

Ayurveda Interventions for the Management of Heavy Menstrual Bleeding in Patients with Uterine Fibroids: A Case Report

Rajitha R Warriar¹, Deign Rose D S², Anjali M Panicker^{2*}

¹Associate Professor, ²PG Scholar, Department of *Prasuti evam Stri Roga*, Government Ayurveda College, Tripunithura, Ernakulam, Kerala, India.

ABSTRACT:

The most encountered benign tumours of the uterus are Leiomyomas, also called Uterine fibroids. When symptomatic, they present with heavy menstrual bleeding, dysmenorrhoea, pressure symptoms etc. In Ayurvedic literature, this condition is similar to *Asrigdara* caused due to *Garbbhashayagranthi*. *Samprapti* of *Asrigdara* involves *raktadushti* caused by *pittakopa* and that of *Garbbhashayagranthi* involves *dushita kaphavatadosha* and *mamsamedo dhatu*. The conventional treatment involves hormonal therapies and hysterectomy. The reluctance to undergo hysterectomy in the reproductive years and the side effects associated with the prolonged use of hormonal therapies prompt women to seek alternate management for uterine fibroids. A 42-year-old woman with submucous fibroid presenting with heavy menstrual bleeding, shortened interval and advised hysterectomy approached for alternative ayurvedic management. The case was diagnosed as *Asrigdara* due to *Garbbhashayagranthi*. The treatment first involved *raktbasthanbhana chikitsa* followed by *granthiharana* and *kaphavatadoshabara chikitsa*. Medications were given for a period of 11 months, by which the menstrual cycles got regularised with moderate bleeding. A reduction in the size of the fibroid was also noted.

KEYWORDS: *Garbbhashayagranthi*, *Asrigdara*, Heavy menstrual bleeding, Uterine fibroid.

Received: 24.10.2024 Revised: 15.11.2024 Accepted: 14.12.2024 Published: 20.12.2024



Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License

© 2024 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

Quick Response Code



*Corresponding Author:

Dr. Anjali M Panicker

PG Scholar, Department of *Prasuti evam Stri Roga*,
Government Ayurveda College, Tripunithura, Ernakulam,
Kerala, India.

Email: anjaliimpanicker@gmail.com

INTRODUCTION:

Leiomyomas are the commonest benign tumours of the uterus, commonly called Uterine fibroids. They have a high worldwide incidence of 75% among women of the

reproductive age group. Most uterine fibroids are asymptomatic and are accidentally diagnosed during routine screening. Some symptomatic uterine fibroids are diagnosed after clinical presentations of heavy

menstrual bleeding or dysmenorrhoea or both. Approximately 30% of the patients present with menorrhagia or heavy menstrual bleeding.^[1] The common risk factors involved are nulliparity, obesity or high BMI, hyper estrogenic state, high fat diet, family history etc. The protective factors are multiparity, menopause, use of OCPs.

Uterine fibroids are classified as Intramural, Subserous and Submucous fibroids. Among these, submucous fibroids present with maximum symptoms.^[2] Women with uterine fibroids usually present with abnormal uterine bleeding, dysmenorrhoea, dyspareunia, pressure symptoms etc. Uterine fibroids are one of the leading causes of hysterectomy. The conservative management for fibroids includes hormonal therapies, GnRH analogs, OCPs and are contraindicated for long term use owing to their associated side effects. Ayurveda finds application here as many women during their reproductive years do not prefer hysterectomy and long-term use of hormonal therapies.

Ayurveda recognises uterine fibroids as *Garbhashayagranthi*. The disease manifest when there is vitiation of *kaphavata dosha*. There is associated *mamsamedo dushti* as seen in the pathogenesis of *granthi*.^[3] The *mamsamedo dushti* caused by high fat diet results in *kaphadushti* causing *Rasa dushti* which in turn vitiates its *Upadhatu* – *Arthava*.^[4] In addition to this, *pittaavrutha apanavata* and *pitta dooshitba raktha* results in *Asrigdara*/Heavy menstrual bleeding.^[5] In *Asrigdara* due to *Garbhashayagranthi*, the treatment is primarily aimed at bringing *Rakthasthambhana*, followed by *Lekhana*, *Kaphavatahara chikitsa* for the management of *granthi*.

CASE REPORT:

Patient Information:

A 42-year-old uniparous woman consulted at the *Prasuti evam Stri Roga* OPD, Govt Ayurveda College, Tripunithura on 18.08.2023 with complaints of heavy menstrual bleeding and shortened interval since May 2023. The USG-Abdomen and Pelvis (18.07.2023) underwent earlier revealed enlarged uterus with anterior submucous fibroid (5.1 x 5 cms) and small seedling fibroids. The patient was advised hysterectomy; however, she was reluctant to do the same and consulted at our OPD. She had no history of Diabetes mellitus, Hypertension, Dyslipidaemia and Thyroid dysfunction.

