



Case report

Management of Uterine Leiomyoma using *Ayurveda* treatment modalities : A Case Report

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Abstract

Introduction: Uterine fibroids, also called leiomyomas, are the most common benign tumors in women of reproductive age and often present with heavy menstrual bleeding, dysmenorrhea, and pelvic discomfort. Conventional management primarily involves hormonal therapy or surgical procedures such as myomectomy and hysterectomy. However, these modalities may not always address underlying cause or prevent recurrence, and surgical interventions may also affect fertility. *Ayurveda* offers a holistic and individualized approach that aims at restoring balance and improving long-term outcomes. **Case Presentation:** A 39-year-old woman presented with severe dysmenorrhea, heavy menstrual bleeding, and abdominal bloating. Ultrasonography revealed a uterine fibroid measuring 30 mm. She was managed with *Ayurveda* formulations including *Kanchanar Guggulu*, *Varunadi Kwath*, *Chandraprabha Vati*, and *Pushyanuga Churna*, along with Panchakarma therapy, involving a six-day *Yoga Basti*. The patient followed the prescribed treatment and reported adherence to dietary and lifestyle guidance. **Results:** Within three months, the patient experienced significant symptomatic relief with marked reduction in pain and normalization of menstrual flow. Follow-up ultrasound performed twice, after approximately three months showed no evidence of fibroid, confirming complete resolution. No adverse effects were observed during or after therapy. **Conclusion:** This case highlights the potential role of *Ayurveda* as a safe, non-invasive, and holistic approach to the management of uterine fibroids. The observed regression without surgical intervention emphasizes the need for systematic clinical studies to validate these outcomes and establish *Ayurveda* as an effective alternative or adjunct in fibroid management.

Keywords: *Ayurveda*, *Garbhashaya granthi*, *Panchakarma*, Uterine fibroids

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Introduction

Uterine fibroids, also known as leiomyomas or myomas, are non-cancerous growths that develop in or on smooth muscular tissue of the uterus. The smooth muscles of the myometrium make up these frequent benign tumors(1). While many women may not experience symptoms, fibroids can cause irregular menstrual flow, pelvic pain, and reproductive issues (2). Though benign, they can significantly impact fertility and quality of life.

In India, uterine fibroid prevalence ranges from 30-50% (3), with 37% in rural and 24% in urban women (4). Incidence peaks at 35-45 years (5), increasing with age, pregnancy, and oral contraceptive use (6). Endometriosis is linked in 30% of cases (7).

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Common treatments include surgical procedures like myomectomy and hysterectomy or pharmaceutical interventions like hormone therapy(8). However, these methods may have complications or side effects and do not always provide long-term solutions. Conventional treatments offer limited long-term relief, highlighting the need for holistic approaches like *Ayurveda*.

Although uterine fibroids are not specifically mentioned in *Ayurveda*, they can be understood as a type of *Granthi*, specifically *Garbhashaya Granthi*—benign growths in the uterus (9). *Acharya Sushruta* extensively described *Granthi*, including its causes and treatments, but did not specifically mention those of the female genital tract (10). *Acharya Charaka* recommended enucleation of the *Granthi* and its *Kosha* (capsule) as a cure. Thus, uterine fibroids can be interpreted as *Garbhashaya Granthi* for better understanding (11).

Granthi are described as knotty, raised elevations resembling the rough swelling of nodules(12) or glands found in *Amalaki* fruit kernels (13). *Granthi's* pathogenesis involves vitiated *Vata Dosha* affecting *Meda*, *Rakta*, and *Mamsa Dhatu*, which then combines with *Kapha Dosha* to form a hard, spherical swelling (14).

Though *Garbhashaya Granthi* is not specifically mentioned, it can lead to infertility and symptoms like menorrhagia, metrorrhagia, and dysmenorrhea, requiring intervention. As seen in this case, it can be successfully treated using the principles of *Granthi Chikitsa*, which facilitate *Samprapti Vighatana*.

