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**ORAL THERAPEUTICS AND UTTAR BASTI CHIKITSA IN GARBHASHYA  
ARBUD W.S.R. TO FIBROID UTERUS: A CASE STUDY**

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**ABSTRACT**

This is now one of the most frequent illnesses among women in their reproductive years. Uterine fibroids are more prevalent in women of African heritage than in white women, according to the studies. This article aims to educate readers on some fundamental concepts about uterine fibroids, assessing existing uterine fibroids management options, it suggests areas that require future research to uncover novel therapeutic targets and better therapy individualization through *Ayurveda*. A 27-year-old woman presented in the OPD of Parul Ayurved Hospital, with the complaints of painful and excessive menstruation, lower abdominal heaviness, and generalized weakness since 6 months. Patient was assessed with physical examination and Ultrasonography before and after treatment and she was successfully treated with *Uttar Basti Chikitsa* and oral medication. Uterine fibroids have no specific medical therapy in current gynecological techniques other than surgery, forcing patients to seek alternative healing remedies. Aside from morbid surgical instances, patients customary mindset is to avoid surgery to the greatest degree feasible by pursuing Ayurveda or any other alternative treatment of their choosing.

**Keywords:** *Ayurveda, Granthi, leiomyoma, uterine fibroid, Uttar Basti*

## INTRODUCTION & BACKGROUND

Uterine fibroids are the most common kind of benign tumor in smooth muscle cells of the uterus or female reproductive organ. They are one of the world's most serious health issues impacting women's physical and economic well-being [1]. Prevalence of hysterectomy in India due to fibroids is 24.29%, which is quite high [2]. Fibroids appear to be fundamentally tied to vascular biology and may have a role in vascular dysfunction, according to evidence [3].

Aromatase allows for endogenous generation of estradiol in fibroid tissue, and fibroid stem cells have estrogen and progesterone receptors, which stimulate tumor formation when these hormones are present [4]. The role of estrogen in this condition is critical [5].

*Vata* and *Kapha* dominated *Tridoshas* are implicated in the etiology of the *Granthi Roga*, thus *Vata-Kaphahara* medicines are necessary. *Dushyas* are *Rakta*, *Mamsa*, and *Meda*, so treatments should have *Raktashodhaka* (blood purifier) and *Lekhana* (scrapping or dissolving) qualities. To combat *Agnimandhya*, medicines with

*Deepana* (stomachic), *Pachana* (digestive) properties are required; with this hypothesis, *Vata-Kaphahara* (which alleviates vitiated *Vata* and *Kapha Doshas*), *Raktashodhana* (purification of blood), *Lekhana* (bio-scrapping), and *Shothahara* (anti-inflammatory) Ayurvedic medicines are required.

A 27-year-old woman presented in the OPD of Parul Ayurved Hospital, with the complaints of painful and excessive menstruation, lower abdominal heaviness, and generalized weakness since 6 months.

Chief complaints with durations

1. Excessive Menstrual bleeding since 6-7 months
2. Pain during menstruation since 6 months
3. Generalized weakness and fatigue since 3 months

**Past medical history-** No history of any chronic illnesses

**Family history** – no family history of any chronic illnesses

## PERSONAL HISTORY

Diet:	Vegetarian
Appetite:	Decreased
Bowel:	Constipated, 1-2 times/week
Micturition:	4-5 times/ day, 1-2 times/ night
Sleep:	Sound
Dietary habits:	<i>Vishamashana</i> , <i>Viruddhashana</i>
Physical activity:	Sedentary

**MENSTRUAL HISTORY**LMP: 2<sup>nd</sup> September, 2023

<b>Duration:</b>	7-8 days
<b>Interval:</b>	30-32 days
<b>Regularity:</b>	Regular
<b>Color:</b>	Dark red
<b>Consistency:</b>	Clots present
<b>Amount:</b>	8-10 pads per day on day 1 and 2 after that 2 pads per day
<b>Odor:</b>	No foul smell
<b>Pain:</b>	Present