On examination, the patient was found afebrile, looked anxious with BP-134/100 mm of Hg, Pulse rate-64 bpm and Respiratory rate-20/minute. She had normal appetite, regular bowels and micturition. She weighed 59.1 kgs with a height of 168 cms (BMI- 20.9kg/m²). Her last menstrual cycle was on 15.08.2023 after an interval of 15 days from the previous cycle. At the time of consultation, she was on bleeding phase with heavy menstrual flow, changing pads every two hourly which were completely soaked (6 pads-day time, 3 pads-night time) with passage of clots on Day 2 and 3. The duration of her previous cycles were 5 days. She had no complaints of dysmenorrhea. Patient had one full term delivery via Caesarean section due to Cephalo-pelvic disproportion 14 years back.

Diagnostic Assessment

Investigations:

USG (18.07.2023)

Bulky uterus (9.4x6.1x7 cms), Anterior submucous fibroid (5.1x5 cm), Small seedling fibroids. ET: 4.7mm, uterine cavity distorted by anterior fibroid.

Hb – 10.8 gm/dl (18.08.2023)

Diagnosis

As the patient presented with *atiprasanga arthava pravritthi* (heavy menstrual bleeding) and *anritha pravritthi* (irregular interval–shortened interval) supported with *Garbhashayagranthi* (Anterior submucous uterine fibroid, seedling fibroids) in USG, the case has been diagnosed as *Asrigdara* due to *Garbhashayagranthi* (Heavy menstrual bleeding due to Uterine fibroid).^[6]

OBSERVATIONS AND RESULT:

The timeline of the treatment period including observation and therapeutic interventions of each OPD visit have been illustrated in Table 1 and Table 2.

Table 1 consists of the first phase of treatment and Table 2 consists of the second phase of treatment. Before and after USG findings and Haemoglobin levels are illustrated in Table 3.

Table1: 1st Phase of Treatment (18.08.2023 to 08.05.2024)

Date	Complaints/Observation	Interventions
18.08.2023	Heavy bleeding, shortened interval LMP:15.08.2023 PMP:01.08.2023 Interval:15 days Amount:9pads/day Clots: Day 1 and 2	1. <i>Varanadi</i> + <i>Musalikbadiradi kashaya</i> (90ml- morning& evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> . 3.Cap.Fibroid 1-0-1
27.10.2023	Heavy bleeding, shortened interval LMP:20.10.2023 PMP ₁ :03.10.2023 PMP ₂ :18.09.2023 PMP ₃ :02.09.2023 Interval:15-18 days Amount:9pads/day Duration:7-8 days Clots: Day 2 Pain: Nil	1. <i>Varanadi</i> + <i>Musalikbadiradi kashaya</i> (90ml- morning & evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> . 3.Cap.Fibroid 1-0-1
21.01.2024	Heavy bleeding LMP:21.01.2024 PMP:08.01.2024 Interval:15 days Amount:7 pads/day Duration:4-5 days Clots: Nil Pain: Nil	1. <i>Guluchyadi</i> + <i>Musalikbadiradi kashaya</i> (90ml- morning& evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> . 3.Tab.Hemin 1-0-1

15.02.2024	Moderate bleeding LMP:14.02.2024 PMP:21.01.2024 Interval:24 days Amount:5-6 pads/day Duration: on going Clots: Nil Pain: Nil	1. <i>Guluchyadi+</i> <i>Musalikbadiradi kashaya</i> (90ml- morning& evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> 3.Tab Hemin 1-0-1
18.03.2024	Moderate bleeding LMP:14.03.2024 PMP:14.02.2024 Interval:30 days Amount:4-5 pads/day Duration:3 days Clots: Nil Pain: Nil	1. <i>Guluchyadi+</i> <i>Musalikbadiradi kashaya</i> (90ml- morning& evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> .
18.04.2024	Moderate bleeding LMP:05.04.2024 PMP:14.03.2024 Interval:22 days Amount:4 pads/day Duration:2-3 days Clots: Nil Pain: Nil	1. <i>Guluchyadi+</i> <i>Musalikbadiradi kashaya</i> (90ml- morning& evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> .

