



Case Study

AYURVEDIC INTERVENTION OF GARBHASHYAGATA GRANTHI (UTERINE FIBROID) - A CASE REPORT

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ABSTRACT

Uterine fibroid is most common solid benign tumors in women of reproductive age. The symptoms of uterine fibroid adversely affect social and recreational activities, women's quality of life, and productivity at work. Uterine fibroid occur in 50–60% of women, rising to 70% by the age of 50 and in 30% of cases cause morbidity. A 40-year-old married woman consulted in the outpatient department (OPD) of P.G. department of Prasutitanta and Striroga with a complaint of heavy and prolong menstrual bleeding with painful menstruation since 5 years. It is associated with lower back pain, lower abdominal pain, frequent urination, mild constipation and pain in both lower extremities. Her Ultrasonography report shows bulky uterus and intramural uterine fibroid size of 19x17x25 mm. Patient was treated according to Ayurvedic management of Granthi. So the drug having properties Raktstambhak, Lekhana, Raktshodhak, Shothahara, etc. are used with advice of Pathya Aahar-Vihara. Treatment was continued for one years with a follow up once in 15days and a repeat scan revealed shrinking size of the fibroid and relief in all symptoms.

INTRODUCTION

Uterine fibroids (also known as leiomyoma's or myomas) are the most common form of benign uterine tumors.[1] They are monoclonal tumors of the uterine smooth muscle cells and consist of large amounts of extracellular matrix that contain collagen, fibronectin, and proteoglycan.[2] Uterine fibroid occur in 50-60% of women, rising to 70% by the age of 50 and in 30% of cases, cause morbidity due to abnormal uterine bleeding (heavy menstrual bleeding) inducing anemia and pelvic pressure (urinary symptoms, constipation and tenesmus).[3,4] As a consequence of these local pressure effects and bleeding, uterine fibroids rank as a major reason for hysterectomy accounting for approximately one-third of all hysterectomies or about 2,00,000 hysterectomies/year.[5,6] Treatment options for symptomatic uterine fibroids include medical, surgical, and radio logically guided interventions. Currently, gonadotropin-releasing hormone (GnRH)

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agonists and selective progesterone modulators (SPRMs) are the most commonly used medical therapies but these drugs having many side effects. In Ayurveda uterine fibroid can be considered as Garbhashyagata Granthi (intrauterine encapsulated growth). Granthi is a rounded, protuberant, knotty or glandular, hard swelling that is thought to be caused by the admixture of the morbid Tridoshas, vitiated Rakta (blood), Mamsa (fleshy/ muscles), and Meda (fat/ adipose tissue).[7] Uterine fibroid can be managed on the basis of principles of Granthi Roga.

Case Report

A 40-year-old married woman consulted in the outpatient department (OPD) of Prasutitanta and Striroga with a complaint of heavy and prolong menstrual bleeding with painful menstruation since 5 years. It is associated with lower back pain, lower abdominal pain, frequent urination, mild constipation and pain in both lower extremities. For a long time, the patient was on medication and took analgesic for pain relief. She had taken some modern medical treatment for the same problem and did not get relief for the same, she had ultrasound scanning (USS) at some private clinic. As per her USG reports, intramural uterine fibroid size of 19x17x25 mm was present in the posterior wall of the uterus. Patient was advised to go for surgical removal of the fibroid. The patient was

not prepared to go for surgical intervention. The subsequently attended patient the outpatient department (OPD) of P.G. department of Prasutitanta and Striroga of Dr. S.R. Rajasthan Ayurved University, Jodhpur on May 2021. On examination, the patient was found to be anxious with disturbed sleep and had a moderate appetite with mild constipation and frequent urination. Her menstrual history was 8-10 days heavy menstrual flow, irregular cycle- interval of 15 -20 days and painful menstruation. Her obstetric history was gravid- 4, abortion-1 (G4A1P3L3). Surgical history revel tubal ligation 10 years back. On general examination her blood pressure was 110/70 mmHg, pulse rate 66/min. On per abdominal examination tenderness present in pelvic region. During the vaginal examination, anteverted uterus was felt which was bulky and enlarged in size and tenderness present in fornixes with no abnormal discharge.

Investigation

The laboratory investigation of the patient before treatment (B.T.)

Hematology		Biochemistry		
WBC	9900 /cu.mm	FBS	95 mg%	
Hb	10.1g/dl	PPBS	123mg%	
ESR	20 mm 1st hr		Knat	

Ultrasonography (USG) finding

May 2021- Sonography shows, bulky uterus size-105x47x69 mm with intramural uterine fibroid size of 19x17x25 mm present in the posterior wall of the uterus.

