

MANAGEMENT OF UTERINE FIBROID IN AN INFERTILE WOMAN BY AYURVEDIC PROTOCOL – A CASE STUDY

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Abstract

Infertility is inability to become pregnant for a sexually active couples after one year without using any contraceptives. It causes great distress to many couples.. Uterine fibroids are benign tumours of myometrium and there are several ways the uterine fibroids will affect the fertility of woman. The size and location of fibroids determines whether it affect fertility. Small fibroids directly do not cause infertility.. But large fibroids, size more than 5cm and submucous type fibroid can cause infertility.. Submucous fibroids may prevent the proper implantation of embryo there by result either infertility or miscarriage. About 1/4th of female infertility caused due to a problem of ovulation. A woman's ability to get pregnant can be affected by age. Increasing age decreases the quality and quantity of the eggs due to poor ovarian reserve. Poor ovarian reserve occurs when a women's ovaries lose reproductive capacity, which then cause infertility. This is a case of a lady aged 38years having uterine fibroids and poor ovarian reserve complaining of irregular delayed periods and difficulty to conceive after 16years of married life, who came to the OPD *Vaidyaratnam Ayurveda College, Ollur, Thrissur* for treatment. She was advised to consume internal medicines followed by admission in IPD, *Prasutitantra* and *Striroga*, . All the *Sodhana karmas* and *Uttaravasti* was done after admission. *Uttaravasti* was done for three consecutive months after menstruation for 5days. There is great reduction to the size of the fibroid and the woman became pregnant and delivered normally to a healthy baby.

Key words : Fibroids, Infertility, poor ovarian reserve, *utharavasthi*.

Introduction

Infertility is inability to conceive after 1year of regular unprotected coitus¹. This may be occurred as primary infertility and secondary infertility. In primary Infertility there is no previous pregnancy had occurred and in secondary the women had previously been pregnant but failure to conceive subsequently². There are so many causes for infertility including factors of both male and female. The optimal age for fertilization in female is between 20 and 35. Over the age of 40 of women reduces the fertility rate as well as increases the risk of congenital malformities of fetus³. Uterine factors contribute 10% of female causes of infertility.

Fibroid uterus is one of the uterine cause for infertility. They are benign monoclonal tumors of the smooth muscles of uterus⁴. As it is an estrogen dependent tumor it is seen during reproductive period. Histologically Depending upon the sites it can be divided into interstitial, subserous and submucous fibroid. In 50% of women the fibroids are asymptomatic. These are detected accidentally during gynecological check up or ultra sound scan. The symptoms may include menorrhagia, polymenorrhoea, metrorrhagia, infertility, subfertility, abortion, lower abdominal pain and pressure symptoms.

There are several ways the uterine fibroids will affect the fertility of woman. Uterine fibroids changes the shape of the uterus, fallopian tubes can be blocked, impact the endometrial lining, the blood flow to the uterine cavity can be effected, all these things will decrease the ability of implantation of embryo into the uterine wall⁵. The size and location of fibroids determines whether it affect fertility. Small fibroids directly do not cause infertility.. But large fibroids, size more than 5cm and submucous type

fibroid can cause infertility. Submucous fibroids may prevent the proper implantation of embryo there by result either infertility or miscarriage. Fibroids during pregnancy can change baby's position in the uterus. This will increase the risk of Miscarriage, Preterm labour, and Cesarean section. They also create problems such as Placental abruption, Intrauterine growth retardation⁶. Due to defective implantation of the placenta, poorly developed endometrium, reduced space for the growing fetus and placenta⁷.

About 1/4th of female infertility caused due to a problem of ovulation. It occurs due to so many causes. PCOD, and corpus luteal defect are some of the important causes of infertility. Periovarian adhesion and luteinized unruptured follicle will also cause infertility. A woman's ability to get pregnant can be affected by age. Ovarian reserve is diminished when the woman is in their mid to late thirties. Accelerated decline to the quality and quantity of egg occurs after the age of forty. Some genetic defects, aggressive medical treatments that harm the reproductive system, some surgeries, and injuries will also cause poor ovarian reserve⁸. Poor ovarian reserve occurs when a woman's ovaries lose reproductive capacity, which then cause infertility. It is one of the factors to limit the success of treatment of infertility. Poor reserve indicates a reduction in quantity and quality of oocytes during reproductive life. Woman with poor ovarian reserve whether age related or otherwise had a lower pregnancy rate had higher pregnancy loss compared to normal ovarian reserve⁹.

