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Ayurvedic Management of Garbhashayagata Granthi (Uterine Fibroid): A Case Report

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Abstract

Uterine fibroids are common benign tumors of the female reproductive system, often associated with symptoms such as menorrhagia, dysmenorrhea, infertility, and pelvic pain. Conventional management includes hormonal therapy and surgical interventions, which may have limitations and associated risks. Ayurveda correlates uterine fibroids with *Garbhashayagata Granthi*, a condition arising due to vitiation of *Doshas* affecting uterine tissues[2].

This case report presents a 34-year-old female diagnosed with a subserosal fibroid measuring 8.5 mm × 8.2 mm, presenting with menorrhagia and secondary infertility. The patient was treated with three consecutive cycles of Yog Basti along with oral Ayurvedic medications.

Post-treatment evaluation showed complete resolution of the fibroid on ultrasonography, along with significant symptomatic relief. This case highlights the potential of Ayurvedic management as a safe and effective non-surgical approach in the treatment of uterine fibroids.

Keywords: Uterine Fibroid, *Garbhashayagata Granthi, Yog Basti*, Ayurveda,

Introduction

Uterine fibroids, also known as leiomyomas, are benign smooth muscle tumors of the uterus commonly observed in women of reproductive age[4]. Their clinical presentation varies from asymptomatic cases to severe symptoms such as heavy menstrual bleeding, pelvic pain, dysmenorrhea, infertility, and recurrent pregnancy loss.

Modern medical management primarily focuses on hormonal regulation and surgical removal through procedures such as myomectomy or hysterectomy. However, these approaches may not always

be ideal due to recurrence, side effects, or impact on fertility.

In Ayurveda, a condition comparable to uterine fibroids is described as *Garbhashayagata Granthi*. It is believed to develop due to the vitiation of *Vata* and *Kapha Doshas* affecting *Mamsa*, *Rakta*, and *Meda Dhatus*[2], leading to the formation of nodular, firm growths. Ayurvedic treatment aims at correcting the underlying *Dosha* imbalance and resolving the pathological growth through a holistic approach.

Materials and Methods

Case Description

A 34-year-old female patient presented with complaints of excessive menstrual bleeding (menorrhagia) and secondary infertility since 2 years. The patient had no significant surgical or systemic illness history.

Clinical Findings and Diagnosis

Ultrasonography (USG) of the pelvis revealed a subserosal uterine fibroid measuring 8.5 mm × 8.2 mm. Based on clinical presentation and Ayurvedic principles, the condition was diagnosed as *Garbhashayagata Granthi*.

Treatment Protocol

The patient was managed with a combination of Panchakarma therapy and oral medications:

- ***Yog Basti*** administered for three consecutive cycles.
- Use of ***Sahachar Taila*** and ***Dashmool Kwatha*** in *YogBasti* procedure.
- *Anuwasan Basti- Sahachar Taila ; Niruha Basti- Dashmool Kwatha.*
- Internal Ayurvedic medications to support systemic correction

Assessment Criteria

- Ultrasonographic evaluation of fibroid size
- Clinical assessment of symptoms such as menstrual bleeding and pain.

Results / Observations

After completion of three cycles of Yog Basti therapy along with oral medications, the patient showed marked improvement in symptoms. Menstrual bleeding reduced to normal levels, and associated discomfort was significantly alleviated.

A repeat ultrasonography of the pelvis demonstrated **complete absence of the previously noted fibroid**, indicating successful resolution of the condition. No adverse reactions to the treatment were observed.

Discussion

The favorable outcome observed in this case can be explained through the principles of Ayurvedic pathophysiology and treatment. Yog Basti is considered highly effective in managing *Vata* disorders, which play a key role in the development of *Granthi*[1,2].

