

**EFFECT OF YOGBASTI ALONG WITH CERTAIN ORAL MEDICATIONS IN  
MANAGEMENT OF KAPHAJA GRANTHI W.S.R. OVARIAN CYST: A SINGLE CASE  
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**ABSTRACT**

Ovarian cysts are a common problem encountered in daily gynaecological practice. Data reveals the prevalence of ovarian cysts is between 8 to 18% of both premenopausal and postmenopausal women of reproductive age. Most Ovarian cysts are asymptomatic, but some are highly symptomatic, deterring the day-to-day activities of women's life. Symptoms depend on the size of the cysts. Modern management includes combined oral contraceptive pills (OC pills) and surgical management, if cysts continue to grow after Oral Medications. Since oral contraceptive pills cause many side effects, the need for Ayurvedic management, especially in patients who want to avoid surgical intervention, is in demand. Ayurveda addresses ovarian cysts under the broad classification of *Granthi* which can be correlated to *Kaphaja Granthi*. A 31-year-old female patient married for 4 years, was detected with an Ovarian cyst of size 3.8x3.1 cm with complaints of Irregular menstruation, lower abdominal pain during menstruation, nausea, Discharge from the vagina, dyspareunia, bloating of abdomen for 4 months was treated according to Ayurvedic principles. The patient was given *Kanchanara guggulu*, *Varunadi Kashyam*, *Tapyadi Loha Along with Yog basti* of 8 Days for 3 consecutive months. (Alternate *ANUVASHAN BASTI* of *SAHCHAR TAIL & NIRUHA BASTI* of *DASHMOOLA KWATH*) for a period of three months. Follow up USG showed complete disappearance of cyst and symptoms also subsided to a great extent. The present study highlights the role of Ayurveda in fetching a positive result in the management of ovarian cyst.

**KEYWORDS:** Ovarian Cyst, *Kaphaja Granthi*, *Kanchanara guggulu*, *Varunadi kashayam*, *Tapyadi Loha*, *Yog basti*, *Shahchar tail & Dashmoola Kwath*.**INTRODUCTION**

An ovarian cyst is one of the common problems encountered in gynecological OPD and during reproductive life. The closed sac-like structure is formed within the ovary filled with fluid or semi-solid substances. Highly predominance of ovarian cysts occurs in a period of childbearing years. Most of the ovarian cysts are functional in nature and are harmless. Ovarian cysts are mostly diagnosed through pelvic ultrasonography and sometimes through bimanual per vaginal examination of the pelvis. These are either single or multiple cysts. Single cysts may have 3-5cm in diameter and rarely more than 8-9cm.<sup>[1]</sup>

Common symptoms of ovarian cysts are Abnormal uterine bleeding, irregular menstrual cycle, pain in the pelvis or abdomen, nausea, and headache. Sometimes vague symptoms like urine urgency or frequency,

abdominal distension or bloating and difficulty in eating, and excess fatigue are present.<sup>[1]</sup>

Differential Diagnosis of ovarian cyst includes a Dermoid cyst, Haemorrhagic corpus luteum cyst, Ectopic Pregnancy, Pedunculated fibroids, and Hydrosalpinxes.<sup>[1]</sup>

They are mostly diagnosed by ultrasonography. Transvaginal Sonography is preferred over Transabdominal Sonography because of its higher proximity to ovaries. When ultrasonography is inconclusive, magnetic resonance imaging helps to diagnose and to draw a conclusion.<sup>[1]</sup>

Some of the cysts can cause Acute abdominal pain.

Complications of ovarian cysts include torsion (in larger cysts of more than 6cm), Rupture and haemorrhage.<sup>[1]</sup>

**CASE REPORT**

A 31-year-old female patient married for 4 years, attended OPD, Department of Prasuti Tantra and Stree Roga, in MANSAROVAR AYURVEDIC MEDICAL COLLEGE AND HOSPITAL, BHOPAL On 07/07/2021 with complaints of Irregular menstruation, lower abdominal pain during menstruation, nausea, Discharge from the vagina, dyspareunia, bloating of abdomen since 4 months.

