



Management of Ovarian hemorrhagic cyst through Ayurveda- A Case Study

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Abstract

Ovarian cyst is an emerging problem among the women of reproductive age group worldwide. Reports suggest that between 8 and 18% of both premenopausal and postmenopausal women have ovarian cyst. Most of the cysts are asymptomatic and discovered only in routine ultrasonography. Some of them are highly symptomatic hindering day to day activities of women. Symptoms depend to a large extent on the size of cysts. Modern management includes combined oral contraceptive pills and surgical management. Since the oral contraceptive pills contribute many untoward effects, the need for alternative management especially in patients who wish to avoid surgical intervention is on high demand. Ayurveda addresses ovarian cyst under the broad classification of Granthi in which it can be correlated to Kaphaja Granthi in particular. Here a case of 35 year old female patient, detected with Ovarian Hemorrhagic Cyst with internal echoes septations of size 27×33 mm & bulky Uterus with complaints of early menses, lower abdominal pain, bloating of abdomen with constipation and burning micturition & discomfort in daily routine work. Treatment protocol was based upon Samprapti Vighatan & also focused on Prakriti of patient, Dosha pradhanyalakshana & Dosh Dushya Sammurchana. Patient was given Panchatikta Ghrita with dadimashtakchurna & Panchakolchurna, Kanchanaraguggulu, Falatrikadikashayam, Jeerakadyarishta etc 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 emphasizes the role of Ayurveda in bringing a positive result in the management of ovarian cyst.

Keywords: Granthi, Hemorrhagic cyst, Panchatikta Ghrita, Ovaries, Prakriti, Ayurveda.

Introduction

The incidence of ovarian cyst has increased dramatically and functional ovarian cysts were found to be the fourth most common cause for

hospital admission of women^[1]. About 7% of women have an ovarian cyst at some point in their lives and out of all ovarian cysts, 13.7% are said to be hemorrhagic ovarian cysts^[2]. Hemorrhagic

Ovarian cysts are the most common type of ovarian cysts in India. Painful or large ovarian cysts may need to be removed with surgery^[3]. Hemorrhagic ovarian cysts are generally formed by expanding hemorrhage within a corpus luteum or other functional cyst. Ruptured hemorrhagic ovarian cysts are the worst emergency condition. The cyst can be diagnosed by pelvic examination and ultrasound^[4]. Occasionally the retracting blood clot may become very small and may simulate a mural nodule or papilloma. Many women opt for treatment because of pain and perceived risk of torsion. Surgery is the only option except for some hormonal medication^[5]. Younger women prefer alternative therapy to avoid unnecessary surgery and not to compromise any future pregnancy as shown in a randomized clinical trial conducted in Chinese Traditional Medicine^[6]. Many patients have been successfully cured by Ayurveda-the ancient medical therapy without much documentation. Ayurveda scientists have only recently been interested to generate evidence through control clinical trial and case studies^[7-9]. The knowledge of Ayurveda explored along with development of modern medical knowledge provides simple therapies that help fertile women overcome many frustrating conditions.

Common symptoms of Ovarian cyst are irregular menstrual cycle, abnormal uterine bleeding, pain in abdomen or pelvis, nausea and headache. Sometimes vague symptoms like urinary urgency or frequency or burning micturition (Dysuria), abdominal distension or bloating and difficulty in eating and excess fatigue are noted.

Differential Diagnosis includes Dermoid cyst, Hemorrhagic corpus luteum cyst, Ectopic Pregnancy, Pedunculated fibroids, Hydrosalpinges.

They are mostly diagnosed by imaging techniques, of which ultrasonography is considered as the gold standard for assessment. Due to higher proximity to the ovary, Transvaginal Sonography is preferred over Transabdominal Sonography. While Computed

Tomography (CT) is not usually used in the diagnosis of ovarian cyst, Magnetic Resonance Image (MRI) acts as a valuable diagnostic tool, when Ultrasonography (USG) is inconclusive.

