



Case Study

AYURVEDIC MANAGEMENT OF *GARBHASAYA GRANTHI* WITH REFERENCE TO UTERINE FIBROID

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ABSTRACT

Uterine fibroids ranked as the major reason for hysterectomy. Uterine leiomyomata (also called fibroids and myomas) represent localized proliferation of smooth muscle cells surrounded by a pseudocapsule of compressed muscle fibers. Fibroids are dependent on estrogen and progesterone to grow and therefore relevant only during the reproductive years, they are expected to shrink after menopause. In India the prevalence of uterine fibroids (fibromyoma/leiomyoma) among women hovers between 30-50%. Majority women with fibroids are asymptomatic but in some women they show many symptoms like menstrual abnormality i.e., menorrhagia, metrorrhagia, polymenorrhea, dysmenorrhoea, dyspareunia, pressure symptoms, lower abdominal or pelvic pain, abdominal enlargement, infertility, increase frequency of micturition etc due to their size, number or location. In Ayurveda, fibroids can be correlated with *Granthi*. In specific, it can be correlated with *Mamsaja granthi*. Treatment of *Granthi* can be done in both by *Shodana* and *Samana* line of treatment. A woman aged 34, treated with *Samana oushadhi* like *Dasamoola kashayam*, *Varanadi kashayam* etc for 6 months and there is noticeable reduction in the size of fibroid.

INTRODUCTION

Leiomyomata are the most common indication for hysterectomy, accounting for approximately 30% of this operation. Additionally, they account for a large number of more conservative operations, including myomectomy, uterine curettage, operative hysteroscopy, and uterine artery embolization (UAE).<sup>[1]</sup>

Fibroid are the commonest benign tumor of the uterus and also the commonest benign solid tumor in females. Histologically, this tumor is composed of smooth muscle and fibrous connective tissue, so named as uterine leiomyoma, myoma or fibromyoma. It has been estimated that at least 20 percent of women at the age of 30 have got fibroid in their wombs. Fortunately, most of them (50%) remain asymptomatic. It is predominantly an estrogen-dependent tumor. <sup>[2]</sup>

Following menopause, there is cessation of growth and there is no new growth at all. However, the fibroid grows rapidly during pregnancy or amongst pill users (high dose pills). Rapid growth may also be due to degeneration or due to malignant change. Uterine enlargement most frequently reflects pregnancy or leiomyomas. Less often, enlargement is from adenomyosis, hematometra, an adhered adnexal mass, or malignancy. Of these, leiomyomas are benign smooth muscle neoplasms that typically originate from the myometrium. They are often referred to as uterine myomas, and they are colloquially called fibroids. After menopause, leiomyomas generally shrink, and new tumor development is infrequent.<sup>[3]</sup>

Intramural leiomyomas are those with growth centered within the uterine walls. Finally, submucous leiomyomas are proximate to the endometrium and grow toward and bulge into the endometrial cavity. Of tumors outside the uterine corpus, only about 0.4 percent develops in the cervix (Tiltman, 1998). Leiomyomas have also been found infrequently in the ovary, fallopian tube, broad ligament, vagina, and vulva. <sup>[4]</sup>

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Most women with leiomyomas are asymptomatic. However, affected women may complain of bleeding, pain, pressure, or infertility. In general, symptom risk increases with myoma size and number. Bleeding is common, especially heavy menstrual bleeding (HMB), and dilated endometrial venules are implicated.<sup>[5]</sup>

A sufficiently enlarged uterus can cause chronic pressure, urinary frequency, incontinence, or constipation. Rarely, leiomyomas extend laterally to compress a ureter and lead to obstruction and hydronephrosis. Aside from pressure, patients may also note dysmenorrhea, dyspareunia, or non cyclical pelvic pain. Acute pelvic pain is a less frequent complaint but is most often seen with a degenerating or prolapsing leiomyoma. Rare tumor complications include torsion of a subserosal pedunculated leiomyoma, acute urinary retention, or deep-vein thromboembolism.<sup>[6]</sup>

Another common symptom is a progressive increase in “pelvic pressure. This may be a sense of progressive pelvic fullness, “something pressing down,” or the sensation of a pelvic mass. Most commonly, this is caused by slowly enlarging myomas.<sup>[7]</sup>

### Case Report

Patient aged 34, was apparently normal before 1 year. Gradually she developed pain in the lower abdomen during the first two days of her menstrual cycle. The pain increased one week prior to the menstrual cycle also. There is also breast tenderness at the time of menses associated with it. For the first few months the pain was minimal. After a few months the severity of the pain increased. She took various modern medications. She was relieved but again the symptoms persisted. So for further treatment she came to our hospital.

