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Management of Intramural Uterine Fibroid by Ayurveda: A Case Report

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ABSTRACT:
Uterine fibroids (leiomyomas) are benign smooth muscle tumors of the uterus and are a common gynecological condition in women of reproductive age. Among various types, intramural fibroids are located within the muscular wall of the uterus and may cause symptoms such as menorrhagia, pelvic pain, and infertility. Conventional treatment includes hormonal therapy or surgical interventions, which may have side effects or affect fertility. Ayurveda offers a holistic approach for managing fibroids through *Ayurvedic* formulations, *Panchakarma therapies*, and dietary and lifestyle modifications. A 44-year-old married female presented to the Outpatient Department on January 7, 2025, with a 6-month history of lower abdominal pain, heavy menstrual bleeding, burning micturition, and vaginal white discharge, accompanied by anxiety and disturbed sleep. She had no significant past medical or family history. Investigations revealed a bulky uterus with two intramural fibroids, left renal concretions, and a right renal medullary cyst. She was diagnosed with intramural uterine fibroid (modern diagnosis) and *Garbhashayagata Granthi* (Ayurvedic diagnosis). A three-month Ayurvedic regimen was initiated, comprising classical formulations such as *Kanchanar Guggulu*-500mg 2 tab twice a day for 12 weeks and *Kumaryasava* 15 ml twice a day with equal water after a meal for 12 weeks, along with dietary and lifestyle modifications. Post-treatment evaluation demonstrated marked clinical improvement, with resolution of heavy bleeding and urinary symptoms, normalization of menstrual duration, disappearance of renal abnormalities, and reduction in fibroid size. This case highlights the potential effectiveness of *Ayurvedic* management in addressing uterine fibroids and associated symptoms.

KEYWORDS: Fibroid Uterus, *Garbhashayagata Granthi, Kanchanar Guggulu, Kumaryasava,* Leiomyomas.

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INTRODUCTION:

Many female gynecological issues today are increasingly linked to changing food habits and modern lifestyles. Among the most pressing concerns for women of reproductive age is uterine fibroids. Also known as leiomyomas or myomas, these are the most common benign tumors of the uterus and are estimated to affect 20% to 40% of women within this age group. [1]Up to 25% [2] of affected women may present with clinically evident symptoms, which can lead to serious complications such as excessive or prolonged menstrual bleeding, pelvic pain or pressure, and in rare cases, reproductive dysfunction.[3]

Uterine fibroids are typically categorized into three types based on their location: submucous, intramural, and subserosal.[4] Among these, intramural fibroids—which develop within the uterine wall—are the most common. Often asymptomatic, the exact cause of intramural fibroids remains uncertain. However, it is believed that these tumors originate from abnormal muscle cells in the uterine wall's intermediate layer, growing rapidly under the influence of estrogen.[5]

Historically, hysterectomy has been the standard treatment for symptomatic fibroids, making it the third most commonly performed surgical procedure worldwide. However, modern allopathic medicine offers several alternatives, including magnetic resonance-guided focused ultrasound surgery, cryotherapy, radiofrequency ablation, high-intensity focused sonography [6], and hormonal therapies such as progestins, danazol, selective progesterone receptor modulators, gonadotropin-releasing hormone (GnRH) agonists, and uterine fibroid embolization.[7]

In Ayurveda, uterine fibroids closely resemble the condition known as *Garbhashayagat Granthi*, which is believed to arise from the vitiation of *Vata dosha*, affecting *Mamsa* (muscle tissue), [8] Rakta (blood), and Meda (fat), along with Kapha, leading to a rounded, protuberant, knotty, and hard swelling.[9]

Granthi, with treatment based on the principle of *Samprapti Vighatana*—disrupting the disease pathology.[10]

Given its *Mamsagata* (muscle-based) origin and slow progression, *Garbhashayagat* [11-12], *Granthi* may benefit from *Ayurvedic* interventions aimed at symptom control and fibroid size reduction using Ushna (hot), Tikshna (penetrating), and Lekhana (scraping) Dravyas. The management approach also includes addressing the Vata imbalance involved in *Yoni Roga* (gynecological disorders). A combination of *Granthi Chikitsa*, *Yoni Roga* management, and lifestyle modifications can contribute to an improved quality of life and reproductive health.[13]

CASE REPORT:

