



Case Study

AYURVEDIC MANAGEMENT OF UTERINE FIBROID

Behera Swetanjali^{1*}, Meher Sudeshna², Samal Jitendra³

¹PG Scholar, ²Professor and HOD, Department of Prasuti Tantra and Stree Roga, ³Reader and HOD, Department of Panchakarma, Gopabandhu Ayurvedic Mahavidyalaya, Puri, Odisha, India.

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ABSTRACT

Fibroid is the most common benign solid tumour of the uterus in female. Histologically, this tumour is composed of smooth muscle and fibrous connective tissue, so named as Uterine leiomyoma, myoma or fibromyoma. According to the U.S. National Institutes of Health (NIH) 20-25% of women of reproductive age have fibroids. The aetiology still remains unclear. The prevailing hypothesis is that, it arises from the neoplastic single smooth cells of the myometrium. It can be related to *Garbhasaaya Granthi* or *Arbuda*. The presented case involves a 43 years old female patient who approached the outpatient department with complaints of menorrhagia with clots and pain in left iliac region. On the basis of sign and symptoms, USG had shown bulky uterus measuring 9.6×4.6×6.6cm and a mixed echoic mass measuring 3.3×2.4cm seen in middle part of uterus, which is a fibromyoma. After having a thorough examination, the patient underwent Ayurvedic treatment protocol, including *Sodhana chikitsa*, oral medication and dietary modifications. After three months, the patient reported symptomatic relief and an ultrasound report with size of uterus i.e. 8.2×5.5×4.4 cm and a small intramural fibroid of size 15mm.

INTRODUCTION

Uterine fibroids are common benign smooth muscle tumours of the uterus which affects most of the women during their reproductive lifespan. Histologically, this tumour is composed of smooth muscle and fibrous connective tissue, so named as Uterine leiomyoma, myoma or fibromyoma.^[1] Globally, in 2019 uterine fibroids accounted for 9.64 million incident cases, 226.05 million prevalent cases and 1.25 million the number of YLDs (years of healthy life lost due to disability), a significant increase compared with the number in 1990. The majority of fibroids remain asymptomatic (75%) and will not require treatment. They are accidentally discovered by the physician during routine examination or at laparotomy or laparoscopy. The symptoms are related to anatomic type and size of the tumour. It can be related to *Garbhasaaya Granthi* or *Arbuda*.^[2] The site is more important than size. A small submucous fibroid may produce more symptoms than a big subserous fibroid.

However, in symptomatic cases, abnormal uterine bleeding is the most frequent complaint, the commonest of which is heavy menstrual bleeding.^[3,4] Other symptoms include; abdominal pain, dysmenorrhoea, pressure effect, spontaneous miscarriage and infertility.

Patient Information

A 43-year-old married parous woman, para one, live birth one visited to the outpatient department on February 01, 2023 with complaints of heavy bleeding with clots during menses since eight months and pain in left iliac region since three days. The patient had taken allopathic treatment which gave her temporary relief from bleeding and pain. Past history: no H/O DM/HTA, F/H: not significant.

Clinical Findings

General examination

On examination, the general condition of the patient was fair, blood pressure was 110/70 mmHg, pulse rate was 72/min, SpO₂ was 98%, respiration rate was 18/min, height was 158cm, and weight was 51kg, with body mass index of 20.4kg/m². The *Prakriti* was assessed to be *Vatapittaja* with *Madhyama satva*, having *Mandagni*, with *Madhyama koshtha*. Per abdomen examination revealed that abdomen was soft,

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mild tenderness in the left iliac region and no organomegaly was detected.

Investigation

The USG-pelvis (February 02, 2023) revealed a bulky uterus measuring 9.6×4.6×6.6cm and a mixed echoic mass measuring 3.3×2.4cm seen in middle part of uterus, which is a fibromyoma.

Diagnosis

The clinical features along with the ultrasound scan report suggests that it is case of Intramural fibroid and was diagnosed as *Garbhashyagata* (intrauterine) *Granthi* (encapsulated growth). Based on the symptoms, it was treated on the lines of *Pradara* (menorrhagia) and *Granthi*.

Table 1: Subjective Parameters

S.No.	Parameters	Gradation	Score
1.	Pain (This was assessed using the Visual analogue scale)	Nil (0) Mild (1-3) Moderate (4-6) Severe (7-10)	0 1 2 3
2.	Duration of the menstrual flow	1 – 5 days 6 – 7 days 8 – 9 days >10 days	0 1 2 3
3.	Amount of menstrual bleeding loss	1 – 3 pads/day 4 – 6 pads/day 7 – 9 pads/day	0 1 2
4.	Consistency of bleeding	Watery Watery + clots Clots (mild) Clots (moderate) Clots (severe)	0 1 2 3 4

Objective Parameters

Ultrasonography report

Timeline

After a detailed examination, *Sodhana* procedures and internal medicines were planned for a period of three months.

