

# Effectiveness of Ayurveda Treatment for Ovarian Cyst: A Case Report

Fernando KAB, Pushpakumari WLAR

Department of Kawmarabrutya & Stree Roga, Gampaha Wickramarachchi Ayurveda Institute, University of Kelaniya, Yakkala, Sri Lanka

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**Abstract-** Ovarian follicles undergo various rates of maturation and involution under the influence of hormones. The functional, non-neoplastic and benign cystic ovarian lesions are common in the young age of females. Ovarian cyst is usually asymptomatic and these forms whenever ovary produce too much of estrogen hormone. These are fluid filled sacs inside the ovary which make serious symptoms if ruptured. According to Ayurveda, the ovarian cyst which containing fluid can be equated with *Kaphaja Granthi*. In this case report, a 27-year-old female patient was presented to the Yakkala Wickramarachchi Ayurveda Teaching Hospital, Sri Lanka with a complaints of lower abdominal pain, back pain and irregular menstruation. The Ultrasonography findings indicated left ovarian cyst (4 cm x 3.5 cm). She was treated with internal *Shodhana* therapy followed by Ayurvedic formula for one week. *Raktha shodhaka Panta*, *Kaishora guggulu*, mixture of *Maha manjishtadi kwatha* with *Maha rasnadi kwatha* and *Pippalimula Panta* formulae were administered for 11 weeks followed by 7 days of *Pinda* oil application with *Sweda karma* while managing *pathya* (do) and *apathy* (don't) of *ahara* (food) and *viharana* (regimens). At the end of the treatments, patient was totally cured from lower abdominal pain and back pain with regular menstrual cycle that observed with bilateral normal ovaries. No adverse effects were noted during the treatment period. The present case study concluded that above formulae is very effective in the treatment of Ovarian Cyst.

**Index Terms-** Ovarian Cyst, *Kaphaja Granthi*, Ayurveda

## I. INTRODUCTION

Ovarian follicles undergo varying rates of maturation and involution under the influence of hormones guided by the hypo pituitary axis [1]. Ovarian cyst is fluid filled sacs inside the ovary which make serious symptoms if ruptured. Ovarian tumors may be physiological or pathological and may arise from any tissue of the ovary [2]. Pathological tumors are also classified into benign and malignant. From all ovarian tumors 90% are benign and this varies with age [3]. The functional, non-neoplastic and benign cystic ovarian lesions are common in the young age. Ovary is a partially cystic organ and due to that, malignancy is usually less. When the advance age, chance of malignancy is increases [4]. Though, ovarian malignancy is rarely seen in the age group of 15-40 years [5].

The follicles in the ovary forms small cysts that called "Simple Cysts". These forms whenever ovary produce too much of estrogen hormone. Ovarian cyst is usually asymptomatic and

often an incidental finding during ultrasonography performed for other reasons. Lower abdominal pain which is sharp, intermittent, sudden and severe is the most common symptom. Nausea and / or vomiting, fullness or heaviness of abdomen, urinary urgency may occur due to pressure on bladder, menstrual disturbances, bloating, breast tenderness, pain during sex, hormonal effects or an abnormal cervical smear are the other symptoms [6]. Sometimes ovarian cyst give rise to complications like rapid breathing, sudden severe abdominal pain, weakness, dizziness, fainting, pain with fever, vomiting, turning normal cyst into cancerous ones and infertility. Sudden onset of abdominal pain may suggest for cyst rupture. Strenuous activities, such as exercise or sexual intercourse, may precede torsion or rupture. Early menstruation, irregular menstrual cycle, habits like smoking and increased upper fat distribution are the risk factors for developing ovarian cyst [1]. According to Ayurveda, cyst is correlated as *Granthi* which is mainly due to vitiated *Kapha dosha*. In the *Samprapti* (pathogenesis) of *Granthi*, it was mentioned that *mamsa* (muscle fibers), *rakta* and *medo dhatu* were vitiated [7]. These *Granthi* are classified under nine varieties as *Vataja*, *Pittaja*, *Kaphaja*, *Medoja*, *Siraja*, *Mamsaja*, *Asthi*, *Vrana* and *Rakta granthi*. The ovarian cyst which containing fluid can be equated with *Kaphaja Granthi*. The *kaphaja granthi* is slightly painful in lower abdomen, usually skin colored, gradually increases of size with feeling of heaviness and white thick pus discharges when rupturing [8]. *Granthi roga* can managed according to the principles of *Samprapti Vighatana* (to break the pathogenesis) [7]. In modern text use of oral contraceptives, pain relievers and surgical procedures as laparoscopy/laparotomy are advised for this condition. However, Ayurveda medicine has good capabilities to help with conventional treatments.

## II. CASE PRESENTATION

A 27 years old unmarried female presented to the *Stree roga* (Gynecology) clinic, Wikramarachchi Ayurveda Teaching Hospital, Yakkala, Sri Lanka on 6<sup>th</sup> August 2019 with complaints of lower abdominal pain and back pain since two months with irregular menstruation since 6 months, that having the interval of 45 to 60 days. She mentioned that abdominal pain localized in the left lower quadrant had started few months back. Menarche occurred at 13 years of age and her menstrual periods had regular and normal flow in earlier with mild dysmenorrhea. She reported no changes in bowel habits and denied any urinary symptoms.