Mrs. XYZ, a 44-year-old married female (UHID: 355934), presented to the All-India Institute of Ayurveda on 07/01/2025 with complaints persisting for the past six months, including lower abdominal pain, heavy menstrual bleeding, burning micturition, and white vaginal discharge. She reports significant discomfort and anxiety due to these symptoms, which have also disturbed her sleep. Her menstrual history reveals a shift from previously regular cycles (30-day interval, 4–5 days bleeding, using 2 pads/day) to shortened and heavier cycles (22–25-day interval, 7–10 days of bleeding, 3–4 pads/day, with clots). Her last menstrual period was from February 1, 2025, to January 7, 2025. Obstetric history shows two full-term normal deliveries and a tubectomy performed three years ago. There

is no notable past medical or family history, and she has no known allergies. General examination findings were within normal limits (T: 98°F, P: 76/min, BP: 120/70 mmHg), and systemic examination revealed no abnormalities in the respiratory, cardiovascular, or central nervous systems. Ayurvedic assessment indicated a Vata-Kaphaja Nadi and presence of *Mutradaaha* (burning urination), with moderate constitution across other parameters, suggesting predominant *Vata* and *Kapha dosha* involvement. Ultrasonography done on 27 October 2024 revealed a bulky uterus (10.8 × 3.7 cm) with two intramural fibroids—one measuring 25 × 17 mm in the anterior wall and another 15 × 12 mm in the posterior lower uterine segment. Endometrial thickness was 6.2 mm. Bilateral ovaries appeared normal, while additional findings included left renal concretions and a medullary cyst in the right kidney.

THERAPEUTIC INTERVENTION:

The detail of the prescribed medicines is mentioned in table-1

P**athya-Apathya**: Advised throughout the course as mentioned in table-2 and table-3

Follow-up: Every 15 days

OBSERVATION AND RESULT:

The patient adhered strictly to the prescribed *Pathyakarahara* (dietary guidelines) and *Vihara* (lifestyle regimen) throughout treatment. After three months of Ayurvedic therapy, a follow-up ultrasonography scan was conducted to assess the condition. Compared to the initial ultrasound performed on 27 October 2024, the follow-up ultrasound on 05 July 2025 shows that the uterus, previously described as bulky, has returned to normal size. The anterior wall intramural fibroid has slightly increased in size from 25 × 17 mm to 2.1 × 2.6 cm, while the previously noted posterior wall fibroid (15 × 12 mm) is no longer mentioned, possibly indicating resolution or being below the detection threshold. Endometrial thickness remains stable (6.2 mm to 6.5 mm). Both ovaries remain normal. Prior kidney findings (left renal concretions and a right medullary cyst) were not commented on in the follow-up scan, suggesting either no significant change or omission.

Table- 1: Treatment Plan (3 Months Ayurvedic Therapy):

Ayurvedic Medicine	Dose	Timing & Anupana
Kanchanar Guggulu	250 mg, 2 tabs BD	After eating food with water
Dhanwanter Gutika	250 mg, 2 tabs BD	After eating food with water
Vashwanar Churna	3gm BD	Before Food with water
Silajatwadi Loha	250 mg, 1 tab BD	After food with warm water
Kumaryasava	15 ml BD	After eating food with water

Table-2: Pathya (Recommended):

Category	Items
Diet	- Warm, freshly prepared, light, and easy-to-digest foods - Barley (*Yava*), Green gram (*Mudga*), Millets - Vegetables like bottle gourd, ridge gourd, snake gourd - Pomegranate, amla, apples (in moderation) - Spices like turmeric, ginger, cumin, and coriander (in moderation)

	- Warm water
Lifestyle	- Stress reduction: meditation, pranayama - Maintaining a regular sleep and eating schedule

Table-3: Apathya (To Avoid):

