

A Research on Uterine Fibroids through Ayurvedic Approach

Mamta Soni¹, Deepika Chawla²

Student¹, Professor²

Department of Prasuti Tantra and Stree Rog

Tilak Maharashtra Vidyapeeth

Corresponding Author's Email: - msoni29sep@gmail.com¹

Abstract

Uterine fibroids are the most prevalent solid benign tumours in women of reproductive age. Histological, this tumour is made up of smooth muscle and fibrous connective tissue and is known as uterine leiomyoma, myoma, or fibromyoma. Uterine fibroid symptoms have a detrimental influence on physical and social activities, women's health-related quality of life, and job productivity. Although postmenopausal leiomyomas are smaller and fewer in number.

Though uterine fibroids are not malignant, they can cause a variety of symptoms such as dysmenorrhea, menorrhagia, metrorrhagia, and lower back pain. Ayurvedic literature discuss a variety of clinical disorders that resemble fibroids. Due of its muscular origin, sluggish development may be superior to Granthi/Arbud in Garbhashaya. In today's fast-paced world, junk food consumption, lack of exercise, and other factors have resulted in the establishment of Agnivaishamya and Aama. This, in turn, vitiates Doshas like Kapha and Vata, as well as Dushyas like Rasa, Raktha, Mamsa, Medasand Arthava, resulting in Dhatwagnimandya and the creation of Garbhashaya Granthi.

Keywords: *Ayurvedic Approach, Uterine Fibroids, Yoni Roga Chikitsa, Leiomyoma, GarbhashayaGranthi.*

INTRODUCTION

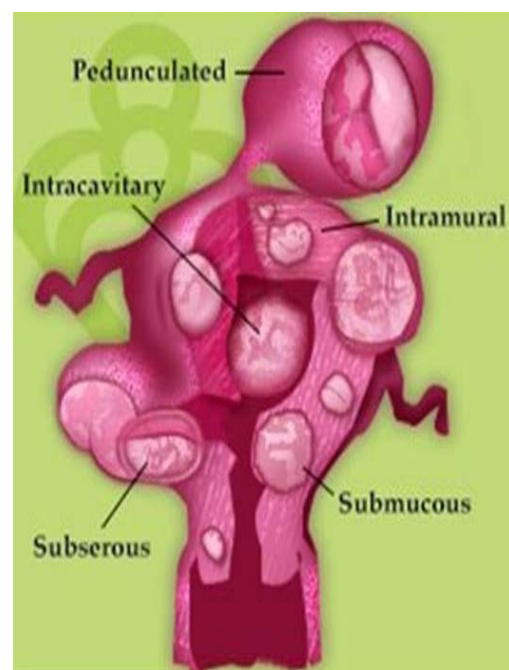
Fibroid occurs in 20-40% of reproductive-age women and 11-19% of perimenopausal women. The shifting dietary patterns of the contemporary period have resulted in the emergence of Fast-food culture. Swinging through the drive-thru for energy-dense foods high in fat and sugar, along with a sedentary lifestyle, is a key contributor to the increasing prevalence of lifestyle-induced gynecological illnesses in young women. It is believed that fibroid uterus affects 20 to 40 percent of women over the age of 35.

Because to fibroid, women feel anxiety and decreased productivity at work. Many women go untreated while having substantial symptoms, underscoring the importance of increased knowledge and care of fibroids. Hormonal therapy, hysterectomy, myomectomy, and uterine artery embolization are all current therapeutic options. Patients' reluctance to endure lengthy hormone therapy, their dread of surgery, and their general attitude toward preserving the anatomical and functional integrity of the body lead them to Ayurveda or any other alternative treatment of their choosing. By the age of 50, around 20% to 80% of women have fibroids. In 2013, it was projected that 171 million women globally were afflicted.

They frequently shrink in size after menopause.

However, fibroids care is evolving significantly, with an emphasis on patient quality of life.

The treatment strategy focuses on reducing the size of fibroids with the use of Ushna, Tiskhna, and Lekhana Dravyas, as well as symptom management. The necessary responsibilities of Vata in YoniRoga are likewise considered in its administration. Combining Granthiand Yoni Roga Chitksa therapy features, a unique strategy to managing its many manifestations and lifestyle adjustment can contribute to a good social life.



MATERIALS AND METHODS

Methodology consists mostly on a critical analysis of Ayurvedic classics and pertinent works from current science.

Causes of Uterine Fibroid

1. **Age** - Rare before 20 years and most commonly found after 35 years.
2. **Parity**- Common in nulliparous and relatively infertile women.
3. **Racial**- African, American ethnicity associated with 3-9 times more prone than Asian.
4. **Genetic** - plays very important role in fibroid development.
5. Changes in Oestrogen and Progesterone level.
6. Late pregnancy and multiple pregnancies.
7. **Lifestyle related causes** - stress, obesity, diet.

