CASE REPORT

Ayurvedic Approach for Management of Uterine Fibroid: A Case Report

Neha Rawat¹, Manjry A Barla², Rakesh Roushan³

ABSTRACT

A 31 year old woman presented with uterine fibroid of 12.3 mm diameter in right lateral uterine wall and a cyst of 30mm diameter in left ovary. She was intended to treat with some Ayurvedic formulations. Fibroids are the abnormal growths that develop in a woman’s uterus. Sometimes these tumors are quite large and cause severe abdominal pain and heavy periods. In other cases, they cause no signs or symptoms at all. The growths are typically benign or noncancerous. The cause of fibroids is unknown. Fibroids are also called leiomyomas or myomas. Ayurvedic drugs have been proved useful for these manifestations. The case was treated for 14 months with a combination of different Ayurvedic drugs to alleviate symptoms and reduce the size of fibroid. Patient came with the complaint of excessive menstrual bleeding with pelvic pain and was diagnosed with uterine fibroid by ultrasonography (USG). This patient of uterine fibroid, diagnosed as Granthi was treated with Pradarantak rasa, Kanchnar guggulu, Arogyavardhini vati, Kumaryasava, Ashokarishta, and Pushyanuga churna during the treatment. Only oral Ayurvedic drugs were used during the treatment. Patient’s condition was assessed for symptoms of uterine fibroid which was completely relieved. No evidence of uterine fibroid was seen in USG; therefore, it indicates the case of uterine fibroid successfully and completely cured with Ayurvedic treatment. Surgical removal of uterine fibroid or cyst is the only curative treatment in contemporary modern medical science. In Ayurveda, it may be successfully treated with oral Ayurvedic drugs and without surgical intervention.

Keywords: Ayurvedic treatment regimen, Granthi, Leiomyomas, Uterine fibroid.


INTRODUCTION

Uterine fibroids are the most common benign tumors observed in the women of the reproductive age. It is also known as fibromyomas, leiomyomas, or myomas; is one such gynecological disorder which is posing a major health problem.¹ The fibroids can be of different sizes and shapes. They can be located anywhere in the uterus. Approximately 50% of women who have this condition are asymptomatic. However, heavy menstural bleeding or menorrhagia and severe pain or cramps during periods (dysmenorrhea) is a major burden. Uterine fibroids (also known as leiomyomas or myomas) are the most common benign uterine tumors, with an estimated incidence of 20% to 40% in women during their reproductive years.² ³ Uterine fibroids are not usually dangerous but may lead to complications such as anemia because of heavy blood loss. Fibroids usually do not interfere with getting pregnant. However, it’s possible that fibroids, especially submucosal fibroid, could cause infertility or pregnancy loss. Fibroids sometimes also raise the risk of certain pregnancy complications, for example, placental abruption, fetal growth restriction, and preterm delivery. Surgery is the only management of uterine fibroid present in modern practice to meet urgent need of the patient but challenges remain to establish a satisfactory conservatory medical treatment till date. Unavailability of satisfactory treatment in biomedicine leads to a need to search satisfactory treatment available in other medical systems. A patient of uterine fibroid was treated with Ayurvedic management of Granthi. Uterine leiomyomas, or fibroids, are a major cause of abnormal uterine bleeding in women. These benign tumors and their growth have been shown to be dependent on the ovarian steroid hormones, estradiol and progesterone. These steroid hormones have growth promoting effects that appear to be mediated through the local production of specific growth factors. Hysterectomy or myomectomy through surgical removal is the traditional treatment of leiomyomas in modern practice. Ayurveda interprets this disease under the name of Granthi that develops due to localization of morbid body humors in body tissue.⁴ In total nine types of Granthi have been mentioned in Ayurvedic texts, depending upon the pathological factor and the body tissue involved.⁴⁻⁷ Pathogenesis of Granthi is explained as when morbid Tridashas, 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.⁸ Granthi when present in yoni (female reproductive system)/Garbhshaya (uterus) will lead to disturbed menstrual cycle, menorrhagia, metrorrhagia, dysmenorrhea, etc., along with infertility. Per vaginal examination, bulky uterus is felt. Such clinical entity is diagnosed today as uterine fibroid wherein Vata Doshā (humor) is the predominant pathological factor. Its natural site is Basti Pradesha in the body. Fibroids can be related to the “Granthi” mentioned in Ayurvedic texts, and it can be managed according to the principle of Samprapti Vighatana (to break the pathogenesis). Here we present a case that was successfully treated on the line of Ayurvedic management of Granthi.