Patient information

A 39-year-old Indian woman, non-smoker and non-alcoholic, presented to the outpatient department of *Shalya*, Khemdas Ayurved Hospital, Limda, Vadodara, Gujarat on 12/09/2023 with complaints of persistent pain in the lower back, radiating to the front of the abdomen. Her ultrasound findings from September 2022, showed bilateral renal calculi along with a bulky uterus (image no. 1). She underwent treatment for urinary calculus in the *Shalya* OPD.

Upon further evaluation, an ultrasound performed in March 2023 showed a 30 mm fibroid on the anterior uterine wall (image no. 2). For more specialized care, she was subsequently directed to the *Prasuti Tantra* and *Stree Roga* (PTSR) outpatient service, along with ongoing medications for renal calculi. She complained of severe dysmenorrhea with severe cramping in the lower abdomen, 8 on VAS scale, bloating, and copious menstrual blood that lasted three to five days since 6 months. Her everyday activities and energy levels had been greatly impacted by these symptoms, which had gotten worse since then. Chronic dysmenorrhea and menorrhagia were documented in her medical history, and recent episodes of increased blood flow during menstruation required frequent pad changes. She was again advised USG on 26/09/2023. The report shows a 41x50 mm-sized fibroid is seen involving the posterior uterine wall, displacing the endometrial thickness anteriorly (image no. 3). Although she had no prior history of major gynaecological disorders or surgical interventions, she expressed concerns about the progressive nature of her symptoms.

The patient is married with two children and reported no significant psychosocial stressors. Her family history was unremarkable for uterine fibroids, but her mother had a history of menorrhagia and irregular menstrual cycles, suggesting a possible hereditary predisposition. She had become less active as a result of growing tiredness and pelvic pain. Her past history revealed 2 DNE and 1 abortion induced by MTP pills. On local examination her abdomen was soft. In per speculum examination, curdy white discharge was seen. Post vaginal wall was lax and hence cervix was not visualized. Whereas in Per vaginal examination, uterus felt slightly bulky. In addition to being treated for renal calculus, she was not using any long-term medications and had no known allergies. Since she preferred not to have surgery, she chose *Ayurveda* treatment, which aims to address the underlying pathology and alleviate her symptoms.

Clinical findings

General examination – patient appears well oriented but mildly pale. All the vitals were within normal limits.

Abdominal examination – abdomen soft and non-tender. No palpable mass or organomegaly.

Pelvic examination – external genitalia appears normal on inspection. On bimanual examination uterus felt enlarged whereas cervix was healthy and no discharge or bleeding noted.

Clinical complaints were of menorrhagia and dysmenorrhea.

The recent USG report of patient mentions a 41x50 mm-sized fibroid, involving the posterior uterine wall, displacing the endometrial thickness anteriorly.

Treatment

At the outset, along with treatment of renal calculi, she was given *Kanchanar Guggulu* BD, *Varunadi Kwath* 10 ml before meals, *Chandraprabha Vati* BD, and *Pushyanuga Churna* ½ spoonful with warm water after meals. After taking these medications for a month, the patient visited for a check-up. Her LMP was 29/08/2023 and she told that pain during her menses was little reduced. She wanted USG to be done again for confirmation. Her USG revealed 41 X 50 mm sized fibroid on posterior wall of uterus, along with bilateral calculus. Admission was suggested in order to continue her treatment. On October 17, 2023, the patient was subsequently admitted to the PTSR ward. *Tab Erandabrusht Haritaki*(15) 2 HS, *Panchakola Phanta* 60 ml after food, *Tab Cystone* 2 BD after food, and *Syrup 4blud* 2 tbsp BD were administered to the patient from the first to the third day. *Abhyanga* in the *Kati* and *Prushtha* regions began on the fourth day (20/10/23) and was followed by *Nadi Swedana*. The eight-day *Yoga Basti* was scheduled. *Anuvasana Basti* with *Dashamoola Taila* was administered on days 1st, 3rd, 5th, 7th and 8th; whereas *Niruha Basti* was given on 2nd, 4th and 6th day; together with *Tab Cystone* 2 BD, *Syrup 4blud* 2 BD, *Tab Dashamoola Katutraya* 2 BD, and *Tab Amalaki Rasayana* 2 BD were administered for internal administration. Table No. 1 lists the patient's *Basti* plan.

