

MANAGEMENT OF OVARIAN CYST BY AYURVEDIC TREATMENT: A CASE REPORT**Dr. Sandeep Kumar Rajan*¹, Dr. Kamini Dhiman², Dr. Kaumik Verma³ and Dr. Kaumik Verma³**¹Lecturer, M.S. (Ayu.), PG Deptt. of PTSR Sri Sai PG Ayurvedic Medical College, Aligarh, U. P, India.²Associate Professor, M.D., Ph. D, (Ayu.) P.G. of Dept., of PTSR, All India Institute of Ayurveda Delhi, India.³Lecturer, M.D. (Ayu.), PG Deptt. of Rachna shareer, Sri Sai PG Ayurvedic Medical College, Aligarh, U. P, India.***Corresponding Author: Dr. Sandeep Kumar Rajan**

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ABSTRACT

Ovarian masses are a common finding in general gynaecology. Most women with ovarian cysts/cystic mass are asymptomatic. The diagnosis of ovarian cysts/cystic mass has increased with the extensive use of ultrasound technology. The finding of an ovarian cyst causes considerable anxiety to women because of the fear of malignancy. Some ovarian cysts cause problems, such as per-vaginal bleeding and pain pelvis. Ovarian cyst frequently requires surgical treatment but immense challenges persist to manage with medicines. According to Ayurvedic classics such type of cysts can be managed on the line of Kaphaja Granthi disease. This article presents a successfully managed case of Ovarian Cystic mass by Ayurvedic treatment in the form of a case study.

KEYWORDS: Ovarian masses, Ovarian cyst, per vaginal bleeding, Ayurvedic Treatment.**INTRODUCTION**

Ovarian masses are a common finding in general gynaecology. Most benign and malignant ovarian masses are predominantly cystic. An ovarian cyst is a sac filled with liquid or semi-liquid material arising in an ovary. The diagnosis of ovarian cysts, cystic mass, tubo ovarian masses has increased with the widespread use of regular physical examinations and ultrasound technology. The finding of an ovarian cyst/cystic mass causes considerable anxiety to women because of the fear of malignancy, but the vast majority are benign with few cases being malignant. Most women with ovarian cysts, cystic masses are asymptomatic. Some cysts, however, may be associated with a range of symptoms, sometimes severe. Some ovarian cysts/cystic masses cause problems, such as per-vaginal bleeding and pain pelvis. Ovarian cyst/cystic mass frequently require surgical treatment; when ovarian mass is more than 5 cm in diameter surgery is indicated if persistent or symptomatic.^[1,2,3,4,5]

According to *Ayurvedic* classics such type of cysts can be managed on the line of *Kaphaja Granthi* disease. The *lakshanas* is (painless), and *kandu Vedana Rahita-yukta* (itching).^[6] In the present case-study *shamana yoga* (*Kanchmar guggulu*, *shigrru guggul*, *haridra khanda* and *ashokarishta*) are used for management of complex ovarian cyst.

CASE REPORT

A 26 years old unmarried female reported in OPD of Prasuti-tantra & Stree-roga department of Sri Sai Pg Ayurvedic Medical College and Hospital, Aligarh, with complaints of pain in lower abdomen since two and a half months with complaints of decreased interval of menstruation since one year; which was of 8-10 days and abdominal pain localized in the right lower quadrant. She stated that localized pain had started few months back. There was no history of sudden onset of pain. Patient had no associated complaint of nausea and vomiting, though she specified that she had tendency of increasing weight. The patient and her family had no specific history related to reproductive system.

Per speculum examination revealed thin white discharge, on per vaginal examination cervical motion tenderness was present, her fornix was clear, uterus was normal size.

On the basis of complaints and findings of bimanual examination she was advised to go for pelvic ultra sonography (USG) for confirmation. USG report revealed right ovary was enlarged in size (31cc in volume). Haemorrhagic cyst is seen in right ovary, measuring 27X22mm. (The scanned copies of Ultra sound pre and post therapy are attached). As per scanning report CA-125 was advised to her which was found to be within normal range.

