

MANAGEMENT OF GARBHASHAYGATA ARBUD IN AYURVEDA W.R.T. UTERINE FIBROID – A SINGLE CASE STUDY

[Deepali J Agrawal](#)¹, [Ashish C Zanwar](#)²

¹Associate Professor, Department of Rognidan and Vikruti Vigyan, SSVP Ayurved College, Hospital and Research Institute, Hatta, Dist. Hingoli, Maharashtra, India

²Assistant Professor, Department of Kayachikitsa, SSVP Ayurved College, Hospital and Research Institute, Hatta, Dist. Hingoli, Maharashtra, India

Corresponding Author: draczanwar@gmail.com

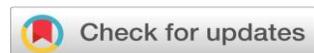
<https://doi.org/10.46607/iamj3609072021>

(Published Online: July 2021)

Open Access

© International Ayurvedic Medical Journal, India 2021

Article Received: 04/06/2021 - **Peer Reviewed:** 13/06/2021 - **Accepted for Publication:** 18/06/2021

**ABSTRACT**

Uterine fibroid is the most common solid benign tumour which affects merely pre-menopause age. It is 3rd leading cause of hysterectomy. It gives a negative impact on women's physical and social activities. A 45-year-old female patient approached the OPD complaining of heavy menstrual bleeding, heaviness in the abdomen, something coming out of the vagina. USG abdomen scan revealed a big myometrium fibroid in the fundus. She was suggested a hysterectomy for the same. However, due to its complications patient was not willing for surgery. So, she was treated as per Ayurvedic basic line of treatment of *Yoni Vyapad*. She was administered *Ashokarista* and *Chandraprabha Vati* for 2 months along with two cycles of *Yogbasti Chikitsa*. After 2 months all symptoms were subsided. In follow up scan after 6 months revealed an absence of fibroid. During this treatment, the patient did not report any negative effects suggesting the progression of the disease. An attempt has been made for successful management of fibroid of the uterus in premenopausal age to relieve her symptoms. After menopause, the fibroid may be automatically shrinking due to a lack of oestrogen and progesterone. The case study will build confidence among ayurvedic practitioners to treat a fibroid of the uterus in premenopausal age with safe, non-invasive and non-hormonal management fibroid through Ayurveda,

Keywords: uterine fibroid, *garbhashaygata arbud*, *basti*, *yoni vyapad*

INTRODUCTION

Fibroids are abnormal growth that develops in or on a women's uterus. In some cases, they show no signs or symptoms at all. Sometimes these tumours become quite large and cause severe abdominal pain and heavy menses. The growth of these fibroids is typically benign or non-cancerous. Oestrogen and progesterone hormone are responsible for the growth of fibroid.¹ so after menopause, the fibroid may get shrink automatically due to lack of oestrogen and progesterone. Fibroids occur in 20- 40% of women during reproductive age and 11-19% during premenopausal age. Amongst all hysterectomies, fibroid of the uterus is 3rd leading cause of surgery². Uterine fibroids classified according to their location are sub mucous, intramural and subserosal. The exact cause of fibroid is not known. Removal of the uterus is unacceptable by women who are desirous of childbearing through it offers a definite solution of this problem and also removal of uterus further leads to many complications like osteoarthritis³. Accordingly, surgical techniques and aggressive treatments are the solution for only those cases with heavy symptomatology while the clinical diagnosis based on the size and number of fibroids remain the second plane of this situation⁴. According to Ayurveda symptoms of fibroid of the uterus can be correlated with *garbhashaygata arbuda*, *Raktagulma*, *Mahayoni*, and *prasanstraniyonivyapad*. Acharya Charaka describes all *yonigataroga* under the umbrella of *Yonivyapad*⁵ and a general line of treatment for all *yonivyapad* is *vathar chikista*⁶. *basti* is best as *vataharanam*.⁷ so in present case-patient complaining of heavy menstrual bleeding, heaviness in abdomen, something coming out of vagina during squatting position suggests *yonivyapad*. So advised *Bastichikista* along with *shaman chikista*.

Case Report:

A 45-year-old patient, a farmer by occupation visited the OPD of *streerog and Prasutitantra* of SSVP, Hatta. with complaining of low backache and history of irregular, heavy flow for 7 to 8 days during each menstrual cycle with a feeling of something coming down in the vagina since one year and since 6-month increase frequency of micturition, passing drops of urine on coughing and sneezing with mild burning micturi-

tion. The patient was healthy before one year, then she developed the feeling of something coming out P/V during squatting position, during passing stool and urine but she neglected and continue her daily activity six months, then she started heavy P/V bleeding for 7 to 8 days in each cycle with 20 to 22 days interval for this complaint she took the modern medicine for same and she got 50 % relief but on USG abdomen reveals uterine fibroid and was advised hysterectomy with no other systemic abnormality was seen so she came at SSVP hospital, Hatta for Ayurvedic management.

History:

No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

Family history:

No history of the same illness in any of the family members.