**OBSTETRICAL HISTORY - P<sub>2</sub>A<sub>1</sub>L<sub>2</sub>D<sub>0</sub>**

Parity	Year	Mode of delivery	Sex
P <sub>1</sub>	6 years back	Full-term vaginal delivery with left medio-lateral episiotomy at hospital	Male child
P <sub>2</sub>	2 years back	Full-term vaginal delivery at hospital	Female child
A <sub>1</sub>	4 years back	Spontaneous abortion at 8-9 weeks of gestation	-

**CONTRACEPTIVE HISTORY-** Laparoscopic tubal ligation done 1 year back**GENERAL EXMINATION**

<b>Height:</b>	156 cm
<b>Weight:</b>	64 kg
<b>Cyanosis:</b>	Absent
<b>Pallor:</b>	Present
<b>Icterus:</b>	Absent
<b>Lymph nodes:</b>	No palpable lymph nodes
<b>Clubbing:</b>	Absent
<b>Blood pressure:</b>	120/74 mm of hg
<b>Pulse rate:</b>	76/ minute
<b>Temperature:</b>	Afebrile

**SYSTEMIC EXAMINATION**

<b>Respiratory:</b>	No scar mark or discoloration, Bilateral airway entry clear, no added sounds
<b>Cardiovascular system:</b>	No discoloration/precordial bulging, dull note over precordium, S <sub>1</sub> S <sub>2</sub> normal, no added sounds
<b>CNS:</b>	Patient conscious and well oriented
<b>Loco-motor:</b>	Normal range of motion in all joints,

**Asthavidha pariksha:****Nadi:** Vatapradhan -Pitta**Mala:** Kathina**Mutra:** Samyak**Jihwa:** Sama**Sabda:** Spashta**Sparsha:** Anushnasheeta**Drik:** Prakrit**Akriti:** Madhyam**Inspection:** No discoloration, old episiotomy scar mark present on left side, no abnormal discharges present.**PS examination:** Cervix normal, no abnormal discharges present, vaginal walls pale.**PV examination:** Uterus anteverted, Bulky in size, freely mobile, no adnexal masses.**GYNECOLOGICAL AND LOCAL EXAMINATION**

Table: Investigations

S. NO.	ASSESSMENT	BEFORE TREATMENT	AFTER TREATMENT
1.	Hb	7.2 gm %	11 gm%
2.	USG	20/08/2023-Uterus appears anteverted and bulky of 82×68×45 mm size. A well-defined 25× 32 mm fibroid seen in posterior uterine wall in sub-mucosal location. Endometrial thickness 9 mm.	01/12/2023- Uterus appears normal in size 70×48×35 mm. bilateral ovaries appear normal with right ovary- 7cc and left ovary 6.5 cc. Endometrial thickness 6.2 mm.

Abbreviations Hb- hemoglobin; USG- ultrasonography

Menstrual history	Before treatment	After treatment
Duration:	7-8 days	4-5 days
Interval:	30-32 days	30-32 days
Regularity:	Regular	Regular
Color:	Dark red	Dark red
Consistency:	Clots present	Thin
Amount:	8-10 pads per day on day 1 and 2 after that 2 pads per day	2-3 pads per day on day 1 and 2 after that 1 pads per day
Odor:	No foul smell	No foul smell
Pain:	Present VAS*- 8	Present but decreased in intensity VAS-3

\*VAS- visual analogue scale

**DIAGNOSIS:** *Garbhashaya Arbuda (Uterine fibroid).***TREATMENT GIVEN:**

S. No.	Medicine	Dosage	Duration
1.	<i>Kanchnaar Guggulu</i>	2 BD with <i>Shunthi + Musta Kashaya</i>	2 months

*Uttar Basti* with *Kshar Tail* was given from fifth day of menses for 3 sittings on alternate days for 2 consecutive cycles.

**DISCUSSION:**

The *Samprati* (pathogenesis) of *Granthi* mentions vitiated *Mamsa* (muscle fibers), *Rakta*, and *Medo Dhatu*. Obesity has been linked to an increased risk of uterine leiomyomas in several studies.