Personal history: allergies - to prawns, crabs and pineapple; occupation - accountant; diet - more use of fried foods,

fast foods, meat, cool drinks and less water drinking; psychological aspects - stressed.

On examination she was not pale. Pulse rate 74/min,



Figure 1: The Trans Abdominal Scan at day 12 (D12) indicating a left sided ovarian cyst

normal rhythm and BP were 110/70 mmHg. Her BMI was 28kgm<sup>-2</sup>. Cardiovascular, respiratory, and nervous systems examinations were unremarkable. Abdominal examination revealed the presence of moderate tenderness on left lower quadrant. In vaginal

examination, there were no discharges. The *Prakriti* of the patient was diagnosed as *pittavata*.

Trans Abdominal Ultrasonography report in August 2019, revealed the left ovarian cyst (4cm x 3.5cm) while right ovary was normal in size. It revealed uterus in normal size, anteverted and endometrial thickness was 4mm.

Other investigations as follows: Hb level -12.3g/dl, WBC - 7.43x10<sup>3</sup>/μl, Neutrophils – 62.5%, Lymphocytes 27.5%, Urine Full Report (UFR) - NL.

Figure 1: The Trans Abdominal Scan at day 12 (D12) indicating a left sided ovarian cyst

### III. MANAGEMENT

The treatment was carried out with oral medicines (*Raktha shodhaka Panta*, *Kaishora guggulu*, mixture of *Maha manjishtadi kwatha* with *Maha rasnadi kwatha* and *Pippalimula Panta*) over 11 weeks and external treatments (*Pinda oil* application and *Sweda karma*) over 1 week as depicted in table 1. At the beginning of the treatment the patient underwent on internal *Shodhana* therapy (purification) for one-week duration. Oral drugs were given for mild *Shodhana* therapy. After that, oral drugs were started to reduce ovarian cyst. Total duration of the treatment was 3 months and oral drugs were given continuously while external treatments limited for 7 days.

Table 1: Treatment Plan

Medicine	Dose	Time	Duration
1. Drugs for purification ( <i>Shodhana</i> ) in 1 <sup>st</sup> week			
<i>Pippalimula Peyawa</i>	120ml	Before meals bd	1 week
<i>Nawarathna Kalka</i>	2 pills	After meals bd	
<i>Abhayarishta + Pippalyadyasawa</i>	2 table spoons	After meals bd	
<i>Maha rasnadi Panta</i>	1 table spoon	After meals nocte	
2. Drugs up to 3 months			
<i>Raktha shodhaka Panta</i>	2 table spoons	Before meals bd	11 weeks
<i>Kaishora guggulu</i>	2 pills	After meals bd	
<i>Maha manjishtadi kwatha + Maha rasnadi kwatha</i>	2 table spoons	After meals bd	
<i>Pippalimula Panta</i>	1 table spoon	After meals nocte	
After using oral drugs for <i>Shodhana</i> Therapy, <ul style="list-style-type: none"> <li>External Treatment <i>Pinda oil</i></li> </ul> After oil application, sudation ( <i>Sweda karma</i> ) had performed by using Steam bath.	60ml	15 minutes	1 week

Upon completion of treatments for 3 months, patient underwent a Trans Abdominal Ultrasonography (TAS). Patient was followed up for 3 months period that after completion of the 3 months treatment. After the follow up period patient was assessed. She was advised for *pathya* (do) and *apathya* (don't) of

*ahara* (food) and *viharana* (regimens) as drink more water, use of low-fat diet consisting with whole grains, green leafy vegetables, fruits and to avoid fried foods and meat. She was also encouraged to exercises regularly.

## Results

During the treatment, she noted gradually curing of lower abdominal pain and back pain. At the end of 3 months treatments, her menstrual cycle was regular with normal intervals and without dysmenorrhea. No adverse effects were noted during the treatment period. Trans Abdominal Ultrasonography (TAS) was performed to assess the results of management after completion of treatment for 3 months. TAS revealed normal uterine cavity with bilateral normal ovaries. The patient did not report of any adverse effects during the treatment period and the follow up period.

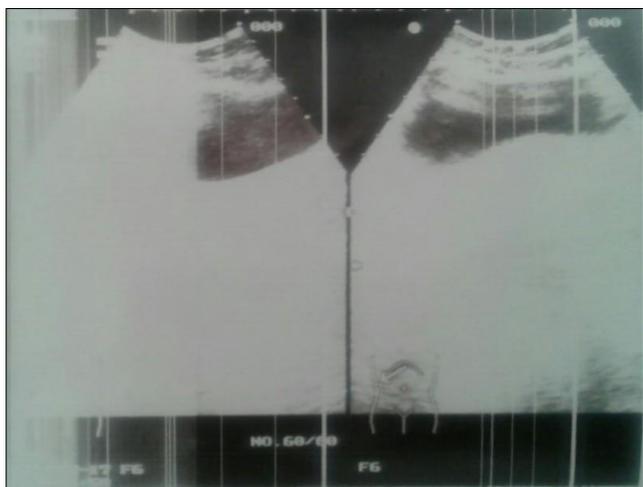


Figure 2: The Trans Abdominal Scan after the treatments

## IV. DISCUSSION

Due to previously used fried foods, fast foods, meat, cool drinks and less water drinking and stressed mind

