

AYURVEDIC MANAGEMENT OF OVARIAN HAEMORRHAGIC CYST – A CASE
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Article Received on 12/08/2025

Article Revised on 01/09/2025

Article Accepted on 22/09/2025

ABSTRACT

Ovarian cyst is closed sac like structure on or within the ovary that is filled with liquid or semi-solid substance. Haemorrhagic cyst is a type of functional cyst usually these are called as Corpus luteal cyst. A 23 year old female patient with haemorrhagic cyst came for *Ayurvedic* treatment, she has severe lower abdominal pain. In USG report, there is cystic lesion with cob wheel appearance in both ovaries of size 38×30 mm in right ovary and 25×16 mm in left ovary. *Acharyas* explained about *Granthi* but *Raktaja Granthi* is specially explained by *Acharya Vaghbata*. Patient was treated with only Ayurvedic Oral Medicines. After completion of 5 months of treatment the USG report revealed completely resolved cysts.

KEYWORDS: *Raktaja Granthi*, Ovarian Haemorrhagic Cyst, *Kanchanar Guggulu*, *Vridhivadhika Vati*.

INTRODUCTION

Ovarian cysts are the most common ovarian masses encountered among women belonging to the reproductive age group.^[1] A haemorrhagic cyst^[2] is a type of functional ovarian cyst that develops when cyst bleeds within the ovary during ovulation. Rather than disintegrating, a Graffian follicle continues to expand with fluid or blood instead of releasing an ovum. The majority of haemorrhagic ovarian cysts are corpus luteal cysts, which are typically painful and arise from haemorrhage into a cyst. Hormonal therapy and surgical interventions are the treatment modalities for ovarian cysts. Haemorrhagic ovarian cyst can be correlated with *Raktaja Granthi roga*.

The pathogenesis of *Granthi*^[3] *Roga* is characterised by *Vata-Kapha* dominant *Tridosha*. So, therapeutic interventions require *Vata-Kapha hara* medications. The involved *Dushyas* are *Rakta*, *Mamsa*, and *Meda*, hence the medicines selected should possess *Vatahara*, *Kaphara* and *Lekhana* properties.

This case study highlights a successful Ayurvedic approach using *Kanchanar Guggulu*, *Vridhivadhika Vati* and *Dashmoolarishta* in managing Bilateral Ovarian Haemorrhagic Cyst.

CASE PRESENTATION

A 23-year-old unmarried woman attended the OPD at Patanjali Ayurvedic Hospital on 24-02-2025, complaining of lower abdominal pain since 6 months. She brought an ultrasound report, which showed bilateral ovarian haemorrhagic cyst measuring 38×30 mm in right ovary and 25×16 mm in left ovary.

Menstrual History

- Last Menstrual Period (LMP): 14-02-2025
- The patient reported irregular menstrual cycle with an interval of 22-25 days, lasting for 5–6 days, and accompanied by lower abdominal pain.

Family History: No significant history was found.

Past medical history: No significant history was found.

Past surgical History: No significant history was found.

Personal History: The patient follows a vegetarian diet with good appetite. Bowel and micturition habits, as well as sleep, were reported to be normal. No addictions were noted. A history of prolonged self-medication with analgesics was elicited.

CLINICAL FINDINGS**General Examinations**

1.	Built	Normal
2.	Height	5 ft 3 inches
3.	Weight	54 kg
4.	Pulse Rate	80/min
5.	Blood Pressure	116/86 mm of hg
6.	Respiratory Rate	18/min
7.	Temperature	98.4°F

Dashvidha Pariksha

1.	<i>Prakriti</i> (Nature)	PittaKaphaja
2.	<i>Sara</i> (Tissue essence)	<i>Rasa</i>
3.	<i>Samhanana</i> (Body build)	<i>Madhyama</i>
4.	<i>Pramana</i> (Body proportion)	<i>Sama</i> (well-proportioned physique)
5.	<i>Satmya</i> (Adaptability)	<i>Madhyama</i> (moderate adaptability to diet and environment)
6.	<i>Satva</i> (Mental strength)	<i>Avara</i>
7.	<i>Vaya</i> (Age)	<i>Madhyamavastha</i>
8.	<i>Vyayama Shakti</i> (Exercise tolerance)	<i>Madhyama</i> (moderate endurance)
9.	<i>Ahara Shakti</i> (Appetite)	<i>Madhyama</i> (regular food intake capacity)
10.	<i>Jarana Shakti</i>	<i>Madhyama</i> (Satisfactory digestion)

