



Ayurvedic Management of Leiomyoma in Pregnancy-Case Study

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ABSTRACT:

Uterine myomas or fibroids are the most common benign female tumours of the reproductive organs, associated with significant effect on quality of life. The incidence of fibroid in pregnancy ranges from 0.1% to higher rates of 12.5%. Pregnancy is the one of the important time periods among the milestone of every woman. The care of a pregnant women from the time of conception till her delivery is a very delicate process. WHO has put forwarded a standard protocol for the care of pregnant woman, it's called as Antenatal care. Any ailments occurring during this period should be very carefully managed as it may cause harmful effects on the growing fetus. Leiomyoma can cause pressure symptoms based on their size and position. This can aggravate the pedal odema or varicosities which are already a positive sign of pregnancy. Fibroid is considered as *garbhashaya granthi* in Ayurveda. The main dosas involved here is *vata* and *kapha*. In *garbhini* any type of *sastra karma* or *anu sastra prayogas* are contra indicated. So, the treatment should be *vatakapha hara*. For this drugs having *praja sthapaka gunas* should be selected.

Keywords: Leiomyoma in pregnancy, *Garbhashaya granthi*,

INTRODUCTION

Leiomyoma commonly called as fibroids are smooth muscle tumours of uterus. They are predominantly seen during the reproductive period as it has great relation with oestrogen hormone. Burden of the disease is very high as its incidence varies from 1 in 500 to 1 in 1000. This fibroids effect on pregnancy may varies from nothing to serious complications. The position, size and type of the fibroid decides its effect on pregnancy. It may produce changes during antepartum, intrapartum as well as postpartum period.

During antepartum period it may cause miscarriage, when

it comes to third trimester there is a chance of preterm labor ¹. These fibroids may also produce pressure symptoms on urinary bladder, rectum causing retention of urine, constipation respectively. In intrapartum period it may produce malpresentation, non- engagement of presenting part, placental abruption, uterine inertia and difficult caesarean section. Postpartum period is characterised by subinvolution, puerperal sepsis, Secondary PPH, Pyometra ². Pregnancy is a well-known period where there are number of physiological as well as psychological changes happening. Most of the endocrine



glands shows hypertrophy during this period. There is abundance of oestrogen and progesterone production during pregnancy which have a positive relation with the growth of the fibroid. As a result, there is increase in size of the fibroid³ There may be certain complications such as red degenerations and torsion of the fibroid. Red degeneration is commonly seen after second trimester, there may be rapid enlargement of fibroid associated with acute pain, fever, vomiting. Management may vary from one person to other. Routine ultrasound helps to assess the growth of fibroids. In most of the cases caesarean section will be an option for the delivery of the baby. Localized nodular swelling/growth has been referred under the name of *Granthi* that develops due to localization of morbid dosas in body tissue. It protrudes like joint of bamboo/joint between two parts of a plant or kernel of the fruit of *Amalaki (Emblica officinalis Gaertn.)* and is relatively hard and tough, glandular or nodular swelling; knotty, hard and rough appearance⁴. During pregnancy it should be managed with two aims, that the first one is to maintain the health of the fetus inside the womb and the second one is to reduce the size and discomforts due to the fibroid.

CASE REPORT

31 year old lady who had a history of Ayurvedic treatment for infertility with amenorrhea since one month came to the OPD of *Prasuti tantra* and *Streeroga*. On investigation she was found to be UPT positive. This lady was having history of repeated ectopic pregnancy and was under IP management. After the IP management, she got conceived. An advice was given to her to take regular antenatal care. On her first scan to assess fetal viability a lateral fibroid measuring 40*39 mm was noted in the right side. So, she came to our antenatal OPD for better management.

