


## CASE REPORT

# Ayurvedic Approach for Management of (Hemorrhagic Ovarian Cyst) *Andashayagata Raktaja Granthi* – A Case Report

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### ABSTRACT

Ovarian cysts can be either simple or complicated. Complex ovarian cysts contain either a solid or blood component. A common worry in standard gynecological care is ovarian cystic masses. The findings show that there are wide variations in the prevalence of ovarian cysts. Reports state that 8–18% of post-menopausal and pre-menopausal women have ovarian cysts. Most cysts are asymptomatic and can only be detected by routine ultrasonography. Certain ones are very symptomatic, posing challenges for women in their day-to-day activities. The symptoms are significantly influenced by the size of the cysts. A closed, sac-like structure on or inside the ovary that is filled with a liquid or semi-solid material is called an ovarian cyst. A type of functional cyst known as a hemorrhagic cyst is often referred to as a corpus luteal cyst. Treatment options for cysts that do not go away after 3 months include surgery and a combination of oral contraceptive tablets. The need for alternative kinds of management is increasing as a result of the many adverse effects of oral contraceptives, especially for individuals who would rather not have surgery. Treatment for a 22-year-old female patient who had a complicated right ovarian hemorrhagic cyst with dyspareunia, burning micturition, and significant lower abdominal pain was based on Ayurvedic principles. For one and half months, the patient was administered *Gandharva Hastadi Tail, Kachnara Gugglu, Arbudhara Kwatha katuki Churna, Chandanasava, Amrutoz, Dhatri-loha, and Sankha Bhasm*. A follow-up USG revealed that the hemorrhagic cyst had completely disappeared and that the symptoms had much decreased. The current study highlights how Ayurveda can help control ovarian cysts in a way that is beneficial.

## 1. INTRODUCTION

In the field of gynecology, ovarian masses are frequently observed. An ovarian cyst is a sac that forms in the ovary that is filled with liquid or semi-liquid material. Most benign and malignant ovarian tumors are cystic in nature.<sup>[1]</sup> The diagnosis of ovarian cysts, cystic masses, and tubo-ovarian masses has increased with the introduction of routine physical examinations and ultrasound technology. When a woman finds an ovarian cyst or cystic mass, she may worry a lot because she thinks the condition might be cancerous. However, most of these cases are benign, and very few are malignant.<sup>[2]</sup> The majority of women with ovarian cysts or cystic tumors are asymptomatic. Nonetheless, a range of symptoms, some of which can be rather significant, can be brought on by some cysts.

Pelvic pain and vaginal bleeding are among the consequences caused by ovarian cysts or cystic masses.<sup>[3]</sup> A type of functional cyst known as a hemorrhagic cyst develops when a cyst bursts out inside the ovary during ovulation.<sup>[4]</sup> Rather than disintegrating, a Graafian follicle continues to expand with fluid or blood instead of releasing an ovum. The majority of hemorrhagic ovarian cysts are corpus luteal cysts, which develop when blood leaks into a cyst, frequently causing pain and prompting a visit to the doctor. Despite a blood-filled cyst, the corpus luteum experiences excessive bleeding. As a result, progesterone and estrogen secretion persist, potentially causing a normal, absent, or delayed menstrual cycle, which is typically followed by severe and/or extended bleeding. While most of them are benign, a small percentage can be malignant. Granthi is the term for a nodule-like swelling that has cemented and consolidated.<sup>[5]</sup> When *Rakta* is vitiated by *Vatadi Dosha*, which has *Pittaja Granthi*-like characteristics, *Raktaja Granthi* develops.<sup>[6]</sup> Pathogenesis of *Granthi Roga* is *Vata Kapha* dominating *Tridosha*, for which *Vata Kapha Hara*

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medications are required, whereas involved *Dushya* are *Rakta*, *Mamsa*, and *Meda* hence the medications should possess *Vatahara* and *Lekhana* properties.