Occupational history: Farming.

Nature of work – She does heavy weightlifting works every day.

MENSTRUAL / OBSTETRIC HISTORY:

Menarche at - 13 years of age

Menstrual cycle – 7 to 8 days/ 20- 22 days cycle having heavy painful, and irregular bleeding

Married life – 38 years

O/H – P₄ L₃ A₀ D₁ – FTND (home)

Contraceptive history – Tubal ligation was done 20 years back.

Last delivery 23 years back

General examination

- Built: moderate
- Nourishment: moderate
- Pulse: 82/min
- BP: 130/80 mm of Hg
- Temperature: 98.4 F
- Respiration Rate: 18 /minute
- Height: 153cm
- Weight: 59 kg
- Tongue: slightly coated

Systemic examination

- CVS: S1 S2 Normal
- CNS: well oriented, conscious,
- RS: normal vesicular breathing, no added sound

- P/A-soft, no tenderness, no organomegaly.

Examination

Per speculum (P\S) examination- vagina normal and normal size, no white discharge.

On P/V Bulky uterus

External OS-2.5cm below the level of the ischial spine.

On coughing - External OS 3cm below the level of the ischial spine. Remain inside the vagina.

Lab investigation:

Hb: 10.2 gm%

RBS: 110 mg/dl

Urine routine and microscopy:

Epithelial cells: 1-2 /hpf

Pus cells-3-4/hpf

Albumin – nil

Sugar- nil

USG abdomen and pelvis:

Bulky uterus. There is a well-defined hypoechoic lesion of size 64x 51 mm seen anteriorly in myometrium in the fundus and body of the uterus. ET 8.7 displaced posteriorly. Both adnexae normal. Suggestive of Intra-myometrial fibroid.

Diagnosis: *Mahayoni (yonivyapad) / yonigata arbud*

Therapeutic interventions:

Based on ayurvedic line of management of *Mahayoni (yonivyapad)* and *rajodushti* and the clinical experience, formulated a line of treatment. (Table 1)

Table 1: Abhyantar Chikitsa-

Sr no	Drug of intervention	Dose	Anupan	Duration
1.	<i>Chandraprabha vati</i>	250 mg twice daily, after food	Lukewarm water	For 2 months
2.	<i>Ashokaarista</i>	15 ml twice daily, after food	Lukewarm water	

Panchakarma: *Yog basti krama* is given for **two cycles (with an interval of 15 days)**.

The order of the *basti* is as follow (Table 2).

Table 2: Order of the basti

Day	1	2	3	4	5	6	7	8	
<i>Type of basti</i>	A	A	N	A	N	A	N	A	A= Anuvasanbasti with Dashmool tail N=Niruhbasti with Dashmoolkwath

Observations:

Changes observed in the subjective and objective criteria before, after completion of 1st cycle of *basti* and after administration of 2nd *Basti* are observed and they are as follows.

Table 3: Observation of signs and symptoms during and after treatment

Criteria	Before treatment	After 1 st cycle	After 2 nd cycle
Menorrhagia	Present	Absent	Absent
Fatigue	+++	++	Absent
P/V	External OS 3cm below the iliac spine	External OS 2 cm below the iliac spine	External OS 1.5 cm below the iliac spine
Uterus	Bulky	normal	Normal
Dribbling of urine	Present	Absent	Absent
Something coming out in squatting position	Present +++	Absent	Absent
Frequency of micturition	7-8 times	5-6 times	3-4 times
Passing urine after coughing sneezing	Present	Absent	Absent
Constipation	Present	Absent	Absent
Low backache	Present	Complete relief	Complete relief

DISCUSSION

According to Charak every patient is unique. The *samprapti* that occurs in every patient is different. If you can decide the *doshadushti*, *sthan* and *samuthan* of *vyadhi* then you can treat them accordingly. It is not compulsory to nomenclature every disease of the patient⁷. These symptoms resemble two or three diseases mentioned by *acharys* like *asrugdar*, *mahayoni*, *prasanstrini yonivyapad*. So according to symptoms and signs of the patient following *doshadusti* and *samprapti* is considered.

Sampraptighatak

Dosha: Saman, Apanvata, Pachakpitta, Avalambak Kapha., Dushya: rasadhatu-rajjodusti, mamsadhatu, Samuthan: pakwashay, Adhistan: Garbhashay, Samprapti: Multiple child births, abhighat, due to dukha-prasava lead to apan vayudusti, further leads to khavaigunyatav in yoni. vitiated vata hampers the dharanshakti of mansadhatu. And due to improper dietary habits, brings about agnidushti causing rasadhatu dushti. This leads to improper nourishment of its up-dhatu i.e. raja and its uttardhatu mamsa. Due to pit-tadushti there is loss of compactness and integrity in the structures which leads mamsa shaithilya causing myometrial fibroid.

