

Ayurvedic Management of Ovarian cyst (Kaphaja Granthi) - A Single Clinical Case Study

Dr. Jaishree¹, Dr. Ramaling. S. Hugar², Dr. Madhava Diggavi³

¹Post Graduate Scholar, Department of PG Studies in Kayachikitsa,

²Assistant Professor, Department of Kayachikitsa,

³Professor and Head of Department of Kayachikitsa,

^{1,2,3}Taranath Government Ayurveda Medical College and Hospital, Ballari, Karnataka, India

ABSTRACT

Ovarian cysts are fluid-filled sacs on or within the ovaries, which are part of a woman's reproductive system. Most ovarian cysts are benign (non-cancerous) and do not cause any symptoms. However, in some cases, ovarian cysts can grow larger, rupture, become painful, or cause other complications. These are common, affecting 10-20% of common women of reproductive age, 5-10% of postmenopausal women, 1-2% of pregnant women. Hormonal contraceptives and Surgery only the treatment followed by modern system of medicine. A hormonal contraceptive contributes untoward effect. In Ayurveda it can be correlated with Granthi (Kaphaja Granthi). **Objective:** To evaluate the efficacy of ayurvedic treatment in resolving ovarian cysts and improving symptoms. To evaluate the efficacy of Virechana, yogabasti in ovarian cyst (kaphaja granthi). **Methodology:** In this present case study, a 40 years old female patient visited kayachikitsa OPD of taranath government ayurvedic medical college ballari. with the chief complaint of Pelvic pain come and go, Bloating in the abdomen and heaviness of abdomen, loss of appetite, increased since 6 days (since 6-8 months). and advised for ultrasonography (USG) and finding suggested a simple follicular cyst in left ovary measuring 36mm×33mm. case was treated for 3 months with virechana, 3 sitting of yoga basti and combination of different ayurvedic formulations with the goal of relieving symptoms and dissolving the ovarian cyst. **Result:** after treatment ultrasonography has shown normal ovary without any cyst with significant improvement in subjective parameters. **Conclusion:** the present study emphasizes the role of ayurveda in bringing a positive result in the management of ovarian cyst.

How to cite this paper: Dr. Jaishree | Dr. Ramaling. S. Hugar | Dr. Madhava Diggavi "Ayurvedic Management of Ovarian cyst (Kaphaja Granthi) - A Single Clinical Case Study" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-9 | Issue-1, February 2025, pp.543-547, URL: www.ijtsrd.com/papers/ijtsrd74950.pdf



Copyright © 2025 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



KEYWORDS: ovarian cyst, kaphaja granthi, virechana, yoga basti, shamana oushadhi

INTRODUCTION

ovarian cysts¹ are common growths that develop on or inside ovaries. an ovarian cyst is a sac filled with fluid or semisolid material that forms on or within one or both of ovaries and one of the most prevalent reasons for ovarian dysfunction. there are several types of cysts. the most common kinds are harmless, don't cause symptoms and eventually go away without treatment. most ovarian cysts are functional cysts. they form in response to body's changes during menstrual cycle. ovulation is the leading cause of ovarian cyst. other causes include abnormal cell reproduction, endometriosis, pelvic inflammatory disease. early menstruation, irregular menstrual cycle,

habits like smoking and increased upper fat distribution are risk factors for developing ovarian cyst. these cysts can be single or multiple. these are always small and when occur singly, usually have diameter upto 3-5cm and rarely more than 8 cm². some smaller cysts cause no symptoms. larger cysts may cause lower abdominal pain which is sharp, intermittent, sudden and severe is the most common symptom. nausea and/or vomiting, fullness of abdomen, urinary urgency, menstrual disturbances, bloating, breast tenderness. ovarian cysts causing clinical complications are relatively common with a reported 4% of women being admitted to hospital

with an ovarian cyst by age of 65³. ovarian cysts are also common in older women, with upto 18% of postmenopausal women having simple ovarian cysts and upto 21% having any type of ovarian mass. the vast majority of ovarian cysts diagnosed in all age groups are benign. ovarian cysts has close similarity with kaphaja granthi. which is mainly caused due kaphadosha dusti along with rakta, mamsa, meda dhatu are also vitiated. granthi can be management according to principles of samprapthi vighanatanameva chikitsa (breaking of pathogenesis).

