



**Case Study**

**MANAGEMENT OF INTRAMURAL UTERINE FIBROID BY AYURVEDA - A CASE STUDY**

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**Article info**

**Article History:**

Received: 21-05-2024

Accepted: 17-06-2024

Published: 10-07-2024

**KEYWORDS:**

Burning micturition, fibroid, *Granthi*, intramural fibroid, ovaries, oestrogen.

**ABSTRACT**

Too many female gynecological issues are a result of shifting food habits and lifestyles. One of the main concerns for women who are of reproductive age is uterine fibroids. The symptoms of uterine fibroids have a detrimental effect on women's well-being, their ability to engage in social and physical activities, and their productivity at work. A 25-year-old married female patient arrived at the outpatient clinic complaining of lower abdominal pain, heavy menstrual flow, burning during micturition, and white discharge coming from her vagina six months ago. An intrauterine fibroid measuring 24 x 10 mm size with an ET of 10.5mm was seen during the ultrasound examination. The ovaries' B/L measurements were normal, and the wall of the gallbladder was slightly enlarged. Surgery was recommended for the same condition, but the patient refused to have it done and preferred non-hormonal treatment. The patient refused to take any allopathic medication. The patient sought Ayurvedic treatment at the OPD. She received treatment in accordance with the Ayurvedic regimen prescribed by *Kanchanar Guggulu*, *Kuberaksha vati*, *Raktavardhak vati*, *Ashoka-Arishta*, *Hingwashtak churna*, *Chandraprabha vati*, *Kumaryaasawa*. After three months of treatment and a follow-up every 15 days, a repeat scan showed normal results and symptom alleviation.

**INTRODUCTION**

Too many female gynaecological issues are a result of shifting food habits and lifestyles. One of the main concerns for women who are of reproductive age is uterine fibroids. The most prevalent benign tumors of the uterus<sup>[1]</sup>, uterine fibroids (leiomyomas or myomas) are estimated to affect 20% to 40% of women of reproductive age<sup>[2]</sup>. Up to 25% of women may experience clinically evident symptoms from them, and they can result in serious morbidity such as excessive or prolonged monthly flow, pelvic pressure or pain, and, in rare instances, reproductive dysfunction<sup>[3]</sup>.

Submucous, intramural, and subserosal are the three general uterine positions into which uterine myomas have been divided. The most frequent sort of fibroids are intramural ones, which are found inside the uterine wall; they may not cause any symptoms. Although the precise cause of intramural fibroids is uncertain, it is thought that aberrant muscle cells in the uterine wall's intermediate layer are the source of fibroids. It grows quickly and develops into a tumor under the effect of oestrogen<sup>[4]</sup>. Myomas have historically been the primary reason for hysterectomy, making it the third most prevalent surgical procedure performed globally. Numerous more recent techniques have been established in allopathy, including magnetic resonance-guided focused ultrasound surgery, cryotherapy, radiofrequency ablation, high-intensity focused sonography, and progestin or danazol, which inhibit oestrogen to treat fibroids. Other treatments for fibroid include selective progesterone receptor modulators, gonadotropin-releasing hormone (GnRH) agonists, and uterine fibroid embolization (UFE).<sup>[5]</sup>

Access this article online	
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	<a href="https://doi.org/10.47070/ijapr.v12i6.3278">https://doi.org/10.47070/ijapr.v12i6.3278</a>
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Similar to *Garbhashayagat granthi*, which is described in Ayurveda, uterine fibroids are caused by vitiated *Vata*, which affects *Mamsa*, *Rakta*, and *Meda*, along with *Kapha* to produce a rounded, protuberant, knotty, and hard swelling. Ayurvedic writings refer to "*Granthi*" in relation to fibroids, which can be treated upon the *Samprapti Vighatana* principle (to counteract the pathophysiology)<sup>[6]</sup>. Given its *Mamsagata* ancestry, sluggish development might make it preferable to *Garbhashayagat granthi*. *Ushna*, *Tikshna*, and *Lekhana Dravyas* are used in the therapeutic process with the goal of shrinking the size of fibroids while also managing the symptoms. In managing *Yoni Roga*, *Vatas* inescapable functions are also taken into account. A healthy social life can be promoted by combining many therapeutic facets of *Granthi* and *Yoni Roga Chikitsa*, a special approach to the management of its varying presentations, and lifestyle adjustments<sup>[7]</sup>.

