AYURVEDIC APPROACH IN MANAGEMENT OF OVARIAN CYST- A
CASE REPORT

Tejashwini Kothapeta¹*, G. CH. D. Nagalakshmi² and Sunitha joshi³

¹MS Scholar (Ayu), Final year, Department of Prasuthi Tantra and Stree Roga, Dr. BRKR Govt. Ayurvedic College, Hyderabad.
²Professor, Department of Prasuthi Tantra and Sthreeroga, Dr. BRKR Govt. Ayurvedic College, Hyderabad.
³Professor, H.O.D Department of Prasuthi tantra and Sthreeroga, Dr. BRKR Govt. Ayurvedic College, Hyderabad.

ABSTRACT[¹]

Ovarian cysts are the fluid filled cavities formed in the ovary, which if exceed the limit of 2cms above considered abnormal, if grows above 5-6cms which may lead to other complications and may need surgical correction.[²] There is no such evidence of beejashaya granthi in our classics, but the granthi described in samhithas can be considered and treated according to their dosha involvement. A 26-year-old female patient came to OPD of Dr. BRKR Govt ayurvedic college and hospital, Hyderabad with complaints of amenorrhoea for 2 months, scanty menstrual bleeding, lower backache, constipation since last six months. She was advised USG whole abdomen and the findings suggested of left simple ovarian cyst measuring 4.9cms x 3.3cms. She was treated with Ayurvedic medications like Rasa Sinduram, Ashwagandha churnam, Guduchi satwam, Praval pishti, Mushta churnam, Varunadi Kashaya, Kanchanara guggulu, along with 8 days Lekhana vasthi for 3 consecutive months. After 3 months the patient was assessed with USG whole abdomen which showed complete resolution of ovarian cyst. Through this case report we can have a chance of being confidant that ovarian cysts can be treated successfully with Ayurveda also through Shamana and Shodhan.

KEYWORDS: Ovarian cyst, Rasa sinduram, Kanchanara guggulu, Varunadi Kashaya, Lekhana vasthi.
INTRODUCTION

Ovarian cysts are the most common findings in general gynaecology which may lead to ovarian malfunction and may at times affect the fertility. These are the closed sac like structures formed by excessive accumulation of fluid or semisolid substances inside the follicle.

Affect women of almost all ages common in reproductive age. Often presented with lower abdomen pain or pelvic pain, lower back ache, dysmenorrhoea, menstrual abnormalities, constipation, pressure symptoms, complications with the larger cysts include acute severe pain, torsion, cyst rupture, hemoperitoneum, peritonitis etc.

The treatment of ovarian cysts in modern medicines done by hormonal therapies viz., combined oral contraceptives or by surgical corrections and it have its own side effects. So, there is a need to think for an ayurvedic approach without hormonal therapies and surgical corrections and conservatively managing this condition.

In Ayurveda the cyst can be co-related with granthi. Pathogenesis goes like when the raktha, mamsa, and medha are vitiated by all the tridoshas when kapha is involved which leads to srotosanga thus leading to formation of granthi. Ovarian cyst can be correlated with the kaphaja granthi situated in the basthi pradesha. Here kaphaja granthi treatment modalities were opted and and was treated successfully.

CASE REPORT

An unmarried, educated, non-working female patient of age 27 years came to OPD of Dr. BRKR Govt Ayurvedic College Hyderabad on 17/02/2021 with presenting complaints of lower back ache, lower abdomen pain, amenorrhoea for 2 months, now with scanty menstruation & constipation. No h/o DM, HTN, thyroid disorder, TB, Asthma etc., with no significant family history. She was advised to undergo USG whole abdomen, which suggested normal uterus size and normal ET and normal right ovary, with left ovarian cyst measuring 4.9cms x 3.3cms for which she was treated.

Menstrual history

- LMP- 08/02/2021,
- Frequency- Amenorrhoea for 2 months in December and January.
o Previous menstrual history with flow normal, regular cycles with 3-4 pads per day, without dysmenorrhoea.
o Quantity- 1-2 pads just stained, without dysmenorrhoea.

**Past medical history**: Nill.

**Past surgical history**: Vocal cord polpectomy, 2018, uneventfull.

**Family history**: No similar or significant family history.

**Diet**: Mixed; **Appetite**: Low; **Sleep**- Disturbed; **Bowel**- Constipated; **Micturition**- Episodes of increased frequency; **Allergic reactions**- None; **Addictions**- None.