Dashmool Kwatha possesses anti-inflammatory (*Shothaghna*)[3] and tissue-regulating properties, while ***Sahachar Taila*** aids in *Vata* pacification and improves local tissue metabolism. Together, these therapies may contribute to the breakdown (*Lekhana*) and resolution of abnormal growth[5].

The treatment approach addressed both the symptoms and the root cause by:

- Restoring Dosha balance
- Enhancing tissue metabolism (*Dhatu Agni*)

- Facilitating resolution of pathological growth

This integrative and non-invasive approach offers a promising alternative to conventional management, particularly in patients seeking fertility preservation.

Conclusion

This case report demonstrates that Ayurvedic management using Yog Basti and internal medications can effectively treat uterine fibroids without surgical intervention. The complete resolution of the fibroid and improvement in symptoms highlight the potential of Ayurveda as a safe and holistic treatment modality.

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Table 1: Methodology:

Dates	Treatment
25/06/2024	Chandraprabha Vati 500mgBD Cap Ugynetone Forte 1tab BD Syp Amycordial 10ml BD
02/07/2024	**Yogbasti (I Cycle)(Anuwasan: Sahchar Tail, Niruh: Dashmool Kwath)** Chandraprabha Vati 500mgBD Cap Ugynetone Forte 1tab BD Syp Amycordial 10ml BD
10/08/2024	**Yogbasti(II Cycle) (Anuwasan: Sahchar Tail, Niruh: Dashmool Kwath)** Chandraprabha Vati 500mgBD Cap Ugynetone Forte 1tab BD Syp Amycordial 10ml BD
10/09/2024	**Yogbasti(III Cycle) (Anuwasan: Sahchar Tail, Niruh: Dashmool Kwath)** Chandraprabha Vati 500mgBD Cap Ugynetone Forte 1tab BD Syp Amycordial 10ml BD
15/10/2024	Syp Amycordial 10ml BD

Table2: Mode of Action:

Yogbasti	Medicinal Ingredients	Phytochemical Constituents	Phytochemical Actions	Ayurvedic Mode of Action
Anuvasan Basti	Sahachar Tail	Terpenoids, Flavonoids, Alkaloids	Anti-inflammatory, Neuroprotective, Analgesic	**वात शामक**, मज्जा व स्नायु पोषक, **पीड़ा नाशक**
Niruha Basti	Dashmool Kwath	Tannins, Saponins, Flavonoids, Alkaloids	Anti-inflammatory, Analgesic, Immunomodulatory	आम नाशक, वात-पित्त-कफ संतुलन, **शोधन क्रिया**, **लेखन कर्म**

Table 3: Mode of Action:

Medicine Name	आयुर्वेदिक घटक	Phytochemical Constituents	Phytochemical Actions	Ayurvedic Mode of Action
Chandraprabha Vati	शिलाजीत, गुग्गुल, गिलोय, आमला, हरिद्रा, गोक्षुर, वचा, द्राक्षा	Fulvic acid, Tannins, Saponins, Alkaloids, Terpenoids.	Antioxidant, Diuretic, Anti-inflammatory, Immunomodulatory	मूत्रजन्य विकारों में लाभदायक, प्रमेहहर, **रक्तशुद्धिकरण**, **मेधोहर, वात-कफ शामक**
Cap Ugyentone Forte	अशोक, लोध्र, शतावरी, नागकेशर, गुडूहल, मंजिष्ठा, यष्टिमधु	Flavonoids, Tannins, Saponins, Anthraquinones	**Hemostatic**, Anti-inflammatory, Uterine tonic, Antioxidant.	रजोदर्शन सुधारक, गर्भाशय पोषक, **रक्तस्तंभक**
Syp Amycordial	अश्वगंधा, शतावरी, लोध्र, दशमूल, नागकेशर, मंजिष्ठा, गिलोय, यष्टिमधु, जटामांसी	Withanolides, Tannins, Saponins, Flavonoids	**Hormone balancing**, Anti-inflammatory, **Blood Purifier**, Neuroprotective, Immunomodulatory	**रक्तशुद्धि**, मानसिक तनाव नाशक, पाचन सुधारक, **वात शामक**

