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Review Article

ANDAASHAYA GRANTHI: A COMPREHENSIVE REVIEW

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ABSTRACT

Andaashaya Granthi, correlated with ovarian cysts in modern gynecology, is one of the most commonly encountered gynecological disorders among women of reproductive age. Ayurveda explains this condition under the concepts of *Granthi* and *Arbuda* involving *Kapha-Vata Dosha* predominance, *Agnimandya, Ama* formation, and *Artavavaha Srotodushti*. The present study is a conceptual review based on classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya along with contemporary gynecological literature. Comparative and interpretative analysis was carried out to correlate ovarian cysts with *Andaashaya Granthi* and to understand its etiopathogenesis, clinical presentation, and management from both modern and Ayurvedic perspectives. Ovarian cysts may present with lower abdominal pain, menstrual irregularities, dyspareunia, infertility, abdominal distension, and pressure symptoms. Functional cysts and benign ovarian neoplasms constitute the major categories. In Ayurveda, the condition is understood as a *Kapha*-predominant *Tridoshaja Vyadhi* involving *Vata, Kapha, Ama*, and *Dhatu Dushti*. Ayurvedic management principles such as *Nidana Parivarjana, Agni Deepana*, *Ama Pachana, Srotoshodhana, Shodhana Chikitsa*, and *Samana Chikitsa* are found beneficial in reducing cystic growth, correcting hormonal imbalance, and improving reproductive health. Various formulations including *Kanchanara Guggulu, Varunadi Kashayam*, and *Chitraka Granthikadi Kashayam* are indicated in management. Ayurveda provides a holistic and individualized approach in the management of *Andaashaya Granthi* by addressing the root cause rather than symptomatic relief alone. Lifestyle modification, dietary regulation, *Panchakarma* therapies, and long-term *Dosha* balancing measures help in preventing recurrence and preserving ovarian function. Integrating Ayurvedic principles with early diagnosis and regular follow-up may offer better outcomes in conservative management of ovarian cysts.

INTRODUCTION

The changing dietary pattern in the modern era has led to a rapid rise in lifestyle-related disorders, including gynecological conditions affecting women in the reproductive age group. Increased consumption of calorie-dense, high-fat and high-sugar foods, along with physical inactivity and stress, has contributed significantly to hormonal imbalance and ovulatory dysfunction.[1]

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These factors play a crucial role in the development of ovarian cysts, which are among the most commonly encountered adnexal pathologies in clinical practice.

Ovarian cysts are defined as fluid-filled sacs arising from or within the ovary. The majority of ovarian cysts are functional (physiological) in nature and occur as a result of normal ovarian activity, including follicular development and corpus luteum formation. It is estimated that a significant proportion of women in the reproductive age group develop ovarian cysts at some point in their life, many of which remain asymptomatic and are detected incidentally during ultrasonographic examination.

In addition to functional cysts, the ovary may also give rise to a wide spectrum of benign neoplasms, such as serous cystadenoma, mucinous cystadenoma, dermoid cyst, and endometrioid tumors. These benign ovarian tumors constitute a major proportion of ovarian masses and are particularly common in women between 20–40 years of age. Although most of these lesions are non-malignant, their potential for growth, torsion, rupture, and rarely malignant transformation, necessitates timely diagnosis and appropriate management. Conditions like polycystic ovarian disease (PCOD), endometriosis are closely associated with cystic changes in the ovary.

The actual prevalence of ovarian cysts is unknown because many women remain asymptomatic and undiagnosed, and the prevalence varies with the population studied. Approximately 4% of women are admitted to hospitals for ovarian cysts by the age of 65 years. Studies have shown that adnexal lesions are present in about 7.8% of asymptomatic women aged 24–40 years, while simple ovarian cysts occur in nearly 2.5% of postmenopausal women. Large ultrasound-based surveys have reported adnexal cysts in upto 46.7% of women, many of which resolve spontaneously on follow-up.[2]

Changing reproductive patterns such as delayed marriage, postponement of first pregnancy, reduced parity, and increased use of hormonal medications have also been implicated in the rising incidence of ovarian cysts. Women with ovarian cysts may present with a variety of symptoms including lower abdominal pain, menstrual irregularities, dyspareunia, infertility, or pressure symptoms on adjacent pelvic organs.[3] In some cases, acute complications such as torsion or rupture can lead to sudden severe abdominal pain requiring emergency intervention. Furthermore, the anxiety related to the possibility of malignancy often adds to the mental stress experienced by patients.

