



CASE REPORT

Ayurvedic Management of Uterine Fibroid with Documented Improvement in Quality of Life : A Case Report

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Abstract

Uterine fibroids, also termed uterine leiomyomas (ULs), are monoclonal benign tumours arising from the smooth muscle cells of the uterine myometrium. Although histologically benign, ULs constitute a significant public health concern due to their substantial impact on women's quality of life. Approximately one-third of women with uterine fibroids experience significant symptoms, such as abnormal uterine bleeding, pelvic pain or pressure, low back pain, increased urinary frequency, constipation, and infertility, often necessitating therapeutic intervention. Despite the high prevalence of uterine leiomyomas, long-term and cost-effective treatment options that effectively preserve fertility remain limited. A woman aged 39 presented with painful menstruation associated with low back pain and increased menstrual bleeding for 6 months. The condition was diagnosed as uterine fibroid and managed with *Samana oushadhi* like *Mahathiktakam kashayam*, *Varanadi kashayam*, *Gandharva eranda tailam*, and *Asokarishtam*, for 4 months. The Uterine Fibroid Symptom and health-related quality of life (UFS-QOL) questionnaire was administered pre- and post-Ayurvedic intervention to assess the effectiveness of treatment. Treatment resulted in a significant enhancement of the quality of life and a notable reduction in fibroid dimensions.

Introduction

Uterine fibroids, or leiomyomas, are the most frequently encountered benign uterine neoplasms, with a prevalence of 20–40% among women in their reproductive years¹. These monoclonal tumours originate from uterine smooth muscle cells and are characterised by an excessive accumulation of extracellular matrix components, including collagen, fibronectin, and proteoglycans³. Although the majority of cases remain asymptomatic, a subset of women develop significant clinical manifestations, including heavy menstrual bleeding with clots, low back pain, increased urinary frequency, abdominal pain or pressure, recurrent pregnancy loss, and infertility³. Owing to these symptoms and pressure-related complications, uterine fibroids represent a major indication for hysterectomy, contributing to almost one-third of cases, or approximately 200,000 hysterectomies annually⁴. Contemporary medical science offers several treatment options, including uterine artery embolisation, hormonal therapy, myomectomy, and hysterectomy. Oral contraceptive pills are also utilised to manage symptoms such as abnormal uterine bleeding and dysmenorrhea, primarily through their ability to regulate or suppress the menstrual cycle. However, the effect of combined ethinylestradiol/progestin pills on fibroid growth remains uncertain. The Mirena device, a levonorgestrel-releasing

intrauterine system, is frequently used to manage uterine fibroids. Although it effectively addresses symptoms like bleeding and dysmenorrhea, it does not significantly alter the size of the fibroid. There is a clear and growing need for effective alternatives to surgical intervention, especially among women seeking to preserve their fertility.

In Ayurveda, this condition is understood as *Granthi* (encapsulated or nodular growth). The pathogenesis of *Granthi* is described as the vitiation of *Tridoshas*, which subsequently affects *Rakta* (blood), *Mamsa* (muscle tissue), and *Meda* (adipose tissue)⁸. When these vitiated *dhatu*s, particularly in association with *Kapha*, undergo pathological accumulation, they give rise to rounded, nodular, glandular, and firm swellings collectively termed *Granthi*⁸. When *Granthi* manifests in the *Yoni* (female reproductive system) or *Garbhashaya* (uterus), it results in menstrual irregularities such as menorrhagia, metrorrhagia, and dysmenorrhea, and may lead to infertility. Uterine fibroids can be correlated with *Granthi* as described in classical Ayurvedic literature and may be managed using the principle of *Samprapti Vighatana*⁸ (interruption of disease pathogenesis). This case report describes the Ayurvedic approach to the management of *Granthi* and documents the resulting clinical improvement, along with improvement in quality of life assessed using the Uterine Fibroid Symptom and Quality of Life Questionnaire (UFS-QOL).

Case history

A 39-year-old woman, moderately built, attended the outpatient department of Government Ayurveda College, Pariyaram, on 24/02/2025, complaining of painful menstruation associated with increased menstrual bleeding and low back pain for 4 months. The patient reported a regular menstrual cycle occurring every 28–30 days, with menstrual bleeding lasting more than 7 days and heavier flow during the first four days. She reported following a mixed dietary pattern, and there was no positive family history. Her Ultrasonography (USG) report revealed an anteverted uterus measuring 9.6 × 7.4 × 8 cm, with a bulky echotexture. Fibroid noted in the anterior myometrium measuring 6.5 × 5.4 cm, indenting on the endometrium. She received infertility treatment for three years, from 2012 to 2015. During this period, she underwent three cycles of in vitro fertilisation (IVF) and conceived twice; however, both pregnancies ended in missed abortions. The patient had a history of myomectomy performed in 2015, after which she reported significant symptomatic relief. However, three months prior to consultation, the symptoms reappeared. She initially underwent Ayurvedic treatment for two months at another centre but subsequently approached our hospital for further management.

