Management of Uterine Fibroid along with Metrorrhagia through Virechen, Lekhan Basti and Uttar Basti - A Case Study

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Abstract:

Uterine fibroid is the most common, non-cancerous tumor in women of childbearing age and the second most common reason women of childbearing age undergo surgery. Metrorrhagia is one of the most common menstrual disorders associated with uterine fibroid and it is caused to excessive menstrual bleeding with or without inter menstrual bleeding. Ayurveda texts have described Mamsajagranthi which can be correlated with benign neoplasm which comes under Raktagulma. Here 48 years old female multigravida patient, was diagnosed with uterine fibroid on the basis of clinical features and USG findings. Patient treated with Samshodhana Karma, Uttar Basti and Oral Ayurved medicines. Patient was treated with Virechana Karma with TrivrutAvaleha with Thripala Kwatha, Lekhana Basti with Lekhaneya Maha Kashaya for 10 days, Varunadi decoction 50ml for 8 weeks morning and evening after meal and Uttar Basti with Palash KsharaTaila(5ml) for 6 days in two consecutive cycles. The result of this study was found after 3 months lower-abdominal pain, body weight and size of the fibroid got reduced along with regular menstrual bleeding. It can be concluded that uterine fibroid can be managed with Ayurvedic modalities and the complication be prevented.

Keywords: Lekhana Basti, Mamsajagranti, Raktagulma, Uterine fibroid, Uttar Basti, Virechana.
Introduction:

Fibroid are the Commonest Benign tumor of the Uterus and also the commonest benign solid tumor among female and most of them (50%) remain asymptomatic. The incidence of symptomatic fibroid in hospital outpatient is about 3%. These are the most common in nulliparous or in patients having one child infertility i.e secondary infertility. The prevalence is highest between 35-45 years age group.\(^1\)

Metrorrhagia is one of the most common menstrual disorder associated with excessive menstrual bleeding with or without inter menstrual bleeding. The menstrual cycle may be defined by its length, regularity, frequency and pattern of menstrual blood loss. Menstruation when it comes in excess amount, for a prolonged period and even with or without inter menstrual bleeding, different from the features of normal menstrual blood or denoting the specific dosha as described in Sushruta Sutrasthana is known as Asrugdara.\(^2\)

Most women with uterine fibroid have no symptoms (75%). The symptoms are related to anatomic type and size of the tumor. The common symptoms are menstrual abnormality such as menorrhagia, metrorrhagia, dysmenorrhea, infertility, pressure symptoms, recurrent pregnancy loss (Miscarriage, Pre-term labour), dyspareunia, lower abdominal pain or pelvic pain, abdominal enlargement.\(^3\)

Charak has mentioned Arbuda in ChikitsaSthana and described Arbuda as shophavisesh (one of the forms of Shotha).\(^4\) This clearly indicates that basically aetiopathogenesis, clinical features and treatment of tumours of reproductive system are identical to the tumours of any other body part; however, few clinical features present due to specific location of disease has to be investigated. Ayurveda texts have described Mamsajagranthi which can be correlated with benign neoplasm on modern lines. Pathogenesis of Granthi is propounded as when morbid Tridoshas, vitiate Rakta (blood), Mamsa (fleshy/muscles), and Meda (fat/adipose tissue) that are admixed with Kapha produce rounded protuberant, knotty or glandular and hard swelling called Granthi. Granthi when present in yoni (female reproductive system) Garbhashaya (uterus) will lead to disturbed menstrual cycle menorrhagia, metrorrhagia, dysmenorrhea, etc., along with infertility.

Vata and Rakta both are accumulated gradually and develop irregular, rounded shaped growth or Pinda within and around the wall of uterus i.e. Raktagulma.\(^5\) It palpitates as whole but there is non-movement in its parts. Pain is one of the most important features of this disease. Others sign and symptoms are fullness of abdomen, occasional burning pain and pregnancy related sign and symptoms. Raktajagulma occurs only in female and should be treated after passing 10 months.\(^6\)

Uterine fibroids do not have definite medical treatment in the modern gynaecological practices other than surgery, available treatment protocol in modern are hormonal therapy, hysterectomy, myomectomy, myolysis,
endometrial ablation and uterine artery embolization with their own limitations and complications.

