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Ayurvedic treatment regime of Ovarian Cyst: A Case Report

Deepika¹, J.K. Panda², Suniti Tanwar³

¹Post Graduate Scholar, Dept. of Prasuti Tantra Evum Stree Roga, Shri Krishna Government Ayurvedic College and Hospital, Kurukshetra, Haryana, India.

²Professor, Dept. of Prasuti Tantra Evum Stree Roga, Shri Krishna Government Ayurvedic College and Hospital, Kurukshetra, Haryana, India.

³Associate Professor, Dept. of Prasuti Tantra Evum Stree Roga, Shri Krishna Government Ayurvedic College and Hospital, Kurukshetra, Haryana, India.

ABSTRACT

Introduction: Ovarian cysts are fluid-filled sacs that develop on or within the ovaries, which are part of a woman's reproductive system. Most ovarian cysts are benign (non-cancerous) and do not cause any symptoms. However, in some cases, ovarian cysts can grow larger, rupture, become painful, or cause other complications. Hormonal contraceptives and Surgery only the treatment follow by modern system of medicine. A hormonal contraceptive contributes untoward effect. In *Ayurveda* it can be correlated with *Granthi* (*Kaphaja Granthi*). **Methods:** In this present case study, a 36 years old woman patient consulted to the OPD with the complaint of Pelvic pain come and go, Bloating in the abdomen, Changes in menstrual patterns, and Pain during sexual intercourse. She had also brought her ultrasonography (USG) and finding suggested a right ovarian complex cyst measuring 36mm×36mm×34mm. She was supposed to be treated with traditional ayurvedic formulations; the case was treated for three months with a combination of different traditional Ayurvedic drugs, with the goal of relieving symptoms and dissolving the ovarian cyst. This patient was treated with traditional *Ayurvedic* formulations like *Varunadi Kashyam*, *Guggulu Panchapala Churnam*, *Dashmoola Kwatha*, *Ajmoodadi Choorna*. **Result:** Only *Ayurvedic* medicines were used during the course of the treatment. Follow-up USG showed complete disappearance of cyst and symptoms also subsided to a great extent. **Discussion:** The present study emphasizes the role of *Ayurveda* in bringing a positive result in the management of ovarian cyst.

Key words: *Granthi, Ovarian cyst, Ovaries, Kaphaja Granthi, Ayurveda.*

INTRODUCTION

Ovarian cysts are fluid-filled sacs that develop on or within the ovaries, which are part of a woman's reproductive system. They are quite common and can occur at any age, although they are most commonly found in women during their childbearing years.^[1] An

ovarian cyst is a common gynaecological problem and is divided into 2 main categories; physiological and pathological.^[2] Physiological cysts are follicular cysts and luteal cysts. Pathological cysts are considered as ovarian tumors, which might be benign, malignant, and borderline. Benign tumors are more common in young females, but malignant are more frequent in elderly females.^[3] Most ovarian cysts are benign (non-cancerous) and do not cause any symptoms. In fact, many women may have ovarian cysts without even being aware of them, as they often resolve on their own without any treatment. However, in some cases, ovarian cysts can grow larger, rupture, become painful or cause other complications. It's important to understand the symptoms, potential risks and treatment options associated with ovarian cysts.

Symptoms:

Pelvic pain or aching, which may be dull or sharp and may come and go, Bloating or swelling in the abdomen,

Address for correspondence:

Dr. Deepika

Post Graduate Scholar, Dept. of Prasuti Tantra Evum Stree Roga, Shri Krishna Government Ayurvedic College and Hospital, Kurukshetra, Haryana, India.

E-mail: deepikajangra08@gmail.com

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Changes in menstrual patterns, Pain during sexual intercourse, Frequent urination or difficulty emptying the bladder completely, feeling full quickly while eating.^[4]

Complications:

Most ovarian cysts do not cause complications. However, certain types of cysts can lead to complications, such as:

- Rupture: If a cyst ruptures, it can cause sudden and severe pain. In some cases, it may require immediate medical attention.
- Ovarian torsion: If a cyst causes the ovary to twist, it can result in severe abdominal pain and may restrict blood flow to the ovary. This is a medical emergency.
- Ovarian cancer: While most ovarian cysts are benign, some can be cancerous. It's important to monitor any changes in size, appearance, or symptoms and consult a healthcare professional for evaluation.^[5]

Diagnosis and Treatment:

Based on symptoms, physical examination, pelvic ultrasound, or other diagnostic tests to evaluate the cyst. Treatment for ovarian cysts depends on various factors, including the size, type, and symptoms associated with the cyst. In modern system of medicine options may include: Medications (Hormonal contraceptives, such as birth control pills) and Surgery. In some cases, they may also remove the ovary or perform a hysterectomy if necessary.