### Case Presentation

A married 25 -year-old female patient visited the Out-Patient Department (OPD) of Dr.D.Y.Patil Ayurved College, Pimpri, Pune, on 07/09/2023 complaining of lower abdominal pain, heavy menstrual flow, burning micturition and white discharge coming from her vagina 6 months ago. She has no known allergies, no major medical history of illness. No family history was observed.

### Clinical Findings

#### General Examination

Temperature – 98°F

Pulse rate – 76/min

Blood pressure – 120/70mmHg

#### Systemic Examination

The systemic examination showed no abnormalities in respiratory, cardiovascular and central nervous systems. But the symptoms caused disturbed sleep and made the patient anxious.

### Ashthavidha Pariksha

*Nadi* – *Vatakapaja*

*Mala* – Normal

*Mutra* – *Mutra daha* (burning micturition)

*Jivha* – *Prakrut*

*Shabda* – *Spashta*

*Sparsha* – *Sheet*

*Drik* – *Prakrut*

*Akruti* – *Madhyam*

### Dashavidha Pariksha

S.No.	Medicine	Dose	Time of Administration with <i>Anupana</i>
1	Tab. <i>Kanchanar Guggulu</i>	250mg; 2 Tab. BD	After food with <i>Jala</i>
2	Tab. <i>Kuberaksha Vati</i>	250mg; 2 Tab.; BD	After food with <i>Jala</i>
3	Tab. <i>Raktawardhak vati</i>	500mg; 1 Tab. OD	After breakfast with <i>Jala</i>
4	<i>Ashokarishta</i>	15ml; BD	After food with equal quantity of <i>Jala</i>
5	<i>Hingwashtak Churna</i>	3gm; BD	<i>Pratham Kawal</i>
6	Tab. <i>Chandraprabha vati</i>	250mg; BD	After food with <i>Koshna Jala</i>
7	<i>Kumaryasava</i>	15ml; BD	After food with <i>Jala</i>

*Sara* – *Madhyam*

*Samhanana* – *Madhyam*

*Pramana* – *Sama*,

*Satmya* – *Madhyam*

*Satva* – *Madhyam*

*Vyayamshakti* – *Madhyam*

*Aharshakti* – *Madhyam*

*Jaranshakti* – *Madhyam*

*Dosha* – *Vata and Kapha doshas adhikya*

### Gynaecological/Obstetrical History

**Past menstrual history** – Regular 30 days cycle with 4-5 days of bleeding. 2 pads/day were used.

**Present menstrual history:** Regular 22-25 days cycle with 10 days of bleeding. 3-4 pads/ day were used. Sometimes clots were seen on pads. Previous period date (LMP) was on 27/08/2023 for 10 days (till 05/09/2023).

### Obstetrical History

P<sub>2</sub> L<sub>2</sub> A<sub>0</sub> = P<sub>1</sub> L<sub>1</sub> male child 5 years FTND

P<sub>2</sub> L<sub>2</sub> male child 4 years FTND

Tubectomy was done 3 years ago.

### Per Abdominal Examination

The abdomen is soft, non-tender and no organomegaly was found.

### Investigations

Ultrasonography of abdomen and pelvis was suggestive of a 24×10mm sized intramural fibroid noted at anterior wall of uterus. ET measures 10.5mm in size. B/L Ovaries were normal, partially distended gallbladder.

Haemoglobin-15.2gm%, Total RBC count- 4.87million/cu.mm.