## 2. CASE PRESENTATION

A female patient, 22 years old, came to Prasutitantra and Striroga OPD of the National Institute of Ayurveda, Jaipur on September 01, 2022, with a chief complaint of pain in the lower abdomen in the past 10 days. Her abdominal pain was also associated with irregular menses, and generalized weakness. She was diagnosed as a complex cystic lesion with internal echos measuring 25 × 21 mm seen in the right ovary to hemorrhagic cyst. She was advised for surgery by allopathic doctors but she was not ready for surgery. Hence, she came to our hospital for further advice and ayurvedic management.

### 2.1. Menstrual History

Patient said that the duration of her menstrual cycle was 3–5 days with intervals of 26–35 days, amount of bleeding was normal and associated with lower abdominal pain.

### 2.2. Family History

No relevant family history.

### 2.3. Past surgical History

There was no significant history found.

### 2.4. Personal History

- Appetite-reduced
- Sleep-normal
- Bladder-burning micturition
- Bowel habits-Normal.

### 2.5. Clinical Findings

#### 2.5.1. General examinations

- Built-Normal
- Weight-52 kg
- Height-153 cm
- Pulse rate-72/min
- B.P.-130/70 mm of hg
- Respiration rate-18/min
- Temperature –98.6 F
- Per abdomen-it was soft, non-tender, and no organomegaly was detected.

#### 2.5.2. Physical examination

##### 2.5.2.1. Ashta-vidha-pariksha

- *Nadi-VP*
- *Mutra-Samyak mutra pravriti*
- *Mala-Sama*
- *Jihwa-Sama*
- *Shabda-Samyak*
- *Sparsha-Ushna*
- *Drika-Samanya*
- *Aakriti-Madhyama.*

##### 2.5.2.2. Dash-vidha-pariksha

- *Prakriti* (nature)-*Vatapittaja*
- *Sara* (Purest body tissue)-*Madhyama* (medium)

- *Samhanana* (Body compact)-*Avara* (minimum)
- *Pramana* (Body proportion)-*Madhyam* (medium)
- *Satmya* (homologation)-*Madhyam* (medium)
- *Satva* (mental strength)-*Madhyam* (medium)
- *Vaya* (age)-*Yuvati*
- *Vyayamshakti* (to carry on physical activities)-*Madhyam* (medium)
- *Aharashakti* (food intake and digestive power)-*Madhyam* (medium)
- *Abhyavaranashakti* and *Jaranashakti-Madhyam* (medium).

#### 2.5.3. Systemic examination

- CVS: Heart sounds (S1S2): Normal Respiratory system: normal bilateral air entry, no added sounds.
- No abnormality was found on the other system.

#### 2.5.4. USG report

Complex cystic lesion with internal echos measuring 25 × 21 mm seen in the right ovary to hemorrhagic cyst.

##### 2.5.4.1. Samprapti Ghataka (Pathogenic factor)

- *Dosha-Vata, Kapha*
- *Dushya-Mamsa* (muscles), *Rakta* (blood)
- *Agni* (digestive fire)-*Mandagni, Jatharagni mandya*
- *Srotas* (channel) *Artavahasrotas* (channels carrying menstrual blood)
- *Srotodushti-Siragranthi* (cyst), *Sanga* (obstruction)
- *Vyaktisthana-Artava, Beejashaya Granthi.*

### 2.6. Treatment Schedule

The treatment was carried out with the following medicines for 1 month Table 1.

- *Gandharva hastadier and tail* –10 mL with hot milk (BD)
- *Arbudhara Kwatha* –10 mL before food (BD)
- *Kachnara Guggulu* – 1 Tablet after food (TDS)
- *Chandanasava* – 10 mL with hot water (BD)
- *Katuki Churna* – 1 g with honey (OD)
- *Avipatikara Churna* – 3 g after food (BD)
- *Maha Narayan taila* – LA
- *Dhatri loha* – 250 mg after food (BD)
- *Sankha bhasm* – 500 mg after food (BD).

## 3. RESULTS

At the completion of the treatment, the patient was relieved in all complaints ultrasound scans repeated after 40 days revealed no evidence of an ovarian cyst uterus and adnexa were found normal. She was completely cured and had considerably less agony after receiving ayurvedic treatment. None of the signs or indicators have reappeared as of this moment.