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CASE DESCRIPTION

A 31-year-old Indian, nonsmoking, nonalcoholic married woman consulted in the outpatient department (OPD) of Maharishi Valmiki Hospital, New Delhi (under Govt. of NCT of Delhi) with a complaint of heavy menstrual bleeding (menstrual periods lasting more than a week) with pelvic pain since 5 years. It is associated with lower back pain which wakes her up at night, frequent urination with mild constipation and pain in both legs. For a long time, the patient was on self-medication and took analgesic for pain relief. The patient consulted a gynecologist of modern medicine, who advised for USG to know the cause of complaint. Ultrasound clearly revealed the finding of bulky retroverted uterus and shows about 12.3 mm diameter of myomatous fibroid in right lateral uterine wall. The left ovary shows 30 mm diameter cyst. Right ovary was normal in size and had no cyst. During the vaginal examination, retroverted uterus was felt which was bulky and enlarged in size and irregularly shaped. Patient was advised to go for surgical removal of the fibroid and cyst. The patient was not prepared to go for surgical intervention. The patient subsequently attended the Ayurvedic OPD of Maharishi Valmiki Hospital, New Delhi, on February 10, 2013. On examination, the patient was found to be anxious with disturbed sleep and had a moderate appetite with mild constipation and frequent urination. The tongue was slighted coated; the voice was clear and the skin was rough. Patient had Madhyam (medium) Sara (purest body tissue), Samhanana (medium body built), Satmya (homologation), Satva (mental strength), Vyayamshakti (least capability to carry on physical activities), Aharshakti and Jaranshakti (medium food intake and digestive power), and Sama Pramana (normal body proportion). Vata and Kapha doshas were mainly affected in the patient. Chest expansion showed normal respiratory sounds. Heart rate was 72 beats per minute with normal heart sounds. No organomegaly was seen. Patient came to OPD on February 10, 2013, and her last menstrual period was on February 1, 2013, with a duration 6 days. Her menstrual cycle was normal, i.e., after 28 days. She had two full-term delivery (first delivery was 10 years ago and last delivery was 5 years ago) through lower section cesarean.

Treatment Schedule

Uterine fibroid can be compared to Granthi roga and Vata, Kapha dominating Tridoshas are involved in the pathogenesis of the Granthi Roga and hence Vata-Kaphahara medications are required; Dushyas are Rakta, Mamsa, and Meda and hence the medications should possess Rakta shodhaka (blood purifier) and Lekhana (scraping or dissolving) properties. At the beginning, the patient came with the problem of heavy menstrual bleeding and dysmenorrhea on February 13, 2013. The Ayurvedic management with oral drugs were advised to the patient as depicted in Table 1. Certain diet and life style modifications are also advised to the patient.

