

## AYURVEDIC MANAGEMENT OF NON ACUTE CHOLELITHIASIS ASSOCIATED WITH UTERINE FIBROID- A CASE STUDY

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### ABSTRACT

Uterine fibroid, a noncancerous enlargement of the uterus that frequently manifests in females who are of reproductive age. Gallstones are a prevalent medical condition that frequently requires surgical treatment in the general population. A case of Cholelithiasis (gall stone) associated with uterine fibroid is discussed in this case report. A 31-year-old female patient, approached the outpatient department with complaints of diffuse lower abdomen pain and irregular menstrual cycle. Ultrasound scan revealed multiple uterine fibroid and non-acute Cholelithiasis. She was treated as per the *Ayurvedic* line of treatment of *Garbhashaya granthi* and *Pittashmari varanadikashaya*, *Trayanthyadi kashaya*, *Kalyanakshara*, *kanchanara guggulu* were among the medications prescribed for her. First intervention was continued for 1 month with a follow up once in 15 days, with the improvement in the signs and symptoms the patient was willing to continue the medication for another 6 months until all of her

symptoms decreased. The size of the uterine fibroids had decreased, and the gallstones had completely vanished, according to a follow-up scan. The patient has not reported any side effects related to the medications or the disease's progression during the therapy period. An attempt has been made to describe how a patient in her early 30s successfully treated a uterine fibroid linked with non-acute Cholelithiasis with non-hormonal medications. The goal of this study is to give *Ayurvedic* practitioners more assurance that uterine fibroids linked to non-acute cholelithiasis can be managed safely, non-invasively, without the use of hormones,

and at a low cost.

**KEYWORDS:** *Pittashmari, Uterine fibroid, Cholelithiasis, Gallstones, Granthi.*

## INTRODUCTION

Uterine fibroids, also known as leiomyoma or myomas, are the most prevalent benign uterine tumors, with an estimated frequency of 20% to 40% of women during their reproductive years.<sup>[1]</sup> Women's quality of life, capacity to participate in physical and social activities, and ability to work are all negatively impacted by the symptoms of uterine fibroid. The only available treatment for uterine fibroid in contemporary medicine is surgery, although there are still difficulties in creating an effective conservative medicinal strategy. One must look for a satisfactory treatment in other medical systems if there is no effective biomedical cure. In the *Ayurvedic* medical system, they are referred to as *Granthi*, *Arbuda*, *Vridhhi*, *Sopha*, *Vidradhi* etc. depending on the location of the manifestation and specific characteristics. Fibroids may be linked to the "*Granthi*" described in *Ayurvedic* texts. It is explained that when pathological *Tridoshas*, vitiated *Rakta* (blood), *Mamsa* (fleshy/muscles), and *Meda* (fat/adipose tissue) mix with *Kapha*, they will produce spherical protuberant, knotty, and hard swelling known as *Granthi*. These conditions can be treated using the *Samprapti Vighatana* concept (to break the pathogenesis).

The condition known as cholelithiasis is not directly mentioned in the *Ayurvedic* texts. The term "*Ashmari*" in *Ayurveda* refers to a "stone" that is only used in reference to *Ashmari* (urinary calculi). The gall bladder is known as *Pittashaya* in *Ayurveda*, because it accumulates *Pitta*, and the stone that develops there is known as *Pittashmari*. In a ratio of about 4:1, females are affected more commonly than males.<sup>[2]</sup> An article written by *G. Misciagna et al.* and published in Pubmed supports the link between gallstones (cholelithiasis) and uterine fibroid.<sup>[3]</sup>

Thus, the purpose of this case study was to describe the potential of *Ayurvedic* Medicines in the treatment of non-acute cholelithiasis associated with uterine fibroid.

