

Case Series on the Regression of Uterine Fibroids through Ayurvedic Treatment

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ABSTRACT:

Uterine fibroids are benign tumors affecting a significant portion of women in the reproductive age group. Due to limitations in modern non-surgical interventions, many turn to Ayurveda for alternative solutions. Four female patients aged between 40–52 years presented with symptoms related to uterine fibroids, including heavy menstrual bleeding, abdominal pain, and irregular cycles. Diagnoses were confirmed via ultrasonography. All were treated with a combination of Ayurvedic medicines: *Kaishore Guggulu*, *Kanchanara Guggulu*, *Aarogyavardhni Vati*, and *Varunadi Kwath*. Four cases showed complete resolution of fibroids or ovarian cysts within 6–12 weeks. One patient showed fibroid resolution. All reported significant symptomatic relief with no adverse events. Ayurvedic formulations may offer a safe, non-surgical alternative for managing uterine fibroids and associated gynecological complaints. Larger clinical trials are needed to confirm these findings.

KEYWORDS: *Aarogyavardhni Vati*, *Granthi*, *Kaishore Guggulu*, *Kanchanara Guggulu*, leiomyomas, uterine fibroid, *Varunadi Kwath*.

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INTRODUCTION:

Fibroids occur in 20-40% of women during reproductive age and 11-19%^[1] in perimenopausal age. 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]

Women experience distress and impaired work productivity due to fibroid. There are many women undiagnosed with significant

symptoms emphasizing the need for improvement awareness and management of fibroids.^[3]

Uterine myomas have been classified according to general uterine position: Submucous, intramural, and subserosal. Intramural fibroids are located within the wall of the uterus and are the most common type; unless they may be asymptomatic. Though the exact cause of intramural fibroids is unknown, it is believed that fibroids develop from an abnormal muscle cell in the middle layer of the uterine wall. It rapidly multiplies and forms a tumor being influenced by estrogen.^[4]

Uterine fibroids (leiomyomas) are benign, hormone-sensitive tumors originating from the myometrium. Despite their benign nature, they significantly impact quality of life through symptoms like menorrhagia, dysmenorrhea, and fertility.^[5] From an Ayurvedic perspective, uterine fibroids correspond to *Granthi Roga*, which involves vitiation of *Vata*, *Pitta*, and *Kapha* doshas, along with tissues like *Rakta*, *Mamsa*, and *Meda*. Management focuses on pacifying *Vata* and *Kapha*, detoxifying blood, and dissolving the abnormal growth using Ayurvedic interventions.^[6]

Patients presenting with clinical features suggestive of uterine fibroids were examined, and a provisional diagnosis was made based on clinical assessment. The diagnosis was subsequently confirmed using ultrasonography (USG). Only patients with fibroids measuring less than **40 mm × 40 mm × 40 mm** were included in this case series. This case series evaluates the effectiveness of classical Ayurvedic formulations in managing uterine fibroids without surgical intervention.

Materials and Methods:

Patient Selection

Patients presenting with clinical features suggestive of uterine fibroids were examined, and a provisional diagnosis was made based on clinical assessment. The diagnosis was subsequently confirmed using ultrasonography (USG). Only patients with fibroids measuring less than **40 mm × 40 mm × 40 mm** were included in this case series.

Data Collection:

Demographic data and gynecological symptoms—such as lower abdominal pain, backache, and excessive or irregular uterine bleeding—were recorded. Routine laboratory investigations, including blood and urine tests, were conducted and documented.

Ayurvedic theoretical framework:

According to *Ayurvedic principles*, the pathogenesis of uterine fibroids (corresponding to *Granthi Roga*) involves primarily the *Vata* and *Kapha* doshas.^[7] The *Dushyas* (affected body tissues) include *Rakta*^[8] (blood), *Mamsa* (muscle tissue), and *Meda* (adipose tissue).

