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EVIDENCE BASED AYURVEDIC MANAGEMENT OF OVARIAN CYST: A CASE REPORT

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ABSTRACT

Ovarian cysts are common gynecological disorders with a reported prevalence of 8–18% in premenopausal and postmenopausal women.[1] Although most are benign and asymptomatic, persistent cysts may cause pelvic pain, menstrual irregularities, abdominal bloating, and impaired ovarian function. Conventional management includes observation, hormonal therapy, and surgery for persistent or enlarging cysts; however, concerns regarding long-term hormonal therapy and surgery have increased interest in complementary treatment approaches. In *Ayurveda*, ovarian cysts can be correlated with *Kaphaja Granthi*. This case report describes a 33-year-old female who presented with lower abdominal pain, shortened menstrual intervals, abdominal bloating, and chronic pelvic discomfort. Pelvic ultrasonography revealed a right ovarian cyst measuring **50 × 34 mm**, for which surgery was advised. As the patient opted for conservative management, she was treated with ***Kanchanara Guggulu, Punarnava Mandoor,*** and ***Vriddhivadhika Vati***, along with dietary and lifestyle modifications, for three months under medical supervision. Following treatment, the patient showed marked symptomatic improvement, and follow-up ultrasonography demonstrated complete resolution of the ovarian cyst without surgical intervention. No adverse events were observed during the treatment period. This case suggests that *Ayurvedic* management may

offer a safe and effective conservative treatment option for selected patients with ovarian cysts. Further well-designed clinical studies are needed to validate these findings.

KEYWORDS: Ovarian cyst, *Ayurveda*, *Kaphaja Granthi*, Conservative management, Case report.

INTRODUCTION

Ovarian cysts are commonly encountered in gynaecological outpatient departments, with most women experiencing at least one cyst during their reproductive years. An ovarian cyst is a closed, sac-like structure within the ovary, typically filled with fluid or semi-solid material. Although they can occur at any age, they are more frequently seen during the childbearing period.[2] The majority of these cysts are functional and benign in nature.

Ovarian cysts are usually detected during pelvic ultrasonography and, in some cases, through bimanual pelvic examination. They may present as single or multiple cysts. A single cyst may have a diameter up to 3-5cm and rarely more than 8cm.[3] Common clinical manifestations include irregular menstrual cycles, abnormal uterine bleeding, abdominal or pelvic pain, nausea, and headache.[2] Some patients may also experience nonspecific symptoms such as urinary urgency or frequency, abdominal bloating or distension, reduced appetite, and fatigue. Differential diagnoses to consider include haemorrhagic corpus luteum cyst, ectopic pregnancy, pedunculated fibroid, and hydrosalpinges. Diagnosis is primarily based on imaging techniques, with ultrasonography considered the gold standard.

Potential complications of ovarian cysts include haemorrhage, rupture, and torsion, with cysts larger than 6 cm having a higher risk of torsion. In some cases, they may present as an acute abdomen.[4] Conventional management typically includes hormonal therapy, particularly combined oral contraceptive pills. Surgical interventions such as laparotomy or pelvic laparoscopy are indicated when the cyst exceeds 6 cm and shows no regression after 6–8 weeks, or when it is larger than 8 cm.[5] Conventional treatment has side effects and there is a risk of recurrence of cyst.

From an Ayurvedic perspective, ovarian cysts can be correlated with Granthi, described as a nodular swelling resulting from the vitiation of Tridosha (Vata, Pitta, Kapha) along with involvement of Mamsa, Rakta and Meda.[6] Among its types, Kaphaja Granthi.[7] characterized by features such as heaviness (Ghana), coldness (Sheetha), normal skin color

(Avivarna), itching (Kandu), mild pain (Alpa ruja) and slow growth (Chira Abhivridhi) closely resembles ovarian cysts. The management of Kaphaja Granthi includes Shodhana (purification), Shamana (pacification), and Chedana Karma (surgical excision). In this context, Ayurvedic formulations such as Kanchanara Guggulu.[8], Punarnava Mandoor.[9] and Vriddhivadhika Vati.[10] have been utilized for the management of ovarian cysts.

