

AYURVEDIC APPROACH TO OVARIAN CYST – A CASE REPORT

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ABSTRACT

A 25-year-old female patient complained of pain in lower abdomen with heavy menstrual flow since 6 months. Patient had history of burning micturition with per vaginal white discharge. Her USG findings revealed Lt. Cystic T.O. mass and pelvic infection. According to Ayurvedic classics such type of cysts can be managed on the line of *Granthi* disease. This article presents a successfully managed case of Cystic T.O.mass and by Ayurvedic treatment in the form of a case study. An Ayurveda regime were planned for duration of 2 months. Post treatment USG revealed normal study.

KEYWORDS: Cystic T.O. mass, Pelvic infection. *Granthi*, USG.

INTRODUCTION

Ovarian masses are a common finding in general gynaecology. Most benign and malignant ovarian masses are predominantly cystic. An ovarian cyst is a sac filled with liquid or semi-liquid material arising in an ovary. The diagnosis of ovarian cysts, cystic mass, tubo ovarian masses has increased with the widespread use of regular physical examinations and ultrasound technology. The finding of an ovarian cyst/cystic mass causes considerable anxiety to women because of the fear of malignancy, but the vast majority are benign with few cases being malignant. Most women with ovarian cysts, cystic masses are asymptomatic. Some cysts, however, may be associated with a range of symptoms, sometimes severe. Some ovarian cysts/cystic masses cause problems, such as per-vaginal bleeding and pain pelvis. Ovarian cyst/cystic mass frequently require surgical treatment; when ovarian mass is more than 5 cm in diameter surgery is indicated if persistent or symptomatic.^[1,2,3,4,5] In Ayurveda ovarian cyst can be correlated with *Kaphaja granthi*. The *Lakshanas* of *Kaphaja Granthi* is Vedana-rahita (painless), Ghana, sheet, savarna and kandu ukta (itching). *Chikitsa* of *Kaphaja Granthi* include *shodhana*, *Shamana* and *Chedana Karma*. In present case study *Shamana Yoga Kanchnar Guggulu* and *Varunadi Kashya* is used for the management of ovarian cyst.

Kanchnaar guggulu is having *Galaganda*, *Gandamala*, *Arbuda*, *Granthihara* and *Lekhaneeya* property,^[6] along with this *Varunadi Kashya* is also having *bhedana*, *Ashmarihara* and *Basthishulaha* property.^[7]

CASE PRESENTATION

A female aged 25 years, unmarried was examined in Out-Patient Department (OPD) of Patanjali Ayurveda Hospital on 20.11.2020 with complaint of pain in lower abdomen with heavy menstrual flow associated with burning micturition and per vaginal white discharge since 6 months. On examination, the patient was found anxious with disturbed sleep, moderate appetite, constipation and burning micturition. Patient had *Madhyam Sara*, *Madhyam Samhanana* (proper body built), *Sama Pramana* (normal body proportion), *Madhyam Satmya* (proper homologation), *Madhyam Satva* (Balanced Mental strength), *Madyayam Vyayamshakti* (moderate capability to carry on physical activities), *Madhyamaharshakti* and *Madhyam Jaranshakti*. *Vata* and *Kaphadoshas* were mainly affected in the patient. Last menstrual Period (LMP) was on 23.10.2020 for 7 days. Woman had sedentary mode of life and was on self-medication for long time and took analgesic for pain relieving. She was advised for ultrasonography (USG) to know the cause of complain. USG was done on 20.11.2020 and report showed Pelvic infection and cystic T.O.mass in left ovary measuring 44mm × 39mm. Ayurvedic drugs were advised for management of cyst.

Treatment schedule

The treatment was carried out with the following medicines for three months. During this period the patient was advised to take *Santarpana ahara* (nutritive diet like milk etc.) and avoid *Snigdha* (oily), *Amla* & *Lavana ahara*. After the treatment, the sonography report on 25-01-2021 showed no cyst in the left ovary. The

treatment schedule given to the patient was as per given below-

1. Kanchnaar guggulu- 250 mg 2tab.twice daily with anupana of jala
2. Varunadi Kashaya- 15ml twice daily with anupana of jala

Duration of Treatment: The total treatment duration was 2 months.