Case Report

A 35 year old female patient came to O.P.D. of Govt. PG Ayurveda College & Hospital, Varanasi, after seeing no sign of improvement with **Allopathic treatment**. She complained of early menses in interval of 16 -20 days, dull aching pain and discomfort in the lower abdomen, pain radiating to lower back and thighs; heaviness and bloating in the abdomen; constipation & burning micturition. The history of present illness was advice for ovarian cyst operation but she denied for surgery. Trans-abdominal USG report dated 26-05-22 shows left ovary with hemorrhagic cyst of 27×33 mms with internal echoes septations & right ovary normal in size & echotexture (volume-5.5cc). This investigation indicated that the patient had a hemorrhagic cyst in left ovary.

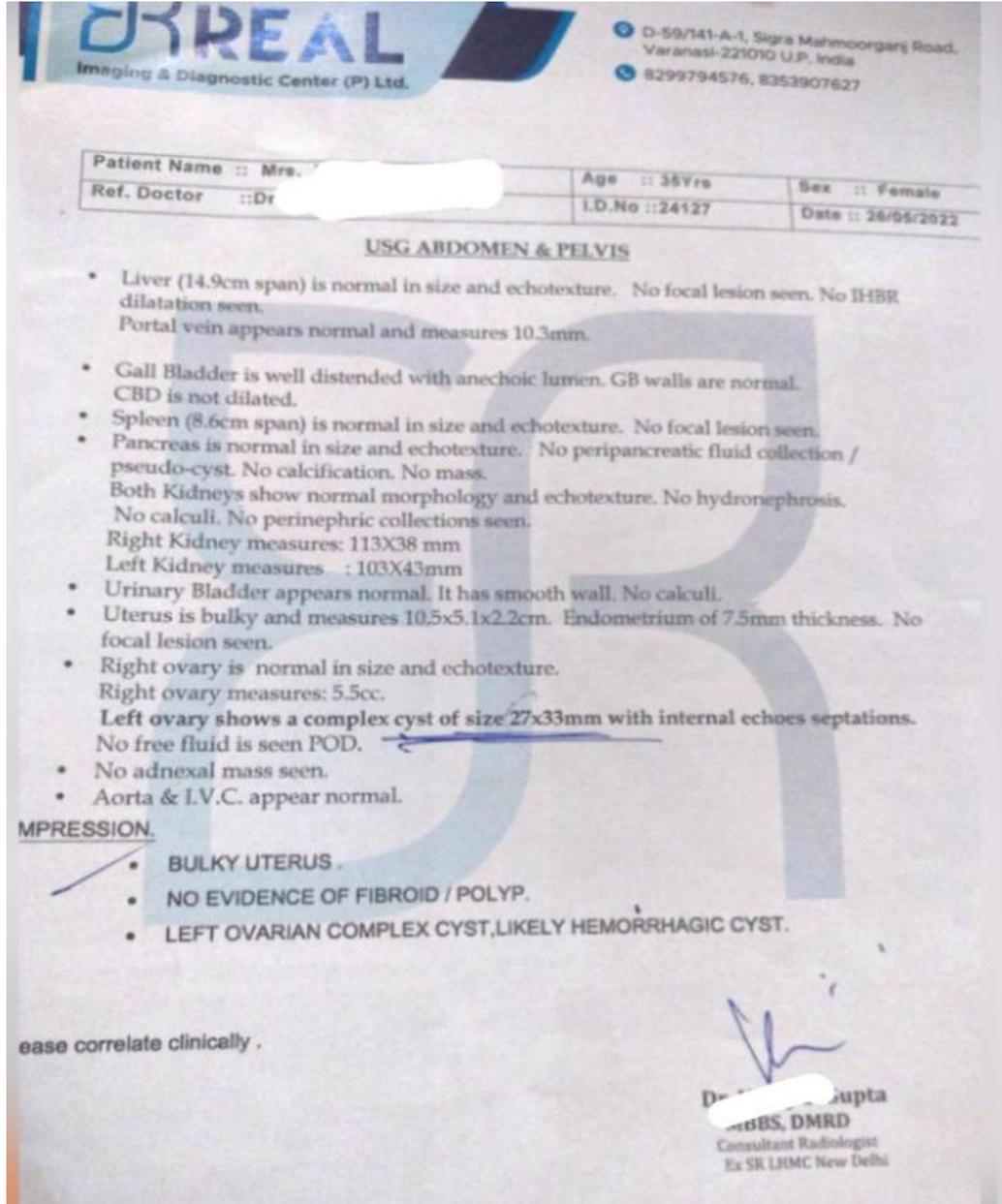
Diagnostic Assessment

The hormone assays for LH, FHS, testosterone and fasting insulin were found to be normal. Patient was advised to do Blood Routine, Urine routine & Urine Pregnancy Test (UPT). Blood routine was found to be within normal limits. Urine analysis revealed pus cells 10-12/ HPF, epithelial cells 8- 10/HPF, RBC-nil. The UPT was Negative.

