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Integrative *Ayurvedic* treatment along with *Yoga Basti* and *Uttarbasti* in the Management of a Benign Right Para-Ovarian Cyst: A Case Report

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ABSTRACT:

Para-ovarian cysts are benign adnexal lesions arising from the mesosalpinx or remnants of the mesonephric and paramesonephric ducts. They constitute approximately 5–20% of all adnexal masses encountered in gynecological practice. Most para-ovarian cysts remain asymptomatic and are detected incidentally during pelvic imaging, whereas symptomatic lesions may present with lower abdominal pain, menstrual irregularities, pressure symptoms, infertility, or adnexal torsion. Conservative management is recommended in uncomplicated benign cysts. *Ayurveda* does not describe para-ovarian cysts as a separate disease entity; however, based on their clinical features and pathogenesis, they may be correlated with *Kapha-Vataja Granthi* involving *Artavavaha Srotodushti*. A 35-year-old married female presented to the Department of *Prasuti Tantra* and *Stree Roga* with complaints of irregular menstrual cycles, prolonged menstrual bleeding with passage of clots, intermittent lower abdominal pain, generalized weakness, and occasional white vaginal discharge. Pelvic ultrasonography revealed a right adnexal cystic lesion, and magnetic resonance imaging confirmed a benign right para-ovarian cyst without septations, mural nodules, or other suspicious features. Considering the benign nature of the lesion and the *Ayurvedic* diagnosis of *Kapha-Vataja Granthi*, the patient was managed with an eight-day *Yoga Basti* schedule consisting of *Anuvasana Basti* using *Sahacharadi Taila* and *Apamarga Kshara Taila,* and *Asthapana Basti* using *Dashamoola Kwatha. Uttarbasti* with *Apamarga Kshara Taila* was administered in the subsequent menstrual cycle. This case suggests that *Yoga Basti* followed by *Uttarbasti* may serve as a safe conservative integrative therapeutic approach for selected patients with benign para-ovarian cysts. Further prospective studies with larger sample sizes and standardized imaging follow-up are required to validate these observations.

KEYWORDS: *Artavavaha Srotas, Ayurveda, Granthi, Panchakarma,* Para-ovarian cyst, *Yoga Basti, Uttarbasti.*

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INTRODUCTION:

Para-ovarian cysts are benign extra-ovarian cystic lesions situated within the broad ligament between the ovary and the fallopian tube. They originate from embryological remnants of the mesonephric (Wolffian) duct, paramesonephric (Müllerian) duct, or mesothelial inclusions and account for approximately 5–20% of all adnexal masses. [1] Although these cysts may occur at any age, they are more frequently diagnosed during the reproductive period. Most para-ovarian cysts remain asymptomatic and are detected incidentally during routine pelvic ultrasonography. Larger cysts may present with chronic pelvic pain, menstrual disturbances, infertility, pressure symptoms, torsion, rupture, or hemorrhage.[2]

Pelvic ultrasonography remains the first-line imaging modality for evaluating adnexal masses, whereas magnetic resonance imaging provides superior tissue characterization and assists in differentiating benign para-ovarian cysts from ovarian neoplasms.[3] Conservative management with periodic follow-up is generally preferred for uncomplicated benign cysts, while surgical intervention is reserved for symptomatic, enlarging, or suspicious lesions.[4-5]

Ayurvedic classics do not describe para-ovarian cysts as a distinct disease entity. Nevertheless, considering the clinical presentation and underlying pathological process, the condition can be correlated with *Granthi*, a localized abnormal growth resulting from the vitiation of *Doshas*. According to *Suśruta*, vitiated *Doshas* involving *Mamsa* and *Meda* produce *Granthi*. In the present case, the predominance of *Kapha* was considered responsible for localized cystic proliferation, while *Apana Vata* dysfunction contributed to lower abdominal pain, menstrual irregularity, and impairment of *Artavavaha Srotas*. The resulting *Srotorodha* (obstruction) and *Agnimandya* further facilitated disease progression[7-8].