Table 1 : Yogabasti plan

Day	Basti	Drug used
1	<i>Anuvasana basti</i>	<i>Dashamoola taila</i> – 60ml
2	<i>Niruha basti</i>	Kwath – 400 ml (<i>Varunadi kwath</i> – 200ml + <i>Dashamoola kwath</i> -200 ml) <i>Dashamoola taila</i> – 20ml <i>Yava Kshara</i> – 1gm <i>Saindhava lavana</i> – 1gm <i>Madhu</i> – 10ml
3	<i>Anuvasana basti</i>	<i>Dashamoola taila</i> – 60ml
4	<i>Niruha basti</i>	Kwath – 400 ml (<i>Varunadi kwath</i> – 200ml + <i>Dashamoola kwath</i> -200 ml) <i>Dashamoola taila</i> – 20ml <i>Yava Kshara</i> – 1gm <i>Saindhava lavana</i> – 1gm <i>Madhu</i> – 10ml
5	<i>Anuvasana basti</i>	<i>Dashamoola taila</i> – 60ml
6	<i>Niruha basti</i>	Kwath – 400 ml (<i>Varunadi kwath</i> – 200ml + <i>Dashamoola kwath</i> -200 ml) <i>Dashamoola taila</i> – 20ml <i>Yava Kshara</i> – 1gm <i>Saindhava lavana</i> – 1gm <i>Madhu</i> – 10ml
7	<i>Anuvasana basti</i>	<i>Dashamoola taila</i> – 60ml

Yoga basti course was planned for 8 days. However, the patient's menses appeared after the 7th basti and hence the last basti had to be withheld. Thus, only 7 basti were administered to the patient. On October 26-2023, the patient was discharged from hospital. The same internal administration of *Tab Erandabrusht Haritaki*, *Amalaki Rasayana*, *Tab Cystone*, and *Syrup 4blud* was given.

Follow-up

On 07/11/2023, the patient reported symptomatic relief but complained of poor digestion and constipation. Her LMP was 25/10/2023, with a 4-day flow reduced to 2 pads/day. Pain decreased to 5 on the VAS scale. She was prescribed Syrup Neeri 10 ml BD and *Triphala Churna* 3 gm BD along with ongoing medications.

On 11/12/2023, she reported normalized bleeding with an LMP of 22/11/2023. Menses lasted 3 days with reduced flow (2 pads/day), and pain dropped to 2 on the VAS scale. No other complaints. She was advised *Kanchanar Guggulu* 2 TDS, *Varunadi Kwath* 10 ml TDS, *Pushyanuga Churna* ½ tablespoon TDS, and *Moorivenna*

Taila for local use, while Syrup Neeri and Tab Cystone continued for renal calculi.

On 17/01/2024, the patient visited for follow-up with no fresh complaints. Her LMP was 12/01/2024. She was advised USG - Abdomen and Pelvis, which showed no active fibroid (Image 4). To confirm, she underwent another USG in Jammusar on 24/01/2024, which also reported no fibroid, indicating resolution of the condition (Image 5).

On 13/02/2024, during her final follow-up, her LMP was 06/02/2024, with a 3-day flow using 1-2 fully soaked pads/day. Mild abdominal pain (0-1 on the VAS scale) was noted. With no complaints and a clear USG, medications were stopped. The treatment and follow-up details are tabulated in Table No. 2.

