



Garbhashayarbuda vis -a- vis uterine leiomyomas – A critical review

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Abstract

Uterine fibroids are major health disaster for women. To treat them successfully with no harm as per the principles of Ayurveda it is mandatory to know the correlation of uterine fibroids with Garbhashayarbuda. Arbuda is the disease described in Ayurvedic literature having nearby resemblance with tumors. Treatment modality must be developed according to the involvement of the dosha and dushya which ultimately breaks the chain of samprapti and eliminates the disease.

Key words: *garbhashaya, arbuda, fibroid, uterus, tumors*

Introduction

Review of literature plays an important role in better understanding of subject and submitting proper solution to a problem. Review of the authentic and available literature with respect to the concerned subject is a necessity for the success of a study. The main aim is to present a systemic and authentic review of available literature on the subject. Uterine leiomyomas (fibroids) represent a major public health problem. These are the most common benign tumors in women and the leading indication for hysterectomies (Rigveda sukta). The incidence of uterine fibroids by age 35 was 60% among African-American women, increasing to > 80% by age 50, whereas Caucasian women showed an incidence of 40% by age 35 and almost 70% by age 50. Apart from race, other possible risk factors for developing uterine fibroids are early age at menarche, familial predisposition and overweight. Parity and smoking may protect from developing myomas. Despite the fact that their cause is still unknown, yet there is considerable evidence that oestrogen and progestogens proliferate tumour growth as the fibroids rarely appear before menarche and regress after menopause (Bhav Prakash chikitsa, 2009). Based on the location of myoma in the uterus leiomyomas are classified as intramural, submucous or subserous. Intramural

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myomas lie within the myometrial wall. Approximately 75% of the myomas are intramural. Submucous myomas grow towards the cavity of the uterus and are lined by the endometrium (Shastri, 2002). Subserous myomas grow towards the serosa of the uterus. Macroscopically myomas are usually round or oval shaped, well circumscribed tumors, firm in consistency with a pseudo capsule formed due to condensed surrounding myometrial tissue. They may be single but are commonly multiple and are of varying sizes. The cut section of myomas appears pinkish white with the characteristic whorled appearance. Blood supply to the myomas comes from periphery hence cystic changes take place in the centre of tumour and calcification occurs in periphery (Astanga Hridaya, 1982). Microscopically a leiomyoma consists of non-striated muscle fibre arranged in interlacing bundles of varying size in different direction that give typical whorled appearance in cut section. The stroma usually consists of fibrous connective tissue. This typical appearance demarcates a myoma from the surrounding normal myometrium (AshtangaSangraha).

The clinical features of fibroid depend on the location, size, and number of tumours present. A small submucous fibroid may be more symptomatic than a large subserous fibroid. Only 20-50% are symptomatic and rest are diagnosed incidentally on US or clinical examination. The leiomyomas may have menstrual disturbance, abdominal lump, pain,



infertility or pressure symptoms. The science of Ayurveda is much influenced from vedic literature particularly of Atharva veda which emphasizes very clearly the concept of alleviation of suffering. Under the heading of "Apachi" it presents the earliest record to identify tumour as a disease but it is difficult to find out any description of arbuda in the context of female genital tract. Instead some words like yoni, ameba, gavini, jarayu, garbhashaya, garbha indicates the awareness of female diseases and problems (Rigvedasukta163/10/8/20/1,163/10/8/20/2,Garunp urana103/12 vividhaushadhi). According to Dr. P.V. Tiwari on the basis of specific clinical features of mamsaja – arbuda as well as description of arbuda in general, it can be said that all relatively big neoplasms developing from muscular and fibrous tissues(myomas and fibromas)come under mamsaja arbuda. Though majority of these do not have tendency of getting changed into malignant but then, it is not totally absent as well, moreover,major surgery is needed to remove this, which was not very easy during those days, thus this mamsaja-arbuda is also labelled as incurable. The mamsa vitiated due to traumaby fist, log or stick andproduces painless,smooth,skin coloured, stony hard & fixed swelling,whichnever suppurates. This disease often occurs in the person having vitiation of mamsa due to consumption of excessive meat. Identical description is given in the books Madhava-nidana, Bhavaprakash & Yogaratnakara (Madhav Nidana 38/22-23 Bhav Prakash chikitsa 44). In madhukosh commentary on Madhava Nidana (38/22,23) it is mentioned that rakta or mamsa are causative factors for respective arbudas however for raktaja and mamsaja arbuda the pitta and vata doshas respectively are responsible for their beginning.As ghrita is always mixed with milk, similarly the pitta and vata are always associated with rakta and mamsa respectively. The flesh of the individuals consuming excessive meat increases due to similarity in properties i.e.meat increases meat (Dutta, 2006).