Among *Panchakarma* procedures, *Basti* is regarded as the principal therapy for disorders of *Vata Dosha.*[6] *Yoga Basti* aims to restore the normal physiological function of *Apana Vata*, promote *Srotoshodhana*, and improve pelvic organ function[6]. In addition, *Uttarbasti* is specifically indicated in diseases involving the female reproductive tract and is believed to exert localized therapeutic action.[11,15-16]

The present case report describes the integrative management of a benign right para-ovarian cyst using *Yoga Basti* followed by *Uttarbasti*, with emphasis on the *Ayurvedic* rationale, clinical outcome, and its potential role as a conservative treatment option.

CASE REPORT:

A 35-year-old married female presented to the Outpatient Department of *Prasuti Tantra and Stree Roga* with complaints of irregular menstrual cycles, prolonged menstrual bleeding with passage of clots, intermittent lower abdominal pain, generalized weakness, and occasional white vaginal discharge. The symptoms had gradually increased over the preceding few months and were affecting her routine daily activities.

The lower abdominal pain was dull aching in nature, intermittent, and

predominantly localized to the right iliac and suprapubic region. The pain was aggravated during menstruation and was partially relieved by rest. The patient denied any history of fever, vomiting, bowel or bladder disturbances, significant weight loss, or previous pelvic inflammatory disease.

The patient had undergone two previous lower segment caesarean sections. There was no history of hypertension, diabetes mellitus, thyroid dysfunction, tuberculosis, endometriosis, or any gynecological malignancy. Family history was non-contributory.

Following routine gynecological evaluation, pelvic ultrasonography revealed a right adnexal cystic lesion. To further characterize the lesion and exclude malignant pathology, magnetic resonance imagin of the pelvis was performed, which confirmed a benign right para-ovarian cyst. Considering the absence of radiological features suggestive of malignancy and the patient's preference for conservative management, an integrative *Ayurvedic* treatment approach was planned.

Clinical Findings

General Examination

On examination, the patient was conscious, cooperative, and well oriented to time, place, and person. Her nutritional status was satisfactory, and general physical examination did not reveal pallor, icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema.

General Physical Examination

Parameter	Findings
Age	35years
Weight	51.5kg
Bloood pressure	120/80mmHg
Pulse rate	72/min.
Respiratory rate	18/min.
Temperature	Afebrile

Systemic examination of the cardiovascular, respiratory, and central nervous systems revealed no significant abnormality.

Abdominal Examination

- Abdomen soft and non-distended.
- Mild tenderness present over the lower abdomen.
- No palpable abdominal or pelvic mass.
- No guarding or rigidity.

Gynecological Examination

On per-speculum examination, the cervix appeared healthy without evidence of erosion, ulceration, or abnormal growth. Colposcopic examination was suggestive of a healthy cervix. No active vaginal infection was detected.

Ayurvedic Clinical Assessment

Ashtavidha Pariksha

Parameter	Findings
Nadi	*Vata-kapha*
Mutra	*Prakrita*
Mala	*Prakrita*
Jihva	*Saam*
Shabda	*Prakrita*
Sparsha	*Anushna*
Drik	*Prakrita*
Aakruti	*Madhyama*

Dashavidha Pariksha

Parameter	Findings
Prakriti	*Vata kapha*
Vikriti	*Kapha vata*
Sara	*Madhyama*
Samhanana	*Madhyama*
Satmya	*Madhyama*
Satva	*Madhyama*
Ahara shakti	*Madhyama*
Vyayama Shakti	*Madhyama*
Vaya	*Madhyama*
Pramana	*Madhyama*

Ultrasonography

Pelvic ultrasonography demonstrated a well-defined cystic lesion measuring approximately 21 × 25 × 37 mm in the right adnexal region. The lesion appeared thin-walled without internal septations, calcifications, or solid components. Both ovaries were visualized separately, favoring the diagnosis of a para-ovarian cyst.[4]

Magnetic Resonance Imaging

MRI pelvis revealed a well-defined thin-walled right para-ovarian cyst measuring approximately 3.6 × 2.5 cm. The lesion demonstrated homogeneous fluid signal intensity without mural nodules, papillary projections, diffusion restriction, or post-contrast enhancement. No pelvic lymphadenopathy or free intraperitoneal fluid was observed. The uterus was retroverted with normal

myometrial signal intensity, and both ovaries were otherwise normal.

