



AYURVEDIC MANAGEMENT OF HAEMORRHAGIC OVARIAN CYST THROUGH SHODHANA –A EVIDENCE-BASED CASE REPORT.

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ABSTRACT:

The Corpus luteum is lined by a layer of granulosa cells which rapidly become vascularized, Spontaneous but self-limiting bleeding fills the central cavity and when bleeding is excessive the corpus luteum enlarges and forms a haemorrhagic corpus luteum cyst, which may rupture. Bleeding from a ruptured corpus luteum can vary from mild haemorrhage to massive hemoperitoneum, leading to shock and subsequent emergency surgery. Clinical symptoms are mainly due to peritoneal irritation by the blood effusion. It has become a serious and well-known lifestyle disorder induced by *Viruddha Ahara* and *Vihara* as per *Ayurveda*. *Ayurveda* is seen as a step forward in the treatment of *Raktaja Granthi* (haemorrhagic ovarian cyst). This case report reveals the management of *Raktaja Granthi* (haemorrhagic ovarian cyst) through *Virechana* along with internal medicines. A 26-year-old female patient complained of severe abdominal pain during menstruation, and heavy bleeding and was diagnosed with *Raktaja Granthi* (haemorrhagic ovarian cyst) after required investigations and examinations.

Key words: *Raktaja Granthi*, Haemorrhagic ovarian cyst, *Shodhana*, *Virechana*

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INTRODUCTION:

Ovarian cysts in *Ayurveda* can be correlated with *Granthi* for which *Ayurveda* describes a complete treatment. When *Tridosha* get vitiated along with *Rakta*, *Mamsa* and *Meda Dhatu* create round, raised and nodular swellings called *Granthi*. The main clinical feature of *Granthi* is swelling/inflammation or protuberance ^[1]. *Shotha* (inflammation) may occur in different body parts; there are nine types of *Granthi* due to the different locations and clinical features ^[2]. Hence, an ovarian cyst can be called *Beejakosha Granthi* (ovarian cyst) based on its location in *Beejakosha* (ovary). Ovarian cyst produces symptoms such as lower abdominal pain, lower backache, dyspareunia, dysmenorrhea, amenorrhea, menorrhagia and breast tenderness. According to modern science when a Graafian follicle ruptures to release an oocyte, it is transformed into a corpus luteum. The Corpus luteum is lined by a layer of granulosa cells which rapidly become vascularized, Spontaneous but self-limiting bleeding fills the central cavity and when bleeding is excessive the corpus luteum enlarges and forms a haemorrhagic corpus luteum cyst, which may rupture. Bleeding from a ruptured corpus luteum can vary from mild haemorrhage to massive hemoperitoneum, leading to shock. About 7% of women have ovarian cysts at some point in

their lives, and 13.7% of all ovarian cysts are called haemorrhagic ovarian cysts. Modern medicine has no cure except for surgeries like laparoscopic luteumectomy, ovarian wedge-shaped excision or oophorectomy. It is also expensive and unpredictable.

So, women prefer alternative treatments to avoid unnecessary surgery and not to compromise any future pregnancy. *Ayurvedic* knowledge along with the development of modern medical knowledge provides unique treatments that help women overcome many frustrating situations.

Case report: -

A 26-year-old female patient came to Panchakarma OPD with complaints of severe abdominal pain during menstruation, heavy bleeding for 7-8 days last 5 years, vomiting on and off, associated with increased body weight, PCOS, Infertility and Psoriasis.

History of present illness-

The patient was apparently normal before 5 years. Gradually she started weight gain since Menarche. After marriage when she was struggling to conceive diagnosed with PCOS along with a Haemorrhagic cyst and Primary Infertility. She consulted and treated with modern medicines and Homeopathy but didn't get any relief so she came to our hospital for further management.

Past history:

No history of falls/ trauma.

No history of DM/HTN or other systemic illness.

No surgical intervention.