Diagnostic & Therapeutic Focus and Assessment

According to Ayurveda, Uterine fibroid is considered as *Garbhashyagata Granthi* (intrauterine encapsulated growth). *Granthi* is produced when the morbid *Tridoshas* of vitiated *Rakta* (blood), *Mamsa* (fleshy/muscles), and *Meda* (fat/adipose tissue) combine with the *Kapha dosha*. As a result, the pathophysiology of the *Granthi Roga* involves *Tridoshas* that are dominated by *Vata* and *Kapha*, necessitating the use of *Vata-Kaphahara* medicines. *Dushyas* are *Rakta*, *Mamsa*, and *Meda*, thus the medications must have qualities *Raktstambhak*, *Raktashodhak* (purify the blood), *Lekhana* (Scrapping) and *Shothahara* (anti-inflammatory) properties.

Treatment Schedule

Based on Ayurvedic line of management of *Granthi*, she was advised the following medicines *Pathya Ahara -Vihara* initially for a period of 6 months to observe improvement in sign and symptoms with ultrasonography report. Treatment is summarized in table no.2.

Table 2: Treatment Schedule

Name of drugs	Dose		
Pusyanug Churna	3gm twice in a day		
Dashmoolarishta	15ml twice in a day		
Kanchanar guggul	500 mg twice in day		
Chandhrprabha Vati	250 mg twice in a day		
Arogyavardhini Vati	500gm twice in a day		
Varunadi Kashaya	15ml twice in a day		

FOLLOW-UP AND OUTCOMES

Ultrasonography is the only diagnostic tool which is being used for the confirmation of diagnosis of uterine fibroid and to evaluate the effectiveness of management that's why the same was adopted during this case study. The treatment was initially intended to last for 6 months with a 15-day follow-up, but due to positive outcomes and the patient's interest, it was continued for an additional 6 months, or until the patient's symptoms were entirely gone. Three months were spent watching the patient without any medicines. The treatment effect summarized in the table no. 3.

Table 3: Changes in subjective and objective criteria

	Before treatment	After treatment	Follow up scan
Menorrhagia	Present	Absent	Absent
Interval of menstrual cycle	15-20 days	25-30days	25-30 days
Pelvic pain	Present	Absent	Absent
Dysmenorrhea	Present	Absent	Absent
Low backache	Present	Moderate relief	Moderate relief
Frequent micturition	12-14 times/ day	6-7 times/day	6-7 times /day
Constipation	Present	Absent	Absent

Size of uterus	105X47X69mm	81X51X43mm	72X44X30mm
Size of fibroid in ultrasound scan	19X17X25mm	09X08mm	No fibroid
Hemoglobin	10.1 g/dl	10.6g/dl	10.8g/dl
Timeline	May-2021	June 2022	Nov-2022

DISCUSSION

According to Ayurveda, Granthi Roga is characterized by the involvement of Tridoshas that favors Vata Kapha, necessitating the use of Vata-Kaphahara medications. The Dushyas are Rakta, Mamsa, and Meda, so the medications must have the properties of Raktstambhak, Raktashodhaka (blood purifier), and Lekhana (scraping or dissolving). In this patient Samana Chikitsa has been started, and it is being administered based on Granthi Roga and symptoms. In the context of gynecological problems, the traditional Ayurveda text Charaka Samhita Churna.[8] mentions Pushyanuga pharmaceuticals and medicinal plants such as Patha, Jambu, Amra, Pashanabheda, Daruharidra, Shalmali, Kamala, Kumkuma, Ativisha, Musta, Bilva, Lodhra, Rakta chandana, Kutaja, Dhataki, Yastimadhu, and Arjuna. It is used to treat gynecological problems such as Asrigdhara (Menorrhagia, Metrorrhagia) by acting as Raktstambhak.[9] It acts as uterine tonic, menstrual regulator and astringent i.e. vasoconstrictive in action. It help in reliving the symptoms of heavy and prolong menstrual bleeding.

Dashmoolarishta contains main ingredient Agnimantha, Shyonaka, Patala, Gambhari. Bruhati Kantakari, Shaliparni, Prisniparni, Gokshura. Most of the drugs are having Madhura & Kashaya Rasa, Laghu Ruksha Guna, Madhura Vipaka, which mainly act on *Vata Dosha* and helps to pacify vitiated *Vata Dosha*. The actions of Dashamoola are Vatahara, Shulahara, Shothahar, Balva etc. It helps in reliving symptoms like pelvic pain and dysmenorrhea. Kanchanara Guggulu in this main ingredient is Kanchanara and Guggulu. *Kanchanara* (*Bauhinia variegata*) is having *Shothahara*, Granthihara, Kaphahara, Lekhana, Vranasodhaka, etc properties.[10] Its bark showed significant antiinflammatory activity. The petroleum ether, benzene, chloroform and alcohol extracts were not toxic either orally or intraperitoneally. These properties of Kanchanara might have helped in the lyses of fibrous tissue of fibroid and help in reducing the size of fibroid.

