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"UTERINE FIBROIDS: *YONIVYAPAD* CORRELATION AND EVIDENCE-BASED AYURVEDIC MANAGEMENT"

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ABSTRACT:
Introduction: Uterine fibroids, or leiomyomas, are benign smooth muscle tumors of the uterus, commonly affecting women of reproductive age. They present with menorrhagia, dysmenorrhea, pelvic pain, and infertility. Conventional management includes hormonal therapy, myomectomy, or hysterectomy, which may lead to recurrence or complications. Ayurveda correlates uterine fibroids with *Yonivyapad*, resulting from *dosha* imbalance (*Vata-Kapha*), *Rakta* vitiation, and obstruction of the *Artavavaha Srotas*. Herbal therapy, *Panchakarma* procedures, and lifestyle modifications are traditionally recommended to restore *dosha* balance and uterine health. **Methods:** A systematic literature review was performed using PubMed, Scopus, Web of Science, Google Scholar, and AYUSH Research Portal. Keywords included "uterine fibroids," "leiomyoma," "*Yonivyapad*," "Ayurveda," "herbal therapy," and "*Panchakarma*." Classical Ayurvedic texts, preclinical studies, clinical trials, and systematic reviews published between 2000–2025 were included. Exclusion criteria encompassed non-peer-reviewed articles and studies lacking clinical outcomes. Data were synthesized thematically based on pathophysiology, symptomatology, and management strategies. **Results:** Ayurvedic management of uterine fibroids emphasizes *dosha* balancing, *Rakta* purification, and uterine tonicity. *Panchakarma* interventions such as *Virechana* (therapeutic purgation) and *Basti* (medicated enema) target vitiated *Vata* and *Kapha*, alleviating pelvic congestion and pain. Herbal formulations including *Ashokarishta*, *Dashamoola*, *Shatavari*, *Punarnava*, and *Guggulu* demonstrate anti-inflammatory, analgesic, and hormonal modulatory properties. Clinical studies report reduced fibroid size, improved menstrual patterns, decreased pain, and enhanced fertility outcomes with minimal adverse effects. **Discussion:** Ayurvedic management complements modern therapy by addressing etiological factors and systemic imbalance, rather than only symptoms. Although preliminary evidence supports its efficacy, limitations include small sample sizes, heterogeneity in formulations, and lack of standardized protocols. Future studies should focus on randomized controlled trials, mechanistic evaluation, and integrative approaches. **Conclusion:** Ayurvedic therapies for uterine fibroids offer a holistic approach to symptom relief, *dosha* balance, and reproductive health. Integration with conventional management may improve clinical outcomes and reduce recurrence, supporting a patient-centered, evidence-based framework for gynecological care.
KEYWORDS: Ayurveda, fibroids, herbal therapy, *Panchakarma*, *Yonivyapad*

INTRODUCTION

Uterine fibroids (leiomyomas) are non-cancerous smooth muscle tumors of the uterus, prevalent among women aged 30–50 years. They often cause menorrhagia, dysmenorrhea, pelvic pain, urinary disturbances, and infertility. [1-2] Fibroids are the leading cause of hysterectomy worldwide and have significant socioeconomic and reproductive implications. Conventional treatment options include hormonal therapy, myomectomy, and hysterectomy, but recurrence rates remain high, and potential complications affect quality of life. [3-4]

Ayurveda interprets uterine fibroids under the broad spectrum of *Yonivyapad*. According to classical texts, fibroids are caused by *Vata-Kapha* imbalance, *Rakta* vitiation, and obstruction of *Artavavaha Srotas*, leading to abnormal uterine growth, pain, and menstrual disturbances. [5-7] The presence of *Ama* (toxins) and impaired *dhatu* nourishment further aggravates the condition. Ayurvedic management emphasizes restoring *dosha* balance, purifying *Rakta*, and promoting uterine tissue health through *Panchakarma*, herbal formulations, and lifestyle modification. [8]

The aim of this review is to critically evaluate the Ayurvedic understanding of uterine fibroids *(Yonivyapad)*, summarize classical and modern evidence on herbal and *Panchakarma* management, and identify research gaps for evidence-based integrative care. [9] The objectives are: (1) to compile classical references regarding *Yonivyapad* resembling fibroids; (2) to analyze modern clinical studies and preclinical evidence supporting Ayurvedic interventions; and (3) to highlight future prospects for integrating Ayurveda into conventional gynecological practice. [10]

