

## THE PRACTICAL APPLICATION OF *VIRECHAN KARMA* IN THE MANAGEMENT OF *ARTAVADUSHTI* W. S. R TO PARA OVARIAN CYST: A CASE STUDY

Dr. Divya Gosai\*

BAMS, MS (Ayu) Prasuti Tantra Evum Stree Roga.

Article Received on  
07 January 2024,

Revised on 27 Jan. 2024,  
Accepted on 17 Feb. 2024

DOI: 10.20959/wjpr20245-31473



\*Corresponding Author

Dr. Divya Gosai

BAMS, MS (Ayu) Prasuti  
Tantra Evum Stree Roga.

### ABSTRACT

Ovarian cysts can appear at any age during a female's reproductive life and can cause a variety of menstrual disorders such as dysmenorrhea and irregular periods by disrupting anatomical and physiological integrity. Benign tumors of ovaries are becoming the most common gynecological disorders in reproductive age group. Benign tumors of ovary can be compared with *Vata Kaphaja Artava Dushti* in terms of *Ayurveda*. **Methodology:** A 26-year-old woman presented in the OPD of Parul Ayurved Hospital, with the complaints of Irregular Menstruation, Pain during menses since 2-3 years and burning Micturition since 1 week. Patient was assessed before and after treatment and successful alleviation of the cyst was evident in the sonography as well as patient got relief symptomatically in her

menstruation. **Conclusion:** In *Ayurveda* treatment regimens can be tailored based on constitution (*Prakriti*) of individual as well as symptoms demonstrated by the patients, adverse effects, and clinical response to treatment. *Shodhana Chikitsa* has shown promising results in the management of symptoms associated with menstruation and benign tumors of ovaries associated with gynecological symptoms.

**KEYWORDS:** *Ayurveda*, *Artava Dushti*, Benign tumors, *Granthi*, ovarian cyst, *Virechana*.

### INTRODUCTION AND BACKGROUND

An ovarian cyst is a fluid-filled sac that occurs on or inside the ovary. When ovarian follicles do not burst, they develop tiny cysts, and every ovarian follicle greater than 2 cm is an ovarian cyst. Ovarian cysts can range in size from as tiny as a pea to as large as an orange. A cross-sectional research found that between 4%-7% of women screened by sonography had

ovarian cysts greater than 30 mm. While many of these ovarian cysts die on their own, some require surgical intervention, which causes discomfort, hazards from the procedure, and treatment costs.<sup>[1]</sup>

In contemporary research, there is no effective treatment for ovarian cysts other than hormone therapy and laparoscopy; hormonal therapy has negative effects. While laparoscopic or surgical management are options for treatment, there is a risk of recurrence in the majority of cases, and hormone therapy is not a cure. As a result, an efficient treatment based on *Ayurveda* system for the prevention and cure of ovarian cysts is required.

When the disordered *Tridosha* (bio humors) vitiates the *Mamsa* (fleshy/muscles), *Asrik* (blood), and *Meda Dhatu* (fat/adipose tissue) in conjunction with *Kapha*, it results in *Granthi* (nodular/glandular growth).<sup>[2]</sup> Swelling/inflammation or protuberance is the main clinical sign of *Granthi*, *Vidradhi* (abscess), and *Apachi* (enlargement of the glands of the neck).<sup>[3]</sup>

*Shotha* (inflammation) can occur in many bodily areas and can be classified into several categories based on their location and clinical characteristics.<sup>[4]</sup> As a result of its placement in the *Beejakosha* (ovary) and its environs, an ovarian cyst is known as a *Beejakosha Granthi* (ovarian cyst). Lower abdomen discomfort, lower backache, dyspareunia, dysmenorrhea, amenorrhea, menorrhagia, and breast tenderness are all indications of an ovarian cyst. It is considered that the medicine should have *Shothahara* (anti-inflammatory) qualities, *Kapha-Medohara* (which alleviates vitiated *Kapha Dosha* and *Medo Dhatu*) capabilities, and *Granthi-Vidradhihara* (which resolves cyst and abscess) properties in order to be helpful in eradicating the ovarian cyst. *Virechana* (therapeutic purgation) is suggested for *Granthi*.<sup>[5]</sup>

A 26-year-old woman presented in the OPD of Parul Ayurved Hospital, with the complaints of Irregular Menstruation, Pain during menses since 2-3 years and burning Micturition since 1 week.

