

## Role of *Virechana Karma* in the management of uterine fibroid along with Metrorrhagia- A Case Study

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### ABSTRACT

A 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. Metrorrhagias is one of the most common menstrual disorder associated with uterine fibroid and it is caused to excessive menstrual bleeding with or without intermenstrual bleeding. In Ayurveda, texts have described *mamsajagranthi* which perfectly correlates with benign neoplasm on modern lines. Here the study was undertaken to evaluate the effect of *virechanakarma* for uterine fibroid with mild adenomyosis and other complications. 36 years old female multigravida patient, was diagnosed with uterine fibroid on the basis of clinical features and USG findings. This study was planned to find out Ayurvedic management of Uterine fibroid with *samshodhanakarma*. Therefore, after taking written informed consent patient was treated with *virechanakarma* with *Trivrutavaleha* with *Thripalakwatha*. The result of this study was found after this therapy, all major complaints like irregular excessive menstrual bleeding, the lower-abdominal pain completely reduced, and weight also got reduced and also reduced the size of the fibroid in vertically as well as horizontally. It can be concluded that uterine fibroid can be efficiently and effectively managed with *Virechana Karma* and the complication be prevented.

**Keywords:** Ayurveda, Basti, *Mamsaja granthi*, *Samshodhana karma*, Uterine fibroid, *Virechana*.

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**Introduction:**

Fibroid is 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%. The prevalence of the uterine fibroid is highest in between 35—45 years age group of nulliparous or in these having one child infertility.<sup>[1]</sup>

Metrorrhagia is one of the most common menstrual disorder associated with excessive menstrual bleeding with or without intermenstrual bleeding. The menstrual cycle may be defined by its length, regularity, frequency, and pattern of menstrual blood loss. In a normal and average length of the menstrual cycle is usually 21 – 35 days. The duration of bleeding is about four to five days but ranges from two to seven days. The usual volume of blood loss is approximately 30ml and greater than 80 ml is considered abnormal. Menstruation, when it comes in excess amount, for a prolonged period and even with or without intermenstrual bleeding, different from the features of normal menstrual blood or denoting the specific *doshaas* described in *Sushrutasutrasthana*, is known as *asrugdara*.<sup>[2]</sup>

So, there is necessary to explore more efficacious and radical cure to this condition. With this background, the present study was undertaken to evaluate the effect through Panchakarma. 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.<sup>[3]</sup>

According to Ayurveda specific description of Granthi of the reproductive system is not available. *Charak* has mentioned *Arbuda* in *Chikitsasthana* and described *Arbuda* as *shophavissha*.<sup>[4]</sup> He has clearly mentioned that *sothas* are situated in different body parts; these are many in numbers due to the difference in their location, clinical features, names, and types. Ayurveda texts have described *MamsajaGranthi/Arbuda* which perfectly correlates with benign neoplasm on modern lines. Aetiopathogenesis, clinical features and treatment of *Granthi* are identical to the *Granthi* of any other body part, however, few clinical features present due to the specific location of the disease as a result of anatomical and physiological disturbance<sup>[5]</sup>. *Granthi* when present in *Garbhashaya* (uterus) which is part of theyoni (female reproductive system) will lead to disturbed menstrual cycle menorrhagia, metrorrhagia, dysmenorrhea, etc, along with infertility.

Uterine fibroids do not have definite medical treatment in the modern gynecological practices other than surgery, available treatment protocol in modern are hormonal therapy, hysterectomy, myomectomy, myolysis, uterine artery embolization having so many complications and expensive also. When we consider the present scenario of this disease which is needed to find out an

appropriate and effective solution to this problem. So many formulations are advised in Ayurveda classics under the *Granthi Arbuda* and *Apachichikitsa* along with some specific lifestyle restrictions<sup>[6]</sup>.

### Case Study:

A 36 years old female multigravida patient, reported to *Prasuti tantra* and *StreeRoga* outdoor patient department with complaints of irregular cycle 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 the lower abdomen. In addition to these symptoms, she has weight gain within 1 year. On palpation, abdomen was slightly firm in the lower portion. She was already Trans vaginal USG done and she was diagnosed with posterior wall uterine fibroid(20 x 28 x 18 mm size) with moderate adenomyosis and was advised hysterectomy. But the patient was unwilling for operative intervention, so she came to hospital for Ayurvedic Management.