**Examinations**

i) **Physical examination**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G.C</td>
<td>Fair</td>
</tr>
<tr>
<td>Built</td>
<td>Moderate</td>
</tr>
<tr>
<td>Weight</td>
<td>43kgs</td>
</tr>
<tr>
<td>Height</td>
<td>157cms</td>
</tr>
<tr>
<td>BMI</td>
<td>17.4</td>
</tr>
<tr>
<td>BP</td>
<td>100/70 mm of Hg</td>
</tr>
<tr>
<td>Pulse rate</td>
<td>78 bpm</td>
</tr>
<tr>
<td>RR</td>
<td>14/min</td>
</tr>
<tr>
<td>Pallor</td>
<td>Absent</td>
</tr>
</tbody>
</table>

ii) **Systemic examination**

<table>
<thead>
<tr>
<th><strong>Respiratory systemic inspection</strong></th>
<th>B/L, symmetrical chest, vesicular, breath.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central nervous system</strong></td>
<td>Patient was conscious, well oriented.</td>
</tr>
<tr>
<td><strong>Cardiovascular system</strong></td>
<td>S1 and S2 heard, no murmurs.</td>
</tr>
</tbody>
</table>

iii) **Gynaecological examination**

**P/S**: Not done.

**P/V**: Not done.

**Ashtavisha pareesksha**

- **Nadi**: 72/min.
- **Mala**: Nirama, once daily, sense of incomplete defaecation.
- **Mutra**: 6-8 times per day, 2-3 times at night.
- **Jihva**: Alipta (uncoated).
- **Shabdha**: Vyaktha.
- **Sparsha**: Anushna sheetha.
- **Druk**: Avishesha
- **Akruthi**: Madhyama.
Dasha vidha pareeksha

- **Prakruthi:** Vata- pittaja
- **Vikruthi:** Tridosha.
- **Sara:** Madhyama
- **Smahanana:** Avara
- **Satmya:** Madhyama.
- **Satwa:** Madhyama
- **Ahara shakthi:** Avara

1. **Abhyavarana shakthi:** Madhyama
2. **Jarana shakthi** Madhyama.
- **Vyayama shakthi:** Avara
- **Vaya:** Madhyama.

Laboratory investigations

- **Hb %:** 10.8 gm%.
- **Thyroid profile:** WNL
- **USG Abdomen and Pelvis:** Uterus within normal size and shape, ET -4mm, right ovary normal size and shape, left ovary shows a cyst of 4.9cms x 3.3cms with no septations, and without any hyper echoic areas. POD- No free fluid.

**Diagnosis**

In modern aspect- Left ovarian cyst.
In ayurvedic aspect- Beejashaya granthi,

**Treatment given**

<table>
<thead>
<tr>
<th>Time of the treatment given</th>
<th>Treatment given and interventions made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 17th, 2021</td>
<td>Patient came to OPD with the presenting complaints. She was advised USG whole abdomen.</td>
</tr>
<tr>
<td>February 18th, 2021</td>
<td>P't came with USG report. Findings suggestive of left ovarian cyst measuring 4.9cms x 3.3cms. right ovary with normal size and echotexture.</td>
</tr>
<tr>
<td>Advised medications:</td>
<td>Combination of drugs which include: Ashwagandha 100g, Mushta churnam 50 g, Rasa sindhuram 10g, Guduchi Satwam 10g, Pravalpishti 10g. All drugs mixed and 3g BD with water. Tab. Kanchanara guggulu 500mg BD. Tab. Varunadi Kashaya 250mg BD. Advised for three months.</td>
</tr>
</tbody>
</table>
Lekhana vasthi was advised, after the cessation of menstruation each month. This vasthi is a type of yoga vasthi in which certain prakshepaka dravyas were added to increase the efficacy. Anuvasa

**Anuvasa**—Dhanvantara tailam 100ml, shatapushpa churna 1-2g, saindhav lavana 1-2g. **Niruha**—Shatapushpa churna 3g, saindhava lavana 1-2g, Honey 50g, Dashamula kashayam 600 ml, Haridra, Daruharidra, Vacha, Mushta each 3g & Sahacharadi tailam 100ml.