CASE PRESENTATION

A 33-year-old female presented to the outpatient Department of Shalya Tantra, UAU, Gurukul Campus, Haridwar, on 28 0ctober, 2021. She complained of lower abdominal pain for two years, abdominal bloating and pelvic discomfort of long duration. She also reported a history of localized soreness a few months earlier, with a sudden onset of pain and no prior related medical history. She noted recent weight gain, without associated nausea or vomiting. There was no significant family history of reproductive system disorders. According to her menstrual history, menarche occurred at the age of 13 years. Her vital signs and systemic examination findings were within normal limits, and her menstrual cycles were regular before hysterectomy.

On Examination

Per abdomen examination revealed moderate tenderness in right iliac fossa.

✔ General condition: Good

✔ Family history: Non-contributory

✔ Vital Signs:

- Blood Pressure: 120/70 mmHg
- Pulse Rate: 86/min
- Weight: 76 kg
- Height: 163.5 cm
- BMI: 26 kg/m²

✔ Personal History:

- Appetite: Poor
- Sleep: Normal
- Bowel: Constipation
- Micturition: Normal

✔ Marital history: Married for 8 years.

✔ Sexual History: Dyspareunia present.

✔ Surgical History: Hysterectomy done before 3 years.

After examination, the patient was advised for routine blood, routine urine, hormone profile and USG for the whole abdomen. Reports are as follows:

✔ Blood Investigations

- Hemoglobin: 10.3 gm%
- Total Leukocyte Count: 5300/mm³
- ESR: 22 mm/hr

✔ Urine analysis:

- Pus cells: 10-12/HPF
- Epithelial cells: 8-10/HPF
- RBC: Nil

✔ Hormonal Profile:

- T3: 1.22 ng/dl
- T4: 12 mcg/dl
- TSH: 5.23 mcIU/ml
- FSH: 4.65 mIU/ml
- LH: 12.75 mIU/ml (LH:FSH ratio > 2:1).

An ultrasound scan (Figure 1) revealed a right ovarian cyst measuring 53*34 mm, left ovary not visualized.

Based on clinical history, physical examination and USG report, the case was diagnosed as *Kaphaja Granthi*. Following treatment was prescribed for a period of 3 months and USG was again advised after completion of treatment.

Intervention

1. *Punarnava Mandoor*- Two tablets twice daily after meals.
2. *Vriddhivadhika vati*- Two tablets twice daily after meals.
3. *Kanchanara Guggulu*- Two tablets twice daily after meals.

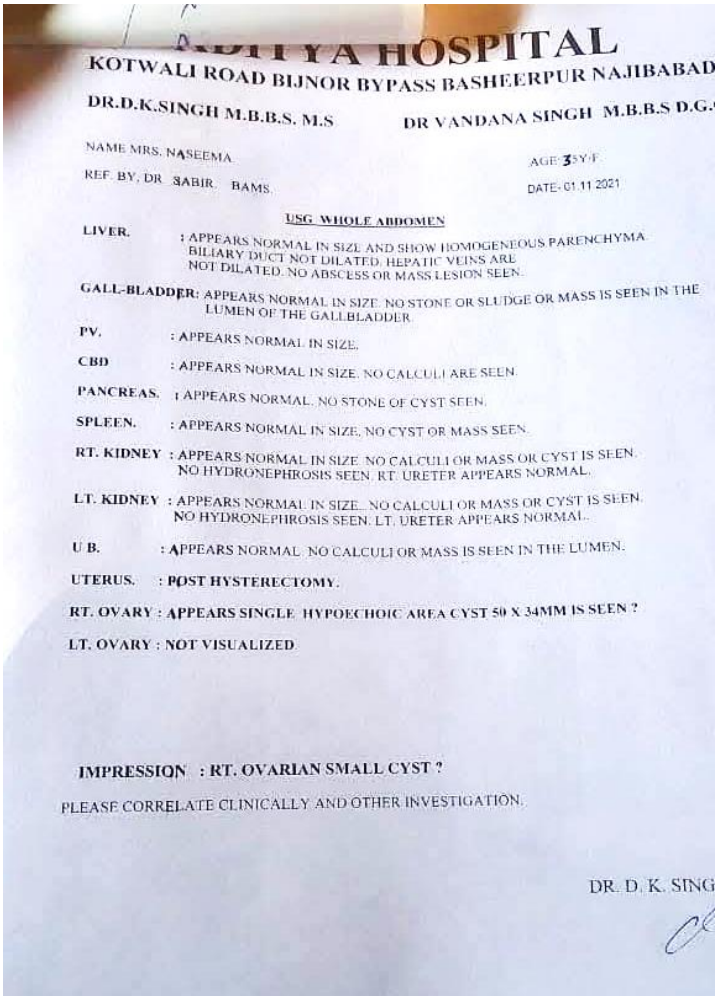
The patient was advised to incorporate the following dietary modifications into her daily routine:

- A high-fiber diet including foods such as spinach, broccoli, green peas, and berries.

- Intake of lean protein sources like fish, along with fruits such as papaya, pears, and oranges, and lentils was encouraged.
- Foods rich in omega-3 fatty acids, including fish and flaxseeds, were also advised.
- Additionally, the patient was instructed to increase consumption of bananas, cashews, avocados, and green leafy vegetables.

Follow-up and Outcome

Follow-up ultrasonography (USG) demonstrated complete resolution of the ovarian cyst with normal pelvic findings. Clinically, the patient experienced complete relief from dyspareunia, lower abdominal pain, abdominal bloating, and other associated symptoms.



ADITYA HOSPITAL
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NAME MRS. NASEEMA AGE 3SY/F
REF. BY, DR SABIR BAMS. DATE- 01.11.2021

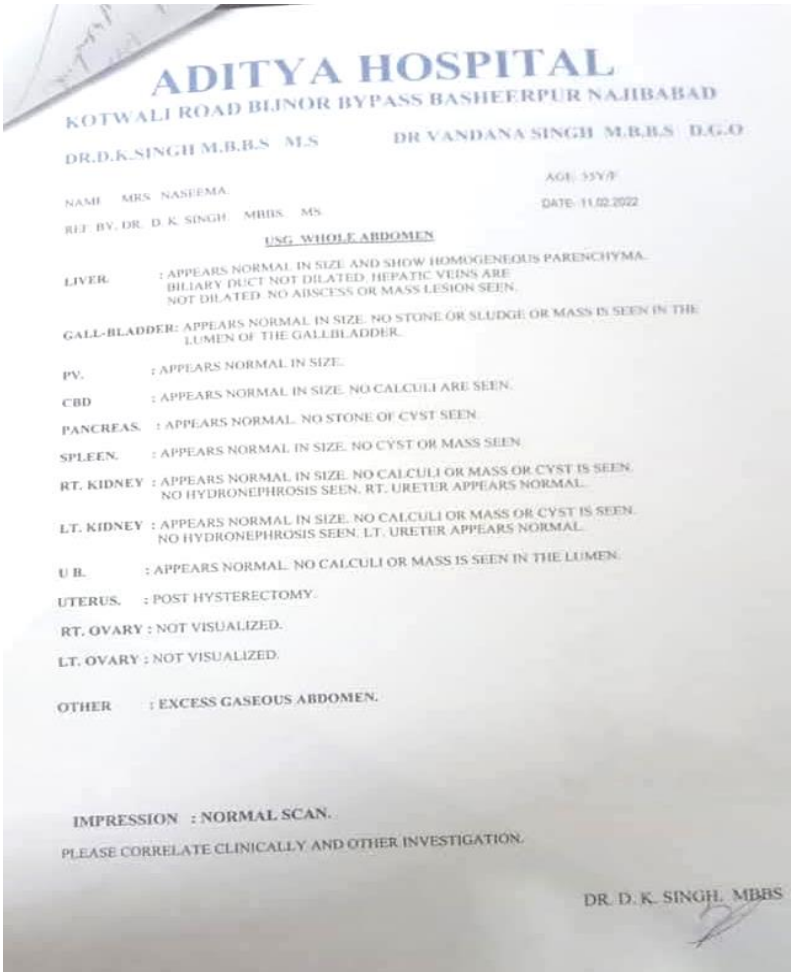
USG WHOLE ABDOMEN

LIVER. : APPEARS NORMAL IN SIZE AND SHOW HOMOGENEOUS PARENCHYMA. BILIARY DUCT NOT DILATED. HEPATIC VEINS ARE NOT DILATED. NO ABSCESS OR MASS LESION SEEN.
GALL-BLADDER: APPEARS NORMAL IN SIZE. NO STONE OR SLUDGE OR MASS IS SEEN IN THE LUMEN OF THE GALLBLADDER.
PV. : APPEARS NORMAL IN SIZE.
CBD : APPEARS NORMAL IN SIZE. NO CALCULI ARE SEEN.
PANCREAS. : APPEARS NORMAL. NO STONE OF CYST SEEN.
SPLEEN. : APPEARS NORMAL IN SIZE. NO CYST OR MASS SEEN.
