



## AN AYURVEDIC APPROACH FOR THE TREATMENT OF COMPLICATED OVARIAN CYST- A CASE STUDY

[Jyoti Thakur](#)<sup>1</sup>, [Soni Kapil](#)<sup>2</sup>, [Anil Bhardwaj](#)<sup>3</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Reader, Department of Prasuti Tantra Evum Stree Roga, <sup>3</sup>Reader, Department of Panchkarma, Rajiv Gandhi Govt. Post Graduate Ayurvedic College & Hospital, Paprola, Himachal Pradesh, India.

Corresponding Author: [joyfuljolly1@gmail.com](mailto:joyfuljolly1@gmail.com)

<https://doi.org/10.46607/iamj6210072022>

(Published Online: July 2022)

### Open Access

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Article Received: 13/06/2022 - Peer Reviewed: 01/07/2022 - Accepted for Publication: 08/07/2022



### ABSTRACT

Ovarian cysts are sacs filled with fluid or semisolid material that is formed in the ovaries or on their surface. They may occur as a result of normal ovarian functions, or they may be abnormal growths. The majorities of ovarian cysts are benign and asymptomatic. In Ayurveda, an Ovarian cyst may be correlated with *Granthi*. The present study describes a case of a complicated ovarian cyst. *Granthi* involves all 3 *doshas* along with *Rakta*, *Mamsa*, and *Meda*. So, in this case, study, a combination of *Shodhana* and *Shamana chikitsa* is used to treat and balance all of the 3 *doshas*. The study revealed *Granthihar* properties of *Virechana*, *Palashadi Aasthapana Basti* and *Narayana Taila Anuvasana Basti* along with an *Aartav Pravartaka yoga* leading to reduction in the size of the ovarian cyst of the patient and regularity in her menstrual periods.

**Keywords:** *Ovarian cyst, Granthi, Shodhana, Shamana, Virechana, Basti*

## INTRODUCTION

Ovarian Cyst is one of the prevalent reasons for ovarian dysfunction, which directly affects fertility. Any ovarian follicle larger than two centimeters in diameter is termed an ovarian cyst. An ovarian cyst is a sac filled with liquid or semi-liquid material arising in an ovary. These affect women of all ages and most often occur during young and childbearing years. Most ovarian cysts are functional in nature and harmless (benign). For most women with ovarian cysts, cystic mass is asymptomatic. Some cysts, however, may be associated with a range of symptoms, sometimes severe. Common symptoms 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 the modern system of medicine, the treatment of an ovarian cyst is mainly done by hormonal treatment or by surgical treatment such as laparoscopic cystectomy. In Ayurveda, an ovarian cyst is considered similar to *Granthi*. Depending upon the *Dosha* and body tissue involved *Granthi* is of 9 different types. (1-3) The *samprapti* of *Granthi* is explained as when *Rakta*, *Mamsa*, and *Meda* are vitiated by *Tridoshas* that are admixed with *Kapha*, it produces a round glandular. Protuberant, knotty, and firm swelling is known as *Granthi*. (4) This study will emphasize a careful holistic approach to *Ayurvedic* management of Ovarian cysts.

### Description Of Patient

An unmarried female patient aged 18 years presented to the OPD of RGG PG Ayurvedic Hospital Paprola with the complaint of menstrual irregularity in the past 2½ years. She had a complaint of the increased interval of the menstrual cycle which was about 60-90 days. She also had an absence of menses for 2 months and 4 days. She also had a history of intake of hormonal pills for 3 months (dec, 2019). She is a k/c/o PCOD for 1 year. She took allopathic medication for some time but got no significant relief in her symptoms. She had her latest Ultrasonography done which suggested a normal uterus with right ovarian complicated cystic mass and polycystic pattern in the bilateral ovary. Therefore, she had been

motivated for *Ayurvedic SHODHANA Chikitsa* with *SHAMANA Yoga* (oral medication).

### MENSTRUAL HISTORY

Age of menarche- 14 years

PAST

PRESENT

Duration-	3-4 days	3-4 days
Interval-	30-32 days	60-90 days
Amount-	moderate	moderate
Associated symptoms-	pain	pain

### FAMILY HISTORY

There was no family history of DM, HTN, thyroid dysfunction, and any drug allergy.