Keeping in the mind the view of ayurveda literature fluid filled sac as quoted as Granthi, the management of this problem was planned in a way to manage granthi. Ayurveda system the first line to treat as prevention and if disease occur to break the pathogenesis is an important way to any problem. To break the pathogenesis in this way the drugs having shothohara (antiinflammatory) & lekhan (scaping agents) properties is required. Shigru guggula, kanchnar guggula, haridra khand and

ashokaritha were applied in manners for the duration of two menstrual cycles.

Treatment

As per the references available in the Ayurveda classics, following classical formulations were prescribed for the period of 8 weeks and USG was advised after the due course of therapy.

Table 1 Medicines used for treatment.

Name of the drugs	Dose	Anupana	Duration
<i>Kanchnar guggul a</i>	250mg BD	Jala	2months
<i>Shigru guggula</i>	250mg BD	Jala	2 months
<i>Haridra khand</i>	3gm BD	milk	2months
<i>Ashokaristha</i>	40ml BD	Equal 40ml of water	2months

Table 2: Ingredients of the test drugs *Dravya Botanical Source Part used Kanchanar Guggulu.*

Guggulu	Commiphora mukul Hook.ex Stocks. Oleo resin
<i>Kanchanar</i>	Bauhinia variegata Linn. Bark
<i>Amalaki</i>	Emblica officinalis Gaertn. Fruit pericarp
<i>Bibhitaki</i>	Terminalia bellirica Roxb. Fruit pericarp
<i>Haritaki</i>	Terminalia chebula Retz. Fruit pericarp
<i>Pippali</i>	Piper longum Linn. Fruit
<i>Shunthi</i>	Zingiber officinale Rosc. Rhizome
<i>Maricha</i>	Piper nigrum Linn. Fruit
<i>Varuna</i>	Crataeva nurvala Buch-Ham. Bark
<i>Ela</i>	Elettaria cardamomum (L.)Maton. Seed
<i>Tvak</i>	Cinnamomum cassia Bark
<i>Tamal Patra</i>	Cinnamomum tamala Linn. Leaf

Shigru Guggulu

Shigru	Moringa oleifera Lam. Bark
Pilu	Salvadora persica Linn. Bark
Guggulu Rasa Sindur	Commiphora mukul Oleo resin

Haridra Khand

Haridra	Curcuma longa Linn. Rhizome
<i>Triphala</i>	Emblica officinalis Gaertn., Fruit pericarp
<i>Terminalia bellirica Roxb.,</i>	
<i>Terminalia chebula Retz.</i>	
<i>Trikatu</i>	Zingiber officinale Rosc., Rhizome
<i>Piper nigrum Linn,</i>	
<i>Piper longum Linn.</i>	Fruit
<i>Nishoth</i>	Operculina turpethum Linn. Root
<i>Nagarmotha</i>	Cyperus Rotundus Linn. Rhizome
<i>Kutki</i>	Picrorhiza kurroa Royle ex Benth. Rhizome
<i>Chitraka</i>	Plumbago zeylanica Linn. Root
<i>Ela</i>	Elettaria cardamomum (L.)Maton. Seed
<i>Tvak</i>	Cinnamomum cassia Bark
<i>Jirak</i>	Cuminum cyminum Linn. Fruit
<i>Dhanyaka</i>	Coriandrum sativum Linn. Fruit
<i>Ajamoda</i>	Trachyspermum ammi Linn. Fruit
<i>Sharkara</i>	
<i>Lauha Bhasma</i>	
<i>Abhraka Bhasma</i>	

Ashokarishtha

Ashoka	Saraca asoca St. Bk.
Jala	for decoction Water
Guda	Jaggery
Prakshepa Dravya	
Dhataki	Woodfordia fruticosa
Ajaji (Shveta Jiraka)	Cuminum cyminum Fr.
Mustaka (Musta)	Cyperus rotundus Rz.
Shunthi	Zingiber officinale Rz.
Darvi (Daruharidra)	Berberis aristata St.
Utpala	Nymphaea stellata Fl.
Haritaki	Terminalia chebula P.
Bibhitaka	Terminalia belerica P.
Amalaki	Emblica officinalis P.
Amrasthi (Amra)	Mangifera indica Enm.
Jiraka (Shveta Jiraka)	Cuminum cyminum Fr.
Vasa Adhatoda vasica Rt.	
Chandana (Shveta Candana)	Santalum album Ht. Wd.