RT. KIDNEY : APPEARS NORMAL IN SIZE. NO CALCULI OR MASS OR CYST IS SEEN. NO HYDRONEPHROSIS SEEN. RT. URETER APPEARS NORMAL.
LT. KIDNEY : APPEARS NORMAL IN SIZE.. NO CALCULI OR MASS OR CYST IS SEEN. NO HYDRONEPHROSIS SEEN. LT. URETER APPEARS NORMAL.
U B. : APPEARS NORMAL. NO CALCULI OR MASS IS SEEN IN THE LUMEN.
UTERUS. : POST HYSTERECTOMY.
RT. OVARY : APPEARS SINGLE HYPOECHOIC AREA CYST 50 X 34MM IS SEEN ?
LT. OVARY : NOT VISUALIZED

IMPRESSION : RT. OVARIAN SMALL CYST ?
PLEASE CORRELATE CLINICALLY AND OTHER INVESTIGATION.

DR. D. K. SING

Before Treatment.



ADITYA HOSPITAL

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DR.D.K.SINGH M.B.B.S M.S DR VANDANA SINGH M.B.B.S D.G.O

NAME MRS. NASEEMA. AGE: 55Y/F

REF. BY. DR. D. K. SINGH MBBS. MS. DATE: 11.02.2022

USG WHOLE ABDOMEN

LIVER : APPEARS NORMAL IN SIZE AND SHOW HOMOGENEOUS PARENCHYMA. BILIARY DUCT NOT DILATED. HEPATIC VEINS ARE NOT DILATED. NO ABSCESS OR MASS LESION SEEN.

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LT. KIDNEY : APPEARS NORMAL IN SIZE. NO CALCULI OR MASS OR CYST IS SEEN. NO HYDRONEPHROSIS SEEN. LT. URETER APPEARS NORMAL.

U B. : APPEARS NORMAL. NO CALCULI OR MASS IS SEEN IN THE LUMEN.

UTERUS. : POST HYSTERECTOMY.

RT. OVARY : NOT VISUALIZED.

LT. OVARY : NOT VISUALIZED.

OTHER : EXCESS GASEOUS ABDOMEN.

IMPRESSION : NORMAL SCAN.

PLEASE CORRELATE CLINICALLY AND OTHER INVESTIGATION.

DR. D. K. SINGH. MBBS

After Treatment.

