Effectiveness of Ayurveda Treatment for Ovarian Cyst: A Case Report

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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 complaint 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 guggula, 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 6th 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,

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

On examination she was not pale. Pulse rate 74/min, normal rhythm and BP were 110/70 mmHg. Her BMI was 28kgm⁻². 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 - 7.43x10⁹/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 Pippalimulam Panta) over 11 weeks and external treatments (Pinda oil 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>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Time</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Drugs for purification (Shodhana) in 1st week</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pippalimulam Peyawa</td>
<td>120ml</td>
<td>Before meals bd</td>
<td>1 week</td>
</tr>
<tr>
<td>Navarathna Kalka</td>
<td>2 pills</td>
<td>After meals bd</td>
<td></td>
</tr>
<tr>
<td>Abhayarishta + Pippalyadyasawa</td>
<td>2 table spoons</td>
<td>After meals bd</td>
<td></td>
</tr>
<tr>
<td>Maha rasnadi Panta</td>
<td>1 table spoon</td>
<td>After meals noche</td>
<td></td>
</tr>
<tr>
<td><strong>2. Drugs up to 3 months</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Raktha shodhaka Panta</td>
<td>2 table spoons</td>
<td>Before meals bd</td>
<td>11 weeks</td>
</tr>
<tr>
<td>Kaishora guggulu</td>
<td>2 pills</td>
<td>After meals bd</td>
<td></td>
</tr>
<tr>
<td>Maha manjishtadi kwatha + Maha rasnadi kwatha</td>
<td>2 table spoons</td>
<td>After meals bd</td>
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</tr>
<tr>
<td>Pippalimulam Panta</td>
<td>1 table spoon</td>
<td>After meals noche</td>
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<tr>
<td>After using oral drugs for Shodhana Therapy,</td>
<td></td>
<td></td>
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<tr>
<td>• External Treatment</td>
<td></td>
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<tr>
<td>Pinda oil</td>
<td>60ml</td>
<td>15 minutes</td>
<td>1 week</td>
</tr>
</tbody>
</table>

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 apathy (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 any of adverse effects during the treatment period and the follow up period.

![Trans Abdominal Scan](image)

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 (Shrotodushti)
- Granthi (Cyst formation) (Disease / Vyakta avasta)

![Pathophysiology of Granthi](image)

Figure 3: Samprapti 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 Samprapti (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, Dhatwaginimandya (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 Samprapti Vighatana (to break the pathogenesis). This condition should be treated with medicines which have 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].

Raktha 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 vruna 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 ratnahshamaka 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.
REFERENCES


AUTHORS

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