Samprapti Ghatak of Garbhashayarbuda:

Dosha: Tridosha with predominance of kapha dosha

Dushya: Mamsa, Rakta

Srotas: Mamsa, Rakta and Artavavaha Srotas

Srotodushti: Sang and Siragranthi

Agni: Jathragni: Manda/Vishama, Dhatwagni-Manda

Rogmarga: Bahya

Udbhavasthana: Ama-Pakwashayottha Vyadhi

Adhithana: Garbhashaya

PratyatmaLinga: Mamsopchayam Tu Shopham

Discussion

Uterine fibroids (myomas or leiomyomas) are benign, monoclonal tumours of the smooth muscle cells found in the human uterus. These are the most common benign tumours in women and the leading indication for hysterectomies. These tumours grow from the muscle layers of the uterus that's why they can be considered as a type of mamsaja arbuda of garbhashaya or garbhashayarbuda. It occurs with the transformation of normal uterine myocytes into abnormal myocytes. The aetiology of uterine leiomyomas is not very clear. Excessive, dysregulated collagen deposition is an underlying aetiology in the pathogenesis of leiomyoma. Abnormal, excessive, and inappropriate proliferation of cells results in the formation of the tumour. This tumour is comparable to arbuda because arbuda is mamsa pradoshaja vyadhi and fibromyomas are essentially composed of muscle tissues with variable amount of fibrous connective tissues. Elaborate description of Arbuda, from its etiopathogenesis, classification and management is available in Sushruta Samhita (Prasuti Tantra, 2002). A reference related to Arbuda of male genital tract is also available but no description of neoplastic swelling(Arbuda) related to female genital system is available in Classics. There is no direct description of Garbhashayarbuda is available in Ayurveda but on the basis of etiopathology, doshas, dushyas, agni,srotas, symptoms and complications of Arbuda, it is comparable to leiomyomas. Depending upon site and organ involved, Arbuda can be named accordingly, so arbuda situated within Garbhashaya is known as Garbhashayarbuda. By reviewing the literature critically it is clear that kapha is chief culprit, its vitiation causes Srotorodha which leads to Vata vaigunya. It is a sang Pradhan vyadhi which is the result of Avarana in Mamsavaha and Medovaha srotas. Acharya Sushruta has mentioned about mamsarbuda that it is not painful or having very little pain which usually does not suppurate, smooth texture, having same colour of basic organ, stony



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hard in nature, and not mobile or not very much moving. This description has very close resemblance with uterine fibromyoma as it also have the tendency of restricted movement and move only side to side, does not cause pain unless it is complicated or due to associated pelvic pathology, firm in consistency as it is mentioned in text that uterine fibromyoma is a solid tumour. Apaka tendency of mamsarbuda may be correlated with sarcomatous changes in myoma which is extremely rare, and the incidence is no more than 0.5% of all myomas.

Conclusion

Uterine fibroid is a common concern in women at fertile age causing multiple bleeding and pain symptoms which can have a negative impact on different aspects of women's life. The symptoms have a negative impact on their life, influencing their sexual life, performance at work and relationship and family. The signs and symptoms of uterine leiomyomas possesses great resemblance with the characters of mamsarbuda of Acharya Sushruta. All relatively big neoplasms developing from muscular and fibrous tissues come under mamsaja arbuda hence on the basis of origin and site involved the uterine fibroids may be termed as Garbhashayarbuda.

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