EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Coden USA: EJBPBO
Volume: 13
Issue: 5
Year: 2026

INTEGRATIVE INSIGHTS INTO UTERINE FIBROIDS: AN AYURVEDIC REVIEW

Dr. Mrunali G. Phapale*

Assistant Professor, Streerog Evum Prasutitantra Dept., Tilak Ayurved Mahavidyalaya, Pune, Maharashtra.

***Corresponding Author: Dr. Mrunali G. Phapale**

Assistant Professor, Streerog Evum Prasutitantra Dept., Tilak Ayurved Mahavidyalaya, Pune, Maharashtra.

DOI: https://doi.org/10.5281/zenodo.19908371

How to cite this Article: Dr. Mrunali G. Phapale* (2026). Integrative Insights Into Uterine Fibroids: An Ayurvedic Review. European Journal of Biomedical and Pharmaceutical Sciences, 13(5), 93–96.

This work is licensed under Creative Commons Attribution 4.0 International license.

Article Received on 30/03/2026 **Article Revised on 20/04/2026** **Article Published on 01/05/2026**

ABSTRACT

Uterine fibroids, also known as leiomyomas or myomas, are the most common benign tumors affecting women of reproductive age. These growths, which arise from the smooth muscle of the uterus, can vary in size, number, and location, leading to a wide range of symptoms such as menorrhagia, pelvic pain, pressure symptoms, and infertility. Although many women with fibroids are asymptomatic, the symptoms can significantly impair physical and psychological well-being, as well as social and work productivity. Traditional management options include hormonal therapies and surgical interventions, such as hysterectomy. However, these treatments often come with limitations, including side effects, complications, and risks to fertility. This review aims to provide a comprehensive overview of uterine fibroids, exploring their pathophysiology, clinical presentation, and current treatment strategies. Special attention is given to the underlying hormonal and genetic factors influencing fibroid development, as well as the role of lifestyle and environmental factors in the increasing prevalence of fibroids. The review also discusses non-surgical and alternative approaches, including the role of Ayurvedic medicine, which offers a holistic perspective on fibroid management. By comparing conventional and alternative therapies, this review highlights the need for more research to establish effective, personalized, and non-invasive treatment modalities for uterine fibroids, addressing the growing demand for safer and less invasive options in gynecological practice.

KEYWORDS: *Granthi*, leiomyomas, uterine fibroid, Yonirog vikara, Mamsa Vridhi, Uterine fibroid.

INTRODUCTION

Uterine fibroid, a noncancerous growth of the uterus that often appear during childbearing age of female and also known as fibromyomas, leiomyomas or myomas; is one such gynecological disorder which is posing a major health problem.[1] It is a commonest benign tumor of the uterus and also the commonest benign solid tumor in females. Histologically, this tumor is composed of smooth muscle and fibrous connective tissue, so named as uterine leiomyoma, myoma or fibromyoma. It has been estimated that at least 20 percent of women at the age of 30 have got fibroid in their wombs. Fortunately, most of them (50%) remain asymptomatic. It is predominantly an estrogen-dependent tumor.[2] Fibroids occur in 20–40% of women during reproductive age and 11–19% in perimenopausal age.[3] Women experience distress and impaired work productivity due to fibroid. There are many women undiagnosed with significant symptoms emphasizing the need for improved awareness and management of fibroids.[4] Uterine myomas have been classified according to their 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.[5] Following menopause, there is cessation of growth and there is no new growth at all. However, the fibroid grows rapidly during pregnancy or amongst pill users (high dose pills). Rapid growth may also be due to degeneration or due to malignant change. Uterine enlargement most frequently reflects pregnancy or leiomyomas. Less often, enlargement is from adenomyosis, hematometra, an adhered adnexal mass, or malignancy. Of these, leiomyomas are benign smooth muscle neoplasms that