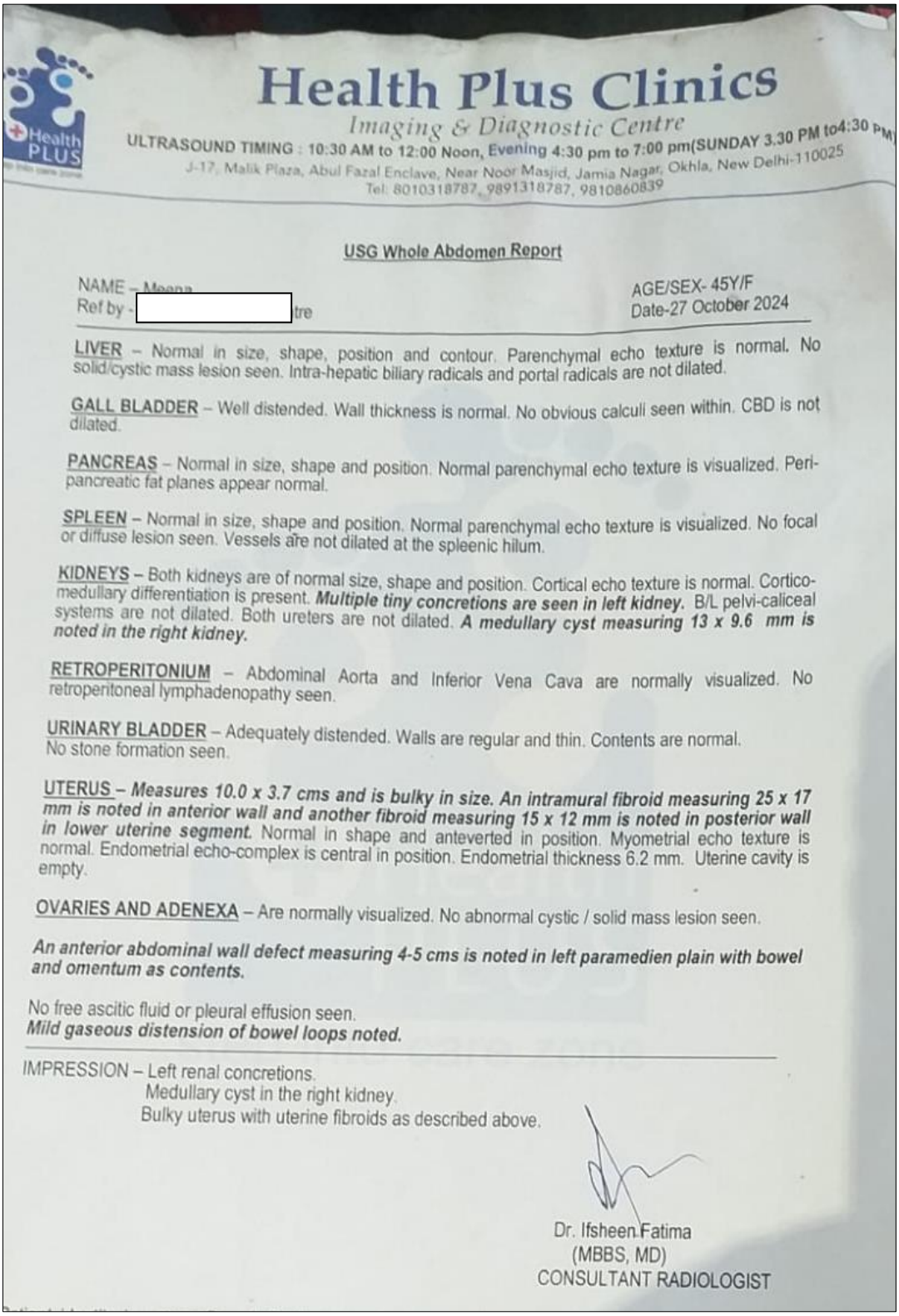
Category	**Items**
Diet	- Heavy, greasy, fried, and processed foods - Excessive dairy, especially cheese and curd - Red meat, seafood (heavy proteins) - Fermented foods, bakery items - Excessive sugar, jaggery, sweets - Cold, stale, or refrigerated foods - Excess intake of salt and sour taste
Lifestyle	- Sedentary habits - Suppression of natural urges (urination, defecation) - Stress and emotional disturbances - Excessive sexual activity (during imbalance) - Daytime sleeping and late-night waking

Table-4: Treatment Outcome:

Criteria	**Pre-treatment (Sept 2023)**	**Post-treatment (Jan 2024)**
Heavy menstrual flow	Present	Absent
Menstrual duration	10 days	4–5 days
Burning micturition	+++	-
Size of fibroid	24×10 mm	No fibroid seen
Endometrial Thickness (ET)	6.2 mm	6.5 mm
Endometrial Fibroid	25×17 mm and 15*12 mm	2.1 cm
Left renal concretions	++	--
Medullary cyst in the right kidney	++	– –

