

A Case Study - An Ayurvedic Oversight of Haemorrhagic Cyst

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ABSTRACT

Women of reproductive age groups endure due to ovarian cyst & consequently menstrual irregularities. In present case study, a 24 year old unmarried female with hemorrhagic ovarian cyst came for ayurvedic treatment being not satisfied with modern medicinal line of treatment. The patient is Pitta prakruti and was diagnosed with Andashayagata raktaj granthi as per Ayurveda. The treatment included Amapachan, Agnideepan, then Mrudu shodhan and Shaman aushadhies as per recommended dose as per ayurveda for 3 cycles. After this follow up ultrasound study was taken & found normal, she had relief in associated symptoms. Thus ayurvedic treatment regimen cures hemorrhagic ovarian cyst.

KEYWORDS: Hemorrhagic cyst, Raktaj granthi, Ayurveda, Prakruti

How to cite this paper: Dr. Miraje Snehal Arun | Dr. Shobha Nadagouda | Dr. Laxmi Metri "A Case Study - An Ayurvedic Oversight of Haemorrhagic Cyst" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-5, October 2024, pp.667-670, URL: www.ijtsrd.com/papers/ijtsrd69428.pdf



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INTRODUCTION

In today's fast-paced world, lifestyle choices play a significant role in our overall wellbeing. From diet & exercise to stress management and environmental factors, our way of life can have profound effects on various aspects of woman's health. Ovarian cysts are common in women & can develop due to different reasons. They are seen in about 25% of women of reproductive age group in India. An ovarian cyst is a sac that forms in the ovary that is filled with liquid or semi-liquid material. Most benign & malignant ovarian tumors are cystic in nature.¹ The non-neoplastic enlargement of the ovary is usually due to accumulation of fluid inside the functional unit of the ovary.² A hemorrhagic ovarian cyst forms when a cyst bleeds, usually in a corpus luteum or follicular cyst. Corpus luteum cyst usually occurs due to overactivity of corpus luteum. There is excessive bleeding inside the corpus luteum. In spite of the blood filled cyst, the progesterone & estrogen secretion continues. As a result, the menstrual cycle may be normal or there may be amenorrhea or delayed cycle. It is usually followed by heavy and/or continued bleeding³. A follicular cyst occurs when an

ovary follicle doesn't release its egg and instead becomes a cyst. Bleeding into a follicular cyst can also cause a hemorrhagic ovarian cyst. Hemorrhagic ovarian cysts are common in reproductive age women & are usually detected by ultrasound. Most hemorrhagic cysts are functional & benign. Hemorrhagic ovarian cyst can be correlated to *Raktaja Granthi*.⁴ *Granthi* is term for a nodule like swelling that has cemented & consolidated.⁵ When *Rakta* is vitiated by *Vatadi dosha*, which has *Pittaj Granthi* like characteristics, *Raktaj granthi* develops.⁶ Pathogenesis of *Granthi roga* is *Vata kapha* dominating *Tridosha*, for which Vatakaphahara medications are required, whereas involved *Dushya are Rakta, Mamsa & Meda* hence the medications should possess *vatahara & lekhana* properties.

Case study:

A 24 year old female patient, came to Prasuti tantra & Stree roga OPD, with a chief complaint of irregular menses since 6 months, dysmenorrhea and premenstrual spotting. She had history of renal calculi 9 months back & had taken treatment for it. She was

diagnosed with hemorrhagic cyst in Right ovary of size 32*22 mm. She had taken allopathic treatment but not relieved with symptoms completely and was willing to go for ayurvedic management.

Associated complaints were pain in abdomen during menses & burning sensation of palm & soles, feeling of heat sensation all over body, hairfall.

Menstrual history- Her menstrual cycle was irregular coming at interval of 45 days to 60 days, she had premenstrual spotting for 5-6 days then followed by bleeding for 3-5 days, amount of bleeding was normal & associated with pain in abdomen & backache.

Marital history- Unmarried.

Family history- No relevant family history.

Past surgical history- There was no significant history found.

