

**AYURVEDIC MANAGEMENT OF BEEJASHAYA GRANTHI (OVARIAN CYST)
- A CASE REPORT**Lata Rai¹, Sonu², K. Bharathi³, Uttara Kumar Chaturvedi⁴¹PG Scholar, Prasuti Tantra and Stree Roga Department, Jaipur, Rajasthan, India²Assistant Professor, Prasuti Tantra and Stree Roga Department, National Institute of Ayurveda, Jaipur, Rajasthan, India³Head of PG Department of Prasuti Tantra and Stree Roga Department, National Institute of Ayurveda, Jaipur, Rajasthan, India⁴PG Scholar, Panchakarma Department, National Institute of Ayurveda, Jaipur, Rajasthan, IndiaCorresponding Author: drlatarai1982@gmail.com<https://doi.org/10.46607/iamj3310052022>

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Article Received: 10/03//2022 - **Peer Reviewed:** 26/03/2022 - **Accepted for Publication:** 27/03/2022**ABSTRACT**

Ovarian follicles undergo various rates of maturation and involution under the influence of hormones. The functional, non-neoplastic and benign cystic ovarian lesions are common at a young age in females. An ovarian cyst is usually asymptomatic and these form whenever the ovary produces too much estrogen hormone. These are fluid-filled sacs inside the ovary which make serious symptoms if ruptured. According to Ayurveda, the ovarian cyst containing fluid can be equated with *Granthi*. In this case report, a 44-year-old female patient was presented to the PTSR OPD on 09/01/2021. National Institute of Ayurveda, Jaipur with a complaint of prolonged bleeding p/v for 15 days white discharge p/v since 1month, lower abdomen pain, spotting for 10-12 days after menses, and delayed periods. The Ultrasonography findings indicated a left ovarian cyst with chronic cervicitis (hypertrophied cervix). She was treated with oral drugs like Chandraprabha Vati, *Punarnavasthakakwatha*, *Triphala Guggulu*, and a combination of *Avipittikarachurna*, *Pittantakachurna*, *Gokshurchurna*, *Pravalapishti* and *sthanika chikitsa yoni prakchhalan* (local vaginal procedure) with *sphatika bhasma*. After the treatment, the patient was completely cured of lower abdomen and back pain, with a regular menstrual cycle and bilateral normal ovaries and normal

cervix. During the treatment period, no side effects were observed. According to the findings of this case study, the above formulae are quite efficient in the treatment of Ovarian Cyst.

Keywords: Ovarian cyst, *Granthi*, *beejashaya granthi*, *chandrprabha vati*, *punarnavasthaka kwath*

1. INTRODUCTION

An ovarian cyst is one of the most common causes of ovarian dysfunction, which has a direct impact on fertility.¹Ovarian cysts are ovarian follicles that are greater than two cm in diameter. Cysts in the ovary are closed sac formations filled with a liquid or semi-solid material. ²Ovarian cysts can affect women of any age, although they are more common in women who are pregnant or planning to get pregnant. The majority of ovarian cysts are benign (benign). Irregular periods, abnormal uterine bleeding, abdominal or pelvic pain, exhaustion, headaches, and nausea are all common signs of an ovarian cyst. Ultrasound, MRI, and CT scans are used to detect ovarian cysts.³In today's medical system, an ovarian cyst is treated mostly with hormonal therapy (combined oral contraceptive tablets) or surgical therapy (pelvic laparoscopy).⁴This is the only treatment for ovarian cysts available in modern medicine to meet the patient's urgent needs, and challenges remain to establish a satisfactory conservatory medical treatment to this day; the lack of conservative and satisfactory treatment in biomedicine necessarily requires the search for conservative and satisfactory treatment in another medical system. An ovarian cyst is similar to *Granthi* in Ayurveda. It occurs as a result of the accumulation of diseased bodily humours in body tissue.⁵ According to the pathogenic factor and the body tissue involved, there are nine different varieties of *Granthi* listed in Ayurveda literature.⁶*Granthi* is caused by the vitiation of *Rakta* (blood), *Mamsa*(fleshy/muscles), and *Meda* (fat/adipose tissue) by *Tridoshasa* mixed with *Kapha*, which results in a rounded glandular, protuberant, knotty, and hard swelling known as *Granthi*.⁷ Such clinical entity can be correlated today as ovarian cyst where *vata*dosha and *kapha* dosha is the predominant pathological factor being the natural site of its location (Basti Pradesh) in the body. The principle of *Samprapti Vighatana* (i.e., to break the

pathogenesis) is used for the management of *Granthi*. This is a case of an ovarian cyst that was successfully treated on the line of Ayurvedic management of *Granthi*.