In *Ayurvedic Samhita*, a detail description about *Granthi*^[6] is available. Ovarian cyst can be correlated to *Kaphaja Granthi Roga*^[7], Pathogenesis of *Granthi Roga* is *Vata Kapha* dominating *Tridosha*, for which *Vata Kapha Hara* medication are required, whereas involved *Dushya* are *Rakta, Mamsa, Meda* hence the medication should possess *Vathara* and *Lekhana* properties.^[8]

Here, we introduce a case of ovarian cyst that was successfully treated after *Ayurvedic* management.

CASE REPORT

A 35 years old female patient was came to Prasuti Tantra and Stri Roga OPD with chief complaint of Pelvic pain come and go, Bloating in the abdomen, Changes in menstrual patterns, Pain during sexual intercourse since 2-3 months. She had also brought her USG report and some other blood investigations along with her. She was diagnosed as Right Ovarian Complex Cyst (36mm×36mm×34mm). She took advice from allopathic hospital and took one month oral contraceptive pills. She was not happy with that treatment and her body show some side effects. Then, she came to our hospital for *Ayurvedic* management.

Menstrual History - Patient told that her duration of menstrual cycle was of 5-7 days with irregular interval of 20 days to 25 days, amount of bleeding was increased, and associated with lower abdominal pain.

Obstetric history - G₀P₀A₀L₀

Family history - No relevant family history

Past surgical history - There was not significant history found.

Personal history - Her appetite, sleep, micturition, bowel were all normal.

Clinical findings

General examinations: Built - Normal, Weight - 65kg, height - 152cm, Pulse rate - 76/min, B.P. - 120 /80 mm of hg, Respiration rate - 18/min, Temp. - 98.6°F

Per abdomen - tender and no organomegaly was detected.

Physical examination

Ashtavidha Pariksha

- *Nadi* - VK
- *Mutra* - *Samyak Mutra Pravriti*
- *Mala* - *Sama*
- *Jihwa* - *Sama*
- *Shabda* - *Samyak*
- *Sparsha* - *Ushna*

- *Drika - Samanya*
- *Aakriti - Krisha*

Dashvidha Pariksha

- *Prakriti (nature) - Kaphavataja*
- *Sara (Purest body tissue) - Madhyama (medium)*
- *Samhanana (Body compact) - Madhyama (minimum)*
- *Pramana (Body proportion) - Madhyam (medium)*
- *Satmya (homologation) - Madhyam (medium)*
- *Satva (mental strength) - Madhyam (medium)*
- *Vaya (age) - Yuvati*
- *Vyayamshakti (to carry on physical activities) - Madhyama (least capability)*
- *Aharashakti (food intake and digestive power) - Abhyavarana Shakti & Jarana Shakti - Madhyam*

Systemic Examination

CVS: Heart sounds (S1S2): normal

Respiratory system: normal bilateral air entry, no added sounds. No abnormality found on other system

Samprapti Ghataka (Pathogenic factor)

Dosha - Vata, Kapha

Dushya - Mamsa (muscles), Rakta (blood)

Agni (digestive fire) - Mandagni, Jatharagnimandya.

Srotas (channel) - Artavahasrotas (channels carrying menstrual blood)

Srotodushti - Siragranthi, Sanga

Treatment Schedule

The treatment was carried out with the following medicines for three months.

SN	Medicine	Dose
1.	<i>Varanaadi Kashyam</i> -20 ml	Bid with double amount of water (half hr before food)
2.	<i>Guggulupanchapalam</i>	1 tsp with honey at early morning

3.	<i>Dashmoola Kwath</i> -20 ml	Bid(one hour after meal)
4.	<i>Ajmodaadi Churna</i> - Half tsp	HS (with warm water)

Before Treatment (USG Findings)

DIAGNOSTIC CENTRE
House No. 3, Sector-13, Opp. Lucky Sweet House, Kurukshetra

Ph. No. 01744-221300
9:00 a.m. to 2:00 p.m.
5:00 p.m. to 7:00 p.m.
10:00 a.m. to 2:00 p.m.
4:00 p.m. to 6:00 p.m.