DISCUSSION

The case was treated on the line of management of Granthi roga. As mainly Vata and Kapha Doshahara drugs were prescribed because of predominance of Vata and Kapha Dosh in Granthi. Pradarantaka Rasa, Pradarantaka Rasa, Arogyavardhini Vati, Kumaryasava, Kanchnar Guggulu, and Ashokarishta were advised to patient for the treatment, and proper dietary habits were advised such as to avoid junk, oily, spicy, and refrigerated food. Fibers and vegetables were also advised to the patient. Uterine fibroid was completely cured as no sign of uterine fibroid was seen in USG. There is no recurrence of any symptoms and sign until now. This is an important finding, considering the prognosis and unsatisfactory treatment in modern medicine. Pradarantaka rasa was prescribed as two tablets thrice a day, as Pradarantaka rasas cure gynecological disorders and anemia. It gives strength to uterus and ovary. It gives relief of abnormal discharge from vagina; low appetite; digestive impairment; low fever; weakness; irritability; and pain in vagina, lower back, and pelvic. Pradarantaka Rasa is a herbomineral Ayurvedic medicine, and it is also a Ras Aushadhi. Mercury is known as Rasa in Ayurveda and medicines that are prepared using purified mercury, purified sulfur, Bhasma, etc., are named as Ras Aushadhi (mercurial preparations). Parad is one ingredient of Pradarantaka rasa, which balances Vata, Pitta, and Kapha due to its powerful medicinal properties. Ras aushadhi (Parad-containing medicine) are fast acting. They nourish whole body and has tonic, aphrodisiac, rejuvenative, anti-aging, wound healer, and antimicrobial effects. The therapeutic efficacy of medicine is enhanced due to the Yoggavi property of Parad. This medicine is indicated in the treatment of gynecological disorders, Pradar. As we can compare Atyaarta with metorrhagia which is a classical symptom of uterine fibroid, so along with this Kumaryasava was also given to the patient as it helps in controlling heavy menstrual flow and also helps in Kashtartava. Kumaryasava mainly acts on Vata and has a great role in Artava Dosh. Vata and Kapha are the main Doshas involved in Granthi. The dose was 3 teaspoonful (tsf) with equal water twice a day. Generally, poor digestion may cause malabsorption and production of more toxins, i.e., Ama in the body, which ultimately cause a variety of disorders. The second factor is constipation. Constipation occurs in Vata Vriddhi and is also a root of many diseases in the body. Arogyavardhini Vati works on both. Along with the above two drugs Arogyavardhani vati was also advised as it is Vatakaphahara and works dominantly on Granthi roga. It improves absorption and metabolic activities in the body. It also cures constipation and prevents diseases. Arogyavardhini Vati reduces cholesterol levels by improving liver functions. The dose was two tablets twice a day. After 10 days along with the same drugs, Kanchnar Guggulu was also added on February 23, 2013. Kanchnara Guggulu was prescribed due to its Vata-Kaphahara (which alleviates vitiated Vata and Kapha Doshas), Raktashodhana (purification of blood), Lekhana (bio-scraping), and Shothahara (anti-inflammatory) properties, which in turn shows significant effect in Granthi. Patient was asked about the menstrual blood flow during the follow-ups, and it was observed that menstrual flow was heavy with more than 7 days per cycle. After that 1 tsf of Pushyanug churna thrice a day along with Ashokarishta 2 tsf along with equal lukewarm water twice a day was also added to the above drugs on April 24, 2013; on next the follow-up on May 7, 2013, patient got relief of pelvic pain and the duration of menstrual bleeding was also reduced from more than 7 to 5 days. Same treatment was continued for the next 12 months with regular follow-up. Pushyanug churna is Raktaapta-hara, which means it cures bleeding disorders. It is useful in treatment of all menstrual disorders such as excessive bleeding, fibroids, painful periods, mid-cycle bleeding, and heavy bleeding before menstruation. Mainly indicated in yoni Dosh and in different types of Pradara roga too. Ashokarishta is Tridoshas and mainly acts on pitta and control the menstrual irregularities. Ashokarishta helps in short menstrual cycle and in heavy menstrual bleeding. It is very useful in Yoni Dosh, i.e., Asrddarajuu, Yoniraj, and Swetapradara. The dose of Pushyanugchurna was 1 tsf twice a day with lukewarm water.
Ayurvedic Approach for Management of Uterine Fibroid: A Case Report