Menstrual history

The patient had regular menstrual cycles, with the last menstrual period (LMP)

On February 9, 2025, and the previous LMP on January 11, 2025, indicating a cycle length of approximately 29 days. Menstrual bleeding lasted for seven days, with heavy flow from day 1 to day 4. The patient reported using approximately 4–5 fully soaked sanitary pads on the second, third and fourth day of the menstrual cycle (3-4 pads per day and 1-2 pads per night). Passage of clots during menstruation was also reported

Clinical findings

General examination

Height-158cm

Weight-56kg

BMI-22.4

BP-120/70mmhg

Per-abdominal assessment demonstrated a soft, non-tender abdomen with no detectable organomegaly.

Per vaginal examination- Uterus enlarged, firm with irregular contour, a firm mass arising from the anterior uterine wall suggestive of fibroid.

Investigations

USG taken on 14/09/24 showed an anteverted, bulky uterus with altered echotexture. Fibroid noted in anterior myometrium 6.5x5.4 cm, indenting on endometrium (Table 1).

Table number 1 -USG findings

	Before treatment (14/09/24)	Follow-up (18/04 2025)	Change
Uterus	9.6 × 7.4 × 8 cm	8.5x6.6cm	≈ 17% reduction
Fibroid (USG)	6.5 × 5.4 cm	5.5 × 4.5 × 4 cm	≈ 18 % reduction

Diagnosis

The differential diagnosis includes adenomyosis, early pregnancy, ovarian tumour or cyst, broad ligament fibroid, and endometrial carcinoma. The diagnosis of uterine fibroid was made based on clinical features and ultrasonographic evidence, and correlated with *Granthi* (intrauterine encapsulated growth) in Ayurvedic terms. Accordingly, the management plan was formulated based on the principles of *Granthi Chikitsa* and *Rajadosha Chikitsa*, guided by the presenting symptoms.

The patient was advised to follow a balanced diet rich in fresh fruits, green leafy vegetables, whole grains, and iron-rich foods such as pomegranate and dates to support overall health and prevent anemia associated with heavy menstrual bleeding. Intake of processed foods, fried items, refined sugars, and excessive caffeine was restricted. Adequate hydration and regular physical activity were encouraged. The patient was also advised to practice yoga postures such as Baddha Konasana, Bhujangasana, and Setu Bandhasana to improve pelvic circulation. Stress reduction and adequate sleep were recommended to maintain hormonal balance and overall well-being.

Discussion

A comprehensive regimen involving medicines, dietary and lifestyle modifications was implemented. The effectiveness of the intervention was evaluated using the UFS-QOL questionnaire for evaluating both symptom severity and quality of life in women with uterine fibroids (Table 3). Following treatment, the patient reported a reduction in symptom severity and a notable improvement in quality of life, accompanied by a reduction in fibroid size and alleviation of symptoms such as heavy menstrual bleeding, pelvic discomfort, and fatigue.

Table number 2 Methodology and treatment given

Date	Medicine	Dose	Instruction	Frequency	Duration
24-02-2025	Varanadi Kashaya	90 ml	Before food	Twice daily (bd)	Until 14-03-2025 (~18 days)
	Mahatiktakam kashyam tablet	1 tablet	With kashayam	Twice daily (bd)	Until 14-03-2025
	Gandharva Eranda Tailam	5 ml	With kashayam	- (bd)	Until 14-03-2025
	Dhanwantaram Gulika	1 tablet	After food	Once daily (od)	Until 14-03-2025
14-03-2025	Varanadi Kashaya	90 ml	Before food	Twice daily (bd)	Until 21-04-2025 (~38 days)
	Mahatiktakam kashayam tablet	1 tablet	With kashayam	Twice daily (bd)	Until 21-04-2025
	Dhanwantaram Tablet	1 tablet	After food	Once daily (od)	Until 21-04-2025
	Asokarishtam	25 ml	After food	Twice daily (bd)	Until 21-04-2025
	Karpooradi Tailam	External application on lowback region		-	Until 21-04-2025
21-04-2025	Varanadi Kashayam 90ml	1	Before food	Twice daily (bd)	Until 31-04-2025
	Mahatiktakam Kashayam tablet		With kashaya		Until 31-04-2025
	Dhanwantaram Gulika	1 tablet	After food	Once daily (od)	Until 31-04-2025
	Asokarishtam	25 ml	After food	Twice daily (bd)	Until 31-04-2025
	Gandharva Eranda Tailam	5 ml	With kashayam	- (assumed bd)	Until 31-04-2025

Table number 3. UFS-QOL outcomes on 24-02-2025 and 31-04-2025(before and after treatment)