Table 2: 2nd Phase of Treatment (09.05.2024 to 18.08.2024)

Date	Complaints/Observation	Interventions
09.05.2024	Moderate bleeding LMP:03.05.2024 PMP:05.04.2024 Interval: 28 days Amount: 4 pads/day Duration:2-3 days Clots: Nil Pain: Nil C/o Headache	1. <i>Guluchyadi+</i> <i>Varanadi</i> <i>kashaya</i> (90ml-morning& evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> . 3. <i>Ayaskriti</i> :5ml with <i>Kashaya</i>
20.06.2024	Moderate bleeding LMP:02.06.2024 PMP:03.05.2024 Interval:29 days Amount:3-4 pads/day Duration:3 days	1. <i>Guluchyadi+</i> <i>Varanadi</i> <i>kashaya</i> (90ml-morning& evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> .

	Clots: Nil Pain: Nil	3. <i>Ayaskriti</i> : 5ml with <i>Kashaya</i>
18.07.2024	Moderate bleeding LMP: 01.07.2024 PMP: 02.06.2024 Interval: 29 days Amount: 3-4 pads/day Duration: 3 days Clots: Nil Pain: Nil No further complaints	1. <i>Guluchyadi</i> + <i>Varanadi</i> <i>kashaya</i> (90ml-morning & evening before food) 2. <i>Kanchanaraguggulu</i> 1-0-1 with <i>kashaya</i> . 3. <i>Ayaskriti</i> : 5ml with <i>Kashaya</i>

Table 3: Results: Investigations Before Treatment & After Treatment.

	USG Findings	Heamoglobin levels
Before Treatment (18.08.2023)	Bulky uterus, 9.4 x 6.1 x 7 cm Anterior submucous fibroid 5.1x5 cm and seedling fibroids	Hb: 10.8 gm/dl
After Treatment (12.06.2024)	Uterus: 8.9x4.7 cm Anterior wall intramural fibroid 2.4x2.4cm	Hb: 11.4 gm/dl

DISCUSSION:

Kaphavatadoshas were involved in the *samprapthi* of *Garbhashayagranti* while *pittaavrutha apanavata* and *pitta dooshitha raktha* were involved in the *samprapthi* of *Asrigdara*. The treatment primarily involved administration of medications having *rakthasthambhana* and *granthibarana* properties which involved mitigating the aggravated *kapha*, *vata dosha* and vitiated *pitta raktha*.

The first phase of treatment (Table 1) started with *Musalikhadiradi kashaya*, *Varanadi kashaya* and *Kanchanara guggulu*. *Musalikhadiradi kashaya*^[7] is a classical formulation used in gynaecological practices as a potent remedy against *pradara* due to its haemostiptic nature. Most of the drugs in *musalikhadiradi kashaya* exhibit *pittakapha haratva*, thus helps in regularising excessive menstrual bleeding. *Varanadi kashaya*^[8] was administered initially, but since the heavy

menstrual bleeding persisted, a more *pittakaphahara* and less *theekshna* formulation was needed. Thus, *Guduchyadi kashaya* was administered discontinuing *Varanadi kashaya*. This was supplemented with *Kanchanara guggulu*^[9] and Cap. Fibrocid. *Kanchanara guggulu* is indicated in neoplasms like *galaganda*, *granthi*, *apachi*, *arbuda* etc. Most of the contents have anti-inflammatory, antitumour actions and are *kapha hara* in *dosha karma*. *Guggulu* which forms the base of this formulation is the *agrya oushadha* for vitiated *meda anila*. Fibrocid capsule is a combination of *shathapushpa*, *ashwagandha* and *pippali*. These drugs are *kaphavatahara*, *ushna veerya* and anti-inflammatory in nature and helps in reversing the *samprapthi* of *asrigdara* and *garbhashayagranti*. During the first phase of treatment, low Hb levels (9.7 gm/dl) were observed. Patient was administered with Tab. Hemin for a period of two months and

discontinued once the Hb levels improved (11.8 gm/dl). Tab Hemin is a combination of *punarnava mandoora*, *amalaki rasayana*, *loha bhasma*, etc making it a potent iron supplement. With this, the heavy menstrual bleeding had reduced to moderate bleeding along with normalisation of interval between cycles.

