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Ayurvedic management of Haemorrhagic Ovarian Cyst (*Andashayagata Raktaja Granthi*) - A Case Report

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ABSTRACT

Ovarian cyst is closed sac like structure on or within the ovary that is filled with liquid or semi-solid substance. Hemorrhagic cyst is a type of functional cyst usually these are called as Corpus luteal cyst. A 43 year old female patient with hemorrhagic cyst came for *Ayurvedic* treatment, she has severe lower abdominal and lower back pain. USG finding was right ovarian cystic lesion with thick content and multiple septae of size 3.3×3.2cms. Though hormonal or surgical treatments are the line of treatment but it can be effectively treated on the basic concepts of ayurvedic classics. Acharyas explained about *Granthi* but *Raktaja Granthi* is specially explained by *Acharya Vagbhata* which develops due to vitiation of *Rakta* caused by *Vatadi Dasha* characterized with features of *Pittaja Granthi*. Patient was treated with only *Ayurvedic* Oral Medicines. After completion of 2 months of treatment the USG report revealed completely resolved cysts.

Key words: *Granthi, Raktaja Granthi, Cyst, Hemorrhagic Cysts, Corpus Luteum Cysts*

INTRODUCTION

In women's life hormones play an important role from menarche to menopause. Abnormality in the ovarian hormones in coordination with HPO axis influences her physical, psychological and reproductive health. The ovaries are suspended laterally to the uterus via the utero-ovarian ligament, covered by meso-ovarium. The non-neoplastic enlargement of the ovary is usually due to accumulation of fluid inside the functional unit of the ovary.

Abnormal food habits and altered life have influence on secretion of female hormones and there by leads to manifestation of ovarian cyst. If not diagnosed or

treated on time, the ovarian cyst can also start to affect ovulation; contribute to PCOS and rare conception.

A hemorrhagic cyst^[1] is a kind of functioning cyst that arises when cyst bleeds within the ovary during ovulation. A Graffian follicle instead of releasing an ovum, continue to swell with fluid or blood rather than disintegration. Most of the hemorrhagic ovarian cysts are Corpus luteal cysts which occur due to hemorrhage into a cyst usually painful, triggering the patient to consult physician. Excessive hemorrhage takes place inside the corpus luteum in spite of blood filled cyst, the progesterone and estrogen secretion continues due to which the menstrual cycle may be normal or absent or delayed which is usually followed by heavy and/ or prolonged bleeding. Few of them can be neoplastic but they are usually benign. *Granthi*^[2] refers to consolidated, solidified, swelling which looks like nodular mass. The *Raktaja Granthi*^[3] develops due to vitiation of *Rakta* caused by *Vatadi Dasha* characterized with features of *Pittaja Granthi*.

Pathogenesis of *Granthi Roga* is *Väta Kapha* dominating *Tridosha*, for which *Vata Kapha Hara* medications are required, whereas involved *Dushya* are *Rakta, Mamsa, Meda* hence the medications

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should possess *Vatahara* and *Lekhana* properties. Treated with Oral *Ayurvedic* Medicine.

CASE REPORT

A 43 years old female patient visited OPD of *Prasooti Tantra* and *Stree Roga* on 29/09/2020 with complaints of severe lower abdominal pain since 15 days, low back ache, indigestion, bloating of abdomen, associated with pain in lower limbs and general body weakness since 2 months.

Patient had history of Hypertension since 3 months and already is on medication and currently hypertension is under control. She had H/O Renal Calculi 1 year back and treated effectively. Patient's personal history was mixed diet, non-alcoholic and non-smoker.

Patient has regular Menstrual cycle. She has 4 children normally delivered and has underwent Tubectomy.

Patient had *Madhyama Sara*, *Madhyama Samhanana*, *Sama Pramana*, *Madhyama Satmya*, *Madhyama Satva*, *Madhyama Vyayama Shakthi*, *Avara Ahara Shakti* and *Avara Jarana Shakti*.

P/A examination revealed Tenderness in lower abdomen more of at Rt. iliac region, P/V examination revealed that the uterus is anteverted, normal in size and position, Cervix has normal consistency and texture and all fornices are free. Patient was advised for Blood and urine test.

Investigation

Blood group: B+ve

Hb%: 10.2gm%

ESR: 25mm/1st hr

Cholesterol: 215.5mg/dl

RBS: 106.6mg/dl

Urine Albumin: Nil

Sugar: Nil

Micro: 2-3 pus cells / cumm

Patient visited with USG of Abdomen and Pelvis which revealed that uterus was anteverted with normal in size and shape, Endometrial thickness measures 8mm.

Myometrial texture appears normal, left ovary appear normal in size and texture. A well defined cystic lesion with thick content and multiple septae of size 3.3x3.2 cms seen in Right adnexal region, also reported hepatomegaly & fatty changes.

