

Effect of Panchakarma in Ovarian Cyst - A Case Report

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Ovarian cysts are common, fluid-filled sacs that develop on or within a woman's ovaries. The symptoms largely depend on the size of the cyst. In allopathic medicine, treatment typically includes the use of combined oral contraceptive pills. If the cyst continues to grow after three months of medication, surgical options such as laparoscopy or laparotomy may be suggested. However, contraceptive pills can have several side effects. In Ayurveda, ovarian cysts can be compared to a condition called Granthi. The term Granthi is found in classical Ayurvedic texts like Sushrut Samhita, Madhavnidan, Bhavprakash, and Yogratanakar. According to Chakrapani, Granthi refers to a specific type of glandular or nodular swelling. This condition is understood to include various benign tumors or cysts. The treatment of Granthi - particularly the Vataja, Pittaja, and Medoja types that are inflamed or suppurated - involves specific Ayurvedic therapies. For Kaphaja Granthi, gentle massage is recommended to soften the swelling. These descriptions align closely with the characteristics of subcutaneous cysts, including ovarian cysts. A case study demonstrated the successful treatment of a simple hemorrhagic ovarian cyst measuring 3.2 x 2.8 x 2.7 cm using Ayurvedic methods. After four months of therapy, which included Panchakarma procedures like Basti Karma and Virechana Karma along with internal herbal medications, the patient experienced complete relief from symptoms and full resolution of the cyst.

Keywords: Ovarian cyst, Granthi, Ayurveda, Panchakarma, Basti Karma, Virechana Karma, Hemorrhagic cyst, Ayurvedic treatment, Case Report

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Introduction

Many women experience ovarian cysts at least once during their reproductive years, making it one of the most common issues seen in gynaecological outpatient departments. 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] Ovarian cyst is one of the prevalent reasons for ovarian dysfunction, which directly affects the fertility. Any ovarian follicle larger than two centimetres in diameter is termed as ovarian cyst. 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 tumours, which might be benign, malignant, and borderline. Benign tumours 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. Pelvic pain or aching, which may be dull or sharp and may come and go, Bloating or swelling in the abdomen, Changes in menstrual patterns, Pain during sexual intercourse, Frequent urination or difficulty emptying the bladder completely, feeling full quickly while eating.[4] Ovarian cysts are diagnosed by ultrasound, MRI and CT scan.

In modern system of medicine, the treatment of an ovarian cyst is mainly done by hormonal treatment (combined oral contraceptive pills) or by surgical treatment such as pelvic laparoscopy. This is the only management of ovarian cyst present in modern system of medicine to meet urgent need of the patient and challenges are remain to establish a satisfactory conservatory medical treatment till date; unavailability of conservative and satisfactory treatment in bio-medicine need to search for conservative and satisfactory treatment available in other medical system.

In *Ayurveda* ovarian cyst may be correlated with *Kaphajgranthi*. The Lakshan of *Kaphajgranthi* is *Vedanarahita, Ghana, Sheeta, Savarna* and *Kanduukta*(itching) *Acharya Sushrut* has given elaborate description of *Granthi* from its etiopathogenesis classification and its management, but not mentioned about neoplastic swelling of female genital organ. *Ayurveda* has a very satisfactory line of treatment for ovarian cyst.[5] In various *Ayurvedic* classics the line of treatment of *Granthi* is available like *Mansaja* and *Kaphaj Granthi Chikitsa, Medapradoshaja Vyadhi Chikitsa, Panchakarma* e.g. *Snehan, Sweadan, Vaman, Virechan* and *Basti* etc. *Chikitsa* of *Kaphaj Granthi* includes *Shodhan, Shaman* and *Chedan Karma*. [6] In the present study *Virechan Karma* was done followed by *Samsarjana Karma* and *Shaman* therapy are used for the management of Ovarian cyst.

Case Report

A 24 year old female patient unmarried attended OPD, Department of Panchakarma, Pt Khushilal Sharma Govt Ayurvedic College and Hospital, Bhopal on 3/07/2024 with complaints of lower abdominal pain, pain during micturition and defaecation, constipation since 1 week. On detailed evaluation, the patient attained her menarche at the age of 14 years, had regular menstrual cycles with 3-4 days of duration at an interval of 28-30days. Patient Complained of dysmenorrhoea at the time of menstrual cycle. Per vaginal examination revealed that the Uterus is anteverted, normal in size, consistency and position. A mass is felt on the right fornix. Cervix is in mid position and there is no discharge present. Moderate tenderness was elicited in right iliac fossa during per abdominal examination. Patient was advised to do Blood Routine, Urine routine and thyroid profile. Urine routine and thyroid profile were found to be within normal limits. Blood analysis revealed raised ESR 48mmfhr and rest were normal After that the patient was advised to do USG of Abdomen & pelvis for further confirmation. USG report revealed that the uterus is anteverted, Normal in size 5 x 4.6 x 6cm. Endometrial thickness 3mm. No focal myometrial lesions seen. Right ovary shows a cyst of size 3.2 x 2.8 x 2.7cm (volume 12.5cc) showing internal echogenic contents without internal vascularity. Mild fluid seen in pouch of douglas. Left ovary 3.8 x 2cm, normal. Appendix not separately visualized. No ascites present.

