



AYURVEDIC OP LEVEL MANAGEMENT OF LEFT OVARIAN HAEMORRHAGIC CYST – A CASE REPORT

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Abstract

A mass formed over the adnexa because of the occurrence of bleeding into a follicular or corpus luteum cyst is known as a Haemorrhagic ovarian cyst. The incidence of cysts found to be the fourth most common cause for hospital admission of women and out of that 13.7% are said to be haemorrhagic ovarian cysts. Apart from hormonal medications, the current treatment modality adopted for painful or large ovarian cysts is surgery, and recurrence has been noted in many cases. So, the patients prefer alternative therapy to avoid unnecessary surgery. Similar cases are successfully managed through Ayurveda where the conditions are improved and avoided the surgery. Direct special reference for *Granthi* of the female reproductive system is not available in classics but it can be called *raktaja beejakosha granthi* on the basis of its origin and surroundings. It is a *Raktha pradana sannipathika vyadhi* along with the vitiation of *rakta, mamsa and medas*. In this case study, patient treated with *Avipathy choornam, Saptasaram kashayam, Kanchanara guggulu vati and Kalyanaksharam*. After a course of 3 months medications, there was no haemorrhagic cyst as per Ultrasound sonography and the patient is symptom free.

Keywords: Raktaja beejakosha granthi, Ovarian cyst, Saptasaram kashayam

Introduction:

Ovarian pathologies are an emerging problem in the present era. The incidence of ovarian cyst has increased dramatically. A mass formed over the adnexa because of the occurrence of bleeding into a follicular or corpus luteum cyst is known as a Haemorrhagic ovarian cyst. The incidence of ovarian cyst found to be the fourth most common cause for hospital admission of women and out of that 13.7% are said to be haemorrhagic ovarian cysts¹. The chances for rupturing of such haemorrhagic cysts are high and it is a worst emergency situation and end up in surgery. The cysts can be diagnosed with the help of ultra sound sonography². Many women opt for early treatment in order to avoid the complications from torsion, rupture etc. of the cysts. Apart from hormonal medications, the current treatment modality adopted for painful or large ovarian cysts is surgery, and recurrence has been noted in many cases. So, the patients prefer alternative therapy to avoid unnecessary surgery³.

Similar cases are successfully managed through Ayurveda where the conditions are improved and avoided the surgery. Direct special reference of *Granthi* of female reproductive system is not available in classics but it can be called as *raktaja beejakosha granthi* on the basis of its origin and surroundings. Aacharya Sushruta has elaborately mentioned about *Granthi*, its etiopathogenesis, classification and its management, but not mentioned about swelling with such similar characters in female genital organs, though a reference related to *Granthi* of male genital tract is available. Though the disease *Granthi*, simulating the description of Haemorrhagic ovarian Cyst has been mentioned in Ayurveda, and it can be called as *Raktaja Beejakosha Granthi* on the basis of its origin from *Beejakosha* and its surroundings. It is a *raktha pradana sannipathika vyadhi* along with the vitiation of *rakta, mamsa and medas*.³ In this case study, patient treated with *Avipathi churna, Saptasaram kashayam, Kanchanara guggulu vati* and *Kalyanaksharam*. After a course of 3 months medications, the patient was symptom free and there was no haemorrhagic cyst as per Ultrasound sonography.

CASE REPORT

A 29 years old female patient came into the OPD of private Ayurveda clinic on 05/06/2020 with a known case of left ovarian Haemorrhagic cyst (6.4*4.8 cm cystic lesion with clot retractile pattern), complaining of painful and irregular menstruation associated with continuous dull pain at left iliac region since 3

months. She approached Allopathic hospital initially, and they suggested for surgery. She also had a history of ruptured endometriotic cyst in 2008 and done immediate surgery. As the patient was not ready for surgery for a recurrent haemorrhagic cyst, she resorted for Ayurvedic treatment.

Table 1: General history

AGE	MARITAL STATUS	OCCUPATION	SOCIAL CLASS	ADDRESS	Registration date
29	Married Since 4years	Lawyer	Upper Middle	Kochi	05/06/2020

Table 2: Personal history

DIET	Mixed
APPETITE	Reduced
MICTURITION	Normal
BOWEL HABIT	Regular
ADDICTION	None

FAMILY HISTORY: No relevant family history

MENSTRUAL HISTORY: Menarche at age of 12years; Irregular cycle; LMP- 21/03/2020

PRESENT M/H: 5-6 days / 30-50 days, amount 3-4 fully soaked pad with associated symptoms like painful menstruation, nausea, and generalised weakness.