**History of Present illness:** The patient states that she has been suffering from heavy menstrual bleeding with pain in the abdomen during menstruation for 4-5 months. Her menstrual cycle duration was for 10 -13 days with 20- 25 intervals and the passing of heavy blood flow with clots using 5-6 pads/day, moderate painful cycle, daily activity is not that much affected. She had gone through 9 months of allopathic treatment and took medication, tab syron-N (norethisterone acetate 5 mg) tab trenaxa (tranexamic acid 500mg), tab meftal spas (mefenamic acid

250mg + dicyclomine 250mg) and injection Drotin (drotaverine 40 mg). But she did not get any relief and advised for surgery. Therefore, she consulted for the Ayurvedic medication.

**Past History:** According to her obstetrics and gynecological history – G4P3A1L2D1, 1 times D & C done, History of complete abortion at the age of 4 weeks of gestation on due to unknown cause and three full-term normal delivery per vaginally before 14 years ago and one child was death due to an accident. As a contraceptive method Cu-T used and it removed before 1 year. No any drugs history and no family history of obesity reported by patient.

**Menstrual History:** Cycle = Irregular 20 - 25 days, Duration= 10 – 13days, Amount= 5 – 6 pads/day, Colour = Blackish Red, Clotted, Pain = moderate

### General Examination:

She is 5.4' height and weight 66kg. Vital signs – BP – 130/ 70 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 done. All investigation findings within normal range. Transvaginal USG was done on 13.3.18 fibroid noted to the posterior wall fundal (20 x 28 x 18 mm size) and volume was 4.2 ml.

**Diagnosis:** Based on Clinical features and USG findings, the diagnosis was confirmed.

**Treatment protocol:** A Patient was given virechana (Table-1) after taking the written informed written consent.

**Table-1: Virechana procedure**

Procedure	Drug & dose	Duration
Deepana&pachana	Amapachanavati- 2 tablets/TDS/ before the meal with Luke warm water	5days
Snehapana	Goghrita (as per Kosta and Agni) 30ml -150ml empty stomach in the morning Maximum took – 150ml	5 days
Abayanga&Swedana	TilaTailaandSarvanghaSwedana	3 days
Virechana Karma	<i>TrivrutAvaleha</i> 120gm with <i>TriphalaKwatha</i> 30gm	1 day
Samsarjana Karma	Diet (as per <i>KoshthaShuddhi</i> ) <i>MadayamKoshthashuddhi</i> done – 5 days done <i>Samsarjana Karma</i>	5 days

**Table-2 *Trivrutavalaham*(Virechana Yoga)<sup>[7]</sup>**

Drug	Botanical name	Quantity
<i>Trivrut</i>	<i>Operaculinaturpethum</i> Linn.	25 part
<i>Tamalapatra</i>	<i>Cinnamomumtamala</i> Nees and Eberm.	1 part
<i>Twaka</i>	<i>Cinnamomumzeylanicum</i> Breyn.	1 part
<i>Ela</i>	<i>Elettariacardamomum</i> Maton.	1 part
<i>Madhu</i>	<i>Mel depuratum</i>	5 part
<i>Sharkara</i> (Sugar)	<i>Saccharum officinarum</i> Linn.	10Part

**Table-3:Ingredients of *Triphala Kwatha*<sup>[8]</sup>**

Drug	Botanical name	Part used	Quantity
<i>Haritaki</i>	<i>Terminalia chebula</i> Retz	Dried fruit	10gm
<i>Vibhitaki</i>	<i>Terminalia bellirica</i> Roxb	Dried fruit	10gm
<i>Amalaki</i>	<i>Embelicaofficinalis</i> Gaertn	Dried fruit	10gm

**Preparation of Virechana Yoga:**

*Trivrutavaleha*120gm mixed with  
*Triphalakwatha*120 ml<sup>[9]</sup>

**Preparation of *TriphalaKwatha*:**

According to *kwatha*preparation All 3 ingredients (Dried fruits) will be cleaned

