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Case Study

AYURVEDIC MANAGEMENT OF UTERINE FIBROIDS

Giby Thomas[1], Archana Asok[2]*, Anjali TS[3]

[1]Associate Professor, *[2,3]PG Scholar, Dept. of Prasuti Tantra and Striroga, Government Ayurveda College, Thiruvananthapuram, Kerala, India.

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ABSTRACT

Uterine fibroids are common benign tumors affecting women of reproductive age and are a major cause of heavy menstrual bleeding, dysmenorrhea and reduced quality of life. Conventional management is often symptomatic, involving hormonal therapy or surgical interventions, which may have limitations such as side effects, recurrence or loss of reproductive potential. This case study highlights the role of Ayurvedic management in a 39-year-old female presenting with heavy menstrual bleeding, dysmenorrhea and low backache of one year duration. Ultrasonography revealed a bulky uterus with intramural fibroids measuring 2.5×2.5cm and 2×2cm. From an Ayurvedic perspective, the condition was diagnosed as *Garbhasayagata mamsagranthi* with associated *Asrgdara.* The pathogenesis involved *Agnimandya* leading to *Ama* formation, followed by *Vata-kapha Dosha* vitiation and *Rakta-Pitta* involvement, resulting in *Granthi* formation and excessive uterine bleeding. The patient was managed with *Samana chikitsa* including *Musalikhadiradi kashayam, Asokavalkala ksheera kashayam, Pushyanugam* tablets, *Triphala guggulu, Chandraprabha vati* and *Vara churnam*, followed by *Satapushpa rasayana.* Significant clinical improvement was observed, with reduction in menstrual bleeding, relief from dysmenorrhea and backache and improvement in overall well-being. Ovulatory function was restored, indicating normalization of reproductive physiology. This case demonstrates that Ayurvedic management can effectively control symptoms and address the underlying pathology of uterine fibroids. It offers a safe, non-surgical alternative, emphasizing correction of *Agni*, elimination of *Ama* and restoration of *Dosha* balance. Further studies are required to validate these findings.

INTRODUCTION

Young women are at a higher risk of developing lifestyle-induced gynaecological disorders due to the change in dietary patterns and sedentary habits. Fibroids occur in 20-40% of women during reproductive age and 11-19% in perimenopausal age.[1] They are clinically apparent in up to 25% of women and cause significant morbidity, including prolonged or heavy menstrual bleeding, pelvic pressure or pain and in rare cases, reproductive dysfunction[2]. Treatment is symptomatic with limited options including hysterectomy as the most radical solution. Uterine fibroids are one of the main indications for heavy menstrual bleeding, a symptom that causes considerable impairment to patients' quality of life. Apart from hysterectomy, none of the currently available modern treatment options addresses this problem satisfactorily, a conundrum underlined by the fact that many women require definitive surgical management after exhausting their medical management options[3]. Modern medical management is mostly palliative and the drugs used are antiprogesterones, Danazol, GnRH analogs and LNG-IUS. Surgical treatment of fibroid may be hysterectomy or myomectomy[4]. Reluctance of patients to undergo prolonged hormonal therapy, the fear of surgery, the age of patient and need for preservation of reproductive function and usual mentality of patient in preserving the anatomical and functional integrity of the body bring them to Ayurveda or any alternative treatment of their choice. Uterine fibroid may be correlated as *Garbhasayagata granthi,* which occur as a result of *Tridosha dushti* with

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predominance of *Vata kapha* along with vitiation of *Dhatus* like *Rakta, Mamsa* and *Medas* and is manifested as *Granthi* in *Garbhashaya* and the heavy uterine bleeding in fibroid may be correlated as *Asrgdara* which is having a predominance of *Rakta* and *Pitta*. So, the treatment should be *Vatakaphahara* and *Raktapittahara*.

