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Management Of Haemorrhagic Ovarian Cyst By Ayurveda Regimen: A Case Report

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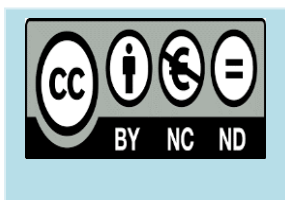
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ABSTRACT: -

The granulosa layer of the ovary remains avascular until the time of ovulation. After ovulation occurs, the granulosa layer quickly becomes vascularized by thin-walled vessels, which rupture easily, giving rise to a hemorrhagic cyst. The disease *Granthi* (Cyst), simulating the description of Cyst (the disease arising due to excessive, uncommon or peculiar and improper growth of cells) has been mentioned in Ayurveda, but it can be called as *Beejakosha Granthi*. Charaka has indicated enucleation of *Granthi* (Cyst) along with its *kosa* or capsule in the treatment, on this basis some of the workers have equated *Granthi*s with cysts. A 20 yrs. female visited OPD of NIA PTSR with chief complaint of pain in lower abdomen for 5 years on 15 July 2020. Her abdominal pain was also associated with anorexia, wt. loss and breathlessness. She had also brought her sonography report and some other blood investigations along with her. She was diagnosed as Right hemorrhagic cyst (52x53mm). Then patient was advised for oral medications as *Kanchanar kashya*, *Avipatikar churna*, *Pittantak*, *Muktashukti*, *Sanjeevani vati*, *Sitopaladi churna*, *Godanti bhasma*, *Punarnava mandoor*. The patients took the medications for six months. After she went through sonography which revealed normal.

Key Words: Haemorrhagic Cyst, *Granthi*, *Beejakosha Granthi*, *Kanchanar Kashya*



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INTRODUCTION:

The granulosa layer of the ovary remains avascular until the time of ovulation. After ovulation occurs, the granulosa layer quickly becomes vascularized by thin-walled vessels, which rupture easily, giving rise to a hemorrhagic cyst.¹ In other words, when a graffian follicle ruptures to release an oocyte, it is transformed into a corpus luteum. The corpus luteum is lined by a layer of granulose cells which rapidly become vascularized; some of these thin-walled vessels can rupture. This causes bleeding into the corpus luteum, resulting in the formation of a hemorrhagic cyst of the ovary.

Mechanism of hemorrhagic cyst can be elaborated as when a graffian follicle ruptures to release an oocyte, it is transformed into a corpus luteum. The corpus luteum is lined by a layer of granulose cells which rapidly become vascularized; some of these thin-walled vessels can rupture. This causes bleeding into the corpus luteum, resulting in the formation of a hemorrhagic cyst of the ovary.²

About 7% of women have an ovarian cyst at some point in their lives and out of all ovarian cysts, 13.7% are said to be hemorrhagic ovarian cysts³

Patients may present with sudden-onset pelvic pain, pelvic mass, or they may be asymptomatic and the hemorrhagic ovarian cyst is an incidental finding⁴. A haemorrhagic or a ruptured ovarian cyst is the most common cause of acute pelvic pain in an afebrile, premenopausal woman presenting to the emergency room⁵. They can occur during pregnancy. A detailed description about *Granthi* (Cyst) is available in Ayurvedic Samhita. Acharya Sushruta has given elaborate description of *Granthi* (Cyst) from its etiopatho-genesis classification and its management, but not mentioned about neoplastic

swelling of female genital organs, though a reference related to *Granthi* (Cyst) of male genital tract is available. Charaka has indicated enucleation of *Granthi* (Cyst) along with its *kosa* or capsule in the treatment, on this basis some of the workers have equated *granthis* with cysts.

Though the disease *Granthi*, simulating the description of Cyst (the disease arising due to excessive, uncommon or peculiar and improper growth of cells) has been mentioned in Ayurveda, but it can be called as *Beejakosha Granthi* on the basis of its origin from *Beejakosha* and its surroundings. The *Nidana* (causative factor) of *Granthi* (Cyst) is mentioned that vitiated *Vata* etc *Doshas* vitiating *Mamsa* (muscles), *Rakta* (blood) and *Medas* mixed with *Kapha* produce rounded, protuberant, knotty and hard swelling, since it is knotty or glandular, so is called *Granthi* (Cyst).⁶ The line of treatment for *Granthi* is *Shodhana* (Purification), *Shamana* (Pacification), *Chhedana Karma* (Excision). There is no such effective treatment in modern science except hormonal therapy, laparoscopy, and hormonal therapy has its own harms. Ayurveda has a very satisfactory line of treatment for ovarian cyst.⁷