2. Case Presentation

A 44-year-old Indian, non-smoker, non-alcoholic G3P2L2A1 woman was consulted in the Out-Patient Department (OPD) of the National Institute of Ayurveda on 09.01.2021 with the chief complaint of Delayed Periods with spotting for 10-12 days after 3 days normal menstrual flow (*Deerghakalanubandhen aartava*) since last 6 months. Associated symptoms were Mild pain in the lower abdomen during spotting, white discharge p/v and itching, constipation generalized weakness. The patient had *Vaat-kaphaprakritii*, *Twaksaara*, *Madhyam Samhanana* (proper body built), *Madhyam Pramana* (normal body proportion), *Sarvarasa Satmya* (proper homologation), *Madhyam Satva* (Balanced Mental strength), *Madyayam Vyayamshakti* (moderate capability to carry on physical activities) and *Avar abhyavaharnshakti* and *jeerna shakti*. Her last menstrual period (LMP) was on 05.12.2020 and her menstrual cycle was irregular and mildly painful. USG report showed a simple cyst measures 19x12 mm in the left ovary and hypertrophied cervix. Ayurvedic medicines were advised for the management of cysts.

3. History and Examination of Patient

3.1 MENSTRUAL HISTORY

AOM- 14 Years

LMP- 05/12/2020

Duration of flow- 3 days normal flow than 4 days to 15th-day spotting

Pain- moderate

Clots- present

Colour- dark reddish

Foul smell- absent

No. of pads- D1- 2pad, D2- 3-4 pad, D3- 2pad, D4- D15 – 1pad (light) not fully soaked

3.2 OBSTETRIC HISTORY

- G3P2L2A1
- G1 – FTND*MCH*17 YEARS AGO
- G2 - Induced abortion of G.A. – 1 month. (D&C was not done)
- G3 – FTND*MCH*13 Years back. LCB male child 13 years back.

3.3 CONTRACEPTIVE HISTORY – Nil

3.4 PAST HISTORY

- Previous medical history- Nil
- Previous surgical history - Nil
- Family history - not significant

3.5 PERSONAL HISTORY

- Appetite – Loss of appetite
- Sleep - sound
- Bowel - once every alternate day
- Bladder - clear

3.6 Systemic examination

- Respiratory system: - Inspection - Bilateral chest symmetry Auscultation- bilateral air entry equal on both sides.
- Cardiovascular system: - Auscultation – s1, s2 Normal heart sound.
- Central nervous system: - conscious well oriented.

3.7 Physical Examination

- O/E: - G.C.- Fair, B.P. – 120/80 mm/hg, P.R. – 78/Min., Height – 160 cm, Weight – 55 kgs, BMI – 21 Pallor – Absent

3.8 Gynaecological Examination

- P/V, P/S not done because pt. had no report of RTPCR for COVID-19
- INVESTIGATIONS: dated on 7/01/2021
- PROLACTIN -3.66 ng. MI (N)
- TSH - 1.41 uIU/ml (N)
- HBA1C – 5.7 % (N)
- Average blood glucose level – 116.89 mg

USG ON -07/01/2021

Cervix- Hypertrophied, Chronic cervicitis.

Left ovarian simple cyst.

PAP SMEAR- Normal.