Family history: Nothing significant

Personal history:

- *Ahara-* More consumption of *Katu Rasa Pradhana Snigdha Ahara* (both veg and non-veg) more non-veg, fast food, and bakery products.
- *Vihara-* Excessive sitting, Stressful life.
- Sleep – 6-7 hours during night, day sleep occasionally
- Habits- Tea

Ashtavidha Pariksha:

- Pulse – Regular, 74/minute (*Kapha pittaja Nadi*)
- Bowel– Satisfactory twice a day
- Micturition– 6-7 Times/day
- Tongue – non coated
- Sound – *Prakruta*
- Touch– *Ruksha*
- Eyes – *Prakruta*
- *Akruti* – *Sthoulya*

General Examination-

Samprapti-

Temp- afebrile (98.6 °F)

Respiratory rate: 18/min

B.P: 140/90mmHg

Agni (Digestive Power): *Pravara*

Kostha (Bowel Habits): *Madhyama*

Systemic examination-

- RS- AEBE
- CVS- S₁S₂ heard
- CNS- Conscious, Oriented
- P/A- Soft, lower Abdominal pain.

Roga Pariksha:

Nidana- Excessive consumption of Bakery and Junk food, *Ati Mamsahara*, *Ati Katurasa Sevana*, *Atimatra Ahara Sevana*, Excessive and continuous sitting, Stress, and Lack of exercise.

Purvarupa- Abdominal Pain before and during the cycle.

Rupa –Severe abdominal pain, Heavy bleeding and associated with weight gain, PCOS, infertility and Psoriasis.

