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Case Study

AYURVEDIC MANAGEMENT OF UTERINE FIBROID

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ABSTRACT

Uterine fibroids are the most common benign tumors of uterus and the commonest benign solid tumor in female often present with menstrual abnormalities, dysmenorrhea, dyspareunia and pelvic discomfort. Contemporary modern medical science primarily involves hormonal therapy and surgical procedures such as myomectomy and hysterectomy. However, these modalities may not always prevent recurrence, and also the surgical interventions may also affect fertility. Ayurvedic drugs have been proved useful for these manifestations. **Case Presentation:** A 38-year-old woman presented with severe abdominal pain, heavy menstrual bleeding. Ultrasonography revealed a uterine fibroid measuring 58.1× 57.2 × 62.6mm with a volume of 108cc in left lateral wall, mid body of uterus. She was managed with Ayurvedic formulations including *Varunadi Kashaya, Kanchnar Guggulu*, *Arogyavardhini Vati* and *Pradarantak Rasa* along with *Virechana* and *Yoga Basti*, involving an eight-day therapy. The patient followed the prescribed treatment and reported adherence to dietary and lifestyle guidance. **Results:** Within months of therapy, patient's condition was assessed for symptoms of uterine fibroid which was completely relieved with marked reduction in pain and normalization of menstrual flow. Follow-up ultrasound performed twice, showed no evidence of fibroid, confirming complete resolution. No adverse drug reactions were observed during or after therapy. **Conclusion:** This case study accentuates the effectiveness of Ayurveda in achieving positive outcomes in the management of Uterine fibroids.

INTRODUCTION

Uterine fibroids, are benign tumors that are composed of smooth muscle and fibrous connective tissue therefore named as uterine leiomyoma, myoma or fibromyoma[1]. About 75% women remain asymptomatic, may not experience symptoms[2]. Fibroids can cause menstrual abnormality: Menorrhagia, metrorrhagia, dysmenorrhea, dyspareunia, pelvic pain, and infertility [3].

They are commonly seen in women of reproductive age; incidence varies from 5%-20% of women depending upon age group.[4] Common treatments include surgical procedures like myomectomy and hysterectomy or pharmaceutical interventions like hormone therapy[5]. Conventional treatments offer long-term relief, highlighting the need for holistic approaches like Ayurveda.

Uterine fibroids are not directly mentioned in *Samhitas*, they can be understood as a type of *Granthi*, specifically *Garbhashayagata Granthi*[6]. *Acharya Charaka* recommended enucleation of the *Granthi* and its *Kosha* (capsule) as a cure. Thus, uterine fibroids can be interpreted as *Garbhashayagata Granthi.* [7] *Granthi's* pathogenesis involves *Vata Dosha* vitiation affecting *Rakta*, *Mamsa* and *Meda Dhatu*, which then further vitiates *Kapha Dosha* to form a hard, spherical swelling. Therefore, fibroids can be related to the "*Granthi*" mentioned in Ayurvedic texts, and it can be managed according to the principle of *Samprapti Vighatana*.

Patient Information

A 38-year-old Indian woman, non-smoker and non-alcoholic, presented to the outpatient department

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of Prasuti Tantra Evum Stree Roga, UHDC, Premnagar, Dehradun on 12/01/2026 with complaints of pain in the lower abdomen and heavy menstrual bleeding. Her ultrasound findings from December 2025, showed Bulky uterus with 58.1× 57.2 × 62.6mm with a volume of 108cc in left lateral wall, mid body of uterus with the endometrium thickness of 8.3mm. The ovaries were normal in size and appearance. The left ovary showed a dominant follicle measuring 18.4×16.6mm. She had two full-term deliveries (first delivery was 14 years ago and last delivery was 7 years ago) through LSCS. She had one abortion induced by MTP pills 4 years back.

Menstrual History- Patient attained her menarche at 13 years of age.

LMP- 02-Jan-2026, heavy menstrual flow lasts for 7-8 days.

Table 1: Menstrual history

Duration	7-8 days
No. of pads used	Day 1-4 = 3 pads/day
	Day 5-8 = 2 pads/day
Clots	Present
Pain	++
Flow	Heavy

Past M/H- Not any

Past Medical History – Not any

Past Surgical History - Not any

Family History - Not any

Table 2: Personal History

Diet	Mixed
Appetite	Decreased
Micturition	Reduced
Bowel	Irregular/Constipated
Sleep	Disturbed

Examination

Table 3: General Examination

G.C	Fair
Built	Moderate
Weight	50kg
Height	146cm
BMI	23.5 kg/m^2
B. P	120/78 mmHg
Pulse rate	72/min
Pallor	Mild
Icterus	Absent
Cyanosis	Absent
Edema	Absent

Table 4: Systemic Examination

Central nervous system	Patient was conscious and well oriented.
Cardiovascular system	Auscultation: Normal heart sounds
Respiratory system	Inspection: B/L symmetrical chest Auscultation: AEBE

Table 5: P/S, P/V Examination

P/S	Cervix healthy, no discharge or bleeding noted.
P/V	AV uterus (felt slightly bulky), tenderness absents on all vaginal walls, CMT absent, fornices free.