Contemporary management of ovarian cysts includes expectant management for functional cysts, hormonal therapy to regulate ovulation, and surgical interventions such as cystectomy or oophorectomy for persistent or complicated cysts. However, concerns regarding long-term hormonal therapy, fear of surgery, and the desire to preserve ovarian function have led many patients to seek alternative and holistic approaches such as Ayurveda.

From an Ayurvedic perspective, although ovarian cysts are not described as a distinct entity, they can be understood under the concepts of *Granthi, Arbuda,* and *Yonivyapad*, where vitiation of *Kapha* and *Vata Doshas*, along with *Agnimandya* and *Ama* formation, leads to abnormal growths in the reproductive organs. This holistic understanding provides a strong foundation for conservative and individualized management of ovarian cysts.

MATERIALS AND METHODS

This study is based on:

Review of Ayurvedic classical texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya)

Comparative and interpretative analysis

Disease Review

Ovarian cysts are among the most common gynecological conditions encountered in clinical practice. The ovary is a dynamic organ, and cyst formation is frequently related to its normal physiological function. Most ovarian cysts are benign in nature and occur predominantly during the reproductive years. Functional cysts are especially common in women of childbearing age, whereas true neoplastic cysts may occur across a wider age group.

Risk factors for ovarian cyst formation include:[4]

- Infertility treatment- Patients treated with gonadotropins or other ovulation induction agents may develop cysts as part of ovarian hyperstimulation syndrome.
- Pregnancy- In pregnancy, ovarian cysts may form in the second trimester when hCG levels peak.
- Hypothyroidism
- Maternal gonadotropins- The transplacental effects of maternal gonadotropins may lead to the development of fetal ovarian cysts.
- Cigarette smoking
- Tubal ligation- Functional cysts have been associated with tubal ligation sterilizations.

Ovarian cysts are broadly classified into functional (physiological) cysts and benign ovarian cysts. Functional cysts include follicular cysts, corpus luteal cysts, and theca lutein cysts. A follicular cyst develops due to failure of rupture of a mature Graafian follicle or failure of involution after ovulation. Corpus luteal cyst results from persistence and excessive hemorrhage within the corpus luteum. Theca lutein cysts are usually bilateral and associated with high levels of circulating human chorionic gonadotropin. These functional cysts are usually small, unilateral, and tend to resolve spontaneously within a few menstrual cycles.

Benign ovarian neoplasms which are broadly divided as Epithelial tumours, Germ cell tumors, Sex cord stromal tumors. Epithelium tumors are the most common, which arise from the surface epithelium of the ovary. Germ cell tumors are the second most frequent and common in younger age which develop from germ cells. Sex cord stromal tumors are the third most frequent, which arise from supporting tissues of ovary.

The common varieties under the above classification are serous cystadenoma, mucinous cystadenoma, dermoid cyst, endometrioid tumors, brenner tumors, clear cell tumors. Serous cystadenomas are typically unilocular, thin-walled cysts filled with clear fluid and are often unilateral. Mucinous cystadenomas are multilocular, larger in size, and filled with thick, viscid, mucin. Dermoid cysts are germ cell tumors, arises from a single germ cell arrested after first meiotic division, which contains mixed tissue elements, characteristic contents (hair, teeth). Endometrioid tumors are uncommon ovarian epithelial tumors composed of glands resembling the endometrium, associated with endometriosis. Clear cell tumors contain glycogen-rich clear cells which usually occur in older women and are highly aggressive. Brenner tumors are rare, benign ovarian tumor arising from transitional (surface) epithelium, often seen in women above 40 years.[5]

Polycystic ovarian disease (PCOD) is a hormonal disorder where the ovaries produce immature or partially mature eggs that can turn into small cysts. This condition, originally described as a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries.

Ovarian cysts may be asymptomatic or present with a variety of clinical features depending on their size, type, and complications. Common symptoms include lower abdominal pain, increasing mass in lower abdomen, pelvic discomfort, menstrual irregularities, dyspareunia, and infertility. Large cysts may cause abdominal distension and pressure symptoms on adjacent organs such as the bladder and rectum, leading to urinary frequency or constipation. Functional cysts are often associated with menstrual disturbances, whereas endometriotic cysts typically present with dysmenorrhea and chronic pelvic pain.

Complications of ovarian cysts include torsion, rupture, hemorrhage, and infection. Torsion is more common in mobile cysts such as dermoid cysts and presents with sudden severe abdominal pain, nausea, and vomiting. Rupture of a cyst may lead to acute abdomen and internal bleeding. Hemorrhage within the cyst can cause rapid enlargement and pain. Although most ovarian cysts are benign, some neoplastic cysts may have malignant potential, especially in postmenopausal women.

