**ABSTRACT**

A 26-year-old female patient complained of pain in lower abdomen with delayed and scanty menstrual flow since 7 months. Patient had history of frequent micturition with poly cystic Rt. ovary and Haemorrhagic cyst in Lt. ovary. Her USG findings revealed Lt. Haemorrhagic cyst and Rt. Polycystic ovary. According to Ayurvedic classics such type of cysts can be managed on the line of Kaphaja Granthi disease. This article presents a successfully managed case of Haemorrhagic Cyst and Polycystic ovary by Ayurvedic treatment in the form of a case study. An Ayurveda regime were planned for duration of 3 months. Post treatment USG revealed normal study.

**KEYWORDS:** Haemorrhagic cyst, Poly cystic ovarian, Kaphaja Granthi, USG.

INTRODUCTION

Ovarian cyst is one of the prevalent reason for ovarian dysfunction, which directly affects the fertility. Any ovarian follicle larger than two centimetres in diameter is termed as ovarian cyst. Ovarian cysts are closed; sac structures within the ovary filled with a liquid or semisolid substance. Ovarian cysts affect women of all ages and most often occur during young and child bearing years. Most ovarian cysts are functional in nature and harmless (benign). Common symptoms of an ovarian cyst are irregular periods, abnormal uterine bleeding, pain in the abdomen or pelvis, fatigue, headaches and nausea. Ovarian cysts are diagnosed by ultrasound, MRI and CT scan. In modern system of medicine, the treatment of an ovarian cyst 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 is similar to granthi. It develops due to localization of morbid body humours in body tissue. There are nine different types of Granthi have been mentioned in ayurvedic texts depending upon the pathological factor and the body tissue involved. Pathogenesis of Granthi is explained as when Rakta (blood), Mansa (fleshy/muscles), and Medu (fat/adipose tissue) are vitiated by Tridoshas that are admixed with Kapha produce rounded glandular, protuberant, knotty and firm swelling known as Granthi. Such clinical entity can be correlated today as ovarian cyst where vata dosha is the predominant pathological factor being the natural site of its location (Basti Pradesh) in the body. The principle of Samprapti Vighatana (i.e., to break the pathogenesis) is used for the management of granthi.

This is a case of haemorrhagic ovarian cyst and PCOD that was successfully treated on the line of Ayurvedic management of Granthi.

CASE REPORT

An twenty six-year-old Indian, non-smoker, non-alcoholic unmarried woman consulted in Out-Patient Department (OPD) of Patanjali Ayurveda Hospital on 06.04.2018 with complaint of pain in lower abdomen with delayed and scanty menstrual flow associated with frequent micturition since 7 months. On examination, the patient was found anxious with disturbed sleep, moderate appetite, constipation and burning micturition. The tongue was coated, voice was vibrant and roughness of the skin was present. Patient had Madhyam Sara, Madhyam Sambhana (proper body built), Sama Pramana (normal body proportion), Madhyam Satmya (proper homologation), Madhyam Satva (Balanced Mental strength), Madhyam Vyayamshakti (moderate capability to carry on physical activities), Madhyamaharshakti and Madhyam Jaranshakti. Vata and Kaphadoshas were mainly affected in the patient. Last menstrual Period (LMP) was on 23.03.2018 for 3 days. Her menstrual cycle was delayed i.e., after 48 days.
Woman had sedentary mode of life and was on self-medication for long time and took analgesic for pain relieving. She was advised for ultrasonography (USG) to know the cause of complain. USG was done on 06.04.2018 and report showed multiple cyst in right ovary (PCOS) and haemorrhagic cyst in left ovary measuring 35mm × 28mm. Ayurvedic drugs were advised for management of cyst.

Treatment schedule
Ovarian cyst can be compared to Granthi roga and in the pathogenesis of the Granthi Roga Vata, Kapha dominating Tridoshas are involved and hence Vata-Kaphahara medications are required whereas involved Dushyas are Rakta, Mamsa and Meda hence the medications should possess Vatahara and Lekhana (scraping or dissolving) properties.

The treatment
schedule given to the patient was as per given below-
1. Kanchnaar guggulu- 2 Tab. TDS
2. Chandraprabhavati-2 Tab. TDS
3. Ashokarishta in the dose of 40 ml. with equal quantity of water twice in a day after meal.
4. Kumaryasava in the dose of 40 ml. with equal quantity of water twice in a day after meal.

Duration of Treatment: The total treatment duration was 3 months.

Diet and lifestyle modifications
Patient was advised to avoid junk, oily, spicy and refrigerated food. Fibres and vegetables were also advised to the patient. Junk foods are deficient in nutrients and one of the main causes of many diseases. Over cooking of vegetables should be avoided; it loses most of the nutrients. Onion, cabbage, beans, garlic, carrots, beets were asked to avoid because it forms excess of gases and plenty of water was recommended for drinking. She was advised to increase physical activity.

Follow up and outcomes
Patient’s treatment was started on 7th April 2018. Her treatment was continued with oral ayurvedic drugs for three months. On 26th July 2018 USG finding suggested both the adnexa normal. Both ovaries appeared normal in size. There was no evidence of ovarian cyst. The patient got complete relief from ovarian cyst.
Action of Ayurvedic drugs

Kanchanara Guggulu was prescribed due to its Vata-Kaphahara properties i.e., which alleviates the aggravated Vata and Kapha Doshas and due to its Rakthashodhana (purification of blood), Lekhana (bioscraping) and Shothahara (anti-inflammatory) properties it shows significant effect in Granthi.\(^6\) Kanchnar guggulu is one of the preferred drugs for the treatment of granthi and a lot of effects are observed in several studies for the management of ovarian cyst.

Chandra prabha vati possesses teeksha, ushna, deepaka, shreshta pachaka, tridosha hara properties and is indicated in shooola, granthi, arbuda, artava shooola. It is also vrishya and rasayana. Chandra prabha vati reduces urinary frequency and urine incontinence.

Ashokarishta is effective in scanty menstruation and menorrhagia. It is useful in Yoni roga i.e., Asrgdara,\(^7\) Yoniruj and Shwetapradara. Ashokarishta is indicated in Gynaecological problems viz. menstrual pain, ovarian pain and uterine inflammation, menorrhagia, metrorrhagia, uterine bleeding disorders and cystitis. Ashokarishta has a specific action on the mucosa of the uterus and GIT; reduce their catarrhal and superlative inflammation caused by pitta and thus also regularise Vata. It has Blood purifier, haemostatic anti-inflammatory and anti-secretory effects.

Kumaryasava is recommended for wide ranging female health issues such as menstrual complications, infertility, ovarian dysfunction, etc. It shows very good results in irregular periods and PCOS. For women suffering from scanty menstrual flow, Kumaryasava is recommended as it improves flow and regulates the periods.
CONCLUSION
In modern system of medicine hormonal and surgical intervention is the only treatment available for ovarian cyst. As many people are terrified of hormonal intervention and try even though the only treatment in modern science but that too do not assure recurrence of disease, as chances of recurrence of ovarian cysts very high. In Ayurvedic science availability of medicine is a chance of patients to get cured completely without the recurrence of disease. So this Ayurvedic treatment is helpful in treating the patient of ovarian cysts. This approach of treatment should be taken into consideration for further treatment and research work for different type of ovarian cysts.

REFERENCES