Patient Information

A 39 years old female patient who is a home maker reported to the outpatient women and child hospital, Poojapura, on 20th March 2023 with complaints of low back ache and painful heavy menstrual bleeding since 1 year. She gave a history of irregular, heavy flow for 7 to 8 days during each menstrual cycle. She was gravida 3 and was a nonvegetarian with a sedentary lifestyle. She was diagnosed as having fibroid from the prior reports. No other systemic complaints or family history related to this condition were significant. Past history seems to be insignificant.

Clinical Findings

All vitals were stable on examination and it was assessed that the patient belonged to *Pitta-vataja prakruti*. Per abdomen examination revealed that abdomen was soft, non-tender and no organomegaly was detected.

History of Past Illness

No H/o DM, HTN, DLP, thyroid dysfunction.

Table 1: Menstrual History

Menarche	13 years
Interval	15-25 days
Duration	7-10 days
LMP	07/09/2023
PMP1	20/08/2023
Dysmenorrhea	+ + (D1 and D2 on painkillers)
Clots	Present
Bleeding	Heavy
No. of pads/day	6-7 pads/day
Night pad change	1-2 pads
Vaginal discharge	WNL

Marital History

Married since 2004

Non-Consanguineous marriage

Obstetric History

P3L3A0 3 FTND

PPS done LCB-10 years

Sexual History

Dyspareunia – Nil Vaginismus – Nil PCB- Nil

Personal History

Diet: Mixed

Bowel: Constipated

Appetite: Reduced

Micturition: WNL

Sleep: Sound

Addictions: Nil

Allergy: Nil

Vegadharana: Mutra vegadharana

Taste of food preferred: *Madhura, Lavana*

Psychological status: Anxiety, stress

Surgical History

PPS

Past Medical and Treatment History

Nothing relevant

Table 2: Investigations

USG Pelvis (TAS) (14/09/2023)	Uterus-AV, 9x 6x 6 cm, bulky Intramural fibroids measuring 2.5x2.5 cm & 2x2 cm Endometrial thickness- 11 mm Ovaries- Both ovaries noted normally. Impression: Bulky uterus with IM fibroids
Blood	Hb: 9.8gm/dL BT -3 minutes CT: 4 minutes FBS: 110 mg/dL Total cholesterol: 185 mg/dL

General Examination

Built- Moderate
Nutrition - Moderate
Height- 158cm
Weight- 68 kg
BMI- 27.24 kg/m^2

Gynaecological Examination

Pelvic Examination Inspection

External genitalia appear normal hair pattern.
No discharge seen externally.
No cystocele, rectocele, urethrocele.

Per speculum

Cervix- Bulky, slit like os, mucoid discharge from os.

Bimanual examination

Uterus – AV, Bulky CMT – negative
Fornices – Free, not tender

Ashtavidha Pareeksha

Nadi: Sadharanam
Mutram: Anavilam
Malam: Grathitham
Jihwa: Anupaliptham
Sabdam: Spashtam
Sparsham: Anushna seetham
Drik: Prakrutham
Akrithi: Madhyam

Dasavidha Pareeksha

Dooshyam: Rasa Raktha Meda Arthava
Desham: Deham-Garbhasaya
Bhumi-Sadaranam Balam: Madhyamam
Kalam: Kshanadi-Sarvarithu
Vyadhyavastha-Purana Analam: Mandham
Prakruthi: Kaphavata
Vaya: Madhyamam
Sathwam: Madhyamam
Sathmyam: Sarvarasa sathmyam
Aharam: Abhyavaharana sakthi -Madhyamam
Jaranasakthi: Madhyamam

Treatment

Table 4: *Samana Chikitsa*

S.No	Internal Medications	Dose
1	*Musalikhadiradi kashayam*	60ml- 0- 60 ml (B/F)
2	*T.Pushyanugam*	1-0-1 (A/F)
3	*Asokavalkala ksheera kashayam*	60ml -0- 60ml (B/F)
4	*Triphala guggulu*	1-0-1
5	*T.Chandraprabha*	1-0-1
6	*Vara churnam*	1 tsp HS with hot water
	Rasayana chikitsa	
7	*Satapushpa rasayana*	Started at a dose of 2.5gm with plain ghee, followed by milk porridge. Dose was increased by 0.5 gm per day.

