



Case Study

AYURVEDIC MANAGEMENT OF OVARIAN CYST: A CASE REPORT

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ABSTRACT

Ovarian cystic masses are a common problem encountered in daily gynecological practice. Data reveals the prevalence of ovarian cyst vary widely. Reports suggest that between 8 and 18% of both premenopausal and postmenopausal women have ovarian cyst. Most of the cysts are asymptomatic and discovered only in routine ultrasonography. Some of them are highly symptomatic hindering day to day activities of women. Symptoms depend to a large extent on the size of cysts. Modern management includes combined oral contraceptive pills and surgical management, if cysts continue to grow after 3 months of treatment. Since the oral contraceptive pills contribute many untoward effects, the need for alternative management especially in patients who wish to avoid surgical intervention is on high demand. Ayurveda addresses ovarian cyst under the broad classification of *Granthi* in which it can be correlated to *Kaphaja Granthi* in particular. A 27 year female patient married since 8 months, detected with Ovarian Cyst of size 6.6 x 6.1cm and complaining of severe lower abdominal pain, dyspareunia, bloating of abdomen, and burning micturition was treated according to Ayurvedic principles. Patient was given *Kanchanara guggulu*, *Sukumaram kashayam*, *Guggulu panchapala churnam* & *Gomutra haritaki* for a period of two months. Follow up USG showed complete disappearance of cyst and symptoms also subsided to a great extent. The present study emphasizes the role of Ayurveda in bringing a positive result in the management of ovarian cyst.

KEYWORDS: Ovarian Cyst, *Kaphaja Granthi*, *Kanchanara guggulu*, *Sukumaram kashayam*, *Guggulu panchapala churnam* & *Gomutra haritaki*.

INTRODUCTION

Most of the women suffer from an Ovarian cyst once in their reproductive life and it constitutes one of the common problems encountered in a Gynaecological OPD. Ovarian cyst is a closed sac-like structure which is found within the ovary and is mostly filled with fluid or semi-solid substance. They affect women of all ages, however a higher predominance is found to occur during child bearing years. Most Ovarian cysts are functional in nature and harmless. They are mostly diagnosed during a pelvic ultrasound and at times during a bimanual examination of pelvis. These cysts occur either as single or multiple. Single cyst may have a diameter up to 3-5cm and rarely more than 8cm^[1].

Common symptoms of Ovarian cyst are irregular menstrual cycle, abnormal uterine bleeding, pain in abdomen or pelvis, nausea and headache. Sometimes vague symptoms like urinary urgency or frequency, abdominal distension or bloating and difficulty in eating and excess fatigue are noted.

Differential Diagnosis includes Dermoid cyst, Hemorrhagic corpus luteum cyst, Ectopic Pregnancy, Pedunculated fibroids, Hydrosalpinges.

They are mostly diagnosed by imaging techniques, of which ultrasonography is considered as the gold standard for assessment. Due to higher proximity to the ovary, Transvaginal Sonography is preferred over Transabdominal Sonography. While Computed Tomography (CT) is not usually used in the diagnosis of ovarian cyst, Magnetic Resonance Image (MRI) acts as a valuable diagnostic tool, when Ultrasonography (USG) is inconclusive.

Complications include Hemorrhage, Rupture, Torsion (larger cyst over 6cm are more likely to torse). Some of the cysts present as Acute Abdomen^[2].

Treatment measures include Hormonal treatment that is Combined Oral Contraceptive Pills. Surgical management like Laparotomy & Pelvic Laparoscopy is indicated in cases where cystic mass

exceeds 6cm and persists without any regression for 6-8 weeks or in any cyst exceeding 8cm^[3].

Going through Ayurvedic classics, ovarian cyst may be correlated to *Granthi* which is described as an elevated round and knotty swelling formed due to vitiation of *Tridoshas (Vata, Pitta, Kapha)*, *Mamsa, Rakta, Medas*, and *Sira*. Among the different types mentioned in classics, *Kaphaja Granthi* having features like *Ghana* (heavy), *Sheetha* (cold), *Savarna* (same colour), *Kandu* (itching), *Chira abhivridhi* (slow growth) have close resemblance with Ovarian cyst. *Chikitsa* of *Kaphaja Granthi* includes *Shodhana* (purificatory), *Shaman* (pacifying) and *Chedana Karma* (excision)^[4,5,6]. In the present study, *Sukumaram kashayam*, *Kanchanara guggulu*, *Gomutra haritaki* and *Guggulu Panchapala Churnam* are used for the management of Ovarian cyst.

