

Ovarian Cyst an Ayurvedic Perspective: A Case Study

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Abstract

Most women suffer from an ovarian cyst in their reproductive life. The non-neoplastic enlargement of the ovary is due to accumulation of the fluid inside the functional unit of the ovary. In ayurveda the cyst may be correlated with Granthi for which ayurveda also describes the holistic approach of treatment. The present study describes a case of a complex ovarian cyst. This study revealed the Granthihar properties of some ayurvedic medicines viz. Kanchnar guggulu, Dashmool kasaya and Ashokarishta with its surprising result in ovarian cyst as revealed, after two months of treatment, in the sonography report.

Keywords Cyst, Ovary, Granthi, Guggulu, Dashmool

INTRODUCTION

An ovarian cyst affects women of all ages; however, most often they occur during childbearing years. It is due to accumulation of fluid inside the functional unit of ovary i.e. graffian follicle. Any ovarian follicle that is larger than about two centimeters is termed as ovarian cyst. Ovarian cysts are closed, sac like structures within the ovary that are filled with a liquid or semisolid substance. Most ovarian cysts are functional in nature, harmless (benign) and usually asymptomatic or may have a symptoms like irregular periods, pain in the abdomen or pelvis. In majority of cases the detection is made accidentally on bimanual examination, sonography, laparoscopy or laparotomy. The treatment is mainly done by hormonal therapy (combined oral contraceptive pills) and by surgical treatments such as

laparoscopy or laparotomy, which are having their own side effects^[1].

In ayurveda ovarian cyst can be correlated with kaphaja granthi and the lakshanas is Vedana Rahita (painless), and kandu- yukta(itching)^{[2], [3]}. Chikitsa of kaphaja granthi include shodhana, shamana and Chedana Karma^{[4], [5]}. In the present case-study shamana yoga (kanchnar guggulu, dashmool kasaya and ashokarishta) are used for management of complex ovarian cyst. Kanchnar guggulu is having galganda, gandamala, arbuda and a Granthihar and lekhaneeya property along with dashmool kasaya having shothahar, sulahar and tridoshar properties^[6]. Ashokarishta is having an uterotonic property and normalizes the function of ovary.

Case presentation

A female subject, aged 34 years, housewife, living presently in Najafgarh, central I.D. no. 94636 visited the gynaecology OPD of Choudhari Brahmaprakash Ayurved Charak Sanshthan, Kheradabar New Delhi, on 24-12-13 with complaints of pain in lower abdomen since two and a half months for which she did her USG on 21/12/13. The results of USG showed complex left ovarian cyst, her LMP was- 2-12-13; menstrual history was regular, having two live births and last delivery eight years back. She had no any previous medical or surgical illness. On examination, it was found that she was belonging to vatakaphaja prakriti and there was no any abnormal finding seen in general and systemic examination. Per speculum finding is normal, and on per vaginam examination uterus is found normal while left adnexa is palpable and right fornix is clear.

Treatment Protocol

The treatment was carried out with the following medicines (Table 1) for two months. During this period she was advised for lower abdomen oleation and sudation and to take laghu and supachya aahar and to avoid oily, sour and salty diet. After the treatment the sonography report showed no cyst in the left ovary.

OBSERVATION AND RESULTS

The patient had followed the pathyaapathya and drug restriction strictly. The sonography was made after two months of treatment. The findings of sonography report before and after treatment are:

Table 1 Medicines used for treatment

Name of the drugs	Dose	Anupana	Duration
Kanchnar Guggulu	250mg x BD	Jala	2 months
Dashmool Kashaya	20 ml x BD	Jala	2 months
Ashokarishta	15 ml x BD	Equal 15 ml of Water	2 months

Table 2 Results of Sonography (pelvis)

Particulars	Before Treatment (21-12-13)	After Treatment(18-02-14)
Uterus	Normal in size	Normal in size
Myometrium	Echotexture is normal	Echotexture is normal
Endometrium	Is normal, no mass seen	Is normal, no mass seen
Left ovary	cyst measuring 4.6x3.2x3.4cm	Normal in size
Right ovary	Normal in size	Normal in size
Cul de sac	No free fluid is seen	No free fluid is seen

