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A CASE STUDY OF INJECTION PLACENTREX ALONG WITH AYURVEDIC MEDICINE ON OVARIAN CYST

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ABSTRACT
Ovarian cyst is common problem in reproductive-age group of women. The differential diagnosis includes functional cysts, dermoid cysts, endometrioma. The appropriate evaluation includes medical history and physical examination, laboratory tests and imaging. The treatment options include conservative follow-up, medical treatment and surgery. An ovarian cyst is a commonly occurring mass in reproductive-age women. Functional ovarian cysts are physiologic and usually dissolve spontaneously within a couple of menstrual cycles. A combination of oral contraceptives can be used to prevent the occurrence of these cysts. The aim of this article is to study effect of injection placentrex on ovarian cyst. Ovarian cysts are a commonly occurring condition in women nowadays. The differential diagnosis includes functional cysts, dermoid cysts, endometrioma, and another confirmatory diagnosis such as ultrasonography are used to know the type and size of the occurring mass in the ovaries. A suitable evaluation includes a medical history and physical examination, laboratory tests, and other imaging modalities.

KEYWORDS: functional cysts, dermoid cysts, endometrioma.

INTRODUCTION

The adnexa is a set of structures adjacent to the uterus that consist of the ovaries and fallopian tubes. Even though the fallopian tubes are one of the major adnexal structures, the focus of this article will be on the ovaries and the different types of cysts that can form within the ovary. The ovaries are located laterally to the uterus with supports of utero-ovarian ligament, covered by the mesovarium, which is one of the three components of the broad ligament, and connected to the pelvic sidewall with help of infundibulopelvic ligament, which is suspensory ligament of the ovary. The blood supply to the ovaries comes directly from the ovarian artery, a direct branch of the aorta. The venous drainage is unique as the right ovarian vein drains directly into the inferior vena cava, whereas the left renal vein drains the left ovarian vein. In premenopausal women, the ovaries function to produce numerous follicles a month, with one dominant follicle maturing and undergoing ovulation.

As a result of ovulation, a fluid-filled sac known as an ovarian cyst can form on one or both ovaries. Ovarian cysts are sacs containing fluid or blood or semisolid material that develop in or on the surface of an ovary. Ovarian cysts are common and most probably are harmless. Ovarian cysts should always be differentiate as they cause symptoms similar to cancerous ovarian tumors. Ovarian cysts can develop at any stage in a female's life from infancy to puberty to menopause, including during pregnancy. In women of reproductive age, most ovarian cysts are functional, benign, and do not require surgical intervention. However, ovarian cysts can lead to complications such as pelvic pain, cyst rupture, blood loss, and ovarian torsion that require prompt management.

There are two types of ovarian cyst:
1. Non- Neoplastic ovarian cysts
2. Neoplastic ovarian cysts

1) Non- neoplastic cysts
The non-neoplastic enlagement of ovary is usually due to accumulation of fluid inside the functional unit of the ovary
1) Follicular cysts, 2) Corpus Luteum Cyst, 3) Theca – lutein cysts, 4) polycystic ovarian syndrome
5) Endometrial cyst(Chocolate cyst)
Except the last one, all are functional cysts of the ovary and are called cystic ovary.

1) Follicular cysts
-Commonest functional cyst
-Hyperoestrogenism is implicated as its cause.
-Can be formed in unruptured graafian follicle but not exceeding 5cm.
-Follicular cyst is Thin – walled and smooth consistency.

-In majority cases detection is accidentally. Cyst may remain asymptomatic or may produce vague pain

2) Corpus luteum cyst
-Occure due to overactivity of corpus luteum.
-There is excessive bleeding inside the corpus luteum. In spite of blood filled cyst, the progesterone and oestrogen secretion continues
-Menstrual cycle may be normal or there may be amenorrhoea or delayed cycle.
-Usually followed by heavy or continued bleeding. May be confused with threated abortion.