typically originate from the myometrium. They are often referred to as uterine myomas, and they are colloquially called fibroids. After menopause, leiomyomas generally shrink, and new tumor development is infrequent.[6] Localized nodular swelling/growth has been referred under the name of Granthi that develops due to localization of morbid body humors in body tissue.[7] It protrudes like joint of bamboo/joint between two parts of a plant or kernel of the fruit of Amalaki (Emblica officinalis Gaertn.) and is relatively hard and tough, glandular or nodular swelling; knotty, hard and rough appearance. Pathogenesis of Granthi is propounded as when morbid Tridoshas, vitiate Rakta (blood), Mamsa fleshy/muscles), and Meda (fat/adipose tissue) that are admixed with Kapha produce rounded protuberant, knotty or glandular and hard swelling called Granthi.[8] Etiopathogenesis, clinical features and treatment of Granthi is, are identical to the Granthi is of any other body part, however few clinical features present due to a specific location of the disease as a result of anatomical and physiological disturbance.[8,9] Granthi when present in yoni (female reproductive system)/ Garbhashaya (uterus) will lead to disturbed menstrual cycle-menorrhagia, metrorrhagia, dysmenorrhea, etc., along with infertility. On per vaginal examination, bulky uterus is felt. Such clinical entity is diagnosed today as Uterine fibroid where in Vata Dosha (humor) is the predominant pathological factor being the natural site of its location (Basti Pradesh) in the body. In Ayurvedic literature total, nine types of Granthi have been mentioned depending upon the pathological factor, and the body tissue involved.[10,11,12] Fibroids can be related to the “Granthi” mentioned in Ayurvedic texts, and it can be managed according to the principle of Samprapti Vighatana (to break the pathogenesis).However, the management of fibroids is undergoing an important evolution, with the focus on patient’s quality of life. The treatment approach is directed towards reducing size of fibroids using Ushna, Tiskhna, Lekhana Dravyas along with management of symptoms. The inevitable roles of Vata in Yoni Roga is also taken into account in its management. Combining different treatment aspects of Granthi and Yoni Roga Chikitsa, a unique approach towards the management of its varied presentations added on with lifestyle modification can contribute to healthy social life.

MATERIALS AND METHODS

Methodology primarily includes literature review of Ayurvedic classics and relevant texts of contemporary science which are critically analysed.

Uterine fibroid, a noncancerous growth of the uterus that often appear during childbearing age of female and also known as fibromyomas, leiomyomas or myomas; is one such gynecological disorder which is posing a major health problem.[1]

Causes of Uterine Fibroid[13]

1. Age - Rare before 20 years and most commonly found after 35 years.
2. Parity- Common in nulliparous and relatively infertile women.
3. Racial- African, American ethnicity associated with 3-9 times more prone than Asian.
4. Genetic - plays very important role in fibroid development.
5. Changes in Oestrogen and Progesterone level.
6. Late pregnancy and multiple pregnancies.
7. Lifestyle related causes - stress, obesity, diet.

Types of Uterine Fibroid

Uterine Fibroids are classified by their location

1) Sub-serosal Fibroids- Located at outer wall of the uterine cavity and in serosal covering of the uterus and expand outward through the wall. The sub-serosal fibroid that can form a stalk on which the mass is attached termed pedunculated fibroids.

2) Intramural Fibroids- The word "mural" means "wall". An intramural fibroid is one that arises within and remains in the wall of uterus. These fibroids are the most common type of fibroid. Located in the thick wall of the uterus (myometrium). These develop within the lining of the uterus and expand inward.

3) Submucosal Fibroids- They are located inside the cavity of the uterus. These are located in muscle beneath the lining of uterine wall (endometrium). These are the least common fibroids, but they tend to cause the most problems.

They can cause heavy bleeding, long period and irregular bleeding between the cycles

Symptoms

Most women with leiomyomas are asymptomatic. However, affected women may complain of bleeding, pain, pressure, or infertility. In general, symptom risk increases with myoma size and number. Bleeding is common, especially heavy menstrual bleeding (HMB), and dilated endometrial venules are implicated.[14] A sufficiently enlarged uterus can cause chronic pressure, urinary frequency, incontinence, or constipation. Rarely, leiomyomas extend laterally to compress a ureter and lead to obstruction and hydronephrosis. Aside from pressure, patients may also note dysmenorrhea, dyspareunia, or non cyclical pelvic pain. Acute pelvic pain is a less frequent complaint but is most often seen with a degenerating or prolapsing leiomyoma. Rare tumor complications include torsion of a subserosal pedunculated leiomyoma, acute urinary retention, or deep-vein thromboembolism.[15] Another common symptom is a progressive increase in pelvic pressure. This may be a sense of progressive pelvic fullness, “something pressing down,” or the sensation of a pelvic mass. Most commonly, this is caused by slowly enlarging myomas.[16]