Personal history:

- Agni-Pravara
- Ahara- More consumption of *Lavana rasa pradhan, katu and amla rasatmak snigdha ahara*, both veg & non veg, fast food, junk & bakery products, *Adhyashana*.
- Sleep- 6-7 hrs during night, sometimes day sleep
- Bowel habits-normal
- Bladder- burning micturition occasionally.
- Habits- Tea & coffee.

General examination:

- Built- Medium
- Weight- 56 kg
- Height- 155 cm
- Pulse rate -80/min
- BP- 130/82 mmhg.
- RR- 18/min.
- Temperature- Afebrile.

Ashtavidha pariksha-

- Nadi- Pittaj
- Mala- Sama (twice a day)
- Mutra- mutra pravrutti 6-7 times/day
- Jivha – Sama
- Shabdha- Samyak
- Sparsha- Ushna
- Drika-Samanya
- Akriti- Madhyama

Dashavidha pariksha-

- Prakruti- Pittaj
- Saara- Madhyam
- Samhanan- Madhyam
- Pramana- Madhyam
- Satmya- Madhyam
- Satva- Madhyam
- Vaya- Yuvati
- Vyayamshakti- Avara
- Aharashakti & Jaranashakti- Madhyam

Systemic Examination-

- CVS- S₁S₂ heard.
- RS- Normal Bilateral air entry.
- P/A- Soft, mild tenderness over lower abdomen.

USG Report-

Uterus retroflexed & measures 6.4*3.6*4.2 cm, normal in shape & echopattern. Endometrium measures 8 mm. No evidence of PCOD, endometriosis, adenomyosis, uterine fibroid in present scan. Right ovary shows hemorrhagic cyst of size 32* 22 mm. Left Ovary appears normal, minimal free fluid in POD.

Investigation-

Hb 11.2%, WBC 9800, Platelet 230000

RBS- 98 mg/dl

HbA1C-4.2 %

TSH- 3.6

The baseline hormonal assay for LH, FSH, Prolactin were found within normal limits.

Rogi Pariksha-

- *Nidana*- Excessive consumption of salted & bakery food, junks, *Ati mamsa sevan, Adhyashan, Amla, katu rasa sevana, kshara sevana*, lack of exercise, continuous sitting for hours, stress.
- *Purvarupa*- Abdominal pain before & during the cycle.
- *Rupa*- severe abdominal pain during menses, irregular menses with premenstrual spotting.
- *Upashaya*-Yoga, Vyayama, Pranayama, Dhyanaadharana, Hitakara aharasevan

Samprapti:

Ahara viharaj nidana sevana causes pittadushti and kapha prakopa which leads to Jatharagni mandyata which in turn leads Rasa, rakta, mamsa dhatvagni mandyata by which Ama formation creates Avarana

to *dushita pitta* and *rakta*, which does formation of *Raktaj granthi* (hemorrhagic cyst).

Samprapti Ghataka-

Dosha-Pittapradhana Tridosha

Dushya- Rasa, Rakta, Meda

Srotas- Rasavaha, Raktavaha, Medavaha, Artavavaha srotas

Srotodushti prakar- Sanga.

Agni- Jatharagni/Dhatvagni mandyata.

Treatment Protocol:

Ayurvedic treatment is not the same for all patients, after investigation & clinical examination the case was diagnosed as *Andashayagata Raktaj Granthi*. The treatment planned for by assessing her all *Prakruti* etc *pariksha*, *Amapachan*, *Anuloman*, *Dushita pitta nashana*, *Agnideepana*.

Patient had amenorrhea of two months hence by giving *Rajapravartani vati* she had withdrawal bleeding & treatment started from that cycle.

