

MULTIMODAL AYURVEDIC MANAGEMENT OF GRANTHI ARTAVA (OVARIAN CYSTIC LESION): A CASE REPORT

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ABSTRACT

Granthi Artava is described in *Ayurveda* as one of the eight *Artava-dushti* and represents a *Vata-Kapha* predominant gynaecological disorder marked by obstructive and cystic pathology of the reproductive system. Clinically, it may be correlated with ovarian cystic lesions including malignant forms which present significant diagnostic and therapeutic challenges due to their non-specific symptoms and potential for recurrence. This article reports a case of *Granthi Artava* correlated with a malignant ovarian cystic lesion managed through an integrative *Ayurvedic* approach comprising *Basti Chikitsa*, *Shamana Chikitsa* and the skillful application of *Vidhakarman*. The treatment was administered for one month and therapeutic outcomes were assessed through clinical evaluation, radiological investigations and biochemical

markers. Following intervention, imaging revealed complete resolution of the ovarian cystic lesion, accompanied by normalization of serum inhibin-B levels and marked improvement in clinical symptoms along with overall enhancement in systemic health. *Vidhakarman*, described among the eight *Shastra Karmas* by *Acharya Sushruta* and *Acharya Vagbhata*, is regarded as an effective therapeutic technique for regulating vitiated doshas. This case highlights the potential role of *Vidhakarman* along with conventional *Ayurvedic* therapies in the management of complex gynaecological conditions. The clinical benefits achieved were sustained during the subsequent non-interventional observation period.

KEYWORDS: *Granthi Artava*; Inhibin-B tumor marker; *Viddhakarma*; *Basti*.

1. INTRODUCTION

Malignant ovarian cystic lesions constitute a significant subset of ovarian masses and require timely diagnosis and appropriate clinical management. Ovarian cystic masses are broadly categorized into benign, borderline, and malignant types.^[1-4]

Ovarian cancer remains one of the most common gynecological malignancies and is associated with the highest mortality among gynecological cancers, largely due to delayed diagnosis and poor long-term survival.^[5] Globally, ovarian cancer accounts for approximately 313,000 new cases and 207,000 deaths annually, making it the eighth most common cancer in women worldwide. In India, the age-standardised incidence rate is approximately 4.8 per 100,000 women, with particularly poor outcomes in younger women due to advanced stage at diagnosis. Conventional management includes surgical staging (total abdominal hysterectomy with bilateral salpingo-oophorectomy and omentectomy) followed by platinum-taxane chemotherapy. While these interventions offer curative intent in early stages, they are associated with significant morbidity, including surgical complications, chemotherapy-induced peripheral neuropathy, bone marrow suppression, premature menopause, and substantially diminished quality of life. Furthermore, recurrence rates remain high (up to 70% in advanced stages), highlighting an unmet need for adjunctive and integrative approaches. Ayurveda, with its emphasis on holistic correction of doshic imbalance and restoration of tissue integrity, offers a potential complementary framework that warrants scientific investigation.

The clinical presentation of malignant ovarian cystic lesions is often non-specific and may include abdominal or pelvic pain, abdominal distension, bloating, early satiety, menstrual irregularities, fatigue and unexplained weight changes.^[6-9]

In Ayurveda, *Artava* (*Raja*) refers to menstrual blood and is considered an *Upadhatu* of *Rasa Dhatu*.^[10] The normal and abnormal states of *Artava* are described as *Shuddha Artava*^[11,12] and *Artava Dushti*,^[13] reflecting physiological and pathological conditions of the female reproductive system. Alterations in the colour, consistency, quantity of *Artava* and associated pain patterns are elaborately described in classical texts and serve as important diagnostic indicators of underlying gynaecological disorders.

