

AYURVEDIC MANAGEMENT OF HEMORRHAGIC OVARIAN CYST- A CASE STUDY

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ABSTRACT

It is the woman who procreates and propagates the human species. Normal menstruation denotes a healthy state of female reproductive system which serves the purpose of womanhood. Some sort of pain can be present with menstruation but when it becomes severe it is bothersome for a woman. Hemorrhagic ovarian cyst is one of common cause of secondary dysmenorrhoea mainly in married women. In Ayurveda, Cyst may be correlated with *Granthi*. The present case revealed the *Granthihara* properties of some Ayurvedic medicines Viz, cheriyamadhusnuhirasayana and *Trayodashanga Guggulu* in a known case of hemorrhagic ovarian cyst. These *Granthihara* drugs found to be improved remarkably the functions of the ovary. After three months of treatment, the sonography report showed reduced size of haemorrhagic cyst in the ovary.

Keywords: Cheriyamadhusnuhi, Granthi, Hemorrhagiccyst, Sonography.

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 cyst¹. 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 benign². 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 surgery³.

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 years 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 hypogastric 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

Ashta Vidha Pariksha:

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

Dashavidhapariksha

Prakruti – *Kaphapittaja*
Vikruti – *Madhyama*
Bala – *Madhyama*
Sara – *Madhyama*
Samhanana – *Madhyama*
Satmya – *Vyamishra*
Satva – *Mishra rasa satmya*
Pramana – *Madhyama*
Aharashakti – *Abhyavaranashakti* –
Madhyama

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 honey⁴

1 tsf BD after food with warm water

- a) *Tab Trayodashanga Guggulu* Abha, Ashwagandha, Hapusha, Guduchi, Shatavari, Gokshura, Vriddhadaru, Rasna, Shatahva, Shati, Yamani, Nagara, Kaushika, Sarpi⁵ 2 TID after food

Medicines were given for duration of 4 months.

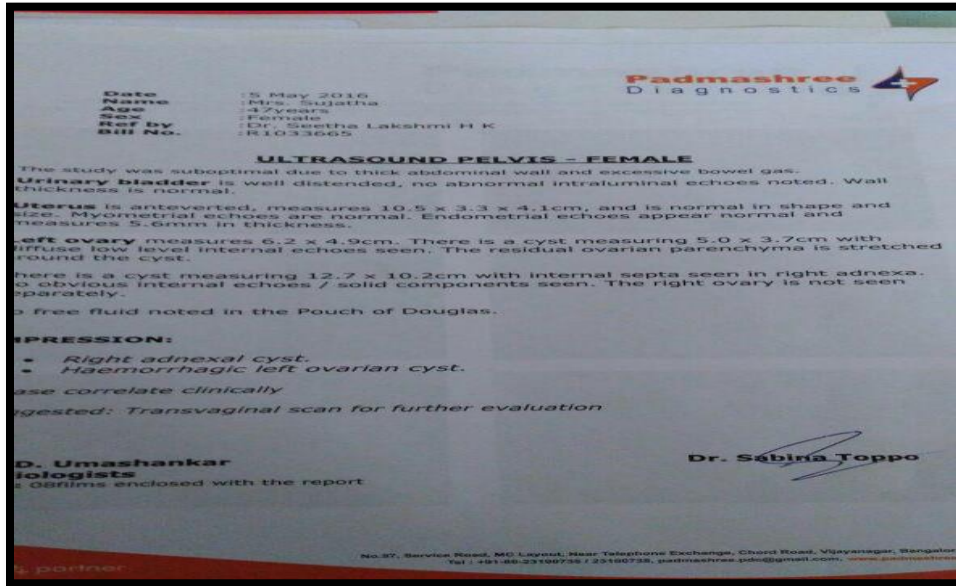
Follow up was done every month for 6 months (4 months of treatment+ next 2 months following treatment).

RESULTS

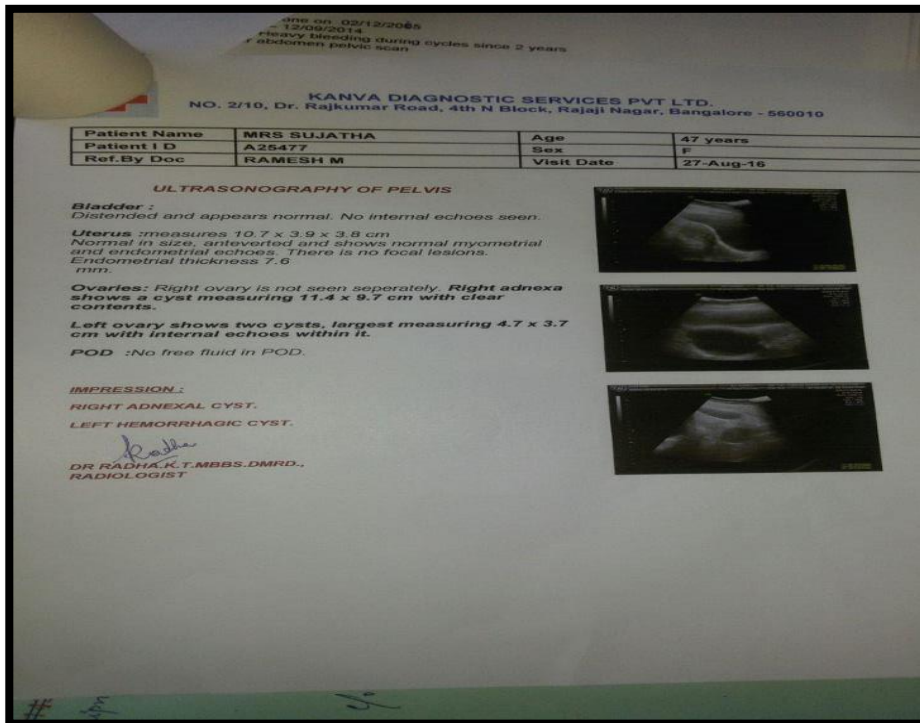
There was a considerably change in various symptoms as noted below:

s.no	Date	Lower abdomen pain	Low backache	LMP
1.	10/05/16To7/06/16	+++	+++	22/04/16
2.	7/06/16To12/07/16	++	++	24/06/16
3.	12/07/16To05/08/16	+	+	23/07/16
4.	05/08/16To02/09/16	--	--	25/08/16
5.	02/09/ 16To28/10/16	--	--	30/09/16

**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 appendicitis⁶. 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 Rasayan* 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 *yonis 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. *Cheriyamadhusnuhi Rasayana* by its *lekhana* property removes the ectopic tissue from abnormal sites and

by *vata anulomana* 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.

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