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Management of Uterine Fibroid in the Ayurvedic perspective - A Case Study

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ABSTRACT

Uterine fibroids are commonest benign tumor of the uterus. Histologically this tumor is composed of smooth muscle and fibrous connective tissue, so named as uterine leiomyoma, myoma or fibroma. The cause for some of the most common gynecological problems among women presenting to gynecology emergency and outpatient departments. They are often asymptomatic but they can cause a multitude of symptoms such as abnormal uterine bleeding, a feeling of pelvic pressure, urinary incontinence or retention, or pain. Uterine fibroids are a major cause of morbidity in women of a reproductive age (and sometimes even after menopause). There are several factors that are attributed to underlie the development and incidence of these common tumors, but this further corroborates their relatively unknown etiology. The most likely presentation of fibroids is by their effect on the woman's menstrual cycle and pelvic pressure symptom.

Key words: Uterine Fibroid, Leiomyoma, Uterine Myomas, Fibromyomas.

INTRODUCTION

Fibroids (also known as uterine leiomyoma's, uterine myomas or fibromyomas) grow in and around the uterus walls.^[1] They occur in women of child bearing age, most commonly becoming symptomatic in those aged between 30 and 50 years. Fibroid-related problems include heavy menstrual bleeding, back pain. Uterine fibroids rank as a major reason for hysterectomy accounting for approximately one-third of all hysterectomies or about 2,00,000 hysterectomies / year.^{[2],[3]} In the contemporary

sciences pharmacological treatment is used as a short term therapy because of significant risks with long term therapy or lack of evidence regarding benefits and risks of long term therapy.^[4] And most of the woman avoid surgical treatment such as hysterectomy / myomectomy The reasons for avoiding the surgery may be many e.g. preserving the anatomical and functional integrity of the body, a mere fear of surgery, age of the patient, financial constraint, social reason and so on. In the view of these facts and keeping in mind treatment limitations of this problem the treatment protocol has been made for the present case.

As in the present case the patient was presented with abnormal uterine bleeding that is menorrhagia, excess lower abdominal pain and low back ache before onset of menstruation and during the menstruation for this case *Samprapti Vighatana* is made with our medication in order to cure her abnormal uterine bleeding that is menorrhagia where the underlying cause is the intramural uterine fibroid. For the treatment through our medications which are *Vatahara*, *Lekhana*, *Raktastambhana* and *Garbhashaya Shothahara Dravyas* are advised to achieve the desired results.

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CASE REPORT

A 49 year old female patient, Hindu by religion presented chief complaint of excess of vaginal bleeding since 15 days since 6 months the patient was facing the same problem and she took allopathic treatment for the same and she did not get any relief from that she approached our institution for the treatment. Excessive bleeding per vaginum which is dark brownish red in colour with clots during menstrual cycle and it is associated with severe pain in lower abdomen and low backache before the onset of menstruation and during menstruation. Generalised weakness during Menstruation. Unable to perform day to day activities during menstruation since 6 months and she is not known case of thyroid dysfunction, diabetes mellitus, hypertension.

Prasava Vruttanta

OH - P2A0L2D0, L1 - Male - 31 years, L2 - Female - 27 years and both were FTND, H/ O Tubectomy 27 years back.

Ashta Sthana Pareeksha

- Nadi - 78/min
- Mutra - 2-3 times a day, 1-2 times at night.
- Mala - once a day, regular
- Jivha - Alipta
- Shabda - Prakruta
- Sparsha - Prakruta (Anushnasheeta)
- Druk - Prakruta

Investigations

- Done on 24/11/2017
- Hb - 12.5 gm%
- Blood group - O positive
- BT - 2 minutes 35 seconds
- CT - 4 minutes 30 seconds
- RBS - 92 mg/dl
- Urine routine and microscopic examination report - normal.

- TSH - 3.1 uIU/ ml
- HPE Investigation suggesting lytic pattern (glandular and stromal break down) with foci of adenomatous hyperplasia.

