



**CONCEPT OF GARBHASHAYAGATA ARBUDA WITH SPECIAL
REFERENCE TO UTERINE FIBROID – A REVIEW ARTICLE**

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ABSTRACT

Uterine fibroid are common benign tumours among women's reproductive tract. Uterine fibroid, a noncancerous growth of the uterus that mostly appear during 35-45 age of female and also known as fibromyomas, leiomyomas or myomas, are such gynaecological disorder which are posing a major health problem. Though direct mention about noncancerous growth in us are unavailable in Ayurveda texts. A review of Ayurveda literature, correlate uterine fibroids with Arbuda or Granthi. Aetiopathogenesis, signs, and symptoms of uterine fibroids could be correlate with the description given in Ayurveda texts on Arbuda. Uterine fibroids could be considered as Tridoshaja, Mansaja, and Yapy disease according to various classifications of Arbuda. Various clinical presentations of an individual with this condition can be explained with the help of Tridosha and Mamsa Dhatu involvement. Disease pathogenesis could be described by following the samprapti of Arbuda. Ayurvedic literature with available modern literatures stayed referred with an aim to make a clear understanding regarding the concept of Garbhashayagata Arbuda and its possible correlation with uterine fibroids.

Keywords: Arbuda, Garbhashaya, Mamsa, Fibroid, Tumour, Uterine fibroid

INTRODUCTION

Specific reference about Arbuda of female reproductive system is not available in Ayurveda texts but it can be correlated with Garbhashayagata Arbuda on the basis of its origin from Gharbhashaya and its surroundings and can be correlate with uterine fibroid. The word Arbuda is derived from root word, “arb himse” that means a condition which is harmful or killing the person. Amarakosha explains Arbuda as “aram bundati”, where Aram means that grows or perceived very fast.¹ Arbuda is a group of diseases involving abnormal cell growth with the potential to spread in other parts of the body. These contrast with benign tumours, which do not spread to other body parts. Arbuda is a disease that grows very fast causing destruction of local tissues or body parts even death.² Fibroid is the commonest benign tumour of the uterus and also the commonest benign solid tumour in female. These are more common in nulliparous or in those having one child infertility the prevalence is highest between 35-45 years.³ Prevalence of this disease ranges from 20% to 40% women of reproductive age group.⁴ Acharya Charaka mentions these diseases under the group of diseases that are characterized by swelling or sophia in Sutrasthan.⁵ Charak mention that as locations in the body, aetiology, clinical features, involvement of Doshas

and Dushyas of Arbuda are identical.⁶ Vagbhata again differentiates both by saying that only ‘big Granthi’ can be considered as Arbuda.² Acharya Susruta mentions six types of Arbuda like Vataja, Pittaja, Kaphaja, Raktaja, Mamsaja, Medoja.⁷ In uterine fibroid the growth is influence by oestrogen, growth hormone, and progesterone. It consists of varying proportion of smooth muscle and fibroblasts.² Types of fibroids are Intramural/interstitial, subserous, submucous, cervical.⁸

MATERIALS AND METHOD

Ayurvedic classical textbooks, modern medical textbooks, online articles and journals were reviewed to gain all the possible information regarding this topic and the information was critically reviewed to arrive at the following conclusion. Literary review in Brihatrayi and Laghutrayi. Brihatrayi and Laghutrayi were identified as major authentic texts of Ayurveda medicine. Their findings were discussed in a systematic manner to justify uterine fibroids correlated with Garbhashayagata Arbuda.

DISCUSSION

Charaka mentioned that Granthi, Arbuda or Sopha takes the name after the site where it develops, so uterine fibroids can be named as ‘Garbhashayagata Arbuda’.

Similarities between Arbuda and Uterine fibroids: - The pathogenesis, signs & symptoms of Arbuda can be closely correlated with uterine fibroid is as followed. The most appropriate description about Arbuda is given in ancient Susruta Samhita. Acharya Susruta has described the detailed pathogenesis of Arbuda as being common to any type of tumour arising inside the body. By using that reference, similarities between Arbuda and uterine fibroids can be presented.