Case history: A 20 yrs female visited OPD of NIA PTSR with chief complaint of pain in lower abdomen since 5 years on 15 July 2020. Her abdominal pain was also associated with anorexia, wt. loss and breathlessness. She had also brought her sonography report and some other blood investigations along with her. She was diagnosed as Right hemorrhagic cyst (52x53mm). Patient has gone through CT scan also, but has not brought the report revealing mild ascities and hemorrhagic cyst in ovary (acc. to patient). She was advised

Laparoscopic surgery at Allopathic Hospital. So she was not prepared for the surgery and came to NIA

for Ayurvedic management.

Menstrual History: Her LMP was on 28\6\2020.

	Present (since 5 years)	Past (before 5 years)
Duration	2-3 days	4-5 days
Interval	30-35 days	28-30 days
Regularity	Regular	Regular
Flow	Scanty	Normal
Pain	Severe	Mild
Clots	Heavy	+ (on and off)
Pad history	2 pads per day for two days 1 pad for one day.	1 st & 2 nd day – 3 pads fully soaked 3 rd & 4 th day – 1 pad 5 th day- spotting only.
Color	Red	Red

❖ **Past medical history-** She has taken allopathic medicines from government hospital for 15 days. She had severe abdominal pain so she has visited Allopathic hospital and was under following prescription. (Tab. Oflo 400mg, Tab. Dicyclomine 10mg, Tab. Rantac 150mg, Tab. Diclo and Tab. PCM.)

❖ **Past surgical history-** There was not significant history found.

❖ **Personal History-** Her appetite – loss of appetite, sleep, micturition and bowel habit was normal.

Clinical Findings: General examinations : Built – Normal, Weight – 40 kg, Height-151 cm, BMI-17.5, Tongue –Coated , Pallor-Absent , Pulse Rate -72/Min , BP-110/70 Mm Of Hg, Respiration Rate 18/Min , Temp – 98.3F

Per abdomen: Tenderness on epigastrium and right iliac fossa was noted.

Physical examination:

Ashta vidha pariksha (eight fold examination)

Nadi (pulse)	72/min
Mutra (urine)	5-6 times/day
Mala (waste)	Twice /day
Jihwa (tongue)	Malavrita (coated)
Shabda (speech)	Samanya (normal)
Sparsha (touch)	Ushna (hot)
Drika (vision)	Malina
Aakriti (shape)	Leena (thin)

Dashvidha pariksha (Ten fold examination):

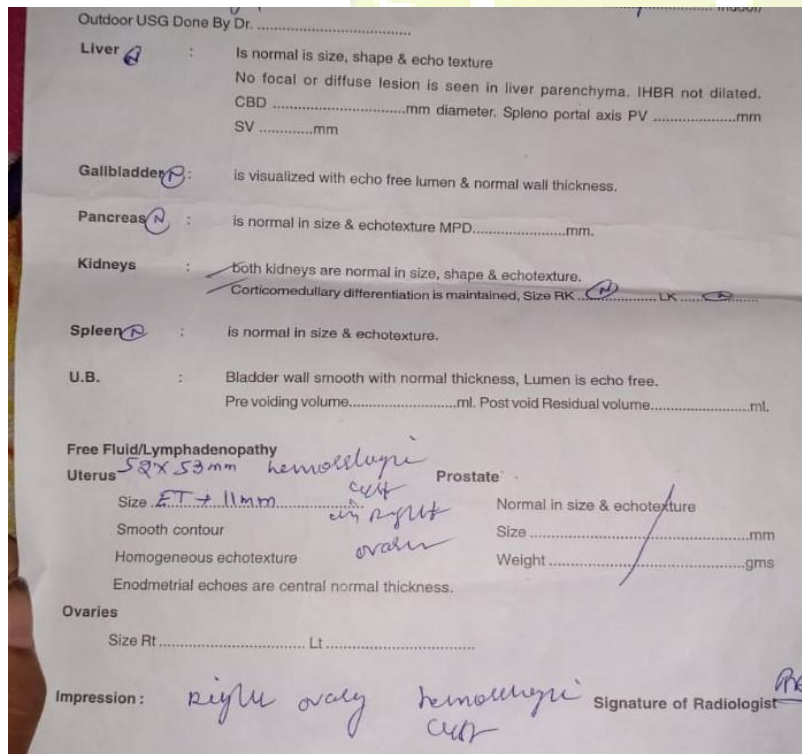
Prakriti (nature)	Vatapittaja,
Vikriti (imbalance)	Vataja
Sara (excellence of dhatus)	Madhyama (medium)
Samhanana (Compactness of the body)	Avara (minimum)
Pramana (measurement)	Madhyam (medium)
Satmya (wholesome)	Mishra ras
Satva (mind)	Madhyam (medium)
Vaya (age)	Yuvati
Vyayamshakti	Madhyam
Aharashakti	Abhyavarana shakti – Avara, Jarana shakti – Avara, Vyayama shakti – Avara