Thus, ovarian cysts represent a wide spectrum of conditions ranging from simple physiological cysts to complex neoplastic lesions. Their clinical presentation depends on factors such as size, type, and associated complications, and careful evaluation is essential for appropriate management.

Ayurvedic View

In Ayurveda, conditions presenting as localized swellings or cystic structures can be broadly understood under the concept of *Granthi*. The term *Granthi* is derived from the root word "*Grandhana"*, meaning tying or knotting, indicating a localized, nodular mass formed due to the aggregation of vitiated *Doshas* and *Dushyas* in a particular site of the body. It can be localised or formed in different parts of body. If localised in ovary, it can be named or specified as *Andaashaya granthi.*

According to Acharya Sushruta*, Granthi* is defined as a *"Vritta* (round*), Unnata* (elevated)*, and Vigrathita* (firm/hard) swelling", resembling a knot-like structure.[6] He further emphasizes that *Granthi* develops due to the vitiation of *Tridoshas*, predominantly *Kapha Dosha*, along with involvement of *Mamsa* (muscle tissue), *Meda* (adipose tissue), and *Rakta* (blood).[7] Commentators of *Madhava Nidhana* also describe *Granthi* as *Kathina* (hard) and *Karkasha* (rough) in consistency. When such a swelling increases in size and shows aggressive characteristics, it is termed *Arbuda*, which can be correlated with neoplastic conditions.[8]

Ovarian cysts, especially benign and slow-growing types, can be better correlated with *Mamsa* Granthi, as they primarily involve abnormal growth or accumulation in muscular and soft tissue components.

The etiopathogenesis (*Samprapti*) of *Granthi* in the context of ovarian cyst can be explained through classical *Nidanas* such as intake of *Guru* (heavy), *Abhishyandi* (channel-clogging), *Ajeerna Ahara* and *Viharas* such as excessive *Divaswapna* (day sleep), and *Avyayama* (lack of physical activity). These factors result in *Agni Vaishamya* (impaired metabolism), leading to the formation of *Ama* (toxic metabolic by-products). *Ama*, in turn, causes *Srotorodha* and *Kha Vaigunya* (obstruction of channels).

Acharya Vagbhata highlights that diseases of the female reproductive system invariably involve *Vata Dosha*, particularly *Apana Vayu*, which governs reproductive functions.[9] Vitiation of *Apana Vayu* leads to disturbances in *Artava Nishkramana* (menstrual flow) and contributes to cyst formation and associated symptoms. Factors like *Dushta Bhojana, Dushta Arthava, Beeja Dosha* (genetic factors) further aggravate the pathology, which can be correlated with modern concepts such as hormonal imbalance and chromosomal abnormalities.[10]

As the disease progresses through the stages of *Shadkriyakala*, the *Sthana samsraya* (the accumulation and localization) of vitiated *Doshas* in the *Andaashaya* result in the formation of a palpable swelling or cystic structure. The involvement of *Rasa, Rakta, Mamsa, Meda, and Artavavaha Srotas* leads to clinical manifestations such as lower abdominal pain, pelvic heaviness, menstrual irregularities (*Artava Dushti*).[11]

Additionally, vitiation of *Pitta* and *Rakta* due to intake of *Vidahi, Amla, Lavana,* and *Katu Ahara* may

result in *Atipravritti* of *Artava* (menorrhagia) or abnormal uterine bleeding. The increase in size of the cyst contributes to mechanical pressure effects, altering the normal anatomy and function of reproductive organs.[12]

Thus, ovarian cyst can be understood in Ayurveda as a *Kapha*-predominant *Tridoshaja* condition with significant involvement of *Vata*, manifesting as *Granthi* in the *Andaashaya* region. Its pathogenesis involves *Agni* dysfunction, *Ama* formation, *Srotovaigunya*, and *Dhatu Dushti*, ultimately leading to localized swelling or cyst formation.

Clinical Presentation

Andaashaya Granthi commonly presents with *Sroni Shoola, Vamshana Vedana* and *Katishoola* due to the enlarging ovarian mass causing pelvic pressure and dragging pain.

Menstrual abnormalities such as *Artava Vaikrita, Raktha Athipravritti* and abnormal uterine bleeding may be observed in hormonally active ovarian lesions.