June ending, 2021 Was advised USG whole abdomen. July 2nd, 2021 The scan report showed both ovaries in normal size and echotexture. She was advised:

Tab. Kanchanara guggulu 250mg BD.
Tab. Varunadi Kashaya 250mg BD.
For 1 more month and then asked to stop all the medications after, as the menstruation became normal and above presenting symptoms were subsided.

**Before treatment** | **After treatment**
---|---
**February 18th, 2021** | **July 2nd, 2021**
USG Findings: Left ovary showing 4.9cms X 3.3cms cyst, right ovary with normal size, shape, and echo texture. | USG Findings: Both ovaries normal size and shape and echotexture.

**DISCUSSION**

**Lekhana vasthi**: Vasti or Basthi is a broad spectrum panchakarma. Vasthi serves the purposes of shodhana, lekhana, brimhana, vajikarana, vayasthapana, agni krith. As the anal route is considered as root of the body and the absorption levels are high, normalises the Apana vayu, and eliminates the morbid doshas. The drugs used in lekhana vasthi are[^4] Mushta[^4], Lodhra[^4], Vacha[^4], Haridra dwaya, are mainly kapha pitta hara and kapha vata hara, lekhaniya, and grahi in nature which help in normalising the tridoshas and help in resorption of the granthi or ovarina cyst.

**Dhanvantara taila and Sahacharadi tailam** are the best vata dosha hara, best in normalising the Apana vayu, anti-spasmodic, anti-inflammatory, antioxidant, indicated in yoni rogas. Madhu being yogavahi helps in quick absorption. Saidhava Lavana being sookshma, laghu and teekshna in guna increases the cell membrane permeability and helps in quick absorption and quick action of drugs.
Combination of drugs used and their action:

**Rasa sindhura:** Contains Shodhitha Parada and Shodhita Gandhaka triturated with vata swarasas. The *parada* is ushna in veerya, yogavahi, tridoshaghna, agnimandhya hara, deepana, pachana, rasayana and best *sroto shodhaka*, which helps in relieving the oxidative stress, have the anti-tumour activity, which helps in resorption of the *granthi* or ovarian cyst. *Shodhita gandhaka* in who’s presence the toxicity of the *parada* is balanced.

**Ashwagandha**
This drug being *laghu* and *snigdha* in *guna*, *ushna veerya*, is best vata kapha hara, rasayana pacifies *vata dosha* and helps in nourishing the dhatus and reduce the oxidative stress which helps in normalising the body functions including the hormones.

**Guduchi satwa and Pravala pishti**
Guduchi is *balya, rasayana, deepana, grahi* & Pravala pishti is *sheetha veerya, vata kapha hara*, these drugs not only provide the body strength but also act as catalyst for the main drugs when given in combination. Hence these drugs were selected.

**Varunadi kashaya:** It is *kapha medho hara* and improves the *agni*, indicated in *gulma* and *antar vidradi* and *granthi*. It is *sroto shodhaka* and *lekhana*.

**Kanchanara guggulu:** It is a classical Ayurvedic formulation, *Kapha Pitta Samana*, having *Chedana, Lekhana, Deepana, Pachana gunas* and *Vrana sodhana ropana karma* also used for *Kapha* accumulations in the tissues results in swollen lymph nodes, cysts, or growths. *Guggulu* breaks down and eliminate *Kapha-medas*, thus preventing further *Kapha meda* accumulation, promotes elimination of inflammatory toxins, anti-inflammatory and is administered in uterine fibroid, fibroadenoma, fibrocystic disease, *Kanchanara* is very useful in extra growth or tumors and helps in reducing bleeding by its *Lekhana Chedana gunas*. Within 3 months of treatment the patient got relief from symptoms and the menstruation got normalised.

**CONCLUSION**
Ovarian cysts are not directly mentioned in our texts, but concept of *granthi, gulma, shopha* can be compared ovarian cyst because of their similarity. Hence ovarian cysts can be compared with *kaphaja granthi* situated in *Adhobhaga* (abdomen & pelvis) of the body. This case was treated keeping this concept in mind. As the drugs chosen were the tridosha...
shamaka especially kapha vatahara, lekhana, *grahti*, *srotoshodhana* and breaks pathophysiology of the disease. This case helps us in becoming confident in treating such gynaecological disorders when understood properly and treated according. But to establish this fact much larger sample is needed and study for a longer period is required.

REFERENCES