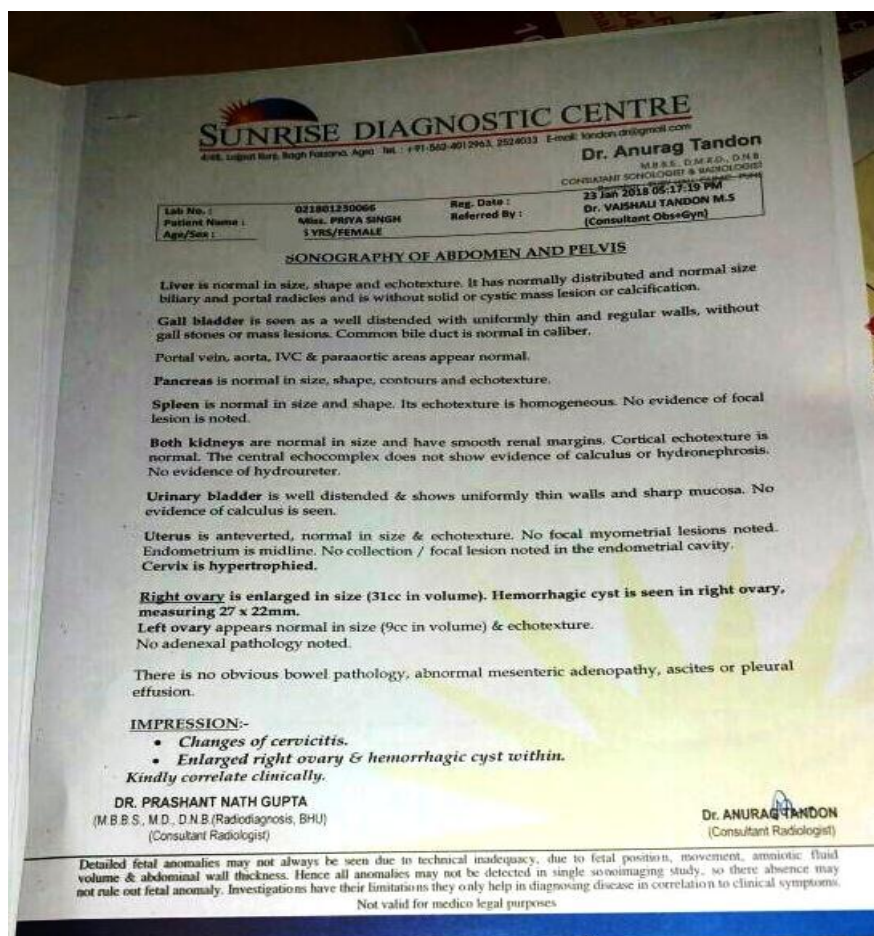
Duration of Treatment: The total treatment duration was 8 weeks.

Diet & Behavioural Changes advised

- Patient was advised to consume lukewarm water as and when feel thirsty.
- She was advised not to hold urges of urine and defecation.

RESULT

Patient recovered completely from pain abdomen, Menstrual cycle was regular and at normal intervals without any complications. Eight weeks later repeat/After Treatment USG revealed normal study. (Copy Attached).



USG - REPORTING - FORM
Veerangana Avanti Bai Mahila Hospital, Lucknow

Name Priya Singh Age _____ Ward/OPD No _____ Date 20/4/18

OBSTETRICAL CASE :

1) Single / Twin Intrauterine live pregnancy approx _____ week size
 2) Presentation - Vertex / Breech / Transverse / Oblique / Unstable
 3) Placenta - (1) Fundoanterior / Posterior
 (2) Grade 0 / I / II / III /
 (3) Low lying / Marginal
 (4) _____ cm from os
 4) Liquor - Adequate / Oligohydramnios / Polyhydramnios _____ Mild
 AFI _____ cm _____ Moderate
 _____ Severe
 5) FHR _____ / min. (6) FM _____ (N) restricted 7) Fetal wt _____ gm.
 8) Os _____ Closed. 9) EDD _____

Impression -

GYNAECOLOGY CASE

I - UPPER abdomen - Hepatobiliary region - _____ KUB region - Comments (if any) _____
 Comments (if any) _____