Table 2 : Timeline of case

Date	Findings	Complaints	Treatment advised	Duration
12/09/2023	Known case of Uterine Fibroid – 30mm fibroid on anterior wall of uterus.	Lower back pain referring to front side Heavy menstrual bleeding Pain during menstruation Bloating and discomfort	<i>Kanchanar Guggulu</i> 2 BD	1 month
	LMP – 28/08/23		<i>Varunadi kwath</i> 10 ml before food BD <i>Chandraprabha vati</i> 2 BD <i>Pushyanuga Churna</i> ½ tablespoon with warm water after food	
26/09/2023	Follow up – came with USG reports.	Heavy menstrual bleeding Pain during menstruation Bloating and discomfort	<i>Kanchanar Guggulu</i> 2 BD	15 days
	USG – 41 X 50 mm fibroid on posterior wall of uterus, displacing ET anteriorly.		<i>Varunadi kwath</i> 10 ml before food BD <i>Chandraprabha vati</i> 2 BD	
17/10/2023	LMP - 27/09/23	Patient got admitted Painful menses, some relief from previous cycle.	<i>Pushyanuga Churna</i> ½ tablespoon with warm water after food	3 days
			<i>Panchakola phanta</i> 60 ml after food	
			Tab Cystone 2 BD after food	
			Syrup 4blud 2 tablespoon BD <i>Kati prushtha abhyanga, Nadi swedana, Yogabasti</i>	6 days
26/10/2023	Menses started on 25/10/23	Discharged	Tab <i>Erandabrusht Haritaki</i> 2 HS	15 days
		Mild abdominal pain with backache.	<i>Amalaki Rasayana</i> 2 BD	
			Tab Cystone 2 BD after food Syrup 4blud 2 tablespoon BD	
07/11/2023	Follow up	Relief from pain and bloating	<i>Kanchanar Guggulu</i> 2 BD	1 month
	LMP – 25/10/25	Flow reduced from previous cycle	Syrup Neeri 10ml BD	
		Poor digestive power and constipation	<i>Chandraprabha vati</i> 2 BD <i>Triphala Churna</i> 3gm BD	
11/12/25	Follow up	Bleeding for 3 days – normal flow – 2/3 pads per day	<i>Kanchanar Guggulu</i> 2 BD	1 month
	LMP – 22/11/23	Mild lower abdominal pain and backache	<i>Varunadi kwath</i> 10 ml before food BD <i>Pushyanuga Churna</i> ½ tablespoon with warm water after food	
17/01/25	Follow up	Normal menses, no complaints	Syrup 4blud 10ml BD	1 month
	Advice – USG (abdomen and pelvis)			
	USG – uterus – bulky 104*62*65 mm loss of endometrial myometrial differentiation, early adenomyotic changes No uterine fibroid			

24/01/24	USG (TVS) for confirmation	No complaints	No further treatment advised.	-
	Uterus – A/V, bulky with early adenomyotic changes No uterine fibroid			
13/02/24	Follow up	Bleeding for 3 days – flow normal, 1-2 pads/ day.	Treatment completely stopped	
	LMP – 06/02/24			

Materials and methods

This section outlines the sources, identification, and preparation techniques of the therapeutic agents employed in the study. The drugs used in this study were selected based on classical references from Ayurveda texts and contemporary clinical relevance. Drugs were procured from Ayurvedic pharmacy of Khemdas Hospital, Parul Institute of Ayurved and Research, Vadodara, Gujarat.

Kanchanar guggulu: It is prepared by making decoction of *Kanchanar* bark (image 5). *Guggulu* resin (image 6) is purified by *Shodhana* with *Triphala Kashaya* or *Gomutra* and mixed into decoction. Other powdered herbs are added and mixture is dried and compressed into tablets (image 7).

Varunadi Kwath: Coarsely powdered drugs (image no 8) like *varuna*, *bilva*, *shatavari* etc. are added into 16 times water – boil on mild heat until reduced to 1/8th or 1/4th of total quantity. Filter while warm and should be consumed fresh.