### EXAMINATION OF PATIENT

#### EXAMINATION

#### RESULT

BP	110/74mm of Hg
PR	82 bpm
Temp	96.4 F
Height	156 cm
Weight	60 Kg

### General Physical Examination

**Decubitus-** Lying comfortably in bed

**Appearance-** Healthy looking

**Behaviour-** Cooperative

**Built-** Medium

**Head-** Bilaterally symmetrical, no abnormal growth present

**Hair-** Black, medium length, wavy

**Scalp-** Clean, no seborrhea, no infestation, no patchy hair loss

**Forehead-** Bilaterally symmetrical wrinkles present, no abnormal growth

**Eyebrows-** Thick, bilaterally symmetrical, no lateral 1/3<sup>rd</sup> hair loss

**Eyelids-** No entropion, no ectropion, no ptosis

**Eyelashes-** No madarosis, no trichiasis

**Conjunctiva-** Bulbar- whitish, Palpebral- pinkish

**Nose-** No DNS, no polyp, no abnormal growth

**Ears-** Bilaterally symmetrical, no furunculosis, no abnormal discharge present

**Lips-** Pinkish, smooth, not cracked, no angular stomatitis

**Teeth-** Whitish, complete denture, no dental caries

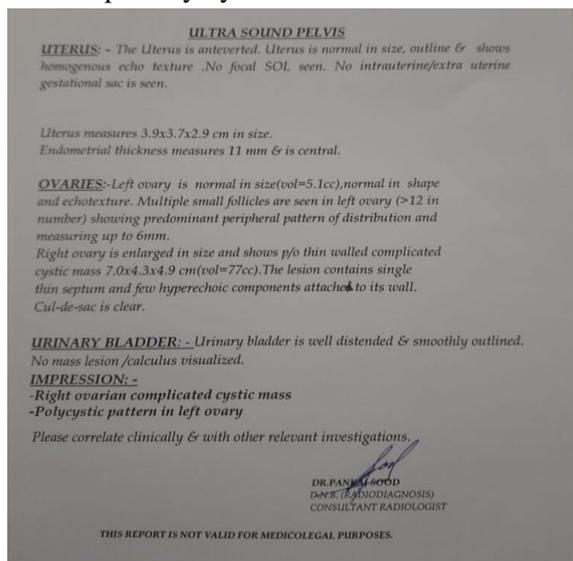
**Gums-** Healthy, no gingivitis, no bleeding gums

**Buccal mucosa-** Healthy, pinkish

**Lymph Nodes-** Not palpable

## SYSTEMIC EXAMINATION

### 1. Respiratory System- NAD



### 2. Cardiovascular System- NAD

### 3. Gastrointestinal System- NAD

### 4. Locomotor System- NAD

### 5. Genito-Urinary System- NAD

### 6. Central Nervous System- NAD

## ASHTAVIDHA PARIKSHA

### PARAMETERS

Nadi

Mala

Mutra

Jihwa

Shabda

Sparsha

Drika

Aakriti

### RESULT

82 bpm

Once a day

5-6 times a day

Anavrita

Spashta

Anushna sheeta

Nirmal

Madhyam

## DASHVIDHA PARIKSHA

### PARAMETERS

Prakriti

Vikriti

Sara

Samhanan

Pramana

Satmya

Satva

Ahara shakti

Vyayam shakti

Vaya

### RESULT

Kapho pittaj

lakshan nimmitaj

Mansasara

Madhyam

Madhyam

Sarv rasa

Madhyam

Madhyam

Madhyam

Yuvavastha

## INVESTIGATIONS BEFORE TREATMENT

### PARAMETER

### RESULT

Insulin- Fasting	6.75 mIU/L
Leutinizing Hormone	16.27 mIU/L
Follicular Stimulating hormone	5.83mIU/L
Testosterone- Free	2.89 pg/ml
Thyroid-stimulating hormone	1.708 uIU/L
Sr. Prolactin	13.44 ng/ml

## USG FINDINGS

**Impression: - Right ovarian complicated cystic mass. The polycystic pattern in the left ovary.**

## OTHER INVESTIGATIONS

Blood group

B +ve

Hb gm%

11.2 gm%

ESR

20 mm fall after 1 hr

RBS

94 mg/dl

TSB

0.6 mg/dl

DSB

0.1 mg/dl

SGOT

22 IU/L

SGPT

20 IU/L

B. Urea	26 mg/dl
S. Creatinine	0.8 mg/dl
S. Uric acid	4.2 mg/dl

## TREATMENT

### SHODHANA CHIKITSA

1. *Virechana with Sannaya churna + Haritaki churna*
2. *Palashadi Aasthapana Basti (Palash, Vacha, Pippali, Shatpushpa, Saindhav, Madhu, Taila) (5)*
3. *Narayana Taila Anuvasana Basti (6)*