Enlarged ovarian cysts may produce *Kukshi Gaurava, Adhmana* and a sensation of heaviness in the lower abdomen associated with pressure symptoms over adjacent pelvic organs.

Vandhyatva may be observed in *Andaashaya Granthi* due to hormonal imbalance, anovulation and distortion of normal ovarian function affecting fertility.

Maithuna Asahishnuta or dyspareunia may be present in *Andaashaya Granthi* due to pelvic congestion, tenderness and pressure exerted by the ovarian mass over surrounding pelvic structures.

Management

Chikitsa in *Andashaya Granthi* is aimed at correcting the underlying *Dosha-Dushya Sammurchana*, improving *Agni*, removing *Ama*, restoring the normal function of *Artava Vaha Srotas* and reducing the abnormal *Granthi* growth. Acharyas have emphasized that *Nidana Parivarjana* is the foremost principle in the management of any disease. Hence *Ahara* and *Vihara* responsible for vitiation of *Vata* and *Kapha Doshas*, impairment of *Agni* and vitiation of *Rasa, Rakta, Mamsa, Meda* and *Artava Dhatus* should be strictly avoided.[13,14] Sedentary lifestyle, *Guru, Snigdha, Abhishyandi Ahara*, excessive intake of junk food and suppression of natural urges should be restricted. In Ayurveda classics, it is said that in *Amaavastha* of *Granthi*, treatment prescribed for *Sopha* is to be administered and in *Pakwa Avastha*, after cleansing therapy the *Granthi* along with its capsule is excised with *Sastra* and cauterization is done.[15]

The first line of management should be *Agni Vardhana*, as *Mandagni* is considered the root cause for *Ama* formation and abnormal tissue proliferation. *Deepana* and *Pachana* drugs help in improving digestion and metabolism, thereby preventing further *Dosha* accumulation. Formulations such as *Chitrakadi Vati, Vaiswanara Choornam, Panchakola Choornam* and *Hingwashtaka Choornam* can be used for enhancing *Jatharagni* and *Dhatwagni*. *Agni Deepana* also helps in correcting *Kapha* predominance and improving metabolism at the tissue level.

After *Agni Vardhana*, *Ama Pachana* should be carried out to digest the accumulated *Ama* and reduce *Srotorodha. Ama* associated with *Kapha* and *Meda* plays an important role in the pathogenesis of *Granthi*. Drugs possessing *Ushna, Tikshna, Lekhana* and *Kaphahara* properties are preferred. *Chitraka Granthikadi Kashayam, Varunadi Kashayam, Kanchanara Guggulu, Shigru Guggulu* and *Palasa Twak Kshara* are beneficial in *Ama Pachana* and reducing the cystic or proliferative pathology. These medicines help in reducing *Kapha-Meda Dushti* and facilitate regression of the *Granthi*.

Srotoshodhana is the next important principle in the management of *Andashaya Granthi*. Obstruction of *Artava Vaha Srotas* by vitiated *Kapha, Meda* and *Ama* lead to improper ovarian function and cyst formation. *Vatanulomana* and *Srotoshodhaka* therapies help in clearing the channels and restoring normal physiology. Medicines like *Gandharvahastadi Kashayam, Sapthasaram Kashayam, Sukumara Ghritam* and *Hingu Triguna Tailam* can be administered for correcting *Apana Vata* dysfunction and relieving associated symptoms like lower abdominal pain, bloating, constipation and dysmenorrhea. Therapies such as *Abhyanga, Seka* and *Pichu* may also be adopted as part of *Vatika Yoni Roga Chikitsa* to normalize *Vata.*

After adequate *Deepana-Pachana* and *Srotoshodhana*, *Sodhana Chikitsa* can be adopted in suitable patients according to *Bala, Dosha* predominance and disease condition. Since *Vata-Kapha* vitiation is predominant in *Andashaya Granthi, Virechana* and *Basti* play an important role. *Virechana* helps in elimination of vitiated *Pitta, Rakta* and *Kapha* while reducing inflammation and correcting metabolism. *Lekhana Basti* and *Vaitarana Basti* may help in reducing *Kapha-Meda* accumulation and promoting channel purification. In patients with associated obesity and *Medo Dushti, Sthoulya Chikitsa* principles can also be adopted.[16] *Uttara Basti* may be considered in selected conditions affecting *Artava Vaha Srotas* under proper clinical supervision.