Therefore, the treatment approach emphasized:^[9]

- *Vata-Kaphahara* (*Vata* and *Kapha* pacifying) medications
- *Raktashodhaka* (blood-purifying) herbs
- *Lekhana* (scraping/dissolving) properties

To address *Srotodushti*^[10] (vitiation of bodily channels), characterized by:

- *Sanga* (obstruction)
- *Vimargagamana*^[11] (misdirection of flow)
- *Atipravritti* (excessive flow)

The following strategies were used:^[12]

- *Aamapachana*^[13] (digestion of toxins)

- *Vatanulomana* (regulation of Vata)
- *Deepana* and *Pachana* (appetizing and digestive actions) to counter *Agnimandhya*^[14] (weak digestive fire)

THERAPEUTIC INTERVENTION:

Based on the above rationale, the following **Ayurvedic formulations** were selected and administered (Table-2):

1. *Kaishore Guggulu*^[15]

- **Dosage:** 2 tablets (250 mg each) = 500 mg per dose
- **Frequency:** Twice daily
- **Total daily dose:** 1000 mg

2. *Kanchanara Guggulu*^[16]

- **Dosage:** 2 tablets (250 mg each) = 500 mg per dose
- **Frequency:** Twice daily
- **Total daily dose:** 1000 mg

3. *Aarogyavardhni Vati*^[17]

- **Dosage:** 2 tablets
- **Frequency:** Twice daily, before food

4. *Varunadi Kwath*^[18]

- **Dosage:** 20 ml
- **Frequency:** Twice daily, before food

PATIENT INFORMATION AND CLINICAL FINDINGS:

Case 1 Summary

- Patient: 44-year-old married woman
- Symptoms: Severe abdominal & back pain before/during menstruation; heavy bleeding
- Ultrasound Findings:
 - Uterus bulky (10.8 × 3.7 cm)
 - Intramural fibroids:
 - 25 × 17 mm (anterior wall)

- 15 × 12 mm (posterior wall)

- ET: 6.2 mm
- Normal ovaries; Left renal concretions; Right kidney medullary cyst

- Outcome:
 - 8-week follow-up: No fibroids or significant abnormalities clinically or via USG
 - 12-week follow-up: Normal USG
 - Symptom improvement

Case 2 Summary

- Patient: 52-year-old married woman
- Symptoms: Severe abdominal & back pain before/during menstruation
- Ultrasound Findings:
 - Largest fibroid: 1.8 × 2.1 cm
- Outcome:
 - 6-week follow-up: No fibroids or other abnormalities
 - 12-week follow-up: Normal USG
 - Clinical symptom improvement

Case 3 Summary

- Patient: 40 -year-old married woman, 3 children
- Symptoms: Irregular, painful periods for 6 months
- Heavy flow during menses last 1 month
- Ultrasound Findings (13-05-2025):
- Uterus Anteverted and is normal in size
- ET - 12 mm
- Hypoechoic lesion measuring 14*9 mm likely intramural

fibroid seen in posterior myometrium.

- Right ovary anechoic thick walled cystic lesion measuring 19*20*24 mm with hemorrhagic cyst
- CA - 125(19/08/2025) - 22.1 Normal value

▪ Outcome:

- 7 weeks: Pain reduced, moderate flow during menses fibroid complete resolved
- 12 weeks: Complete symptom relief
- Follow-up USG (19-08-2025): Normal USG Complete resolution of intramural fibroid and ovarian cyst

Case 4 Summary

- Patient: 45-year-old woman
- Symptoms: Excessive, irregular periods; abdominal and back pain
- Ultrasound Findings (08 Nov 2024):
 - Bulky uterus: 11.8 × 6.4 cm
 - Intramural fibroid: 3.4 × 2.6 cm (anterior wall)
 - ET: 11.0 mm
 - Multiple Nabothian cysts in the cervix
- Follow-up USG (07 Jul 2025):
 - Uterus size: 10.3 × 5.2 cm
 - ET increased to 11.7 mm
- Outcome: Normal uterus; no fibroid seen after 8 weeks

3. Timeline

A general treatment timeline is provided below (case-specific details are available in Table 6):

▪

- **Week 0:** Diagnosis and initiation of Ayurvedic treatment
- **Weeks 6–12:** Follow-up USGs confirm fibroid or cyst resolution in 4 of 5 cases
- **Week 32 (Case 5):** Long-term follow-up showing complete fibroid resolution

4. Diagnostic Assessment

- **Primary diagnostic tool:** Ultrasonography (USG)
- **Other investigations:** Blood tests and urine analysis (routine)
- **Ayurvedic diagnosis:** *Granthi Roga*, involving *Vata-Kapha* dominance, *Rakta*, *Mamsa*, *Meda* dushti

Modern diagnosis: Intramural fibroids, ovarian cysts, bulky uterus, adenomyosis, nabothian cysts

Formulations' Actions:

- **Guggulu:** Anti-inflammatory, lipid metabolism regulator
- **Trikatu:** Enhances digestion and metabolism
- **Guduchi:** Immunomodulator, detoxifier
- **Kutaki:** Liver stimulant, purgative

Follow-up and Outcomes

- **All five patients** showed clinical improvement within 6–12 weeks.
- **USG confirmed resolution** of fibroids in four cases.
- **Case 3** showed complete resolution of the ovarian cyst.
- **Case 4** developed adenomyosis post-treatment.
- **No adverse events** or complications were reported in any case.