Follow Up

USG dated 02/05/2024
Uterus - AV, measures 9.6 x 6.8 x7 cm
Intramural fibroid 16mm & 12mm, ET- 8 mm
Impression- Fibroid uterus

DISCUSSION

This case illustrates the successful management of uterine fibroid associated with menorrhagia through a comprehensive Ayurvedic approach addressing both structural pathology and systemic imbalance. The patient presented with classical symptoms of fibroid uterus such as heavy menstrual bleeding, dysmenorrhea and low backache of one year duration, which were significantly affecting her daily activities and quality of life. Ultrasonographic findings confirmed the presence of intramural fibroids in a bulky uterus. From a contemporary biomedical perspective, uterine fibroids are benign monoclonal tumors arising from smooth muscle cells of the myometrium and are known to be estrogen and progesterone dependent. Their presence alters uterine architecture, increases vascularity and interferes with normal uterine contractility, thereby leading to heavy and prolonged menstrual bleeding as well as pelvic pain. From an Ayurvedic standpoint, this condition can be correlated with *Garbhasayagata granthi*, wherein abnormal growth occurs in the uterine tissue due to vitiation of *Doshas* and *Dhatus*. The associated symptom of excessive menstrual bleeding can be correlated with *Asrigdara*, which is predominantly a disorder of *Rakta* and *Pitta*.

The etiopathogenesis in this case can be understood in light of the patient's dietary habits, lifestyle and psychological status. The patient had a sedentary lifestyle, preference for *Madhura* and *Lavana rasa* and a history of constipation along with

stress and anxiety. These factors contribute to *Agnimandya* leading to improper digestion and formation of *Ama*. The *Ama,* circulating through the *Rasavaha srotas* leads to *Srotorodha* and creates a conducive environment for *Dosha* aggravation particularly *Vata* and *Kapha*. *Vata* when vitiated causes abnormal movement and proliferation while *Kapha* contributes to the formation of a mass due to its *Guru* and *Sthira* qualities. Simultaneously vitiation of *Rakta* and *Pitta* results in increased bleeding tendencies. The combined effect of these factors leads to the formation of a *Granthi* in the *Garbhashaya* along with excessive uterine bleeding, thus explaining the clinical presentation.

The treatment strategy adopted in this case was primarily based on *Samana Chikitsa*, aimed at correcting *Agni*, eliminating *Ama,* pacifying *Doshas* and controlling bleeding while also addressing the underlying pathology of *Granthi*. *Musalikhadiradi kashayam* was administered for its *Deepana* and *Pachana* properties which help in improving digestive fire and reducing *Ama*. By correcting the metabolic status at a systemic level, it plays a crucial role in halting further disease progression. *Pushyanugam* tablets were included as they are classically indicated in *Asrigdara* and possess *Rakta stambhaka* and *Pitta shamana* properties. These actions directly help in controlling excessive menstrual bleeding and stabilizing the endometrium.

Asokavalkala ksheera kashayam was another important component of the treatment. *Ashoka* is widely known for its uterine tonic and haemostatic properties. Its *Kashaya rasa* and *Sheeta veerya* help in pacifying *Pitta* and *Rakta*, thereby reducing excessive bleeding. The use of *Ksheerapaka* enhances its nourishing and balancing effect, particularly in conditions involving *Pitta* and *Rakta dushti. Triphala guggulu* was administered considering its well-known *Lekhana,* anti-inflammatory and *Granthi vilayana* properties. *Guggulu*-based preparations are especially effective in conditions involving abnormal tissue growth as they help in reducing inflammation, improving circulation and facilitating the breakdown of pathological masses.

