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MANAGEMENT OF OVARIAN CYST BY AYURVEDIC TREATMENT: A CASE STUDY

Tejal D. Khokhar¹, Shilpa Donga², L. P. Dei³

¹MS 2nd PG Scholar, ²Associate Professor, ³H.O.D Dept. of PTSR Dept, Institute for Post-Graduation Teaching & Research Ayurveda, Jamnagar, Gujarat, India

Email: dr.tejal1294@gmail.com

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ABSTRACT

In past some years, there is a domestic rise in female related illness which was rarely seen before in history. She should be in the perfect healthy condition particularly in terms of reproductive healthiness. Owing to complicated structure of female body, women are subject to a large no of complains connected with reproductive system and surrounded with various kinds of diseases. Women's health is concerned with family, society and culture. Ovarian cyst thought mostly benign pose a diagnostic dilemma to the gynecologist as well as to the pathologist. Ovarian cyst is an emerging problem among the women of reproductive age group. Ovarian cysts are seen in all age groups and are subdivided in physiological and pathological cysts. When the follicles (sacs) in the ovaries do not rupture, they form small cysts called 'simple cysts'. These forms whenever ovary produces too much of estrogen hormone. 'Dermoid cysts' & 'chocolate cysts' are other types of cysts. 'Large' or 'pathological cysts' can occur in about 5% of women during their reproductive years. Management of Ovarian cyst through surgery is available to meet urgent medical need, but huge challenges remain to treat by medicines. *Ayurveda*, (the Science of Life) which is the oldest well documented ancient Indian System of medicine is giving new ray of hope in the management of ovarian cyst (*Kaphaj Granthi vikaar*). This article presents a successfully managed case of ovarian cyst in the form of a case report by *Ayurvedic* treatment.

Keywords: Ovarian cysts, Kaphaja Granthi, Ayurvedic treatment.

INTRODUCTION

Today we see the age of menarche has dropped to as 10 years of age. In fast growing world, over workload, pesticides rich food, hormone-based fruits and vegetables, stress, over ambition, avoiding pregnancy all are the major causes of these new diseases in modern woman. Premenstrual syndrome, irregular menses,

ovarian cyst, uterine fibroids are commonly seen now a days. Due to defective lifestyle of women in modern era, ovarian cyst has become a burning problem in current scenario affecting all age group of women. Ovarian cancer is 2nd most common of genital cancers and accounts for 10-15% of all gynecological cancers in

developing countries including India. There is no such effective treatment in modern science rather hormonal therapy and laparoscopy and hormonal therapy has its own harms, regardless of the presence of this disease laparoscopy or surgical management is certainly a treatment option; it is not necessarily the only option. Hormonal therapy is not a 'cure'. Due to limitation of Modern science, *Ayurveda* has a great scope in this filed. This is the high time to develop an effective Ayurvedic treatment protocol for its prevention & cure.

Case Report

A female patient aged A 37 years old women came to OPD of PTSR Dept. I.P.G.T &R. A Jamnagar On 25/04/2019 OPD no. 24837 GAU Jamnagar Gujarat, with the following complaints for the past 4 month:Dull aching pain and discomfort in the lower abdomen, lower back and thighs, fullness, heaviness, bloating in the abdomen, excessive bleeding during periods, sharp Pain during menstrual period, intermenstrual bleeding.

Menstrual History;

Menarche at the age of 14 years

Past menstrual history 4-5days/30days- normal flow, 2-3 pads/day

Present menstrual history -5-6 days/15-20 days- moderate flow ,4-5pads/day

Obstetric history – G3P3A0L3

3 FTND- 2 Male & 1 female Child alive

Last delivery 13year ago

Contraceptive history – Condom for 13 years

Coital history -1-2 times/week

On Examination patient was found good.

Personal History

Diet-mixed (veg-nonveg)

Appetite-poor

Bowel-Micturition- normal

Sleep- normal

Medication – Allopathic

Habits' & addictions-tea

Medical & Surgical History:

H/o Asthma

H/o appendectomy

Family history;

Father K/C/O- Asthma

Physical Examination

general examination -

height – 158cm

weight -58kg

pallor- present

TPR- normal

Bp- 110\70mmhg

No evidence of thyroid enlargement

No significant lymphadenopathy

No pedal edema

Blood Investigation (26/4/19)- Hb-11.8gm%, TLC-6000/mm^{3, ESR}-32/hr, Neutrophil-40%, Lymphocyte-57%, Eosinophile-3%, Monocytes-2%, basophilies-0%, HIV-VDRAL-HBsAG were negative. **CA-125 - 8.1 U/ML**

Ultra Sonogramphy For Uterus and Adnexa-a pelvic ultrasound was performed which revealed a bulky uterus with thickness of 7mm and left ovarian cyst measuring 35 x 32x 32 mm of size. Left ovary volume was 13cc and right ovary was found normal.