According to Ayurveda *Ritu*, *kshetra*, *ambu*, & *beeja* are the four essential elements for proper conception. *Ritu* means ideal season which indicates the fertile period of woman which is characterized with proliferation of endometrium followed by ovulation. *Kshetra* is very important factor for conception and it can be considered as female reproductive system especially uterus or *garbhasaya*. Every part of the reproductive system should be defect free. *Garbhasaya* provides a space for implantation and development of *garbha*. So *suddha garbhasaya* is very essential for safe conception and development of a healthy progeny. *Ambu* is meant by nutritional supply to the embryo/fetus. *Beeja*, means sperm and ovum. For conception healthy ovum and healthy sperm are essential factors. Vitiating *Yoni* in various *Yonirogas* and destruction of *beeja* due to *arthavadushties*, will effect the fertility of the woman. Normalcy of psychology has also been given importance for achieving conception¹⁰.

Samsamana and *samsodhana cikitsa* are equally important in *Garbhasaya grandhi* & in *Vandhyata cikitsa*. Out of *Samsodhana cikitsa*, *vasti* is like a nectar to an infertile woman. *Snehapana* with *Tilataila* helps to normalize the functions of ovary and to produce a healthy ovum. *Vandhyatwa* due to ovum with minimal or absence of capacity of fertilization can be corrected by *vasti and uttaravastii*. By use of *vasti*, *Yoni* becomes healthy and even a sterile woman can also conceive. *Uttaravasti* due to its local action and its penetrating action of drugs it will absorb easily and thereby increasing strength and vitality of reproductive organs. It rectifies female infertility along with the factors associated to it. The drugs prescribed for *pumsavana* like *vadasringa* and *lakshmana* are also give good result in infertility cases.

Case report

It is a case of lady of 38 years having uterine fibroid and had the complaint of difficulty to conceive after 16 years of married life. She consulted an allopathic doctor and underwent treatment for 14 years. On going through her history myomectomy was done 12 years before for large submucous fibroid of size 7cm. She was continued the treatment at various systems as Allopathy, Ayurveda and Homeopathy for 8 yrs. She couldn't get any result. So she stop all the treatments. Then she restart the treatment after 2 years. On USG, there is a submucous fibroid of size 3.4cm and there is only few small follicles in the right ovary. She underwent treatment for 4 years including IVF but couldn't get any satisfactory result. Then she came to the OPD, *Vaidyaratnam Ayurveda College* for treatment. She is complaining of absence of periods for 6 months. She was advised to consume the following medicines and review after 3 weeks.

1. *Kanasatahwadi qwadha*- 15ml *qwadha* mixed with 45 luke warm water – 6am and 6pm before food.
2. *Hinguvacadi curna* – 1tsp twice daily with *qwadha*.
3. *Kumaryasava* – 30ml twice daily after food.
4. *Sukumargarhta* – 1tsp at night after food.

She was advised to take USG and was noted with left lateral wall Submucous fibroid of size 3.1x3.2cm and there is no follicles in the left ovary and only few small follicles in right ovary. Endometrial thickness was 3mm.

After 3weeks she reported in OP and complaining of not having periods. Stop *Sukumarghrta* and advise her to start *Palasa kshara* - 3gms with water boiled with *Tila* two times before food. Continue all other medicines. After 3weeks she reported that she is having periods but the bleeding was scanty and only for two days. Again advised her to continue all other medicines for 1month except *Palasakshara*, *Sukumarghrta* and advised her to consume *Tila taila* 1tsp at night after food. After 1 month she was reported again with the complaint of not having periods and again restart the *Palasakshara*. After 2wks she started her periods. Advised her to continue the medicines except *Palasakshara* for 6 consecutive months and reported in the OPD . Every month she is having periods with 1week delay. She was directed to come to the OPD for admission and further management.