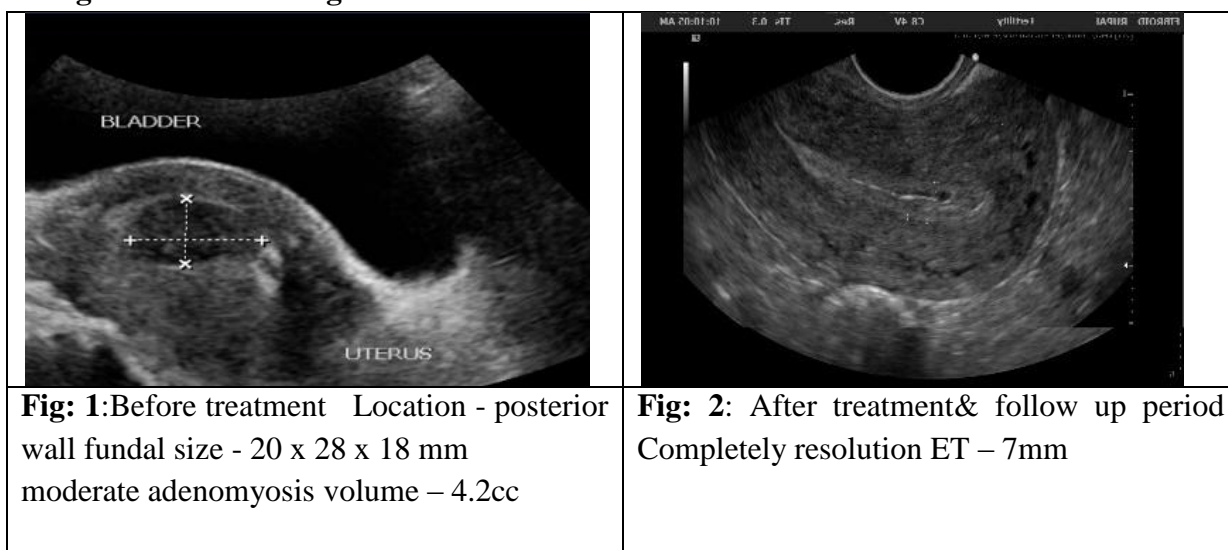
& taken in equal proportion i.e 30gm will be prepared coarse powder and store in a dry container. The 30g of coarse powder will be soaked in 480ml (add 4 times water) of water boiled to reduce it to 120 ml and filtered to prepare the *Kwatha* which will use along with virechanaYoga.

**Results and Discussion:**

Before treatment, she had excessive bleeding and clots for 10- 13 days with 24 -25days interval and LMP was 3/3/18. After *Virechana* her menstruation was started on 5/4/18 and no clotting or excessive bleeding. Moderate bleeding for 3-4 days. Again, follow up period she got menses on 5/5/1. Among clinical features, about excessive bleeding the patients responded at first and relieved after *Virechana* and also menstruation cycle become regular. lower back pain becomes severe to mild pain. These subjective criteria were measured by the scoring pattern. Then after treatment Transvaginal USG was done on 4.4.18 and 27.4.18 dates. After treatment fibroid was noted to the Posterior fundal (0.8 x 0.6 x 1 mm size) and volume was 1.5 ml it means

volume reduced 2.7 ml. Adenomyosis was not seen in the USG. In fig 2 showed the USG for After treatment & after follow up period also completed.

The present study has been planned to find out Ayurvedic management of Uterine fibroid with *samshodhanakarma*. Therefore, *virechana* was selected for the study. The etiology, classification, pathogenesis, and management of *granthi/arbuda* are discussed at length and in detail in the Ayurveda texts. *Mamsja Granthi/Arbuda* uterine fibroid is a *Bahu Dosh janya* disease which involves the *astamaashaya (Grabhashya)* and deep Dhatus in the body.<sup>[10]</sup> Considering all these points this study has been planned for the treatment protocol with Panchakarma, because *Doshanirharana* is important for *Arbuda*.

**Images of USG Findings:****Probable mode of *Virechana karma*:**

*Arbuda* is a *Bahudosajavyadhi (Bahu Doshajanya Vikara)*. *Virechana karma* is the best for vitiated *pitta*, and also it has *raktaprasadana karma*. *Samshodhana Karma* will be helped to eradicate the

*dusyadosha* from the body. Management of *Granthi/Arbuda* by *samshodhanai.e kaya Virechanahave* mentioned in Ayurvedic texts.

**Conclusion:**

It can be concluded from this case study that Uterine fibroid along with Metrorrhagia can be effectively managed by *Virechana Karma*. The complication of this disease also can be prevented by *Virechana Karma*. The Study has not shown any side effects

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