

Efficacy of Ayurvedic Medicine in the Management of Large Ovarian Cyst: A Case Report

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ABSTRACT:

Ovarian cysts are gradually increasing in our society. Large cysts of the ovary are uncommon and rare in recent times because of their early diagnosis and management due to modern imaging modalities. Because of large size medicinal management is challenging. In *Ayurveda*, it can be correlated with *Kaphaja Granthi*. In the present case study, a 44 year old female married patient visited OPD of Government Ayurvedic Dispensary, Nagar (25Bed), Deoria, Uttar Pradesh, India with a previously diagnosed large ovarian cyst in the left adnexal region measuring 15.3cm x 6.3cm x 11.9 cm with SOL (space occupying lesion) of 609 ml. The case was treated for 5 months with a combination of classical Ayurvedic formulations. Six Ayurvedic formulations were advised for the treatment of ovarian cyst (*Granthi Roga*) and showed complete disappearance of the cyst and symptoms. The present study emphasizes the role of Ayurvedic medicine in bringing a tremendous result in the management of large ovarian cyst.

KEYWORDS: Adnexal cysts, Ayurvedic medicine, *Granthi Roga*, Large ovarian cysts.

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INTRODUCTION:

Ovarian cysts are fluid-filled sacs that present within the ovary and are most commonly benign functional cysts that

regress spontaneously. The most common functional cyst is the follicular cyst, which is rarely larger than 8 cm in diameter.^[1] Most of the time, ovarian cysts are asymptomatic

and are diagnosed during an ultrasound. Ovarian cyst causes reproductive consequences and effects on mental well-being. Ovarian cysts now become common with a worldwide prevalence rate of 7%^[2] and in India nearly 10% of female advised for treatment of ovarian cysts.^[3] Combined Oral Contraceptives and removal of cysts through laparotomy are the only conventional approach for the disease but both have their complications. Larger cysts should be removed to avoid health consequences. In Ayurvedic texts ovarian cyst is not described as a separate disease or disorder, it can be correlated with *Kaphaja Granthi*.^[4]

The present study is a case of a large left ovarian cyst developed after the prior removal of the right ovarian cyst. So in the present study, the size of the cyst was challenging because there was only one way to get rid of surgical removal. The patient had already suffered from surgery and did not want to undergo another surgery. There is a treatment protocol described in Ayurvedic texts as *Shodhana* (cleansing therapy), *Shamana* (palliative treatment) and *Chedana Karma* (surgical removal).^[5] In the present study, *Shamana Aushadhi* (palliative medicines) were used, which are described in classical Ayurvedic texts.

CASE REPORT:

A 44-year-old married female patient visited Out-Patient Department (OPD) of Govt. Ayurvedic Dispensary, Nagar (25Bed), Deoria, Uttar Pradesh, India with a diagnosed large left ovarian cyst for 5 months. One year ago, the patient was previously diagnosed with a bulky uterus and large uterine mass (size 10.8cm x 7.3 cm x 10.3 cm) and had undergone abdominal hysterectomy and cystectomy. After that since the last three cycles, she noted spotting per vaginum for 2–3 days after the completion of her periods. Ultrasonography revealed a large left adnexal cyst/ovarian cyst of 9.9cm x 7.4 cm x 3.8 cm with SOL (space occupying lesion) of 147 ml. She was under Combined Oral Contraceptives (COCs) for six months and repeatedly ultrasonography showed a gradual increase in its size. As there was no marked reduction in the size of the cyst, the patient refused the medicines and visited to Out-Patient Department of the Ayurvedic dispensary for further Ayurvedic treatment.

Clinical findings:

The patient was married, moderately built and short-statured with weighs 56 kg and 156 cm in height. On systemic examination patient had blood pressure 130/80 mm Hg, heart rate 89/minute, regular; respiratory rate of 22 breaths per minute, regular, axillary temperature of 36°C, and oxygen saturation was 99%. Patient's menstrual

history had a regular 35-day menstrual cycle for the last three cycles with duration of 5–7 days, no dysmenorrhea and noticed spotting per vaginum for 2–3 days after the completion of her periods. In Obstetrics history patient had 3 pregnancies and 2 live births without any death. Per abdominal examination showed patient felt left-sided lower abdominal pain was dull in nature and occasional. Palpation observed uterus was anteverted, right fornices tenderness, left fornices free and non-tenderness. On investigation, ultrasonography of the lower abdomen demonstrated a left ovarian, simple cyst of size 15.3cm x 6.3cm x 11.9 cm. 609ml on 09.03.2024. On Ayurvedic assessment patient was of *Kapha-Vata Prakriti* (physical constitution) with *Madhyama Sara* (moderate proportion of fundamental structural component of body) and *Madhyama Samhanana* (moderate body built), *Pravara Satva* (well psychic condition), *Madhyama Vyayama Shakti* (moderate power of performing exercises) and *Madhyama Abara Shakti* and *Jarana Shakti* (moderate food intake capacity and digestion). On per abdominal examination, Grade 1 tenderness was revealed in the left iliac and hypogastric quadrants area.^[6]