Differential Diagnosis

1. Endometrial Polyp, Endometrial Cancer
2. Endometrial Hyperplasia
3. Endometrial cyst/ endometrioma
4. Ectopic pregnancy

5. Adenomyosis
6. Pregnancy
7. Haematometra
8. Ovarian tumour

Description of Granthi in Ayurveda: there is no separate description of Granthi of reproductive system. The Granthi described in Samhitas are to be considered in Stri roga context with reference to Doshas and get treated as similar. The disease arising due to excessive, uncommon or peculiar and improper growth of cells, developing in any body part have been described as Granthi in Ayurvedic classics. Various terminologies like Granthi, Arbuda, Shopha, Gulma, Vidradhi, Arshas etc described in ancient Ayurveda classics, seems to be similar to tumours or cystic swellings. There is no direct reference of uterine fibroid in Ayurveda. According to Aacharya Charaka, the clinical features of Granthi are different and they are described in Shotha Adhyaya.[17] Sushruta Acharya mentions that main clinical feature of Granthi, Vidradhi and Alaji is Shopha or swelling.[18] When Granthi becomes large, it is called Arbuda.[19] In fibroids usually suppuration does not occur, so it may not be correlated to Vidradhi. Arshas are fleshy outgrowths sprouts of muscles, skin and fat tissue growing in rectum, nose, ears, skin due to vitiation of Tridoshas in Twak, Mamsa and Medas.[20] Fibroids being mainly muscular in origin, with slow growth may be better compared to Mamsa Granthi occurring in Garbhashaya. The description of Mamsa Granthi told by Acharya Vagbhata are Snigdham (smooth), Mahantam (big), Kathinam (hard) and studded with arteries and veins caused due to ingestion of Mamsa Ahara.[21] The attributes of myoma like Kathinya (hardness), Ghanatwa (solidification) and Gaurava (heaviness) are Kaphaja in nature. On the other hand, Kharatwa (rigid), Parusatwa (roughness) are attributes of Vata.

CONCLUSION

The Ayurvedic perspective correlates uterine fibroids with *Garbhashayagata Granthi*, emphasizing the role of Vata and Kapha Dosha in its pathogenesis. Management based on Ayurvedic principles, including Vata-Kapha shamaka, Rakta-shodhaka, Lekhana, Shothaghna, and Kledaghna therapies, has shown promising outcomes. Formulations such as Kanchanara Guggulu, Shigru Guggulu, and Haridra Khanda, along with measures like Dipana, Pachana, and Srotovishodana, contribute to reducing symptoms and controlling disease progression.

Ayurveda offers a holistic and individualized approach by integrating herbal medications, Rasayana therapy, and lifestyle modifications. Practices like Dinacharya, Ritucharya, and Rajaswalacharya play a vital role in maintaining overall health, improving immunity, and preventing recurrence. Avoidance of Kapha-Medo Vardhaka Ahara such as excessive consumption of meat and junk food is equally important. The emphasis on Nidana Parivarjana highlights prevention as a key strategy.

Although fibroids significantly impact daily activities and reproductive health, surgical intervention is not the only solution, especially in early stages. With appropriate Ayurvedic management and lifestyle regulation, effective control of symptoms and improvement in quality of life can be achieved. Further large-scale studies are needed to validate these approaches and strengthen their integration into modern healthcare.