Systemic Examination:

Respiratory system: normal bilateral air entry, no added sounds.
No abnormality found on other system.

Investigations:

1. USG On 26/6/2020



52x53mm
Hemorrhagic cyst in
right ovary.
ET: 11mm

Other blood investigations:**Table showing blood investigations (26\JUN\2020)**

ESR	6mm
Hb	13.9g\dl
RBS	72mg\dl
Serum Urea	22mg\dl
Serum creatinine	0.69
Serum electrolytes	Sodium: 137 Potassium: 3.74 Chlorides: 107
LFT	WNL
T.S.H	3.46IU\ml

On 17\10\2020

ESR	9mm
Hb	15gm\dl
Platelets count	262x10 ³ \UL
TLC	9x10 ³ \UL

Table no. 1 Nidana panchaka:

<i>Mithya ahara (unwholesome food)</i>	<i>Mithya vihara (unwholesome regimen)</i>	<i>Manasika bhava (psychic factors)</i>
Oily food Samosa– once or twice weekly <i>Daal kachori</i> - one day alternate	Sedentary life style (Tutor)	Stressed about the cyst
Fast Food Pizza, Burger , Momos etc – twice or thrice in 1 or 1.5 month	No physical activity	-----
Cold drinks	Sleeping late during night	-----
Used to have rice at night	Sleeping during day time	-----

<i>Purva roopa</i> (Prodromal signs)	Pain in lower abdomen severe in nature, loss of appetite, Gas formation.
<i>Roopa</i> (Signs)	Excessive clots associated with severe pain, ultrasonography revealing right haemorrhagic cyst.
<i>Upashaya</i> (aggravating)	<i>Rajaswala paricharya</i> (care for woman during menstruation), dietary changes - <i>Mansika prasannta</i> : Meditation, self motivation - <i>Yoga, prayanma</i> (control breath), exercise i.e. lifestyle modifications
<i>Anupasaya</i> (relieving factor)	<i>Mansika avsada</i> (Depression), <i>Mithaya ahara vihara</i> (unwholesome food-regimen)
<i>Samprapti</i> (pathogenesis)	A woman never suffers from <i>stree roga</i> without the affliction of <i>vata</i> . Due to <i>tridosha prakopaka aahara vihara</i> , morbid <i>doshas</i> vitiates the <i>Mamsa</i> (muscles), <i>Rakta</i> (blood) and <i>medo dhatu</i> with predominance of <i>kapha dosha</i> causes <i>granthi</i> (cyst).

Table no. 2 Samprapti Ghataka (Pathogenic factor):

<i>Dosha</i>	<i>Vata, Kapha</i>
<i>Dushya</i>	<i>Mamsa</i> (muscles), <i>Rakta</i> (blood)
<i>Agni</i> (digestive fire)	<i>Mandagni, Jatharagnimandya.</i>
<i>Srotas</i> (channel)	<i>Artavahasrotas</i> (channels carrying menstrual blood)
<i>Srotodushti</i>	<i>Siragranthi</i> (cyst), <i>Sanga</i> (obstruction)
<i>Vyaktisthana</i>	<i>Artava, Beejashaya Granthi</i>