MATERIALS AND METHODS

Case report: A 40 years old female patient registered to the kayachikitsa OPD of Taranath govt ayurvedic medical college and hospital Ballari. with Chief Complaining of on and off Pelvic pain including bilateral flanks pain increased since 6 days associated with Bloating in the abdomen, fulness of abdomen, loss of appetite, giddiness, she was non diabetic, non hepertensive with good built. menstraul history painful and scanty menstrual cycle since 8months.

History of present illness:

Patient was apparently normal 8 months back, gradually started developing painful and scanty menstrual period, duration of menstrual cycle was 4-5 days with irregular interval of 25-28 days to 45-50 days. patient used devlope pelvic pain including flanks pain on occasional basis but since 6 days the pain was increased along with loss of appetite, bloating in the abdomen, giddiness. With this history she approached taranath government ayurvedic medical college and hospital ballari for investigation and treatment.

On examination

Per abdomen was soft, mildly tender and no organomegaly was detected. on opd basis following laboratory investigations were done

Laboratory investigations:

Hb%- 9. 2%

CRP- 8 mg/dl

ESR-40mm/hr

RBS-100mg/dl

USG abdomen and pelvis- finding suggested a simple follicular cyst in left ovary measuring 36mm×33mm.

Personal history

Appetite-decreased, bowel-regular, micturition-clear, sleep-disturbed, food-vegetarian.

General examination-

Appearance-normal, built-moderate, nourishment-moderate, pallor-present, icterus-absent, edema-absent, cyanosis-absent

Vitals:

Pulse-78/min, Bp-100/70mmHg, respiratory rate-18/min.

Rogi pareeksha:

asthasthana pariksha:

nadi -vata pittaja

mutra-3-4 times/day

mala-1time/day

jihwa-upalipita

shabdha-prakruta

Sparsha-prakruta

Drik-pandu

Akriti-madhyama.

Systemic examination:

CNS: is intact with higher mental functions

CVS: S1, S2 heard, no any abnormality observed

RS-air entry bilaterally equal, no any added sounds observed

TREATMENT PROTOCOL:

On first visit:

Name of drug/procedure	Matra and kala	Anupana	Duration
Shanka vati ⁴	500mg TID before food	Ushnajala	5 days
Pushynuga choorna ⁵	6gms BD before food	Ushnajala	5 days
Sthanika abynaga to udara and kati prdesha with murchita tila taila f/b patra pinda sweda			5 days

On 2nd visit

Procedure	Medicine	Days
snehapana arohana krama	Varanadi ghrita ⁶	Day-1-30ml Day 2-70ml Day 3-100ml Day 4-120ml
Vishrama kala Sarvanga abhyanga Bashpa sweda	Murchita tila taila	Day 5 th , 6 th , 7 th

Virechana	Trivrutt lehya ⁷ 50gm with dugdha	14 vegas observed
Samsarjana krama		5 days

On next 3 visit

Yoga basti 3 sittings were given, each sitting is for 8 consecutive days and with parihara kala of 14 days for next basti procedure sitting. s

Ingredients and matra of nirooha basti

- Madhu -48ml
- Saindhava lavana-10gm
- Varanadi ghrita-48ml
- Shatapushpa kalka-20gm
- Varanadi Kashaya: 300ml

Anuvasana basti with varanadi ghrita-80ml

1 st day	Anuvasana basti
2 nd day	Nirooha basti
3 rd day	Anuvasana basti
4 th day	Nirooha basti
5 th day	Anuvasana basti
6 th day	Nirooha basti
7 th day	Anuvasana basti
8 th day	Anuvasana basti

SHAMANA AOUSHADHI: Shamana oushadhi were given from the 1st day of the treatment. During basti karma and virechana karma the morning dosage was avoided:

Name of the drug	Matra and kala	Anupana
Kanchanara guggulu ⁸	250mg BD after food	Jala
Varanadi kashaya ⁹	20ml BD before food	Jala
Shilajit vati ¹⁰	250mg BD after food	Jala