### Diagnosis

The diagnosis of intrauterine (encapsulated growth) or *Garbhashayagata granthi* (intrauterine fibroid) was made based on the clinical characteristics and the result of the ultrasound scan. Based on the symptoms and fibroid, it was treated.

### Therapeutic Intervention

The following medications were used during the course of the three-month treatment. The patient was instructed to adhere to *Pathya-apathya* at this time. Following therapy, the ultrasound scan report on January 27, 2024, revealed that the uterus was free of fibroids. The patient was given the following treatment plan (Table 1):

The patient would receive treatment for three months, with a follow-up scheduled every 15 days until all symptoms were totally resolved. The patient was seen as follows both before and after treatment (Table 2).

**Table 2: Pre-and Post- treatment, modifications in both subjective and objective criteria**

Subjective Criteria		
	Pre-treatment	Post-treatment
Heavy menstrual flow	Present	Absent
menstrual phase duration	10days	4-5 days
Burning micturition	+++	-
Objective Criteria		
Size of fibroid	24×10mm	No Fibroid
Endometrial Thickness (ET)	10.5mm	5mm
Time line	Sept. 2023	Jan. 2024

## OBSERVATION AND RESULT

The patient had complied with both the *Pathyakar ahara* and *Vihara* guidelines. Following three months of therapy, the ultrasonography scan was performed.

### Discussion and Mode of Action of Drugs

"*Nidana Parivarjana*," or the elimination of etiological variables, is something *Acharya Susruta* emphasized as being crucial to the treatment of sickness. Avoiding indulgence in *Ahara* and *Vihara*, which can vitiate *Vata*, *Kapha Doshas*, *Rasa*, *Rakta*, *Mamsa*, *Meda Dhatu*, and *Artava updhatu* is advised in the event of an intramural uterine fibroids. *Granthi* is thought to be brought on by the vitiation of *Vata* and *Kapha* as well as *Mandhagni* and *Ama*. It is possible to administer *Langhana* and *Deepana - Pachana Dravyas*. The goal of treatment should be to strengthen *Agni* and *Vatanulomana*. *Dushita Dhatus* such as *Rakta*, *Mamsa*, and *Medas* must also be considered. *Medo-Dushti* can be treated with *Sthoulya Chikitsa*.<sup>[8]</sup> To lessen the size of a fibroid, one can use *Kapha Vatahara* medications, *Tikshna*, *Ushna*, *Vatanulomana*, *Shotaghna*, *Kledaghna*, *Lekhana*, and *Chedana*. This formulation, known as *Kanchanara Guggulu*, is a traditional Ayurvedic remedy for accumulations of *Kapha* in the tissues. Deeper in the system, *Kapha* might appear as growths, cysts, or enlarged lymph nodes. To break down and eliminate hardened *Kapha*, powerful decongestants like *Trikatu* (*Zingiber officinale* Rosc., *Piper nigrum* L., and *Piper longum* L.), *Triphala* (a combination of fruits of *Terminalia chebula* Retz., *Terminalia belerica* Roxb., and *E. officinalis*), and *Kanchanara* are mixed with *Guggulu*. This cleansing mixture helps to prevent further build-up of *Kapha* by promoting the healthy operation of the digestive and lymphatic drainage systems. Hypothyroidism may benefit from the usage of its primary constituents, *Kanchanara* (*Bauhinia variegata* L.), *Varuna* (*Crataeva nurvala* Buch.-Ham.), *Triphala*, *Trikatu*, and *Trijataka*. *Kanchanara Guggulu* is an alternative, anti-inflammatory, and tonic that is used to treat cysts, malignant ulcers, syphilis, fistula,

scrofula, sinus, and other conditions. It also balances *Kapha Dosh*, supports healthy lymphatic system function, and aids in the removal of inflammatory toxins<sup>[9]</sup>.