## MATERIALS AND METHODS

### CASE REPORT

A 31 year old female patient, a homemaker, reported to the outpatient department of Govt Ayurveda college, Trivandrum on 05 January 2016 with complaints of diffuse lower

abdominal pain and irregular menstrual cycle, with a USG report dated 04 October 2015 ultra sound scan revealed multiple uterine fibroid with mildly thickened endometrium. She gave a history of irregular cycles with 5 days of menstrual bleeding. She was gravida 2, personal history revealed that she was non vegetarian & had a less active lifestyle. Started initial intervention with *Ayurvedic* medicine and suggested USG again since the first scan report is three months earlier. Second USG done on 02 March 2016 shows Large Subserosal fibroid and Cholelithiasis. She had severe Acid Peptic disease (*Amlapitha*). No other systemic complaints or family history related to this condition were significant. Past history seems to be insignificant.

## CLINICAL FINDINGS

### GENERAL EXAMINATION (ROGIPARIKSHA)

Upon assessment, all vital signs were stable, and it was determined that the patient belonged to the *vatha-kapha prakruthi*. An examination of the abdomen indicated no organomegaly and that it was soft and non-tender.

### MENSTRUAL HISTORY

Age of menarche: 13

Cycle: Irregular

Duration: 5 days

Pain : Present

Interval: 40-45Days

LMP:10/10/15

### PERSONAL HISTORY

Bowel: Normal

Bladder:Normal

Sleep : Normal

Diet : Mixed

Appetite: Low(APD)

### Investigation TableNo.1.

Date	Findings before treatment
2015	Uterus enlarged in size. With multiple fibroids Large subserosal fibroid from the left fundus measures 6.6 x 7.1 cm. Another fibroid measuring 2.4 x 1.9cm from anterior wall. Another one 2.9x2.6cm right lateral wall. Endometrium mildly thickened- 16mm
2016	<b>USG abdomen</b> Multiple calculi noted in the dependent wall of gallbladder, largest measuring 59mm. <b>Pelvis(TAS)</b> Uterus anteverted, bulky and measures 9.1x4.6x4.1 cm. Empty cavity Large subserosal fibroid measuring 7.4x5.5cm noted in left lateral wall towards fundal region Another fibroid measuring 2.5x2.5cm from fundal region.

	Intramural fibroid with submucosal component measuring 3.5×3.3cm and 13.7×4cm in the posterior wall.
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## DIAGNOSIS

The clinical features along with the ultrasound scan report suggests that it is a case of multiple uterine fibroid associated with non acute cholelithiasis and was diagnosed as *Garbhashyagata Granthi* (encapsulated growth) and *Pittashmari* in *Ayurveda* terms.

## THERAPEUTIC INTERVENTIONS

Based on *Ayurvedic* line of management of *Pittashmari*(Cholelithiasis) & *Garbhashaya granthi*(uterine fibroid), we formulated the line of treatment from medicines available at OPD. *Tridoshas* have a part in *Granthi Roga's* pathophysiology, hence *vata-kapha hara* medications are necessary. The *Dushyas* involved include *Rakta, Mamsa, and Meda*. As for the treatment of *Pittashmari*, *Deepana Pachana Ashmari bhedaka* medicines were also used. She was initially instructed to take the following medications for a month to track any changes.(Table2). A few food and lifestyle modifications were also advised for the patient.

Medicines given for First 30 Days (Before the second scan 2/03/2016).

**Table no. 2: Therapeutic interventions1<sup>st</sup>.**

Sl.no	Medicines given	Dosage	Time of administration
1	<i>Varanadikashayam</i>	60 ml	Half hour before food, Morning Time
2	<i>Gugguluthikthakam kashayam</i>	60 ml	Half hour before food, Evening Time
3	<i>Tab. Kanchanar Guggulu DS(AVN)</i>	1-0-1	Along with <i>Kashayam</i> Morning & Evening
4	<i>Kalyana ksharam</i>	2gm-2gm	11am,3pm
5	<i>Nimbamritadi eranda Thaila</i>	SQ	11am,3pm along with <i>Kalyana ksharam</i> made into paste form
6	<i>Guggulupanchapalam Tab</i>	1-1-1	After food
7	Ulset syrup	2ml-2ml-2ml	With half glass of luke warm water thrice daily after food