Case Report

A 27 year old female patient married since 8 months, attended OPD, Department of Prasuti tantra and Stree Roga, Government Ayurveda College for Women & Children, Poojappura on 1/01/2021 with complaints of lower abdominal pain, burning micturition, dyspareunia, bloating of abdomen since 2 months. On detailed evaluation, the patient attained her menarche at the age of 13 years, had regular menstrual cycles with 3-4 days of duration at an interval of 26 -28 days. Patient complained of vomiting and 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 & Urine Pregnancy Test (UPT). Blood routine was found to be within normal limits. Urine analysis revealed pus cells 10-12/ HPF, epithelial cells 8-10/HPF, RBC-nil. The UPT was Negative. 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. A well defined large cystic lesion seen in the right adnexal region 6.6 x 6.1cm. Right ovary not separately visualized from cyst. Left ovary 3.8 x 2cm, normal. Appendix not separately visualized. No ascites present.

Menstrual History

Menarche	13 year
LMP	04.12.2020
Duration	3-4 days

Interval	26-28 days
Clot	Occasionally
Dysmenorrhoea	++ (present)
Pad	3-4 pad/day, 1 pad/night
Any discharge	Nil

Personal History

Diet	Mixed
Bowel	Normal
Appetite	Adequate
Bladder	Within normal limit
Allergy	Nil

Marital History

Married since 8 months

Obstetric History

Nullipara

Sexual History

Dyspareunia present

Post coital Bleeding- Nil

Based on clinical history, physical examination and USG reports, the case was equated as *Kaphaja Granthi*. The following formulations were prescribed for a period of 2 months and USG was advised after the due course of therapy.

Treatment Protocol

1. *Sukumaram kashayam*- 90ml twice daily half an hour before food
2. *Kanchanara guggulu*- 2 - 0 - 2 (with *Kashayam*)
3. *Gomutra haritaki*- 1tsp with milk at bedtime
4. *Guggulu panchapala churnam*- 1tsp with honey at early morning

Diet

Patient was advised to include the following diet in daily practices.

- High fibre rich foods like spinach, broccoli, green peas, berries,
- Lean proteins which include fish, fruits like papaya, pears, orange, lentils.
- Food containing Omega 3 fatty acids like fish, flax seeds
- Include more of banana, cashews, avagados, and green leafy vegetables

Follow up and Outcome

Follow up USG reveals Normal study indicating a complete disappearance of cyst. Patient admits complete recovery from complaints of dyspareunia, lower abdominal pain, bloating of abdomen. Dysmenorrhoea was reduced to a great extent in the last menstrual cycle.

DISCUSSION

In Ayurvedic classics, exact correlation of Ovarian cyst cannot be found, but can be included under the broad term *Granthi* (tumour), which are localised nodular swelling or growths which develop due to localization of morbid body humours in the body tissues. Vitiated *Vata* etc *Doshas*, along with vitiated *Mamsa*, *Rakta* and *Medas* getting mixed with *Kapha* produce rounded protuberant *Granthi* which when present in *Yoni* (female reproductive system) will leads to disturbed menstrual cycle and associated complaints. *Athi Madhura guru snigdha ahara* (increased sweet milk products), *Viruddha Ahara* (unwholesome/untimely food habits), *Mamsa aharas* (chicken, meat etc), *Avyayama* (sedentary lifestyle), *Divaswapna* (untimely sleep habit), *Garadooshivisha* (environmental toxins, pesticides etc.) include few etiological factors responsible for formation of *Granthi*. Due to these *Tridoshas* mainly *Vata* and *Kapha* are vitiated, *Ama* (undigested toxic substances), is formed due to improper functioning of *Jatharagni* and causes *Srothorodha*, thus hindering the formation of *Rasa*, and the subsequent *Dhatu*s. The vitiated *Doshas* and *Dhatu*s localizing in *Andashaya* (ovary) manifest as *Granthi* (ovarian cyst). To normalize this vitiation, drugs having *Vata kapha hara* (pacify *Vata* and *Kapha* humour), *Agnideepana* (carminative), *Lekhana* (scraping), *Pachana* (digestive), *Bhedana* (cutting) properties are to be used.

