AYURVEDIC MANAGEMENT OF HEMORRHAGIC OVARIAN CYST- A CASE STUDY

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INTRODUCTION

Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into follicular or corpus luteum fluid-filled or other functional cyst. Haemorrhagic cysts are commonly seen in clinical practice with variable clinical symptoms and signs ranging from no symptoms up to acute abdomen pain. HOCs 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 HOCs are functional, few of them can be neoplastic but they are universally benign. Surgical intervention should be deferred in the management of HOCs as most of them disappear spontaneously with follow-up, so confident clinical and sonographic diagnosis should be attempted to avoid exposing the patient to unnecessary surgery.

CASE REPORT

A 47 years old female hindu patient, house wife by occupation visited the OPD of Sri Kalabhairaveshwara Ayurvedic medical college hospital and research centre department of prasooti tantra and streeroga on 10th May 2016. Patient was apparently healthy since 2 years. In year 2015 she started having pain in lower abdomen during menses. Pain was stretching and pricking in nature. As the pain was not so severe she...
ignored it and did not take any medicine. Since last 6 months low backache started and pain abdomen became so severe that patient was not able to do her normal activities and used to take bed rest as much as possible and pain killers tablets, injectable and used to get temporarily relief but she didn’t get much improvement in pain so she again consulted some other doctor there they suggest U.S.G scan. As the scan report shows right adnexal cyst & hemorrhagic left ovarian cyst. Doctor suggests her to undergo operation but she refused for that. So she approached SKAMCH and RC for further management.

Past history: known case of HTN since 13 years.

Family history: No history of same illness in any of the family members.

Menstrual / Obstetric history

Menarche – 15 yrs.
M/C - 4-5 / 28-30 days/bleeding- bright red in colour, moderate (2-3 pads/day), without foul smell, with/without clots/
Dysmenorrhoea-Present.

Married life - 27 years.
O/H – P2A0L2D0,
L1 - 26 yrs old, FTND, male (Hospital delivery),
L2 - 20 yrs old, FTND, female (Hospital delivery).

Contraceptive history- Tubectomised 13 yrs back.

General examination

- Built : Moderate
- Nourishment : Moderate
- Pulse : 76 b / min
- BP : 130/80 mm of Hg
- Temperature : 98.4 F
- Respiratory Rate : 18 cycles / minute
- Height : 150 cms
- Weight : 52 kg
- Tongue : Uncoated

- Pallor/Icterus/Cyanosis/Clubbing/Edema/
Lymphadenopathy: Absent

Systemic examination

- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.
- RS: normal vesicular breathing, no added sounds
- P/A- Soft, tenderness present in hypogastrium region, no organomegaly

Bimanual examination- uterus retroverted, tenderness present in left lateral fornix

- Per speculum examination- vagina normal, cervix healthy and normal size, no white discharge

AshtaVidhaPariksha:

1) Nadi- 82 b / min
2) Mala - Once / day
3) Mutra- 5 - 6times/day
4) Jivha - Alipta
5) Shabda – Avoicesha
6) Sparsha - AnushnaSheeta.
7) Druk - Avoicesha
8) Akriti - Madhyama.

Dashavidhapariksha

Prakruti – Kaphapitaja
Vikruti – Madhyama
Bala – Madhyama
Sara – Madhyama
Samhanana – Madhyama
Satmya – Vymishra
Satva – Mishra rasa satmya
Pramana – Madhyama
Aharashakti – Abhyavaranashakti – Madhyama
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Jaranashakti – Madhyama
Vyayamashakti – Avara
Vaya – Madhyama

Lab Investigations
- Hb – 8.1gm%
- ESR- 35 mm/hr
- Random blood sugar – 98mg/dl
- Thyroid profile- normal
- Trans abdominal scan– USG done on 05-May-16

Impression:
- Right adnexal cyst measuring 12.7 x 10.2 cm
- Hemorrhagic left ovarian cyst measuring 5.0 x 3.7 cm

Intervention

a) Cheriyamadhusnuhi Rasayana
    sharkara, maricha, pippali, shunti, triphala, ela, twak, patra, chitraka, lavanga, coriander, caraway, cumin, jeeraka, vidanga, chavya, trivrut, kusta, ashwagandha, bharangi, tejovit, nagakesara, ghee, gandaka(purified sulphur) and madhusnuhi and honey
1 tsf BD after food with warm water

a) Tab Trayodashanga Guggulu
    Abha, Ashwagandha, Hapusha, Guduchi, Shatavari, Gokshura, Vridhadaru, Rasna, Shatahva, Shati, Yamani, Nagara, Kaushika, Sarpi 2 TID after food

Medicines were given for duration of 4 months.
Follow up was done every month for 6 months (4 months of treatment+ next 2 months following treatment).