**Table no. 3: Therapeutic interventions 2<sup>nd</sup>.**

Sl.no	Medicinesgiven	Dosage	Time of administration
1	<i>Varanadikashayam</i>	60 ml	Half hour before food, Morning Time
2	<i>SapthasaramKashayam</i>	60 ml	Half hour before food, Evening Time
3	<i>Tab.Kanchanar Guggulu DS(AVN)</i>	1-0-1	Along with <i>Kashayam</i> Morning &Evening
4	<i>Kalyana ksharam</i>	2gm-2gm	11am,3pm
5	<i>Nimbamritadi eranda Thaila</i>	SQ	11am,3pm along with <i>Kalyana ksharam</i> made into paste form
6	<i>GuggulupanchapalamTab</i>	1-1-1	After food

7	Ulset syrup	2ml-2ml- 2ml	With half glass of luke warm water thrice daily after food
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Medicines given for 90 Days (After the second scan 02/03/2016)

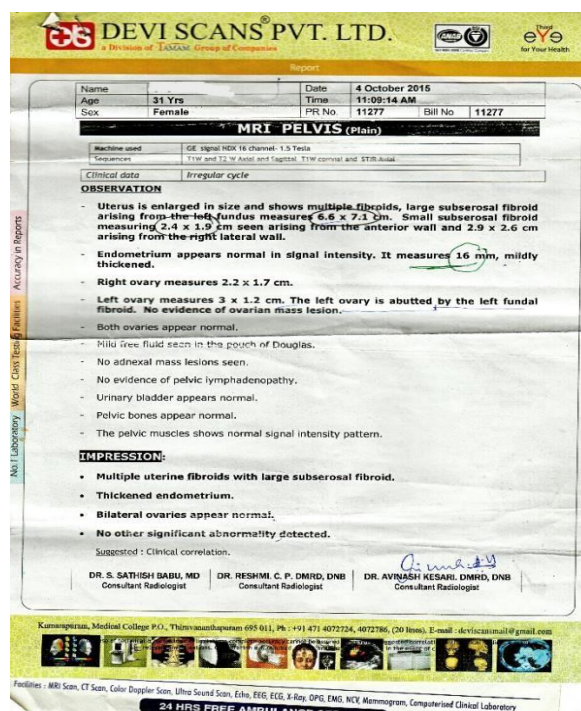
**Table no. 4: Therapeutic interventions 3<sup>rd</sup>.**

Sl.no	Medicinesgiven	Dosage	Time of administration
1	<i>Varanadikashayam</i>	60 ml	Half hour before food, MorningTime
2	<i>Trayanthyadikashayam</i>	60 ml	Half hour before food, EveningTime
3	<i>Tab.Kanchanar Guggulu DS(AVN)</i>	1-0-1	Along with <i>Kashayam</i> Morning &Evening
4	<i>Kalyana ksharam</i>	1gm- 1gm	11am,3pm
5	<i>Nimbamritadi eranda Thaila</i>	SQ	11am,3pm along with <i>Kalyana ksharam</i> made into paste form
6	Ulset syrup (Sankar Pharmacy)	2ml-2ml- 2ml	With half glass of luke warm water thrice daily after food