Upashaya- Yoga, *Pranayama*, *Vyayama*, *Hitakara Ahara Sevana*

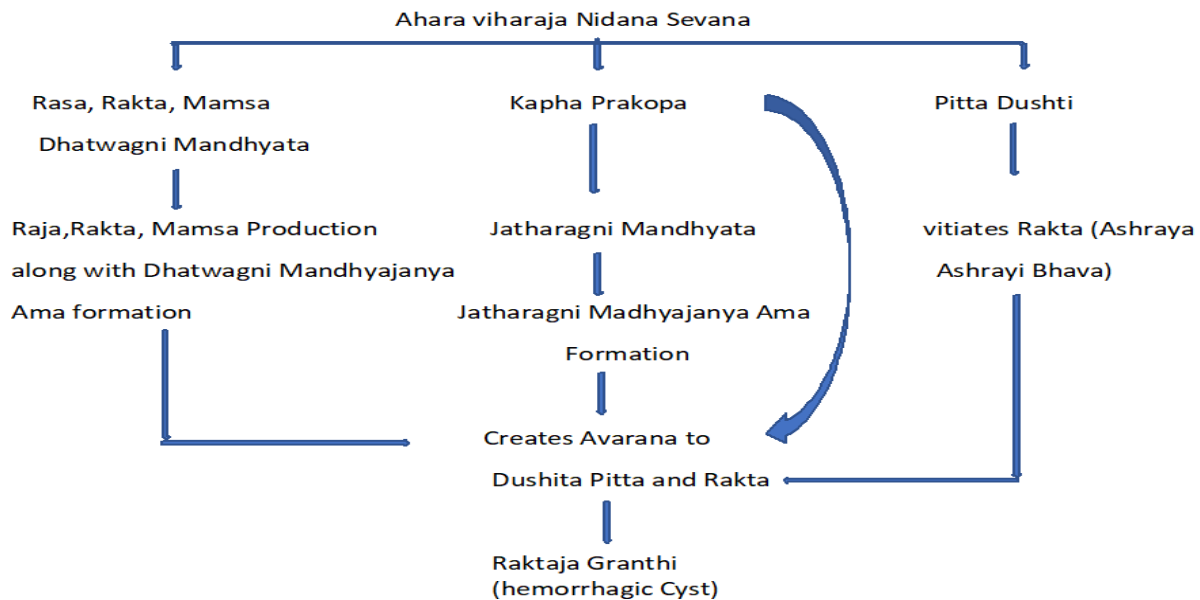


Fig. No: 1 *Samprapti* of Hemorrahegic Cyst

Samprapti Ghataka-

- *Dosha: Pittapradhana Tridosha*
- *Dushya: Twak, Rasa, Rakta, Meda, Artava*
- *Srotas: Rasavaha, Raktavaha, Medavaha, Artavavaha Srotas*
- *Sritodusthi Prakara- Sanga*
- *Agni: Jatharagni/ Dhatwagnimandya*
- *Udbhavasthana: Amashaya*
- *Adhisthana: Yoni*
- *Roga Marga: Abhyatara*

Long axis: 78×33mm

Short axis: 40mm

- Endometrial thickness- 10 to 11mm
- Both ovaries are bulky
- Right ovary measures- 49×31×35mm, volume-10.8cc
- Left ovary measures- 45×25×26mm, volume- 15.0cc
- With haemorrhagic cyst Left (30mm) and right (15mm) follicle.

Thyroid Function Test:

- T3 (Tri-iodothyronine)- 2.12nmol/L
- T4 (Thyroxine)- 103.0nmol/L
- T.S.H- 3.64 µIU/ml

Lipid profile-

Sr. Cholesterol- 276.2mg/dl
 Sr. Triglyceride- 133.6mg/dl
 Sr. HDL Cholesterol- 35.9mg/dl
 Sr. LDL Cholesterol- 213.3 mg/dl
 Chole/HDL Ratio- 7.6

INVESTIGATIONS:

Hb%- 10.3gm%

HbA_{1c}- 4.8%

AEC- 250cells/cumm

CRP- 5.8 mg/L

Glycohemoglobin- 4.8%

Mean blood glucose- 98.2 mg/dl

USG abdomen- Pelvis impression:

- Uterus is normal. No focal lesion/mass

LDL/HDL Ratio- 5.9

Table No: 1 Treatment Protocol

DAY	TREATMENT	QUANTITY	OBSERVATION
1 st day To 7 th day	<i>Amapachana</i> with 1. <i>Patolakaturohinyadi Kashaya</i> 2. <i>Arogyavardhini Vati</i>	20ml ITD 1 BD	<i>Nirama Lakshana</i>
1 st day To 7 th day	<i>Bahya Rukshana</i> <i>Urdhwarthana</i> with <i>Kolkulatyadi Choorna</i> + <i>Triphala Choorna</i>	Approx. 750 gm.	Reduction in weight
8 th day	<i>Snehapana</i> with <i>Triphala Ghrita</i>	100 ml	<i>Vatanulomana</i> + <i>Agnivruddhi</i> - <i>Snigdhavarcha</i> - <i>Asanhata Varch</i> - <i>Twak Snigdhata</i> -
9 th day	<i>Snehapana</i> with <i>Triphala Ghrita</i>	120 ml	<i>Vatanulomana</i> + <i>Agnivruddhi</i> + <i>Snigdhavarcha</i> - <i>Asanhata Varch</i> - <i>Twak Snigdhata</i> +
10 th day	<i>Snehapana</i> with <i>Triphala Ghrita</i>	130 ml	<i>Vatanulomana</i> ++ <i>Agnivruddhi</i> ++ <i>Snigdhavarcha</i> + <i>Asanhata Varch</i> ++ <i>Twak Snigdhata</i> ++
11 th day	<i>Abhyanga</i> with <i>Karanja Taila</i> followed by <i>Nadi Sweda</i>	125 ml	
12 th day	<i>Abhyanga</i> with <i>Karanja Taila</i> followed by <i>Nadi Sweda</i>	125 ml	
13 th day	<i>Abhyanga</i> with <i>Karanja Taila</i> followed by <i>Nadi Sweda</i>	125 ml	