**1. Kanchnaara Guggulu:**

It is a traditional *Ayurvedic* preparation used to treat *Kapha* build up in the tissues. *Kapha* may emerge as enlarged lymph nodes, cysts, or growths when it goes further into the system. To break down and remove hardened *Kapha*, powerful decongestants such as *Kanchnaara*, *Triphala* (a mixture of

fruits of *Terminalia chebula* Retz., *Terminalia belerica* Roxb., and *E. officinalis*), and *Trikatu* (*Zingiber officinale* Rosc., *Piper nigrum* L., and *Piper longum* L.) are used with *Guggulu*. This cleansing combination promotes normal lymphatic drainage and digestive system function, hence preventing future *Kapha* formation. *Kanchnaara* (*Bauhinia variegata* L.), *Varuna* (*Crataeva nurvala* Buch.-Ham.), *Triphala*, *Trikatu*, and *Trijataka* are some of its key constituents. *Kanchnaara Guggulu* promotes lymphatic system function and equilibrium. It balances *Kapha Dosha* and stimulates the removal of inflammatory poisons; it is alterative,

anti-inflammatory, and tonic, and is used to treat cysts, malignant ulcers, syphilis, fistula, scrofula, sinusitis, and other conditions. *Kanchnaara* is beneficial for excess growth or tumors, as well as for minimizing bleeding [2, 7].

## 2. *Shunthi* (*Zingiber officinale*)

Ginger has recently been discovered to have biological actions such as antioxidant<sup>1</sup>, anti-inflammatory [8], antibacterial [9], and anticancer [10]. Natural ginger extract inhibited tumor development 2.4 times more than a manufactured combination of 6-shogaol, 6-gingerol, 8-gingerol, and 10-gingerol [7].

## 3. *Musta* (*Cyperus rotundus*) [11]

It is *Grahi*, *Tikta*, *Deepana*, *Pachana* and *Kapha-Pittahara* in properties. It acts as an analgesic, anti-spasmodic and anti-inflammatory drug which acts on dysmenorrhea caused due to fibroid in uterus, it regularises the menstrual cycle.

### Role of *Uttar Basti* in management of fibroid uterus:

Garbhashayagata (Uterine) *Uttarbasti*'s Probable Mechanism of Action In theory, the medications might enter the uterus via the following mechanism:

1. Passive direct diffusion through tissues.
2. Movement from the vagina to the uterus via the cervical lumen.

3. Circulatory transport via the venous or lymphatic systems.
4. Concurrent vascular exchange including diffusion of utero-vaginal veins and arteries.

This bypasses the first pass effect and the drug directly works on to the uterus. *Uttarbasti* and *Vatashamana*- It enters due to *Sukshmaguna* of *Taila* of *Uttarbasti*. *Strotasa* (microchannels). The medication When oil penetrates the uterine cavity, it penetrates the microchannels and, as a result of its The *Vatashamana* is caused by *Snigdha*guna. *Kshar* present in *Uttar Basti Dravya* causes the *Lekhana* of fibroid and hence decreases the appearance and size as seen in sonography post treatment.

### CONCLUSION

Uterine fibroid occurs during a female's reproductive life, regardless of age, and can cause a variety of menstrual issues such as dysmenorrhea, menorrhagia, and irregular periods by disrupting anatomical and physiological integrity. On the basis of Ayurvedic core principles, medical care of this condition is conceivable. In this case series, *Vata-Kapha Shamaka*, *Rakta-Shodhaka*, *Lekhana*, *Shothghna*, and *Kledaghna* medications like *Kanchanara Guggulu*, *Shigru Guggulu*, and *Haridra Khanda* were shown to be highly efficient in

alleviating uterine fibroid. Uterine fibroids are comparable to Garbhashyagata (intrauterine) Granthi (encapsulated growth), however a large sample clinical investigation will only prove the concept and may lead to the avoidance of uterine fibroid surgery in the early stages.

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