## RESULTS

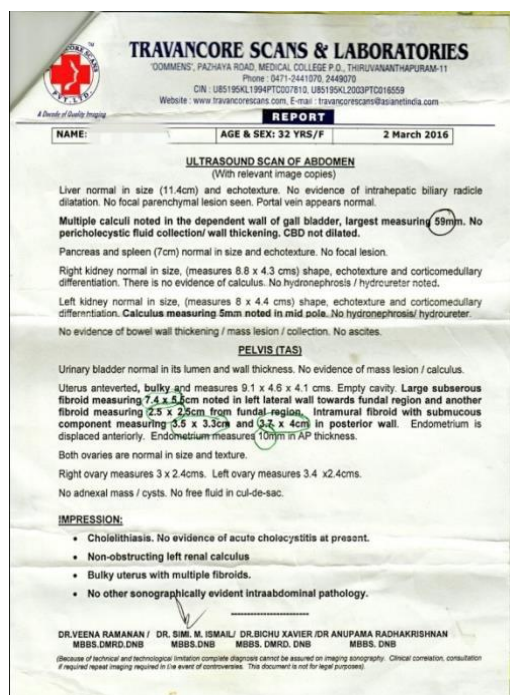
**Table no -5: Changes in objective criteria before and after treatment.**

Objective criteria	Changes in objective criteria		
Size of uterine fibroid in USG (large Subserosal)	6.6x7.1cm Largest	7.4x5.5cm Largest	59x46mm(largest)
Size of gall bladder stone in USG	No calculi	59mm	No calculi
Timeline	04 October 2015	2 March 2016	10 February 2017

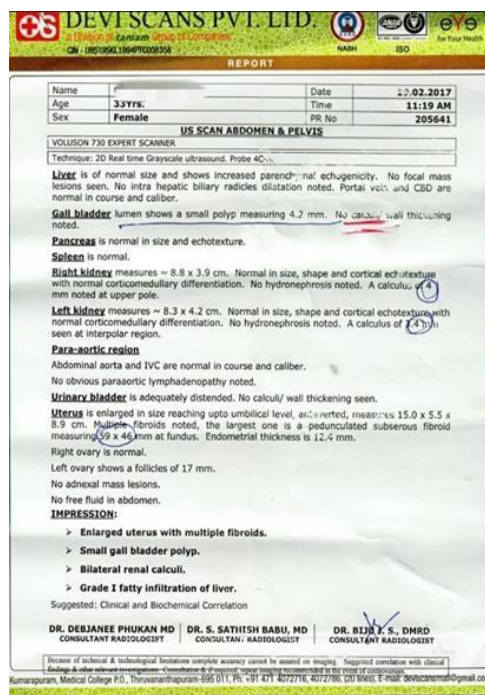


**First Scan report without any intervention (2015).**





Scan report before treatment(2016)



Scan report after treatment(2017)

Fig.no. 1: USG scan report of 2015,2016 and 2017.

## DISCUSSION

The case was treated using *Granthiropa's* and *Pittashmari's* lines of management. Medication having properties of *Vata Kaphahara*, *Lekhana*, *Deepana-Pachana*, *Ashmari Bhedana* etc. were administered due to the dominance of *Vata* and *Kapha Dosha*. In addition to receiving standard dietary advice like avoiding junk food and meals that are oily, spicy, and cold, the patient was also encouraged to eat vegetables and fiber. An article written by *G. Misciagna et al.* and published in Pub med supports the link between gallstones and uterine fibroid.<sup>[4]</sup>

The medicines were chosen because the therapeutic strategy focused mostly on *Kapha Vata Hara*, which is associated with *Medo* and *Pitta*, as well to manage cholelithiasis and uterine fibroid. To effectively treat both diseases, there must be no negative interactions between the medications. This was the major challenge we had when choosing on the medication.

*Kanchanara Guggulu* is a classical *Ayurvedic* formulation mostly prescribed for the conditions of *Gandamala* (for cervical lymphadenopathy or Thyroid enlargement), *Apachi*, *Arbuda*, *Grandhi*, and *Kushta*. *Kanchanara* (*Bauhinia variegata L.*), *Varuna* (*Crataeva nurvala Buch.-Ham.*), *Triphala*, *Trikatu*, and *Trijataka* are its key components which balances the *kapha dosha* and maintains the lymphatic system. *Kanchanara Guggulu* was prescribed because of its *Vata-Kaphahara* (which reduces vitiated *Vata* and *Kapha Doshas*),

*Rakta shodhana* (blood cleansing), *Lekhana* (bio-scraping), and *Shothahara* (anti-inflammatory) characteristics.