USG

On 11-11-2017	On 9-03-2018	On 18-9-2018
Bulky uterus with thick endometrium (endo - 17mm) A hypo echoic mass / fibroid measuring - 18mm noted in the anterior fundus Both ovaries are normal No evidence of free fluid noted in the abdominal cavity	Small fundal intramural fibroid measures about 1.8 - 1.3 cm Thickened endometrium measures about 14 mm Both ovaries are normal	Anteverted bulky uterus with normal endometrium Both ovaries are normal A small hypoechoic lesion or fibroid of 15 mm noted in the anterior fundus

Treatment

- Ashokaghrita - 2 tsp BD with warm water B/F
- Usheerasavam - 3 tsp TID with 4 tsp of water A/F
- Cap. Infex - 1 TID A/F
- Tab. Gynaekot - 1 BD A/F
- Kanashtahwadi Kashayam^[5] - 2 tsp BD
- Kravyaada Rasa - 1 BD
- Pulimkuzhambu^[6] - ½ tsp BD

OBSERVATIONS

1 st month of treatment	Duration - 8 to 10 days with dark brownish red menstrual bleeding associated with clots and severe lower abdomen pain and low back pain on before 5 days of menstruation and during menstruation.
2 nd month of treatment	Duration - 6 to 7 days with dark red menstrual bleeding associated with clots but were

	reduced. Lower abdomen pain and low back pain persists on before 1 day of menstruation and 1 st 3 days.
3 rd month of treatment	Duration - 7 to 8 days dark red menstrual blood, clots were absent and lower abdomen pain and low back pain on 1 st 2 days.
4 th month of treatment	Duration - 4 to 5 days , clots were absent, lower abdomen pain reduced, low back ache reduced.

DISCUSSION

Ashoka Ghrita^[7] is a classical preparation mentioned in *Bhaishjya Ratnavali Streeroga Adhikara* is combination of *Ashoka, Daruharidra, Shaali* and *Jeevaneeya Gana Dravyas* are *Vata Pitta Shamaka, Graahi, Garbhashaya Shodhaka, Vedana Sthapaka, Rakta Stambhaka, Rakta Pitta Nashaka* and these are processed with *Ghrita* and it has got *Tarpana* effect it worked in present condition.

Kanashathwadi Kashaya mentioned in *Sahasra Yoga Kashaya Prakarana* is composed of *kana, Shatahwa, Karanja, Latakaranja, Devadarwadi Dravyas* are *Lekhana, Gahabhashaya Sankochaka, Vranaropana, Vedanasthapana* helped in reducing the endometrial hyper plasia there by helped in the normalizing the endometrial thickness.

Plimkhozampu and *Kravyada Rasa* are composed of *Shunthi, Mareecha, Jeeraka, Chinccha, and Kajjali, Tamra Bhasma, Loha Bhasma, Panchakola Kwatha* and *Vida Lavana* indicated in *Udara Shola, Gulma Chikitsa* in present *Samprapti* are helped in *Vata Shamana, Shoola Prashamana*.

Cap. Infix and Tab. Gynaekot are having *Kanchanara, Amalaki, Amruta* and gynaecot is of extract of *Dashamoolas* and are best *Shothahara* and *Rasayana, Balya, Brumhana* effects.

Usheerasavam contains *Usheera, Manjishtha, Patha, Kiratatikta, Nyagrodha, Padma, Nilotpala* are *Kashya Rasa, Laghu, Ruksha, Snigda Guna* and *Sheeta Veerya* are helped in *Pitta Shamana, Rakta Stambhana*.

CONCLUSION

Although they are essentially benign, uterine fibroids are associated with significant morbidity to nearly 40% of women during their reproductive years and sometimes even after menopause. Therefore, there is considerable interest in discovering any etiological clues in factors including dietary, stress, and environmental influences. The present case study concludes that the holistic approach of Ayurvedic system of medicines gives relief to the patient of intra mural uterine fibroid. There were no adverse effects found during the Ayurvedic medication.

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