Table 1: Timeline of case

<table>
<thead>
<tr>
<th>Date and year</th>
<th>Clinical events and intervention</th>
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</thead>
<tbody>
<tr>
<td>2003</td>
<td>Patient had her first delivery through LSCS</td>
</tr>
<tr>
<td>2008</td>
<td>Patient had her second delivery through LSCS</td>
</tr>
</tbody>
</table>
| 2009-2013     | • Gradual onset of pelvic pain and excessive menstrual bleeding  
                • Took allopathic painkillers |
| February 10, 2013 | Patient came to OPD with the complaints of excessive menstrual bleeding and pain  
                    • USG was advice to the patient |
| February 13, 2013 | USG findings: before treatment  
                     Retorted uterus, about 12.3 mm diameter Rt. lateral uterine wall myomatous fibroid  
                     Left ovary shows about 30 mm diameter cyst  
                     Oral Ayurvedic drugs were advised to the patient  
                     1. Pradarantak Rasa two tablets thrice a day with lukewarm water  
                     2. Arogyavardhini Vati two tablets twice a day with lukewarm water  
                     3. Kumaryasava 3 tsf with equal water twice a day |
| February 23, 2013 | 4. Kanchnar guggulu two tablets thrice a day added with the above drugs |
| March 13, 2013  | Follow-up—patient was getting mild relief of dysmenorrhea but menorrhagia was continued |
| April 24, 2013  | 5. Ashokarishta 2 tsf with equal lukewarm water twice a day  
                    6. Pushyanug churna 1 tsf with lukewarm water thrice a day  
                    Were advised with the above oral Ayurvedic drugs |
| May 7, 2013    | Follow-up—patient got relief of pelvic pain  
                    Same treatment continued |
| May 24, 2013   | USG advised again  
                    USG findings: during treatment  
                    USG revealed retorted uterus, bulky in size \((72 \times 48 \text{ mm})\) with presence of a small hypo-echoic lesion in left lateral wall without measuring, \(10 \times 11 \text{ mm}\).  
                    Both ovaries appeared normal in size \((\text{no cyst was seen})\)  
                    Oral Ayurvedic drugs were advised to the patient  
                    Same treatment continued |
| June 11, 2013  | USG findings after treatment  
                    USG findings—retorted uterus normal in size \((51 \times 76 \times 51 \text{ mm})\) with normal shape and echo pattern. Endometrial echo central and regular measuring approx. \(8 \text{ mm}\) in thickness  
                    Both ovaries appeared normal  
                    Oral Ayurvedic drugs advised to the patient  
                    No further treatment advised |
| July 17, 2013  | Regular follow-up |
| August 7, 2013 | Regular follow-up |
| September 5, 2013 | Treatment continued |
| October 23, 2013 | • Gradual decrease in menstrual bleeding  
                      • Duration of menses reduced |
| November 25, 2013 | Regular follow-up |
| December 23, 2013 | Regular follow-up |
| January 3, 2014 | Relieved of all the complains for which patient came to OPD |
| February 4, 2014 | USG advised again  
                     Same treatment continued |
| April 21, 2014  | USG findings after treatment  
                     USG findings—retorted uterus normal in size \((51 \times 76 \times 51 \text{ mm})\) with normal shape and echo pattern. Endometrial echo central and regular measuring approx. \(8 \text{ mm}\) in thickness  
                     Both ovaries appeared normal  
                     Oral Ayurvedic drugs advised to the patient  
                     No further treatment advised |
| July 21, 2014   | Patient was called for follow-up and was completely fine  
                     No symptoms of excessive menstrual bleeding and pelvic pain present  
                     No recurrence of uterine fibroid was found |

and Ashokarishta was 2 tsf twice a day with equal lukewarm water after meal. Follow-up was regularly done after every 15 days in OPD. Before treatment, the USG finding showed a uterine fibroid of 12.3 mm diameter and a cyst of 30 mm diameter was present in it. Further USG findings during treatment were that the size of uterine fibroid was reduced to 10 × 11 mm diameter and no cyst was seen. After treatment, no evidence of uterine fibroid was seen in USG (Table 1). This case study shows that only oral Ayurvedic drugs show significant relief in uterine fibroid, whereas compared to modern medicine they have only surgical intervention for this disease and that also with the possibility of recurrence of disease. But the major limitation for Ayurvedic treatment in this case was that it took long duration to treat the disease and the symptoms also subsided gradually. A combination of above-said drugs has significant effect on uterine fibroid and ovarian cyst. As the estimated incidence of uterine fibroid is 20% to 40% in women.
during their reproductive years, so it is one of the major areas of concern in India; and by using these oral Ayurvedic drugs, we can prevent surgical intervention in females.