As we know that Ayurveda treatment protocol is not the same for all patients, after the investigation and clinical examination the case was diagnosed as Pittajaartavadushti.

The treatment was amapachaka (digestion of undigested food), agnideepaka (increase digestive fire), anulomana (srotoshodhaka (clear channel) and pitta nashak (reduce pitta).

USG Report Prior to Ayurveda Treatment



The treatment was planned and given oral Medicines.

The detailed posology and time of Administration is given in table below -

| S.no. | Medicine | Dose | Aushadhkaal (Time) |
|-------|--|-----------------|---|
| 1. | Panchatiktaghrita Panchakolachurna | 10ml + 2gm | Pratah Pragbhakta (Empty stomach in morning) |
| 2. | Kanchanaraguggulu | 250 mg ×2 | Pashchatbhakta (BD a/f) |
| 3. | Chandraprabha vati | 250mg ×2 | Pashchatbhakta (BD a/f) |
| 4. | Raja pravartanivati | 250 mg ×2 | Pashchatbhakta (BD a/f) |
| 5. | Laghuvasantmalti rasa | 125 mg | Pashchatbhakta (BD a/f) |
| 6. | Giloyasatva | 500mg | Pashchatbhakta (BD a/f) |
| 7. | Sanjeevani vati | 125 mg | Pashchatbhakta (BD a/f) |
| 8. | Yavakshara | 500 mg | Pashchatbhakta (BD a/f) |
| 9. | Jeerarakadyarishta + Lakshamanarishta | 20 ml+ 20 ml | Pashchatbhakta withsambhagjal (BD a/f with equal water) |

Diet

Patient was advised to include the following diet in daily practices.

- High fiber rich foods like spinach, broccoli, green peas, berries,
- Lean proteins which include fruits like papaya, pears, orange, lentils.
- Food containing Omega 3 fatty acids like fish, flax seeds
- Include more of banana, cashews, avocados, and green leafy vegetables

Follow up and Outcome

Follow up USG reveals Normal study indicating a complete disappearance of cyst. Patient admits complete recovery from complaints of lower abdominal pain, bloating of abdomen & constipation. Early menses & the interval between cycles was improved to a great extent.

USG Report after Ayurveda Treatment

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| | | |
|--------------------------------|-----------------|--------------------|
| Patient Name :: Mrs [REDACTED] | Age :: 35Yrs | Sex :: Female |
| Ref. Doctor :: Dr. [REDACTED] | I.D.No :: 31064 | Date :: 02/11/2022 |

USG ABDOMEN & PELVIS

- Liver (14.9cm span) is normal in size and echotexture. No focal lesion seen. No IHBR dilatation seen. Portal vein appears normal and measures 9.8mm.
- Gall Bladder is not visualized post-cholecystectomy status. CBD is not dilated.
- Spleen (8.7cm span) is normal in size and echotexture. No focal lesion seen.
- Pancreas is normal in size and echotexture. No peripancreatic fluid collection / pseudo-cyst. No calcification. No mass.
- Both Kidneys show normal morphology and echotexture. No hydronephrosis. No calculi. No perinephric collections seen.
Right Kidney measures: 103x40mm
Left Kidney measures : 115x60mm
- Urinary Bladder appears normal. It has smooth wall. No calculi.
- Uterus is bulky and measures 10.2X5.6X4.2cm. Endometrium of 6.5 mm thickness. No focal lesion seen.
- Bilateral ovaries are normal in size and echotexture.
Left ovary measures: 4.3cc.
Right ovary measures: 7.2cc.
No free fluid is seen POD.
- No adnexal mass seen.
- Aorta & I.V.C. appear normal.