II - LOWER Abdomen -

1) Uterine - (Normal) bulky
 Anterverted / retroverted.
 - Uterine size 77 x 41 x 46 mm. *No definite mass, lesion or cyst seen. No umbilical fullness.*
 2) Endometrial thickness (1) 9 mm. (2) Comments (if any) -
 3) Myometrium (N)
 4) Cervix (N)
 5) Ovaries - (I) Right Ovary (N) 42 x 19.5 mm (II) Left Ovary (N) 40 x 17 mm.
 (1) Size of dominant follicle _____ x _____ mm x _____ mm.
 (2) Comments (if any) _____
 6) Adnexal
 7) PND - Free / Small / Large collection

Impression - NAD

I hereby certify that I have not disclosed the sex of foetus to any person to any where.
 Report not made for medico-legal purposes

D. K. Singh
Radiologist

Probable mode of action of the drugs^[7-52]

As mentioned in Sharangdhara samhita, madhyama khand, Kanchana guggul.^[7,8] is therapeutically important for the management of Gulma (Abdominal lump), Apacahi (Chronic lymphadenopathy / scrofula), Granthi (Cyst), Vrana (Ulcer). By virtue of its lekhaneeya guna & anti-inflammatory property helps in reducing the size and arrest the further growth of existing cyst. Alovera not only balances the hormonal irregularities but also improves uterine activity. Triphala and Trikatu are considered to be having the property of sroto shodhan (cleansing of micro channels) and removes sroto avrodha (obstructions in the micro channels).

Shigru Guggulu is a patent medicine where in Shigru (Moringa oleifera Lam.) a well known plant in India, rich in iodine, an essential component of thyroid hormones, T3 and T4. It has Deepana (stomachic), Pacahna, Kaphavatahara properties. It is recommended in Galaganda, Kandu, Sotha, Apachi, Vrana, Medoroga, Vidradhi, Gulma, etc.^[9] It is having Madhura, Tikta, Kaphavatahara properties and is indicated in Gulma and pain in joints.^[10] Plant has been reported to have analgesic, anti-inflammatory and bitter stomachic activities. Rasa Sindura is Yogavahi (catalytic agent), so increase the efficacy of the contents of the medicine, as well as it is indicated in the diseases of Vata, Agnimandhya, and Gulma.^[11]

Haridra Khandais indicated in inflammatory disorders.^[12] Various ingredients of Haridra Khandais are having Vata-Kapha Shamaka (34%), Tridoshashamaka (33%) properties, which help to bring the affected Doshas in normal level. The main ingredient of Haridra Khandais is turmeric which is processed with ghee and sugar candy. It is one of the best blood purifier so it can be employed in all diseases which originate from Rakta Dushti (vitiation of blood). Haridra (Cucuma longa L.) is having properties like Tikta Rasa, Katu Vipaka, Ushna Virya and Laghu and Ruksha Gunas, so it acts as good Lekhana Dravya – a scraping agent on Apacahi Meda. Haridra digests the Aama, Kapha, and Meda. It has anti-inflammatory and anti-allergic activity. Haridra is not only Kledaghna; it is Kapha Lekhana, Medo Lekhana, Rakta Shodhana, and Vrana Lekhana too.^[13] Some scholars have studied Haridra for its Lekhana karma in various ways such as Vranalekhana, Kledaghna, Raktashodhak, and Garbhashaya Lekhana. Other ingredients having Deepana, Pachana properties, help in Samprativighatana by treating Agnimandhya. In recent medical research it has revealed that Triphala has a significant medicinal value as a potential detoxifying and anti-cancer agent. Triphala had the ability to induce cytotoxicity (cell death) in tumor cells but spared the normal cells.^[14] Similarly, Triphala was effective in reducing tumor incidences and increasing the antioxidant status of animals.^[15] Trikatu improves the Agni (digestive fire) and helps in the removal of Aama (toxins) from the body. Trikatu gives strength to the reproductive system, used to treat obesity as it keeps a