Menstrual history:

Menarche : 14years
 Duration of bleeding : 5days
 Interval between cycles : 30-32 days
 Dysmenorrhea : Nil
 Clots : Nil
 Number of pads :3-4/day

Present Obstetric history

G₃E₂
 LMP: 13/12/2020
 EDC: 20/9/2021
 Scan EDC: 19/9/2021

Past Obstetric history:

Formula: P₀L₀A₃

A₁: Spontaneous abortion (after IUI)

A₂: Ectopic at August 2019 (Right), it was tubal abortion, conservative management was done

A₃: Ectopic at March 2020 (Left), tubal abortion, conservative management was done

Past Medical and Surgical history

Took allopathic management for ectopic pregnancy

Family history

Mother: Hypertensive

Personal history

Bowel, Appetite, Micturition and Sleep was found to be normal

General examination

CVS: NAD RS: NAD

Breast: NAD Thyroid: NAD

Height: 158cm Weight: 51.6 kg BMI: 20.6 kg/m²

TT: Took two doses of TT

Table 1

Investigations

Blood and Urine: WNL

Table 2 USG report

Treatment Table 3

DISCUSSION

Pregnancy is the time period where every woman experiences a special feeling due to the growth of a new life inside the womb. Although it's a natural phenomenon the entire journey of pregnancy ending in labor has to pass through several changes. Leiomyoma as mentioned earlier is a condition where benign enlargement of uterus occurs. Less than 0.1% of all uterine fibroids are malignant. Regardless of benign neoplastic character, uterine fibroids are responsible for significant morbidity in a large segment of the female population. The clinical effects are related to their local mass effect, resulting in pressure upon adjacent organs, excessive uterine bleeding, or problems related to pregnancy, including infertility and repetitive loss of pregnancy⁴. Some of the individual may get pregnant with these fibroids but their effect on pregnancy may not be generalised. In ayurveda this can be considered as *granthi* (nodular swelling), condition dominated by *vata kapha* vitiation. Pathogenesis of *Granthi* (nodular swelling) is propounded as when morbid *Tridoshas*, vitiate *Rakta* (blood), *Mamsa* (flesh/muscles) and *Meda* (fat/adipose tissue) that are admixed with *Kapha* produce rounded protuberant, knotty or glandular and hard swelling

called *Granthi*⁵ which can develop in any part of the body. Based on the location, this *granthi* occurring in *Garbhashaya* (uterus) can be termed as *Garbhashaya granthi*. There are many sub classifications for *granthi* among them the most suitable for correlation here is *mamsa granthi* (nodular swelling involving muscles). The reason for this is postulated as, due to the excess consumption of *mamsa ahara* and the clinical features are *granthi* with characteristics such as hard, large size, with vascularity⁶. In general, the treatment principle in *mamsa dhatu dusti* as well as *sodana karma* (cleansing procedure) in *mamsa granthi* is *sastra* (surgical procedure), *kshara* and *agni* (cauterisation). As it's a during pregnancy period these procedures are totally contraindicated⁷. *Samana* therapy (palliative) which can correct *kapha vata* vitiation, *nidana parivarjana* (get rid of etiological factors) was finally adopted to manage this condition.

During first trimester one third of uterine fibroids may grow faster and larger according to a 2010 review⁸. The chances of abortions due to this fibroid is high, so to prevent this condition medicines mentioned in *pumsvana karma* for *putrolpada stiti pradama* (for proper conception and its maintenance) which can prevent pregnancy loss such as *laskmana mula* (root of *Ipomea sepiaria*) with *payas* and *Vata sunga* (buds of *Ficus bengalensis*) with *navaneetha*⁹ (butter) were given in the first trimester. As soon as the pregnant women enters the second trimester these medicines were replaced by *Dhanwanthara gulika* and *Bala ksheera Kashaya*. *Dhanwanthara gulika* explained in *sahsrayoga gulika prakarana* is said as “*Viseshath marutasya anuloman*”¹⁰. Vayu plays a major role from the time of fertilisation till labor. The *pancha vayu* should be maintained throughout pregnancy as well as during labor. There is further reference supporting that the growth of the fetus is based on *rasa dhatu and vayu*¹¹. In whole *dhanwanthara gulika* helps to maintain the growth of fetus as well as helps for its expulsion during labor. *Bala* is a drug which have properties such as *brhmaneeya*, *balya* and *Madhura rasa*. This *bala* is processed with *ksheera* and administered to the *garbhini*. In *Rasaratna samuchaya acharya* have quoted that *bala* with or without *ghritha*, or with or without *ksheera* can be used to cure all *garbhini rogas*¹². As we analyses the *garbhini paricharya* (Antenatal care) in detail most of the acharyas have mentioned to take all drugs along with *ksheera* (milk) during entire pregnancy period. *Acharya Kashyapa* has supported this by saying *ksheera* provides *pusti* and *dridatvam* (strength) to the growing fetus¹³. This *bala* is also explained under *praja sthapana gana* by

charakacharya.