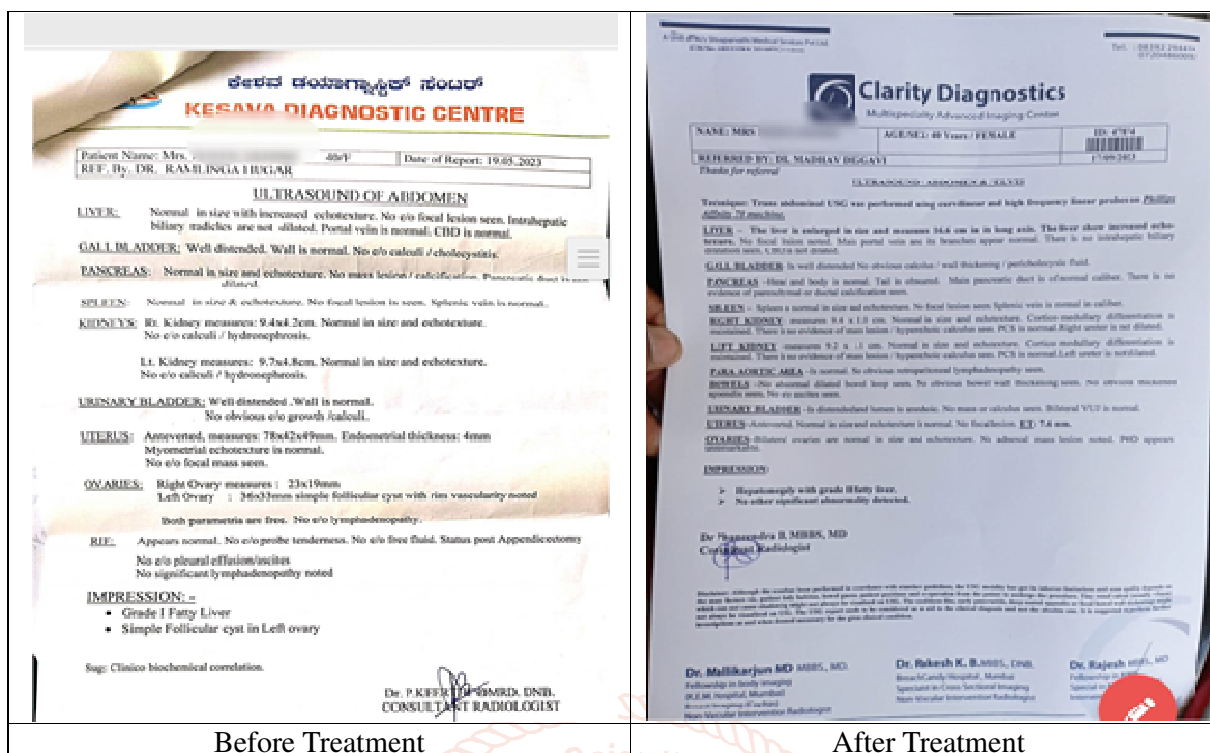
Total duration of the shamana aushadhi was given for the period of 4 months.

OBSERVATION AND RESULTS:

During the intervention, she noted gradually reduce of lower abdominal pain and back pain. At the end of intervention, her menstrual cycle was regular with normal intervals and without dysmenorrhea. No adverse effects were noted during the treatment period and follow up period. Abdominal Ultrasonography was performed to assess the results of management after completion of treatment for 4 months. ultrasonography revealed normal uterine cavity with bilateral normal ovaries.

Subjective parameters	Before treatment	After treatment
Intermittent, sudden and severe lower abdominal pain	+++	nil
Loss of appetite	++	nil
Bloating abdomen	+++	nil
Dysmenorrhea	+	Nil

Objective parameter	Before treatment (1 st day of intervention)	After treatment (after 4 months)
Usg abdomen and pelvis	36 into 33 mm simple follicular cyst with rim vascularity noted	Normal ovaries



Before Treatment

After Treatment

DISCUSSION:

Ovarian cyst is a relatively common disorder in women of reproductive age. Ovarian cyst is one of the prevalent reasons for ovarian dysfunction. In Ayurveda ovarian cyst can be correlated with Kaphaja Granthi. Treatments mentioned in various Ayurveda classics under the Granthi chikitsa. The principle of Samprapthi vighatana and lakshanika chikitsa is used for the management of Granthi. This case study is treated with medicines having ama pachana, agni deepana (increase digestive power), kapha medohara, vata shamaka and rakta shodhaka (blood purification) properties with external procedures (karma) of snehana and swedana