These radiological findings were consistent with a benign right para-ovarian cyst, and no imaging features suggestive of malignancy were identified[3,5].

Diagnosis

Modern Diagnosis

Benign Right Para-Ovarian Cyst

Ayurvedic Diagnosis

Kapha-Vataja Granthi involving *Artavavaha Srotodushti*

Samprapti Ghataka

Component	Findings
Dosha	*Kapha vata*
Dushya	*Rasa, rakta, artava*
Agni	*Mandagni*
Ama	Present
Srotas	*Artavavaha srotas*
Srotodushti	*Sanga*
Udbhava sthana	*Pakwashaya*
Adhisthana	Right adnexal region
Raga marga	*Abhyantara*

Probable Samprapti

Nidana Sevana → Agnimandya → Ama Utpatti → Kapha Prakopa → Srotorodha in *Artavavaha Srotas → Apana Vata Vaigunya → Granthi* formation → Lower abdominal pain, menstrual irregularity, and pelvic discomfort[7,8]

THERAPEUTIC INTERVENTION:

Considering the benign nature of the lesion, absence of radiological features suggestive of malignancy, and the *Ayurvedic* diagnosis of *Kapha–Vataja Granthi* involving *Artavavaha Srotodushti*, a conservative *Ayurvedic* treatment protocol based on *Yoga Basti* followed by *Uttarbasti* was planned.

The primary therapeutic objectives were:

- *Vata Anulomana*
- *Kapha Shamana*
- *Srotoshodhana*
- *Lekhana*
- *Shothahara*
- Improvement of *Artavavaha Srotasa* function.

The treatment protocol was carried out under strict aseptic precautions in the Department of *Panchakarma*.

Following completion of the *Yoga Basti* schedule, *Uttarbasti* with *Apamarga Kshara Taila* was administered in the subsequent menstrual cycle under aseptic conditions[9,11,15-16].

The patient tolerated the procedures well, and no procedure-related complications or adverse drug reactions were observed during the treatment period.

Outcome Assessment

Clinical improvement was assessed based on symptom relief before and after treatment (table-2).

Following completion of therapy, the patient reported substantial improvement in lower abdominal pain and menstrual complaints. General well-being also improved, and the patient was able to resume routine daily activities comfortably.

As the patient belonged to a financially constrained background, repeat ultrasonography or MRI could not be performed after treatment. Therefore, objective radiological comparison of cyst size before and after intervention was unavailable. This has been acknowledged as a limitation of the present case report.

Table-1: *Yoga Basti* Protocol

Day	**Procedure**	**Medicine used**	**Probable *Ayurvedic* action**
Day 1	Anuvasana Basti	Sahacharadi Taila + Apamarga Kshara Taila	Vata Shamana, Lekhana
Day 2	Anuvasana Basti	Sahacharadi Taila + Apamarga Kshara Taila	Srotoshodhana
Day 3	Asthapana Basti	Dashamoola Kwatha	Shothahara, Vata-Kapha Shamaka
Day 4	Anuvasana Basti	Sahacharadi Taila + Apamarga Kshara Taila	Apana Vata regulation
Day 5	Asthapana Basti	Dashamoola Kwatha	Anti-inflammatory action
Day 6	Anuvasana Basti	Sahacharadi Taila + Apamarga Kshara Taila	Pelvic nourishment
Day 7	Asthapana Basti	Dashamoola Kwatha	Srotoshodhana
Day 8	Anuvasana Basti	Sahacharadi Taila + Apamarga Kshara Taila	Maintenance of Vata balance

Table-2: Clinical Outcome Assessment

Symptom	**Before Treatment**	**After Treatment**
Lower abdominal pain	Moderate	Markedly reduced
Menstrual irregularity	Present	Improved
Excessive bleeding with clots	Present	Reduced
Generalized weakness	Present	Improved
White vaginal discharge	Occasional	Reduced
Quality of life	Poor	Improved

DISCUSSION

Para-ovarian cysts are benign adnexal lesions that are usually managed conservatively when imaging excludes malignant pathology. In the present case, MRI demonstrated a well-defined thin-walled cyst without septations, mural nodules, papillary projections, or

diffusion restriction, supporting conservative management[3,5]

From an *Ayurvedic* perspective, the clinical features were suggestive of *Kapha–Vataja Granthi* involving *Artavavaha Srotas. Kapha Dosha* is responsible for abnormal localized tissue proliferation, while deranged *Apana Vata* contributes to pelvic pain, menstrual abnormalities, and altered reproductive physiology[7,8].