check on food cravings, works as anti-inflammatory and analgesic due to the presence of Sunthi in it which works as Vata Shamaka, that is, it balances the aggravated Vata Dosha which is mainly responsible for all kind of pains in the body. Nishoth (*Operculina Terpanthum L.*) is Medohara (decrease fat), as well as has been reported to have an anti-inflammatory activity.^[16] Many ancient texts have also described Nagarmotha (*Cyperus rotundus L.*) as an anti-inflammatory medicine, a general and nervine tonic, a promoter of uterine contractions too. Kutaki (*Picrorrhiza Kurroa Benth.*) is mentioned as Lekhaniya (bio-scraping agent).^[17,18] *Cuminum cyminum Linn.*, *Coriandrum sativum Linn.*, *Elettaria cardamomum (L.) Maton.* *Trachyspermum ammi Sprague.* possess Deepana, Pachana properties which may help to break the pathogenesis by promoting digestive fire. Along with these, *E. cardamomum* possess antioxidant, gastroprotective, antispasmodic, antibacterial and anticancer properties,^[19] *Cinnamomum tamala (Buch.-Ham.) T. Nees and C.H. Eberm.* own antioxiadtive activities,^[20] Cumin has been found to possess various pharmacological activities such as antimicrobial, anticancer, antioxidant, and immunomodulatory.^[21-24] Coriander has been reported to exhibit cholesterol lowering activity anticancer activity hepatoprotective activity and have also been reported to be potent antioxidants in in vitro testing systems. The anti-inflammatory activity of this plant extract has been demonstrated in carrageenan induced paw edema in experimental animals.^[25-29] *T. ammi* is effective lipid lowering agent. It also has anti-inflammatory, hepatoprotective, and gastroprotective activity.^[30-33] *Abhraka Bhasma* and *Loha Bhasma* improve the quality of Rasa and Rakta Dhatu which in turn enhance the rest of Dhatu and thus improve the general condition of the patient. Comprehensive view point of ancient Ayurvedic scholars regarding the common pathogenesis of localized/nodular swellings (*Granthi, Apachi, Galganda Evam Arbuda*) was tested clinically in this case series and was found to be true to the test of time.

Ashokarishta is indicated in Gynaecological problems viz. menstrual pain, ovarian pain and uterine inflammation, menorrhagia, metrorrhigia, uterine bleeding disorders and cystitis. Ashokarishta has a specific action on the mucosa of the uterus and GIT; reduce their catarrhal and superlative inflammation caused by pitta and thus also regularise VATA. It has Blood purifier, haemostatic anti-inflammatory and anti-secretory effects. In such a way both drugs regularise Apana Vata functions, reduces accumulation of Kapha and further inhibit the secretory activity by normalising Pitta. Reduced kapha leads to opening of micro channels of the body which further help to regularize vata. Thus the imbalance of Vata Pitta and Kapha dosha is maintained and pathology is reversed. Pelvic region cystic pathology indicate Apana Vata derangement not performing the normal function of excretion (*anulomana*); henceforth the tissue metabolic end

product/ excrements are not drained away and get accumulated in the body giving rise to cyst. *Withania somnifera* (*Ashwagandha*), *Asparagus racemosus* (*Shatavari*), *Ipomoea petaloidea* (*Vridhdharu*), *Pluchea lanceolata* (*Rasna*), *Satva Anethum sowa*, *Trachyspermum ammi* (*Ajwain*) & clarified butter from cow's milk help in pacification and anulomana of vata. The sac of the ovarian cyst is filled with fluid which is kaphadosha in Ayurvedic perspective. *Commiphora wightii* the chief ingredient is a potent kapha & meda (lipid) lowering drug, *Acacia catechu* (*Babbul Twak*) and *Hedychium spicatum* (*Shati*) also enhance this activity. Two Rasayana (anabolic) drugs; *Tinospora cordifolia* (*Guduchi*) *avata-shleshma-shonita* pacifier and *Tribulus terresteris* (*Gokshura*), Vata pacifier also boost the immunity of the patient against the disease. Flowers of *Woodfordia fruticosa Linn*, fruits of *Terminalia bellerica*, *Embilica officinalis*, seed kernel of *Mangifera indica* (*Amrasthi*) and *Santalum album* are useful in menorrhagia, metrorrhagia, anaemia etc.^[34-52]

CONCLUSION

Ovarian cystic mass is managed on Ayurvedic line of management and surgical intervention can be avoided.

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