Since she preferred not to have surgery, she chose Ayurvedic treatment, which aims to address the underlying pathology and alleviate her symptoms.

The treatment was carried out on the basis of Ayurvedic principles along with diet and lifestyle recommendations:

Shodhana Chikitsa

Table 6: Therapeutic Intervention

Date	Treatment
14/01/2026	*Virechana Karma* (*Snehapana* with *Varunadi Ghrita* and *Virechana* with *Trivritta Avleha*).
10/02/2026	1st cycle of *Yoga Basti* (*Anuvasana Basti* with *Dashmoola Taila* and *Niruha Basti* with *Dashmoola Kwatha*).
15/03/2026	2nd cycle of *Yoga Basti* (*Anuvasana Basti* with *Dashmoola Taila* and *Niruha Basti* with *Dashmoola Kwatha*).
11/04/2026	3rd cycle of *Yoga Basti* (*Anuvasana Basti* with *Dashmoola Taila* and *Niruha*

	Basti with *Dashmoola Kwatha*)

Table 7: *Yoga basti* plan

Day	*Basti*	Drug used
1	*Anuvasana basti*	*Dashamoola taila* – 60ml
2	*Anuvasana basti*	*Dashamoola taila* – 60ml
3	*Niruha basti*	*Kwatha* – 400ml (*Dashamoola kwatha*), *Dashamoola taila* – 20ml *Yava Kshara* – 1gm *Saindhava lavana* – 1gm *Madhu* – 10ml
4	*Anuvasana basti*	*Dashamoola taila* – 60ml
5	*Niruha basti*	*Kwatha* – 400ml (*Dashamoola kwatha*) *Dashamoola taila* – 20ml *Yava Kshara* – 1gm *Saindhava lavana* – 1gm *Madhu* – 10ml
6	*Anuvasana basti*	*Dashamoola taila* – 60ml
7	*Niruha basti*	*Kwatha*– 400ml (*Dashamoola kwatha*), *Dashamoola taila* – 20ml *Yava Kshara* – 1gm, *Saindhava lavana* – 1gm, *Madhu* – 10ml
8	*Anuvasana basti*	*Dashamoola taila* – 60ml

Shamana Chikitsa

Month	Medicine	Dose	Time
Jan 2026	*Varunadi Kashaya* [9]	20ml twice daily	Before meal
	Kanchnar Guggulu [10,11]	1-0-1	After meal
Feb 2026			
	Varunadi Kashaya	20ml twice daily	Before meal
	Tab. *Kanchnar Guggulu*	1-0-1	After meal
	Aarogyavardhini Vati [12]	1-0-1	After meal
Mar 2026			
	Varunadi Kashaya	20ml twice daily	Before meal
	Tab. *Kanchnar Guggulu*	1-0-1	After meal
	Aarogyavardhini Vati	1-0-1	After meal
	Pradarantak Rasa [13]	1-0-1	After meal
Apr 2026			
	Varunadi Kashaya	20ml twice daily	Before meal
	Tab. *Kanchnar Guggulu*	1-0-1	After meal
	Aarogyavardhini Vati	1-0-1	After meal
	Pradarantak Rasa	1-0-1	After meal

During the treatment period, the patient was advised to take proper balanced diet and lifestyle modifications.

RESULT

Table 7: Sonographic findings of before and after treatment

Dec 2025	April 2025
Uterus • Bulky in size • Measures approx.- 10.2cm in length & 5.4cm in diameter. • Myometrial Echotexture is homogenous. • An intramural fibroid with sub serosal extension measures approx. 58.1× 57.2 × 62.6mm with a volume of 108cc in left lateral wall, mid body of uterus.	Uterus • Normal in size • Measures approx.- 7× 3.3 × 3.8cm • Myometrial Echotexture is homogenous. • Endometrium measures 5.8mm in thickness.

• Endometrium measures 8.3mm in thickness.	
• Cervix is normal	• Cervix is normal
• B/L ovaries are normal in size and appearance. • Left ovary shows dominant follicle measuring 18.4×16.6 mm.	• B/L ovaries are normal in size and appearance.

