

A Case Study on Successful Ayurvedic Management of Hemorrhagic Ovarian Cyst

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ABSTRACT

Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into follicular or corpus luteal cyst. Hemorrhagic cysts are commonly seen in clinical practice. Most of them disappear spontaneously with follow up except in minority of cases in which surgical intervention is stated. 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), stimulating 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 kosha or capsule in the treatment.

A 21 year old female married patient with marital life 2 years visited OPD of RPK Ayurveda Hospital with chief complaint of pain in lower abdomen for 1 week along with burning micturition on 6/12/2021, she had also brought her sonography report, diagnosed as a Right ovarian hemorrhagic cyst about 5*5 mm and some blood and urine routine reports along with her. Her LMP is 5/12/2021, its 2nd day of menstrual cycle. The patient had gone to some other physician and advised her of laparoscopic ovarian cystectomy. But patient denied for surgery and came for second opinion as has not conceived yet. She is of pitta prakruti When USG done on 6/12/2021, Uterus measure 7.4*3*4.2 cm, Right ovarian hemorrhagic cyst measures 2.4 *1.4 cm along with irregular multiple septations, Left ovary silent, POD – Clear. She was treated with Ayurvedic medications with Matra basti after treatment with 3 follow ups when she went through sonography which revealed normal, So this is successful case study of right ovarian hemorrhagic cyst treated with Ayurveda.

KEYWORDS: Right ovarian haemorrhagic cyst, Granthi, Pippalyadi yoga, gairikadi churna, Bolabadda rasa

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, which rupture easily, giving rise to hemorrhagic cyst¹. In other words when a graffian follicle ruptures to release an oocyte it is transformed

into corpus luteum. The corpus luteum is lined by granulosa cells which rapidly become vascularized, some of them thin walled vessels can rupture. This causes bleeding into the corpus luteum, resulting in the formation of a hemorrhagic cyst of the ovary.

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About 7% of women have an ovarian cyst at some point in their lives and out of all ovarian cysts, 13.7% women have hemorrhagic ovarian cysts².

HOC are commonly detected by gray - scale ultrasound, but they are often misdiagnosed due to their variable sonographic appearance mimicking other organic adnexal masses. Most of the HOC's are functional, few of them can be neoplastic but they are universally benign. Surgical intervention should be deferred in the management of HOC'S as most of the disappear spontaneously with followup, so confident clinical and sonographic diagnosis should be attempted to avoid exposing the patient to unnecessary surgery.

Surgical intervention may be indicated in cases of large cysts >5 cm in diameter, severe persistent abdominal pain, failure of the cyst to resolve spontaneously, masses that cannot be confirmed to be benign by Ultrasound criteria and finally occurrence of complications such as rupture and ovarian torsion.

Sonographic findings were obtained focussing on the maximum diameter of the cyst, volume and morphological pattern being classified into one of three patterns (solid type, sponge like type, and mixed cystic – solid type).

After sonologic evaluation, the colour Doppler results were obtained to assess the vascularization of the cyst.

The incidence of hemorrhagic cyst is more in women who were administered with drugs for ovulation induction in Infertility treatment. The drugs like Clomifen citrate etc when given continuously for every cycle without monitoring with USG.

A detailed description about Granthi (cyst) is available in Ayurvedic samhita. Acharya Sushruta has given elaborate description of Granthi (cyst) from its etiopathogenesis classification and its management, but not mentioned about neoplastic swelling of female genital organs through a reference related to granthi (cyst) along with its kosha or capsule in the treatment.

The nidana (causative factor) for Granthi is mentioned that vitiated vata etc Doshas vitiating Mamsa, Rakta medas mixed with Kapha produce rounded, protuberant, knotty and hard swelling so is called as granthi. The line of treatment for granthi is Shodhana, Shamana and Chedna (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 cyst³.

A 21 year old female married patient with marital life 2 years visited OPD of RPK Ayurveda Hospital with chief complaint of pain in lower abdomen for 1 week along with burning micturition on 6/12/2021, she had also brought her sonography report, diagnosed as a Right ovarian hemorrhagic cyst about 5*5 mm and some blood and urine routine reports along with her. Her LMP is 5/12/2021, its 2nd day of menstrual cycle. The patient had gone to some other physician and advised her of laparoscopic ovarian cystectomy. But patient denied for surgery and came for second opinion as has not conceived yet. She is of pitta prakruti. When USG done on 6/12/2021, Uterus measure 7.4*3*4.2 cm, Right ovarian hemorrhagic cyst measures 2.4 *1.4 cm along with irregular multiple septations, Left ovary silent, POD – Clear. She was treated with Ayurvedic medications with Matra basti after treatment with 3 follow ups when she went through sonography which revealed normal, So this is successful case study of right ovarian hemorrhagic cyst treated with Ayurveda.

