

AYURVEDIC MANAGEMENT OF OVARIAN SIMPLE CYST – A CASE REPORT**Dr. Shakshi¹, Saba Farheen*²**Assistant Professor¹, PG Scholar²

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ABSTRACT

An Ovarian simple cyst is closed sac like structure within the ovary that is fluid filled sac arising from the ovary. It is a type of functional cyst, without septations or solid components and it occurs when the sac that released the egg filled with fluid. A 24 year old female patient with left ovarian simple cyst came for *Ayurvedic* treatment, she has lower abdominal pain and irregular menses for 1 year. In USG report, there is a simple anechoic cyst 3.5cm X 3.2 cm in left ovary. In Ayurveda ovarian cyst can be correlated with *granthi* and the term *Granthi* has been described in classical Ayurvedic text such as *Sushruta Samhita*, *Madhava Nidana*, *Bhavprakash* and *Yogratnakar*. Patient was treated with Ayurvedic Oral Medicines. She took continuous treatment for 4 months and at the end of 4 months of treatment the USG showed complete disappearance of cyst and symptoms also subsided completely.

KEYWORDS: *Kaphaja Granthi*, Ovarian simple Cyst, *Kanchanar Guggulu*, *Dashmularishta*, *Kumaryasav*.**INTRODUCTION**

Ovarian cysts are the most common ovarian masses encountered among women belonging to the reproductive age group.^[1] An ovarian simple cyst^[2] is a type of functional ovarian cyst that develops when cyst bleeds within the ovary during ovulation. Rather than, a Graffian follicle continues to expand with fluid instead of releasing an ovum. The majority ovarian cysts are corpus luteal cysts, which are typically painless and arise from corpus luteum into a cyst. Hormonal therapy and surgical interventions are the treatment modalities for ovarian cysts.

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

This case study highlights a successful Ayurvedic approach using *Kanchanar Guggulu*, *Kumaryasav* and *Dashmularishta* in the managing of Ovarian simple Cyst.

CASE PRESENTATION

A 24-year-old married woman attended the OPD at Patanjali Ayurvedic Hospital on 20-7-2025, complaining of lower abdominal pain since 6 months. She brought an ultrasound report, in USG report showed Ovarian simple Cyst, measuring 3.5×3.2 cm in right ovary.

Menstrual History

- Last Menstrual Period: 24-10-2025
- The patient reported irregular menstrual cycle, an interval of 32-35 days, lasting for 4-5 days, and lower abdominal pain during menstrual cycle.

Past medical history: No significant history was found.

Past surgical History: No significant history was found.

Family History: No significant history was found

Personal History: The patient maintains a vegetarian diet with a good appetite. Bowel, urinary habits and sleep cycle are normal. No history of addictions. There is a history of long-term self-medication and painkillers.

CLINICAL FINDINGS**General Examinations**

Built	Normal
Height	5 ft 1 inches
Weight	62 kg
PR(pulse rate)	75/min
BP (blood pressure)	120/82 mm of hg
RR(respiratory rate)	19/min
Temperature	98.3°F

Dashvidha Pariksha

Prakriti	Pitta, Kaphaja
Sara	Rasa, Mamsa
Samhanana	Madhyama
Pramana	Sama (well-proportioned physique)
Satmya	Madhyama (moderate adaptability to diet and environment)
Satva	Avara
Vaya (Age)	Madhyamavastha
Vyayama Shakti (Exercise tolerance)	Madhyama (moderate endurance)
Ahara Shakti (Appetite)	Madhyama (regular food intake capacity)
Jarana Shakti	Madhyama (Satisfactory digestion)

Ashtavidha Pariksha

Nadi (Pulse)	Vata, Pitta dominant
Mala (Stool)	Sama
Mutra (Urine)	Samanya
Jihwa (Tongue)	Alipta (clear)
Shabda (Voice)	Spashta
Sparsha (Skin)	Anushnasheeta
Drika (Eyes)	Samanya
Akriti (Appearance)	Madhyama

Systemic Examination**Gastrointestinal System -**

- Abdomen: Soft and non-tender
- Umbilicus: Normal and Inverted
- Veins: Not Prominent
- Shifting dullness: Not present
- Scar: Not present

Respiratory System

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

Cardiovascular System

- Apex Beat: Normal and located in 5th intercostal space

- Heart Sounds: No abnormality were 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: Not present
- Burning Micturition: Not present
- Total fluid intake: 3-4 litres/day
- Total urine output: ~2300 ml/day

Locomotor System:

Joints: NAD (No abnormality detected)

Ayurvedic Diagnosis (Vyadhi Ghataka)

Factor	Description
Dosha	Kaphaja, Pittaja
Dushya	Mamsa, Rasa, Rakta
Srotasa (Channels)	Artavavaha Srotas
Srotodushiti	Sanga (Obstruction)
Adhithana (Location)	Yoni, Garbhashye
Rogmarga (Pathway)	Abhyantara (Internal)

Clinical Diagnosis

Provisional Diagnosis: Ovarian Simple Cyst

Differential Diagnosis: Tubo-ovarian mass, Fibroid

Investigations:

USG - Ovarian Simple Cyst

Thyroid – WNL

CA125 – WNL

Final Diagnosis - Ovarian Simple Cyst

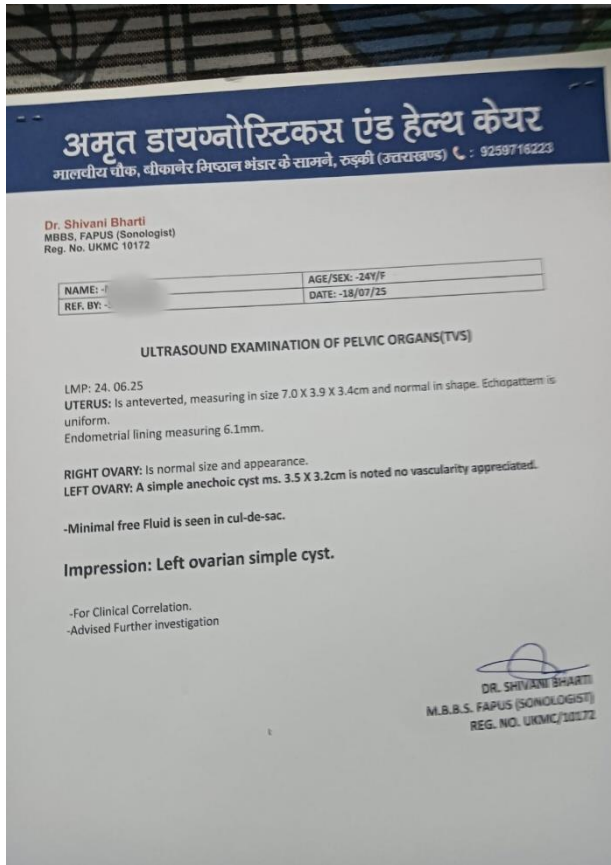
Prognosis – Sadhya

Treatment details

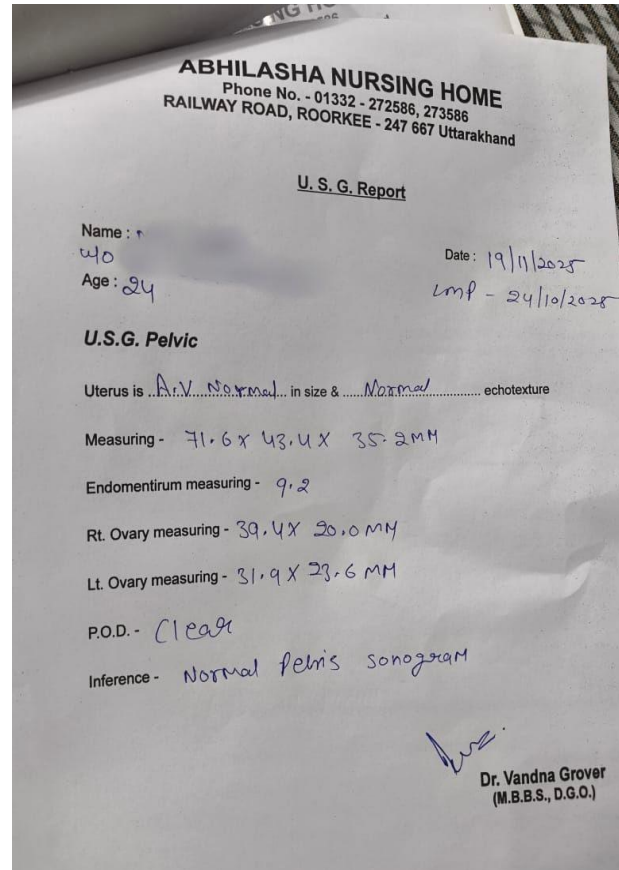
Medicine	Dose
Kanchanar Guggulu	250mg, 2 tablets twice a day (with lukewarm water)
Kumaryasav	30ml twice a day (with equal amount of water)
Dashmularishta	30ml twice a day (with equal amount of water)

OBSERVATION AND RESULT

After 4 months of continuous treatment, the patient reported complete relief from lower abdominal pain. A repeat ultrasonography performed on 19/11/2025 revealed normal pelvis sonogram. No adverse effects were noted during or after the duration of treatment. The USG 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 Simple ovarian cyst non-surgically.

Kanchnar Guggulu – It is traditionally indicated in conditions such as *Granthi* and *Arbuda* due to its *Granthihara* effect and *Lekhana* properties. Its constituents exhibit anti-inflammatory, anti-tumor, and its decongestant effects, contributing to cyst regression.

Kumaryasav - In *Classical Ayurveda literature* points out that *Kumari* is good in *deepana* (appetiser), *pacana*, *balya* in smaller doses and *bhedana*, *arthavajanaka* in higher doses.^[4]

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

CONCLUSION

In the modern medicine, the treatment of ovarian cyst is primarily done by hormonal therapy and surgical procedures (like 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 in herbal medicines, the effective management of Ovarian Cysts.

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