Samana Chikitsa is continued after *Sodhana* for long-term management, prevention of recurrence and symptomatic relief. *Kaphavata Hara, Lekhana, Granthihara, Shothahara* and *Artava Prasadana* drugs are useful in reducing the size and progression of ovarian cysts. Commonly used formulations include *Kanchanara Guggulu, Shigru Guggulu, Varunadi Kashayam, Chitraka Granthikadi Kashayam, Kalyanaka*

Kshara and Chandraprabha Vati. In patients presenting with menstrual irregularities or excessive bleeding, *Rakta Stambhana* and *Pradara Chikitsa* can be adopted using *Pushyanuga Choornam, Asoka paal kashayam* and *Musali Khadiradi Kashayam.*[17] When pain predominates*, Vatika Yoni Roga Chikitsa* with *Gandharvahastadi Kashayam* and *Sapthasaram kashayam* can be administered. In urinary symptoms associated with large cysts, *Mutrakrichra Chikitsa using Punarnavadi Kashayam, Brihatyadi Kashayam* and *Chandraprabha Vati* may be beneficial.[18]

In cases where the Granthi becomes very large, persistent, symptomatic or suspicious of malignancy, surgical management may be required. Ayurveda classics mention that in *Pakwa Avastha*, after proper purification therapies, the *Granthi* can be excised along with its capsule followed by appropriate *Vrana Chikitsa*.[19,20] Small asymptomatic ovarian cysts, especially near menopausal age, can often be managed conservatively with medicines, *Pathya Ahara-Vihara* and regular follow-up.

Pathya and *Apathya*

In *Andaashaya Granthi* (ovarian cyst), *Ahara* and *Vihara* responsible for vitiation of *Kapha* and *Vata Doshas*, impairment of *Agni*, and vitiation of *Rasa, Rakta, Mamsa, Meda,* and *Artava Dhatus* should be strictly avoided. Since *Kapha, Meda, Ama, and Srotorodha* play an important role in the pathogenesis of *Granthi*, regulation of diet and lifestyle is essential in both prevention and management.

Apathya

Sedentary lifestyle, lack of exercise (*Avyayama*), day sleep (*Divaswapna)*, suppression of natural urges *(Vegadharana),* and excessive stress should be avoided. Intake of *Guru, Snigdha, Abhishyandi Ahara* such as junk foods, fried foods, bakery items, excessively oily and processed foods, fast foods, carbonated drinks, and excessive *Mamsa Bhojana* may aggravate *Kapha* and *Meda*, leading to progression of *Granthi*. Excessive intake of *Ati Madhura, Amla,* and *Lavana Ahara* should also be restricted.

Pathya

Pathya Ahara should include *Laghu* and easily digestible food that helps in maintaining proper *Agni* and reducing *Kapha-Meda* accumulation. Foods such as *Yava* (barley), *Kulattha* (horse gram), *Mudga* (green gram), *Takra* (buttermilk), *Amalaki,* and *Lasuna* are considered beneficial. Warm, freshly prepared food with *Deepana-Pachana* properties is advised. Regular *Vyayama*, Yoga, walking, and physical activity help improve metabolism, reduce *Kapha* accumulation, and maintain hormonal balance. Proper *Dinacharya, Rithucharya*, and *Rajaswalacharya* also play an important role in maintaining reproductive health and preventing recurrence of *Granthi*.[21]

CONCLUSION

Andaashaya Granthi (ovarian cyst) is one of the most commonly encountered gynecological disorders among women of reproductive age. Although most ovarian cysts are benign and functional in nature, their persistence, recurrence, associated menstrual disturbances, infertility, and acute complications can significantly affect the physical, reproductive, and psychological well-being of women.

Ayurveda provides a holistic understanding of ovarian cysts through the concepts of *Granthi, Arbuda, Dosha-Dushya Sammurchana,* and *Artavavaha Srotodushti.* The role of *Kapha* and *Vata Doshas, Agnimandya,* and *Ama* formation in the pathogenesis highlights the importance of correcting the underlying metabolic imbalance rather than merely treating the disease symptomatically. Acharyas have emphasized the importance of *Nidana Parivarjana* along with proper *Dinacharya, Rithucharya,* and *Rajaswalacharya* in maintaining women's reproductive health.

An integrative approach combining early diagnosis, regular follow-up, healthy lifestyle practices, dietary regulation, and Ayurvedic management principles such as *Deepana, Pachana, Vata-Kapha samana,* and *Lekhana Chikitsa* can play a significant role in the conservative management of ovarian cysts and prevention of recurrence. Thus, through appropriate lifestyle modification and holistic care, women can preserve their reproductive potential and achieve a healthier personal and professional life.

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