Chandraprabha vati was included in the regimen due to its broad-spectrum action on metabolic and genitourinary systems. It aids in correcting *Kapha* and *Vata* imbalance, improves tissue metabolism and supports the normal functioning of pelvic organs. *Vara churnam* was prescribed to address constipation and ensure proper *Vata anulomana*. The correction of *Apana vayu* is of paramount importance in gynecological disorders, as its normal functioning is essential for regular menstruation and elimination. Any disturbance in *Apana vayu* can lead to various menstrual abnormalities, including dysmenorrhea and menorrhagia.

Following initial management, *Satapushpa churna* was administered as *Rasayana. Satapushpa* is known for its beneficial effects on female reproductive health. As a *Rasayana*, it helps in strengthening the reproductive system, improving hormonal balance and enhancing overall vitality. The gradual increase in dosage also indicates its role in long-term regulation and rejuvenation of reproductive function.

The therapeutic effect observed in this case can be explained through multiple mechanisms. The *Deepana* and *Pachana* actions of the medicines help in correcting *Agni* and eliminating *Ama,* which is considered the root cause of many chronic diseases. The *Lekhana* and *Srotoshodhana* properties of drugs like *Triphala guggulu* facilitate the reduction or stabilization of the fibroid mass by improving microcirculation and removing obstructions in the channels. The *Rakta stambhaka* and *Pitta shamana* actions of *Pushyanugam* and *Asokavalkala* effectively control excessive bleeding by stabilizing the endometrial lining and reducing vascular congestion. The *Vata anulomana* achieved through *Vara churnam* ensures proper functioning of *Apana vayu*, thereby reducing pain and regulating menstrual flow.

Clinically, the patient showed significant improvement in symptoms. There was a marked reduction in the amount and duration of menstrual bleeding, along with decreased severity of dysmenorrhea and low backache. These improvements reflect not only symptomatic relief but also correction of the underlying pathophysiology.

An important aspect of this case is the avoidance of surgical intervention. In modern medicine, fibroids often lead to hysterectomy, especially when symptoms are severe or persistent. However, many patients are reluctant to undergo surgery due to fear, cost or desire to preserve the uterus. In such cases, Ayurveda offers a valuable alternative by providing a holistic and non-invasive approach that addresses both symptoms and root causes. The present case demonstrates that with appropriate selection of drugs and adherence to treatment principles, significant clinical improvement can be achieved without surgical intervention.

In the present case, comparative ultrasonography revealed a notable reduction in fibroid size with previously documented intramural fibroids measuring 2.5×2.5cm and 2×2cm reducing to 16mm and 12mm, respectively. Additionally, a reduction in endometrial thickness from 11mm to 8 mm (within normal physiological variation) was observed along with stabilization of uterine size. These findings suggest a positive therapeutic response; however long-term follow-up is essential to assess

recurrence and sustained benefits. Further studies with larger sample sizes and controlled designs are necessary to establish the efficacy of Ayurvedic management in fibroids more conclusively.

CONCLUSION

This case highlights the potential effectiveness of a holistic Ayurvedic approach in the management of uterine fibroids associated with menorrhagia. The treatment protocol, based on the principles of *Dosha* balancing, *Agni* correction, *Ama* elimination and targeted management of *Rakta* and *Pitta*, resulted in significant symptomatic relief along with radiological evidence of reduction in fibroid size. The observed improvement in menstrual parameters, pain and overall quality of life suggests that Ayurvedic interventions can address both the underlying pathophysiology and clinical manifestations of the condition. Importantly, this approach provided a non-surgical alternative in a condition where invasive procedures are often considered inevitable.

While the outcomes are promising, the findings are limited by the nature of a single case study. Therefore, larger, well-designed clinical studies with long-term follow-up are essential to further validate the efficacy and reproducibility of these results. Nonetheless, this case supports the role of Ayurveda as a safe, cost-effective and comprehensive modality in the management of uterine fibroids particularly for patients seeking conservative treatment options.

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***Address for correspondence**
Dr. Archana Asok
PG Scholar
Dept. of Prasuti Tantra and Striroga,
Government Ayurveda College
Thiruvananthapuram, Kerala.
Email: archanaasok911@gmail.com

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