Pushyanuga churna: All required drugs such as *Patha*, *Rasanjana*, *Manjishtha*, etc., were collected in dried form. Each ingredient was cleaned thoroughly, powdered separately, and passed through a fine sieve. The powders were then mixed uniformly to obtain a homogenous *Churna*, which was stored in airtight containers under dry conditions (image 9).

Chandraprabha vati: All herbal ingredients such as *Shilajatu*, *Guggulu*, *trikatu*, *vacha*, *Mustaka* etc are cleaned, dried and powdered separately. Mineral components are purified by *Shodhana* and triturated. Powders are mixed uniformly and bound using *Guggulu* or *Shilajatu* as a base. The mixture is then rolled into tablets (image 10) of around 250mg and dried in shade.

Dashamoola + Varunadi kwath (for Niruha basti): 200 ml of Varunadi kwath and Dashamoola kwath each is prepared individually and mixed to make 400ml of kwath. Then 20 ml Dashamoola taila, 1 gm yava Kshara and saindhav and madhu are added to prepare kwath for Niruha basti (image 11).

Dashamoola taila (for Anuvasana basti): 60 ml of taila was heated by double boiling method, and brought to lukewarm temperature (image no. 12). After local snehana and swedana, basti was given to patient in left lateral position.

Result

As per the USG done on 17/01/2024, there was no evidence of uterine fibromyoma that was previously present. This was also confirmed in the USG done privately at Jammusar on 24/01/2024. The intermenstrual period of her cycles reduced to near normal levels. The number of days of bleeding reduced from 5 days to 3 days. The amount of bleeding as gauged from the number of pads/cycle reduced from 4 pads/day to 2 pads/day. Passing of clots during menses stopped. Pain during menses reduced from 8 on VAS scale to 1. It can there for be said that the patient got not only symptomatic relief but was also relieved from the fibroid.

Discussion

The uterine fibroid case study illustrates how beneficial *Ayurveda* treatment could potentially be. Uterine fibroids are characterized by abnormal proliferation of myometrial cells due to genetic, hormonal, inflammatory, and extracellular matrix (ECM) alterations. Their growth is primarily driven by estrogen and progesterone, which upregulate growth factors such as insulin-like growth factor-1 (IGF-1) and transforming growth factor-beta (TGF-β), leading to excessive collagen deposition and fibrosis (16). According to studies, inflammatory mediators that promote fibrotic tissue formation and vascular remodelling, such as prostaglandin E2 (PGE2), interleukin-6 (IL-6), and tumor necrosis factor-alpha (TNF-α), are important players in fibroid etiology (17). A key factor in the stiffness and development of fibroids is the dysregulation of extracellular matrix (ECM) proteins, including collagen type I and III, fibronectin, and proteoglycans. Fibroid disease is further aggravated by oxidative stress and chronic inflammation, which increase the buildup of extracellular matrix and promote aberrant myometrial cell growth (18). Anti-inflammatory and antifibrotic medicines are crucial to treatment because, according to histopathology, fibroids consist of disordered smooth muscle cells encased in an excessive collagen matrix (19).

In Ayurveda, uterine fibroids (*Garbhashaya Granthi*) result from *Vata-Kapha* vitiation, causing excessive *Meda-Mamsa* accumulation and fibrotic changes. *Kapha* drives tissue overgrowth, while *Vata* induces metabolic dysregulation. *Srotodushti* (microchannel obstruction) due to *Ama* and *Agni Mandya* leads to firm, encapsulated masses resembling leiomyomas (20). *Dhatvagni Mandya* (tissue-level metabolic dysfunction) disrupts collagen metabolism, contributing to fibrosis. Treatment focuses on *Kapha-Vatahara* and *Lekhana* therapies to regulate hormones, enhance metabolism, and reduce inflammation and fibrosis (21).