Past/M/H- 4-5days/28 days, amount of 3-4 fully soaked pad

OBSTETRICAL HISTORY- G0 P0

COITAL HISTORY- Twice a week

PHYSICAL EXAMINATION-

General Examination:

Build- average

Nutritional status-satisfactory

Pallor– absent.

No evidence of thyroid enlargement

BP- 124/80mm Hg

Pulse- 74/min

Height: 170 cm, Weight: 66kg

Temperature: Afebrile

Respiration rate: 16/min.

SYSTEMIC EXAMINATION:

CVS: Heart sounds (S1S2)- Normal,

RS: Chest - B\L clear, air entry adequate, no added sounds.

Per abdomen – Pain & mild tenderness at left iliac region.

GENITOURINARY EXAMINATION:

Inspection:

Vulva- normal, healthy

Per Speculum:

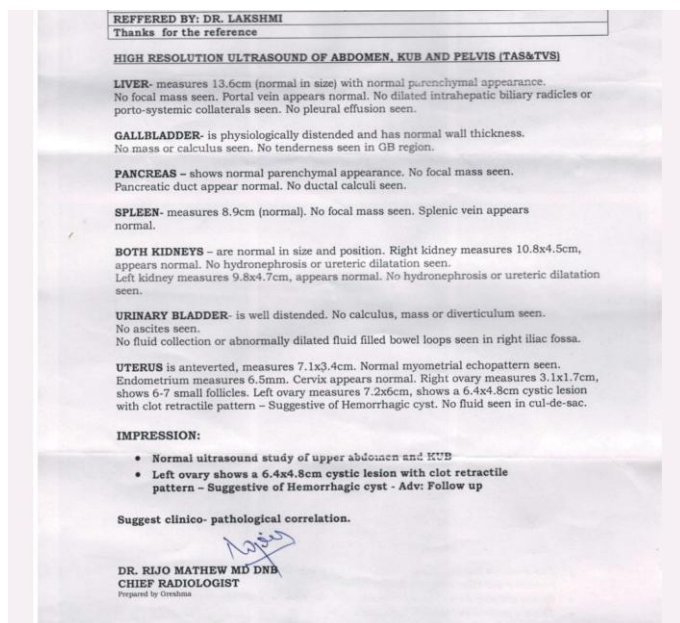
Cervix- healthy, Uterus- Anteverted, Right fornix: free, no tenderness

left fornix: tenderness present

INVESTIGATIONS:

USG ABDOMEN AND PELVIS: Normal Ultrasound study of upper abdomen and KUB.

The uterus is anteverted, measures 7.1*3.4 cm. Normal myometrial echo pattern is seen. Endometrium measures 6.5 mm. Cervix appears normal. The right ovary measures 3.1 * 1.7 cm, shows 6-7 small follicles. The left ovary measures 7.2* 6 cm, shows a 6.4 x 4.8 cm cystic lesion with clot retractile pattern – Suggestive of the haemorrhagic cyst. No fluid seen in cul-de-sac



Name of the Formulation	Composition	Dose	Anupana	Duration
Avipathi choornam	Piper nigrum, Piper longum, Zingiber officinale, Terminalia chebula, Terminalia bellirica, Emblica officinalis, Cyperus rotundus, Vida salt, Embelia ribes, Elettaria cardamomum, Cinnamomum tamala, Syzygium aromaticum, Operculina	A half teaspoon at bedtime	With honey	2 weeks

	turpethum, Sugar			
Saptasaram kashayam	Boerhavia diffusa, Aegle marmelos, Macrotyloma uniflorum, Ricinus communis, Nilgirianthus ciliates, Zingiber officinalis, Premna serratifolia	15 ml kashayam twice a day before food (6 AM & 7 PM)	With 45 ml lukewarm water	3 months
Kalyana ksharam	Piper nigrum, Piper longum, Zingiber officinale, Bida, Saindhava and Samudra type of salts, Terminalia chebula, Terminalia bellirica, Emblica officinalis, Baliospermum montanum, Semecarpus anacardium, Plumbago zeylanica, Castor oil, Cow urine	2 pinches	With Kashayam	3 months

Kanchanara Guggulu	Bauhinia variegata, Zingiber officinale, Piper nigrum, Piper longum, Terminalia chebula, Terminalia bellerica, Emblica officinalis, Crataeva nurvala , Elettaria cardamomum, Cinnamomum zeylanicum, Cinnamomum tamala, Commiphora mukul	2 tablets before food	With Kashayam	3 months
Rajapravarthini vati	Aloe vera, Blue vitriole, Borax, Asafoetida	1 tablet thrice a day before food (7 AM, 12 PM 6 PM)	With Lukewarm water	3 months