Table-5: USG Findings before and after Treatment:

Parameter	**Ultrasound (Initial): 27 Oct 2024 (Figure-1)**	**Ultrasound (Follow-up): 05 Jul 2025 (Figure-2)**
Uterus Size	10.8 × 3.7 cm; bulky	Normal
Fibroids	-Intramural fibroid: 25 × 17 mm (anterior wall) - Fibroid: 15 × 12 mm (posterior wall, lower segment)	Intramural fibroid: 2.1 × 2.6 cm (anterior wall)
Endometrial Thickness	6.2 mm	6.5 mm
Ovaries	Normal bilateral ovaries	Normal bilateral ovaries
Kidney Findings	Left renal concretions - Medullary cyst in the right kidney	Not mentioned



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ULTRASOUND TIMING : 10:30 AM to 12:00 Noon, Evening 4:30 pm to 7:00 pm(SUNDAY 3.30 PM to4:30 PM)

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Tel: 8010318787, 9891318787, 9810860839

USG Whole Abdomen Report

NAME – Meena

Ref by - [redacted]tre

AGE/SEX- 45Y/F

Date-27 October 2024

LIVER – Normal in size, shape, position and contour. Parenchymal echo texture is normal. No solid/cystic mass lesion seen. Intra-hepatic biliary radicals and portal radicals are not dilated.

GALL BLADDER – Well distended. Wall thickness is normal. No obvious calculi seen within. CBD is not dilated.

PANCREAS – Normal in size, shape and position. Normal parenchymal echo texture is visualized. Peri-pancreatic fat planes appear normal.

SPLEEN – Normal in size, shape and position. Normal parenchymal echo texture is visualized. No focal or diffuse lesion seen. Vessels are not dilated at the spleenic hilum.

KIDNEYS – Both kidneys are of normal size, shape and position. Cortical echo texture is normal. Cortico-medullary differentiation is present. ***Multiple tiny concretions are seen in left kidney.*** B/L pelvi-caliceal systems are not dilated. Both ureters are not dilated. ***A medullary cyst measuring 13 x 9.6 mm is noted in the right kidney.***

RETROPERITONIUM – Abdominal Aorta and Inferior Vena Cava are normally visualized. No retroperitoneal lymphadenopathy seen.

URINARY BLADDER – Adequately distended. Walls are regular and thin. Contents are normal. No stone formation seen.

UTERUS – ***Measures 10.0 x 3.7 cms and is bulky in size. An intramural fibroid measuring 25 x 17 mm is noted in anterior wall and another fibroid measuring 15 x 12 mm is noted in posterior wall in lower uterine segment.*** Normal in shape and anteverted in position. Myometrial echo texture is normal. Endometrial echo-complex is central in position. Endometrial thickness 6.2 mm. Uterine cavity is empty.

OVARIES AND ADENEXA – Are normally visualized. No abnormal cystic / solid mass lesion seen.

An anterior abdominal wall defect measuring 4-5 cms is noted in left paramedien plain with bowel and omentum as contents.