Systemic Examination

No abnormality detected

Gynecological Examination

No tenderness or guarding

No masses palpable

P/V Examination

Cu- parous, hypertrophied, mobile and no tender on palpation

Ut- AV -Bulky, no adnexal masses palpated and no tenderness present

P/s examination

Cu- mild white discharged

hypertrophied

No erosion

Treatment Protocol: The medicines (second stage) was carried out following *Vachana Karma* (first stage) for two months. During this period the patient was advised to take *pathya ahara* (nutritive diet like milk, *moog daal* etc...) and avoid *Apathya ahara*

(First Stage)- patient was treated with *Deepana Pachana* and *Koshthsodhana*. For the *Deepana Pachana* and *Koshthsodhana Trikatu Choorna* 3gms bds after meal for 3 days with lukewarm water. *Abhyantara Snehapana* was carried out by simple *Go-Ghrita* in

increasing dose starting from 30 ml for 5 to 7days till Samyaka Snigdha lakshna obtained. Abhyanga & Swedana: - by Bala Taila, once time for 3 days, Bashpa Sweda once a day for 3 days. With help of Swedana the morbid Dosha are motivated from Shakha to enter the Koshtha. Pradhana Karma: Under Pradhana Karma, the Trivritadi Yoga (as per Kostha) Virechana was given to the patients. Pashchat Karma: After the successful completion of Virechana, the patients were asked to have complete physical and mental rest and to follow all the precautions related to Virechana. Samsarjana Krama: Then Samsarjana Karma was decided based on Shuddhi grade.

(Second Stage) Internal Medicine-after virechana karma – patient was treated with Kanchanara gugglu 3 gram (vati form) and Kantkaryadi Kashaya 50ml bds before meal for two months.

Pathya-Apathya-during this period patient was adviced totake nutritive diet containing Godhuma, Shali, Mudga, Tila, Amala Dadima, Shigru, Green Leafy vegetables. Spicy, Oily, Overeating, Fried food, Bakery items, Fermented items, Carbonated drinks, Milk, Dairy products, Curd, buttermilk. she was also advised to do early sleep in night and early wake-up in morning, yoga, exercise.

Followup – 1 month

Observation & Result: The patient had followed the ahara and drug restriction strictly. Patient got relief of associated symptoms like dysmenorrhea, backache, intermenstrual bleeding and her ultrasonography was done after this treatment that reveled the complete resolution of cyst with normal uterus.

Probable Mode of Action of Virechanana Karma

By sodhana of Raktaantargata Piita



Purifies the blood

Remove the sanga of all strotas including Artavvaha strotas

Remove the accumulated dosha from artavvaha strotas

Help in decreasing the size of Beejakosha Granthi (ovarian cyst)

Samana Yoga:

Kanchanara Guggulu- Kanchanara Guggulu mentioned in Sharandhara Sahmita in the treatment of Granthi. Most of ingredients of Kanchanara Guggulu is having Kaphamedohara, Lekhana, Granthihara, Mootrakruchhrahara, Shothahara. In addition to that it contains kaempferol flavanoids as chemical ingredient. Kaempferol inhibited PSA secretion and activation of estrogenic receptor. Kanchanara Guggulu is a classical Ayurvedic formulation, used for Kapha accumulations in the tissues. As Kapha moves deeper within the system, it may manifest as swollen lymph nodes, cysts or growths. Powerful decongestants such as Kanchanara, Triphala (a combination of fruits of Terminalia chebula Retz., Terminalia beleri ca Roxb., and E. officinalis) and Trikatu (Zingiber officinale Rosc., Piper nigrum L. and Piper longum L.) are mixed with Guggulu to break down and eliminate hardened Kapha. This detoxifying blend supports the proper function of the lymphatic drainage and digestive systems, aiding in the prevention of further Kapha accumulation. Kanchanara Guggulu supports proper function of the lymphatic system, balances Kapha Dosha, promotes elimination of inflammatory toxins; it is alterative, anti-inflammatory and tonic which is administered in cysts, malignant ulcers, syphilis, fistula, scrofula, sinus, etc. Kanchanara is very useful in extra growth or cyst or tumors and helps in reducing bleeding.

Kantakaryadi Kashaya: Kantakaryadi Kashaya having a combination of six drugs including Kantakari, Agnimantha, Varuna, Shigru, Sunthi, Punarnava. Sahastra Yoga has Cleary mentioned Kantakari, Varuna, Agnimantha, Shigru, Shunthi, Punarnava Siddha Kashaya in context of Antarvidradhi. Combination of this drug is having a property of Ushana, Tikshna, lekhana sothahara, kaphamedohara, vatamnuloman. Granthi and Vidradhi having similar Dushya like Mamsa, Asruk, and Meda. So, Kantakaryadi Kashaya is effective in beejakosha granthi.it helps to clear strotas avarodh and normalize the Artavavahastrotas and reducing the size of Beejakosha Granthi.

CONCLUSION

In Ayurveda; however, special reference of Granthi of female reproductive system is not available in any classics, but it can be called as Beejakosha Granthi based on its origin from Beejakosha and its surroundings. After Virechana, effect of Shamana drug has become more potent. This may be due to *Ushna*, *Tikshna*, Lekhana, Shothahara, Granthihara, Kaphamedohara and Vatanulomana properties of Shamana Yoga. Anupana of Kantkaryadi Kashaya also play a key role in decreasing the symptoms by its Tridoshahshamaka and Lekhana property, hence it alleviates Kapha Prakopa and remove Srotorodha. Virechana by its Shodhana action eliminates extra Pitta from the body hence there is relief in the symptoms. All the Ingredients have *Deepana Pachana* property, which enhance Agni, remove Ama and alleviate Kapha-Vata and Anulomana property. Thus, reduction in these reasons significantly by Deepana, Pachana, Medohara properties of the trial drugs has contributed to the reduction in symptoms.

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