Criteria for Selection of Drug

Kanchanara guggulu mentioned in *Bhaishajya Ratnavali* is one among the classical Ayurvedic formulation which is found highly effective in the treatment of *Kapha pradoshaja vyadhis*. It helps in pacification of *Kapha dushti*, Aids in the elimination of inflammatory toxins from the body thus reducing the inflammation. Due to its anti-inflammatory, antiviral, antibacterial properties, acts on enlarged lymph nodes and aids in proper functioning of lymphatic system.

Gomutra haritaki is a formulation mentioned in *Arsha Chikitsa*. *Gomutra* and *Hareetaki* are predominant in *Vayu* and *Agnimahabhuta*. They are *Laghu* (light), *Ushna* (hot), *Teekshna* (penetrating), *Rukshaguna* (dry), which is opposite to *Guru* (heavy), *Sheetha* (cold), *Snigdha* (unctuous) nature of *Kaphaja Granthi*. *Hareetaki* helps in normalizing the *Apana vayu* due to its *Anulomana* (agents removing *Doshas* in downward direction) nature. *Gomutra* is *Vata kapha shamana* in nature and is useful in the treatment of abdominal colic, bloating, constipation and indigestion.

Sukumaram kashayam is a popular formulation mentioned in *Vidradhi Vridhi chikitsa*. It is *Vatapitha hara* in nature and possesses properties like, *Mutra-Virechaneeya* (diuretic) and *Rakta shodhaka* (blood purifier) and *Sophahara* (reducing odema). *Dasamoola*, which is one among the major ingredient accounts for the *Vata shamana* nature of the formulation. *Shodhahara* property^[7] of *Punarnava* aids in the treatment of Ovarian cyst. This formulation helps in regularizing cycles and reducing dysmenorrhea.

Guggulu Panchapala Churnam is a formulation mentioned in *Nadi Vrana Chikitsa*. When administered with *Madhu*, it has *Lekhaneeya* (scraping) property. Due to anti-inflammatory and antioxidant properties, it helps in aiding in the treatment of *Kaphaja granthi*.

Guggulu (Commiphora mukul) possess Analgesic and Anti-inflammatory action. It is *Ruksha* (dry), *Lekhana* (scraping), *Laghu* (light), *Tikshna* (sharp), *Vishadha* (clear), *Sara* (mobile), *Dipana* (carminative), *Anulomana* (agents removing *Doshas* in downward direction), *Medohara*, (reducing medas), *Kapha - Daurgandhya hara*, *Rakta prasadana* (Blood purifying agent) and *Hridya* (Cardo Protective) properties^[8] in nature.

Due to the *Deepana* and *Pachana* effects of drugs, *Jatharagni* is increased. Vitiated *Doshas* get normalized due to correction of *Jatharagni* and *Srothorodha* is removed. *Ushna*, *Deepana*, *Chedana* and *Lekhana* properties of the drug remove vitiated *Kapha* in the *Srothas*, leading to expulsion of metabolic wastes, preventing further vitiation of *Srothas* leading to proper circulation of *Dhatu*s. *Vata* gets normalized, thus reducing symptoms of dysmenorrhea, bloating of abdomen and abdominal Pain. *Lekhana*, *Chedana*, and *Kapha hara* properties of drugs help in complete removal of cyst as in this case.

CONCLUSION

Ovarian cyst accounts for a large proportion of Gynecological issues faced by women in day today life. Appropriate Ayurvedic medication along with dietary modification helps in regression of the cyst and associated complaints. This case study illustrates the role of Ayurvedic medication in the successful management of ovarian cyst, thus avoiding surgical intervention.

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