Ashtavidha Pariksha

1.	<i>Nadi</i> (Pulse)	<i>Vata, Pitta dominant</i>
2.	<i>Mala</i> (Stool)	<i>Sama</i>
3.	<i>Mutra</i> (Urine)	<i>Samanya</i>
4.	<i>Jihwa</i> (Tongue)	<i>Alipta</i> (clear)
5.	<i>Shabda</i> (Voice)	<i>Spashta</i>
6.	<i>Sparsha</i> (Touch/Skin)	<i>Anushnasheeta</i>
7.	<i>Drika</i> (Eyes)	<i>Samanya</i>
8.	<i>Akriti</i> (Appearance)	<i>Madhyama</i>

Systemic Examination**Gastrointestinal System (GIT)**

- Abdomen: Soft, non-tender
- Umbilicus: Inverted
- Organomegaly: Absent
- Dilated veins: Absent
- Shifting dullness: Absent
- Scar: Absent

Respiratory System

- Inspection: Bilateral symmetry with normal chest movement; no abnormal pulsation or scar
- Palpation: No tenderness
- Percussion: Normal resonant note
- Auscultation: Bilateral equal air entry; chest clear

Cardiovascular System

- Apex Beat: Normal, located in 5th intercostal space
- Heart Sounds: NAD (No abnormality detected)

- Murmur Sound: Absent

Central Nervous System (CNS)

- Mental Status: Well-oriented to person, place, and time; higher mental functions intact
- Coordination: Normal
- Motor: Deep tendon reflexes (DTR) Normal, plantar flexion present

Sensory: All sensory modalities (touch, pain, temperature and pressure) intact

Urino-genital System

- Haematuria: Absent
- Burning Micturition: Absent
- Total fluid intake: 4–5 litres/day
- Total urine output: ~2500 ml/day

Locomotor System

Joints: NAD (No abnormality detected)

Ayurvedic Diagnosis (*Vyadhi Ghataka*)

S.No.	Factor	Description
1.	<i>Dosha</i>	<i>Kaphaja, Pittaja</i>
2.	<i>Dushya</i>	<i>Mamsa, Rasa, Rakta</i>
3.	<i>Srotasa</i> (Channels)	<i>Artavavaha Srotas</i>

4.	<i>Srotodushti</i>	<i>Sanga</i> (Obstruction)
5.	<i>Adhithana</i> (Location)	<i>Yoni</i>
6.	<i>Rogmarga</i> (Pathway)	<i>Abhyantara</i> (Internal)

Clinical Diagnosis

Provisional Diagnosis: Bilateral ovarian haemorrhagic cyst

Differential Diagnosis: Tubo-ovarian mass, Fibroid

Thyroid – WNL

CA125 – WNL

Final Diagnosis - Bilateral Ovarian Haemorrhagic Cyst

Prognosis – *Sadhya*

Investigations

USG - Bilateral Ovarian Haemorrhagic Cyst

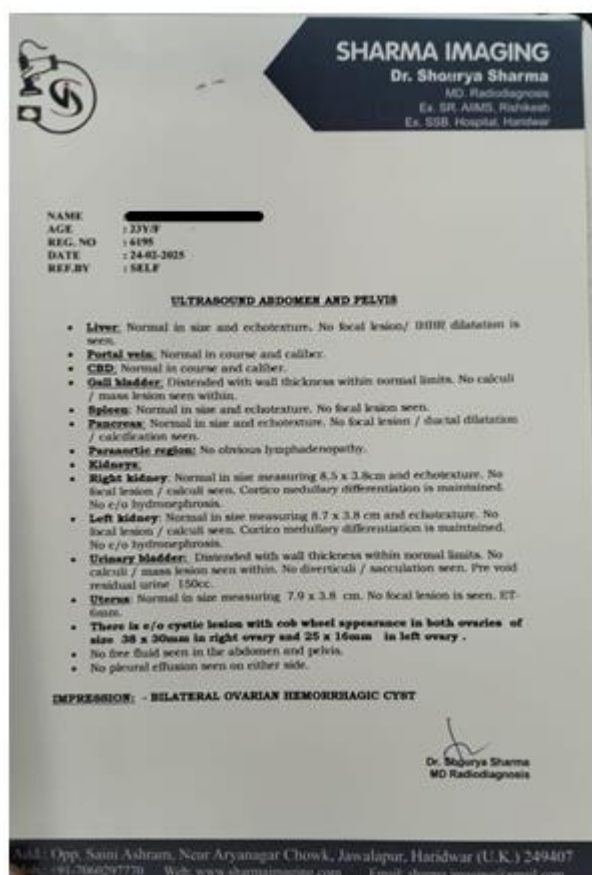
Treatment details

S.No.	Medicine	Dose
1.	<i>Kanchanar Guggulu</i>	250mg, 2 tablets twice a day (with lukewarm water)
2.	<i>Vridhivadhika Vati</i>	250 mg, 2 tablets twice a day (with lukewarm water)
3.	<i>Dashmoolarishta</i>	30ml twice a day (with equal amount of water)