3) Lutein cyst
-Theca-lutein cyst is result of high levels of chorionic gonadotropin that is secreted from trophoblastic tissue.
- Elevated hormone levels of hcg stimulate the development and luteinization of multiple follicles.
-This cyst reach a very large size, depending on the degree of gonadotropin stimulation but it is completely reversible.

4) Polycystic ovarian syndrome
-It is manifested by amenorrhoea, hirsutism and obesity with enlage polycystic ovaries.
-It is heterogenous disorder characterized by excessive production of androgen by ovaries.
-Typically ovaries enlarged. Ovarian volume is increased >10cm. Stroma is increased. Presence of multiple follicular cyst measuring 2-9mm in diameter are found crowded around the cortex.

5) Endometrial cyst
- It is noncancerous, fluid-filled cysts that typically form deep within the ovaries. They get their name from their brown, tar-like appearance, looking something like melted chocolate. They're also called ovarian endometriomas.
- The color comes from old menstrual blood and tissue that fills the cavity of the cyst. A chocolate cyst can affect one or both ovaries, and may occur in multiples or singularly.
- Endometriosis is a common disorder in which the lining of the uterus, known as the endometrium, grows outside the uterus and onto the ovaries, fallopian tubes, and other areas of the reproductive tract. The overgrowth of this lining causes severe pain and sometimes infertility.

6) Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst . Hemorrhagic cysts are commonly seen in clinical practice because hemorrhage into a cyst is usually painful, triggering the patient to consult her physician. They can present with variable clinical symptoms and signs ranging from no symptoms up to acute abdomen.
- HOCs are commonly detected by gray-scale ultrasound, but they are often misdiagnosed due to their variable sonographic appearance; mimicking other organic adnexal masses. Most of HOCs are functional, few of them can be neoplastic but they are universally benign. Surgical intervention should be deferred in the management of HOCs as most of them disappear spontaneously with follow-up, so confident clinical and sonographic diagnosis should be attempted to avoid exposing the patient to unnecessary surgery.
- Surgical intervention may be indicated in cases of large cysts greater than 5 cm in diameter, severe persistent abdominal pain, failure of the cyst to resolve spontaneously, masses that cannot be confirmed to be benign by ultrasound criteria and finally occurrence of complications such as rupture and ovarian torsion.

Haemorrhagic cyst ayurvedic review
RaktaGulma is a tumor arising from the blood in the Artavavahasrota and occurs only in women. This is the term used to describe ovarian cysts and uterine fibroids. The condition is described as being like a false pregnancy where a mass forms instead of an embryo. The aim of this literary review was to scientifically describe the disease RaktaGulma mentioned from Vriddhatri and Laghutri. Information was gathered regarding common causes and signs and symptoms from classics by analyzing the collected data. Specific signs and symptoms of RaktaGulma were identified. (from gathered common signs and symptoms) Finally; RaktaGulmawas compared with the modern Physiological and Pathological conditions those tally with above mentioned common signs and symptoms. According to the results could be concluded that RaktaGulma can occur in both male and female and Haemetometra, Abdominal tumor, ovarian cysts, ovarian fibroma and Pregnancy could be correlated with RaktaGulma.

features can be specified as Unique features of the RaktaGulma
1. Mainly occur in women.
2. Do not appear entire abdominal growth (growth appear in lower part of the abdomen)
3. Can't identify any movements of enlargement (lump) and not pulsates limbs, head et
4. Amenorrhea / Dysmenorrhea
5. Pain and Burning sensation
6. Nausea, Vomiting

AIMS AND OBJECTIVES
To study the effect of Injection Placentrex in the management of Ovarian cyst.

MATERIALS AND METHODS
-Placentrex is a product of aqueous extraction from the biochemically enriched fresh human placent, contain nucleotides, amino acids, peptides and vitamins in natural form.

- Each ml. Is derived from 0.1 gm. of fresh human placenta. Total nitrogen content not more than 0.08% w/v benzyl alcohol b.p.