### 3.1. Patient Consent

We got the patient's written approval before publishing this case study in your journal.

### 3.2. Pathya-Apathya<sup>[13]</sup>

- To avoid psychological stress.
- To stay away from foods that are overly spicy, heavy, baked items, fermented foods, fast food (pasta, peaches, pizza), and cold beverages.

- To consume more green leafy vegetables (spinach, cabbage, capsicum, broccoli), sesame seeds, flax seeds, fruits (orange, apple, papaya), and jaggery in the diet.

#### 4. DISCUSSION

The reproductive age group of women suffers greatly from ovarian cysts.<sup>[14]</sup> Ovarian cysts can lead to abdominal pain and congestion. Cyst-related pelvic disease may cause pain in abdomen.<sup>[15]</sup> The primary cause of infertility, anovulation, can result from an ovarian cyst interfering with the menstrual cycle.<sup>[16]</sup> In the current medical system, hormone therapy, and surgery are the only ways to treat ovarian cysts. Even if hormonal intervention is the only treatment available in modern science, many individuals are afraid of it due to their side-effects, and since ovarian cysts recur so frequently, there is no guarantee that the condition will not recur. Therapeutic options abound, but the best course of action ultimately comes down to the patient's age, the size of the cyst, and whether or not the cyst has malignant characteristics. Treatment availability offers a patient the possibility to fully recover with no risk of the disease reoccurring, according to ayurvedic research.

For samprapti vighatana of and ashayagata Raktaja Granthi, medications should have the Vata-Kaphahara, Rakta shodhaka (blood purifier), and Granthihara, Lekhana (scraping or dissolving) properties and to combat Agnimandhya (lack of digestive fire), medications with Deepana (stomachic), and Pachana (digestive) properties are required.

In the present study, all medicines have properties such as Tikta Rasa, Katu Vipaka, Ushna Virya, and Laghu and Ruksha Gunas, so it acts as Deepan, Pachan, Vatta-Kaphashamak, Shoth-har, Lekhana and Bhedana, Aamapachaka, Rakta Shodhana, Vilayana, Vedanahara (Maha narayana taila<sup>[17]</sup>) *Granthihara* and *Bhedana* properties of *Kanchanara Guggulu*, and *Arbudhar kwatha* act on reproductive system and improves the functions of ovary and *Artava*.

Dhatri Lauha<sup>[12]</sup> has Rasayana, Shonitasthapana, the richest sources of ascorbic acid which helps in the absorption of iron. *Kanchanar guggulu*<sup>[18]</sup> exhibited a cytotoxic effect by inhibiting cell division (antimitotic) and reducing cell proliferation. *Gandharvahasthadi Eranda Tailam* is a safe laxative that promotes dushita rasaja nissarana Goel and Singh's 1991 clinical trial revealed that the components of *Chandanasava* could have antibacterial and antiseptic properties. It might offer protection from urinary tract infections. Present finding based on USG and effective management of hemorrhagic ovarian cysts with ayurvedic formulations with no-adverse effect highlights the promising scope of traditional medicines the ovarian and infertility.

#### 5. CONCLUSION

The principles of Ayurveda are important in the treatment of diseases. A treatment plan can be determined after a detailed analysis of the etiopathogenesis, or *Samprapti*, of the disease based on *Prakruti*, *Lakshan*, and *Upashay-anupashaya*. Based on this case study, we may conclude that ayurvedic medicines are effective in treating ovarian hemorrhagic cysts; more research with longer study periods is necessary.

#### 6. ACKNOWLEDGMENTS

None.

#### 7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

#### 8. FUNDING

Nil.

#### 9. ETHICAL APPROVALS

This study has not required ethical clearance as it is a case study.

#### 10. CONFLICTS OF INTEREST

Nil.