Diagnosis: Bijashaya Granthi**Table no. 3 Medications given:**

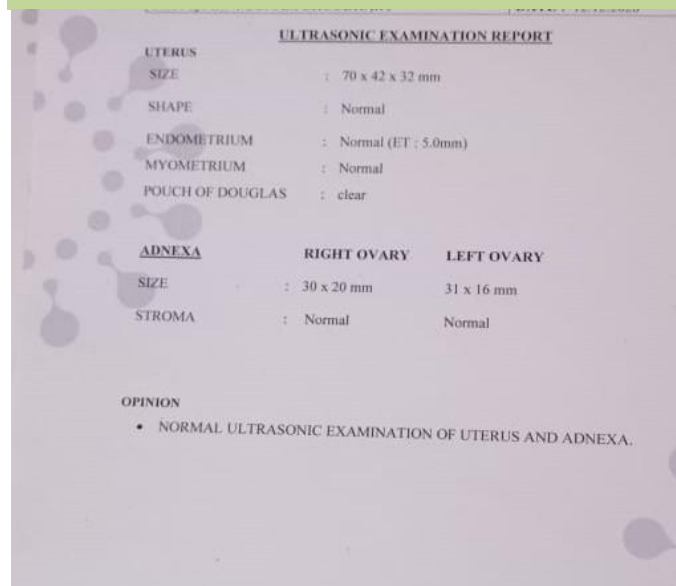
s.no.	Aushadi/Drug	Matra/Q uantity	Kalpana/Form	Kala/Dosa ge	Anupana
1.	<i>Kanchanar kashya</i>	20ml	<i>Kashya</i>	BD	-----
2.	<i>Avipatikar churna</i> <i>Pittantak</i> <i>Muktashukti</i>	3 gm 500mg 500mg	<i>Churna</i> <i>Churna</i> <i>Bhasma</i>	BD before food	Luke warm water
3.	<i>Sanjeevani vati</i>	1 tab	<i>Vati</i>	BD	Luke warm water
4.	<i>Sitopaladi churna</i> <i>Godanti bhasma</i>	3gm 500mg	<i>Churna</i> <i>Bhasma</i>	BD	Honey
5.	<i>Punarnava mandoor</i>	500mg	<i>Vati</i>	BD	Luke warm water

Herbal preparations from *kanchanar guggulu*, *sweta mushali*, *Arka bhasma*, *lavanga*, *Raskarpura*, *Suvarna bhasma*, *Ras sindur*, *Abhrak bhasma*, *Panna bhasma*, *Hirak bhasma*, *Tulsi* was given.

Follow up: Patient was on regular follow up within a gap of 15 days.

Duration of medication: 6 months

RESULT:



Normal USG of uterus and adnexa seen on 12\12\2020

Probable mode of action of Drugs:

S.no.	Drugs	Properties	Pharmacological action
1.	<i>Kanchanar kashya</i>	<i>Dipana</i> (appetizer), <i>Grahi</i> , <i>Krimighna</i> (antibacterial), <i>Kushthaghna</i> , <i>Gandamala nashaka</i> , <i>Vranaropaka</i> (wound healer), and <i>Raktapitta Shamaka</i> , <i>Gandamala</i> , <i>Apachi</i> , <i>Vridhhihara</i> ⁸	Anti-diabetic, anti-ulcer, antioxidant, nephroprotective, anti-cancer, hepatoprotective, anti-inflammatory, immunomodulatory, anti-microbial, anti-bacterial ⁹
2.	<i>Avipatikar churna</i>	<i>Pitta kapha Shamaka</i> , <i>Agnidipak</i> , <i>Amapachak</i> , <i>Mridu Virechan</i>	Anti-oxidant, antiulcerogenic, Gastroprotective ¹⁰
3.	<i>Sanjeevani vati</i>	<i>Dipana</i> (appetizer), <i>Pachana</i> (digestives), <i>Anuloman</i>	Eliminating <i>Ama Dosha</i> , anti-pyretic
4.	<i>Sitopaladi churna</i>	<i>Dipana</i> (appetizer), <i>Kapha-Vatahar</i> , <i>Jwarghna</i> (analgesic), <i>Pratishyayhar</i> , <i>Kasa-shvashar</i> ¹¹	Expectorant, Improving The Immune System, Antioxidants, Anti-Tussive, immune modulatory, anti-inflammatory, anti-microbial, anti-bacterial, antacid, appetizer and digestive

			stimulant, bronchodilator, detoxifier ¹² .
5.	<i>Punarnava mandoor</i>	<i>Kaphapittashamak, Rasayan</i> (rejuvenator), <i>Dipana</i> (appetizer), <i>Pachan</i> (digestive), <i>Anulomak, Raktavardhak, Preenan, Raktaprasadan</i> (blood purifier), <i>Dhatuposhan</i>	Haematogenic (helps in formation of RBCs), Haematinic (increase Hb levels), Diuretic, Depurative (purifies blood) 5. Hepato protective, Cardio protective, Anti-inflammatory, Anti-gout, Anti-hyperlipidaemia, Digestive stimulant, Immunomodulatory, Anti-oxidant ¹³