*Kapha Vata Shamak* is *Kuberaksha Vati*. It possesses *Anulomak*, *Pachan*, *Deepan*, and *Rochan* characteristics. A portion of the material features *Ushna*, *Tikshna*, and *Sara Guna*. This entire work together to normalize the *Vata dosha*, particularly the *Apana vayu*. Once the *Apana vayu* is under control, the organs in the *Apana kshetra* also operate normally. The qualities of *Artavjanan*, *Uttejaka*, and *Vrushya* aids to regulate the menstrual cycle and work on *Artava Vahastrotas*. Its *Deepan*, *Pachan*, and *Anulomana* qualities are beneficial in *Vatakapha* dominating *Anartava* instances, which are similar to cases of insulin resistance in PCOD<sup>[10]</sup>.

*Raktawardhak vati* possessing sufficient amounts of calcium, iron, and vitamin C support the growth of bone marrow and blood cells, raise haemoglobin levels, and increase blood count. This increases our resilience to illness and increases our stamina.

For both dysmenorrhea and menorrhagia, *Ashokarishta* works well. *Yoni roga*, or *Asrgdara ruja*, *Yoniruja*, and *Shwetapradara*, can get benefit from it<sup>[11]</sup>. Gynaecological issues such as menstrual pain, ovarian pain, uterine inflammation, menorrhagia, metrorrhagia, uterine bleeding disorders, and cystitis are advised for the use of *Ashokarishta*. *Ashokarishta* has a particular effect on the uterine mucosa; it lessens and regulates the excessive inflammation brought on by *Pitta*, thus bringing *Vata* into balance. It contains anti-secretory, haemostatic anti-inflammatory, and blood purifying properties. It is very helpful in treating menopausal osteoporosis, excessive monthly flow, uterine cysts, uterine polyps, hormonal imbalances, and severe uterine bleeding.

*Pachan, Agnideepan, and Vata anulomana* are properties that *Hingwashtak churna* possess. It is particularly helpful in gaseous distension, or *Apan vayu dushti*, notable improvement in the symptoms of *Gulma, Shula* (abdominal discomfort), and *Agnimandya*<sup>[12]</sup>.

An Ayurvedic herbomineral compound called *Chandraprabha vati* is recommended for genitourinary illnesses such as *Artava Ruja* and *Striroga*. Its primary ingredients, *Guggulu* and *Shilajatu* (bitumen), provide a scraping effect that aids in the elimination of fibroids. The hematopoietic component is balanced by the use of *Lohabhasma* (ferrous compound) and *Makshika Bhasma* (copper pyrite). Urine incontinence and frequency are decreased by *Chandraprabha vati*<sup>[13]</sup>. For female health concerns including irregular menstruation, infertility, ovarian dysfunction, etc., *Kumaryasava* is advised. It exhibits excellent outcomes in PCOS, irregular menstruation, and dysmenorrhea. *Kumaryasava* is advised for women who experience heavy or insufficient menstrual flow since it enhances flow and controls periods.

## CONCLUSION

There are many other options for treating intramural uterine fibroids than surgery or hormone therapy. This case study demonstrates how therapeutic Ayurvedic treatment can help a patient not only with symptom relief but also with returning to normal health and preventing subsequent issues. Avoid foods like *Mamsa Bhojana*, junk food, pizza, and other *Kapha Medo Vardhaka Aharas*. *Nidana Parivarjana* was highlighted by the *Acharyas*, who also went into detail on the significance of *Dinacharya, Ritucharya, and Rajaswalacharya* and their roles in fostering healthy women. We can thus guarantee that women will achieve greater potential in both their personal and professional lives with the help of *Ayurvedic* medicine and lifestyle changes.

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### Cite this article as:

Geetika, Jayashree Patil, Umang Varshney, Shubham Gupta. Management of Intramural Uterine Fibroid by Ayurveda - A case study. International Journal of Ayurveda and Pharma Research. 2024;12(6):64-67.

<https://doi.org/10.47070/ijapr.v12i6.3278>

Source of support: Nil, Conflict of interest: None Declared

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