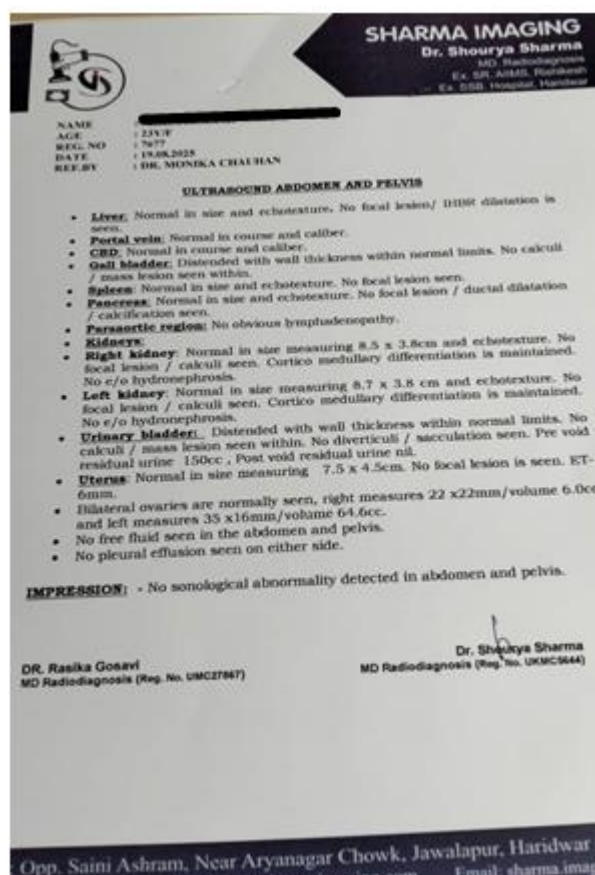
OBSERVATION AND RESULT

After 5 months of continuous treatment, the patient reported complete relief from pain. A repeat ultrasonography performed on 19/08/2025 revealed the

absence of cyst in both ovaries, thereby confirming complete resolution. No adverse effects were noted during or after the course of therapy. The sonographic findings before and after treatment are as follows.



BEFORE TREATMENT



AFTER TREATMENT

DISCUSSION

This case demonstrates the successful role of Ayurvedic intervention in achieving complete resolution of bilateral ovarian haemorrhagic cyst non-surgically.

Kanchanar Guggulu – It is considered effective in conditions like *Granthi*, *Arbuda* etc. due to its *Granthihara* and *Lekhana* properties. It contains ingredients exhibiting anti-inflammatory, anti-tumor and decongested properties.

Vridhivadhika Vati – It is a classical ayurvedic formulation indicated in conditions associated with *Kapha* accumulation in the tissues. The progressive vitiation of *Kapha* may lead to manifestation of swellings or cysts. It contains *Trikatu*, *Triphala*, *Vidanga*, *Lauh bhasma*, *Tamra bhasma*, *Shankh bhasma*, *Kapardak bhasma* etc. *Trikatu* enhances *Agni* (digestive fire) and helps in the removal of *Aama* (toxins) from the body.^[4] Due to presence of *Shunthi*, it has anti-inflammatory and analgesics properties.^[5] *Tamra Bhasma* possesses *Kapha-Pittashamak Lekhan*, *Agneedeepan* and *Rasayana* properties.

Dashmoolarishta - *Dashmool* act as *Aamapachana* and remove the *Avarana* of *Kaphadi* Doshas. It has anti-inflammatory and uterine tonic action.

CONCLUSION

In modern medicine, the treatment of ovarian cyst is primarily done through hormonal therapy and surgical procedures (Laparotomy and Pelvic Laparoscopy), both of which have their own significant side effects. Ayurveda, a branch of natural science, provides alternative therapeutic strategies for the management of ovarian cysts through the use of herbal formulations. The present study highlights the potential of Ayurvedic interventions, particularly herbal medicines, in the effective management of Ovarian Cysts.

ACKNOWLEDGEMENT

The authors are grateful to Dr. Monika Chauhan, Professor & Head, Department of *Prasuti Tantra Evam Stree Roga*, Patanjali Bhartiya Ayurvedigyan & Anusandhan Sansthan, Haridwar, for her valuable guidance and support. We also thank our institution for providing the necessary facilities during this work.

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