The patient in this case had a habit of daily *Diwaswapa* of 2-3 hours. She also had a liking for sweets and admitted to eating a sweet item daily after dinner—both habits known in *Ayurveda* to increase *Kleda* and *Kapha Pradhana Doshas*. She had a habit of sleeping late at night due to social media activity, a factor known to cause *Vata Prakopa*. Both aggravated *Vata* and *Kapha*, the prime factors contributing to the *Samprapti* of *Granthi*.

The patient had a history of DNE, which may have caused *Kha-vaigunya* in *Garbhashaya*. The structural vulnerability could have acted as a site for *Sthana Samshraya* of vitiated *Dosha*. Since *Granthi* is due to *Vridhhi* and *Dushti* of *Mamsa Dhatu*, over time this pathological process may have contributed to the formation of *Garbhashaya Granthi* or uterine fibroids (22).

Basti, a key *Panchakarma* therapy, is administered rectally and exerts systemic effects by bypassing hepatic metabolism and influencing the enteric nervous system and gut microflora. *Anuvasana Basti*, being *Sneha*-dominant, facilitated deep tissue penetration, pacified *Vata*, and improved uterine circulation,

promoting softening and absorption of fibrotic tissues. *Niruha Basti*, through its cleansing and *Lekhana* effects, helped eliminate vitiated *Kapha* and *Meda*, which contribute to fibroid formation. *Kshara* and *Saindhava* enhanced drug absorption and acted as strong *Lekhana* agents, while *Madhu* served as a bioenhancer. *Varunadi Kwath* supported *Apana Vata* regulation, aiding detoxification and restoring uterine health.(23) In *Garbhashaya Granthi* (uterine fibroids), *Basti* helps pacify *Vata-Kapha Dosha*, reducing excessive *Meda-Mamsa* accumulation and fibrotic changes. By modulating gut absorption, peristalsis, and microcirculation, it facilitates detoxification, hormonal balance, and tissue rejuvenation, aiding fibroid resolution. *Anuvasana Basti* with *Dashamoola Taila* and *Niruha Basti* with *Kshara*, *Madhu*, *Saindhava*, and *Varunadi Kwath* worked through multiple mechanisms.

The medicines used in this case, including *Kanchanar Guggulu*, *Varunadi Kwath*, and *Chandraprabha Vati*, possess anti-inflammatory, antifibrotic, and *Kapha-Meda* reducing properties, aiding in fibroid management. Their active compounds, mechanisms of action, and therapeutic effects are detailed below, in Table No. 3.

Table 3: Medicines and their action

Drug	Active	Action	Effect
Kanchanar Guggulu(24)			
<i>Kanchanar</i> (<i>Bauhinia</i>)	Triterpenoid saponins(25)	Anti-inflammatory,	Reduces oedema,
<i>Guggulu</i> (<i>Commiphora wightii</i> (Arn.))	Guggulsterone (27)	Anti-inflammatory, induces	Reduces inflammation, potential
<i>Triphala</i> [<i>Terminalia chebula</i> Retz. (Combretaceae), <i>Terminalia bellirica</i>]	Polyphenols	Anti-inflammatory(29)	Reduces inflammation
<i>Trikatu</i> [<i>Zingiber officinale</i> Roscoe (Zingiberaceae), <i>Piper nigrum</i> L.]	Piperine(30), Gingerols	Anti-tumour, anti-inflammatory (31)	Reduces tumour growth, inflammation
<i>Ela</i> (<i>Elettaria cardamomum</i> (L.) Maton), <i>Varuna</i> (<i>Crataeva</i>)	Various bioactive compounds	Kapha-reducing, detoxifying	Helps shrink fibroids, prevents growth
Varunadi Kwath(32)			
<i>Varuna</i> (<i>Crateva nurvala</i> Buch.-)	Lupeol(33), Betulinic Acid	Anti-tumour, anti-	Shrinks fibroid,
<i>Gokshura</i> (<i>Tribulus</i>)	Diosgenin, Hederagenin	Hormonal modulation (34)	Balances hormones,
<i>Punarnava</i> (<i>Boerhavia diffusa</i> L.)	Punarnavoside(35), Boeravinone B	Anti-fibrotic	Reduces collagen deposition(3)
<i>Guduchi</i> (<i>Tinospora</i>)	Tinosporaside	Immunomodulatory, anti-	Reduces inflammation
<i>Shunthi</i> (<i>Zingiber</i>)	Gingerol	Anti-inflammatory,	Reduces fibrosis,
Chandraprabha Vati(37)			
<i>Guggulu</i> (<i>Commiphora</i>)	Guggulsterone	Anti-inflammatory,	Reduces tumour size,