The second phase of treatment (Table 2) aimed at preventing further growth of the fibroid and also bringing a reduction in its size. The *samprapthi* of *garbhashayagranthi* involves *dooshtitha kapha* and *medas*. *Varanadi kashaya* which is a potent *kapha medohara* formulation, indicated in *gulma*, *adyavata*, *antar vidradhi* was the *yoga* of choice for the second phase. Since the bleeding was regularised, *musalikhadiradi kashaya* was discontinued. *Guduchyadi kashaya*,^[10] was administered to prevent further possibility of heavy menstrual bleeding. The patient developed complaints of headache, which might be one of the *upadravas* caused due to *Asrigdara*.^[11] This was addressed by the *shirasboolahara* property of *Varanadi kashaya*. *Kanchanara guggulu* was continued during the second phase of treatment as well. With this, the size of the *granthi* had reduced as per USG (2.4x2.4cm). In order to maintain the Hb levels, *Ayaskriti*^[12] was also administered.

Hysterectomy and hormone therapy are the only treatments of choice in patients with uterine fibroids. However, these treatments come along with many challenges like economic burden, early curtailing of reproductive life, hormonal derangements, anxiety towards surgical procedures etc. In this scenario, alternate approach with ayurvedic interventions lends a helping hand to women suffering from heavy menstrual bleeding induced uterine fibroids.

CONCLUSION:

The above-mentioned OP-based ayurvedic management was helpful in reducing the heavy menstrual bleeding with shortened interval caused due to uterine fibroids. It served as an alternate pathway in management of uterine fibroid thereby sparing a 42-year-old woman from hysterectomy.

Patient perspective:

Patient expressed her perspective in her mother tongue (Malayalam). Her complaints of heavy menstrual bleeding along with shortened interval between cycles had relieved completely without a hysterectomy. Her cycles got regularised with moderate bleeding (3-4pads/day), duration 2-3 days and an interval of 28-30 days between cycles.

Informed consent:

Informed consent was obtained from the patient for the management and reporting of the case.

Limitations of the Study:

The same OP management will have to be carried in larger number of patients to validate scientifically.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Warriar Rajitha R, Deign Rose D S, Panicker Anjali M. Ayurveda Interventions for the Management of Heavy Menstrual Bleeding in Patients with Uterine Fibroids: A Case Report. Int. J. AYUSH CaRe. 2024;8(4): 459-465.

<https://doi.org/10.70805/ija-care.v8i4.640>

REFERENCES:

1. Uimari O, Subramaniam KS, Vollenhoven B, Tapmeier TT. Uterine Fibroids (Leiomyomata) and Heavy Menstrual Bleeding. *Front Reprod Health* [2022 Mar 4 [cited 2024 Oct 15];4. Available from: <https://www.frontiersin.org/journals/reproductive-health/articles/10.3389/frph.2022.818243/full>
2. Hiralal Konar. DC Dutta's Textbook of Gynecology. 8th ed. New Delhi: Jaypee Brothers Medical Publishers; 2020. p-224–234.
3. Prof K.R Srikanta Murthy. *Susruta Samhita*. Vol. 1. Varanasi: Chaukhamba Orientalia; 2022. p-532.
4. R K Sharma, Bhagwan Dash. *Charaka Samhitha Chikitsasthana* 15nth Chapter, Verse -17. Vol. 4. Varanasi: Chaukhamba Sanskrit Series Office; 2009. p-14.
5. Prof KR Srikanta Murthy. *Susruta Samhita, Nidanasthana, Adhyaya -1, Verse-37*. Vol. 1. Varanasi: Chaukhamba Orientalia; 2022. p-466.
6. Prof KR Srikanta Murthy. *Susruta Samhita, Sareerasthana, Adhyaya: 2, Verse: 18-19*. Vol. 1. Varanasi: Chaukhamba Orientalia; 2022. p-21.
7. KV Krishnan Vaidyan, S Gopala Pillai. *Sahasrayogam, Sujanapriyavyaakhyanam*. Alappuzha: Vidyarambham Publishers; 2022. p-101.
8. Dr T Sreekumar. *Astangahrdaya, Sutrasthana Adhyaya 15, Verses 21,22*. Mannuthy, Thrissur: Harisree Hospital; 2007. p-332.
9. Prof KR Srikanta Murthy. *Sarngadhar-Samhita*. Varanasi: Chaukhamba Orientalia; 2017.
10. Dr T Sreekumar. *Astangahrdaya, Sutrasthana Adhyaya 15, Verses 16*. Mannuthy, Thrissur: Harisree Hospital; 2007. p-328.
11. Prof KR Srikanta Murthy. *Susruta Samhita, Sareerasthana, Adhyaya: 2, Verse: 20-21*. Vol. 1. Varanasi: Chaukhamba Orientalia; 2022. p-22.
12. Prof KR Srikanta Murthy. *Susruta Samhita, Chikitsasthana, Adhyaya -10, Verse 11-12*. Vol. 1. Varanasi: Chaukhamba Orientalia; 2012. p-532.