And patient keen to conceive since 3 years.

On detailed evaluation, the patient attained her menarche at the age of 14 years, and had regular menstrual cycles with 4-5 days of duration at an interval of 28-32 days.

Per vaginal examination revealed that the Uterus is anteverted, normal in size, consistency and position. A mass is felt on the right fornix. The cervix is in mid-position. Moderate tenderness was noticed in the right iliac fossa during per abdominal examination.

The patient was advised for CBC & Urine Pregnancy Test (UPT as 1 month 12 days amenorrhoea is present). The blood routine investigation was found to be within normal limits. The UPT was Negative.

After that, the patient was advised for USG of the Abdomen & pelvis for further confirmation.

USG report revealed that the uterus is anteverted, Normal in size, and 5 x 4.6 x 6cm. Endometrial thickness 3mm. No focal myometrial lesions were seen. The Endometrial is smooth in outline and measures up to 6.75mms.

Cervix measures 3.6\*2.7cms shows Nabothian follicles.

Bilateral adnexa are clear without obvious mass lesions. The right ovary measures 4.72x3.70x3.58 cm with an estimated volume of 32.7cc. Simple cyst without any internal septations /soft tissue component/vascularity/calcification seen measures 3.8x3.1 cm.

The left ovary measures 4.02x1.91x1.85 cms with an estimated volume of 7.44cc. The follicular cyst seen measures 2.6x2.13 cms.

**Marital History**

Married since 4 Years.

**MENSTRUAL HISTORY**

<b>Menarche</b>	At the age of 14 years
<b>LMP</b>	25.05.2022
<b>Duration</b>	4-5 days
<b>Interval</b>	2-3 months
<b>Clot</b>	++(present)
<b>Dysmenorrhea</b>	++(present)
<b>Pad</b>	3-4 pads/day
<b>Watery white discharge</b>	++(present)

**PERSONAL HISTORY**

<b>Diet</b>	Mixed
<b>Bowel</b>	Constipated
<b>Appetite</b>	Adequate
<b>Bladder</b>	Within normal limit
<b>Allergy</b>	Nil

**OBSTETRIC HISTORY**

Nullipara.

**SEXUAL HISTORY**

Dyspareunia present

Post coital Bleeding- Not present

Based on clinical history, physical examination, and USG reports, the case was equated as *Kaphaja Granthi*.<sup>[1]</sup> The following Treatment measures were prescribed for a period of 3 months and USG was advised after the due course of Treatment.

**Treatment Protocol**

1. *Varunadi kashayam* - 20ml twice daily half an hour before food For 3 months.
2. *Kanchanara guggulu* - 2 - 0 - 2 (with *Kashayam*) For 3 months.
3. *Tapyadi Loha* - 1 tab Twice daily for 3 months
4. Along with oral Medication, Basti karma was done in a YOG BASTI pattern of 8 Days for 3 consecutive months.

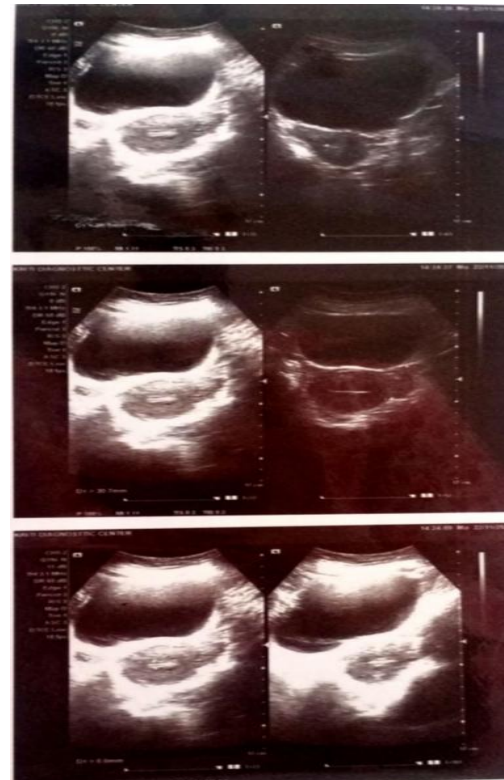
(Alternate *ANUVASHAN BASTI* of *SAHCHAR TAIL* around 70ml & *NIRUHA BASTI* of *DASHMOOLA KWATH* around 100ml incorporated through the anus with a simple rubber catheter).

