

AYURVEDIC MANAGEMENT OF HAEMORRHAGIC OVARIAN CYST (BEEJAKOSHA GRANTHI): A CASE REPORT**M. Yashashwini^{1*} and Sunitha Joshi²**

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ABSTRACT

Ovarian cysts are fluid-filled structures that may be simple or complex and are a common problem encountered in daily gynecological practice. Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst. Reports suggest that between 8 and 18% of both premenopausal and postmenopausal women have ovarian cyst. Ayurveda addresses ovarian cyst under the broad classification of Granthi. In Ayurveda Special reference of Granthi of female reproductive system is not available in any classics but it can be called as Beejakosha Granthi on the basis of its origin from Beejakosha. In present case study, A 31 year female patient married since 10 years, complaining of intermenstrual spotting associated with lower abdominal pain and white discharge has been detected with *Raktaja Beejakosha Granthi* (Haemorrhagic ovarian cyst) of size 35 x 28 mm

was treated according to Ayurvedic principles. Patient was given symptomatic treatment for 10 days and then samprapti vighatana chikitsa has been adopted for next three months. Follow up USG PELVIS showed complete disappearance of cyst and symptoms also subsided to a great extent. The present study emphasizes the role of Ayurveda in bringing a positive result in the management of ovarian cyst.

KEYWORDS: *Beejakosha granthi, Samprapti vighatana, Shamana Chikitsa, Haemorrhagic ovarian cyst.*

INTRODUCTION

The ovaries are suspended laterally to the uterus via the utero ovarian ligament, covered by mesovarium which is one of the three components of the broad ligament and connected to pelvic sidewall via the infundibulopelvic ligament, which is also known as suspensary ligament of the ovary. The blood supply to the ovary comes from ovarian artery. In premenopausal women, the ovaries produce numerous follicles a month, with one dominant follicle maturing and undergoing ovulation. As a result of ovulation, a fluid filled sac known as ovarian cyst can form on one or both ovaries. In women of reproductive age most ovarian cysts are functional and benign and do not require surgical intervention. However, ovarian cysts can lead to complications such as pelvic pain, cyst rupture, blood loss, and ovarian torsion that require prompt management. There is no effective treatment for ovarian cysts in modern science rather only hormonal therapy and laparoscopy; hormonal therapy which has its side effects. While laparoscopy or surgical management is a treatment option, there is a chance of recurrence in most of the cases, and hormonal therapy is not a cure. Hence, there is need to define an effective Ayurvedic treatment protocol for the prevention and cure of ovarian cyst.

CASE REPORT

In this present case study, A 31 year old female came to opd of Dr BRKR Govt. Ayurvedic hospital with complaints of low backache, white discharge and spotting since 15 days.

Patient had history of hypothyroidism and was under medication and currently it is under control.

Menstrual history

Age of menarche	12
Cycle	regular
Interval	20-25 days
No.of bleeding days	5 to 10 days
No. of pads per day	1 to 2 pads
Pain	+
Clots	-

Obstetric history

P1L1, LCB – Male, LSCS

Personal history

Diet	Mixed
Appetite	Reduced
Bowel	Constipated
Bladder	Normal micturition
Sleep	Good

Marital life: 11 Years.

Clinical findings

General examination: Built – Normal, Weight – 58 kg, Height – 160 cm, Pulse– 70/min, BP – 130 / 90 mm hg

Per Abdomen: Soft, tenderness in lower abdomen and no organomegaly was detected

P/V Findings: Uterus – Normal size, Anteverted

Cervix - Free fornices

P/S: Cervix – Discharge from the os +

USG findings: Uterus – Normal size, anteverted, measures 7x4.5x5.5 cm, Endometrium measures 6.9 mm, bulky right ovary with complex / haemorrhagic ovarian cyst (35x28 mm)

Blood investigations: Hb – 12.6, TSH – 4.4

Treatment advised

Formulations	Dose	Time	Anupana
Muslikadiradi kashayam	15ml-0-15ml	A/F	Ushna jala
Mahatiktaka kashayam	15ml-0-15ml	A/F	Ushna jala
Pushyanuga churna	3gm -0-3gm	A/F	Tandulodaka
Lodhrasava	15 ml -0-15ml	A/F	Ushna jala
Kanchanara guggulu	2-0-2	A/F	Ushna jala

DISCUSSION

In this case symptomatic treatment was given primarily and later treatment was given to correct the Rakta dushti which was causing Artava dushti in the form of excessive bleeding. For that, initially in the bleeding phase, medicines for Rakta sthambana were given and after the stoppage of bleeding medicines were given for correction of Rakta dushti. The aim of treatment was to control the heavy menstrual bleeding. As Raktha is Jeevana, Raktha sthambhana chikitsa were adopted. Considering the probable mode of action of Yogas,

- Musali khadiradi kashayam:** Considering the pharmacological action of drugs, it is Rakthasthapana, Vrushya, Balya and Vata pittha samana. Due to Seetha virya of drugs, it has Sthambhana action. So the yoga helps in regularizing bleeding pattern.

2. **Pushyanuga churnam:** The yoga having 26 drugs, which are Kashaya tiktha rasa, Katu vipaka, Laghu seeta guna and Seetha virya. The Kashaya tiktha rasa act as Grahi & Sthambana and due to Seeta virya of most of the drugs, it has a Pitharakta samana action. It is indicated in Raktayoni and other Srava rogas.
3. **Lodhrasava:** Lodhra being a main ingredient contains loturine alkaloid in large quantity and spinosterol which are proven for anti-inflammatory activity. Some research studies claim that Lodhra might influence the endometrial prostaglandin apparatus, thereby acting effectively in the control of dysfunctional uterine bleeding.
4. **Kanchanara guggulu:** Granthihara and Bhedana properties of Kanchanara Guggulu act on reproductive system and improve the functions of ovary and Artava. Along with this Lekhaniya property of Kanchanara Guggulu, helps in reducing the size and arrest the further growth of cyst.
5. **Mahatiktakam kashayam:** The yoga contains drugs which are kashaya, tikta rasa and sheeta virya which act as grahi and sthambaka and helps to arrest the bleeding.

CONCLUSION

Ovarian cyst is seen during the reproductive life of a female irrespective to the age, which may result in various menstrual problems such as dysmenorrhea and irregular periods, by disturbing anatomical as well as physiological integrity. Management of this problem is possible on the basis of Ayurvedic fundamental principles. Based on this case study we can conclude that formulations such as lodhrasava, muslikadiradi kashayam, pushyanuga churnam, mahatiktaka kashayam are katu, tikta, shita, granthihara, raktasthambaka, vatapitta shamaka in nature. Thus, they help in samprapti vighatana of disease.

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