Granthi Artava is described in *Sushruta Samhita* as one of the eight *Artava-dushtis* and is predominantly caused by the vitiation of *Kapha* and *Vata* doshas.^[14,15]

The condition arises due to aggravated *Vata* in association with *Shleshma (Kapha)*, resulting in combined doshic manifestations such as pain attributable to *Vata* and cystic or nodular features due to *Kapha*. These characteristics conceptually correlate with cystic ovarian pathologies, including malignant ovarian cystic lesions as observed in the present case.^[16]

Ayurvedic management of gynaecological disorders emphasizes correction of *Dosha* and *Dhatu* imbalance through internal medications, *Shodhana* procedures and regulation of aggravated *Vata*.^[17] *Viddha Chikitsa* is described as a cost-effective and efficient therapeutic procedure in conditions characterized by obstruction and abnormal tissue growth.^[18]

Viddha or *Vedhana*, as detailed in *Sushruta Samhita*, involves precise puncturing at specific points to facilitate removal of vitiated *Doshas* at the *Sukshma Srotas* level, comparable to *Raktamokshana*, thereby restoring doshic equilibrium.^[19]

The present case report documents the successful integrative Ayurvedic management of *Granthi Artava*, correlated with a malignant ovarian cystic lesion, through *Viddhakarma* in combination with *Shamana Chikitsa* and *Basti Chikitsa*, highlighting the potential role of classical Ayurvedic interventions in managing complex gynaecological pathologies.

2. Patient Information

A 29-year-old female patient presented to the Ayurvedic outpatient department with a history of chronic gastrointestinal and gynaecological complaints. This case report was prepared and reported in accordance with the CARE (CAse REport) guidelines. Written informed consent was obtained from the patient prior to inclusion. Her last menstrual period (LMP) at presentation was 14/03/2025, with a history of irregular cycles (cycle length 35–50 days), moderate flow lasting 5–7 days, and dysmenorrhea rated 7/10 on a numeric pain scale (NPS). She reported alcohol consumption (twice weekly for 5 years), active smoking (3 cigarettes/day for 7 years), and a diet high in spicy and non-vegetarian foods. Dietary and lifestyle counselling was provided at baseline, including advice to abstain from alcohol and smoking, reduce spicy food intake, regularize sleep, and engage in light physical activity. She had a known history of *Amlapitta* (acidity) for the past eight years. For the last seven years, she had been experiencing *Aniyamita Rajapravritti* (irregular menstruation) associated with

Kashtartava (dysmenorrhea), *Malavibandha* (constipation), *Adhmana* (abdominal bloating) and *Hritkanthadaha* (burning sensation in the throat and chest). Her past surgical history was significant for haemorrhoid surgery performed six years ago and renal calculi surgery four years ago. Over the preceding six months, she developed *Shabda Asahishnuta* (intolerance to loud sounds) and *Glani* (generalized weakness). Six months prior, she underwent a left oophorectomy for a left ovarian cystic lesion (histopathology: benign). Following this procedure, a new cystic lesion was detected in the right ovary with radiological features suspicious of malignancy on CE-MRI. This right-sided lesion is considered a new, independent pathological finding and not a recurrence of the previously excised benign left ovarian lesion, for which repeat surgical intervention was advised. Seeking an alternative therapeutic approach, the patient subsequently presented to our Ayurvedic clinic for further management.

3. Clinical Findings

The patient's clinical findings are summarized in Table 1.

Table 1: Clinical findings of the patient.

General Examination	• Body temperature - 98°F • Pulse - 70/min • Blood Pressure - 110/70 mm of Hg
Systemic Examination	• CNS - Conscious and oriented • CVS - S1S2 normal • RS - AEBE clear
<i>Ashtavidha Pariksha</i>	• <i>Nadi</i> (Pulse) - <i>Vatapittaja</i> (70/min) • <i>Mala</i> (Stool) - <i>Malvibandha</i> (Constipation) • <i>Mutra</i> (Urine) - <i>Niyantrit</i> (Normal) • <i>Jivha</i> (Tongue) - <i>Aalipita</i> (Coated) • <i>Shabda</i> (Speech) - <i>Spashta</i> (Clear) • <i>Sparsha</i> (Touch) - <i>Ushna</i> (Warm) • <i>Drika</i> (Vision) - <i>Prakrita</i> (Normal) • <i>Aakriti</i> (Dimensions of body) - <i>Madhyama</i> (Medium built)
<i>Dashvidha Pariksha</i>	• <i>Prakriti</i> - <i>Vatapittaj</i> • <i>Vikriti</i> - <i>Vatakaphaj</i> • <i>Sara</i> - <i>Madhyama</i> • <i>Samhanana</i> - <i>Madhyama</i> • <i>Pramana</i> - <i>Madhyama</i> • <i>Satmya</i> - <i>Madhyama</i> • <i>Satwa</i> - <i>Pravara</i> • <i>Vaya</i> - 29 yrs • <i>Ahara Shakti</i> - <i>Madhyama</i> • <i>Vyayama Shakti</i> - <i>Madhyama</i>

4. Timeline

A detailed timeline of the patient's clinical history is provided in Table 2.