MATERIALS AND METHODS

A comprehensive literature search was conducted from January 2000 to September 2025 using PubMed, Scopus, Web of Science, Google Scholar, and AYUSH Research Portal. Search terms included "uterine fibroids," "leiomyoma," *"Yonivyapad,"* "Ayurveda," "herbal therapy," "*Panchakarma*," and "gynecological disorders." [11-12]

Inclusion criteria: [13]

- Classical Ayurvedic texts and authentic commentaries
- Preclinical studies on herbs or formulations used for uterine fibroids
- Clinical trials, case reports, and systematic reviews on *Panchakarma* or herbal interventions in gynecological disorders
- Peer-reviewed publications in English

Exclusion criteria: [14]

- Non-peer-reviewed articles or letters
- Studies without measurable outcomes or control groups
- Duplicate publications

A total of 195 articles were identified; 72 met the inclusion criteria. Data were extracted and synthesized under thematic headings: Ayurvedic pathophysiology, symptomatology, herbal management, *Panchakarma* interventions, clinical outcomes, and integrative strategies. [15]

OBSERVATION AND RESULTS

1. Ayurvedic Concept of Fibroids *(Yonivyapad)*

Classical texts describe uterine growths causing pain, menstrual irregularities, and infertility as *Granthi* or *Yoni Shula*. Fibroids are predominantly *Vata-Kapha* disorders with secondary *Pitta* involvement when associated with menorrhagia. Vitiated *Vata* causes obstruction and pain, *Kapha* leads to mass formation and heaviness, while *Rakta* vitiation manifests as excessive or abnormal bleeding.

2. Pathophysiology and Clinical Correlation

- ***Vata*:** Obstruction of *Srotas*, pelvic pain, dysmenorrhea
- ***Kapha:*** Mass formation, pelvic heaviness, slow growth
- ***Rakta:*** Menorrhagia, clot formation, congestion
- ***Ama:*** Toxin accumulation, tissue inflammation, adhesion formation

This correlates with modern pathology: fibroid growth is estrogen and progesterone-dependent, with inflammation, fibrosis, angiogenesis, and extracellular matrix deposition contributing to tumor formation.

3. *Panchakarma* Interventions

- ***Virechana* (therapeutic purgation):** Eliminates Pitta and vitiated *Rakta*, reducing menorrhagia and pelvic congestion.
- ***Basti* (medicated enema):** Balances *Vata*, alleviates pelvic pain, and improves *Srotas* function.
- ***Raktamokshana* (bloodletting):** Selectively applied to manage *Pitta-Rakta* disorders and abnormal bleeding. Clinical studies show significant reduction in pain scores, menstrual irregularities, and uterine volume post-*Panchakarma* interventions.

4. Herbal Management

- ***Ashokarishta:*** Uterotonic, anti-inflammatory, reduces menorrhagia and pelvic pain
- ***Dashamoola:*** Analgesic, anti-inflammatory, supports uterine tissue health
- ***Shatavari* (Asparagus racemosus):** Hormonal modulation, uterine tonicity, fertility enhancement
- ***Punarnava* (Boerhaavia diffusa):** Diuretic, reduces pelvic congestion, anti-inflammatory
- ***Guggulu* (Commiphora mukul):** Anti-inflammatory, lipid metabolism support, reduces fibroid growth

Preclinical studies demonstrate antioxidant activity, inhibition of inflammatory cytokines, uterotonic effects, and estrogenic modulation, aligning with therapeutic goals for fibroid management.

5. Clinical Evidence

- Case series and observational studies report reduced fibroid size, improved menstrual regularity, alleviation of dysmenorrhea, and enhanced fertility outcomes.
- Combined herbal and *Panchakarma* therapies show better outcomes than herbal therapy alone.
- Minimal adverse events reported, mostly mild gastrointestinal discomfort.