Diagnosis assessment:

On the ultrasonography of the lower abdomen, the patient had a known case of a left ovarian cyst. In Ayurvedic diagnosis, it was considered as *Granthi Roga* (cystic

growth) and considering the types of *Granthi Roga* and differential diagnosis the case was diagnosed as *Kaphaj Granthi Roga* (fluid filled cystic growth). Levels of serum CA125 value were also assessed, which were under normal limits (6.20 U/ml).

THERAPEUTIC INTERVENTION:

On the Ayurvedic diagnosis and *Kapha-Vata* predominant *Prakriti*, the case was managed with *Kapha-Vatahar* and *Granthinashak* (anti cystic properties) medicaments. (Table 1) Before starting the treatment, for 3 consecutive days *Kosthsuddhi* (purgation therapy) was done with *Trivritt Churna* (root powder of *Operculina turpenthum* Silva Manso) 5 gm given with warm water at bed time in the night.

The patient was treated with the internal administration of classical medicine as *Kanchnaar Guggulu*, *Arogyavardhini Vati*, *Chandraprabha Vati* and *Varanadi Kashaya* for 5 months. *Sukumar Kashaya* tablet was given for the first month and from the second month *Shiva Gutika* was given for the next 4 months. (Table 2) During the treatment period, the patient was advised to take diet and lifestyle modifications. (Table 3) The patient was also advised to incorporate *Ragi*, *Javar* and *Bajra* millet in her diet.^[7]

Follow-up and outcomes:

The patient attended the OPD for the first time on 09 March 2024 and started the treatment protocol onwards. She had regular follow-ups every month and continued the

medicines till 14th August 2024. No adverse effects were reported by the patient during this period.

RESULTS:

The patient followed the treatment protocol and was assessed for a dull ache in the left side of the lower abdomen and the size of the ovarian cyst. After 2 months of

medication, both complaints were relieved, and the patient was asymptomatic. The findings of the ultrasonography before and after treatment showed that the persistent left ovarian cyst which measured 16.2 cm × 6.5 cm × 12.1 cm with a volume of 620 ml completely disappeared in ultrasonography done on 14 August 2024. (Table 4)

Table- 1: References and manufacturer of medicines

Medicine	References	Manufacturer
<i>KanchnaarGuggulu</i> ^[8]	<i>Sharngadhara.Sambita</i>	BaidyanathBhawan Ltd, Jhansi
<i>ArogyavardhiniVati</i> ^[9]	<i>BahisayaRatnavali</i>	BaidyanathBhawan Ltd, Jhansi
<i>ChandraprabhaVati</i> ^[10]	<i>Sharngadhara.Sambita</i>	BaidyanathBhawan Ltd, Jhansi
<i>SukumaraKashaytablet</i> ^[11]	<i>AshtanaHridaya</i>	AryaVaidyaSala, Kottakal
<i>VaranadiKashaytablet</i> ^[12]	<i>AshtanaHridaya</i>	AryaVaidyaSala, Kottakal
<i>Shiva Gutika</i> ^[13]	<i>BahisayaRatnavali</i>	Vyas pharmaceuticals, Indore

Table- 2: Ayurvedic treatment protocol

Name of drug	Doses and time	Anupana	Duration
<i>KanchnaarGuggulu</i>	500 mg twice daily	Luke warm water	09.03.2024 to 14.08.2024
<i>ArogyavardhiniVati</i>	250mg twice daily	Luke warm water	09.03.2024 to 14.08.2024
<i>ChandraprabhaVati</i>	500mg twice daily	Luke warm water	09.03.2024 to 14.08.2024
<i>SukumaraKashaytablet</i>	2 tablet twice daily	Luke warm water	09.03.2024 to 14.04.2024
<i>VaranadiKashaytablet</i>	2 tablet twice daily	Luke warm water	09.03.2024 to 14.08.2024
<i>Shiva Gutika</i>	2 tablet twice daily	Luke warm water	09.03.2024 to 14.08.2024

Table 3: Diet and lifestyle modifications

Diet modification	Lifestyle modification
Avoid <i>Snigdha</i> (oily), <i>Amla</i> (sour) and <i>Lavana</i> (salty) foods.	Avoid daytime sleeping
Avoid junk foods and refined – <i>Maida</i> made food products	Avoid holding natural urges
Avoid curd and uncooked vegetables, sprouts	Regular exercise for half hour
Avoid excess sweets and sugar products	Must take morning breakfast daily.