After 6months of internal medicines she was admitted in the IPD *Vaidyaratnam Ayurveda College*, Thrissur for better treatment.

Treatment given

After admission the patient was advised to consume the following medicines for two days.

1. *Sukumaram qwadha* – 15ml *qwadha* mixed with 45ml boiled lukewarm water – 6am before food.
2. *Varanadi qwadha* - 15ml *qwadha* mixed with 45ml boiled lukewarm water 6pm before food
3. *Dhanwantharam gulika* 1tab twice daily with *qwadha*.
4. *Lakshmanarishta* – 30ml twice daily after food
5. *Vaiswanarachurna* – 1tsp with lukewarm water at bed time.

The following procedures were started after admission.

1. *Udwarthana* with *Kolakulathadi churna* - for first 2days.
2. *Snehapana* started after 2days with *Tiataila* and continue for 6days. Its dosage was 30ml on first day and then increased to 60ml, 90ml, 120ml, 130ml & 150ml on the following days.

After 6days of *Snehapana*

3. Next day *Abhyanga* with *dhanwantharam taila* and *sarvangasweda* was done..
4. After *abhyanga* & *sweda* next day *Vamana* was done – emetic therapy .
5. After *Vamana*, *sadyasneha* was done with *Tilataila* 10ml two days.
6. Then *Virechana* (purgation therapy) was done with *Avipathy churna* 20gms mixed with hot water.
7. *Yogavasti* started after 2days.- combination of *nirooha vasti* and *anuvasana vasti* - 8days.

Shatahwadi vasti taila mixed with *Tilataila* was used as *taila* for *anuvasanavasti* and *nirooha vasthi*.

Erandamoola qwadha mixed with *sukumara qwadha* was used as *qwadha* for *niroohavasti*.

After *yogavasti* patient was discharged and advised her to take further admission after menstruation for doing *Uttaravasti*. She was also advised to consume *Sukumaram qwadha* morning and *Varanadi qwadha* evening at the time of discharge. She was also advised to take admission after cessation of menstrual flow. She was reported in the OPD after stoppage of menstrual bleeding and again admitted in the IPD.

Treatment done after admission.

1. *Nirooha vasti* was done for 2days.
2. After two days of *Niruhavasti*, *Uttaravasti* was started . First three days *Uttaravasti* was done with *Tilatailam* and last 3days with *Sukumara ghrta*.

At the time of discharge, this time also, she was advised to take further admission after menstruation for doing *Uttaravasti*. This procedure was continued for 3 consecutive months after menstruation. Every time *utharavasti* was done for 7 days. Medicine used for *Uttaravasti* during second time of admission was same and on third month *Sukumara ghrta* was used for first 3days followed for the next 4days with *Thiktaka ghrta*.

Discharge medicine.

At the time of discharge she was advised to consume the following medicines and review after next period. She was also directed to do USG. After 1year.

1. *Sukumara qwadha* – 15ml *qwadha* mixed with 45ml boiled lukewarm water – 6am before food.
2. *Varanadi qwadha* - 15ml *qwadha* mixed with 45ml boiled lukewarm water 6pm before food
3. *Dhanwantharam gulika* 1tab with *qwadha* morning.
4. *Kanchanara guggulu tablet* – 1tab with *qwadha* evening.
5. *Lakshmanarishta* – 30ml twice daily after food
6. *Tila taila* – 1tsp at night after food.

After next period she was reported in the OPD and was advised to consume the same medicines and directed to consume *Lakshmana mula + Vadasriga ksheerapaka* every month from the 4th day of periods to 18th day. She continue all the medicines and reported every month. After 1year she took USG and it was revealed that there is a growing follicle in the right ovary and the size of the fibroid was reduced to 2.5cm. endometrial thickness was 8mm.

She was advised to consume the same medicines after 1year reported that she is not having periods on the date. She was directed to do UPT and the result was positive. The pregnancy period was uneventful and she delivered normally.