In second trimester the patient developed pedal edema which was not associated with hypertension on investigations all other parameters were within normal limit and also it does not show features of physiological edema of pregnancy. Hence it was considered as a *sopha avasta* that have occurred as a complication of the fibroid, *jadamayadi churnam* was used for *lepa* externally.

In *ayurveda pathya* (wholesome dietics) also plays a major role in management of a disease. This case shows a clean condition of *granthi*. *Pathya apathya* of *granthi* is explained in *Yogaratnakara*. *Pathya's* are *Purana ghritha* (old ghee), *Jeerna lohitha Sali*, (old red variety rice) *Yava* (barley), *Mudga* (green gram), *Rakta sigru* (drumstick). *Apathya's* are *ikshu* (sugarcane), *guru ahara* (heavy food). There are various studies which have proven the relationship between diet and fibroids. In a clinical trial it was found that women who have four fruit or vegetable servings per day have a lower risk for developing uterine myomas, in comparison with women who have just one fruit or vegetable serving per day. According to the results of this study, women with uterine myomas reported a less frequent consumption of green vegetables and fruit. These contain phytochemicals that have in vitro efficacy against uterine myoma proliferation¹⁴. Since non vegetarian diet has great influence on increasing size of the fibroid by producing hormonal changes. This patient was advised to avoid non vegetarian diet from second trimester till her delivery. The patient took regular antenatal care till her delivery. She delivered a male baby of weight 3.10kg through LSCS on 16/9/2021. The indication for LSCS was failed induction.

CONCLUSION

Antenatal care through ayurveda is achieving a warm welcome in the current scenario. Most of the discomforts developing during pregnancy has a limited range of managements with modern drugs as they show high degree of teratogenicity in the developing fetus. Fibroid in pregnancy is also a delicate condition that is to be managed. If it causes severe discomforts during the journey of pregnancy surgery becomes the only solution. But this may cause severe negative impacts on both mother as well as fetus. Ayurveda efficiently tackle this condition not only by clearing the fibroid but also at the same time maintains the health of intra uterine fetus, its proper development and a health delivery.

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Table -1 General Examination

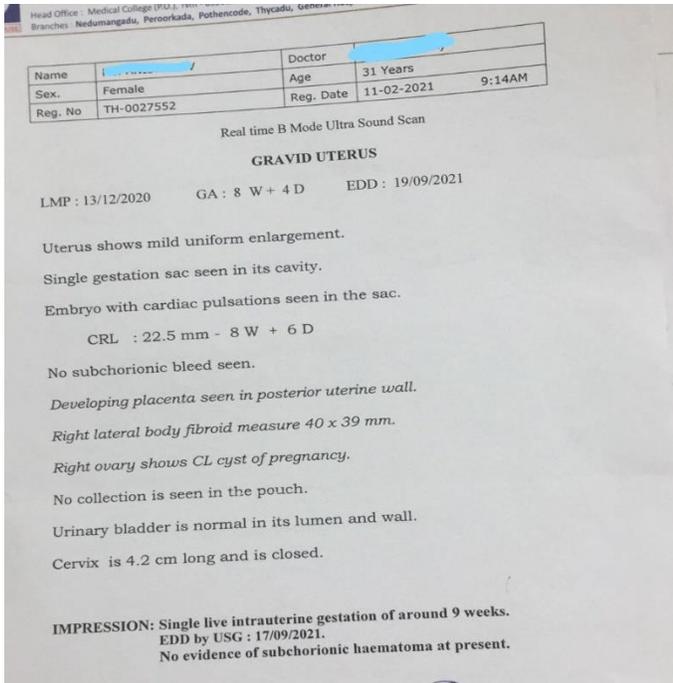
Date	POG	Weight	BP	Fundal height	FHR
5/2/2021	7W5D	51.6	110/70	-	-
6/3/2021	11W6D	52	120/80		
10/4/2021	16W6D	53	110/80	Below umbilicus	
8/5/2021	20W6D	54.2	110/60	Just below umbilicus	
12/6/2021	25W6D	54	120/80	At umbilicus	128/min
10/7/2021	29W6D	55	110/60	Above umbilicus	138/min
31/7/2021	32W6D	56.2	120/80		140/min
9/8/2021	34W1D	57	110/70		148/min
30/8/2021	37W1D	58.2	110/78		138/min