Therapeutic Interventions

Table 2: Procedure of intervention

Procedure	Intervention	Treatment duration
<i>Deepan pachana</i>	<i>Agnitundi vati</i> and <i>Saddharana churna</i>	3 days 03/02/23 – 05/02/23
<i>Snehpana</i>	<i>Varunadi ghrita</i> (upto150ml) given empty stomach for 5 days starting from 30ml on 1 st day, increased day by day and 150ml on 5 th day.	5 days 06/02/24 – 10/02/23
<i>Abhyanga</i> and <i>Swedana</i>	<i>Bala taila sarvang abhyanga</i> and <i>Swedana</i>	2 days 11/02/23 – 12/02/23
<i>Virechana karma</i>	<i>Trivruta avaleham</i> , <i>Abhayadi modak</i>	1 day (13/02/23)
<i>Samsarajana karma</i>	As per <i>Kostha shudhi</i>	5 days 14/02/23 – 18/02/23
<i>Yoga vasti</i>	5 <i>Anuvasana vasti</i> with <i>Sahacharadi taila</i> - 120ml 3 <i>Niruha vasti</i> (<i>Lekhana vasti</i> ingredients)- 750ml	8 days 19/02/23 – 26/02/23

Table 3: Shamana ousadhies administered

Days (After)	Medicines	Dose and Anupana
2 months	<i>Varunadi kasaya</i>	15ml BD with ½ cup of warm water BF
2 months	<i>Chandraprava vati</i>	1 tab. BD AF
2 months	<i>Kanchanar guggul</i>	2 tab. BD with warm water AF
2 months	<i>Kankayana gutika</i>	1 tab. BD AF

Table 4: Follow up after two months

Days	Medicines	Dose and Anupana
1 month	<i>Saptasara kasaya</i>	15 ml BD with ½ cup of warm water BF
1 month	<i>Kanchanara guggul</i>	1 tab. BD with warm water AF
1 month	<i>Mahasankha vati</i>	1 tab. BD with warm water AF

Follow Up and Outcome**Table 5: Assessment of Subjective parameters**

S.No.	Parameters	Before treatment	After treatment
1.	Pain	2	0
2.	Duration of the menstrual flow	2	0
3.	Amount of menstrual bleeding loss	1	0
4.	Consistency of bleeding	5	0

Table 6: Ultrasound report of patient

Date	Size of uterus	Size of mass	Remarks
02/02/23	9.6×4.6×6.6 cm	3.3×2.4 cm	Fibromyoma with bulky uterus
26/04/23	8.2×5.5×4.4 cm.	15mm	Small intra-mural posterior wall uterine fibroid

DISCUSSION

Mamsaja granthi/Arbuda uterine fibroid is considered a *Bahu dosh janya vikara*, which involves *garbhashya* and deep seated *dhatu*s in the body. Considering this, as mentioned in *Ashtanga hridya*, *Sanshodhan chikitsa* i.e., *Panchakarma* has the property of *Srotoshodhan* i.e., cleansing of micro channels and also to eradicate *Sroto avarodh* i.e., obstruction in micro channels. *Virechana karma* is done for vitiated pitta and it also has *Raktaprasadana karma*. *Basti*, the prime treatment in *Panchakarma*^[5] not only cure *Vataja* disorders but also *Samsarga* and *Sannipaatja* condition of *Dosha*, *Kaphaja*, *Pittaja* disorder, *Shakhagata* and *Kosthagata rogas* by combination of different types of *Basti*.^[6] The main site of action of *Basti* is *Pakvashaya* (large and small intestine).^[5] stimulates different nerves in the intestine, one gets stimulatory or inhibitory effect production of various hormones and neurotransmitters.

In *Kanchanara Guggulu*, *Kanchanara* and *Guggulu* are the main ingredients.^[7] *Kanchanara* (*Bauhinia variegata*) is having *Shothahara*, *Granthihara*, *Kaphahara*, *Vranasodhaka* etc properties.^[7] *Kanchanara* bark showed significant anti-inflammatory activity.^[8] By the virtue of its *Lekhaneeya guna* and anti-inflammatory property helps in

reducing the size and arrest the further growth of existing fibroid.

In *Varunadi kasaya*, the main ingredients 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*.^[9]

Chandraprabha Vati in which *Guggulu* and *Silajatu* become the chief ingredient is *Pachana* (enhancing digestion), *Lekhana* (therapeutic scraping), *Chedana*, and *Kledasoshana* (expels the excessive fluid) with an added indication in *Yoni Roga*. It has also anti-tumour effects– studies show that fibroadenomas which are the non-cancerous tumor, most commonly benign in nature, can be treated by *Kanchanar guggulu* and *Chandraprabha Vati*, which shows significant result in the regression of the tumor. Thus, both can be combinedly used in Fibroadenoma breast.^[10]

Kankayan gutika has *Katu-tikta rasa*, *Katu vipaka*, *Usna virya*. It is *Kapha-vata samaka*, *Deepana*, *Ama pachana*, *Lekhana*, *Vilayana* and *Srota sodhan* in nature. *Kankayan vati* also helps in reduction of the cyst, growth of follicular size to form a mature ovum.