#### 11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

#### 12. PUBLISHERS NOTE

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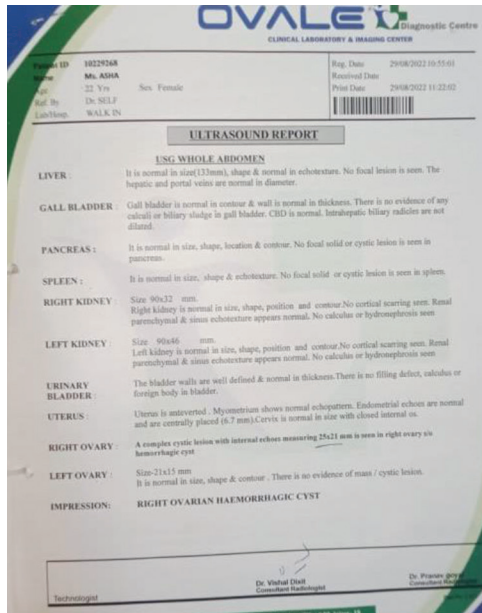
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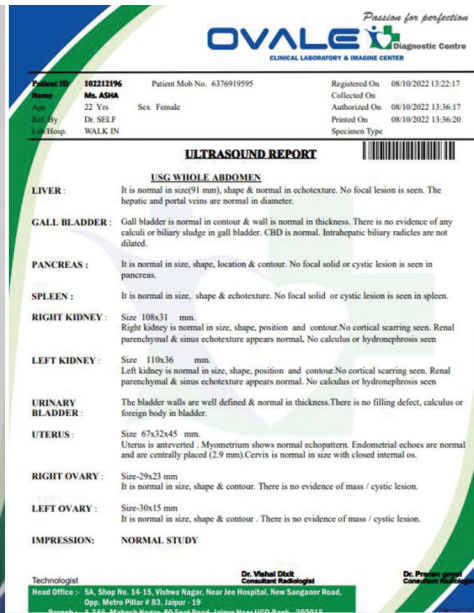
**Table 1:** The treatment was carried out with the following medicines for 1 month