Table 2: Timeline history.

Timeline	Health Events
2017	History of <i>Amlapitta</i> (acidity).
2018	Onset of <i>Aniyamita Rajapravritti</i> (irregular menstruation), <i>Kashtartava</i> (dysmenorrhea), <i>Malavibandha</i> (constipation), <i>Adhmana</i> (bloating), and <i>Hritkanthadaha</i> (burning sensation in throat and chest).
2019	Underwent hemorrhoid surgery.
2021	Underwent renal calculi surgery.
2024	Development of <i>Shabda Asahishnuta</i> (intolerance to loud sounds) and <i>Glani</i> (weakness).
2024	Left oophorectomy performed.
Post-oophorectomy (2024)	Repeat surgical intervention advised due to detection of a new right ovarian cystic lesion.
07/04/2025	Patient opted for an alternative approach and presented to our <i>Ayurvedic</i> clinic.
07/04/2025 to 06/05/2025	Duration of <i>Ayurvedic</i> Treatment.
06/05/2025	Last follow-up visit. USG pelvis: no demonstrable right ovarian cystic lesion. Serum inhibin-B: 97.48pg/ml. Post-treatment 3-month follow-up: no recurrence of cystic lesion on repeat USG pelvis; menstrual cycle regular;no recurrence of pelvic pain.

5. Diagnostic Assessment

Ovarian cystic lesions encompass a wide spectrum of benign, borderline, and high-grade malignant tumors. Radiological imaging plays a crucial role in the accurate characterization of adnexal masses and in guiding pre-treatment clinical decision-making. Early radiological identification of ovarian malignancy is particularly important, as prognosis significantly improves when the disease is detected at an initial stage. In the present case, diagnostic assessment was based on clinical evaluation and baseline radiological and biochemical investigations. Magnetic resonance imaging (MRI) of the pelvis was performed to assess the nature and extent of the adnexal pathology and revealed a cystic lesion involving the right ovary following previous left oophorectomy, suggestive of a malignant ovarian cystic lesion. Serum Inhibin-B levels were assessed at baseline as a tumor marker and were found to be elevated, supporting the diagnosis. From an Ayurvedic perspective, evaluation was carried out using *Dashavidha Pariksha*, which indicated predominance of *Vata-Kapha Dosha* with involvement of *Rasa*, *Rakta* and *Artava Dhatus* along with *Srotodushti* of *Artavavaha Srotas*. Based on these findings, the condition was clinically correlated with *Granthi Artava* as

described in *Sushruta Samhita*. Pelvic ultrasonography and serum Inhibin-B estimation were planned as objective tools for monitoring therapeutic response during follow-up.

5.1. Etiological Factors

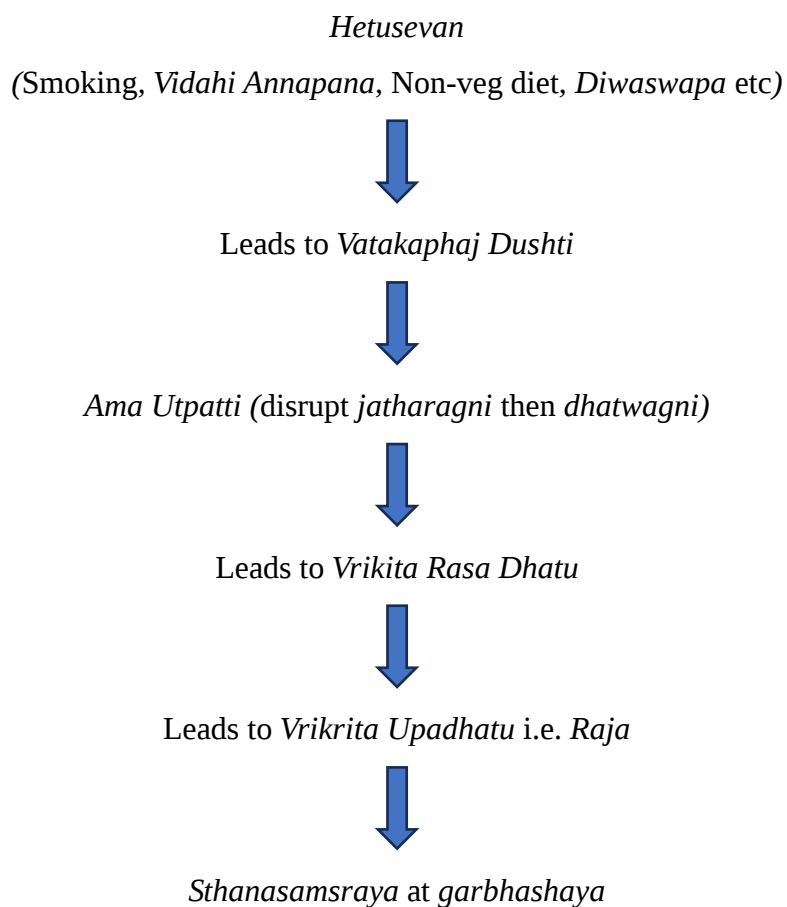
These factors are summarized in Table 3.