Negative for intraepithelial lesion or malignancy. (NILM)

3.9 DASHAVIDHA PARIKSHYA BHAAVA

- Prakriti – Vaat-kaphaj
- Vikriti – Vyadhi Bala- Madhyama
- Saara – twaksaara
- Sanhanana – Madhyama
- Pramaana – Madhyama
- Saatmya – SarvarasaSaatmya
- Satva – Madhyama
- Aahaarashakti – Avara
- Vyaayaama Shakti – Madhyama
- Vaya – Madhyamaavasthaa

4. Treatment Schedule

An ovarian cyst can be compared to *Granthi roga* and in the pathogenesis of the *Granthi Roga Vata, Kapha* dominating *Tridoshas* are involved and hence *Vata-Kaphahara* medications are required whereas involved *Dushyas* are *Rakta, Mamsa, and Meda* hence the medications should possess *Vatahara* and *Lekhana* (scrapping or dissolving) properties.

Table 1: The treatment schedule given to the patient was as given below-

Sr.no	Drug	Dose	AF/BF	Vehicle
1.	<i>Chandraprabha vati</i>	500 mg	AF	Lukewarm water
2.	<i>Punarnavasthakakwatha</i>	40 ml	AF	<i>Kwath/Kashaya</i>
3.	<i>Triphala Guggulu</i>	500mg	AF	Lukewarm water
4.	<i>Avipattikarachurna 2 gm Pittantaka Churna 1 gm GokshuraChurna 2 gm PravalaPishti 500 mg</i>	5 gm	BF	Water
5	<i>Sphatikabhasma</i>	3gm	-	Lukewarm water for <i>yoni prakchhalan</i>

5. Follow up


The patient's treatment was started on 9th Jan 2021. Her treatment was continued with oral and local ayurvedic drugs for three months. On 14th March 2021 USG finding suggested both the adnexa normal.

6. The action of Ayurvedic drugs

Punarnavastaka Kwatha was prescribed due to its *Vata-Kaphahara* properties i.e., which alleviates the aggravated *Vata* and *Kapha Doshas* and due to its *Mootrala* (Diuretic) *Shothahara* (Anti-inflammatory) *Kledahara* (Anti-secretory) properties, it shows significant effect in *Granthi*⁶. *Tikta, katu rasa* of the formulation caused *vata-kapha shaman* which was the root cause of the formation of *Granthi*. Diuretic properties helped to eliminate toxins from the body as well reducing *shotha*. Anti-secretory properties caused a reduction in secretion in the cyst Internal

consumption of **Tripahala Guggulu** helped reduce inflammation and infection in the cyst. Absorbed excessive moisture reducing the fluid amount in the cyst and subsided pain with its analgesic effect. The maximum contents of *Chandraprabha Vati* are *tikta rasa* which shows its *lekhana, pachan, and raktaprasadak* property. This helps to rectify *raktadushti* which ultimately corrects *rajadushti*. Herewith the help of *shaman Chikitsa* in the form of oral medication menstrual bleeding got reduced and all 3 *doshas* were in *sanyaavastha*. It balances *Apana vayu* which controls the ovarian function and overall reproductive system. *Prakshalana* with *sphatikabhasma* firstly caused *shodhana* and then absorption of the drug. It helped to relieve pain, and local oedema as well as to stop oozing i.e., spotting, and maintained local hygiene.

7. USG REPORT



Diagnostic & Dental Care

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PATIENT NAME: [REDACTED]	AGE/SEX: 44 YRS/F
REF. by: SELF	DATE/RG: 07/01/2021-21171

ULTRASONOGRAPHY REPORT: UTERUS AND ADENEXA

(Equipment used is Voluson P8- GE with convex 4CD high density probe and / or 5-9 D transvaginal probe as per required).

Findings:

Urinary bladder shows normal in size, shape and wall thickness.

Uterus is anteverted, shows normal size, shape and myometrial echotexture.
 Uterus measures: 118 x 52 x 47 mm
 Endometrium: 5.4 mm.

Cervix: Hypertrophied.


Both ovaries show normal in size, shape and echopattern.
Left ovary shows a cystic lesion measures 19 x 12 mm within.
 Right ovary measures: 39 x 36 x 15 mm (Vol 11 ml).
 Left ovary measures: 32 x 30 x 20 mm (Vol 10 ml).


No free fluid in cul-de-sac.

