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Ayurvedic approach to Ovarian Cyst - A Case Report

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ABSTRACT

An ovarian cyst is a fluid-filled sac that develops in ovary. They're very common in gynaecological practice. In the present case study 36 years old women consulted to *Prasooti Tantra evum Stree Roga* outpatient department with complain of pain in lower abdomen, dysmenorrhoea, nausea during menstruation constipation and generalized weakness. She was advised for USG and findings were Right ovary simple follicular cyst measuring 38 x 35mm. This case was treated for 3 months with different Ayurvedic formulations and therapies with aim to alleviating the symptoms. Treatment protocol was *Koshtashuddhi*, *Yogabasti* and oral medications *Varunadi Kwatha* and *Kanchanar Guggulu*. Follow up USG showed complete disappearance of cyst and symptoms also subsided completely. So, this study indicates ovarian cyst can be cured successfully with Ayurvedic approach.

Key words: Ovarian cyst, Yoga Basti, Varunadi Kwatha, Kanchanar Guggulu

INTRODUCTION

Ovarian cyst is one of the prevalent reasons for ovarian dysfunction. They are quite common and can occur at any age, although they are most commonly found in women during their childbearing years.^[1] Follicular cyst are the most common functional ovarian cysts. Ovarian cysts may multiple or single. Single cyst may have diameter upto 3-5cms and rarely more than 8cm.^[1]

In Modern system of medicine, the treatment is combined oral contraceptive pills or by Cystectomy. These treatments are having some account of side effects. There is need of safe and effective treatment

protocol so present protocol were opted. In follicular cyst the *Samprapti Ghatakas* are

Dosha - Vatadosha and Kaphadosha.

Dushya - Rasa, Rakta, Mamsa, Meda, Arthava.

Srotas - Rasavaha, Raktavaha, Mamsavaha, Medhovaha and Arthavavaha Srotas.

Rogamarga - Abhyantara

Vyaktasthana - Garbhashaya

Udbhavasthana - Amapakwashaya

Agni - Jataragni and Dhatwagni.

The Ayurvedic management *Hetuvipareeta Chikitsa* is *Vatakaphahara Chikitsa*. *Vyadivipareeta Chikitsa* is *Kaphaavrita Samanavayu Chikitsa* by *Pachana, Rookshana, Lekhana, Shodhana, Anulomana* and *Chedana*. In present case study *Yogabasti, Niroohabasti* with *Varunadi Kwatha* and *Anuvasana Basti* with *Mahanarayana Taila* was used. Oral medications *Kanchanar Guggulu* and *Varunadi Kwatha* was advised. Ethical standards were followed as per ICH-GCP (International Conference Clinical Practices of Harmonization-Good clinical practices) guidelines or as per declaration of Helsinki guidelines.

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CASE PRESENTATION

A 36-year-old woman came to *Prasooti Tantra Evum Stree Roga* outpatient department of Taranath Govt. Ayurvedic Medical College, Ballari, Karnataka, with complain of Pain in lower abdomen, Dysmenorrhoea, Nausea during menstruation, Generalized weakness and Constipation.

History of Present illness

Patient was apparently well before 4 years, gradually she observed Pain in lower abdomen, Dysmenorrhoea, Nausea during Menstruation, Constipation and Generalized weakness. She had consulted and taken modern medicines but didn't get relief. So she came to our hospital for further management.

Past history

No history of DM/HTN or any other systemic illness and Allergies. No history of fall/trauma. She was Tubectomised 8 years back.

Personal history

Ahara - Mixed diet, *Vihara* - Stressful life, Sleep - Disturbed, Appetite - Good, Habits - Tea /4-5 times per day, Bowel - Constipation present.

Menstrual history

Menarche - 13 years, LMP - 15/3/2023, Duration - 4-5 days, Interval - 30 days, Dysmenorrhoea - present ++, Quantity - 2-3 pad/day

Obstetric history

G₂P₂L₂A₀D₀ with Full term normal Vaginal delivery

General examination

Build - Average, Nutrition - Good, Height - 5'4", Weight - 66kg, B.P. - 110/80mmHg, P.R. - 74/min, Pallor - Absent.

Dashavidha Pareeksha

Prakriti - Pittakaphaja

Vikruti - Dosh - Vatadosha and Kaphadosha, Dushya - Rasa, Rakta, Mamsa, Meda, Arthava, Srotas - Rasavaha, Raktavaha, Mamsavaha, Medhovaha and Arthavavaha Srotas, Agni - Jataragni and Dhatwagni.

Sara - Twaksara Purusha

Samvahana - Madhyam

Pramana - Madhyam

Satmya - Satmya to hot articles

Satva - Madhyama

Aharashakti - Madhyam

Vyayamashakti - Avara

Vaya - 36 years

Specific examination - On Inspection - anxious look, Palpation - tenderness in lower abdomen.

USG Report - Impression: Right ovary; 38 × 35mm simple follicular cyst

Clinical diagnosis - Ovarian cyst (*Beejakosha Granthi*)

Treatment Protocol

Considering all the symptoms and *Doshaavastha* treatment was planned. After every 15th day follow up was done. Along with the medications *Pathya Ahara Vihara* was also explained to the patient. As per international standards patient's written consent has been collected and preserved.