DISCUSSION

Acharya Susruta emphasized the importance of *Nidana Parivarjana*, or the elimination of etiological causes, in the treatment of disease. For intramural uterine fibroids, it is advised to refrain from indulging in *Ahara* and *Vihara*, which vitiate *Vata* and *Kapha Doshas, Rasa, Rakta, Mamsa, Meda Dhatu*, and *Artava updhatu*. Vitiation of *Vata* and *Kapha* leads to *Mandagni* and *Ama*, which is thought to be the main cause of *Granthi*. Treatment focused and aim to augment *Agni* and *Vatanulomana*.

In the treatment of uterine fibroid our protocol involving *Virechana*, *Yoga Basti* with *Dashmoola Taila* and *Dashmoola Kwatha* was implemented to systematically target *Granthi* resolution through balancing *Doshas* and *Srotoshodhana*. As *Virechana*, the initial procedure eliminates deep seated *Ama* which contribute to formation of *Granthi*. Following this, *Yoga Basti* which is the summation of 8 *Basti* by *Acharya Charaka* starting with one *Anuvasana Basti* followed by 3 *Asthapana* and 3 *Anuvasana* alternatively and 1 *Anuvasna Basti* at last. *Asthapana Basti* is said to be *Sarva Gadapaha* and *Sarva Arthakari*. *Yoga Basti* regulates the *Apana Vayu*, crucial for reproductive health. It addresses the root cause by removing *Sangha* and *Avarana* in the channels.

Basti is considered the prime therapy for *Vata dosha*. It serves both as *Shodhana* and as a regulator of *Apana Vayu*. *Basti* is believed to stimulate the enteric nervous system, influencing the central nervous and endocrine systems by normalizing neurotransmitter and hormonal pathways, thus helps in resolving neurohormonal imbalances. Here *Yoga basti* was selected, and the medication used for *Basti* were *Dashmoola taila* and *Dashmoola kwatha*. *Dashmoola* is known as great *Vata* pacifier and anti-inflammatory which helps in the removal of *Kaphadi Avarana* and hence clear the *Strotas*. Its anti-inflammatory effect acts on body emphasizes on pelvic region to resolve the *Granthi* and *Artavvaha Strotodusti*

In *Varunadi Kashaya*, the main components are *Varuna* (Crataeva nurvala), *Shatavari* (*Asparagus racemosus*), *Chitraka* (*Plumbago Zeylanica*), *Bilva* (Aegle marmelas), *Bhallataka* (*Semecarpus anacardium*) etc., which have *Katu-tikta Rasa*, *Ushna Veerya*. It has *Kaphavataharam, Medanashanam, Gulmanashan, Shophahara*, and *Vidradhi nashana.*

In *Kanchnar Guggulu*, *Guggulu* and *Kanchnar* are the primary components. *Granthihara, Kaphahara, Vranasodhaka*, and other properties are found in *Kanchnar* (Bauhinia variegata). Significant anti-inflammatory action was demonstrated by *Kanchnar* bark. Because of its anti-inflammatory and *Lekhaneeya guna* properties, it can help reduce the size of existing fibroids and stop their growth.

Aarogyavardhini Vati has *Tamra Bhasma, Guggulu, Katuki, Triphala* which possesses *Lekhana, Deepana, Medodoshahara, Strotosodhana*, and *Rasayana* properties. It has *Deepan, Pachana* and *Rakta shodhaka* properties and has been indicated in the pathological state as *Mandagni, Sang* and *Raktdushti* that may help to correct the underlying pathology of disease and restore normal physiology.

Pradarantak Rasa, is a *Ras Aushadhi* and a herbomineral Ayurvedic formulation. In Ayurveda, mercury is referred to as *Rasa*, and medications made with purified sulphur, purified mercury, *Bhasma,* etc. are called *Ras Aushadhi* (mercurial preparations). Because of its potent therapeutic qualities in which *Parada* is one component of *Pradarantaka rasa,* which balances *Vata, Pitta,* and *Kapha*. *Rasaushadhi*, or medicines containing *Parada*, functions quickly. They have tonic, aphrodisiac, rejuvenating, anti-aging, wound-healing, and antibacterial properties while nourishing the entire body. The *Yogavahi* property of *Parada* increases the therapeutic efficacy of drugs. *Pradar* is a medication used to treat gynecological diseases.

CONCLUSION

The only treatment for uterine fibroids in modern medicine is surgery, specifically a hysterectomy. Many peoples either don't want to have surgery or are afraid of it. Even though surgery is the sole treatment available in current science, there is a very significant possibility that uterine fibroids may recur. According to Ayurvedic medicine, the availability of medication gives patients the opportunity to totally recover from their illness without the need for surgery.

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