Types of Uterine Fibroid

Uterine Fibroids are classified by their location.

1. **Sub-serosal Fibroids**- Located on the uterine cavity's outer wall and in the uterus's serosal coating, they spread outward through the wall. Pedunculated fibroids are sub-serosal fibroid that can develop a stalk to which the mass is linked.

2. **Intramural Fibroids**- Mural is a term that signifies "wall." An intramural fibroid is one that develops within the uterine wall and remains there. These are the most prevalent types of fibroids. Located in the uterus's thick wall (myometrium). These form within the uterine lining and grow inward.
3. **Submucosal Fibroids**- They are found within the uterine cavity. These are found in the muscle underlying the uterine wall lining (endometrial). These are the least frequent fibroids, yet they are the most troublesome. They can result in severe bleeding, prolonged periods, and erratic bleeding between cycles.

Differential Diagnosis

1. Endometrial Polyp, Endometrial Cancer
2. Endometrial Hyperplasia
3. Endometrial cyst/endometrioma
4. Ectopic pregnancy
5. Adenomyosis
6. Pregnancy
7. Haematometra
8. Ovarian tumor

AYURVEDIC VIEW ON FIBROIDS

Granthi, Arbuda, Shopha, Gulma, Vidradhi, Arshas, and other terms listed in

old Ayurvedic texts appear to be akin to tumours or cystic swellings. In Ayurveda, there is no direct mention of uterine fibroid. The clinical aspects of Granthi vary, according to AcharyaCharaka, and are detailed in ShothaAdhyaya. According to SushrutaAcharya, the key clinical symptom of Granthi, Vidradhiand Alajiis Shopha or edoema. Arbuda is the name given to Granthi as it grows huge.

Supuration does not normally occur in fibroids, hence it is possible that it is unrelated to Vidradhi. Arshas are fleshy outgrowths of muscles, skin, and fat tissue that form in the rectum, nose, ears, and skin as a result of Tridoshas vitiation in Twak, Mamsa, and Medas.

Fibroids, which are mostly muscular in origin and develop slowly, may be superior to Mamsa Granthi, which occurs in Garbhashaya. Acharya Vagbhata describes Mamsa Granthi as Snigdham (smooth), Mahantam (large), Kathinam (hard), and studded with arteries and veins induced by consumption of MamsaAhara. Kaphaja qualities of myoma include Kathinya (hardness), Ghanatwa (solidification), and Gaurava (heaviness). Karatwa (rigidity) and Parusatwa (roughness) are Vata qualities.

ETIOPATHOGENESIS

When morbid Tridoshas, vitiate Rakta (blood), Mamsa (fleshy/muscles), and Meda (fat/adipose tissue) combine with Kapha, they generate rounded protuberant, knotty or glandular, and hard swelling called Granthi.

According to AcharayaSusrutha, the Nidana of Shopha, such as the consumption of Gramya Mamsa, Ajeerna Ahara, Diwaswapna, and so on, are also causative elements in the production of Granthi. According to Acharya Vaghata, sickness of the female genitalia is not conceivable without the participation of Vata, and he goes on to include DushtaBhojana, DushtaArthava, Beeja Dosh, and Daivta as causal causes.

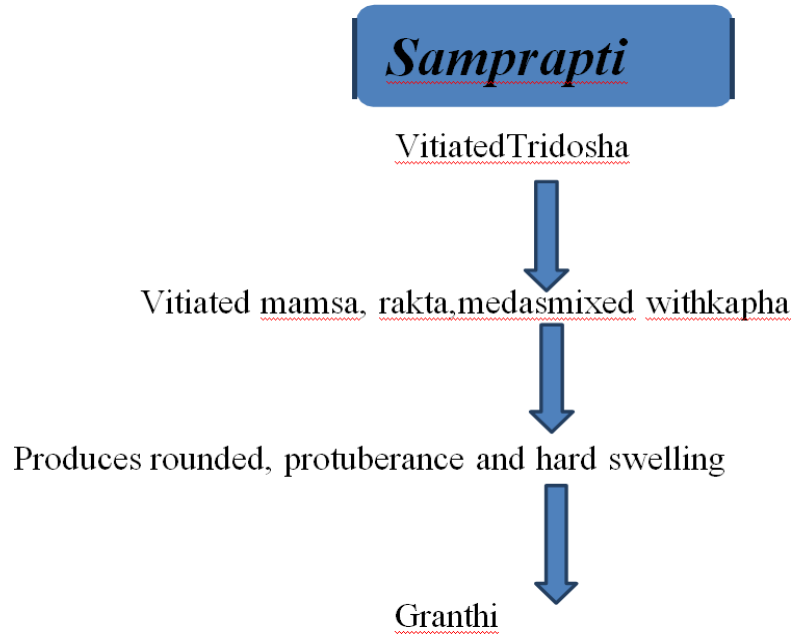
Abnormalities in Agni functions result in Kha-Vaigunya and the creation of Aama. The Samarasa produces Dhatwagnimandya, which further vitiates Dushyas such as Raktha and Mamsa in sensitive persons. Granthi appears in the Vriddhiand Dusthi Lakshanas of Mamsa Dhatu. When Kha Vaigunya occurs in Garbhashaya, it causes vitiation and buildup of Mamsa Dhatu, which leads to the creation of Granthi. Rasa, Raktha, Mamsa, Medo, and ArthavavahaSrothas all play a role in the emergence of