Vaiyaktika vrittanta

Diet: Mixed

Sleep: Sound

Bowel: Not clear

Appetite: Reduced

Habits: Tea Coffee 2 times per day

Micturition: Burning since 1 week

Agni: Mandagni

Samanya pareeksha

➤ Pallor -present

➤ Conjunctiva -Normal

➤ Lymphnodes -Normal

➤ Pulse -89bpm

➤ Temperature -98°F

➤ Respiratory rate -18 cpm

➤ Nails- Normal

➤ Breast -No any anatomical defect or galactorrhoea

➤ Height -5.1 inch

➤ Weight - 56kgs

Dashavidha Pariksha

➤ Prakruti – -Vata Pittaja

➤ Saara –Madyama

➤ Samhanana – Avara

➤ Pramana – Height 148cm, weight – 35kg

➤ Satmya – Madhyama Satva - Avara

➤ Ahara shakti Abhyavarana shakti – Avara

➤ Jarana shakti – Avara

➤ Vyayama shakti – Avara

➤ Vaya – Madyama

➤ Satva - avara

Anya Vishesh Pareeksha

USG: Uterus Antiverted measures 7.4*3*4.2cms
RO – Hemorrhagic cyst measures about 2.4 *1.4 cm
LO – Silent
POD - Clear

Prayogashala pareeksha

HB -9.8gm%
HIV - Negative
HbsAg -Negative
VDRL - Negative
Thyroid profile – normal

CHIKITSA PLANNED -

➤ **1st cycle**

1st visit on -06/12/2021
LMP – 5/12/20
C/o Pain abdomen and pain during micturition
Bp – 105/57 mmhg
Pulse – 84bpm
SpO₂ – 99% Weight – 34 kgs

Chikitsa:

Chandra prabha vati – 1 BD
Arogya vardhini vati – 2 BD
Cap Evion – 1 OD
Bolabadda rasa – 1 BD

- From 8 th day of after menstruation started with Shatavari grita matra basti 70 ml for 7 days continous.
- As virechana is ideal in this disease condition but rogi bala is avara so we selected the matra basti.

➤ **2nd cycle**

LMP – 31/12/2021
Pippalyadi yoga - half tsf along with warm water.
Rakta stambhaka churna - Gairika bhasma + trikatu churna + yashtimadhu churna – ½ tsp with honey as a anupana

➤ **3rd cycle**

LMP – 1/2/2022
Chikitsa –
Chandra prabha vati – 2 bd
Chitrakadi vati – 1bd
Shatavari grita – 2 tsf bd

Pathya and Apathyas:

Banana stem along with jiggery and ghee
Avoid travelling, doing heavy works
Aviod aharas which like excessive ushna, katu, lavana etc which aggrivate the pitta dosha.

Discussion:

Arogya vardhini vati⁵ is herbo- mineral compound is having propert of kapha medo hara and increases the metabolic rate of the person whict acts on the cystic wall, hemorrhagic ovarian cysts are the most common type of ovarian cysts in India and it may leads to an emergency condition. Chitrakadi vati acts as deepana pachana here we need pachana action and also clears channels and increases the bioavaialability of the drugs. Cap evion is anti oxidant which has effect on cystic wall of the cyst. Bolabadda rasa contains Rasendra, Parada, Gandhka, Bola, bhavana with shalmali swarasa, Guduchi satwa which is immune modulator having tikta rasa which does stambhana action in cyst.

The Rakta stambhaka churna contains churna Gairika + Trikatu churna + Yashti madhu churna, which is anubhuta yoga here gairika is mentioned in Garbhanirodaka dravyas so its having property like suspending ovulation, trikatu acts as aamapachana and yashti madhu acts as rasayana all to gether have very good effect in hemorrhagic ovarian cyst.

“Na hi vatadrute yonirnarinam Sampradushyate⁴”, Without vitiation of vata there is no yoni rogas so in raktaja granthi vata and there is involvement of vata and pitta doshas, Shtavari is having gunas like madhura tikta rasa, sheeta veerya, madhura vipaka

Antioxidants helps to prevent free radical cell damage. They also battle oxidative stree, which causes disease. Shatavari⁶ is high in saponins, saponins are compounds with antioxidants abilities. Racemofuran, which is found in shatavari also has significant anti inflammatory capabilities. Thses types of drugs are thought to rудuce inflammation. Its having propert like pitta asra hara usefull in bleeding disorder. Shatavari efficiently helps in balancing pitta dosha. Matra basti acts to tackle the vata dosha .

Kadali stem extensive m is madhura sheeta ramya pittahara mrudu rakatapittaharam, yonidoshahara asraghni which prevents the further bleeding from the cystic wall.

CONCLUSION:

The ultimate medical management in modern medicines are hormonal treatment and ultimately surgery. This study concluded the Ayurvedic regime n is effective in hemorrhagic ovarian cyst. Ayurvedic drugs are safe and also economical. Ayurveda always has side benefits rather than the side effects. Patient need not stay in hospital for longer time. This is single case study more extensive research required to be done in future.

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