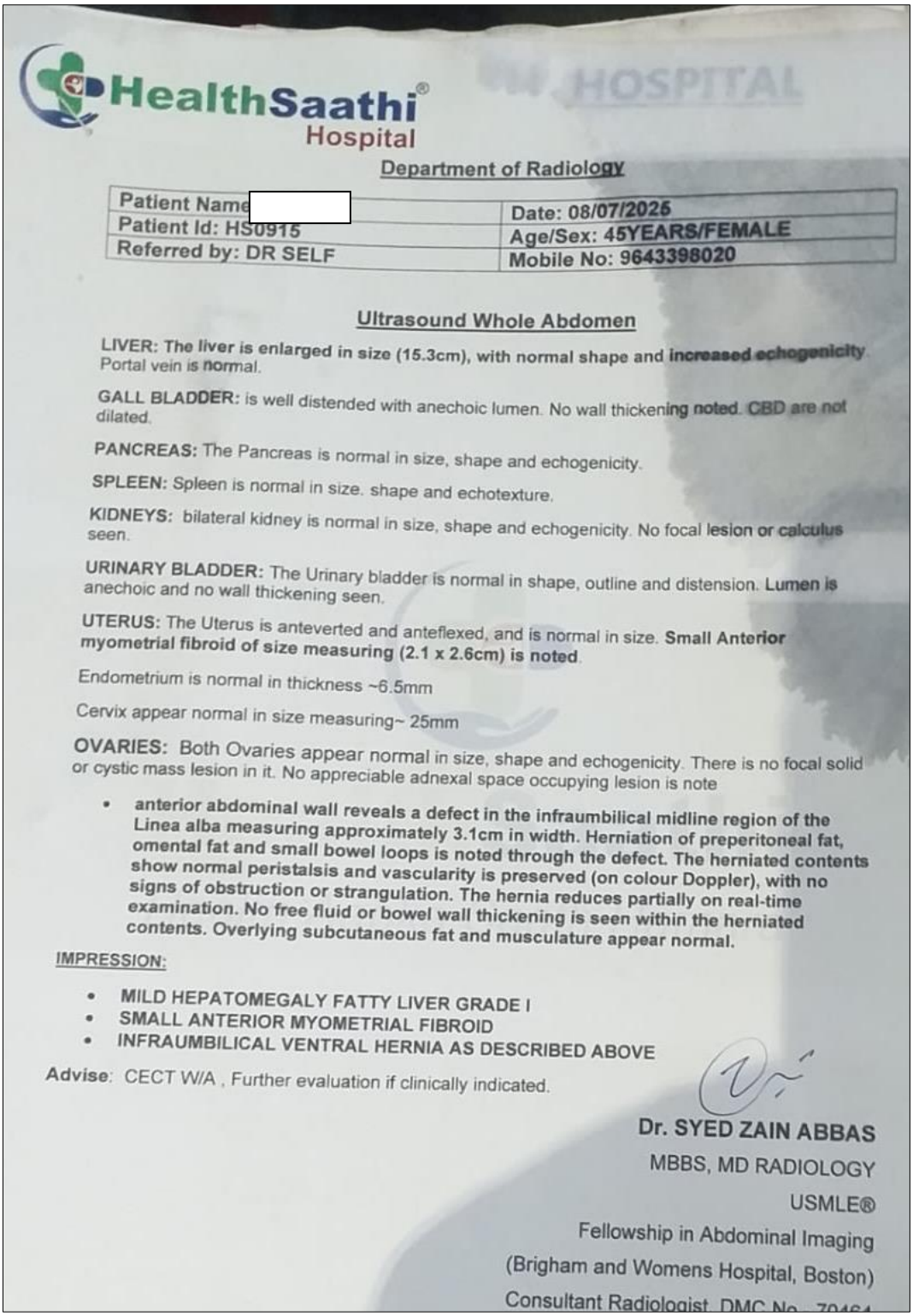
No free ascitic fluid or pleural effusion seen.

Mild gaseous distension of bowel loops noted.

IMPRESSION – Left renal concretions.
Medullary cyst in the right kidney.
Bulky uterus with uterine fibroids as described above.

Dr. Ifsheen Fatima
(MBBS, MD)
CONSULTANT RADIOLOGIST

Figure-1: USG Findings Before Treatment



HealthSaathi®
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Department of Radiology

Patient Name [redacted]	Date: 08/07/2025
Patient Id: HS0915	Age/Sex: 45YEARS/FEMALE
Referred by: DR SELF	Mobile No: 9643398020

Ultrasound Whole Abdomen

LIVER: The liver is enlarged in size (15.3cm), with normal shape and increased echogenicity. Portal vein is normal.

GALL BLADDER: is well distended with anechoic lumen. No wall thickening noted. CBD are not dilated.

PANCREAS: The Pancreas is normal in size, shape and echogenicity.

SPLEEN: Spleen is normal in size. shape and echotexture.

KIDNEYS: bilateral kidney is normal in size, shape and echogenicity. No focal lesion or calculus seen.

URINARY BLADDER: The Urinary bladder is normal in shape, outline and distension. **Lumen is** anechoic and no wall thickening seen.