Garbhashaya Vikrithi. When symptoms appear in the Garbhashaya (uterus), the surface area expands, causing pressure sensations in the surrounding organs. They manifest as lower backache and pelvic symptoms as a result of pressure on the spine and nearby tissues; when they put pressure on neighbouring organs such as the urinary bladder and rectum, they induce incontinence or urine and faeces

retention. This also causes uterine form distortion, resulting in Apana Vaigunya. Apanavayu Dushti Nidanas such as Rooksha-Guru Anna, Vegadarana, and Chakramana promote uterine contraction, culminating in ArthavaRuja (congestive dysmenorrhea). The enlarged surface area extends into the uterine cavity and causes menstrual cycle disturbances such as menorrhagia and metrorrhagia.

Table: 1

Category		Samprapti
1.	Dosha	VataKaphapredominantTridoshikaVyadhi
2.	Dushya	Mamsais the principleDushya
3.	Agni	Agni
4.	Srotas	Rasavaha, Raktavaha, Mamsavaha, Medovaha Srotasaan dartavavahaalong with the involvement of other srotasa
5.	SrotoDushti	Sroto Sanga is initial defect in Srotasa followed by Atipravrutti
6.	Udbhavasthana	Garbhashaya, PakwashayotthaVyadhi
7.	RogaMarga	AbhyantaraRogaMarga
8.	Swabhava	Chirkari
9.	Sadhyasadhyata	Asadhya (Yapya) Vyadhi



MANAGEMENT

Shodhana Chikitsa is the first step in the therapy of fibroids. The patho physiology of the Arbuda is influenced by the Vata and Kapha dominant Tridoshas eliminating tumours by attacking. Mulika Chikitsa focuses only on their pathogenesis. As a result, Vata Kaphahara medicines are necessary to combat illness evacuation. Dushya are Mamsa and Meda, hence the drugs must have Lekhana qualities.

Agni Deepana medicines, in addition to Amapachana, are required for breaking the Sanga, Atipravritta kind of Srotodushti. "Patya Sevaye AlpaSukham," it is expressed while defining the characteristics of Yasya Vyadhi Charaka

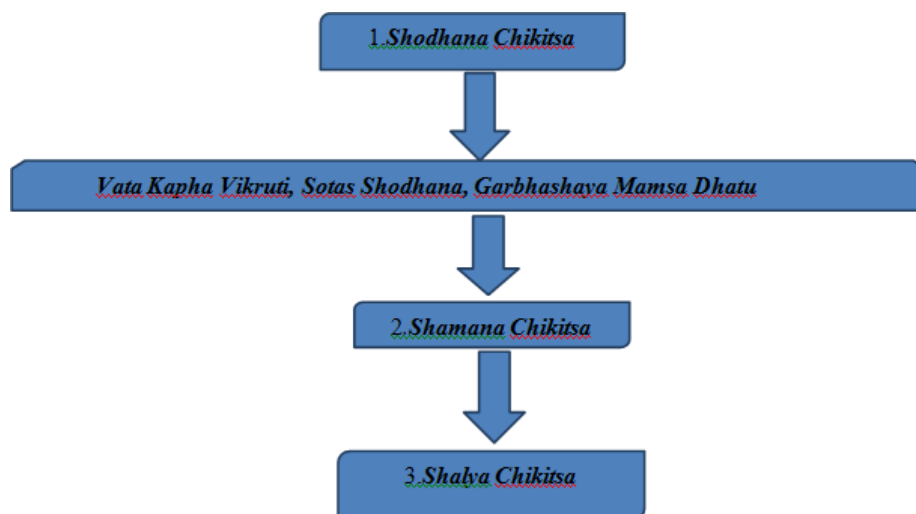
(survive by wholesome regimen). When evaluating the aforementioned treatments, it is apparent that the treatment line was designed on the basis of Shodhana (purification) and Shaman Chikitsa (palliative treatment).