- Free fom HIV entibody, HCV antibody hepatitis – B surface antigen:
1. Placentrex – properties specific anti – inflammatory, tissue repai r–wound healing immunmodulatory, melanopoetic.
2. Active ingredients of placenta are 1) DNA, 2) RNA, 3) neucleotide, 4) amino acids - tyrocine & tryptophen, 5) vitamins - in natural form, 6) minerals, 7) peptides.

Case presentation
A 19 years old female patient came with complaint of abdominal pain since 8 days, dysmenorrhea since 2 months her LMP was 03/08/2020 with no any present illness or any past or personal history. Her USG on 31/12/2020 shows 2.6x 2.3 cm small haemorrhagic cyst. Allopathic and ayurvedic both treatment are given simultaneously. Inj placentrex 1amp i/m daily for 7 days given from post menstrual day 7th. along with placentrex injection dashmularishta 2TSF BD, Arogya vardhini vati 2 BD, Kanchannar guggul 2 BD given to patient for 1 month follow up taken after 5th day of the next cycle.

Blood testing
C.B.C. & Routine blood tests were performed to rule out the medical diseases. CA125 done was normal.

Doses
After diagnosis of cyst Inj. Placentrex 1Amp I/M were given to the patient daily for 7 days. Patient was called for follow-up on 5th day of 1st menstruation after completion of course and sonography was performed for presence or absence of the cyst.

Observation and Result: follow up taken on 5th day of next cycle abdominal pain was reduced, dysmenorrhea reduced, USG done after 2nd menstrual cycle after inj placentrex and ayurvedic medicine. USG done on 26/2/2021 shows regress haemorrhagic cyst, there is no ovarian cyst present in usg her other complaints were also reduced.

DISCUSSION
Human placental extract has shown to accelerate healing process. 5 Shaw's text book of gynecology states that placentrex (aqueous extract of fresh placenta) 2 ml IM daily or on alternate days (total of 10 inj.) has multipronged, anti-inflammatory action. It also causes tissue regeneration, wound healing, has significant immunotropic action involving both humoral & cellular immunity. David Butlin in his review literature mentioned, placental extract contains peptides similar to hypothalamic factors Shibakasi et al 8 further corroborated this in 1982 reporting that the peptide has CRF- like activity on the release of endogenous steroid, which inhibits phospholipase A2, thus preventing the release of prostaglandins and leukotrienes – the principal chemical mediators of inflammation. About the same time Bianchini et al reported that fraction of a nucleotide in placental extract suppressed the chemical mediators of inflammation derived from plasma, namely the complements, the kinins and coagulation factor. Thus the placental extract has all the potential of being a potent antiinflammatory agent, wound healer and tissue regenerator. To reinforce these properties the extract also exhibited an increase of both cell media ted as well as humoral immunity. This was evidenced by increased levels of IgG, IgM and also increase in number of T-lymphocytes. Clinically placental extract has significant anti-inflammatory effect in PID and tubal blockade also. The result of the present study demonstrate that INJ.PLACENTREX is very effective in treatment of functional ovarian cyst. 95% patients were cured after the 1st course. (Another 5% patients were given another medicine). NSAID given along with inj. placentrex augment the anti-inflammatory effect. Many clinician are of opinion that functional cyst do not require any treatment it will be vanished by its own within 1-3 cycle. Non surgical treatment is always preferable than surgical treatment because of less adverse effect & less financial burden. Ayurvedic medicine like kanchanar guggul, arogyavardhini vati help by lekhan karma. as dashmularishta is vatahar there is use of dashmularishta for dysmenorrhe.

CONCLUSIONS
Results show that surgical intervention in patients with HOCs is mandatory if they presented with severe abdominal pain, big cysts >5 cm in diameter by US, if there is recurrent intolerable pain during the period of follow-up, high leukocytic count and low hemoglobin level.

In conclusion, clinical, laboratory and ultrasound features of patients with HOCs can guide the gynecologists to the optimum management of such cases avoiding unnecessary surgery, but follow-up of the conservatively managed cases is essential until complete disappearance of the cysts.