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PATIENT'S NAME: MRS. [redacted]	AGE: 34 YEARS/FEMALE
REFERRED BY: DR.JENY BHATT	USG SCAN DATE: 25/06/2024

ULTRASONOGRAPHY OF PELVIS.
(TAS/TVS)

Clinical profile: LMP:23/06/2024 , frequent menses,
Urinary bladder: partially distended , wall thickness appear normal ,no e/o calculus to visualized extent.
Uterus:
- Anteverted in position.
- The Uterine dimensions are 6.3 x 3.8 cm. Normal sized.
- **There is poorly marginated subtle hypoechoic signal of size 8.5x8.2mm noted in subserosal location of posterior wall. Color Doppler shows no significant flow signals.**
- **Uterine myometrial echoes appear coarse.**
- Endometrial thickness measures 8.1 mm.
- **Tiny nabothian cyst noted in cervix.**

Ovaries:
- Both ovaries seen.
- **Right Ovary: 4.1 x 3.1 x 3.1 cm Vol.21.4 cc.bulky in size with cyst of size 3.8 x 2.9cm, with thin internal septum noted in right ovary .** dominant follicle 18 x 16mm
- Left Ovary: 2.4 x 1.2 x 1.9 cm vol.2.9 cc(sub-optimally seen due to bowel gases) grossly normal in size and shape.
- Few small follicles are noted in both ovaries.
- No cystic/ adnexal mass noted to visualized extent.
- **Minimal fluid in pouch of Douglas.**

Impression:
- **Bulky Right Ovary**
- **Cyst In Right Ovary With Thin Internal Septum.**
- **Minimal Fluid In Pouch Of Douglas**
- **Uterine Myometrial Echoes Appear Coarse .**
- **Suggested: further evaluation and follow up if clinically indicated.**

(Note: This is professional opinion, not the final diagnosis & should be interpreted in the light of clinical background and other investigations. This report is not for medico logical purposes. Always suggest a second opinion if clinically indicated.)