**SHAMANA CHIKITSA:** *Aartava pravartaka yoga (7)*

### Shodhana Chikitsa Protocol

**Deepana Pachana-** *Chitrakadi vati 2 BD given for 3 days.*

**Abhyantara Snehpana-** done with *Panchtikta ghrita* for 6 days in escalating dose (*arohana krama*) starting from 30 ml upto 250 ml as per *koshtha* and *agni* of the patient. *Samyaka snigdha lakshana* are observed on 5<sup>th</sup> day like *Adhastat sneha darshanam, deeptagni, snigdha varchas.*

**1. Virechna-** *Sarvanga Abhyanga (with Saindhavadi taila) and Swedana* were done for 5 days (5<sup>th</sup> to 9<sup>th</sup> day). On 9<sup>th</sup> day after *sarvanga abhyanga* and *swedana*, *Virechaka Yoga* was given.

Virechana Aushadha	Sannaya churna (18gm) Haritaki churna (25gm) Saindhav lavana (5gm)
Anupaana	Trifla kwatha (120ml)
Vega	24
Antiki	Kaphanta
Shuddhi	Pravara

After it, *Sansarjana krama* was followed for 7 days and then the patient came to a normal diet.

**2. BASTI KARMA-** After *Virechana karma*, *Basti karma* was done in *kaal krama*. In this, a total of 16 *Basti* are given.

DAY	BASTI
1	Narayana taila Anuvasana basti
2	Palashadi Aasthapana basti
3	Narayana taila Anuvasana basti
4	Palashadi Aasthapana basti
5	Narayana taila Anuvasana basti
6	Palashadi Aasthapana basti
7	Narayana taila Anuvasana basti
8	Palashadi Aasthapana basti
9	Narayana taila Anuvasana basti
10	Palashadi Aasthapana basti
11	Narayana taila Anuvasana basti
12	Palashadi Aasthapana basti
13	Narayana taila Anuvasana basti
14	Narayana taila Anuvasana basti
15	Narayana taila Anuvasana basti
16	Narayana taila Anuvasana basti

Thus, in *kaal basti*, a total of 6 *Aasthapana Basti* and 10 *Anuvasana Basti* are administered in a period of 16 days.

### Shamana Chikitsa Protocol

Along with *Shodhana chikitsa*, the patient was given a *Shamana aushadha* i.e an *Aartava pravartaka yoga* 5gm BD with lukewarm water for 3 months.

### Ingredients

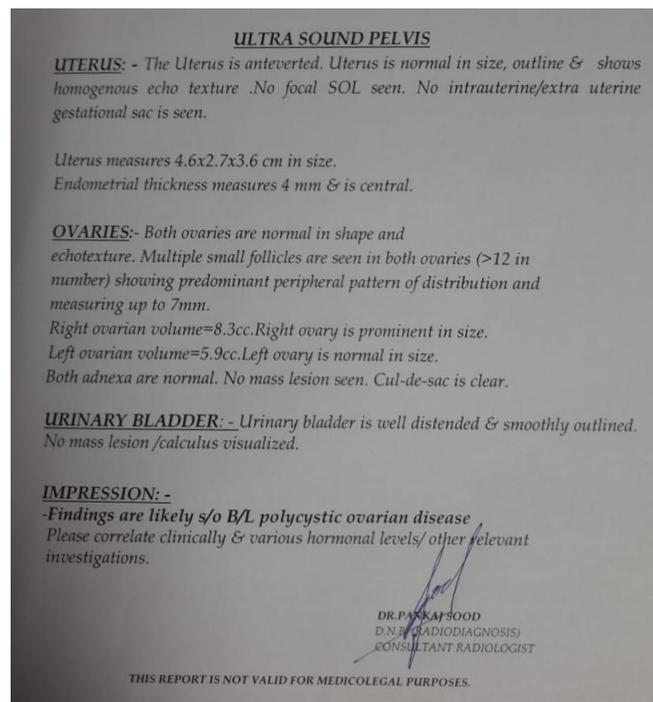
S.No	Name of Dravya	Botanical Name	Family	Part Used	Proportion
1.	<i>Jyotishmati</i>	<i>Celastrus paniculatus</i> Willd.	Celasteraceae	Leaves	1 Part
2.	<i>Vacha</i>	<i>Acorus calamus</i> Linn.	Acoraceae	Rhizome	1 Part
3.	<i>Vijaysara</i>	<i>Pterocarpus marsupium</i> Roxb.	Mimosoideae	Bark	1 Part
4.	<i>Swarjikshara</i>	<i>Impure carbonate of soda</i> Linn.	-	-	1Part