A combination of *Varanadi Kashaya* medicines act as *Kaphavatahara*, *medohara* and *Ashmari bhedaka*, aiding in *Pittashmari* breakdown. Correcting *Agni* and *Ama Pachana Karma* which is *Shothahara*, helps to reduce inflammation, and as a result helps in *Samprapti Vighatana*.

*Trayanthyadikashaya*, is a well-known classical formulation that is *Kapha Pitta Hara* and primarily indicated in *Gulma*, *Vidradhi* conditions with main ingredients like *Amalaki*, *Katuka*, *Madhuka* are also having hepato protective activity as well. Which in turn helps in restoring *Prakritha Karma of Yakrit* shows significant effect in Gallstones and *Granthi*.

The subsequent choice for medication, notably described in *Ashmari* and *Gulma*, was *Kalyana Kshara*. This contains *Tripatu*, *Trikatu*, *Chitraka*, *Bhallathaka Gomutra* etc that are very *Teekshna*, *Ruksha*, *ushana*, and *bhedaka (prabhava)* beneficial in preventing *Granthi* and gall stones from developing further.

*Nimbamrutha Eranda*, which has the *vata hara* property, is a potent Ayurvedic medicine that is mentioned in *Arbuda*, *Sarvagatha Gulma*, and *Vidradhi* was prescribed along with *Kalyana Kshara*, which is mutually contributory and enhances both drugs action by helping each other.

*Saptasaram kashayam* was prescribed earlier after the first intervention. The popular Ayurvedic medicine *Saptasaram kashayam*, which is described in *Sahasrayoga Kashaya Prakarana*, is made up of seven components, including *varshabhu*, *bilwa*, *agnimantha eranda*, *sunthi*, *horse gram*, and *sahachara*, all of which have *vata hara* properties and are very effective in treating *ashteela* and *gulma* conditions.<sup>[5]</sup>

Occasionally during the course of treatment, the patient developed sour belching; therefore, 2ml of Ulset syrup was administered along with Luke warm water, and the condition resolved at the following visit.

Later, *Guggulu Panchapala churna* tablet that is effective in treating *Gulma/Granthi* was prescribed. The main component is *Guggulu*, which functions as *MedoAnilahara*. The *Guggulu* mentioned in the *Karpooradivarga* and the *bhava Praksha Nighantu* has qualities

like *Medo, ashma, and vata hara*.<sup>[6]</sup>

Following the administration of these medications for Five months with abrupt withdrawal due to some inevitable personal incidences, and an ultrasound performed before to treatment identified several uterine fibroids and calculi measuring 59mm. Additional USG results during treatment showed that the size of the uterine fibroid and calculi had decreased. After treatment, USG found no evidence of gallstones and reduction in size of uterine fibroid.

However, the biggest limitation of using *Ayurvedic* medicine in this case was the duration it required to treat both the diseases.

## CONCLUSION

In this case study, the patient has achieved satisfactory results in the treatment of uterine fibroid and non-acute cholelithiasis (*Pittashmari*). Internal drugs as well as other dietary and lifestyle changes were adopted based on the patient's condition and ailment. Because Ayurveda sees each patient as a unique individual, a proper diagnosis that takes into account the *Ashtashthana Pareekshas* and *Dasavidha Pareekshas*, combined with the selection of medications, will lead to a positive result in any form of disease.

After 8 months of *Ayurvedic* treatment, the 59mm gallstone was completely removed, and the size of the uterine fibroid was greatly reduced, according to the USG-abdomen. The patient's general health has also improved significantly.

In light of this, it is possible to suggest that this approach may be considered for further treatment and research for uterine fibroid associated with non acute cholelithiasis.

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