Therapeutic Intervention

Hemorrhagic ovarian cyst can be correlated to *Raktaja Granthi Roga*, Pathogenesis of *Granthi Roga* is *Vata Kapha* dominating *Tridosha*, for which *Vata Kapha Hara* medications are required, whereas involved *Dushya* are *Rakta*, *Mamsa*, *Meda* hence the medications should possess *Vatahara* and *Lekhana* properties. Prescribed medicines are *Varunadhi Kashaya*^[4], *Shiva Gutika*^[5], *Kanchanara Guggulu*^[6] and *Dhanvantari Vati*^[7]

Table 1: Treatment prescribed

Date	Complaints	Treatment			
		Name	Dose	Time	Anupana
29/09/2020	Severe lower back pain. Indigestion, bloating abdomen	<i>Chandraprabha Vati</i>	1-0-1	B/F	<i>Ushna Jala</i>
		<i>Kanchanara Guggulu</i>	1-0-1	A/F	<i>Ushna Jala</i>
		<i>Varunadi Kashaya</i>	2tsp-0-2tsp	A/F	<i>Ushna Jala</i>
		<i>Shivagutika</i>	½-0-½	A/F	<i>Takra</i>
		<i>Dhanvantri Vati</i>	2-2-2	B/F	<i>Ushna Jala</i>
		Medication was prescribed for 15 days			
15/10/2020	lower back ache, burning sensation in chest	<i>Laghusuta Shekara Rasa</i>	1-0-1	B/F	<i>Ushna Jala</i>
		<i>Kanchanara Guggulu</i>	1-0-1	A/F	<i>Ushna Jala</i>

		<i>Varunadi Kashaya</i>	2tsp-0-2tsp	A/F	<i>Ushna Jala</i>
		<i>Shivagutika</i>	½-0-½	A/F	<i>Takra</i>
		Medication was prescribed for 15 days			
30/10/2020	Lower back Ache	Name	Dose	Time	<i>Anupana</i>
		<i>Laghusuta Shekara Rasa</i>	1-0-1	B/F	<i>Ushna Jala</i>
		<i>Kanchanara Guggulu</i>	1-0-1	A/F	<i>Ushna Jala</i>
		<i>Varunadi Kashaya</i>	2tsp-0-2tsp	A/F	<i>Ushna Jala</i>
		<i>Shivagutika</i>	½-0-½	A/F	<i>Takra</i>
		Medication was prescribed for 15 days			
18/11/2020	No any complaints sent for investigation USG abdomen-both ovaries appear normal right ovarian cyst completely resolved	Name	Dose	Time	<i>Anupana</i>
		<i>Chandraprabha Vati</i>	1-0-1	B/F	<i>Ushna Jala</i>
		<i>Arogya Vardhini Vati</i>	1-0-1	A/F	<i>Ushna Jala</i>
		Medication was prescribed for 15 days			

Post Treatment USG: Both ovaries appeared normal, right ovarian cyst completely resolved.

Time Line of Case

Date	Management
29/09/2020	C/O severe lower abdomen pain, low back pain, Indigestion, bloating.

	USG-Rt. adnexa shows well defined cystic lesion, with thick contents and multiple septae lesion 3.3x3.2cm. Advised Ayurvedic medicines.
15/10/2020	C/O lower back ache, burning sensation in chest treated with Ayurvedic medicines
30/10/2020	Reduced abdomen pain and burning sensation in chest but present with persistent lower back ache
18/11/2020	No any complaints. Sent for USG Abdomen and Pelvis-both ovaries appear normal, right ovarian cyst completely resolved.

DISCUSSION

Ovarian cyst is one of the pervasive reasons for ovarian dysfunction, which directly affects the fertility potential. The present finding based on USG and effective management of ovarian cyst with *Ayurvedic* formulations with no adverse effect highlights the promising scope of traditional medicine in the ovarian and infertility disorders.

The patient has been suffering from this condition since 15 days, she was not relieved from the symptoms even though she was treated by contemporary medicine. As in contemporary science most of cysts are to be treated by surgical means. Here we looked into elaborative view of management of haemorrhagic ovarian cyst through *Ayurveda*. There is evidence of use of *Shiva Gutika*, *Kanchanara Guggulu* in ovarian cystic diseases.

In this study along with these two medicines *Varunadi Kashaya* was used because of its *Lekhana* action to reduce the size of cyst and relieve from the symptoms, *Dhanvantari Vati* was used for its *Shoolahara* nature.

The patient was relieved from symptoms in her 4th visit within 2 months of treatment.

Granthihara and *Bhedana* properties of *Kanchanara Guggulu* and *Varunadi Kashaya* act on reproductive system and improve the functions of ovary and *Artava*.

Along with this *Lekhaniya* property of *Kanchanara Guggulu*, helps in reducing the size and arrest the further growth of cyst and *Shiva Gutika* helps in complete resolution of cyst and even acts on *Yakrit*. After the treatment, the USG report revealed no cyst in the right ovary.

CONCLUSION

Haemorrhagic cyst based on its shape, consistency and nature can be probably co-related to *Raktaja Granthi*. There is no direct classical reference for few of the medicines selected in *Granthi & Arbuda Roga*. *Kanchanara Guggulu*, *Varunadi Kashaya* and *Shiva Gutika* formulations have been used as they all are *Katu*, *Tiktha*, *Ushna*, *Lekhana*, *Rukshana*, *Shophahara*, *Granthihara* and *Arbudahara* in nature. Thus, prescribed for *Samprapti Vighatana* of the disease. Yet, more research work is needed in this field by which we can minimize or avoid surgical interventions by practicing ayurvedic treatment methods.

Patient Consent: Taken

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