When these methods fail to manage a patient's illness, surgical techniques are used. Because they are the major two Dodhas engaged in Dhatu vitiation in this circumstance, Vata Kapha Shodhana should plan. Further Srothasa purification is required for Rasavaha, Raktavaha, Mansavaha, Medovaha Srothasa (channels), Artavavaha Srotas as Sanga (obstructions) or Atipravrutthi (excessive activity) arises during pathogenesis. At this stage, Mamsa Dhatu Shodhana Kriya

is also required. Shamana therapies begin when the Shodhana procedure is finished successfully. Apanavatha Shamana is needed since uterine fibroids are a Pakvashayagata condition. At the same time, Agni Deepana therapies are required to prevent the creation of Aama. Lekhana medicines work by scraping, scratching, or eliminating extra Dosha. As a result, Lekhana is reported to be beneficial for obesity and benign and malignant bodily growths.

In addition to Mulika Chikitsa or general measures, AvasthanochitaChikitsa or symptomatic therapies should be continued to reduce signs and symptoms. Though Ayurveda is not specifically mentioned for uterine fibroids, its many clinical manifestations are nearly covered. Raktapradara (menorrhagia) Chikitsa

should be used to treat menorrhagia and intermenstrual bleeding. RaktaStambhana medicines can be made from astringent plants (haemostats). AmbuShamaka measures, which are also crucial in menorrhagia, can be used to balance hormones. Furthermore, RaktaVardaka therapy is required to rectify haemoglobin deficiency. ApanavataAnulomana, VedanaNashana (Analgesic) therapies are required for Kashta Rajas patients (dysmenorrhea). Treatments for Maithuna Asahishnuthva (dyspareunia) and Kati Shula may be customised using the same Apana Vata Anulomana principles (noncyclic pelvic pain). Muthra Dosha (increased urinary frequency) linked with fibroids can be controlled with Muthra Shodhaka (urine purification) and Muthra Vaha Srothas Avarodha Hara methods.



CONCLUSION

Uterine fibroid is a highly prevalent disease in today's world, and it can cause a variety of menstrual disorders such as dysmenorrhea, menorrhagia, and irregular periods by disrupting anatomical and physiological integrity. Young couples should be counselled about the increased risk of developing fibroids and other gynaecological disorders if their first pregnancy is postponed. Junk meals, pizzas, and other Kapha Medo Vardhaka Aharas should be avoided. There are just a few remedies indicated in allopathy to cure fibroid. Uterine fibroids do not always require surgical surgery. The Acharyas emphasises Nidana Parivarjana while also emphasising the value of Dinacharya, Rithucharya, and Rajaswalacharya and their roles in raising healthy women. Thus, with Ayurvedic medicines and lifestyle changes, we may ensure that women attain their full potential in both personal and professional life.

REFERENCES

1. Marsh EE, Al-Hendy A, Kappus D, et al. Burden, Prevalence, and Treatment of Uterine Fibroids: A Survey of U.S. Women J Womens Health (Larchmt). 2018;27(11):1359–1367.
2. Sreekanthamurthy KR. Illustrated Susrutha Samhita Vol.I (Sutra Sthana). Varanasi; Chaukhamba Orientalia; 2014. p. 121.
3. Munusamy MM, Sheela WG, Lakshmi VP. Clinical presentation and prevalence of uterine fibroids: a 3year study in 3decade rural south Indian women. Int J Reprod Contracept Obset Gynecol. 2017;6(12):5596-601.
4. Solomon Leigh A, Schimp Veronica L. Clinical Update of Smooth Muscle Tumors of the Uterus. Journal of Minimally Invasive Gynecol 2005; 12:401-08.
5. Sharma RK, Bhagawandash, editors, Charaka Samhita, Vol V, ChikitsaStana, chapter 30, India: Choukhamba Orientalia; 2017. p. 151.
6. Textbook Of Gynaecology, D.C. Dutta, Sixth edition, Chapter no. 19, Pg.no.259
7. Charaka Samhita, Vd. Harishchandra singh Kushwaha, Chaukhamba Orientalia, Varanasi.Edition 2012

Chikitsasthana, Adhyaya 12, Pg.
no. 289

8. Sreekanthamurthy KR. Vagbhata's Astanga Hridayam Vol. III (Uttara Sthana). Varanasi; Chaukhamba Orientalia; 2012. p. 277.
9. Sharma RK, Bhagawandash (editors). Charaka Samhita, Vol I, Sutra Stana, Chapter 10. India: Choukhamba Orientalia; 2017. p. 196.