USG (Before treatment)

Uterus - normal, retroverted

Myometrium- echotexture is normal

ET (endometrial thickness) – 9mm

Left ovary- 4.6x 3.2x 3.4 cm with low level echoes inside

Right ovary- normal in size

POD – clear

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Date: 21/12/2013
Name: Mrs. ARJUNA
Ref. By: CGHS

Sl. No.: 11
Age: 32 Yrs
Sex: F

USG WHOLE ABDOMEN

Liver is normal in size and echopattern. No focal or space occupying lesion is seen. IHBVs are not dilated. Portal and hepatic veins are normal.

Gall bladder is normal in location and size. Clear bile is seen in gall bladder lumen. Wall thickness is normal. Not oedematous. CBD is normal. No calculus is seen in the gall bladder or CBD.

Pancreas and Spleen are unremarkable. No space occupying lesion is seen.

Kidneys are normal in location, position & mobility. Corticomedullary differentiation is maintained.

Right Kidney : Measures 10.6 x 3.2 cm.
Left Kidney : Measures 10.6 x 4.1 cm.
No calculus, hydronephrosis or space occupying lesion is seen on either side.

Ureters : Not dilated.

Urinary bladder is normal in shape & outline. No calculus or mass is seen in the bladder. No ascites, pleural effusion or retroperitoneal LN is seen.

Uterus : Midline, retroverted. Size : 8.9 x 4.6 x 5.6 cm.
Shape and outline are normal. Myometrial echotexture is homogeneous.
No uterine mass is seen. Endometrial thickness is 9 mm.

Right ovary : Measures 3.2 x 1.6 cm.
Left ovary has a cyst of 4.6 x 3.2 x 3.4 with low level echoe inside.
POD is clear.

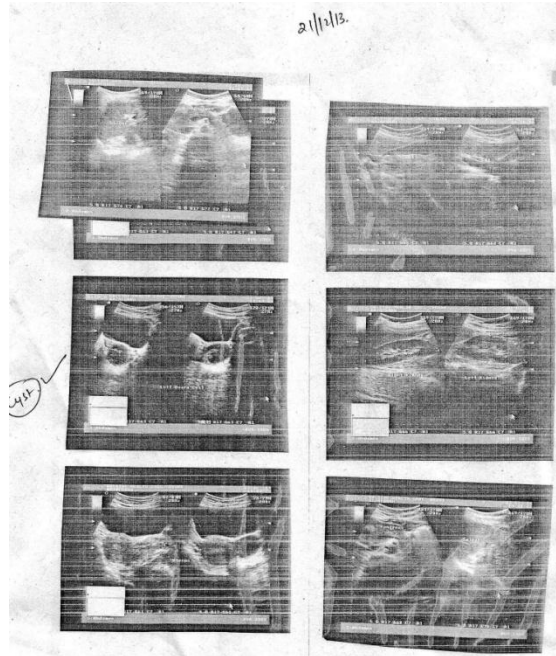
IMPRESSION : COMPLEX LEFT OVARIAN CYST ? INFLAMMED.

**** END OF REPORT****

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ON PANEL : G.O.B.S. B.E.E.S. ECHO. MED. PHYS. S.P.F. I.T.B. B.H.E.L. KODAK RANGWAY
E.C.G. M.C.C. D.M.A. S.B.U.E. AND MANY MORE. CHEST X-RAY. HPT. LIFE. HPT. VOLUME
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USG (After treatment)

Uterus - normal, retroverted

Myometrium- echotexture is normal

ET (endometrial thickness) – 6mm

Left ovary- normal in size

Right ovary- normal in size

POD – clear

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Date: 06/02/2014
 Name: Mrs. ARUNA
 Ref. By: CGHS

Srl No: 2
 All. No: 7846
 Age: 34 Yrs. Sex: F

USG WHOLE ABDOMEN

Liver is normal in size and echopattern. No focal or space occupying lesion is seen. IHBVs are not dilated. Portal and hepatic veins are normal.