14 th day	<i>Virechana with Trivruttha Leha along with Anupana Triphala Kashaya</i>	30 gm 500ml	Total Vega 21
15 th – 19 th day (5 days)	<i>Samsarjana Krama (Peyadi)</i>		

Table No. 2 Shamana Aushadhi

SL. NO	MEDICINE	DOSE
1.	<i>Khus Sharabat</i>	20ml TID
2.	<i>Arogyavardhini Vati</i>	1 BD
3.	<i>Laghusutashekhara Rasa</i>	1 BD

Result:

Pathological Lesion	Before Treatment	After Treatment
Right Ovary Hemorrhagic cyst	15mm	Normal ovary without hemorrhagic cyst.
Left Ovary Hemorrhagic cyst	30mm	Normal ovary without hemorrhagic cyst.

DISCUSSION –

Women of the reproductive age group suffer a lot due to Ovarian cysts. Ovarian cyst leads to congestion and abdominal discomfort. Pain may be due to cyst-associated pelvic pathology. An ovarian cyst may hamper the menstrual cycle and results in anovulation which is the primary cause of Infertility. *Mamsa, Asrik* and *Medo Dhatu* are vitiated in *Granthi*. *Kapha Vruddhi along with Mamsagnimandya* are responsible for the growth of *Granthi* by *Sanga Strotodushti*^[3] *Rukshana* is advised before *Shodhanartha Snehapana* in *Medhura, Mamsala* and *Kapha*

Pradhanya Vyadhi. In the present case, all these features are seen. *Udwartana* with a combination of *Kolakulathadi Choorna* and *Triphala Choorna* was done for *Bahya Rukshana*. As *Vyadhi* is *Kaphapradhana* with *Rakta Pitta Dusthi, Patolkaturohinyadi Kashaya* 20 ml was twice administered as *Amapachan* for 7 days. This *Tikta Pachaka* drug accelerates *Kapha* and *Aam Avarana Nashana* without aggravating *Rakta* and *Pitta Dusthi*. The drug possesses *Shothahara, Kapha-Medohara* and *Granthi-Vidradhihara* properties so effective in the ovarian cyst. *Triphaladi* herbs are

Shothahara, Granthihara, Kapha-Medohara, Vatanulomana and *Ghritha* are advised in *Pittaja Vikara* hence *Triphala Ghritha* was used for *Snehapana*. *Virechana* (therapeutic purgation) is indicated in *Granthi* ^[4]. *Virechana* is the main line of treatment in *Pittaja Vikara*. *Pitta* and *Rakta* have *Ashraya Ashrayi Bhava*. In *Rakta Dushti Vikara*, *Virechana* gives remarkable results by *Shodhana* of *Pitta* and *Rakta*. It removes accumulated *Doshas* and eliminates vitiated *Kapha* and obstruction of *Vata* from *Artavavaha Srotas* to reduce *Sanga* and *Siragranthi* of the reproductive system. It reduces extra subcutaneous fat. It stops the aromatization of androgen to estrogen and reduces extra ovarian estrogen from the body, which reduces the size of the cyst and vascularity. *Virechana* with *Trivrita Leha* and *Triphala Kashaya* (decoction) was selected to achieve purification of vitiated *Dhatu* (tissue). After *Virechana*, the effect of the *Shamana* (conservative) drug becomes more beneficial.