IMPRESSION: * CHRONIC CERVICITIS.
*** LEFT OVARIAN SIMPLE CYST.**


ADVISE: PAP'S SMEAR FOR FURTHER EVALUATION.

Encl: - Registration certificate of Surewell Diagnostic & Dental Care No. CM&HO-I/PCPNDT Act /520 Dated 07-04-2016 of Sonography Machine Wipro GE Voluson P8.


 TECHNICALIAN
 (RAJBALA/JAI SINGH)


 DR. ASHISH GUPTA
 CONSULTANT RADIOLOGIST
 RMC: 27934/12261

Before Treatment



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PATIENT NA	AGE/SEX: 45 YRS/F
REF. by: SELF	DATE/RG: 14/03/2021-22059

ULTRASONOGRAPHY REPORT: UTERUS AND ADENEXA

(Equipment used is Voluson P8- GE with convex 4CD high density probe and / or 5-9 D transvaginal probe as per required).

Findings:
Urinary bladder shows normal in size, shape and wall thickness.
Uterus is anteverted, shows normal size, shape and myometrial echotexture.
 Uterus measures: 67 x 41 x 33 mm
 Endometrium: 4.1 mm.
Cervix: Normal.
Both ovaries show normal in size, shape and echopattern.
Dominant follicle is seen in right ovary.
 Right ovary measures: 30 x 21 x 14 mm (Vol 04 ml).
 Left ovary measures: 22 x 20 x 11 mm (Vol 03 ml).
 No free fluid in cul-de-sac.

IMPRESSION: * DOMINANT FOLLICLE RIGHT OVARY.

 ADVISE: CORRELATE CLINICALLY AND RELEVANT FURTHER INVESTIGATION MAY BE MORE INFORMATIVE.
 Encl: - Registration certificate of Surewell Diagnostic & Dental Care No. CM&HO-1/PCPNDT Act /520 Dated 07-04-2016 of Sonography Machine Wipro GE Voluson P8.

TECHNICIAN
(RAJBALA/JAI SINGH)

DR. ASHISH GUPTA
CONSULTANT RADIOLOGIST
RMC: 27934/12261

After Treatment

8. DISCUSSION

The cause of an ovarian cyst is yet unknown. Obesity exacerbates the problem, which commonly affects numerous family members. Pituitary dysfunction, anovulatory menstrual periods, testosterone excess, obesity, and insulin resistance are all common side effects of ovarian cysts. Amenorrhoea is a symptom of an ovarian cyst.⁸ Though patients vary in the severity of each feature. The patient came to OPD with the complaint of mild pain in the lower abdomen during spotting, Delayed Periods, and Spotting for 10-12 days after menses, weakness, and constipation. USG was advised to the patient for proper diagnosis. Oral ayurvedic drugs *Triphalaguggulu*, *Chandraprabha vati*, *Punarnavasthakakwatha* and *Avipattikarachurna*, *Pittantaka Churna*, *GokshuraChurna*, were advised to the patient. absorption and metabolic activities in the body as well as cures constipation and prevents diseases. These drugs continued for three months with regular follow-up. After treatment USG findings suggested the left ovary in the cyst disappeared. The case was treated on the line of management of *Granthiroga*. Because of the predominance of *Vata* and *Kapha Dosh* in *Granthi*, mostly *Vata*

and *Kapha Doshahara* drugs were described. It helps to strengthen the uterus and ovary. It aids in the relief of epigastric pain. The main *Doshas* involved in *Granthi* are *Vata* and *Kapha*. *VataVridhi* causes constipation, which is a root cause of many diseases. These medications treat both ovarian cysts and constipation.

9. CONCLUSION

The only treatment options for ovarian cysts in today's medical system are hormonal and surgical intervention. Many individuals are afraid of hormonal intervention, and even though it is the only treatment available in modern science, it does not guarantee that the condition will not repeat, as the odds of ovarian cysts recurring are very high. The availability of medicine in Ayurvedic science provides an opportunity for patients to be entirely treated with no return of ailment. As a result, this Ayurvedic medication is beneficial in the treatment of ovarian cysts. This therapy strategy should be considered for future treatment and research work on various types of ovarian cysts.

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