Koshta Shuddhi - *Nimbamriteranda Tail* 40ml with milk

Yoga Basti - *Anuvasan Basti* with *Narayana Tail* 70ml, *Niruha Basti* prepared by following drugs - 450ml (*Makshik* - 30ml, *Saindhava* - 2gms, *Sneha Dravya* - *Narayana Tail* 50ml, *Kalka* - *Shatapushpa Churna* 15gms, *Kwatha* - *Varunadi Kwatha* 350ml)

Oral medications - *Kanchanar Guggulu* 2 tab. BID after food with warm water, *Varunadi Kwatha* 20 ml BID before food with warm water for 3 months

Advice - To avoid spicy, fermented food, bakery items, fried foods, cold drinks, curd during night and mental stress. Intake of green leafy vegetables, *Tila*, jaggery and all seasonal fruits.

OBSERVATIONS AND RESULTS

After 15 days: There was mild improvement in abdominal pain and constipation. Generalized weakness was unchanged.

After 30 days: After 30 days of treatment Mild pain abdomen was there. Dysmenorrhoea and Nausea during menstruation was improved drastically. Occasionally constipation was observed. Generalized weakness also improved.

After 45 days: Mild abdomen pain and Generalised weakness persist but remaining symptoms improved.

After 60 days and 75 days: Abdominal pain has been reduced and Generalised weakness improved.

After 90 days: All the symptoms reduced. There was no abdominal pain, patient was feeling well without any discomfort and generalised weakness.

USG report:

Impression after treatment: No sonographic abnormality detected.

Before treatment
After treatment

DISCUSSION

Now a days Ovarian cysts are become common ailment in clinical practice. Aetiology of Ovarian cyst remains poorly understood. In follicular cyst the *Samprapti Ghatakas* are *Dosha – Vata Dosha* and *Kapha Dosha*, *Dushya – Rasa, Rakta, Mamsa, Meda, Arthava, Srotas - Rasavaha, Raktavaha, Mamsavaha, Medhovaha* and *Arthavavaha Srotas, Rogamarga - Abhyantara, Vyaktasthana - Garbhashaya, Udbhavasthana - Amapakwashaya, Agni - Jataragni* and *Dhatwagni*. The Ayurvedic management *Hetuvipareeta Chikitsa* is *Vatakaphahara Chikitsa*. *Vyadivipareeta Chikitsa* is *Kaphaavrita Samanavayu Chikitsa* by *Pachana, Rookshana, Lekhana, Shodhana, Anulomana* and *Chedana*. In present case study *Yogabasti, Niroohabasti* with *Varunadi Kwatha* and *Anuvasana Basti* with *Mahanarayana Taila* used. oral medications *Kanchanar Guggulu* and *Varunadi Kwatha* advised.

Acharya Charaka explained in *Siddhithana* (7/64) that the *Basti* administered to the *Pakwashaya* draws the *Dosha/Mala* from all over body from foot to head by virtue of its *Veerya*. It is best therapy to regulate the *Vatadosha* which is chief governing force behind all physiological processes. *Basti* acts like both *Samshodhan* and *Samshamana* (*Su.Chi.35/34*). For *Niruha Basti* and orally *Varunadi Kashaya* was advised.

Varunadi Kashaya drugs are explained in *Shodhanadigana*. It is *Kaphamedhohara* in nature. Due to this property it helps in *Samprapti Vighatana* of *Granthiroga*. It is also useful in *Sthoulya, Gulma, Vidradhi, Adhyavata*.^[3] *Varuna* has anti-inflammatory property by chemical lipoel. Lipoel decreases myeloperoxidase levels thus causing reduction in cell infiltration into inflamed tissues. A number of triterpenoids have shown potential as antineoplastic agents and exhibit antiproliferative activity when tested against various cancer cell lines. So, it is going to arrest the growth of cysts.^[4]

Anuvasana Basti done with *Narayana Tail*. The *Narayana Tail* with its *Katu, Tikta Rasa, Laghu, Ruksha Guna, Ushna Veerya* and *Katu Vipaka* and *Vatakaphahara Doshagnata* ultimately acts as *Deepana, Pachana, Anuloman* and *Srotoshodhana*. It removes the *Sangha* and *Avarana* leading to proper function of *Vayu*. The drugs of *Narayana Tail* have *Prajasthapana, Rasayan, Balya, Bramhaniya* properties which may correct the function HPO axis subsequently resulting in proper functioning of ovaries.

Kanchanar Guggulu^[5] is used in the management of *Gulma, Apachi, Granthi, Vrana*. It is having properties like *Ruksha, Laghu, Lekhaneeya* and *Ushna Veerya*. It balances *Kaphadosha* and reduces *Medha Dhatu*. Due to its *Lekhaneeya* and anti-inflammatory properties helps to reducing size and further growth is restricted. *Kanchanar Guggulu* acts like *Srotoshodhak*.

CONCLUSION

This Ayurvedic approach is helpful in treating ovarian cysts. Further clinical study on large sample can be establish the role of this treatment in specific cases of ovarian cysts.

REFERENCES

1. Crum C.P. The female genital tract, In: Kumer V., Abbas A.K., and Fansto N., Robbins and Cotran pathologic basis of disease, 7thed, China, Elsevier Sanders, 2005:1092-1105.
2. Kumar Pratap, Malhotra Narendra, Jeffcoate's Principles of Gynaecology. 7th International edition. Kolkata Jaypee brothers Medical Publishers(P)Ltd; 2008:525.
3. Yadunandan Upadhyaya. Ashtang Hridaya reprint ed. Chaukhambha Prakashan, Varanasi 2008. p-755.
4. Sikarwar MS, Patil MB. Antidiabetic activity of Cratevanurvala stem bark extracts in alloxan-induced diabetic rats. J Pharmbioall sci.2010:18-21.
5. Shivaprasad Sharma (editor).Vridhnavagbhata, Ashtangsangraha, uttaratantra,chapter 34. Verse no.3. 1st edition, Varanasi; Chaukambha, Sanskrit sanshan; 2006:803.

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