of *Guggulu* showed different pharmacological properties like astringent, aphrodisiac, antispasmodic, emmenagogue, thyroid stimulating¹⁶, hypolipidaemic, hypocholesterolaemic activities¹³. Its *shothahara* and *srothorodhakara* 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* (*Symplocos racemosa*), one of the important ingredients of the *Pushyanuga churna*¹⁵. 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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