(*Nidana* / Etiological factors)



*Tridoshas – kaphanuviddha* mainly *vata* (*Dosha Vigunya*)



*Rakta, Mamsa* and *Medas* Vitiation (*Dushya*)



*Rakta vaha* and *Artava vaha Srotas dushti* (Female genital tract) (*Kha vaigunya*)



*Sanga* (*Shrotodushhti*)



*Granthi* (Cyst formation) (Disease / *Vyakta avasta*)

Figure 3: *Samprapthi* / Pathophysiology of the *Granthi*

Patient presented with lower abdominal pain and back pain for two months with irregular menstruation for 6 months, that having the interval of 45 to 60 days. She mentioned that abdominal pain localized in the left lower quadrant had started few months back. Trans Abdominal Ultrasonography report in August 2019,

revealed the left ovarian cyst (4cm x 3.5cm in size) while right ovary was normal in size.

According to Ayurveda, Cyst is correlated as *Granthi* which is mainly due to vitiated *Kapha dosha*. Due to *Nidana sevana* (Etiological factors) of this patient, *mamsa* (muscle fibers), *rakta* (blood) and *medo* (fat) *dhatu* were vitiated and *Samprapthi* (pathogenesis) of *Granthi* was occurred [7]. The features suggestive of Ovarian Cyst containing fluid can be correlated with *Kaphaja Granthi* that according to Ayurveda. When levels of impurities and toxins increase in *rasa* and *rakta dhatus*, body stores them and form of cyst around ovaries. Also, *Dhatwagnimandya* (indigestion) of a patient may causes due to history of improper diet and lifestyle that leads to increase the levels of impurities in body. All these things can produce toxins in body and cause diseases like ovarian cyst. Sign and symptoms in ovarian cyst patients suggest imbalance of all three *doshas* as *vata* (subtle energy associated with movement), *pitta* (energy of digestion or metabolism) and *kapha* (related to organic tissues, fluids and other substances). In hear, *vata* vitiation mainly leads for increase of pain and vitiated *apana vata* can retrograde the menstruation. *Pitta dosha* vitiation results in imbalance of female hormones. Due to that, ovary produces too much of estrogen hormone. *Kapha dosha* vitiation causes for fluid contain cyst formation [9].

*Granthi roga* can be managed according to the principle of *Samprapthi Vighatana* (to break the pathogenesis). This condition should be treated with medicines which have *ama pachana*, *agni deepana* (increase digestive power), *kapha medohara*, *vata shamaka* and *rakta shodhaka* (blood purification) properties with external procedures (*karma*) of *swedana*, *avagahana* and *udwarthana* [10].

*Rakta shodhaka Panta*, *Kaishora guggulu*, mixture of *Maha manjishtadi kwatha* with *Maha rasnadi kwatha* and *Pippalimula Panta* were prescribed as internal medicines. *Rakta shodhaka panta* has the effect of *rakta shodhana* (blood purification) and *Pippalimula panta* has the *ama pachana* and *agni deepana* (increase digestive power) effects. *Kaishora Guggulu* has the *shotha hara* (reduce swelling/ fluid content), *rakta shodhaka* (blood purification) and *vrana shodhana* (wound purification) properties. In addition to that, main ingredient of pills was *guggulu* which promotes detoxification, rejuvenation, purification of blood and *Karshana* effect. *Maha manjishtadi kwatha* has *rathpith shamaka* effects (reduce the vitiation of blood, imbalance of metabolism and hormones). *Maha rasnadi kwatha* has *vata shamaka* properties which reduce pain and regulate menstruation through balancing of *apana vata* [11, 12]. *Pinda* oil is *rakta* and *pitta* falsifying oil and *Sweda karma* had performed by Steam bath which helps to increase blood circulation with detoxification. Hence, the use of oral and local Ayurveda treatments were successful effects on the progressive follow up of the patient to remove the ovarian cyst.

## V. CONCLUSION

The management by use of selected Ayurveda treatment modalities has been proved with safe, reliable and effective results on Ovarian Cyst. Hence, the treatment protocol can be used as the standard treatment for the management of ovarian cyst.

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## AUTHORS

**First Author** – Dr. K. A. B. Fernando, Demonstrator (Temporary), Department of Kawmarabruthya & Stree Roga, Gampaha Wickramarachchi Ayurveda Institute, University of Kelaniya, Sri Lanka., E mail - baddraferando@gmail.com  
Contact number - +94 715997966

**Second Author** – Dr. W. L. A. R. Pushpakumari, Senior Lecturer, Department of Kawmarabruthya & Stree Roga, Gampaha Wickramarachchi Ayurveda Institute, University of Kelaniya, Sri Lanka., Email - rajinip@kln.ac.lk  
Contact number - +94 718207567