Case Report:

48 years old female multigravida patient, reported to Prasuti tantra and StreeRoga outdoor patient department in I.P.G.T.&R. A, GAU, Jamnagar with complaints of irregular excessive bleeding per vagina during menstruation along with lower abdominal pain for last 4-5 months. She also had intermittent low back pain. She complained that pain was increasing day by day and felt occasional burning pain in lower abdomen. In addition to these symptoms she has weight gain within 1 year (12Kg). On palpation abdomen was slightly firm in the lower portion. She was already Trans vaginal USG done and she was diagnosed with sub serous uterine fibroid and was advised hysterectomy. Therefore, she consulted for the Ayurvedic medication.

Past History:

According to her obstetrics and gynecological history - G3P2A1L2, 1 times D & C done, History of complete abortion at the age of 4 weeks of gestation on due to unknown cause and two full term normal delivery per vaginally before 14 years ago. As a contraceptive method cu-T was used and removed before 1 year. Patient did not have any drug history or allergy. Familial obesity was reported by patient. In menstrual history patient reported irregular menses (24 -37 days), for 10-13days and 5-6 pads/day needed with clotted, blackish red color bleeding having moderate pain during menses

General Examination:

She is 5-4 height and weight 96kg. Vital signs BP – 130/ 90 mmHg, Pulse – 80 Per min, RR-20 Per min, Temperature – 98 F normal Mala, Mutra, Jivha, sleep sound, dry skin with associated symptoms of increased hair fall,

Investigations:

Hematological, Urine, Biochemical and microbiological investigation were done. All investigation findings were with in normal range. Trans vaginal USG was done on 2.1.18 Sub Subserous fibroid noted to the anterior wall fundal (34 x 31 x 34 mm size) and volume was 18 ml.

Treatment protocol:

Patient has been given following treatment for three months after taking the informed written consent.
1st month - Virechana karma and Lekhana Basti
2nd month and 3rd month - Oral therapy and Uttara Basti

1st Month of Treatment Protocol

1. Virechana

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Drug and dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deepana&amp;pachana</td>
<td>Amapachanavati- 2 tablets/bd / before meal with Luke warm water</td>
<td>3 days</td>
</tr>
<tr>
<td>Snehapana</td>
<td>Goghrita (as per Kostha and Agni) 30ml - 150ml empty stomach in morning</td>
<td>3-7 days</td>
</tr>
<tr>
<td>Abayanga&amp;Swedana</td>
<td>TilaTaila</td>
<td>3 days</td>
</tr>
<tr>
<td>Virechana Karma</td>
<td>TrivrutAvaleha100gm with TriphalaYavakuta30gm</td>
<td>1 day</td>
</tr>
<tr>
<td>Samsarjana Karma</td>
<td>Diet (as per KoshtaShuddhi)</td>
<td>3-7 days</td>
</tr>
</tbody>
</table>

2. Lekhana Basti: Lekhaneya MahaKashya (Decoction) was used for Lekhana Basti

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</tr>
</thead>
<tbody>
<tr>
<td>Snehana – Abhyanga</td>
<td>Tilataila (As per required) lower abdomen, lower back and thigh</td>
<td>15 min</td>
</tr>
<tr>
<td>Swedana</td>
<td>Nadisweda by steam lower abdomen, lower back</td>
<td>15 min</td>
</tr>
<tr>
<td>Lekhana Basti</td>
<td>LekhaneyaMahakashya – 250ml, Kalka Dravya - 10g, SaindhavaLavana- 5g, Madhu (Honey) - 30gm, TilaTaila (Sesame oil) - 60ml</td>
<td>10 days</td>
</tr>
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In 2nd and 3rd Months of Treatment Protocol:

Oral Therapy: After completion of Basti Karma Oral drug Varunadi Kwatha [Varuna 1 part (16g), Gokshura 1 part (16g), Shunti 1 part (16g), Yavakshara 2g] 50 ml per day/ BD/after meal was administration for 8 weeks

1. Uttara Basti: It was administered on the next day. after cessation of menstruation

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</tr>
<tr>
<td>Swedana</td>
<td>Nadisweda by steam at lower abdomen and lower back</td>
<td>15 min</td>
</tr>
<tr>
<td>Yoni Prakashalana</td>
<td>Triphala Kwatha</td>
<td>5 min</td>
</tr>
<tr>
<td>Uttara Basti (IUUB)</td>
<td>PalashaKsharaTaila- 5ml after cessation of menstruation once daily for 6 days.</td>
<td>6 days for 2 consecutive cycles</td>
</tr>
</tbody>
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Follow Up: Patient was also advised for USG of Trans vaginal and to come for follow up after 1 month.