Dr. Nisha Saini
MBBS, DMRD
Consultant Radiologist & Sonologist.
Senior Resident PGIMS Rohtak.
HCMS II General Hospital Panchkula.
Consultant radiologist SIS, Hospital Pehowa

Name: Neelam Rani 35/F Ref. by: Dr. Suniti Dated: 05/12/2022

ULTRASOUND (FOLLICULAR STUDY)

UTERUS & OVARY :

- Measures 6.6 x 3.4 x 4.3 cm Uterus is normal in size, shape and echotexture. Endometrial and myometrial echoes are normal. No focal lesion seen.
- RT ovary is enlarged in size and shows a thick walled cystic lesion of size 3.6 x 3.6 x 3.4 cm (Vol. 24 ml) with multiple internal septations s/o Complex cyst. LT ovary is normal in size, shape and echopattern.
- No free fluid is seen in cul-de-sac.

Study date	Days	Endomet Reaction	Right ovarian Follicle	Left ovarian Follicle
05/12/2022	14TH	6.5 MM	MSF largest measuring 12.9 x 5 mm with cyst as described above	Two small follicles of size 4-5 mm

Kindly Correlate

Dr. Nisha Saini
Radiologist (DMRD)

After Treatment (USG Findings)

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House No. 3, Sector-13, Opp. Lucky Sweet House, Kurukshetra

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Ex. HCMS II General Hospital Panchkula.
Ex. Consultant radiologist SIS, Hospital Pehowa

Name: Neelam Age/Sex: 37/F Dated: 30/04/2023

ULTRASOUND (PELVIS)

URINARY & BLADDER :

- Normal capacity bladder with anechoic lumen and smooth regular walls of normal thickness.

UTERUS & OVARY :

- Measures 7.4 x 4 x 4.7 cm Uterus is normal in size, shape and echotexture. ETT 6.1 mm Endometrial and myometrial echoes are normal. No focal lesion is seen.
- Cervix is normal in size and echotexture. No focal lesion is seen.
- Both ovaries are normal in size and echopattern. No adnexal mass or cyst is seen.
- No free fluid is seen in cul-de-sac.

IMPRESSION : Normal Study.

Dr. Nisha Saini
Radiologist (DMRD)

RESULT

In the last patient was satisfied with the result. Her ultrasound reports revealed no evidence of complex ovarian cyst along with symptoms. Her pain was also reduced, and she was completely cured with Ayurvedic treatment. There is no recurrence of any symptoms and sign until now.

DISCUSSION

In *Ayurveda* the treatment is designed on specific set of principles. It includes *Nidan Parivarjan* - avoiding use of causative factors which are responsible for formation of disease. From *Hetu Sevana* to formation of a disease, the pathological sequence - *Samprapti* was observed and treatment accordingly was designed.

Varunaadi Kashyam - It is a popular formulation mentioned as *Shodhanaadi Gana*. It is *Kapha Medo Hara* in nature. Due to this property it help in *Samprapti Vighatan* of *Granthi Roga*. It is also useful in indigestion, *Satholya*, *Gulma Roga*, *Vidridhi Roga*, *Adhyavata*.^[9]

Guggulu Panchapala Churnam - It's a formulation mentioned in *Nadi Vrana Chikitsa*. When administered with *Madhu*, it has *Lekhaneeya* (scraping) property. Due to anti-inflammatory and antioxidant properties, it helps in aiding in the treatment of *Kaphaja Granthi*.^[10]

Dashmool Kwatha - Collective properties of *Dashmool Kwath* are *Katu Rasa*, *Katu Vipaka*, *Laghu* - *Ruksha Guna*, and *Ushna Veerya*. By virtue of these properties *Dashmool* act as *Aamapachana* and remove the *Avarana* of *Kaphadi Doshas*. As *Dashmool* are *Ushna Veerya* and other properties associating to that are acting on *Vata Dosha* also. It has potent anti-inflammatory and uterine tonic action.^[11]

Due to *Ushna*, *Deepan*, *Kaphamedo Hara*, *Lekhaniya* properties of drugs help in complete removal of cyst in that case.

CONCLUSION

In the modern medical system, hormonal and surgical interventions are the only available treatments for

ovarian cysts. In today era, as many people are afraid of hormonal intervention, the recurrence of ovarian cysts is so likely that it cannot be guaranteed to recurrence of disease. In *Ayurvedic* science, drug availability is an opportunity for a patient to be completely cured without a recurrence of the disease. This *Ayurvedic* treatment helps treat patients with ovarian cysts. From this case study, we can conclude that *Ayurvedic* drugs are effective in treating complex ovarian cysts.

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