Domain	Baseline	Post-treatment	Mean Change	Clinically Meaningful
Symptom severity 100)*	56	18	-38	Change ≥ 20 pts; indicates major improvement
HR-QoL 100)**	66	95.6	+29.6	Change ≥ 20 pts; denotes substantial QoL gain

Uterine fibroids are highly prevalent, with studies indicating that approximately 20–80% of women develop them by the age of 50⁹. Although fibroids typically regress in size after menopause, current management strategies have increasingly shifted toward improving patient-centred outcomes, particularly quality of life. Evidence suggests that symptomatic uterine fibroids significantly impair health-related quality of life (HRQL) by limiting daily routines and contributing to psychological distress, including anxiety, which may arise both before and after diagnosis, as demonstrated by Spies et al.⁷. Uterine fibroids are often interpreted as a type of *Granthi* due to similar clinical presentation and underlying concepts of tissue overgrowth. Since *Vata* and *Kapha* dominant *Tridoshas* are involved in the pathogenesis of the *Granthi Roga*, *Vata-Kaphahara* medications are required¹⁰. Dushyas involved in *Granthi roga* are *Rakta*, *mamsa* and *meda*; therefore, the treatment should have *Raktashodhaka* (blood purifier), *Lekhana* (scrapping or dissolving) properties. The correction of *Agni* (digestive fire) is fundamental, as impaired *Agni* leads to *Ama* formation (toxins) and *dosha* vitiation, contributing to abnormal growths; therefore, therapies like *Deepana-Pachana* are used to restore *Agni*¹¹. *Srotodushti* in this condition occur predominantly in the forms of *Sanga*, *Vimargagamana*, and *Atipravritti*. Therefore, therapeutic interventions aimed at *Amapachana* (digestion of metabolic toxins) and *Vatanulomana* (normalization of *Vata* movement) play a crucial role in disease management. Based on this therapeutic rationale, drugs possessing *Vata-Kaphahara* properties, along with *Vatanulomana*, *Lekhana* (bio-scrapping), and *Shothahara* (anti-inflammatory) actions, are prescribed to control the pathology. *Varanadi Kashayam* is useful in the management of *Garbhashaya Granthi* due to its strong *Kapha-Medohara* properties. This may help reduce the size of fibroids by

promoting *Lekhana* (scrapping of excess tissue) and exerting *Shothahara* (anti-inflammatory) effects that alleviate pain and swelling. The formulation also supports *Ama pachana* (digestion of toxins) and *Agni Deepana* (enhancement of digestive fire), which are important in correcting the metabolic imbalance underlying fibroid formation. Its *Mutrala* (diuretic) action helps relieve bloating and pelvic pressure. *Mahatiktaka Kashaya* plays a key role by pacifying *Pitta dosha*, purifying the *Rakta dhatu* (blood), and reducing inflammation. Its bitter herbs like *Nimba*, *Patola*, and *Guduchi* have strong detoxifying, anti-inflammatory, and antiproliferative properties, which helps to control abnormal tissue growth, reduce pain, and support healthy uterine regeneration. It also aids in preventing infection and recurrence of fibroids.

In Ayurveda, *Garbhasayagata Rogas* (diseases of the uterus) can be managed following the principles of *Gulma Chikitsa*; hence, regular *Virechana* (purgative therapy) using *Gandharva eranda taila* may be administered, which acts as a mild purgative that helps to balance *Apana Vata*, detoxifies the body, reduces pelvic congestion, and alleviates associated symptoms like constipation and abdominal pain. *Dhanwantaram* tablet and *Gandharva eranda taila* have *vatanulomana* action and may help in relieving menstrual pain. *Asokarishtam* helps to reduce excessive menstrual bleeding, improving uterine tone, and balancing hormones. *Asokarishta* acts as a uterine tonic and is specifically effective in treating menorrhagia, or excessive menstrual discharge, by stabilising hormonal imbalance and toning uterine muscles. Apart from menorrhagia, *Asokarishta* is also effective in managing dysmenorrhea (painful menstruation), amenorrhea (absence of menstruation), and leucorrhea (vaginal discharge). It has further been used to treat general debility, anaemia, and gastrointestinal disturbances in women, which are prevalent

with reproductive disorders. The treatment focused on balancing the *tridoshas*, particularly *Kapha* and *Vata*, which are often implicated in the formation of such fibrous growths. These findings suggest that the Ayurvedic approach, when guided by classical principles and individualized treatment strategies, may provide meaningful symptomatic relief and improve quality of life in women with uterine fibroids.

Conclusion

This case report demonstrates that an individualised Ayurvedic management approach may contribute to symptomatic relief, reduction in fibroid size, and improvement in quality of life in a patient with uterine fibroids, as assessed using the Uterine Fibroid Symptom and Quality of Life Questionnaire (UFS-QOL). These findings suggest the potential role of Ayurvedic management as a supportive therapeutic approach; however, further systematic studies are required to validate these observations.

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