Table -2 USG report

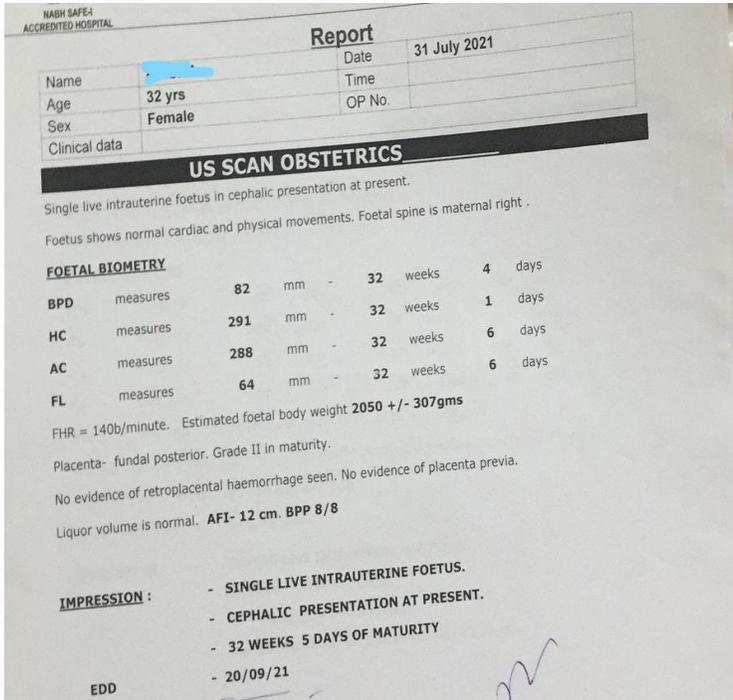
Date	GA by USG	Findings
11/2/2021	9 weeks	Embryo with cardiac pulsations +, Developing placenta seen in posterior uterine wall, right lateral body fibroid measures 40*39mm.
4/3/2021	12 weeks	NT: 1.5mm, NB seen, Anterior body fibroid 46*28 mm, Liquor volume normal.
20/4/2021	18weeks 4days	Liquor is normal, No gross anomalies noted, Placenta is along the posterior wall, lower end 4.9cm from internal OS, Maternal fibroid 41*27mm in anterior wall .
26/6/2021	27-28 weeks	Placenta fundo posterior, Grade II maturity, AFI : 10cm ,BPP 8/8, Breech presentation. Anterior Intramural fibroid 38*18mm.
31/7/2021	32 weeks 5 days	Placenta grade II maturity, AFI :12 cm, BPP: 8/8, Cephalic presentation. NO EVIDENCE OF ANY FIBROID.
28/8/2021	36 weeks 5 days	Placenta fundo posterior, Grade II maturity, AFI: 12cm, BPP: 8/8. Cephalic presentation. NO EVIDENCE OF FIBROID.

Table 3 Treatment

Sl.No	Discomfort of the patient if any;	Medicines	Dose and Anupana
1	To prevent garbha srava	<i>Lakshmana mula (Ipomea sepiaria)</i>	5g with <i>ksheera</i> at bed time *3 months
2	--do--	<i>Vata sunga astaka (Ficus bengalensis)</i>	With <i>navaneetha</i> at morning * 3months
3	Can be given for all discomforts in pregnancy	<i>Bala ksheera Kashaya (Sida cordifolia)</i>	At bed time from second trimester till 8 months
4	Mild gastric discomforts	<i>Dhanwanthara gulika</i>	1 daily from second trimester till delivery
5	Pedal odema around 24 weeks	<i>Jadamayadi lepam</i>	With rice water twice daily



Before treatment



After treatment