RESULTS
There was a considerably change in various symptoms as noted below:

<table>
<thead>
<tr>
<th>s.no</th>
<th>Date</th>
<th>Lower abdomen pain</th>
<th>Low backache</th>
<th>LMP</th>
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<td>10/05/16To7/06/16</td>
<td>+++</td>
<td>+++</td>
<td>22/04/16</td>
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<tr>
<td>2.</td>
<td>7/06/16To12/07/16</td>
<td>++</td>
<td>++</td>
<td>24/06/16</td>
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<tr>
<td>3.</td>
<td>12/07/16To05/08/16</td>
<td>+</td>
<td>+</td>
<td>23/07/16</td>
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<td>4.</td>
<td>05/08/16To02/09/16</td>
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<td>25/08/16</td>
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<td>5.</td>
<td>02/09/16To28/10/16</td>
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<td>30/09/16</td>
</tr>
</tbody>
</table>
USG Report:
BEFORE TREATMENT

AFTER TREATMENT
USG findings after 3 months of treatment done on 27/Aug/16-
Impression:
• Right adnexal cyst measuring 11.4 x 9.7 cm
• Haemorrhagic left ovarian cyst measuring 4.7 x 3.7 cm

DISCUSSION
Hemorrhagic ovarian cysts are frequently seen during daily clinical & sonographic practices. As they have different clinical presentations, ranging from no symptoms up to acute abdomen, diagnosis of HOCs can be confused with other clinical conditions present with acute abdomen pain as torsion of ovarian cyst, tubo-ovarian abscess or acute appendicitis. It is one of the prevalent reasons for ovarian dysfunction, which directly affects the fertility potential. The present finding based on sonography and the effective management of hemorrhagic ovarian cyst with Ayurvedic formulations.

In this study Cheriyamadhu-snuhi Rasayana and Trayodashanga Guggulu were used. Cheriyamadhusnuhi Rasayana is having deepana, lekhana, rasayana, shoolahara and dathu-bala-sukhavardhaka properties and indicated in gulma also. Trayodashanga Guggulu having vedana hara property is indicated in vatakaphajanya rogas and yonidosha. Vataprakopais mainly responsible for all yoni rogas and artavavyapad. Both the drugs do vatashamana which is having prime role in curing haemorrhagic cyst in this patient. Trayodashanga Guggulu due to its vedana hara and vatashamana properties helps in relieving the pain. Chariyamadhusnuhi Rasayana by its lekhana property removes the ectopic tissue from abnormal sites and by vataanulomana prevents udharvagamana of raja leading to its proper expulsion. Rasayanadravyas act as an immunomodulator which can bring harmony in the immune system as per need. It increases the local cellular immunity which is being defected and provides strength to the reproductive system. It also increases the immunity of healthy cells nearer to diseased tissue and prevents them to being affected by disease. Rasayana drugs may inhibit the activation of macrophages which in turn prevents further progression and recurrence of disease.

Thus, it is certain that, drugs evaluated in this study are having many advantages without complications and thus can be considered as preferable method of treatment in hemorrhagic cyst.

CONCLUSION
In the present study Cheriyamadhu-snuhi rasayana and Trayodashanga guggulu have been used for the treatment of hemorrhagic cyst which is found to be very effective. There is drastic improvement in signs and symptoms. Patient is free from all the symptoms and cyst size also decreases and able to perform her daily routine activities without difficulty. Hence Ayurveda gives the complete cure by not only relieving the symptoms of illness but also by increasing the defence mechanism and immunity of patient. This in turn prevents the recurrence of disease. But to prove this with greater confidence further studies are to be conducted. Trial in a larger sample is required to generalize the outcome.

REFERENCE


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