IMPRESSION.

- BULKY UTERUS .
- NO EVIDENCE OF OVARIAN CYST IN PRESENT SCAN .

Please correlate clinically .

[Signature]
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Probable mode of action

In Ayurveda the treatment is designed on specific set of Principles. It includes Nidanparivarjan – avoiding use of Causative factors which are responsible for formation of Disease. In the following case use of spices in food and Untimely food habits which were responsible for Aggravation of Pitta as well as Vata dosha were avoided

From Hetusevana to formation of a disease, the pathological sequence – Samprapti was observed and treatment accordingly was designed.

Internal Medication—**1. Panchatikta Ghrita—**

Panchatiktaghrita contains nimba, patola, vyaghri, guduchi, trifala. The drugs possess— Deepan, Pachana, Amapachaka, Strotoshodhaka, Raktaprasadan, Raktashodhaka, Kandughna, Kushthaghna and Varnya mechanisms of actions.

They acted mainly for the eradication of doshas from whole body and brought them into Koshtha. It also pacified the symptoms due to aggravated Vata and Kapha doshas. It maintains the dhatvagni in normal state which in turn keeps all the dhatus in the body in equilibrium.

2. Kanchanaraguggulu-

Mentioned in Bhaishajya Ratnavali is one among the classical Ayurvedic formulation which is found highly effective in the treatment of Kapha pradoshajavyadhis. It helps in pacification of Kapha dushti, Aids in the elimination of inflammatory toxins from the body thus reducing the inflammation. Due to its anti-inflammatory, antiviral, antibacterial properties, acts on enlarged lymph nodes and aids in proper functioning of lymphatic system.

3. Chandraprabha vati

(Sharangdhar Samhita MadhyamK handa 7/49). It is the drug of choice in number of gynecological disorders. Primarily being a Guggululalpa it mainly acts upon Vata

dosha. The Dosha involved in presenting case which are responsible for underlying symptoms are Pitta and Vata. These causes abdominal discomfort and dull aching pain in groin. For both this symptoms combination of drugs used in Chandraprabha vati works well when given in Apana Kala (Aushadhsevana Kala). It also acts on Agni– digestive fire, by its DeepanPachan properties. This helps to minimize the symptom of abdominal discomfort. It contains which is said to have Rasayana effect. Thus helps to rejuvenate body tissue and improves the Overall disease condition.

1. Rajpravartini Vati-

Kumari (Aloe vera), Kasisabhasma (Blue Vitriol), Tankana (Borax), Hingu (Asafoetida). The contents of Rajpravartini Vati is ushn so it is Vata, kaphanashak. It acts on AartavahaStrotas, balances the Apanvayu. It is useful in Oligomenorrhea, delayed menstruation.

2. Sanjeevani vati-

Sanjeevani Vati can be used for breaking the pathogenesis of any disease as it has deepana, pachana and anulomana properties.^[10]

3. Jeerakadyarishta-

Jirakadyarishtam is Deepan, Pachan in action. It balance the Apanvayu. It has Carminative, Digestive property.

4. Lakshmanarishtam:

In all kinds of uterine diseases, use in treating menorrhagia, metrorrhagia, to regulate irregular periods & heavy periods.

5. Yavakshara-

Yavakshara^[11] had Vata-Kapha Shamaka and Aampachaka action. It also has Gulmanashana and Kaphanissaraka Karma. It is considered as Garbhaprada (fertility creating) and effective in Artavanasha amenorrhea) and is indicated for internal administration.^[12]

Inference

Ayurvedic principles plays an important role in management of diseases. When studied thoroughly the etiopathogenesis – Samprapti of disease on the basis of Prakruti, Lakshan and Upashay-anupashaya the treatment protocol can be decided.

In present case, the combination of Raja pravartanivati, Chandraprabha Vati, Kanchanaraguggulu, yavakshara along with other drugshad proven to be effective in curing hemorrhagic cyst. This also prevented the recurrence of the disease condition. We may conclude that Raja pravartanivati, Chandraprabha Vati, Kanchanaraguggulu, yavaksharaetchave prompt role in curing hemorrhagic ovarian cyst. This gives the basis for further study with large sample size with appropriate documentation in evaluation of role of this medication.

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