CONCLUSION-

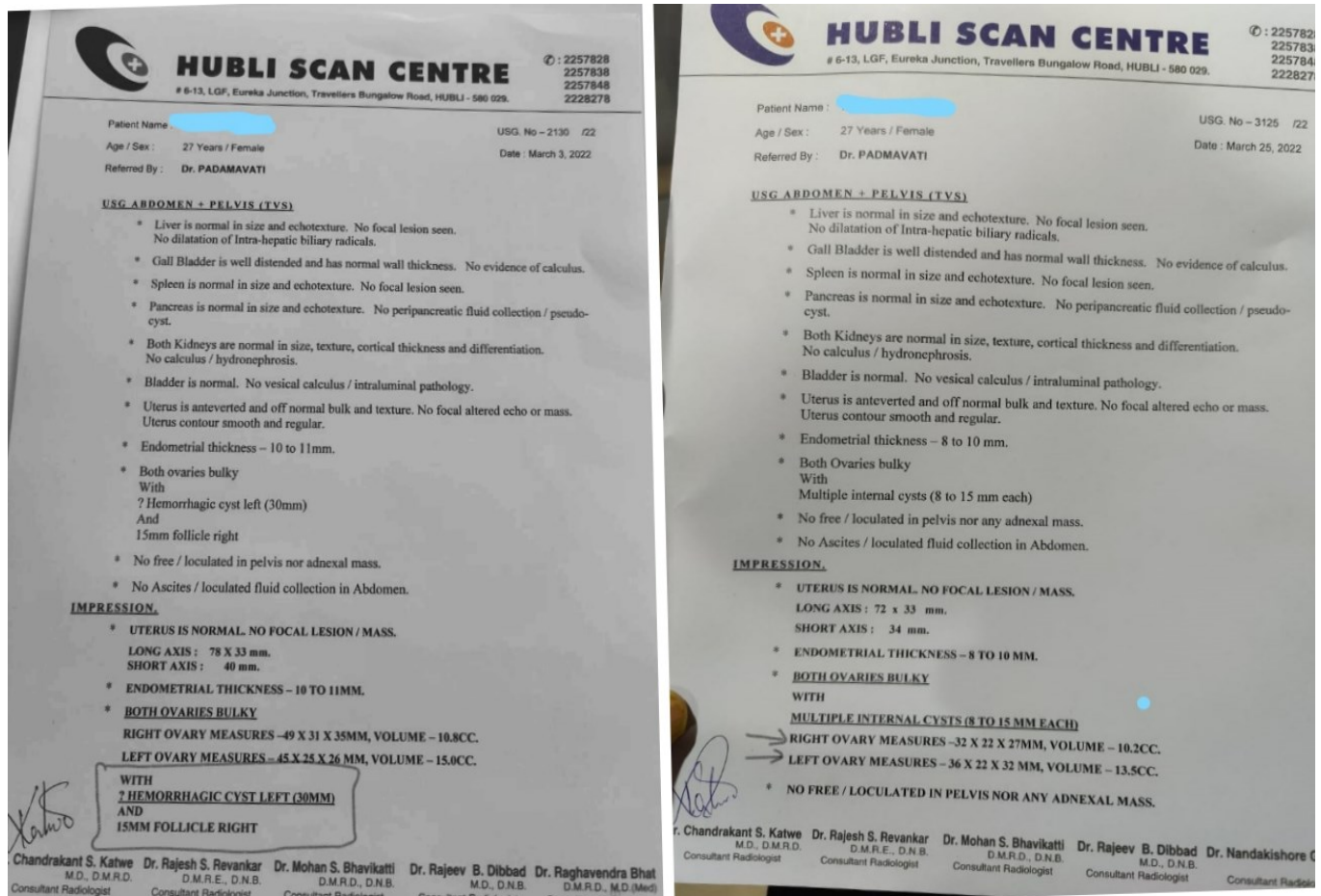
The ovarian cyst is seen during the reproductive life of a female irrespective of age, which may result in various menstrual problems such as dysmenorrhea and irregular periods, by disturbing anatomical and physiological integrity. Based on *Ayurvedic* fundamental principles this problem can be

managed. *Virechana Karma* provided significant improvement in the reduction and resolution of the size of the cyst, lower abdominal pain, backache, and menstrual abnormalities. An encouraging result was found in this case of a haemorrhagic ovarian cyst. A further clinical study on the large sample can establish this therapy's role in haemorrhagic ovarian cysts.

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