REFERENCES

1. Pratap K, Malhotra N. 7th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2008. Jeffcoate's Principles of Gynaecology, p. 488. [Google Scholar]
2. D. C. Datta, TextBook of Gynaecology, Edited byHiralal Konar, New Central Book Agency (p) Ltd.-London, 6th edition, 2013; chapter 19: p272.
3. Bulun SE. Uterine fibroids. N Engl J Med, 2013 Oct 3; 369(14): 1344–55. *doi:10.1056/NEJMra1209993. PMID: 24088094 [Crossref][PubMed][Google Scholar]*
4. Stewart EA. Uterine fibroids. Lancet, 2001; 357(9252): 293–8. *[Crossref][PubMed][Google Scholar*
5. Moravek MB, Bulun SE. Endocrinology of uterine fibroids: steroid hormones, stem cells, and genetic contribution. Curr Opin Obstet Gynecol, 2015; 27(4): 276–83. *[Crossref][PubMed][Google Scholar]*
6. Hoffman, Schorge etc, Williams gynecology edition 3,2 016; chapter 9, pg number 202-03.
7. Vaidya Yadavji Trikamji Acharya., editor. 9th ed. Varanasi: Chaukhamba Orientalia; 2007. Sushruta, Sushruta Samhita, Nidana Sthana, Vatvyadhinidan Adhyaya, 1/3. 256. [Google Scholar]
8. Vaidya Yadavji Trikamji Acharya., editor. Varanasi: Chowkhambha Orientalia; 2011. Agnivesha, Charaka, Dridhabala, Charaka Samhita, Chikitsa Sthana, Shwayathu Chikitsa Adhyaya, 12/74. reprint ed. 488. [Google Scholar]
9. Ibidem. Charak Samhita, Chikitsa Sthana, Shwayathu Chikitsa Adhyaya, 12/81. 489. [Google Scholar]
10. Vaidya Yadavji Trikamji Acharya., editor. 9th ed. Varanasi: Chaukhamba Orientalia; 2007. Sushruta, Sushruta Samhita, Nidana Sthana, Granthi-Apachi-Arbud-Galganda Nidana Adhyaya, 11/4. 311. [Google Scholar]
11. Shivprasad Sharma., editor. 1st ed. Varanasi: Chowkhambha Sanskrit Series Office; 2006. Vriddha Vagbhatta, Ashtanga Sangraha, Uttara Tantra, Granthi – Arbud-Shlipada-Apachi-Nadi Vijananiya Adhyaya, 34/3; pp. 803–4. [Google Scholar]
12. Pandit Harishastri Paradakar., editor. Varanasi: Chowkhamba Krishnadas Academy; 2006. Vagbhata, Ashtanga Hridaya, Chikitsa Sthana, Uttara Sthana, Granthi – Arbud-Shlipada-Apachi-Nadi Vijananiya Adhyaya, 29/1. reprint ed. 881. [Google Scholar]

13. Textbook Of Gynaecology, D.C. Dutta, Sixth edition, Chapter no. 19, Pg.no.259.
14. Robert Casanova, Alice Chuang etc, Beckmaan and Linn Obstetrics andgynecology; Eighth edition 2019, chapter 48, pg number 975.
15. Hoffman, Schorge etc, Williams gynecology edition-3, 2016; chapter 9, pg number 204.
16. Robert Casanova, Alice Chuang etc, Bekmaan and Linn Obstetrics and gynecology; Eighth edition, 2019; chapter 48, pg number 975.
17. Charaka Samhita, Vd. Harishchandra singh Kushwaha, Chaukhamba Orientalia, Varanasi. Edition 2012 Chikitsasthana, Adhyaya 12, Pg. no. 289.
18. Sreekanthamurthy KR. Illustrated Susrutha Samhita Vol.I (Sutra Sthana). Varanasi; Chaukhamba Orientalia, 2014; p. 121.
19. Sreekanthamurthy KR. Vagbhata's Astanga Hridayam Vol. III (Uttara Sthana). Varanasi; Chaukhamba Orientalia, 2012; p. 277.
20. Sreekanthamurthy. K.R. Illustrated Susrutha Samhita. In: NidanaSthana Vol 1. Varanasi: Chaukhamba Orientalia, 2014; p. 480.
21. Sreekanthamurthy KR. AstangaSamghrahaof Vagbhata Vol. III (Uttara Sthana). Varanasi; Chaukhamba Orientalia, 2005; p. 301.