### Past History

No relevant past history

### Intervention

Date	Treatment given	Observation
18.10.2022	<ol style="list-style-type: none"> <li><i>Nirgundyadi kashayam</i> 15ml with Tab. <i>Gopeecandanadi</i> (before food)</li> <li><i>Varunadi kashayam</i> 15ml with tab <i>Triphala guggulu</i> 1-0-1 (after food)</li> <li><i>Jatamayadi Choornam</i> with <i>Tanduloodakam</i> apply in the pelvic area External application: Daily once</li> </ol>	Lower abdominal pain minimally reduced.
7.11.2022	<ol style="list-style-type: none"> <li><i>Varunadi kashayam</i> 15ml along with tablet <i>Triphala guggulu</i> 1-0-1 (After food) twice daily</li> <li><i>Dasamoola kashayam</i> 15ml along with tab <i>Kanchana guggulu</i> 1-0-1 (before food)</li> <li><i>Lepam</i> to be continued</li> <li><i>Avipatti Choornam</i> 1 tsp along with lukewarm water at bedtime.</li> </ol>	Abdominal pain is present on the first two days of the menstrual cycle. Breast tenderness is reduced. Tiredness is reduced.

### Family History

No relevant family history

### Occupation

House wife

### Menstrual History

LMP: 25.9.2022

Menstrual cycle: 4 days cycle/28 days' interval

D1- 5 pads

D2- 4 pads

D3- 4 pads

D4- 2 pads

### Obstetric History

G2P1L1A1

P1- 13 years female child, FTND

A1- 11 years back

Married life: 13 years

Contraceptive history: No

### General Examination

Build: Moderate

Nourishment: Moderate

Pulse: 72/mins

Temperature: 98°F

Weight: 70kgs

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Oedema: Absent

Lymphadenopathy: Absent

### Systemic Examination

CVS: No abnormalities detected

CNS: No abnormalities detected

RS: No abnormalities Detected

Per vaginal examination: Not done

Per speculum examination: Not done

23.12.2022	<ol style="list-style-type: none"> <li>1. <i>Dasamoola kashayam</i> 15ml along with tab <i>Kanchana guggulu</i> 1-0-1 (after food)</li> <li>2. <i>Varunadi kashayam</i> 10 ml twice daily</li> <li>3. <i>Avipatti Choornam</i> at bedtime for 7 days only</li> <li>4. <i>Lepam</i> to be continued</li> </ol>	All the symptoms have been moderately reduced
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### Observation

Symptoms	Improvement	Before treatment	After treatment
Lower abdominal pain during menses	Moderately improved	10	7
Breast tenderness during menses	Improved	10	8
Disturbed sleep during menses	Improved	10	8
Tiredness	Improved	10	8
Pain felt one week prior to menses	Moderately improved	10	7

### USG reports

Before USG Report	After USG Report
Uterus fibroid: 6.4*5.4*6.cm Left ovary showing a follicular cyst measuring 1.8*1.6cms	Uterus fibroid: 5.9*5.6cm noted in the lateral wall of the uterus. No follicular cyst noted