Etiological factors: -Ayurveda explain the Nidana for the Arbuda related to the vitiation of Vata, Kapha, and Mamsa. Vata aggravating factors like excessive intake of bitter, pungent, astringent, dry foods and stressful conditions. Kapha aggravating factors like excessive intake of sweet, sour, salty, oily food and those of a sedentary life style. Mamsa increasing factors like excessive use of exudative foods such as meat, fish, yoghurt, milk, and cream. Behaviours leading to exudation such as sleeping during the day and overeating are some of the causes for pathogens invading the fatty tissues. Medo Dhatu increasing factors like excessive intake of oily foods, sweets, alcohol, and a lazy attitude. Although the precise cause of fibroids is unknown, these benign tumours are related with their hormonal, genetic, and growth factors.⁹

How Arbuda Samprapti is related to Pathogenesis of Uterine Fibroids: - Samprapti or pathogenesis of Arbuda is described in Susruta Samhita as aggravated Doshas vitiate the Mamsa, and localizes in any body part producing a local swelling consisting of accumulated Mamsa especially deeper muscles are involved. Madhava Nidan and Bhava Prakash mentioned to the same Samprapti of Arbuda.¹⁰ Acharya Harit said that there is abnormal proliferation (growth) of blood vessels due to the obstruction of normal blood flow caused by suppression of natural urges or an ulcer formation. The blood vessels are again obstructed the blood flow and consequently a big thick Arbuda develops.¹¹ As per the Charaka Samhita, Arbuda Samprapti can be very much similar to Granthi Samprapti. From the point of view of uterine fibroids, the pathogenesis of uterine fibroids can be developed in the following way. Due to causative factors, including excessive consumption of meat by women who already have Mamsa Dushya (Nidan of Mamsaja Arbuda), Dosha gets aggravated. Here, Kapha and Vata Dosha (as a disease of pakvashayastha) are more prominent. By this specific doshas vitiation, the specific Mamsa. Dhatu of Garbhashaya (myometrium) is also vitiated. This process of pathogenesis

is localized in Garbhashaya and it produces a local swelling of accumulated Mamsa Dhatu at the myometrium.

Samprapti Ghataka: - The Samprapti Ghataka involving in Garbhashagata Arbuda is mentioned in following table.¹

	Category	Samprapti Ghataka
1.	Dosha	Vata, Kapha predominant Tridoshika Vyadhi.
2.	Dushya	Mamsa is the principle Dushya.
3.	Agni	Dhatvagni Mandata specially Mamsa Dhatuvagni.
4.	Srotasa	Rasavaha, Raktavaha, Mamsavaha, Medovaha Srotasa and Artavavaha along with the involvement of other Srotas.
5.	Sroto Dushti	Sroto-sanga is initial defect in Srotasa followed by Atipravriti.
6.	Udbhavasthana	Garbhashagata, Pakvashayottha Vyadhi.
7.	Rogamarga	Abhyantara Roga Marga
8.	Svabhava	Chirikari
9.	Sadhyasadyata	Asadhya / (Yapya) Vyadhi

Clinical features: - Clinical features of fibroid are closely related with the clinical presentation of Arbuda, with the description given in Susruta Samhita. It is said that Arbuda can occur anywhere in the body or any tissue of the whole body may be damaged. Considering the whole body, fibroids develop as a localized myometrium tumour in the uterus. They can also be considered under Arbuda. According to Susruta, Arbuda can occur by aggravated Tridosha (Vata, Pitta, Kapha). This is an initial step of disease pathogenesis in Ayurveda, predominantly Arbuda is a disease caused by vitiation of the Mamsa Dhatu.¹³ According to Susruta Samhita, these vitiated Mamsa dhatu produces the features of Arbuda which can be correlated with uterine fibroids as follows.

Vruttam: Fibroid growth is characterized by hard and round tumours. **Sthiram:** Means stony hard and immobile said that

the Leiomyomas are rigid masses, formed due to the composition of large amounts of components of Extracellular matrix (ECM). **Mandarujam:** Pain is very mild and not a significant feature of Arbuda. These show that 50% of fibroid cases are asymptomatic, hence they do not complain of pain. Again, variable degrees of dysmenorrhoea, dyspareunia, menorrhagia and non-cyclic pelvic pain can be seen only in cases of symptomatic fibroids.¹⁴ **Mahantam:** Can grow till a large size. **Analpa-mulam:** Ayurveda says that Arbuda develops with a deep route or growth and it spreads locally related to whole body parts, deep into the tissue, recurrences occur at the same site after myomectomy, and these could be due to this deep-seated route. Recurrences are common and around 25% of women get fibroids after myomectomy. **Chira Vrudhi:** It is chronic in nature. Growth of the uterine fibroid as benign tumours is