Table-1: Summarizes the five patient's clinical presentations, diagnostic findings, and outcomes:

Case	Age	Symptoms	USG Diagnosis (Initial)	Follow-Up Findings	Outcome
1	44	Severe abdominal + back pain, heavy bleeding	25×17 mm (anterior), 15×12 mm (posterior) fibroids	No fibroids at 8 weeks; Normal USG at 12 weeks	Full resolution
2	52	Abdominal + back pain	1.8 × 2.1 cm fibroid	No fibroids at 6 weeks; Normal USG at 12 weeks	Full resolution
3	40	Irregular painful periods Heavy flow during menses	Hypoechoic lesion - 14*9mm and 19*20*24 mm ovarian cyst CA-125 (19/08/2025) - 22.1 (Normal value)	Totally Resolved in 12weeks Ut Fibroid as well as ovarian cyst	Full resolution
5	45	Irregular periods + abdominal pain	3.4 × 2.6 cm fibroid	No fibroids at 8 months; Nabothian cysts persisted	Fibroid resolved

Table -2: Ayurvedic Medications and Dosages:

Medicine	Dose	Frequency	Purpose
Kaishore Guggulu	500 mg	Twice daily	Detoxification, anti-inflammatory
Kanchanara Guggulu	500 mg	Twice daily	Lekhana (scraping), Kapha-Vata pacification
Aarogyavardhni Vati	2 tablets	Twice daily before food	Deepana, Pachana, Raktashodhaka
Varunadi Kwath	20 ml ^[19]	Twice daily before food	Lekhana, Vata-Kapha hara

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Figure-1: BT USG report of case-1