Menstrual history:

Menarche - 14 years
 LMP - 5/6/25
 Duration - 3 days
 Interval - 28 to 30 days
 Clot - mostly
 Dysmenorrhea - present
 Pad - 3-4 pads/day
 Any discharge - Nil

Personal history:

Diet - Vegetarian
 Bowel - irregular
 Appetite - poor
 Bladder - Within normal unit
 Allergy - Nil

Physical examination

Ashtavidha Pariksha

Nadi - Vata Pittaja
 Mutra - Samyak Mutra Pravriti
 Mala - Sama
 Jihwa - Sama
 Shabda - Samyak
 Sparsha - Ushna
 Drika - Samanya
 Akriti - Krisha

Dashvidha Pariksha

- Prakriti (nature) - Vatapittaj
- 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

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:

Prior to Panchakarma dietary and digestive issues solved.

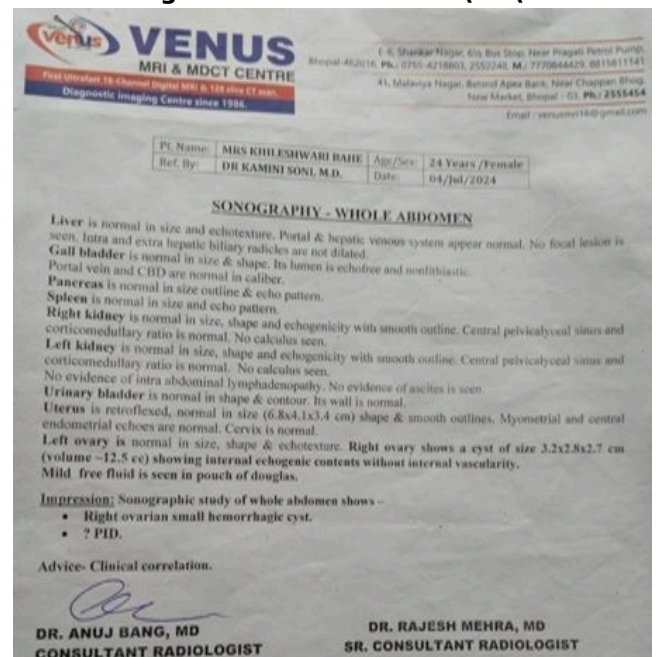
The treatment was carried out with the following medicines for two months.

SN	Treatment	Duration \ Dose
1.	Kanchnar Guggulu	250mg bid
2.	Ashokarishta	20 ml bid
3.	Tab Triphala	250 mg tds
4.	Matra Basti with Phala Ghrita	20 ml
5.	Yonidhavan with Triphala, Panchnimba, Panchvalkal, Sphatik Kwath	Twice a day

Following treatment was discontinued during Virechana procedure and continued again for 2 months after completion of Samsarjana Karma.

SN	Procedure	Drug	Dose \ Duration
1.	Deepan Pachana	Chitrakadi Vati	250 mg bid before food
		Trikatu Phant	2 lit 3 to 4 times
2.	Snehpana	Triphala Ghrita	5 days (in increasing dose)
3.	Abhyang & Swedana	Bala Oil, Dashmool Kwatha	3 days (In resting phase)
4.	Virechan Karma	Kwath:	Kwath given 200ml
		Aargwadh 15gm	With 50 ml Erand oil
		Trivrat 15 Gm	
		Kutaki 15 Gm	
		Haritaki 15 Gm	
		Vega: 18	
		Shuddhi: Madhyam	
5.	Samsarjana Karma	Followed for 5 days	