Acharya Suśruta has described *Granthi* as a localized swelling produced by the vitiation of *Doshas* affecting body tissues[8]. Hence, treatment should focus on correcting the underlying *Dosha* imbalance rather than merely alleviating symptoms.

Yoga Basti was selected because *Basti* is regarded as the principal treatment for *Vata* disorders and plays a vital role in regulating *Apana Vata*, which governs menstruation and pelvic organ function[6,9]. Restoration of normal *Apana Vata* may improve pelvic circulation, reduce pain, and normalize physiological functions of the female reproductive tract.

The *Anuvasana Basti* was administered using *Sahacharadi Taila* and *Apamarga Kshara Taila. Sahacharadi Taila* possesses *Vatahara, Vedanasthapana,* and *Shothahara* properties, whereas *Apamarga Kshara Taila* is traditionally indicated for *Lekhana*, *Chedana*, and *Srotoshodhana*, which may help in reducing localized pathological tissue changes[13-14]

The *Asthapana Basti* containing *Dashamoola Kwatha* was selected because *Dashamoola* is well known for its anti-inflammatory, analgesic, antioxidant, and *Vata-Kapha* pacifying properties[13]. Experimental studies have demonstrated anti-inflammatory and analgesic activities of *Dashamoola*, which may explain the observed reduction in pelvic pain.

Following completion of *Yoga Basti*, *Uttarbasti* with *Apamarga Kshara Taila* was administered. *Uttarbasti* provides localized administration of medicated oil into the female reproductive tract and is classically indicated in disorders of *Yoni* and *Artavavaha Srotas* [15-16] It may facilitate local therapeutic action and support restoration of normal reproductive physiology.

The patient experienced marked symptomatic improvement following treatment without any adverse events. Although post-treatment imaging was not available because of financial limitations, the favorable clinical outcome suggests that this integrative approach may be considered in carefully selected patients with benign para-ovarian cysts after appropriate radiological evaluation.

However, being a single case report, the findings cannot be generalized. Prospective studies with larger sample sizes, objective outcome measures, and standardized imaging follow-up are required to establish efficacy.

CONCLUSION:

The present case report highlights the potential role of *Yoga Basti* followed by *Uttarbasti* in the conservative integrative management of a benign right para-ovarian cyst. The patient experienced marked improvement in lower abdominal pain, menstrual symptoms, and overall quality of life without any treatment-related adverse

effects. Although post-treatment imaging could not be performed because of financial constraints, the favorable clinical outcome suggests that *Panchakarma* interventions may offer a promising supportive treatment strategy in selected benign adnexal cysts. Nevertheless, randomized controlled clinical trials and long-term follow-up studies are necessary before definitive conclusions regarding efficacy can be drawn.

Strengths and Limitations

Strengths of study:

MRI-confirmed benign right para-ovarian cyst before initiation of treatment.

A structured *Yoga Basti* protocol followed by *Uttarbasti* was administered according to *Ayurvedic* principles.

The patient demonstrated clinically significant improvement in symptoms, including lower abdominal pain, menstrual irregularity, and quality of life.

No adverse events or procedure-related complications were observed throughout the treatment period.

The case provides an integrative clinical approach combining modern diagnosis with *Ayurvedic* management.

Limitations of the study:

This is a single-patient case report, limiting the generalizability of the findings.

Post-treatment ultrasonography/MRI could not be performed because of the patient's financial constraints; therefore, objective radiological assessment after treatment was unavailable.

The duration of follow-up was limited.

Larger prospective clinical studies with imaging-based outcome assessment are required.

Clinical Significance

This case demonstrates that *Yoga Basti* followed by *Uttarbasti* may be considered as a conservative integrative therapeutic option in carefully selected patients with benign para-ovarian cysts after appropriate radiological evaluation has excluded malignancy. The encouraging clinical improvement observed in this patient supports further investigation of *Panchakarma*-based interventions through well-designed clinical studies.

Declaration of Patient consent:

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

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

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