characterized as slow proliferation with concurrent deposition of extracellular matrix. **Apakvam:** It is non-suppurated. Acharya Susruta had states that Arbuda formed mainly due to the vitiation of the Tridosha, but predominance of Kapha as a dosha and Meda (fatty tissue) as a dushya. Tendency of doshas for getting stabilised or fixed. Specific nature of disease in Arbuda do not suppurate.¹¹ Suppuration is also not a feature of uterine fibroid pathogenesis. **Mamsopachhayam:** Fibroids are monoclonal tumours of the uterine smooth muscle cells, and they are formed by unnecessary and uncontrolled abnormal proliferation of tissue. Other symptoms like infertility, recurrence pregnancy loss, lower abdominal pain, abdominal enlargement is seen in uterine fibroid.

In Susruta Samhita about Mamsaja Arbuda are clinically correlate with the uterine fibroids in the following manner. **Avedana (painless):** Uterine leiomyoma is a painless tumour unless it causes pain due to the irritation due to neighbouring of nerves or as a pressure symptom. **Snigdha:** The tumour is glossy in its outer appearance. **Ananya-varna:** The tumour is same in colour of the tissue that it grows. **Apakam:** Non-suppurating. **Ashmopaham:** Stony like

consistency or hard in nature of tumour. **Aprachalyam:** Immovable.¹⁵

According to Dosha involvement, clinical presentation of uterine fibroid is different. In **Vataja** Garbhashayagata Arbuda is hard in nature. Multiple tumours are presented with dysmenorrhoea, dyspareunia, pelvic pain. In **Pittaja** Garbhashayagata Arbuda, it is fast growing tumour presented with menorrhagia, irregular menstruation. In **Kaphaja** Garbhashayagata Arbuda, it is large in size, slow growing tumour presented with heaviness of the abdomen with pressure symptoms.¹² **Medoja** Arbuda is snigdha, large in size with having mild pain, excessive itching in sensation. In **Raktaja** Arbuda the aggravated Dosha compressing and contracting the Sira and Rakta of the affected part leading to suppuration. Thus, exuding tumour which is covered with small peduncle and fleshy tubercles. Raktaja Arbuda symptoms like suppuration with small peduncle and fleshy tubercles etc. are not present in uterine fibroid. Uterine fibroids are mainly four types. **Intramural** fibroids appear within the muscular wall of the uterus.¹⁶ **Subserous** fibroid covered by partially or completely peritoneum.¹⁷ These fibroids do not have menstrual symptoms but may causes bladder irritability, urinary retention etc. **Submucous** fibroid lying underneath the endometrium, can make the uterine

cavity irregular and distorted. They produce maximum menstrual symptoms and responsible for infertility and recurrent miscarriage. **Cervical** fibroid can occur in the supra vaginal part of the cervix. It is usually pedunculated and rarely sessile.¹⁸

In Ayurved, one other condition called **Granthi** which shows similar features of Arbuda based on pathogenesis, clinical features, and treatments. Some Ayurved authors correlate uterine fibroids with Granthi but few important facts could be taken as “*Why uterine fibroids cannot be considered as Granthi?*” Acharya Charaka said that Granthi should be suppurating, but uterine fibroids are solid growths and non-suppurated tumours in nature. During the development process of uterine fibroid, a pseudo-capsule is formed by the compression of normal uterine tissue by the fibroid tissue. Though, fibroids are non-capsulated tumours as they do not get structurally formed into a true capsule and Ayurveda literature says that Granthi is capsulated. So, uterine fibroid is not correlate with Granthi.

CONCLUSION

Uterine fibroid or Leiomyomas are benign uterine tumours of unknown aetiology believed to arise from myometrial cellular transformation. While majority of fibroids remain asymptomatic, symptomatic ones present with bleeding, pain, infertility or

many other symptoms. However, there are no direct correlations for uterine fibroid available in ayurvedic classics. Uterine fibroid can be better correlate with description given in Susruta Samhita of Arbuda based on the symptoms and etiopathogenesis. Uterine fibroids could be placed as Tridosha, Mamsaja, and Yapy disease according to various classifications of Arbuda by that uterine fibroid is more correlate with the ***Garbhashayagata Mamsaja Arbuda.***

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