Chief complaints with durations

1. Irregular Menstruation since 2-3 years.
2. Pain during menses since 2-3 years.
3. Burning Micturition since 1 week.

**Past medical history-** No history of any chronic illnesses.

**Family history** – no family history of any chronic illnesses.

### PERSONAL HISTORY

Diet: Vegetarian  
Appetite: Good  
Bowel: Regular, sometimes constipated  
Micturition: 5-6 times/ day, 1-2 times/ night, Burning present  
Sleep: Sound  
Dietary habits: *Vishamashana, Viruddhashana*  
Physical activity: Active

### MENSTRUAL & OBSTETRICAL HISTORY

LMP: 2/03/2023

Previous LMP- 22/02/2023

Duration: 5-6 days  
Interval: 40-60 days  
Regularity: Irregular  
Color: Blackish red  
Consistency: Clots present  
Amount: 2-3 pads per day  
Odor: No foul smell  
Pain: Present

Active Married Life of 1.5 year, Patient is nulligravida.

**CONTRACEPTIVE HISTORY-** Barrier Method.

### GENERAL EXMINATION

Height: 166 cm  
Weight: 59 kg  
Cyanosis: Absent  
Pallor: Absent  
Icterus: Absent  
Lymph nodes: No palpable lymph nodes  
Clubbing: Absent

Blood pressure: 110/70 mm of hg

Pulse rate: 84/ minute

Temperature: Afebrile

### SYSTEMIC EXAMINATION

Respiratory: No scar mark or discoloration, Bilateral airway entry clear, no added sounds

Cardiovascular No discoloration/precordial bulging, dull note over precordium, S<sub>1</sub>S<sub>2</sub> system: normal, no added sounds

CNS: Patient conscious and well oriented

Loco-motor: Normal range of motion in all joints,

*Asthavidha pariksha*

*Nadi: Pittapradhan Vata*

*Mala: Prakruta*

*Mutra: Samyak*

*Jihwa: Nirama*

*Sabda: Spashta,*

*Sparsha: Anushna Sheeta*

*Drik: Prakrit*

*Akriti: Madhyam*

### GYNECOLOGICAL AND LOCAL EXAMINATION

**Inspection:** No discoloration or scar mark present, no abnormal discharges present.

**PS examination:** Cervix normal, no abnormal discharges present.

**PV examination:** Uterus anteverted, normal size, freely mobile, right adnexa Fullness present.

**DIAGNOSIS:** *Vata-Kaphaj Artava Dushti.*

### TREATMENT

Date	S. no.	Medicine	Dosage	
04/04/2023	1.	<i>Chitrakadi Vati</i>	2 TID Before food	
	2.	<i>Panchkola Phanta</i>	50 ml BD Before food	
08/04/2023	1.	<i>Go Ghrita + 1 Pinch</i>	30 ml	

		<i>Saindhva Lavan + 1 Pinch Trikatu Churna</i>	Empty stomach early morning	
09/04/2023	1.	<i>Go Ghrita + 1 Pinch Saindhva Lavan + 1 Pinch Trikatu Churna</i>	60 ml Empty stomach early morning	
10/04/2023	1.	<i>Go Ghrita + 1 Pinch Saindhva Lavan + 1 Pinch Trikatu Churna</i>	90 ml Empty stomach early morning	Skin is well moisturized and soft. Soft stool.
11/04/2023	1.	<i>Go Ghrita + 1 Pinch Saindhva Lavan + 1 Pinch Trikatu Churna</i>	100 ml Empty stomach early morning	Stickiness in stool present
12/04/2023	1.	<i>Sarvang Abhyanga</i>	<i>Murchhit Til Tail</i>	3 days
	2.	<i>Vashpa Sweda</i>		3 days
14/04/2023	1.	<i>Sarvang Abhyanga</i>	<i>Murchhit Til Tail</i>	
	2.	<i>Vashpa Sweda</i>		
	3.	<i>Gandharvahastadi Tail</i>	25 ml with half cup of hot milk	One dose
20/04/2023	1.	<i>Hinguvachadi Gulika</i>	2 BD with warm water after food	1 month
	2.	<i>Guggulu Tikta Kashaya</i>	15 ml BD + 1 gm rock salt+ 5 gm jaggery with half cup of warm water before food	1 month

Patient got Total No. of Vega- 12.