<i>Shilajit</i> (<i>Asphaltum punjabianum</i>)	Fulvic Acid	Hormonal regulation	Prevents estrogen dominance,
<i>Shatavari</i> (<i>Asparagus</i>)	Saponins	Hormonal modulation	Supports reproductive
<i>Haridra</i> (<i>Curcuma longa</i>)	Curcuminoids	Anti-tumour(38)	Prevents excessive
<i>Musta</i> (<i>Cyperus rotundus</i> L.)	Flavonoids, Tannins	Haemostatic, astringent	Reduces excessive menstrual bleeding
<i>Sariva</i> (<i>Hemidesmus</i>)	Saponins, Flavonoids	Blood purifier, anti-	Reduces inflammation
Pushyanuga Churna(40)			
<i>Lodhra</i> (<i>Symplocos</i>)	Symplocoside, Betulinic	Regulates estrogen, anti-	Shrinks fibroid,
<i>Ashoka</i> (<i>Saraca</i>)	Quercetin,	Anti-	Reduces
<i>Mustaka</i> (<i>Cyperus</i>)	Tannins, Flavonoids,	Uterine tonic, haemostatic	Controls bleeding,

Ayurveda offers a holistic, non-invasive approach that addresses both the symptoms and underlying dosha imbalances believed to contribute to fibroid formation. Ayurveda aims to reduce fibroid size, regulate menstrual flow, and relieve pain, while also improving overall reproductive health without surgical intervention. While Ayurveda offers a holistic framework for managing uterine fibroids, its reliability as a primary treatment remains limited due to several critical gaps. There is a lack of large-scale, randomized controlled trials, and most existing studies are small, methodologically inconsistent, and short-term. Treatment protocols vary widely between practitioners, making reproducibility difficult. Outcome measures are often subjective or poorly standardized, and the biological mechanisms of action remain speculative. Sometimes, Ayurveda therapies are generally unsuitable for severe conditions, pregnant female, or acute emergencies. Adherence challenges and inconsistent herbal product quality further complicate its application. These limitations highlight the need for rigorous research and cautious integration with modern diagnostics. Ayurveda management of uterine fibroids presents a promising alternative to conventional therapies, particularly for women seeking holistic and non-invasive approaches. Despite encouraging evidence and preliminary studies, there remains a significant need for rigorous clinical trials and standardized treatment protocols to validate efficacy and ensure safety. The integration of Ayurvedic practices with modern diagnostic tools could pave the way for a more comprehensive and patient-centred approach to fibroid care.