S. No	Medicine	Content
1.	<i>Gandharva hastadieranda Taila</i> <sup>[7]</sup>	<ul style="list-style-type: none"> <li>• <i>Gandharvahastadi moola</i> (root of castor)</li> <li>• <i>Yava</i> (Barley seed)</li> <li>• <i>Nagara</i> (Ginger)</li> <li>• Cow milk</li> </ul>
2.	<i>Arbudhara Kwatha</i>	<ul style="list-style-type: none"> <li>• <i>Varuna</i> (<i>Crataevanurvula</i>)</li> <li>• <i>Shigru</i> (<i>Moringa oleifera</i> Lam..)</li> <li>• <i>Kanchnara</i> (<i>Bauhinia variegata</i>)</li> <li>• <i>Haridra</i> (<i>Curcuma longa</i>)</li> </ul>
3.	Content of <i>Kanchnara Guggulu</i> <sup>[8]</sup>	<ul style="list-style-type: none"> <li>• <i>Kanchanara</i> (<i>Bauhinia variegata</i>)</li> <li>• <i>Amalaki</i> (<i>Emblika officinalis</i>)</li> <li>• <i>Haritaki</i> (<i>Terminalia chebula</i>)</li> <li>• <i>Bibhitaki</i> (<i>Terminalia bellirica</i>)</li> <li>• <i>Pippali</i> (<i>Piper longum</i>)</li> <li>• <i>Shunthi</i> (<i>Zingiber officinale</i>)</li> <li>• <i>Maricha</i> (<i>Piper Nigrum</i>)</li> </ul>
4.	Ingredients of <i>Chandanasava</i> <sup>[9]</sup>	<ul style="list-style-type: none"> <li>• <i>Safed Chandan</i> (White Sandalwood)-<i>Santalum Album</i></li> <li>• <i>Netrabala-Pavonia Odorata</i></li> <li>• <i>Nagarmotha</i> (Nut Grass)-<i>Cyprus Rotundus</i></li> <li>• <i>Gambhari</i> (Beechwood/Kasmari)-<i>Gmelina</i></li> <li>• <i>Arborea</i></li> <li>• <i>Neel Kamal</i> (Blue water lily) flowers-<i>Nymphaea Stellata</i></li> <li>• <i>Priyangu-Callicarpa Macrophylla</i></li> <li>• <i>Padmaka-Prunus Cerasoides</i></li> <li>• <i>Lodhra-SymplocosRacemosa</i></li> <li>• <i>Manjistha-Rubia cordifolia</i></li> <li>• <i>Rakta Chandan</i> (Red Sandalwood)-<i>Pterocarpus Santalinus</i></li> <li>• <i>Patha-Cyclea Peltata</i></li> <li>• <i>Chirayata-Swertia Chirata</i></li> <li>• <i>Vata</i> (Banyan)-<i>Ficus Bengalensis</i></li> <li>• <i>Amra</i>(Mango Tree Bark)</li> <li>• <i>Mochras</i> (<i>Semal Gond</i>)</li> <li>• <i>Dhataki</i> Flowers-<i>Woodfordia Fruticosa</i></li> <li>• <i>Draksha</i> (Raisins)-<i>Vitis Vinifera</i></li> </ul>
5.	Ingredients of <i>Avipatikar Churan</i> <sup>[10]</sup>	<ul style="list-style-type: none"> <li>• <i>Shunthi</i> (<i>Zingiber officinale</i>)</li> <li>• <i>Maricha</i> (<i>Piper nigrum</i>)</li> <li>• <i>Pippali</i> (<i>Piper longum</i>)</li> <li>• <i>Haritaki</i> (<i>Terminalia chebula</i>)</li> <li>• <i>Vibhitaka</i> (<i>Terminalia bellerica</i>)</li> <li>• <i>Aamalaki</i> (<i>Emblika officinalis</i>)</li> <li>• <i>Musta</i> (<i>Cyperus rotundus</i>)</li> <li>• salt (<i>Vida Lavana</i>)</li> <li>• <i>Vidanga</i> (<i>Embelia ribes</i>)</li> <li>• <i>Ela</i> (<i>Amomum subulatum</i>)</li> <li>• <i>Patra</i> (<i>Cinnamomum tamala</i>)</li> <li>• <i>Lavanga</i> (<i>Syzygium aromaticum</i>)</li> <li>• <i>Trivrit</i> (<i>Operculina terpehum</i>)</li> <li>• <i>Sharkara</i> (Sugar)</li> </ul>
6.	Ingredients of <i>Maha Narayan tai</i> <sup>[11]</sup>	<ul style="list-style-type: none"> <li>• <i>Aegle Marmelos-Bilva</i> (Indian Bael) root</li> <li>• <i>Withania Somnifera-Ashwagandha</i> (Indian Ginseng)</li> <li>• <i>Solanum Indicum-Brihati</i> (Indian Nightshade) root</li> <li>• <i>Tribulus Terrestris-Gokshura</i></li> <li>• <i>Oroxylum Indicum-Shyonaka</i></li> <li>• <i>Sida Cordifolia Root-Bala</i> (Country Mallow) root</li> <li>• <i>Azadirachta Indica-Neem</i></li> <li>• <i>Solanum Xanthocarpum-Kantakari</i></li> <li>• <i>BoerhaviaDiffusa-Punarnava</i></li> <li>• <i>Abutilon Indicum-Atibala</i> (Indian Mallow)</li> <li>• <i>PremnaSerratifolia</i> (<i>PremnaMucronata</i>)-<i>Agnimantha</i> (<i>Arani</i>)</li> <li>• <i>PaederiaFoetida-Prasarini</i></li> <li>• <i>StereospermumSuaveolens-Patala</i> etc.</li> </ul>
7.	Content of <i>Dhatri loha</i> <sup>[12]</sup>	<ul style="list-style-type: none"> <li>• <i>Dhatri</i> (<i>Emblika officinalis</i> Gaertn.)</li> <li>• <i>Lauha Churna</i> (calcined iron)</li> <li>• <i>Yastimadhu</i> (<i>Glycyrrhiza glabra</i> Linn.)</li> <li>• <i>Amrita</i> (<i>Tinospora cordifolia</i> Willd. Miers.)</li> </ul>

USG Reports



Before Treatment



After Treatment