Probable mode of action of Bastikarma: According to *Acharya Charak* in *yonivyapad chikitsa*, *vataharchikista* is to be adopted. *basti* is said to be best for *vata shaman*. *Garbhashaya* is *sthan* of *Apanvayu* so *Basti* is indicated in this patient. The objective of treatment is here is to improve the tonicity of abdominal and peritoneal muscles and to prevent further prolapse of uterus.

Dashamoola being *Madhura, Tikta, Kashaya Rasa, Guru, Snighda Guna, Ushna Veerya, Madhura Katu, Vipaka, and Tri doshanashaka Karma* which will relieve the symptoms and *dosha dushti*.⁸

Probable mode of action of Ashokaarista:

Being *Madhura, Tikta, Kashaya, Katu Rasa, SheetaVirya, Madhura Vipaka, Laghu Guna, and Tridoshashamak gunas* of *ashokarishta* acts on *vatashaman, dhatuposhan and Rasayana, Vayahsthapana, Vedanasthapana gunas* acts on *samprapti vighatan*.⁹ It gives strength to the uterus which helps in

easier dislodging of the uterine lining during menstruation and prevents ischemia. Thus, it reduces menstrual cramps.¹⁰

Probable mode of action of Chandraprabhavati:

The main ingredients of *Chandraprabhavati* are *Shilajatu and Guggulu*. presence of *Shilajatu*, acted as a rejuvenator and helped to combat disease. *Guggulu* (*Commiphorawightii*) having *Srothorodhahar, Shothahara, Vranaprakshalana, Lekhana, Raktasodhaka, Tridoshaghna* etc properties. Its *shothahara* and *srothorodhakara* properties might have helped in the reduction of growth of fibroid. Ingredients like *Lohbhasma* and *Makshika* helps in balancing haematopoietic compound.¹¹ As Most of the fibroids does not require treatment unless they are causing symptoms in the patient. After menopause fibroid shrinks. Symptomatic treatment is mostly indicated except in extreme cases where invasive procedure like hysterectomy surgery is advised. In this present case whether myometrium fibroid in menopausal age is to be treated or not without surgery is the question so it is decided to administer Ayurvedic medicine and *Panchakarma Chikitsa* which is helpful in this case.

CONCLUSION

The present case study shows significant improvement and avoids surgical management. Surgical intervention need not be only management of uterine fibroids. Treatment of fibroid depends on the age of the patient and *Sthan* of fibroid. Ayurveda can not only help in relieving symptoms but also avoid further complications of hysterectomy.

REFERENCES

1. www.healthline.com
2. Munusamy MM, Sheelaa WG, Lakshmi VP. Clinical presentation and prevalence of uterine fibroids: a 3-year study in 3-decade rural south Indian women. *Int J Reprod Contracept Obstet Gynecol*.2017;6(12):5596–601.
3. Mas A, Tarazona M, Dasí Carrasco J, et al. Updated approaches for the management of uterine fibroids. *Int J Women's Health*. 2017; 9:607–617.
4. Moravek MB, Bulun SE. Endocrinology of Uterine Fibroids: Steroid Hormones, Stem Cells, and Genetic

- Contribution. Curr Opin Obstet Gynecol. 2015;27(4):276–2
5. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprinted – 2011, Chikitsa Sthana 30th Chapter, Verse-o5, 634, -635.
 6. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprinted – 2011, ChikitsaSthana 30th Chapter, Verse-47, 636 -637
 7. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprinted – 2011, sutrasthan 25th Chapter, Verse-40, 132, -133.
 8. Kaumadi Karunagoda et al., A comparative study of *DashamoolaTailaMatra Basti and TilaTailaMatra Basti* in *Kashtartava* (dysmenorrhea), Ayu. 2010 Jul-Sep; 31(3): 305–310
 9. Modi, et al.: Efficacy of Ashokarishta, Ashwagandha Churna and Praval Pishti in menopausal syndrome, AYU, Oct-Dec 2012, Vol 33, Issue 4,511-516.
 10. Maha Rani Chennu Et Al: Ayurvedic Management of Menorrhagia-A Case Study International Ayurvedic medical Journal {online} 2017 {cited January 2017} Available from: http://www.iamj.in/posts/images/upload/304_310.pdf.
 11. Mayuri Shingnapurkar et al: A Case Study - Regression of Uterine Fibroid Through Holistic Management of Ayurveda, IAMJ, VOLUME 6, ISSUE 3, MARCH 2018
 12. Zanwar AC et al. “Effectiveness of Goghrita and Shuktyadi Lepa in the Management of Padadari (Crack heels) – A Comparative Study.” Wutan Huatan Jisuan Jishu, Volume XVI, Issue XII, December/2020 Page No:531-543. doi.org/10.37896/whjj16.12/425

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Deepali J Agrawal & Ashish C Zanwar: Management Of Garbhashaygata Arbud In Ayurveda W.R.T. Uterine Fibroid – A Single Case Study. International Ayurvedic Medical Journal {online} 2021 {cited July2021} Available from: http://www.iamj.in/posts/images/upload/1544_1548.pdf