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, 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 gugglu is having galganda, gandamala, arbuda and a Granthihar and lekhaneeya property along with dashmool kasaya having shothahar, sulaahar and tridoshhar 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 adnaxa 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>
<thead>
<tr>
<th>Table 1 Medicines used for treatment</th>
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<tbody>
<tr>
<td><strong>Name of the drugs</strong></td>
</tr>
<tr>
<td>Kanchnar Guggulu</td>
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<tr>
<td>Dashmool Kashaya</td>
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<tr>
<td>Ashokarishtha</td>
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<tr>
<th>Table 2 Results of Sonography (pelvis)</th>
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<tbody>
<tr>
<td><strong>Particulars</strong></td>
</tr>
<tr>
<td>Uterus</td>
</tr>
<tr>
<td>Myometrium</td>
</tr>
<tr>
<td>Endometrium</td>
</tr>
<tr>
<td>Left ovary</td>
</tr>
<tr>
<td>Right ovary</td>
</tr>
<tr>
<td>Cul de sac</td>
</tr>
</tbody>
</table>
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

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
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.
REFERENCES


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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

[12] USG Report: Scanned copies of USG (before and after treatment)

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