Discussion

Uterine fibroids are commonest benign tumor of uterus and can effect fertility in many ways. Approximately 5-10% of infertile woman had fibroids. Most woman with fibroids will not be infertile. Infertility may be due to associated PID, endometriosis, or anovulatory cycles or due to distortion of the uterine cavity causing sperm ascent, or cornual block. Their size and site determines whether the fibroids will affect fertility power. The presence of submucous fibroids decreases fertility rate of woman. A meta-analysis of the effect of fibroids on fertility and the effect of myomectomy on fertility found that the submucous fibroid that distort the uterine cavity appear to decrease the fertility. For some women, the hormone therapy for infertility treatment can lead to fibroid growth. The treatment of fibroid is also essential to increase the fertility.

Ovarian reserve refers to the reproductive potential of woman's ovaries and it based on number and quality of eggs. Diminished ovarian reserve is loss of normal reproductive capacity of the ovaries due to lower quality and quantity of oocyte. Ovarian reserve will reduce when increasing the age. This also vary from one woman to another. Some women continue to be fertile in their 40s. Generally women will start losing their ovarian reserve before they become infertile. Infertility being a *vataja* disorder *vasti* having an important role in the treatment of infertility. *Tilataila* by its *vyavayiguna* & *vikashiguna* regulate the functions of hormones result in the formation and maturation of follicles. So *Snehapana* with *Tilataila* is helpful to regulate the function of ovary and then to produce a healthy ovum. *Vasti* has both local and systemic effects. It pacifies *Vata* and normalize the function of reproductive organs. *Uttaravasti* exerts local action on the reproductive tract due to its quick absorbing action of medicine entered into the uterus. *Uttaravasti* is helpful to correct the uterine tubal and factors which causes infertility. It rectifies female infertility by correcting the factors responsible for infertility. *Lakshana moola* and *vadasriga* are also helpful to normalize the ovarian reserve.

Conclusion

Infertility is a commonly increasing problem and it affects many couples mental and physical health and disturbs there family as well as social life. The causes of infertility are multifactorial involving the diseases of reproductive tract and other systemic diseases. Submucous fibroid causes infertility in so many ways. They can effect the fertilization and implantation. They can also effect whether a pregnancy can continue and effect the growth and positioning of the baby. Anovulation is considered as the major ovarian factor for fertility. So poor ovarian reserve causes infertility by preventing ovulation. Here treatment for both fibroid and poor ovarian reserve is needed to improve the fertility. Ayurvedic treatment as *Vasti* and *Uttaravasti* is helpful to reduce the size of the fibroid and also to improve the function of ovary. There by the woman can produce a healthy ovum which is necessary to produce a healthy progeny.

References

1. Professor Dr. C.S. Dawn & Dr. Subrata Dawn, C.S. Dawn Textbook of Gynaecology, Contraception and Demography, Dawn Books 25B, C.I.T. Road, Entally, Kolkatta, 14th ed, 2003, pg – 103
2. Professor Jonathan S. Berek, Berek & Novak's Gynecology, Wolters Kluwer India Pvt Ltd, New Delhi, 15th ed, pg – 1134.
3. VG Padubidiri, Shirish N Daftary, Howkins and Bourne Shaw's Textbook of Gynaecology, Elsevier, a division of Reed Elsevier India Private Limited, Noida, U.P, 14TH ed, 2009; pg. 180.
4. Professor Jonathan S. Berek, Berek & Novak's Gynecology, Wolters Kluwer India Pvt Ltd, New Delhi, 15th ed, pg – 439.
5. www.reproductivefactors.org.

6. <https://Innovativegyn.com>
7. D.C.Datta, Edited by Hiralal Konar, DC Dutta's Textbook of Gynecology including Contraception, Jaypee Brothers Medical Publishers (p) LTD, New Delhi, 17th ed. 2016pg. 225
8. <https://fertility.women> and infants.org
9. <https://www.ncbi.nlm.nih.gov>
10. Prof. (Km.) Premavati Tewari, Ayurvediya Prasutitantra evam Striroga, Part II Striroga , Choukhamba Orientalia, Varanasi, 2nd ed 2000 reprint 2012 ; pg. 276