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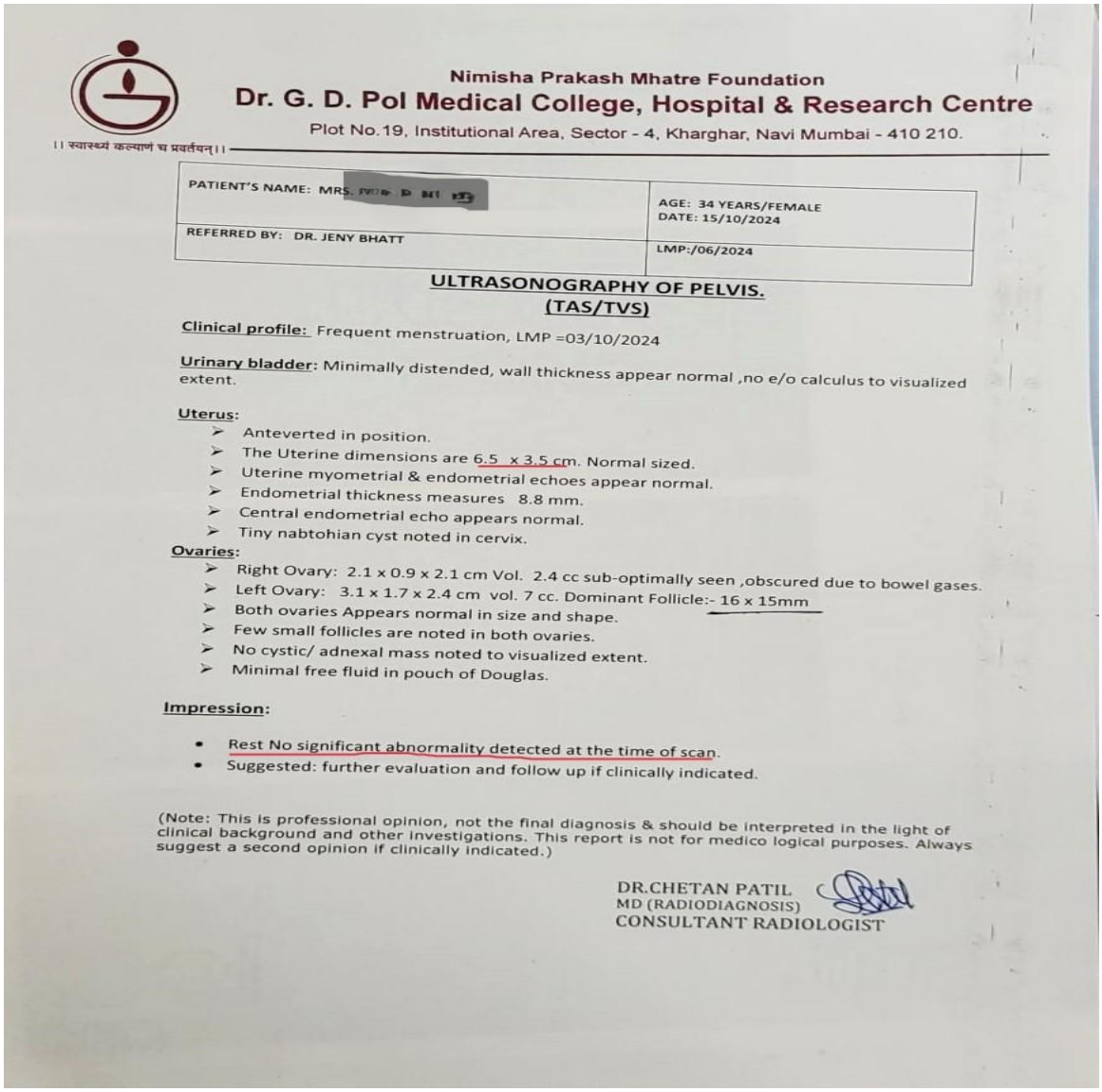
USG



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।। स्वास्थ्यं कल्याणं च प्रवर्तयन्।।

PATIENT'S NAME: MRS. [redacted]	AGE: 34 YEARS/FEMALE DATE: 15/10/2024
REFERRED BY: DR. JENY BHATT	LMP:/06/2024

ULTRASONOGRAPHY OF PELVIS.
(TAS/TVS)

Clinical profile: Frequent menstruation, LMP =03/10/2024

Urinary bladder: Minimally distended, wall thickness appear normal ,no e/o calculus to visualized extent.

Uterus:

- Anteverted in position.
- The Uterine dimensions are 6.5 x 3.5 cm. Normal sized.
- Uterine myometrial & endometrial echoes appear normal.
- Endometrial thickness measures 8.8 mm.
- Central endometrial echo appears normal.
- Tiny nabtohian cyst noted in cervix.

Ovaries:

- Right Ovary: 2.1 x 0.9 x 2.1 cm Vol. 2.4 cc sub-optimally seen ,obscured due to bowel gases.
- Left Ovary: 3.1 x 1.7 x 2.4 cm vol. 7 cc. Dominant Follicle:- 16 x 15mm
- Both ovaries Appears normal in size and shape.
- Few small follicles are noted in both ovaries.
- No cystic/ adnexal mass noted to visualized extent.
- Minimal free fluid in pouch of Douglas.

Impression:

- Rest No significant abnormality detected at the time of scan.
- Suggested: further evaluation and follow up if clinically indicated.

(Note: This is professional opinion, not the final diagnosis & should be interpreted in the light of clinical background and other investigations. This report is not for medico logical purposes. Always suggest a second opinion if clinically indicated.)

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Post Treatment USG