DISCUSSION:

In *Nidaan Panchaka* all her *Aahar nidaan* (aetiology related to diet) are *kapha pitta prakopa* which cause *rasa rakta Dhatu dushti* leading to the vitiation of *Artava updhatu* and *Artava ashaya dushti* leading to *grathi*(cyst) of the vitiated *apakwa rakta Dhatu* causing a local protuberance which further obstructs the *sama gati* of *apana vayu* causing local symptoms and further increase in size as it is a *chayatmaka* disorder¹⁴. In the present case effective management of right haemorrhagic cyst was done by Ayurvedic formulations. *Kanchanar kashya* is considered as a drug of choice for *Granthi vicar* (cyst). *Kanchanar Kashya* is potent in clearing out the toxins from the tissues and other channels in the system allowing the body to revitalize and nourish on its own. It also improvises the gut function enhancing better digestion and absorption of the food. In addition, the anti-inflammatory, anti-viral and anti-bacterial properties of *kanchanar kashya* make it a valuable ayurvedic herb to treat swollen lymph node. This ayurvedic wonder is powerful in stimulating the hormonal balance and in regulating the menstrual cycle. This ayurvedic wonder is powerful in stimulating the hormonal balance and in regulating the menstrual cycle. This ayurvedic wonder is powerful in stimulating the hormonal balance and in regulating the menstrual cycle. *Kanchanar kashya* having properties of *Gulmahara, Apachihara, Galagandahara, Granthihara*.¹⁴ By all virtues it

acts as *Lekhana, Bhedana, Granthihara* and *Shothahara*¹⁵. It helps in reducing the size of cyst and will hamper the further new growth of cyst. *Kanchanara Kashya* was selected for the cyst.

Avipatikar churna is used here for *Nitya virechana* (daily purgation). *Avipatikar* along with *pittantaka* to overcome the *Amautpatti*.

Patient had also complained shortness of breath, so symptomatic treatment was given by *sitopaladi churna* along with *Godanti bhasma*. *Sitopaladi churna* along with *godanti* acts *deepen*(appetizer) and *pachana*(digestive), thus reducing the formation of *Ama* thereby reducing *kapha* (*kaphanashak*) ultimately reducing the size of cyst. *Sanjivani vati*, the concept *Ama* collection due to low digestive fire and accumulation of endotoxins cause blockage in channels. *Sanjeevani Vati* can be used for breaking the pathogenesis of any disease as it has *deepen* (appetizer), *pachana*(digestive), and *anulomana* properties. It also acts on vitiated *dushya Artava* (menstrual blood), *rasa*(plasma) and *rakta* (blood) as these are the important factors to get vitiated in haemorrhagic cyst. Herbal preparations from *kanchanar guggulu, sweta mushali, Arka bhasma, lavanga, Raskarpura, Suvarna bhasma, Ras sindur, Abhrak bhasma, Panna bhasma, Hirak bhasma, Tulsi* was given.¹⁶ These, preparations are directly indicated in reducing the size of cyst thus by working through the minute channels and rapid relief effectively with short duration. The bioactive components in *Punarnava* (*Borehevia diffusa*) balances the

Tridoshas and helps to pacify the *Vata* (i.e. air) and *Kapha* (i.e. earth and water) *doshas* and effectively removes the *ama doshas* which are toxins from the body.¹⁷

Patient was on regular follow up. She continued the medicines along with dietary modifications.

CONCLUSION:

The ultimate medical management in modern medicines are hormonal treatment and ultimately surgery. This study concluded that Ayurveda regimen is effective in Hemorrhagic Ovarian cyst. Ayurvedic drugs are safe and also economical. Patient had not to stay a longer time in hospital also. This is a single case study, more extensive research required to be done in future.

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