1 st cycle:

Drug	Quantity	Duration
<i>Sahacharadi taila matra basti</i>	50 ml	7 days
<i>Chitrakadi vati</i>	1 tablet Twice daily	7 days
<i>Kanchanar Guggulu</i>	1 tablet Twice daily	30 days
<i>Laghu sutashekhar vati</i>	1 tablet Twice daily	30 days
<i>Gokshuradi Guggulu</i>	1 tablet Twice daily	30 days
<i>Vasaguduchyadi Kashaya</i>	15 ml twice daily	30 days

2nd Cycle:

Drug	Quantity	Duration
<i>Kanchanar Guggulu</i>	1 tablet twice daily	30 days
<i>Mouktika Kamdugdha rasa</i>	1 tablet Twice daily	30 days
<i>Tapyadi Loha</i>	1 tablet Twice daily	30 days
<i>Erandbhrushta haritaki</i>	1 tablet HS	3 days before menses
<i>Kumaryasava</i>	15 ml twice daily	30 daily

3rd cycle:

Drug	Quantity	Duration
<i>Kumaryasava</i>	15 ml twice daily	30 days
<i>Dashamula kwath</i>	15 ml twice daily	30 days
<i>Phalaghrita</i>	2 tsp twice daily with warm water	30 days
<i>Eranda taila virechana</i>	30 ml	Once.

Diet:

Patient was advised to take green leafy vegetables, high fibre rich foods like green peas, broccoli, spinach, berries. Lean proteins like lentils, fruits like papaya, orange, peas, banana, avacados. Patient was advised to avoid junks, bakery products and all *Nidanas* causing *Doshadushti*.

Lifestyle changes- Yoga, walking, exercise & meditation.

Post treatment USG:

Uterus anteverted measures 5.9*4.6*3.2 cm in size. The endometrial thickness measures 4 mm. No focal lesion is seen in the myometrium.

Right ovary- 2.3* 1.2 cm.

Left ovary- 2.2*1.3 cm.

Both ovaries normal in size and echotexture, no adenexal mass is seen on either side.

Follow up & Outcome:

Follow up reveals normal study indicating a complete disappearance of cyst. Patient had complete relief from complaint of irregular menses, premenstrual spotting, dysmenorrhea, burning sensation all over body, hairfall was reduced. Her menses were coming at regular interval. Primary outcome of the study was removal and/or reduction in the size of the cyst. Secondary outcome was changes in cardinal & associated clinical features related to ovarian cyst.

Discussion: After assessing the patient from *Hetusevan* to *Vyaktavastha* (symptoms of disease), the *Samprapti* (pathogenesis process) was identified and management plan was designed accordingly. *Amapachan* was carried out with *Chiktrakadi vati*. *Vasa guduchyadi Kashaya* have *Tikta rasatmaka dravyas* which accelerates *Kapha* & *Aam aavaran nashana* without aggravating *Rakta* & *Pittadushti*. *Kanchanar Guggulu* possesses *shothahara*, *kaphamedohara* & *granthividradhihara* properties so effective role in the ovarian cyst as it helps in pacification of *kaphadushti*. *Guggulu* has property of *lekhan*, it removes *Srotorodha*. *Sahachar taila* is *Mrudu taila paka*, it helps in balancing *Vatadosha* thus has relaxing & soothing effect on the tendons &

ligaments, so had great relief in symptom of dysmenorrhea. *Virechan* is indicated in *Granthi*. *Virechan* has purification property of vitiated *dhatu*. After purification the effect of shaman drugs becomes more potent. Hence in *Eranda taila sadyovirechan* was planned. *Kumaryasava* helps to manage dysmenorrhea due to its *Vata* balancing property. *Dashmula kwath* alleviates pain, reduces inflammation. *Gokshuradi guggulu* also has *Vata* balancing property. *Tapyadi loha* balances *Tridoshas* and acts as *Raktaprasadak* (blood purifier). *Laghu sutashekhar* helps to balance *Vata pitta dosha* in body. *Mouktika kamadugdha* helps to reduce body temperature, inflammation. It alleviates burning sensation, improves all over health. *Phalaghruta snehapan* does *Agnivruddhi* and *Vatanuloman*.

Conclusion: Hemorrhagic cyst is commonly experienced in day to day gynecological practices. In modern medicine, few treatments are available for ovarian cyst like hormonal & surgical. Many patients are worried of hormonal intervention by looking of its other side effects & not suitable for all patients. In Ayurveda, there are numerous availability of drugs & space for patient to get complete relief. We may conclude that this treatment regimen cures hemorrhagic ovarian cyst.

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