**Follow-up and Outcome**

Follow-up USG revealed the complete disappearance of the cyst. A patient gets relief from Irregular menstruation, lower abdominal pain during menstruation, nausea, Discharge from the vagina, dyspareunia, and bloating of the abdomen.



**BEFORE TREATMENT**



**AFTER TREATMENT**

PELVIC SONOGRAPHY (TAS)

- Urinary bladder wall thickness is normal and shows anechoic contents . No bladder calculus seen  
Pre void urine volume -193cc, Postvoid residual urine - Insignificant
- Uterus is anteverted ,normal in size and echopattern measures 4.92x4.43x4.09 cms. No focal myometrial lesion seen .Endometrium is smooth in outline measures upto 6.75mms.  
Cervix measures 3.6x2.7 cms shows nabothian follicles .
- Bilateral adnexa are clear without obvious mass lesion.  
Right ovary measures 4.72x3.70x3.58 cms with estimated volume of 32.7cc.  
Simple cyst without any internal septations /soft tissue component / vascularity /calcification seen measures 3.8x3.1cms.  
Left ovary measures 4.02x1.91x1.85 cms with estimated volume of 7.44cc.  
Follicular cyst seen measures 2.6x2.13 cms
- No ascites /free fluid seen.
- Retroperitoneum is not adequately visualized due to overlying bowel gases. Visualized retroperitoneum do not shows lymphadenopathy /collection.

**IMPRESSION:** Bulky right ovary due to simple cyst as described (O-RADS-2)  
Nabothian follicle cervix.  
Rest of the findings as described above

*Advice :Clinical correlation . further evaluation /follow-up.*

**BEFORE TREATMENT**

ULTRASONOGRAPHY OF PELVIS

**REPORT**

Urinary bladder shows smooth walls and anechoic contents .

Uterus is mild bulky in size and endometrium 6.2 mm .Myometrial echoes normal .

Both ovaries are normal in size and shows homogenous echotexture.Small follicles seen in them .

No collection seen in post cul de sac .

**IMPRESSION – USG FINDINGS SUGGESTIVE OF NO GROSS ABNORMALITY .**

**AFTER TREATMENT**

**DISCUSSION**

In Ayurvedic classics, the exact correlation of an Ovarian cyst cannot be found, but it can be included under the term *Granthi* (tumor), which are localized nodular swelling or growths.

Vitiated *Vata and Kapha Doshas*, along with vitiated *dhatus (Mamsa, Rakta, and Medas)* produce rounded prominent *Granthi* which presents in female ovaries will lead to disturbed menstruation and related complaints.<sup>[1]</sup>

*Ati Madhura Guru Snigdha Ahara*, (increased sweet milk products), *Viruddha Ahara* (unwholesome/untimely food habits), *Avyayama* (sedentary lifestyle), and *Divaswapna*

(daytime sleep habit), include a few etiological factors responsible for the formation of *Granthi*.<sup>[1]</sup>

Due to all these nidana *Tridoshas* mainly *Vata* and *Kapha* are vitiated, *Ama* (undigested toxic substances), is formed due to improper functioning of *Jatharagni* and then *dhatwagni* and causes *Srothorodha*, thus impairing the formation of *Rasa* and the subsequent *Dhatu*s.

The vitiated *Doshas* and *Dhatu*s present in *Andashaya* (ovary) are apparent as *Granthi* (ovarian cyst).

Nidana Sevan (*Ati Madhura Guru Snigdha Ahara, Viruddha Ahara, Avyayama*)



*Vaat & Kapha Dushti*



*Ama Utpatti (impair jatharagni then dhatwagni)*



*Impair formation of Rasa & subsequent dhatus*



vitiated *dhatus* (*Mamsa, Rakta, and Medas*) get mixed with *Kapha* produce rounded prominent *Granthi*.