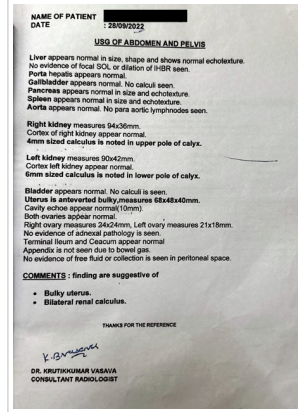
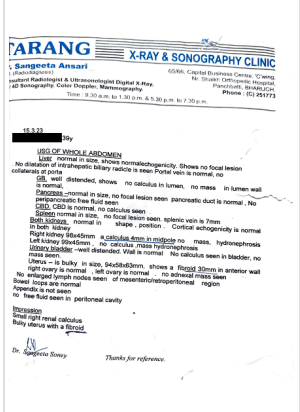
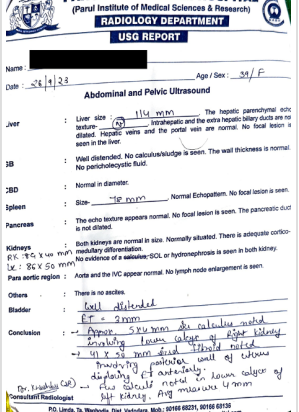
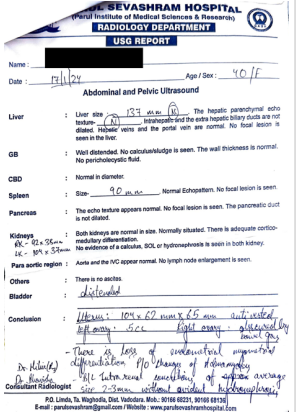
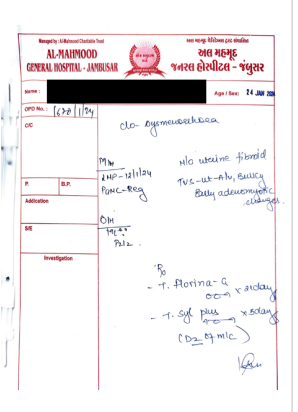
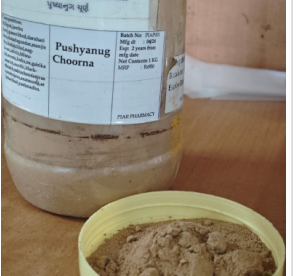
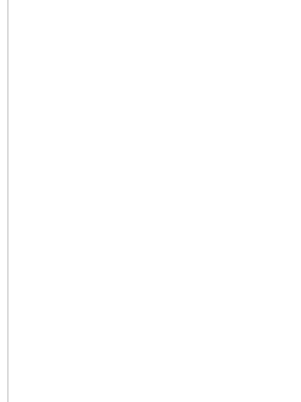
Conclusion

This case study highlights the efficacy of *Ayurveda* management in the treatment of uterine fibroids. The complete resolution of the fibroid, as confirmed by follow-up ultrasounds, indicates the potential of *Ayurveda* in providing a non-invasive, holistic approach to managing such conditions. *Ayurveda* therapies, including herbal formulations and *Panchakarma*, addressed the root cause rather than just offering symptomatic relief. This case demonstrates the need for further clinical studies to validate the effectiveness of *Ayurveda* treatment protocols in uterine fibroid management. Integrating *Ayurveda* into mainstream gynaecological care could provide women with more treatment options that align with natural and non-surgical healing methods.

Patient perspective

The patient reported significant relief from heavy bleeding and menstrual pain following Ayurvedic treatment, with ultrasound confirming resolution of the fibroid. She expressed satisfaction

with the non-surgical approach and appreciated the improvement in her physical comfort and emotional well-being. She provided informed consent for sharing her experience, hoping it may benefit others exploring integrative options for fibroid management.

Image 1 – USG report showing bulky uterus and renal calculi, 2022. 	Image 2 – USG report showing uterine fibroid, march 2023. 	Image 3- USG report showing uterine fibroid, 09/2023. 	Image 4 – USG report showing no fibroid. 	Image 5 – USG report, after treatment – showing no fibroid, 01/2024. 
Image no – 6 – bark of Kanchanar 	Image no 6 – guggulu resin 	Image no 7 – Kanchanar guggulu tablets 	image no 8 – Varunadi kwath churna 	Image no 9- Pushyanuga churna 
Image no 10 – Chandraprabha Vati 	Image no 11 - kwath for Niruha basti 	Image no 12 – Dashamoola taila 		

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