**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 varicosis 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 fibroid\(^2\) 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 appearance\(^4\). 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
- G:\(1\)/E:\(2\)
- LMP: 13/12/2020
- EDC: 20/9/2021
- Scan EDC: 19/9/2021

#### Past Obstetric history:
- Formula: P\(_3\) L\(_3\) A\(_1\)
- A\(_1\): Spontaneous abortion (after IUI)
- A\(_2\): Ectopic at August 2019 (Right), it was tubal abortion, conservative management was done
- A\(_3\): Ectopic at March 2020 (Left), tubal abortion, conservative management was done

#### 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/m\(^2\)
- TT: Took two doses of TT

### Investigations

#### Table 1
- Blood and Urine: WNL

#### Table 2 USG report

### 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 pregnancy\(^4\). 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\textsuperscript{6} 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 vascularity.\textsuperscript{6} 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 contraindicated.\textsuperscript{7} 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 review.\textsuperscript{8} The chances of abortions due to this fibroid is high, so to prevent this condition medicines mentioned in purvam karma for putrolpada stiti pradaam (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\textsuperscript{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. Dhanwantha gulika explained in sahssrayoga gulika prakarana is said as “Vishesath marutasya anuloman”\textsuperscript{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\textsuperscript{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 garbhin. In Rasarattna samuchaya acharya have quoted that bala with or without ghritha, or with or without ksheera can be used to cure all garbhini rogas\textsuperscript{12}. As we analyses the garbini 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 dridadwam (strength) to the growing fetus. 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 diets) also plays a major role in management of a disease. This case shows a clean condition of granthi. Pathya apathyap of garnthi is explained in Yogaratnakara. Pathya’s are Purana ghritha (old ghee), Jeerna lohitra 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 proliferation.\textsuperscript{14} 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 management 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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REFERENCE

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Table -1 General Examination

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

Table -2 USG report

<table>
<thead>
<tr>
<th>Date</th>
<th>GA by USG</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/2/2021</td>
<td>9 weeks</td>
<td>Embryo with cardiac pulsations +, Developing placenta seen in posterior uterine wall, right lateral body fibroid measures 40*39mm.</td>
</tr>
<tr>
<td>4/3/2021</td>
<td>12 weeks</td>
<td>NT: 1.5mm, NB seen, Anterior body fibroid 46*28 mm, Liquor volume normal.</td>
</tr>
<tr>
<td>20/4/2021</td>
<td>18 weeks 4days</td>
<td>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 .</td>
</tr>
<tr>
<td>26/6/2021</td>
<td>27-28 weeks</td>
<td>Placenta fundo posterior,Grade II maturity,AFI : 10cm ,BPP 8/8,Breech presentation. Anterior Intramural fibroid 38*18mm.</td>
</tr>
<tr>
<td>31/7/2021</td>
<td>32 weeks 5 days</td>
<td>Placenta grade II maturity, AFI :12 cm, BPP: 8/8, Cephalic presentation. NO EVIDENCE OF ANY FIBROID.</td>
</tr>
<tr>
<td>28/8/2021</td>
<td>36 weeks 5 days</td>
<td>Placenta fundo posterior, Grade II maturity, AFI: 12cm, BPP: 8/8,Cephalic presentation.NO EVIDENCE OF FIBROID.</td>
</tr>
</tbody>
</table>

Table 3 Treatment

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

After treatment