6. Thematic Synthesis

- Holistic benefit: Symptom relief, *dosha* correction, tissue tonicity, systemic rejuvenation
- Alignment with modern understanding: Anti-inflammatory, analgesic, hormonal modulatory, antioxidant properties correspond to fibroid pathophysiology
- Evidence gaps: Small sample sizes, heterogeneity of herbal formulations, variable *Panchakarma* protocols, limited long-term follow-up

DISCUSSION

Uterine fibroids are complex benign tumors with multifactorial etiology, including hormonal imbalance, chronic inflammation, genetic predisposition, and extracellular matrix dysregulation. Conventional therapies—such as hormonal agents, myomectomy, and hysterectomy—provide symptom relief but carry risks of recurrence, complications, and adverse effects. Ayurveda offers a holistic approach by addressing underlying *dosha* imbalances (*Vata-Kapha*), vitiated *Rakta*, and obstruction of *Artavavaha Srotas*. [16]

Classical Ayurvedic texts describe *Yonivyapad* and *Granthi*, which closely resemble fibroid pathology. *Vata* imbalance contributes to obstruction and pain, *Kapha* accumulation leads to mass formation, and *Rakta* vitiation manifests as menorrhagia and pelvic congestion. Ayurvedic management integrates *Panchakarma* therapies, particularly *Virechana* for *Pitta-Rakta* elimination, *Basti* for *Vata* correction, and selective *Raktamokshana* for hemorrhagic symptoms. These procedures improve pelvic circulation, reduce inflammation, alleviate pain, and restore normal menstrual function. [17]

Herbal formulations, including *Ashokarishta*, *Dashamoola*, *Shatavari*, *Punarnava*, and *Guggulu*, exhibit anti-inflammatory, analgesic, uterotonic, and hormonal modulatory effects. Preclinical studies demonstrate inhibition of pro-inflammatory cytokines, antioxidant activity, and estrogenic modulation, corresponding with modern understanding of fibroid pathophysiology. Clinical evidence from case series and observational studies indicates improvements in fibroid size, menstrual regularity, pain reduction, and fertility outcomes. [18]

Despite promising results, evidence limitations exist. Many studies are small, non-randomized, or heterogeneous in terms of herbal formulations and *Panchakarma* protocols. Standardization of interventions, dose optimization, and long-term follow-up data are scarce. Integration with conventional gynecological care requires rigorous

randomized controlled trials, safety assessment, and mechanistic exploration to establish reproducible, evidence-based guidelines. [19]

In summary, Ayurvedic interventions offer a patient-centered, systemic, and symptom-targeted approach. By combining *Panchakarma* therapies with herbal formulations, women may experience improved clinical outcomes, reduced fibroid progression, and better quality of life. This integrative framework aligns with modern principles of personalized medicine and holistic reproductive health care. [20]

CONCLUSION

Uterine fibroids are prevalent benign gynecological tumors that adversely affect menstrual health, fertility, and quality of life. Conventional management often addresses symptoms but not etiological factors, leading to recurrence and adverse effects. Ayurveda presents a comprehensive approach through *dosha* correction, *Rakta* purification, and uterine tonicity restoration. *Panchakarma* therapies such as *Virechana* and *Basti* target vitiated *doshas*, improve pelvic circulation, alleviate pain, and regulate menstrual flow. Herbal formulations including *Ashokarishta*, *Dashamoola*, *Shatavari*, *Punarnava*, and *Guggulu* provide anti-inflammatory, analgesic, antioxidant, and hormonal modulatory effects, aligning with the pathophysiology of uterine fibroids. Clinical studies demonstrate improvements in menstrual regularity, reduction in fibroid size, symptom alleviation, and enhanced fertility outcomes, with minimal adverse events reported.

Evidence gaps persist due to small sample sizes, heterogeneity of interventions, and limited long-term follow-up. Standardized clinical protocols and multicenter randomized controlled trials are essential to validate efficacy and safety. Future research should also explore mechanistic pathways, herb-drug interactions, and integrative approaches with modern gynecological care.

In conclusion, Ayurveda offers a holistic, patient-centered, and potentially effective framework for the management of uterine fibroids. Integrating *Panchakarma* and herbal therapies with conventional treatment may improve clinical outcomes, reduce recurrence, and enhance reproductive health, supporting evidence-based, comprehensive care for women with fibroid disorders.

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