**Conclusion**

The above-mentioned oral Ayurvedic drugs were helpful in treating the patient with uterine fibroid. This approach may be taken into consideration for further treatment and research work for uterine fibroid.

**Patient Perspective**

The patient was satisfied with the improvement. Her ultrasound reports show significant change with disappearance of fibroid along with ovarian cyst. Her pain was also reduced, and she was completely cured from Ayurvedic management.

**Patient Consent**

Written permission for publication of this case study had been obtained from the patient.

**Clinical Significance**

In modern medicine, only surgical intervention, i.e., hysterectomy is the only treatment available for uterine fibroid. As many people are terrified of surgical intervention or do not want to undergo surgery. Even though surgery is the only treatment in modern science but that also do not assure recurrence of disease, as chances of recurrence of uterine fibroid are very high. In Ayurvedic science, availability of medicine is a chance for patients to avoid surgical intervention and to get cured completely without the recurrence of disease.

**References**

हिंदी सारांश

आयुर्विदिक चिकित्सा पद्धति के माध्यम से गर्भाशय स्थित फाइब्रोएड का इलाज- एकल आतुर चिकित्सा पत्र

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फाइब्रोएड असामान्य वृद्धि होती है जो एक महिला के गर्भाशय में विकसित होती है। कभी-कभी ये टुप्पर बड़े होते हैं और गंभीर पेट दर्द और अत्यधिक मस्तिष्क स्वास्थ्य का कारण बनते हैं। अन्य मामलों में, वे बिलकुल कोई संकट या लक्षण नहीं पैदा करते हैं। वृद्धि आमतौर पर सीमित, या कैंसर रहित होती हैं। फाइब्रोएड का कारण अजात है। फाइब्रोएड को लेयोमाइमा या मायोमा भी कहा जाता है। इस विकार के लिए आधुनिक चिकित्सा में कोई संतोषजनक दवा उपलब्ध नहीं है। इन अभिलक्षणों के लिए आयुर्विदिक दवाएं उपयोगी साबित हुई हैं। हम गर्भाशय फाइब्रोएड का एक मामला पेश करते हैं, जिसका इलाज विशिष्ट आयुर्विदिक दवाओं के संयोजन के साथ 14 महीने के लिए किया गया था। इस मामले में आयुर्विदिक उपचार, लक्षणों को कम करने और असामान्य वृद्धि के आकार को कम करने के लिए निर्देशित किया गया था। रोगी श्रीमति रूडियार्ड के दर्द के साथ अत्यधिक मस्तिष्करक्तव्य की सिद्धांत के साथ आई और अल्ट्रासॉनोग्राफी द्वारा गर्भाशय फाइब्रोएड का निदान किया गया था। गर्भाशय फाइब्रोएड के इस रोगी को बंधों के रूप में विचार करने के साथ इलाज किया गया था और इलाज के दौरान प्रदर्शित रस, कोपनार गुगुलु, अरोग्यवधित वटी, कुमायूस्व और अन्य आयुर्विदिक औषधियों के साथ इलाज किया गया था। उपचार के दौरान केवल मानक आयुर्विदिक दवाओं का उपयोग किया गया था। गर्भाशय फाइब्रोएड के लक्षणों के लिए रोगी की स्थिति का आकलनअल्ट्रासॉनोग्राफी द्वारा पूर्ण: किया गया था जिसके परिणाम से रोग का निवारण हुआ। इस अनुसरण से पता चलता है कि आयुर्विदिक उपचार से गर्भाशय स्थित फाइब्रोएड का सफलतापूर्वक इलाज किया जा सकता है।