## RESULTS

Sonography showing improvement in size of cyst

S. NO.	DATE	INVESTIGATION	IMPRESSION
1.	04/04/2023	USG Abdomen+ Pelvis	Uterus- 72×41×49 mm Endometrial Thickness-9 mm Left Ovary- 29×20 mm Right Ovary- 21× 15 mm <b>Cystitis present</b> <b>Right Para ovarian simple cyst of size 42×30 mm seen.</b> <b>Small endo-cervical cyst of size 3.7 mm seen</b> Gas filled Large Bowel Loops
2.	06/06/2023	USG Abdomen+ Pelvis	Uterus- 70×41×45 mm Endometrial Thickness- 6.2 mm Left Ovary- 29×22 mm Right Ovary- 24× 20 mm As compared to previous USG on 04/04/2023 there's no evidence of Para-Ovarian cyst or endo-cervical cyst in current scans.

Ovarian cysts are a growing concern among women of reproductive age. The presence of an ovarian cyst causes congestion, which causes abdominal pain.<sup>[6]</sup> Pain may be caused by

ovarian cyst problems or by related pelvic disease. Ovarian cysts can disrupt both the menstrual and ovarian cycles, resulting in anovulation and infertility. *Granthi* has vitiated *Mamsa*, *Asrik*, and *Medo Dhatu*. Although an excess of *Kapha* and *Manda Mamsagni* are to blame for *Granthi* development, it is mostly owing to *Sanga* (obstruction due to lumen constriction).

The current study aims to discover *Ayurvedic* treatment for uterine fibroids using *Samshodhana Karma*. As a result, *Virechana* was chosen for the study. The origin, categorization, pathophysiology, and therapy of *Granthi/Arbuda* are all covered in depth in *Ayurvedic* scriptures. *Mamsja Granthi/Arbuda* uterine fibroid is a *Bahu Dosh Janya* condition that affects the *Astamaashaya (Grabhashya)* and deep *Dhatu*s in the body.<sup>[7]</sup> *Granthi* has the *Bahudosajavyadhi (Bahu Doshajanaya Vikara)*. *Virechana Karma* is the finest for vitiated *Pitta* since it contains *Raktaprasadana Karma*. *Samshodhana Karma* will aid in the removal of *Dusyadosha* from the body and *Granthi* by *Samshodhana* management. *Ayurvedic* classics have suggested *kaya Virechana*.

### 1. *Hinguvachadi Gulika*<sup>[8]</sup>

*Hinguvachadi Gulika* has been indicated in *Gulma* by *Vagbhata*, it is also indicated in *Yoni Shoola* and has *Vata-Kaphaghna* properties which alleviates the fibroid uterus (*Granthi/Arbuda*).

### 2. *Guggulu Tikta Kashayam*<sup>[9]</sup>

It is beneficial in diseases of *Vata-Kapha* predominance. It has been directly indicated for *Gulma* and *Arbuda Chikitsa* in *Ashtang Hridaya*.

## CONCLUSION

In current study we observed that patient had Para-ovarian cyst prior to treatment in right ovary which was approximately 4cm in size along with that patient also had endo-cervical cyst. After *Virechana Karma* and 1 month of *Shaman Aushadhi* the sonography was repeated by the same radiologist, it was found that there was no evidence of Para-ovarian cyst or endo cervical cyst. It was concluded that both the cysts were resolved after the *Ayurveda* intervention. Patient was also getting her menstruation every month after *Virechana Karma*.

It can be concluded that *Virechana Karma* is successful in resolution of *Vata-Kaphaj Artava Dushti* (ovarian cyst) and more extensive clinical researches can be done for more evidence in the same field.

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