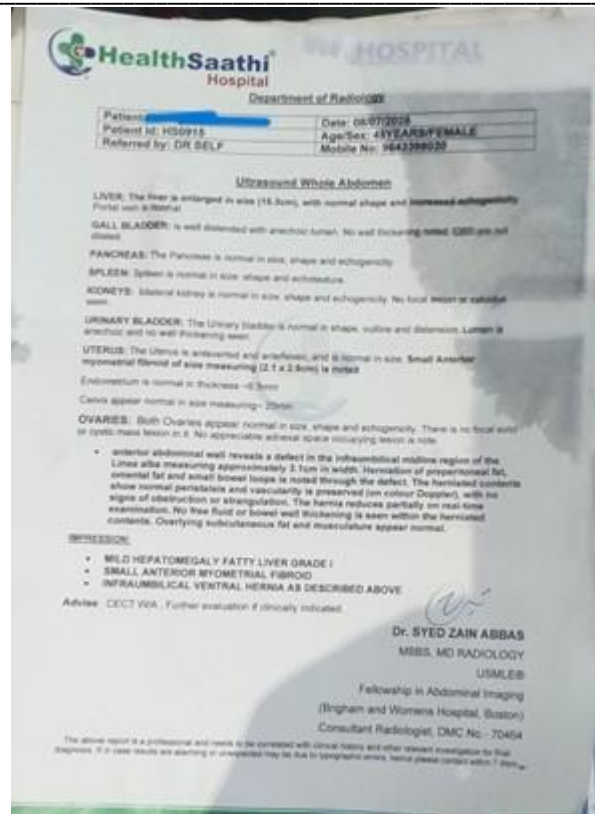


Figure-2: AT USG report of case -1

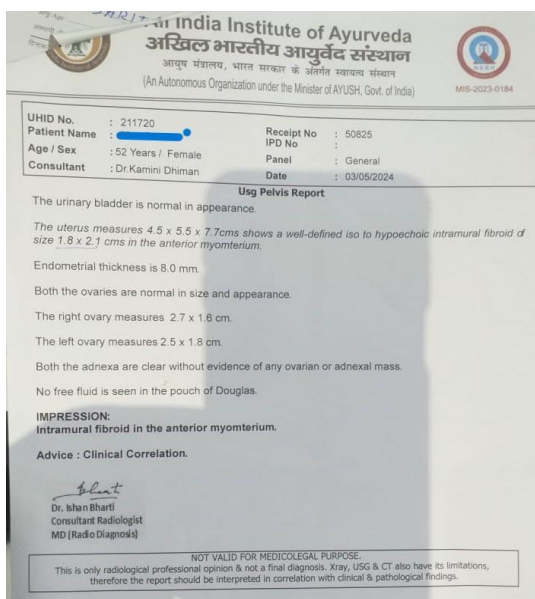


Figure-3: BT USG report of case-2

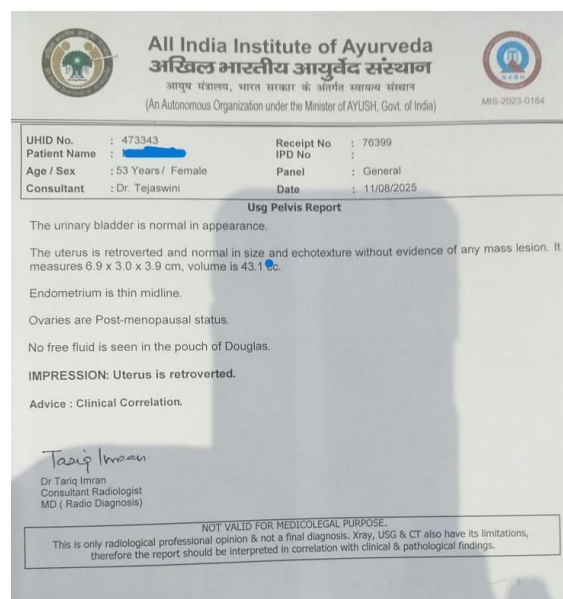


Figure-4: AT USG report of case -2

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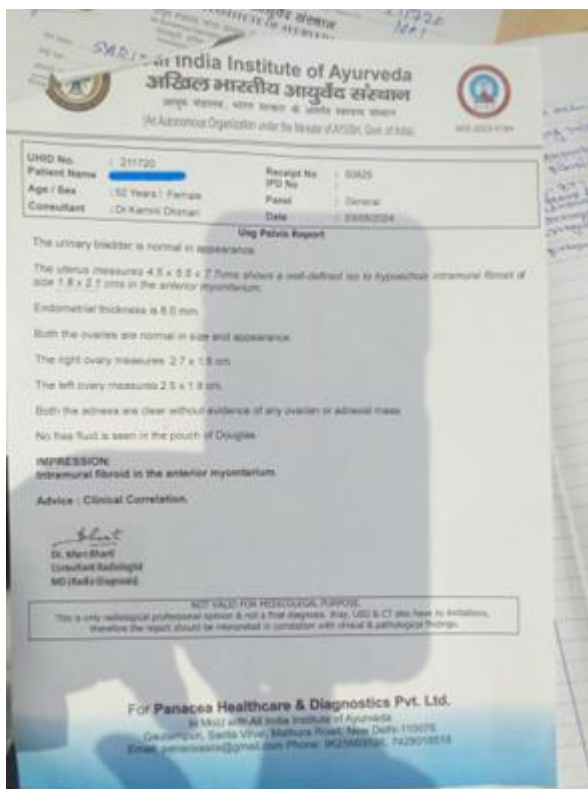