Table 3: Causative factors involved in the pathogenesis.

<i>Nidana</i> (Causative factors)	<i>Nidana</i> seen in the patient
<i>Aaharaja</i> (Diet)	• <i>Madyapana</i> (intake of alcohol) (twice a week since 5 years) • <i>Vidahi Annapana</i> (hot and spicy food) (3 times a week since 10 years) • Non-vegetarian diet (fish and prawns) (3 times a week since 15 years) • <i>Dadhisevan</i> (intake of curd)(3 times a week since 10 years)
<i>Viharaja</i> (Lifestyle)	• Smoking (3 cigarettes per day since 7 years) • <i>Diwaswapa</i> (Daytime sleep) (2 hours daily since 12 years) • <i>Ratri Jagrana</i> (staying awake at night) (2 hours daily since 12 years)
<i>Samprapti Ghataka</i>	• <i>Dosha - Kapha-Vata</i> • <i>Dushya - Rasa</i> • <i>Agni - Mandagni</i> • <i>Srotas - Rasavaha, Artavavaha</i> • <i>Srotodusti - Sanga</i> • <i>Udbhavasthana - Pakvashaya</i> • <i>Adhithana - Garbhashaya</i> • <i>Rogamarga - Abhyantara</i>

5.2. Etiopathogenesis

There is no single specific causative factor described for *Granthi Artava* in the classical texts. However, it is primarily understood as a *Vata-Kapha* dominant *Artava Dushti*. Chronic exposure to dietary and lifestyle factors that aggravate *Vata* and *Kapha* leads to impairment of *Agni* and subsequent *Ama Utpatti*. The vitiated *Doshas* along with *Ama* affect *Rasa Dhatu* and its *Upadhatu*, *Artava*, resulting in pathological changes. Localization of these factors in the *Garbhashaya* and *Artavavaha Srotas* leads to obstruction, manifesting as *Granthi Artava*. (see Supplementary Material 1).

Flowchart 1: Samprapti of Granthi Artava***Vatakapahaj Granthi Artava*****6. Therapeutic Intervention**

Treatment plan included *Viddhakarma*, *Shaman Chikitsa* and *Basti Chikitsa* (see Table 4)

Table 4: Treatment Details.**1) *Viddhakarma***

Time Period	Frequency of sessions	Number of sessions per site	<i>Viddhakarma</i> Points
07/04/2025 to 06/05/2025	3 times per week	12	<i>Angushthamula</i> (base of the thumb / thenar eminence)

2) Shamana Medications

Duration	Drug	Mode of Action	Dose and Frequency	Aushadha sevan kala	Route of Administration
First 15 days (07/04/2025 to 21/04/2025)	Navayas Loha	Rakta-shodhana, Rakta-vardhak	250 mg, two tablets twice a day	Adhobhakta (after meal)	Oral
	Pittamruta Vati	Pitta-shamak	250 mg, two tablets twice a day	Pragbhakta (before meal)	Oral
	Trifala+Musta+ Sariva	Anulomana, Rakta-shodhana, Kapha Pitta-shamana	5 g, twice a day	Adhobhakta (after meal)	Oral
	Lohasava	Deepana- pachana, Rakta-vardhak, Rasayana	20 ml, twice a day	Adhobhakta (after meal)	Oral
	Shatavari Kalpa	Balya, Rasayana, Pitta-shamak	10 g, twice a day (7 am – 6 pm)	Abhakta	Oral
	Suvarna Saraswatarishta	Balya, Rasayana, Chitta-prasadak, Buddhi-prasadak, Smriti-vardhak	20 ml with 20 ml of warm water at bedtime	Nishakala (night at bedtime)	Oral