Table 4: Ultrasonographic findings and assessment before and after treatment

Date	USG findings (size)	Presenting complaints	Per abdomen examination
04.11.2023	Multilocular cyst 9.3cm x 2.9cm x 6.7 cm 97 ml	Dull ache over left side of abdomen. Spotting per vaginum for 2-3 days of periods	Tenderness in left iliac and hypogastric quadrant
27.01.2024	Multilocular cyst 12.9cm x 4.7cm x 8.9 cm 287ml	As above	As above
09.03.2024	Large ovarian cyst	As above	As above

(First OPD visit)	15.3cm x 6.3cm x 11.9 cm. 609ml		
15.05.2024	Left ovarian cyst 6.4cm x 9.5cm x 10.9 cm.	Absence of dull ache. No spotting per vagina.	less sensible tenderness
14.08.2024	No evidence of cyst.	No complaints	No tenderness

DISCUSSION:

Ovarian cysts are one of the prevalent reasons for disturbed menstrual and ovarian cycles, which directly affects the fertility potential. *Granthi Roga* is caused by the vitiation of *Mansa* (muscles), *Rakta* (blood) and *Medo* (adipose tissue) *Dhatu*(tissue) with *Kapha Dosha*. *Mandagni* (mild digestive potential), *Dhatunpachay* (metabolism) and the *Sang* (obstruction) in the *Artavavaha Shrotas* (duct or lumen in the reproductive system) are the responsible factors for the growth of *Granthi*. *Virechan* (purgation) for three days eliminates vitiated *Kapha Dosha* and removes obstruction of *Vata Dosha* from the reproductive system. Purgation also works as *Shodhan* (purification) of *Rakta Dhatu* which removes the accumulated *Dosha* from the body. These all have effect on the conversion of androgen into estrogen and reduce ovarian estrogen which reduces the size of cysts and vascularity.^[14]

Kanchanar Guggulu, *Varanadi Kashaya*, *Sukumar Kashaya* and *Shiva Gutika* have *Kaphabar-Medohar* potential and have been indicated in the treatment of *Gandmala* (scrofula), *Arbud* (tumour), *Granthi* (cysts) and *Gulma* (lumps or internal growth).^[8, 11-13] *Chandraprabha Vati* has been indicated for all the diseases of the reproductive system

which maintains the hormonal regulations.^[10] *Arogyavardhini Vati* has *Deepan* (appetizers), *Pachana* (digestives) and *Rakt shodhak* (blood purifier) potential and has been indicated in the pathological state as *Mandagni*, *Sang* and *Rakt dushti*.^[9] *Shiva Gutika* has *Rasayana* property which rejuvenates the reproductive system to maintain the menstrual and ovarian cycle.^[13] Therefore all the polyherbal formulations have been selected for the study. *Kanchanar Guggulu*, *Varanadi Kashaya*, *Sukumar Kashaya* and *Shiva Gutika* have cytotoxic, anti-inflammatory, anti-proliferative and anti-carcinogenic activity.^[15-18] *Varanadi Kashaya* and *Arogyavardhini Vati* have been also reported to have antioxidant and anti-lipase activity.^[19-20] *Chandraprabha Vati* has also found potential in the management of polycystic ovarian disease.^[21] *Sukumar Kashaya* has been reported as potential in the reduction of polycystic ovaries.^[22]

The case finding was based on ultrasonography and significantly proved the effective management of ovarian cysts with Ayurvedic formulations with no adverse effects. The study highlights the promising scope of Ayurvedic medicine in ovarian and infertility disorders.

CONCLUSION:

Till now abdominal or laparoscopic cystectomy has been the only method suggested for the treatment of large ovarian cysts. Management of the present problem was possible based on Ayurvedic treatment protocol. All the Ayurvedic formulations in the study provided significant reduction and resolution in the size of the cyst and complaining symptoms of the patient. The present study reveals the effective management of ovarian cysts by Ayurvedic treatment, especially by herbal medicines.

Limitations of the study:

This is a single case report that is limited in its results and needs to be explored for similar results in other populations. So, it is suggested that further study should be carried out on a greater number of subjects and understand the detailed mode and site of actions of these formulations.

Consent of patient:

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

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