Figure-5: BT USG report of case-3

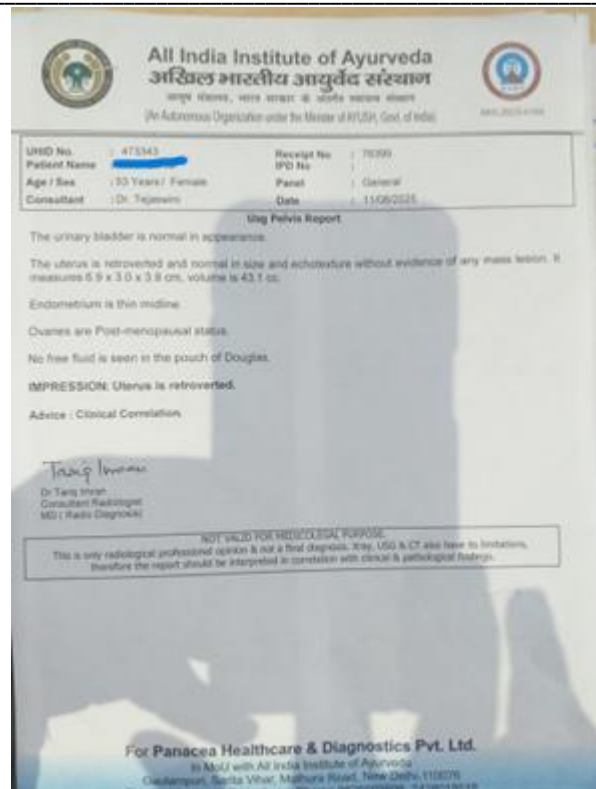


Figure-6: AT USG report of case -3



Figure-7: BT USG report of case-4

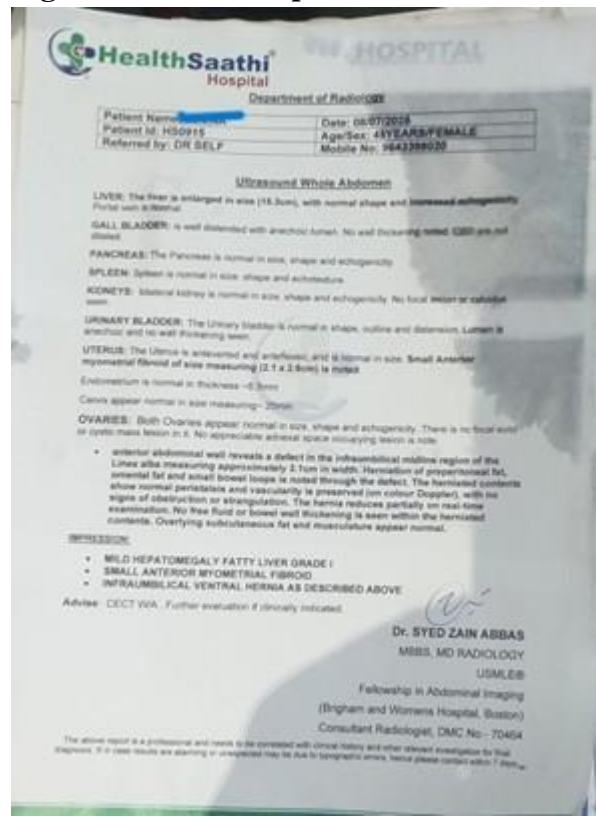


Figure-8: AT USG report of case -4

RESULT:

Fibroid Resolution: All fibroid cases (Cases 1, 2, 3, 4) showed complete resolution on follow-up USG. Time to resolution varied: Short-term (6–12 weeks): Cases 1, 2, 3, 4. Long-term (8 months): Case 5. Symptom Improvement: All patients experienced clinical improvement or complete symptom resolution on patients Follow up and USG report and CA 125 report. New Findings on Follow-Up: Case 4: Although fibroids resolved, (Case 3): Showed complete resolution within 12 weeks. Correlated well with symptom improvement.

DISCUSSION:

This case series highlights the potential of Ayurvedic formulations in managing uterine fibroids and related pathologies. The pharmacodynamics of the selected polyherbal drugs support their role in detoxifying tissues, correcting dosha imbalances, and promoting homeostasis. These effects align well with both Ayurvedic and modern pathophysiological understanding of fibroids.

Importantly, the non-invasive nature, affordability, and safety profile of these formulations make them suitable candidates for broader use, especially in low-resource settings or among patients unwilling or unfit for surgery. However, limitations include the absence of control groups and a small sample size. Future studies should include randomized controlled trials to verify efficacy.

Patient Perspective

Patients expressed satisfaction with the treatment outcomes, particularly appreciating the non-surgical approach, reduction in symptoms, and overall well-being. Several patients also reported improvement in digestion and energy levels.

Informed Consent

Written informed consent was obtained from all patients for inclusion in this case series and for the publication of anonymized data and images.

CONCLUSION

This case series demonstrated encouraging outcomes in managing uterine fibroids and ovarian cysts using Ayurvedic formulations. Complete resolution of fibroids was observed within 6–12 weeks in most cases. No adverse effects were reported, indicating a favourable safety profile. These results support further investigation into Ayurvedic treatments as a viable alternative for the non-surgical management of uterine fibroids.

Limitation of study:

Future studies should address these limitations by incorporating larger sample sizes, randomized controlled trial designs, standardized assessment tools, and long-term follow-up to validate the therapeutic potential of the Ayurvedic formulations.

Declaration of patient consent:

I certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for their clinical information, images, and relevant medical data to be reported in the journal. The patient(s) understand that their names and initials will not be published.

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

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