Duration	Drug	Mode of Action	Dose and Frequency	Aushadha sevan kala	Route of Administration
Next 15 days (22/04/2025 to 06/05/2025)	Tapyadi Loha	Rakta-vardhak, Agniideepana, Rasayana	250 mg, two tablets twice a day	Adhobhakta (after meal)	Oral
	Vasant Kusumakar Rasa	Rasa poshana, balya	125 mg, one tablet twice a day	Adhobhakta (after meal)	Oral
	Trifala+Musta+ Sariva	Anulomana, Rakta-shodhana, Kapha Pitta-shamana	5 g, twice a day	Adhobhakta (after meal)	Oral
	Shatavari Kalpa	Balya, Rasayana, Pitta-shamak	10 g, twice a day (7 am – 6 pm)	Abhakta	Oral
	Suvarna Saraswatarishta	Balya, Rasayana, Chitta-prasadak, Buddhi-prasadak, Smriti-vardhak	20 ml with 20 ml of warm water at bedtime	Nishakala (night at bedtime)	Oral
Next 7 days (22/04/2025 to 28/04/2025) (Yog Basti)	Niruha Basti		Erandmuladi Kwatha		
	Anuvasan Basti		Dhanvantar Tail		

6.1. Viddhakarma

Viddhakarma involves the performance of Vedhana Karma at specific points and facilitates the elimination of vitiated Doshas at the Sukshma Srotas level. It is a cost-effective,

minimally invasive outpatient procedure that does not require hospitalization, making it convenient for both patients and clinicians.

6.1.1. *Viddhakarma* Procedure

Viddha Karma, a therapeutic technique described in Ayurveda, involves controlled puncturing at specific sites to facilitate *Dosha* regulation and symptomatic relief. In the present case, *Viddhakarma* was performed at *Angushthamula* using a sterile disposable needle no. 26½, corresponding to *Ardha Brihi*.^[20] Proper execution of the procedure was indicated by the oozing of a small quantity of blood from the vedhana (puncture) site.^[21] The procedure was carried out three times per week for one month. Prior to *Viddha*, the area was aseptically prepared using spirit, and the puncturing was performed to a depth of *Ardha-Yava Matra*. If minimal bleeding occurred, a dry sterile swab was applied at the site. (see Supplementary material 2)



Fig No. 1: *Angushthamula Viddha*.

6.2. *Shamana Chikitsa*

Shamana Chikitsa was administered using appropriate Ayurvedic formulations aimed at pacifying aggravated *Vata-Kapha Doshas* and correcting *Agni* and *Artava* imbalance. The internal medications were selected to address cystic pathology, pelvic pain and associated systemic symptoms. With gradual clinical improvement, the patient was able to continue the integrative Ayurvedic regimen without the need for further surgical intervention and no additional conventional medications were initiated during the treatment period.

6.3. Basti Chikitsa

Garbhashaya is described as the *Moola* of *Artavavaha Srotas* and *Artavavahini Dhamani*,^[22] and is considered the principal seat of *Apana Vayu*. In gynaecological disorders characterized by *Artava* dysfunction, *Apana Vayu Dushti* plays a central role.^[23] Since *Basti Chikitsa* is regarded as the most effective therapy for pacifying aggravated *Vata*, it was selected as the primary *Vatahara Chikitsa* in the present case. Administration of *Basti* aimed to restore the normal function of *Apana Vayu*, regulate *Artavavaha Srotas* and support correction of the underlying pathology.

7. Follow-Up and Outcomes

The patient was followed up regularly during and after the completion of Ayurvedic treatment. Clinical improvement was assessed based on symptomatic relief as well as objective investigative findings. Comparative evaluation of investigations before and after treatment is presented in Table 5.

Table 5: Follow-up Investigations and Outcomes.