Regimen:

- Advised to do Pranayama, Soorya namaskara in the morning and brisk walking for 30 minutes in the evening
- To take Plenty of fruits, vegetables in the diet and to drink 3-4 L of water per day

- Avoid Non-vegetarian, Refrigerated/ re-heated, deep/ shallow fried food items
- Avoid Carbonated soft drinks and Alcohol intake

Result:

After 3 months of continuous internal medications, USG Pelvis showed normal size and morphology of both the ovaries and no adnexal mass lesions were noted. The patient continued the medication till she got 3 regular consecutive periods and she achieved it by November 2020 with the same medications.



Discussion:

All the clinical presentations, in this case, are due to the pitta-rakta dushti. In the samprapthi, we can see the sannipathika vitiation of all the doshas along with rakta.

Avipathy choorna is deepana, strotoshodhana and can normalise dushta pitta. It also enhances the normal movement of vata⁴. A potent anti-inflammatory medicine, *Saptasara Kashaya* normalises menstruation by pacifying the vitiated vata, pitta and rakta. Most of the ingredients in *Saptasara Kashaya* are analgesic, inflammatory, channel cleansing (*strothoshodhana*) and blood purifier properties. Thus, this formulation normalises the functions of apana vayu by breaking the pathogenesis (*samprapthi*) of this disease⁵. *Kanchanara* has *Kashyaya rasa*, *kapha pitta hara* properties. Due to these properties, it has *grahi* action, which can cause *drava shoshana*. Thereby resolve the cyst. Also with the *Lekhana*, *Bhedhana*, *Granthihara*, *Shothahara* properties, *Kalyana*

kshara and *Kanchanara guggulu* can help to reduce the size of the cyst and hamper the further new growth of the cyst⁶. *Rajapravarthini Vati* has *vata-kaphahara* ingredients in it and can increase the *agneya guna* which is used for inducing menstruation, however, it can also regularise the periods. Among the ingredients *Kasisa* (ferrous sulfate) and *Hingu* (asafoetida) possess potent emmenagogue properties⁷.

Conclusion

In addition to curing haemorrhagic ovarian cysts, this treatment plan along with diet and physical activities also ensures that the patient won't experience an ovarian cyst relapse/recurrence and menstrual irregularities after stopping Ayurvedic medicine.

ADDITIONAL INFORMATION

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References

1. Pudasaini S, Lakhey M, Hirachand S, Akhter J, Thapa B. A study of ovarian cyst in a tertiary hospital of Kathmandu valley. *Nepal Med Coll J.* 2011 Mar;13(1):39-41. PMID: 21991700.
2. Patel MD, Feldstein VA, Filly RA. The likelihood ratio of sonographic findings for the diagnosis of hemorrhagic ovarian cysts. *J Ultrasound Med.* 2005 May;24(5):607-14; quiz 615. doi: 10.7863/jum.2005.24.5.607. PMID: 15840791.
3. Luque-Ramírez M, Mendieta-Azcona C, del Rey Sánchez JM, Maties M, Escobar-Morreale HF. Effects of an antiandrogenic oral contraceptive pill compared with metformin on blood coagulation tests and endothelial function in women with the polycystic ovary syndrome: influence of obesity and smoking. *Eur J Endocrinol.* 2009 Mar;160(3):469-80. doi: 10.1530/EJE-08-0725. Epub 2009 Jan 12. PMID: 19139031.
4. Subha K Nampoothiri, A Shahul Hameed. A Critical Review on Avipathi Choorna- A Unique Formulation For Peptic Ulcer Disease. *International Journal of Ayurveda and Pharma Research.* 2021;9(9):80-85.

5. Hafsa. P. Ahamed & Satish Jalihal: A Comparative Clinical Study To Evaluate The Efficacy Of Saptasaram Kashaya And Kanasatahwadi Kashaya In PCOS. International Ayurvedic Medical Journal {online} 2019
6. Mangal, A., & Uma Mangal. (2020). EFFICACY OF AN AYURVEDIC INTERVENTION IN THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (PCOS)- A CASE REPORT. International Journal of Ayurveda and Pharma Research, 8(1), 74-76
7. Chauhan Monika & Makeem Rita: Clinical Efficacy of Rajah Pravartini Vati in the Management of Artava Kshaya (Oligomenorrhoea). International Ayurvedic Medical Journal {online} 2020 {cited September, 2020}

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