**RESULT:** After *Shodhana* and *Shamana Chikitsa* for 3 months, the menstrual period of the patient became regular.

### Investigations After Treatment

INVESTIGATION	RESULT
Insulin -Random	18.60 mIU/L
Leutinizing Hormone	7.80 mIU/L
Follicular Stimulating Hormone	6.74 mIU/L
Testosterone-Free	1.70 pg/ml
Anti-Mullerian Hormone	9.41 ng/ml

### USG FINDINGS



	BEFORE	AFTER
Uterus	(3.9X 3.7 X 2.9cm)	(4.6 X 2.7 X 3.6 cm)
ET	11mm	4 mm
Lt. Ovary	N.S (Vol=5.1cc) Multiple small follicles (>12) seen showing predominant peripheral pattern of distribution and measuring upto 6mm.	N.S (Vol= 5.9cc)
Rt. Ovary	Enlarged size (Vol=77cc) It shows p/o thin-walled complicated cystic mass (7.0 X 4.3 X 4.9 cm).	Predominant in size (Vol=8.3cc)
		Both ovaries are normal in shape and echotexture. Multiple small follicles are seen in both ovaries (>12 in number) showing a predominantly peripheral pattern of distribution and measuring upto 7 mm.
IMPRESSION	Right ovarian complicated cystic mass. The polycystic pattern in the left ovary.	Findings are likely s/o B/L polycystic ovarian disease.

## DISCUSSION

In this case, *Shodhana chikitsa* along with Aartav Pravartaka (*Shamana*) Yoga led to improvement in the symptoms of the patient like regulation of menstrual cycle, serum-free testosterone levels were reduced from 2.89 pg/ml to 1.70pg/ml, ovarian volume reduced to a great extent (77cc to 8.3cc) and complicated ovarian mass was dissolved reducing the size of Ovarian cyst. But multiple small follicles showing a predominantly peripheral pattern of distribution still exists. The principal therapies in Ayurveda can be divided into two main sub types i.e *Shodhana* and *Shamana Chikitsa*. By *Shodhana*, we detoxify the body, or we can say it is helpful in *Srotoshodhana* by pacifying the *doshas*. As all 3 *doshas* are involved in the *samprapti* of *Granthi*, the principle of *Samprapti Vighatana* is used for its management. *Shodhana Chikitsa* helps in balancing these *doshas*. According to our Acharyas, *Vata dosha* is mainly responsible for *Yonivyapada* (8). *Basti* is considered the best treatment for pacifying *Vata dosha* and hence *Yonivyapada* (9). The main principle of *Basti* is to clear the obstruction in the pelvis, regulate the menstrual cycle and normalize metabolism. *Basti* works on the whole body after

entering into the *Pakvashaya* or *Guda*. It exerts local as well as systemic effects. It helps in normalising the *Apana Vayu* function and is also helpful in treating *Agni Dushti* leading to regulation of *Rajah Pravriti* and *Beeja Nirmana*. *Virechana* is helpful in pacifying the *Pitta dosha*. In *Kashyapa Samhita kalpa sthana*, *Virechana* is said to improve the efficacy of *Beeja (10)* (*Bejam Bhavtai Karmukam*). The ingredients of *Shamana aushadha* are *katu*, *tikta*, and *kshaya* in *rasa*, *ushna* in *veerya* and has *Vata-kapha shamaka* effect. Along with this *Jyotishmati* has the *aartav janana* effect, *Vacha* is *garbhashaya shankochaka* and is useful in *kashtaartava* and *Vijaysara* is said to have the *yonidoshahara* effect. (11-13)

## CONCLUSION

The present study clearly proves that *Ayurvedic Shodhana* and *Shamana Chikitsa* are highly effective in this case of complicated ovarian cyst as they relieved the symptoms of the patient by dissolving the complex ovarian mass. As a result, unnecessary invasive surgery in case of such benign lesions can be avoided. Although the patient still has bilateral PCOD, that is a very common lifestyle disorder that can be cured by adopting healthy lifestyle

modifications along with medications for a longer duration, ranging from a few months to years.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Jyoti Thakur et al: An Ayurvedic Approach for The Treatment Of Complicated Ovarian Cyst- A Case Study. International Ayurvedic Medical Journal {online} 2022 {cited July 2022} Available from: [http://www.iamj.in/posts/images/upload/2005\\_2011.pdf](http://www.iamj.in/posts/images/upload/2005_2011.pdf)