Parameter	Before Treatment	After Treatment
Imaging - Pelvis	CE-MRI Pelvis: A well-defined cystic lesion involving the right ovary measuring $5 \times 6.1 \times 5.7$ cm (approx. volume 87 cc)	USG Pelvis: No demonstrable right ovarian cystic lesion
Serum Inhibin-B (pg/ml)	476 pg/ml	97.48 pg/ml

Post-treatment assessment demonstrated marked clinical, radiological, and biochemical improvement. Prior to Ayurvedic intervention, contrast-enhanced MRI of the pelvis revealed a well-defined cystic lesion involving the right ovary measuring $5 \times 6.1 \times 5.7$ cm, with an approximate volume of 87 cc. Following completion of the treatment protocol, ultrasonography of the pelvis showed no demonstrable right ovarian cystic lesion, indicating complete radiological resolution. Correspondingly, the serum inhibin-B level showed a significant reduction from 476 pg/ml before treatment to 97.48 pg/ml after treatment.

Clinically, the patient exhibited notable improvement in gynaecological and systemic symptoms. Menstrual cycles became regular and the severity of *Kashtartava* (dysmenorrhea) was substantially reduced. Associated symptoms such as abdominal bloating, constipation, generalized weakness and digestive discomfort resolved progressively. The patient also reported improvement in overall physical well-being and daily functional capacity. These findings suggest a favourable therapeutic response to the integrative Ayurvedic management

employed in the present case. The patient was kept under regular follow-up, during which no recurrence of symptoms or evidence of new ovarian pathology was observed. At 3-month post-treatment follow-up (August 2025), the menstrual cycle had regularized to a 28–30 day interval with normal flow duration of 4–5 days. Dysmenorrhea pain score reduced from a baseline of 7/10 to 2/10 on NPS. Repeat USG pelvis confirmed no demonstrable right ovarian cystic lesion. The patient maintained abstinence from alcohol and had reduced smoking. No adverse events or new symptoms were reported during the follow-up period. It is acknowledged that the follow-up duration of 3 months is insufficient to exclude recurrence in a suspected malignant lesion, and annual imaging surveillance is recommended.

8. DISCUSSION

Granthi Artava, described in the Ayurvedic classics as one of the *Artava-dushti*, is a *Vata-Kapha* predominant disorder. Clinically, this condition can be correlated with ovarian cystic lesions, which are increasingly prevalent and contribute significantly to menstrual disturbances and infertility.^[24] Conventional management of malignant or suspected malignant ovarian lesions typically involves surgical staging (total abdominal hysterectomy with bilateral salpingo-oophorectomy), followed by platinum-based chemotherapy. While these approaches are effective in cytoreduction, they are associated with significant morbidity including surgical complications, chemotherapy-induced toxicity, premature menopause, and impaired quality of life, particularly in young women. The present patient, aged 29 years, declined conventional surgical and oncological management after informed counselling regarding available treatment options. Informed written consent was obtained, and the patient exercised her autonomy to pursue Ayurvedic management. The authors emphasize that this case does not advocate replacing conventional oncological care, and that the absence of histopathological confirmation and formal TNM staging are significant limitations of this report. The present case demonstrates the successful integrative Ayurvedic management of *Granthi Artava*, correlated with a malignant ovarian cystic lesion, through a combination of *Viddhakarma*, *Basti Chikitsa* and *Shamana Chikitsa*.

Acharya Sushruta describes *Viddhakarma* in the *Siravedha Adhyaya* and assigns it a central therapeutic role in *Shalya Tantra*, referring to it as *Ardha Chikitsa*, comparable to the role of *Basti* in *Kayachikitsa* because of its rapid and direct action.^[25] *Viddhakarma* is stated to provide quicker relief compared to preparatory procedures such as *Snehana* and *Swedana*.^[26] According to *Ayurvedic* principles, all *Siras* are considered *Sarvavaha*, as they carry *Rakta*

along with all three *doshas*. Therefore, *Vedhana* performed at an appropriate *Sira* enables targeted regulation and elimination of vitiated *doshas* from the affected region, thereby restoring *doshic* balance.

In the present case, *Viddhakarma* was performed at *Angushthamula* using *Ardha-Brihi pramana*. *Angushthamula* is functionally associated with the regulation of *Apana Vayu* and is indicated in *Pakwashayagat samprapti* like disorders of the pelvic organs and reproductive system. Precise *Vedhana* at this site facilitates elimination of vitiated *doshas* at the level of *sukshma srotas*, similar to *Raktamokshana*. This helps relieve *srotorodha*, restores the normal movement of *Apana Vayu* and improves microcirculation at the pathological site. These actions may explain the observed reduction in cystic pathology and improvement in associated clinical symptoms.