Gall bladder is normal in location and size. Clear bile is seen in gall bladder lumen. Wall thickness is normal. Not oedematous. CBD is normal. No calculus is seen in the gall bladder or CBD.

Pancreas and Spleen are unremarkable. No space occupying lesion is seen.

Kidneys are normal in location, position & mobility. Corticomedullary differentiation is maintained.
 Right Kidney : Measures 10.8 x 3.4 cm.
 Left Kidney : Measures 10.2 x 4.2 cm.
 No calculus, hydronephrosis or space occupying lesion is seen on either side.

Ureters : Not dilated.
 Urinary bladder is normal in shape & outline. No calculus or mass is seen in the bladder. No ascites, pleural effusion or retroperitoneal LN is seen.

Uterus : Midline, retroverted. Size : 8.6 x 4.4 x 5.4cm.
 Shape and outline are normal. Myometrial echotexture is homogeneous.
 No uterine mass is seen. Endometrial thickness is 6 mm.

Both ovaries are normal in location & echotexture.
 Right ovary : Measures 3.4 x 1.4 cm.
 Left ovary : Measures 3.3 x 1.8 cm.
 No cystic, solid or complex mass is seen in the ovaries.
 POD is clear.

IMPRESSION : EARLIER NOTED COMPLEX LEFT ADNEAL MASS HAS RESOLVED.

**** END OF REPORT****

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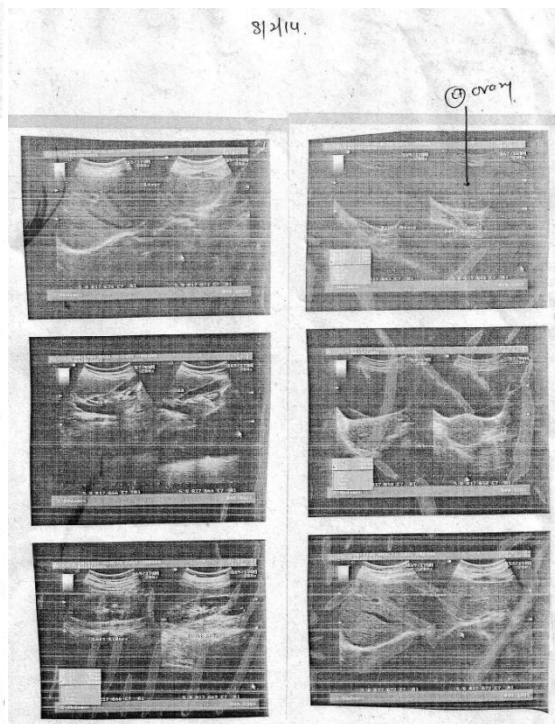
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DISCUSSION AND PROBABLE MODE OF ACTION

Women may have cysts in the ovaries for a number of reasons. Ovarian cyst is one of the prevalent reasons for ovarian dysfunction, which directly affects the fertility potential. The present findings based on the sonography and the effective management of ovarian cyst with ayurvedic formulations with no adverse effect highlights the promising scope of traditional medicine in the ovarian and the infertility disorders. Granthihar, Lekhaneeya, vatakaphahar property of kanchnar guggulu

helps in reducing the size and arrests further growth of cyst. Dashmool Kasaya is having shothhar, shoolhar and tridhoshhar properties [7]. [8]. Ashokariahta is having uterotonic property and also helps in ovulation [9]. Before the treatment there is left ovarian cyst [10]. After the treatment, the sonography report showed no cyst in left ovary [11]. (Table 2).

CONCLUSION

Thus present case study concludes that the holistic approach of ayurvedic system of medicine gives relief to the patient of ovarian cyst.

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- [11] Dr Vikas, Dr. Sudhir Kumar, Unistar health care, plot no. 1, B block old Roshanpura Ext. Najafgarh, New Delhi, 110043
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