OBSERVATION AND RESULT

The patient had followed the *ahara* & drug restriction strictly. The sonography was made after 2 months of treatment. The findings of sonography report before and after treatment are:

PN Dt. No. - GC/UP/MZN-27

YASH MEDICARE CENTER

Jalalabad, Distt. Shamli

ULTRA SONOGRAPHY REPORT

Name: Rashi	AGE/ 25	Date: 20-11-2020
Referred By: Self		
Non gravid Uterus		
Position: Antiverted	Shape: Normal	Size: About 72×36×41mm
Endo cervical canal	Centrally placed.	
Myometrium echoes:	Are homogeneous no Echogenic mass Seen	
Adenexa :	A cystic T.O.Mass about (44mm×39mm) size seen in Left	
Adenexa.		
Right ovary:	Normal	
Left ovary:	Normal	
E/o Free fluid In POD		
Urinary bladder:	Normally distended, Lumen is echofree	
Wall Thickness:	Normal	

Impression: Pelvic Infection.
Left sided Ovarian cyst

Dr. Yash Pal Sharma
(M.D. Medicine)
Near Luhari Darwaja, Jalalabad (Shamli)

Request Diagnostic Test

AADYA MEDICARE

http://192.168.1.129:81/hospilogix/modules/laboratory/print_lab...

Radiology Ultrasound Report

Name	: Mrs. RASHI	Age/Sex	: 25 Y/F
Req. By	: 2021001407	Ref. By	: Dr. MONIKA CHAUHAN..
ID NO	: 70125356	IP/OP	: OP/210001545
Request No		Date	: 25/01/2021

TRANSVAGINAL USG

Uterus is normal in size and shape.
Endometrial thickness measures 6 mm.
Myometrium shows homogenous echotexture. No hypoechoic or hyperechoic lesion seen.
Right Ovary is normal in size and echoes.
Left Ovary is normal in size and echoes.
No fluid seen in POD.

IMPRESSION:- Normal Study.

NOTE:- USG GIVES AN OPINION & NOT A FINAL DIAGNOSIS. CLINICAL CORRELATION & OTHER INVESTIGATIONS ARE ESSENTIAL TO ARRIVE AT A FINAL DIAGNOSIS. SECOND OPINION CAN ALWAYS BE TAKEN IN CASE OF ANY DOUBT.

(Signature)

Dr. Manisha Verma Lahri
DMRD (Radiodiagnosis)

(1) This report is NOT valid for medico-legal purpose.
(2) In case of any discrepancy due to machine error or typing error please get it rectified immediately.
(3) Ultrasound can not detect all fetal anomalies. The sonological diagnosis suggested here is not by appropriate means. Based on the ultrasound findings and their significance in the respective clinical context, wherever relevant appropriate further investigation(s) may be advised in the final report.

Note :- Impression

DISCUSSION & PROBABLE MODE OF ACTION

Ovarian cyst is one of the prevalent reasons for ovarian dysfunction, which directly affects the fertility potential. The present finding based on sonography and the effective management of ovarian cyst with Ayurvedic formulations with no adverse effect highlights the promising scope of traditional medicine in the ovarian and infertility disorders. *Granthihara* and *Bhedana* properties of *Kanchanar Guggulu* and *Varunadi Kashya* act on reproductive system & improve the functions of ovary and *Artava*. (Both *antahpushpa* (ovum) and *bahipushpa* (menstrual blood)). Along with this

Leekhaneeya property of *Kanchanar Guggulu* also helps in reducing the size and arrests further growth of cyst.

CONCLUSION

The treatment of an ovarian cyst is mainly done by Hormonal treatment (combined oral contraceptive pills) and by surgical treatment such as laparotomy, and pelvic laparoscopy, which are having their own side effects. Ayurveda is a branch of natural science. In various female disorders ayurvedic herbal formulation having very good results with no any adverse effect. The present study reveals the effective management of ovarian cyst by ayurvedic treatment, especially by herbal medicines.

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