### DISCUSSION

On abdominopelvic examination, uterine leiomyomata usually present as a large, midline, irregular-contoured mobile pelvic mass with a characteristic "hard feel" or solid quality. The degree of enlargement is usually stated in terms ("weeks size") that are used to estimate equivalent gestational size.<sup>[8]</sup> Fibroid can be compared to *Mamsa granthi* in Ayurvedic text. The main *Dosha* involved in the formation of fibroids is *Vata* and *Kapha*. In women's life, late reproductive age or perimenopausal age is very crucial because *Vata* is unstable during this period and tends to increase with the use of an unwholesome diet, behavior and emotional stability. Increased *Vata* causes impairment in ovarian hormone secretion which in turn causes *Kha-vaigunya* in *Garbhashaya* which makes *Garbhashaya* susceptible for *Garbhashaya granthi*. Increased *Vata* causes vitiation of *Kapha* leads to *Srotorodha* and formation of *Granthi*. Again vitiated *Vata* enhances the rate of cell division resulting in formation of *Garbhashaya granthi*. *Granthi* is a *Mamsa vridhijanya vikara*, similarly fibroid is also muscular in origin. Diet capable of increasing *Mamsa dhatu*, mentioned as major cause for *Mamsa granthi* by Vagbhata. *Nirgundyadi yoga* has very good property of *Vatashamana* (decreases *Vata*) and slows down the degeneration when given orally in *Kashaya* (decoction) form.<sup>[9]</sup> Acharya Vagbhata and Sushruta mentioned that *Varunadi Gana* has *Kaphaghna* and *Medoghna* properties. So it is most appropriate to select this *Varunadi Kashaya* for doing *Lekhana karma* in *Sthoulya*. It also follows *Samanya-Vishesa Siddhanta* which is basic principle of Ayurveda.<sup>[10]</sup> *Varunadi Kashayam* as the ingredients of *Varuna twak*, *Sahacharam*, *Sairyakam*, *Satavari*, *Chitrakam* etc. It is used in *Vatakaphaja* disorder and it is also very well indicated in *Kapharogas*, *Medorogas*, *Agnimandya*

(dyspepsia) and *Gulma*.<sup>[11]</sup>

The roots of five trees are known as *Brihat Panchmoola* and the roots of shrubs are known as *Laghu panchmoola*. *Brihat Panchmoola* contains *Bilva*, *Gambhari*, *Agnimantha*, *Patala*, *Shyonaka* whereas *Laghu Panchmoola* contains *Brahati*, *Gokharu*, *Kantakari*, *Prishniparni*, *Shalaparni*. The combination of these ten roots is used widely in Ayurveda which acts on *Vata dosha* and reduces its aggravation nerves, muscles, bones, and joints are all linked to a variety of diseases. Its anti-inflammatory, antioxidant, and analgesic properties are all potent. In Ayurvedic medicine, the polyherbal combination is one of the most common ingredients used to prepare many forms of medicine used for treatment of various ailments, especially *Vata Roga*. The health benefits of *Dashmoola* are huge in number.<sup>[12]</sup>

*Kanchana guggulu* is considered as the drug of choice for all types of *Granthi*. Ingredients of *Kanchanar Guggulu* have the effect of *Deepana* and the *Shodhana* of *Sukshma Srotas* (purification of micro channels). In this way there is improvement in *Koshthagani* and *Dhatwagni*. With the use of these medications, the *Garbhasya granthi* can be reduced along with its symptoms.<sup>[13]</sup> In the past, most preferred treatment is surgical removal of large, asymptomatic leiomyomatous uterus because of concerns regarding increased later operative morbidity and cancer risks. These concerns have been disproven, and thus otherwise asymptomatic women with large leiomyomas can also be managed expectantly (Parker, 1994). In addition, most infertile women with uterine leiomyomas are initially managed expectantly. For those with symptomatic tumors, conception attempts closely follow surgery, if possible, to limit tumor recurrence before conception.<sup>[14]</sup>

### Advice to be Followed

1. To take a light meal, warm water.
2. Regular exercise half an hour morning and evening regularly.
3. Sleep early at night and wake up early in morning.
4. To avoid spicy, over eating, fried food, bakery items, fermented items, cold drinks and Mental Stress etc.
5. Do not suppress natural urges.

### CONCLUSION

This study shows highly significant results in managing the disease *Garbhasaya granthi*.

As fibroid is one among the diseases having a greater impact on female reproductive life, careful administration of treatment protocol is highly beneficial. It has hampered the day to day activities of the women to a larger extent. Depending upon the locations, the severity of the fibroids varies. As Ayurveda have correlated it as *Garbhasaya granthi*, proper *Vata* and *Kapha hara* measures have to given. *Dipana*, *Pachana*, *Sroto vishodana* and *Lekhana* properties of medicines can be administered.

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