Saptasaram Kashaya^[11] is having better result in pain as it possesses *Vatakapha samana, Anulomana, Rakta shodhana*. Most of the drugs own fibrinolytic property which reduces the formation of clots during menstruation which in turn reduces the pain. Also, the properties of the drugs may contribute to reduce pelvic congestion thereby reducing intensity of pain.

Classically, *Mahasankha vati* is *Sheeta Veerya*, alkaline in nature, *Balya, Grahi, Varnya* and is indicated in *Amlapitta, Agnimandhya, Grahani, Parinama Shula*, and *Mukha Dhushika*.^[12] *Hingu* is a good digestive and appetizer. It pacifies *Vata* and *Kapha*, and diseases like *Shula, Gulma, Udara, Anaha* and *Krimi*.^[13] New pharmacological studies have almost confirmed the traditional uses of *asafoetida* as an antihelminthic, antispasmodic and antibacterial agent.^[14]

CONCLUSION

Uterine fibroid is seen during reproductive life of a female irrespective to the age, which may result in various menstrual problems such as dysmenorrhea, menorrhagia, and irregular periods, by disturbing physiological as well as psychological integrity. Medical management of this problem is possible on the basis of Ayurvedic fundamental principles. *Vata-Kapha Shamaka, Rakta-Shodhaka, Lekhana, Shothghna* and *Kledaghna* medicines such as *Kanchanara Guggulu, Shigru Guggulu*, and *Haridra Khanda* were found to be very effective in relieving the symptoms of uterine fibroid in this case. Uterine fibroid is similar to *Garbhashyagata* (intrauterine) *Granthi* (encapsulated growth) but a large sample clinical study will only establish the hypothesis and may help to contribute to avoid uterine fibroid surgery in initial stages.

Declaration of patient consent

It is certified that we have obtained patient consent form, where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

REFERENCES

1. Dutta DC. Textbook of Gynecology. 7th ed. Konar H, editor. New Delhi: Jaypee Brothers Medical Publishers; 2022. p. 224.

2. Tiwari P. Chapter in: Prasooti tantra evam strirog. Varanasi: Chaukambha Orientalia; 2022.
3. Kayadibi Y, Ozmen E, Emir H, Emre S, Dervisoglu S, Adaletli I. Subserosal leiomyoma of uterus mimicking an ovarian tumour in adolescent patient. Jpn J Radiol. 2013; 32(1): 48–52.
4. Bassey D, Dianabasi, Inah G, Ekott M. Prevalence of uterine fibroid among adolescent school girls in Calabar, Nigeria. IOSR J Dent Med Sci. 2016; 15(3): 74–75.
5. Caraka, Srikanth Murthi MR, editors. Carak Samhita (English Translation). Varanasi: Chaukambha Orientalia; 2001.
6. Sushruta, Srikanth Murthi MR, editors. Sushrut Samhita (English Translation), Nidaan Sthan. Varanasi: Chaukambha Orientalia; 2001.
7. Sen KG. Bhaishajyaratnavali. Galagandadi rogadhikar Adhyaya, 44/62, 67. In: Mishra SN, editor. Reprint ed. Varanasi: Chaukambha Orientalia; 2015. p. 806.
8. Government of India. The Ayurvedic Formulary of India. Part-I. 2nd rev ed. New Delhi: Ministry of Health and Family Welfare, Dept. of AYUSH; p. 67.
9. Vagbhatta. Astanga Hridaya. Tripathi B, editor. Sutrasthana – 15th Chapter, Shloka No. 21. Delhi: Chaukambha Sanskrit Pratishthan; p. 200.
10. Agnihotri NS, Deshmukh JS. A clinical study on the management of fibroadenoma of breast with Kanchanar Guggulu and Chandraprabha Vati. Aayushi Int Interdiscip Res J. 2017; 4(8): 72–74.
11. Krishnan Vaidyan KV, Gopalapilla S. Sahasrayogam, Sujanapriya Vyakhyanam. 31st ed. Alappuzha: Vidyarambham Publishers; p. 92.
12. Sharma S. Rasa Tarangini. Kashinatha Shastri, editor. 11th ed. Delhi: Motilal Banarasidas; 1989. 12/20-21, 20/83-86, 14/154–155. p. 288, 364.
13. Bhavamishra. Bhava Prakasha Nighantu. Chuneekar KC, Pandeya GS, commentators. Varanasi: Chowkhambha Bharati Academy; 2004.
14. Iranshahy M, Iranshahi M. Traditional uses, phytochemistry and pharmacology of asafetida (Ferula asafetida oleo-gum-resin)- A review. J Ethnopharmacol. 2011; 134: 1–10.

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*Address for correspondence

Dr. Behera Swetanjali

PG Scholar

Dept. of Prasuti Tantra and Stree Roga
Gopabandhu Ayurveda Mahavidyalaya,
Puri, Odisha, India.

Email: swetanjalibehera21@gmail.com

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