USG Findings Before treatment 4\07\24





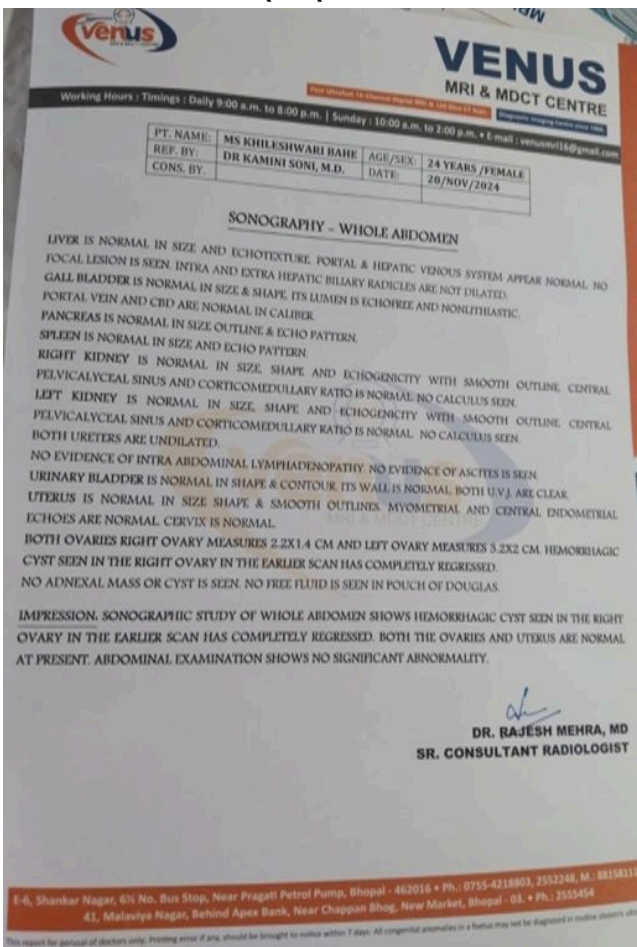
After treatment 20\07\24

Result

The patient was satisfied with the outcome. Her ultrasound reports showed no signs of a complex ovarian cyst, it completely regressed and her symptoms had resolved. Her pain significantly decreased, and she experienced complete recovery through *Ayurvedic* treatment. To date, there has been no recurrence of symptoms or signs.

Discussion

In *Ayurveda*, treatment is based on specific foundational principles. One key principle is *Nidan Parivarjan*, which involves avoiding the causative factors responsible for disease development. From the initial exposure to these causes (*Hetu Sevana*) to the full development of the disease (*Samprapti*), the pathological process is closely studied to tailor the appropriate treatment. Ovarian cysts are a common cause of ovarian dysfunction and can significantly impact fertility. Current findings, supported by sonographic evidence, show that *Ayurvedic* formulations can effectively manage ovarian cysts without causing side effects. This highlights the potential of traditional medicine in treating ovarian and fertility-related conditions. Herbs like *Kanchanar Guggulu* possess *Granthihara* (anti-cystic) and *Bhedana* (penetrating and breaking down) properties,



Which support the health of the reproductive system and enhance ovarian function and *Artava* (including both the ovum and menstrual flow). Additionally, the *Leekhaneeya* (scraping or reducing) property of *Kanchanar Guggulu* helps shrink the cyst and prevents further growth. The formulation *Ashokarishta* primarily possesses *Madhura*, *Tikta*, *Kashaya*, and *Katu* tastes (*Rasa*), has a *Sheeta Virya* (cool potency), *Madhura Vipaka* (sweet post-digestive effect), *Laghu Guna* (light quality), and balances all three doshas (*Tridoshashamaka*).[7]

Its ingredients also offer *Rasayana* (rejuvenating), *Vayahsthapana* (age-sustaining), *Balya*(strengthening), *Medhya* (cognitive-enhancing), *Manasdosahara* (mental disorder relieving), and *Vedanasthapana* (pain-relieving) effects. Additionally, *Agnimandya* (weakened digestive fire) is a common issue during menopause. ASK, through its *Deepana-Pachana* (digestive and metabolic enhancing) actions, supports *Jatharagni* (digestive fire) and effectively addresses gastrointestinal symptoms like indigestion, low appetite, bloating, and constipation. *Triphala* has the ability to induce cytotoxicity (cell death) in tumor cells but spares the normal cells.[8] Similarly, *Triphala* is effective in reducing tumor incidence and increasing the antioxidant status.[9] *Triphala* has analgesic and anti-inflammatory effect. [10] *Virechana Karma*, a therapeutic purgation procedure in *Ayurveda*, is gaining recognition as an effective approach for managing Ovarian cyst *Virechana* expel out the *Aamashayadi Doshas* dragging them towards the *Adhobhaga* through the *Guda* (anus).This traditional practice aims to detoxify the body, balance hormones, and improve overall reproductive health through a structured regimen of dietary modifications, herbal medications, and therapeutic purgation.[11]

Basti works on whole body after entering into *Pakvashaya* or *Guda*. *Guda* is said as *Sharira Mula* having *Shiras* and *Dhamanias*, which spreads all over the body.[12] It exerts local as well as systemic effect. *Basti Dravyas* normalize *Apana Vata* making it to function normal. It also enhances the function of *Purisha*. [13]

One of the functions of *Purisha* is '*Anila Anala Dharana*', thus *Basti* leads to correction of *Agni Dushti*. At the end, *Basti* normalize the function of *Apana Vata* leading to normal *Rajah Pravritti* and normal *Beeja Nirmana*.

Conclusion

In the modern medical system, hormonal and surgical interventions are the primary treatments for ovarian cysts. However, due to concerns about hormonal therapies, many individuals are hesitant to pursue these options, and as a result, the recurrence of ovarian cysts remains a common issue. In contrast, *Ayurvedic* procedures and medicine offers alternative treatment options that aim for complete recovery without the risk of recurrence.

This approach, which includes both *Ayurvedic* medications and *Panchakarma* therapies, has shown promising results in managing complex ovarian cysts. Based on this case study, it can be concluded that *Ayurvedic* treatment is effective, with the combination of internal medicines and *Panchakarma* procedures leading to complete recovery.

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