Basti Chikitsa holds particular significance in the management of *Granthi Artava*, as *Garbhashaya* is described as the *moola* of *Artavavaha Srotas* and is the principal seat of *Apana Vayu*. *Vata* vitiation being central to the *samprapti* of *Granthi Artava*, *Yogabasti* was administered as *Vatahara Chikitsa*. The treatment protocol included *Niruha Basti* with *Erandamuladi Kwatha* and *Anuvasana Basti* with *Dhanvantara Taila*. *Basti* is regarded as the most effective therapy for *Vata* disorders and acts systemically by normalizing *Apana Vayu*, clearing obstruction in pelvic *srotas*, improving pelvic organ function.

Shamana Chikitsa was administered concurrently to correct *Agni*, eliminate *Ama*, purify *Rakta*, regulate *doshas* and provide *Rasayana* and *Balya* effects. *Navayas Loha* and *Tapyadi Loha* supported *Rakta vardhana* and *dhatu poshana*, while *Pittamruta Vati* and *Shatavari Kalpa* contributed to *Pitta shamana* and nourishment of the reproductive tissues. *Trifala*, *Musta* and *Sariva* facilitated *Anulomana* and *Rakta shodhana* and *Lohasava* enhanced *deepana-pachana* and metabolic correction. *Rasayana* formulations such as *Suvarna Saraswatarishta* and *Vasant Kusumakar Rasa* provided *Balya*, *Chitta-prasadaka* and *dhatu-rejuvenating* actions supporting systemic recovery and tissue regeneration.

The present case demonstrates that *Viddhakarma*, when integrated with appropriately selected *Shamana* medications and *Panchakarma* therapy such as *Basti*, can effectively reverse ovarian mass pathology, even in a high-risk patient with a prior history of oophorectomy. This integrative approach highlights the potential role of classical *Ayurvedic* interventions in the management of complex gynaecological conditions such as *Granthi Artava* correlated

with malignant ovarian cystic lesions. From an Ayurvedic differential diagnostic standpoint, Arbuda (a progressive, firm, painless, malignant-type growth caused by all three doshas with predominance of Kapha and Rakta) and Gulma (a gaseous abdominal mass with colicky pain) were considered in the differential. Granthi Artava was selected as the primary Ayurvedic correlate because the classical description Vata-Kapha predominance, cystic/nodular mass at the Garbhashaya, Artava dushti, and associated menstrual irregularity most closely matched this patient's clinical presentation. However, the authors acknowledge that given the radiological features suspicious for malignancy, elements of Granthi (a Kapha-Vata cystic/hard nodular swelling) with potential Arbuda characteristics may also coexist. Further studies should explore the Ayurvedic classification of ovarian malignant lesions more rigorously.

9. CONCLUSION

The present case demonstrates that integrative Ayurvedic management comprising *Viddhakarma*, *Basti Chikitsa* and appropriately selected *Shamana Chikitsa* was associated with significant clinical, biochemical and radiological improvement in a patient of *Granthi Artava* correlated with a malignant ovarian cystic lesion. The observed resolution of the ovarian cystic lesion on imaging, along with normalization of serum inhibin-B levels and improvement in menstrual and systemic symptoms, suggests the potential role of classical *Ayurvedic* interventions in addressing *doshic* imbalance, restoring *Apana Vayu* function and improving reproductive health. Further systematic clinical studies are warranted to substantiate these findings and establish broader clinical applicability.

Informed consent

Written as well as verbal informed consent was obtained from the patient prior to inclusion in this study.

Patient Perspective

The patient perspective was recorded on 06/05/2025. The patient reported marked improvement in her overall health and well-being following the Ayurvedic intervention. She experienced significant relief from pelvic pain and menstrual discomfort, along with improvement in menstrual regularity and digestion. The patient also noted increased energy levels and a sense of physical and mental well-being. According to the patient, her family members observed positive changes in her daily functioning and emotional state. She

expressed satisfaction with the treatment outcomes, particularly appreciating the non-surgical resolution of the ovarian cystic lesion and the overall improvement in her quality of life.

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None.

Conflicts of interest

The authors declare no conflicts of interest.

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