UTERUS: The Uterus is anteverted and anteflexed, and is normal in size. **Small Anterior myometrial fibroid of size measuring (2.1 x 2.6cm) is noted.**

Endometrium is normal in thickness ~6.5mm

Cervix appear normal in size measuring~ 25mm

OVARIES: Both Ovaries appear normal in size, shape and echogenicity. There is no focal solid or cystic mass lesion in it. No appreciable adnexal space occupying lesion is note

- **anterior abdominal wall reveals a defect in the infraumbilical midline region of the Linea alba measuring approximately 3.1cm in width. Herniation of preperitoneal fat, omental fat and small bowel loops is noted through the defect. The herniated contents show normal peristalsis and vascularity is preserved (on colour Doppler), with no signs of obstruction or strangulation. The hernia reduces partially on real-time examination. No free fluid or bowel wall thickening is seen within the herniated contents. Overlying subcutaneous fat and musculature appear normal.**

IMPRESSION:

- **MILD HEPATOMEGALY FATTY LIVER GRADE I**
- **SMALL ANTERIOR MYOMETRIAL FIBROID**
- **INFRAUMBILICAL VENTRAL HERNIA AS DESCRIBED ABOVE**

Advise: CECT W/A , Further evaluation if clinically indicated.

Dr. SYED ZAIN ABBAS
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USMLE®
Fellowship in Abdominal Imaging
(Brigham and Womens Hospital, Boston)
Consultant Radiologist DMC No. 70464

Figure- 2: USG Finding After Treatment

DISCUSSION:

Mode of action of prescribed drugs:

According to *Acharya Sushruta*, "*Nidana Parivarjana*" (elimination of causative factors) is the cornerstone of successful treatment. In the case of intramural uterine fibroids, it is essential to avoid Ahara and Vihara that aggravate Vata and Kapha

Doshas, and vitiate *Rasa, Rakta, Mamsa, Meda Dhatus,* and *Artava Upadhatu.*

Fibroids (Granthi) are considered a result of Vata-Kapha vitiation, Mandagni (low digestive fire), and Ama (toxins). The treatment protocol involves:

- *Langhana* (lightning therapy)-Advise the patient to take only fruits on the weekend
- *Deepana-Pachana* (digestive and metabolic stimulation) - *Ajmodadi Churna* 3gm twice a day before food.
- *Agni Dipana and Vatanulomana*
- Management of *Dushita Dhatus* like *Rakta, Mamsa*, and *Meda*
- Addressing *Medo-Dushti* with *Sthoulya Chikitsa* -For *Sthoulya, Chikitsa* advised taking Barley (*Yava*) sattu

- *Kanchanara Guggulu*: A potent formulation traditionally used to address Kapha accumulations such as cysts, fibroids, and lymphatic congestion. It includes *Trikatu, Triphala, Kanchanara, and Guggulu,* which help break down hardened Kapha, promote detoxification, support thyroid function, and regulate the lymphatic system. Its ingredients have *Lekhana* (scraping), *Chedana* (excision), and *Ushna-Tikshna* (penetrating and heating) properties.[14]
- Kumaryasava: Beneficial in irregular menstruation, infertility, PCOS, and dysmenorrhea. It regulates *Artava Pravritti* (menstrual flow), especially in women experiencing either scanty or heavy bleeding.[15]
- *Dhanwanter Gutika* – 250 mg, 2 tabs BD (twice daily)

Nervous system disorders (e.g., paralysis, facial palsy, sciatica), Respiratory issues (asthma, bronchitis), Vata disorders, and General debility. Useful as a nervine tonic. this formulation is traditionally used to strengthen the nervous system and balance Vata dosha.[16]

- 2. *Vashwanar Churna* – 3 gm BD

Indigestion, gas, bloating, Constipation, Abdominal pain, and Loss of appetite are primarily used for correcting Agni (digestive fire) and relieving *Vata-Kapha*-related gastrointestinal disturbances.[17]

Silajatwadi Loha – 250 mg, 1 tab BD

- Anemia (Loha = iron)
- General weakness, Urinary disorders, contains *Shilajit* and iron-based components, useful for rejuvenation, improving strength and stamina, and managing metabolic conditions.[18]

CONCLUSION:

This case study highlights the efficacy of Ayurvedic management in treating intramural uterine fibroids without surgery or hormone therapy. Not only was symptom relief achieved, but also a return to normal physiological function and prevention of recurrence.

A holistic approach, involving, in this case, including *Nidana Parivarjana* (elimination of causative factors), *Pathya Ahara-Vihara* Classical Ayurvedic formulations.

Limitations of Study:

As this is a single case report so it needs to be tried in a larger number of cases, and controlled clinical trials are needed for its validation.

Consent of the patient: The written consent has been taken from patient for treatment as well to publish the data without disclosing the identity of patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

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