Results and Discussion:
Among clinical features, about excessive bleeding the patient responded at first and relieved after Virechana and after virechana, menstruation cycle also become regular. There after 10 days of Lekhana Basti, the severity of lower back pain becomes mild. These subjective criteria were measured by scoring pattern. Then after treatment Transvaginal USG was done on 8.5.18 Sub Subserous fibroid noted to the anterior wall fundal (23 x 18 x 20 mm size) and volume was 4.8 ml it means volume reduced 13.2ml. Size of fibroid was reduced the transverse and vertical diameter 1.1cm and 1.3cm respectively.

Probable mode of Virechana karma: Arbuda is a Bahu Dosaja vyadhi and Virechana karma is the best for viitated pitta, and also it has Raktaprasadana karma. It helps to normalise the endocrine function by its purifying action.

Probable mode of Lekhana Basti: When consider of characteristics and actions of contents of Lekhaneya Mahakashaya [7] individually, find each of the contents contribute to lekhan karma. Katuka is pitta rechaka and pitta virechana this results into depletion of dhatu, mainly Medoand Maansa dhatu. Haridra and daruharidra stimulate agni and performs Lekhana karma because of their katu- rikta taste, katuvipaka, ushnavirya and laghu, rukshaguna. Tikshna guna of Vacha, chitrak and Kushtha along with above mentioned characteristics aids more to lekhan karma. Chirbilva and Haimvati mainly perform lekhana karma on dhatu and body because of their properties. Mustak and Ativisha performs “grahi” karma, hence, they check the excessive motions caused by Katuka. Grahi karma, also helps reabsorption of water in large intestine reducing the risk of patient getting dehydrated because of loose motions.

Probable mode of Uttarbasti: Uttarbasti is beneficial in gynaecological disorders and other menstrual disorders. [8-9] Kshara-Taila is mentioned for Stree Roga Adhikar in Bharta Bhaisajyai Ratanakara [10] Palashkshar oil contains Palashkshara and tila oil has the action of ksharan and lekhan. Therefore, it might be resulting into kshara and lekhan of nodular growth. Tila tail has property of vatashamak, slesmahar, yonivishodhanand yonishulaprasman. The ushna and snigdha guna of the tila (sesame) oil pacifies the increased rukshatva, khartava guna of Vayu restoring its normal function and thus brings about srotoshodhana. When instilled into uterine cavity a known place of apanavayu, which gives direct access to the seat of dosha dusheya sammorchana. This directly acts on vikratavayu and kaphadosha which causes ksharan and lekhan of vikrutamamsa and medodhatu and breaks the samprapti.

Probable mode of Varunadi Kwatha: The main ingredient of this drug is Varuna, Gokshura, Shuntiand Yavakshar which have Tikta Rasa. It is kapha-pitta hara, Sophahara, slightly laxative. So, it can easily clear up the channels or srota. Yavakshar which have Lekhan, Chedan and Granthihara property. It is well known drug of Gulma roga. [11-12]
ingredients of the compound pacify Kapha Dosha by virtue of their Ruksha Guna, Katu Vipaka and Ushna Virya and also show "Lekhana" property due to Ushna Virya. The Lekhana Karma is again enhanced by famous Lekhana Dravya i.e. Yavakshara, which is one ingredient in it. The Vatanulomana, Shothahara and Mutrala properties of ingredients helps to relieve pain and Sthanika Sotha.

Conclusion:
Study concluded that uterine fibroid along with metrorrhagia can be efficiently and effectively managed by Ayurvedic medicines, Virechan, Lekhan basti and Uttar basti without side effects and needed to be study in more number of patients.

References:

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