DISCUSSION

Ovarian cysts can be correlated in Ayurveda with conditions such as *Kaphaja Granthi* and *Artava Dushti*, in which vitiation of *Vata* and *Kapha Dosha* plays a predominant role. Continuous *Nidana Sevana* (indulgence in etiological factors) leads to the vitiation of *Rakta*, *Mamsa*, and *Meda Dhatu*, along with impairment of *Agni*. This results in the formation of *Ama*, which, in association with aggravated *Vata* and *Kapha*, initiates the *Samprapti* of *Granthi*. The *Guru*, *Snigdha*, and *Manda* properties of *Kapha* promote abnormal tissue growth and cyst formation, while aggravated *Vata* contributes to abnormal proliferation, encapsulation, and persistence of the lesion. Furthermore, *Agnimandya* and *Ama* formation, resulting from improper dietary habits and lifestyle, lead to *Srotorodha* (obstruction of channels), particularly involving the *Artavavaha Srotas*, thereby aggravating the disease process.

The treatment protocol in this case was based on the principle of *Samprapti Vighatana* (breaking the pathogenesis), with emphasis on *Kapha-Vata Shamana, Amapachana, Srotoshodhana,* and *Lekhana*. Rather than targeting only the cyst, the therapeutic strategy aimed to correct the underlying *Dosha* imbalance, restore *Agni*, eliminate *Ama,* and normalize the function of the reproductive channels.

Kanchanar Guggulu is one of the most widely prescribed Ayurvedic formulations for the management of *Granthi, Apachi,* and glandular swellings. Owing to its *Lekhana* (scraping), *Shothahara* (anti-inflammatory), and *Kapha-Vatahara* properties, it helps reduce abnormal tissue growth, facilitates resolution of cystic lesions, and prevents further enlargement. It also improves tissue metabolism and relieves *Srotorodha,* thereby restoring normal physiological function.[8]

Punarnava Mandoor was administered for its *Deepana, Pachana,* and *Shothahara* properties. By enhancing *Agni* and promoting *Amapachana,* it improves digestion and metabolism while reducing inflammation and tissue edema. Its *Mutrala* (diuretic) action supports fluid balance and contributes to the resolution of cystic swelling.

Vriddhivadhika Vati is traditionally indicated in conditions such as *Vriddhi* and *Granthi*. It possesses *Vata-Kapha Shamaka, Lekhana,* and *Shophahara* properties, which help reduce abnormal tissue proliferation, resolve cystic swellings, and promote normalization of tissue architecture.

The combined action of these formulations produced a synergistic therapeutic effect by promoting *Agnideepana* (improving digestive and metabolic activity), *Amapachana* (elimination of metabolic toxins), *Srotoshodhana* (clearing obstructed channels), *Lekhana* (reducing abnormal tissue growth), and *Vata-Kapha Shamana* (restoring *Dosha* balance). These mechanisms not only address the local pathology but also correct the systemic factors responsible for disease development.

The marked clinical improvement observed in the patient, together with follow-up ultrasonography demonstrating complete resolution of the ovarian cyst, suggests that this Ayurvedic treatment protocol may be an effective conservative management approach in selected cases. By correcting the underlying *Samprapti* in addition to relieving symptoms,

this approach may also help reduce the likelihood of recurrence. However, larger, well-designed clinical studies are required to further establish its efficacy and safety.

CONCLUSION

The intervention was associated with a reduction in the ovarian cyst. The treatment approach was primarily based on the principle of *Samprapti-Vighatana* (breaking the pathogenesis). Since *Vata* and *Kapha Dosha* are predominantly involved in *Granthi*, *Vata-Kapha Doshahara* drugs were administered. These formulations are believed to support the normal functioning of the uterus and ovaries.

Aggravation of *Kapha Dosha* leads to *Mandagni* (diminished digestive fire), resulting in the formation of *Ama* (undigested metabolic waste), which contributes to disease pathogenesis. Simultaneously, vitiated *Vata Dosha* may impair the normal functioning of *Apana Vayu*, leading to constipation and disturbances in pelvic physiology. Therefore, the selected treatment was intended not only to facilitate regression of the ovarian cyst but also to improve bowel regularity, digestion, absorption, and overall metabolic function.

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