Shankh vati: Ingredients like shankha Bhasma, hingu, triphala, jeeraka does the Deepana, vatanulomana, sarvashoolahara, adhmaanahara. **Sthanika snehana and swedana:** snehoanila hanti, vata kaphahara. **virechana and basti:** As in Granthi chikitsa sutra its been mentioned about shodhandi karma, in this case study virechana followed by 3 sitting of yoga basti karma has been adopted which has significantly contributed in samprapthi vighatana of ghranthi. In sushruta Samhita its been mentioned that basti karma has significant effect over all 3 dosha Avastha along with dwidoshavastha and sannipataja condition. Madhu, saindhava lavana and shatapushpa choorna which is been used as basti Dravya has Deepana, pachana, vatanulomana, lekhana and vata kapha medohara property. **Kanchanara Guggulu** mentioned in Sharandhara Sahmita in the treatment of Granthi. Most of ingredients of Kanchanara Guggulu

is having Kaphamedohara, Lekhana, Granthihara, Mootkruchhrahara, Shothahara. In addition to that it contains kaempferol flavonoids as chemical ingredient. Kaempferol inhibited PSA secretion and activation of estrogenic receptor. Kanchanara Guggulu is a classical Ayurvedic formulation, used for Kapha accumulations in the tissues. As Kapha moves deeper within the system, it may manifest as swollen lymph nodes, cysts or growths. Powerful decongestants such as Kanchanara, Triphala (a combination of fruits of Terminalia chebula, Terminalia belerica, and E. officinalis) and Trikatu (Zingiber officinale, Piper nigrum and Piper longum.) are mixed with Guggulu to break down and eliminate hardened Kapha. This detoxifying blend supports the proper function of the lymphatic drainage and digestive systems, aiding in the prevention of further Kapha accumulation. Ingredients of varunadi kwatha and ghrita are Varuna, Gokshura, shunthi and yavakshara. It has properties of chedana, bhedana, lekhana, tridoshaghna, mutrala, anulomana and krimighna. Kaphavatagnaproperty of varunadi Kashaya helps in breaking down the pathogenesis of granthi. **Shilajatu vati:** shilajit having katu, tikta rasa, katu paka, ushna veerya chedana, yogavahi, kaphamedahara, rasayana, shothahara

CONCLUSION:

According to the results, conclusion can be drawn that this Ayurveda intervention mentioned for kaphaja granti chikitsa has a significant effect of the management of ovarian cysts. On the basis of data analysis, there was significant changes before and

after treatment, Therefore present study reveals the effectiveness of the management of ovarian cyst by using Ayurveda line of kaphaja granthi chikitsa can be adopted.

REFERENCE:

- [1] Dutta DC, Text book of gynecology, 3rd edition, new central book agency pvt. ltd, Calcutta, 2001; 421-425
- [2] Kumar Pratap, Malhotra narender, jeffcoate's principles of gynaecology, jaypee brothers medical publishers. Ltd, 7th international edition, p-525
- [3] Salhan Sudha, text book of gynaecology, jaypee medical publishers (p) Ltd, first edition, p-347.
- [4] Bhaishajya ratnavali, agnimandhya rogaadhikara 182-183 AFI. vol. 1
- [5] vaidya brahmananda tripathi, charaka and drdabala edited with charaka- chandrika Hindi commentary, chaukhamba surbharati prakashan Varanasi: chikitsa sthana, chikitsa adhyaya, chapter 30, shloka no 90, 96, page no.
- [6] Vaidya yadunandana Upadhyaya (editor), Astanga hrdaya of vagbhata, edited with the vidyotini hindi commentary by kavaraja atrideva Gupta, sutra sthana, shodhanadigana sanrahaniya adhyaya, chapter-15, shloka no 21, 22 choukambha prakashan, Varanasi; reprint 2022, Pg. no. 142.
- [7] Vaidya yadunandana Upadhyaya (editor), Astanga hrdaya of vagbhata, edited with the vidyotini hindi commentary by kavaraja atrideva Gupta, kalpa sthana, virechanakalpa siddhi adhyaya, chapter-2, shloka no 9 choukambha prakashan, Varanasi; reprint 2022, Pg. no. 589.
- [8] Sharangdhara Samhita by sarangadharacharya, dipika hindi commentary, madhyamakhandata vakakalpana adhyaya 7/95-98, edited by brahmanand Tripathi. chaukamba surbharati prakashan Varanasi, 2004, 207.
- [9] Vaidya yadunandana Upadhyaya (editor), Astanga hrdaya of vagbhata, edited with the vidyotini hindi commentary by kavaraja atrideva Gupta, sutra sthana, shodhanadigana sanrahaniya adhyaya, chapter-15, shloka no 21, 22 choukambha prakashan, Varanasi; reprint 2022, Pg. no. 142.
- [10] Bahavaprakasha Nighantu, purvakhandam, misraprakarana, 8/69-72.