Chandra *Prabhavati* contains *Shilajatu* and *Guggulu* as main ingredients. Shilajatu which is present in this medication act as a rejuvenator and helps in the fight against disease. *Guggulu* is the main ingredient and is having *Shothahara*, *Srothorodhahara*, *Lekhana*, *Raktashodhaka*, *Tridoshaghna* etc. properties.^[11] Gum resin of *Guggulu* showed different pharmacological properties like astringent, aphrodisiac, antispasmodic, emmenagogue, hypolipidaemic and hypocholesteraemic activities. Its Astringent properties

help in reducing heavy menstrual bleeding and hypolipidaemic, hypocholesteraemic activities helps to in correcting *Meda Dhatu Dushti*. It's *Shothahara* and *Srotorodhahara* and other pharmacological properties helped in the reduction of growth of fibroid.

In addition to causing constipation, Vata is the source of a number of ailments in the body, Aroavayardhini Vati helps in both. Hence along with the above drugs Arogyavardini Vati was also advised as it is Vatakaphahara and works dominantly on Granthiroga. It improves absorption and metabolic activities in the body. Uterine fibroids are consider to be estrogen dependent hence Arogyavardhini Vati by improving the liver function can maintain increased estrogen level which decreased proliferation of cell and reduce size of fibroid. After 6 months of treatment Varunadi Kashaya added in the prescription. The main ingredient of this drug are Varuna, Shatavari, Chitraka, Bilva, Bhallatak etc. which have Katu-Tikta Rasa. It has Kapha-Vataharam, Medanashana, Gulmanashan and Vidradhi Nashan property. After 1 years of this treatment laboratory investigation and Ultrasonography was done and found satisfactory result.

CONCLUSION

During a woman's reproductive years, uterine fibroids are prevalent, and they can result in a variety of menstrual problems, including as dysmenorrhea, menorrhagia, and irregular periods. Avurvedic drug Churna, Dashmoolarishta, Pushyanug Kanchnar Guggulu, Chandrprabhvati, Arogyavardhini Vati, and Varunadi Kashaya, orally used in this case study. These drugs were helpful in treating the patient sign and symptoms of uterine Fibroid. It also concluded that uterine fibroids do not always need to be treated surgically. This case serves as an example of a circumstance in which methodical Avurvedic intervention can not only aid in symptom relief but also help to prevent further complication.

REFERENCES

- 1. Stewart EA, Nicholson WK, Bradley L, Borah BJ. The burden of uterine fibroids for African-American women: results of a national survey. J Women's Health (Larch-rnt) 2013; 22: 807–816.
- 2. Parker WH. Etiology, symptomatology, and diagnosis of uterine myomas. *Fertil Steril.* 2007; 87(4): 725-736.
- 3. Baird D, Dunson DB, Hill MC, Cousins D, Schectman JM. High cumulative incidence of uterine

- leiomyoma in black and white women: ultrasound evidence. Am J Obstet Gynecol 2003; 188: 100–107.
- 4. Donnez J, Jadoul P. What are the implications of myomas on fertility? A need for a debate. Hum Reprod 2002; 17: 1424-1430.
- 5. Wilcox LS, Koonin LM, Pokras R, Strauss LT, Xia Z, Peterson HB. Hysterectomy in the United States, 1988-1990. Obstet Gynecol. 1994; 83: 549–55.
- 6. Gambone JC, Reiter RC, Lench JB, Moore JG. The impact of a quality assurance process on the frequency and confirmation rate of hysterectomy. Am J Obstet Gynecol. 1990; 163: 545–50.
- 7. Vaidya Jadavji Trikamji Acharya., editor. Varanasi: Chowkhambha Orientalia; 2011. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Chikitsa

- Sthana, Shwayathu Chikitsa Adhyaya, 12/74. reprinted. 488.
- 8. Sharma PV. Charaka Samhita of Agnivesha's. Chikitsa Sthana, Chapter 30. Varanasi: Chowkhamba Sanskrit Series Office; 1980.
- 9. Anonymous. Ayurvedic Pharmacopia of India. India: Bhaishajya Ratnavali, Streeroga adhikara; 2008. p. 46-49.
- 10. Kaviraj Govind Das Sen, Bhaishajya ratnavali, Galagandadirogadhikar Adhyaya, 44/62, 67, In: Prof. Siddhinandan Mishra, Editor, Reprinted, Chaukhamba Orientalia, Varanasi, 2015; 806
- 11. Sharangdhara, Sharangdhara Samhita, Madhyama Khand, Saptamodhyaya, 7/44, 45,46, edited by Vaidya Brahmanand Tripathi, Chaukhamba Orientalia, Varanasi, 2010; 201.

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