To control this vitiation, drugs having *Vata kaphahara* properties (correct vitiated *Vata* and *Kapha*), *Agnideepana* (carminative), *Lekhana* (scrapping), *Pachana* (digestive), *Bhedana* (cutting) properties are used.

### Criteria for Selection of Drug

#### 1. KANCHANARA GUGGULU

It is an Ayurvedic formulation that is found to be effective in the treating *Kapha pradoshaja vyadhis*. It corrects *Kapha dushti*. It also helps in the elimination of inflammatory toxins from the body thus reducing inflammation due to its anti-inflammatory, antiviral, and antibacterial properties.

#### 2. TAPYADI LOHA

It is composed of several herbs and minerals, including *Tapyadi Loha, Abhrak Bhasma, Loha Bhasma, Triphala, Trikatu, and Shuddha Guggulu*.

*Tapyadi Loha* has been used to treat menstrual irregularities, such as heavy bleeding, painful periods, and irregular cycles. It is also used to treat other gynecological disorders, such as uterine fibroids, ovarian cysts, and endometriosis.<sup>[10]</sup>

The ingredients in *Tapyadi Loha* have anti-inflammatory, analgesic, and astringent properties, which help to reduce inflammation and pain in the reproductive system. It also helps to balance the hormonal irregularities in the body, which can be helpful in treating menstrual irregularities.

#### 3. VARUNADI KASHAYAM

It is composed of several herbs, including *Varuna* (*Crataeva nurvala*), *Punarnava* (*Boerhaavia diffusa*),

*Gokshura* (*Tribulus terrestris*), and *Bilva* (*Aegle marmelos*).

*Varunadi Kashayam* used to treat urinary tract infections, kidney stones, and other urinary disorders. However, it is also useful in the management of certain gynaecological disorders, such as uterine fibroids and ovarian cysts.<sup>[11]</sup>

The ingredients in *Varunadi Kashayam* have diuretic and anti-inflammatory properties, which help to reduce inflammation and pain. It helps to balance the hormonal levels in the body, which can be helpful in treating menstrual irregularities.<sup>[11]</sup>

#### Sahchar oil Anuvasan basti

Contents 4 parts *tila taila* and 16 parts *kwatha* of *Sahachara, Devadaru* and *Nagara*. *Devadaru* (*cidrus deodar*) is *kapha vaatshamak* having the properties like *Vedana Sthapana Shothhara Kusthagana kaphaniisharak*.<sup>[12]</sup>

*Nagar* is *kapha vaat shamak* useful in conditions like, *shothahara shulahara*.

*Sahachar* (*barleria prionitis*) is also *kapha vaat shamak* having properties like *shothahra shulahara*.<sup>[13]</sup>

*Sahcharadi tail* which is mentioned by *Acharaya Vagbhata* contains three drugs among them all having *ushna veerya* and *Kapha vaat shamak* properties.<sup>[14]</sup>

#### Dashmoolkwath Niruha basti

Due to the *Deepana* and *Pachana* effects of drugs, *Jatharagni* gets elevated. Vitiated *Doshas* get corrected due to the rise of *Jatharagni* and *Srothorodha* is removed.

*Ushna* (hot), *Deepana* (*Appetizing*), *Chedana* (*Excision*) and *Lekhana* (*Scraping*) properties of the drug remove vitiated *Kapha* from *Srothas*, leading to the removal of metabolic wastes, avoiding further vitiation of *Srothas* leading to the proper circulation of *Dhatu*s. *Vata* gets corrected, thus reducing symptoms of dysmenorrhea, bloating of the abdomen, and abdominal Pain. *Lekhana, Chedana, and Kapha hara* properties of the drug help in the complete removal of the cyst.

### CONCLUSION

Through Ayurveda, Ovarian cysts and related symptoms can be treated to a great extent. Ayurvedic medication along with Ayurvedic therapy helps in the regression of the cyst and associated complaints. This case study illustrates the role of Ayurvedic medication with Ayurvedic therapies in the successful management of ovarian cysts, thus avoiding surgical intervention.

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