

## AYURVEDIC MANAGEMENT OF OVARIAN CYST: A CASE STUDY

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### ABSTRACT

Ovarian cysts are fluid-filled structures that may be simple or complex. They arise due to abnormal cell growth and are not always related to the menstrual cycle, occurring before or after menopause. During ovulation, the mature follicle ruptures to release the ovum, and the remaining follicle forms the corpus luteum, which regresses if pregnancy does not occur. Failure of this process may lead to cyst formation. Most ovarian cysts are benign and asymptomatic; however, some enlarge, rupture, or cause complications such as pelvic pain, haemorrhage, and ovarian torsion. Conventional management includes hormonal therapy and surgery, but untreated cases may progress to gynaecological emergencies, highlighting the need for early diagnosis and management. This case report presents a 38-year-old obese female with pelvic pain, abdominal bloating, lower backache, thigh pain, and leucorrhoea for two to three years. Ultrasonography revealed a 25×26 mm follicular retention cyst in the right adnexal region and a 32×34 mm cyst in the left ovary. The patient was treated exclusively with Ayurvedic Panchkarma therapy, including Virechana Karma followed by Lekhana Basti with Shamana medications. Follow-up ultrasonography showed complete disappearance of both cysts with marked symptomatic improvement.

**KEYWORDS:** *Ovarian, cyst, Virechana, Lekhana Basti, Panchkarma, case report, Ayurveda management therapy*

### INTRODUCTION

An ovarian cyst is a sac filled with fluid that forms on or inside the ovary. When the follicles grow larger than normal and does not open to release the egg, they form small cysts and any ovarian follicle that is larger than 2 cm is an ovarian cyst. Ovarian cyst can range widely in size, from being as small as pea to larger as an orange. While many of these ovarian cysts are spontaneously impeded, some of them require surgical interventions, leading to

discomfort, risks of performed interventions and treatment cost. In modern science Hormonal therapy and Laparoscopy where hormonal therapy which has many 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.

When the deranged Tridosha (three regulatory functional factors of the body) vitiates Mamsa (fleshy/muscles), Asrik (blood), and Meda Dhatu (fat/adipose tissue) along with Kapha, it produces a circular, raised, and knotted inflammatory swellings called Granthi (occurrence of nodular growth in the body channels) [1]. Main clinical feature of Granthi/ Vidradhi (abscess)/ Apachi (enlargement of the glands of the neck) is swelling/inflammation or protuberance. Shotha (inflammation) may occur in different body parts; these are of many types due to the different location and clinical features.[2] Ovarian cyst may be called as Beejakosha Granthi (ovarian cyst) on the basis of its location in Beejakosha (ovary) and its surroundings. Ovarian cyst produces symptoms such as lower abdominal pain, lower backache, abdominal bloating, dyspareunia, Dysmenorrhea/ Amenorrhea, Menorrhagia and breast tenderness. In the management of ovarian cyst, Shothahara (anti-inflammatory) properties, Kapha-Medohara (which alleviates vitiated Kapha Dosha and Medo Dhatu) properties and Granthi-Vidradhihara (which resolve cyst and abscess) drugs should be used.

Virechana (therapeutic purgation) is indicated in Granthi (occurrence of nodular growth in the body channels) by Acharya Charaka [3] and Acharya Vaghbhata. Trivrita

(Operculina turpethum (L.)), Danti (Baliospermum solanifolium (Burm.)), and Triphala – decoction was selected for Virechana. After Virechana, Lekhan Basti (curetting enema) was planned. In the Basti, Triphal Kwatha(decoction), Prakshepa Dravya (adding powdered substance) Ushakadi Gana were used.

### CASE REPORT

A 38 years old, female patient came to the Government Akhandanand Hospital on 29th September 2024 complaining of Sharirabhar Vruddhi (weight gain), Adhoudara Shula (pelvic pain), Udara Adhmana (abdominal bloating), Kati Shula (lower backache), Uru Shula (thighs pain), Yonitah Svetastrava (leucorrhoea), Daurbalyata (weakness) for 2-3 years.

P/ H/O- Ruptured tubal pregnancy in Jan-2024, Abortions-4,

Obstetric History:

G6 P2 A4 L2 D0

Medicine History- oral contraceptives, antifungal and antibiotics like clingen forte, fluconazole and NSAIDs for several months but didn't get relief in her signs and symptoms.

Ultrasonography (USG) on 11th nov-2024: 25x26 mm follicular retension cyst in right adenexal region and 32x34 mm left ovarian cyst.

## General examination: Table 1

Pallor	No
Icterus	No
Oedema	No
Lymph nodes	Not Palpable
BP	110/70 mm of hg
Pulse	68/min
Respiratory rate	18/min
Weight	80 kg

Blood examination (Haematological examination):

## Table 2 Hematological examination

Blood examination	Date:16/9/2024
Hb(g/dl)	13.8
RBC count	5.39
WBC count	11590
Platelet count	419000

Personal history: Diet: veg, Addiction: not any, Job: housewife; Past history: ruptured tubal pregnancy (ectopic) and abortions; Family history: not any; Surgical history: not any

Menstrual History: Menarche: 13 years, LMP: 25/09/2024, Duration: 3–4 days, Interval :26–28 days, Dysmenorrhea: ++ (present), Pad :3–4 pad/day, 1 pad/night,

Any discharge: Leucorrhoea

## TREATMENT SCHEDULE

## VIRECHANA KARMA: Table 4

## ASHTAVIDHA PARIKSHA

## Table 3 Ashtavidha Pariksha

<i>Nadi</i> (pulse)	64/min, <i>Pitta-Kaphaj</i>
<i>Mutra</i> (urine)	<i>Samyak</i> ,6-7 times/day
<i>Mala</i> (stool)	<i>Samyak</i> , 1-2 times/day
<i>Jihva</i> (tongue)	<i>Sama</i>
<i>Sabda</i> (voice)	<i>Prakrut</i>
<i>Saprsha</i> (touch)	<i>Prakrut</i>
<i>Dvik</i> (eye)	<i>Singhdha</i>
<i>Akruti</i> (body structure)	<i>Madhyam</i>

SYSTEMIC EXAMINATION: No any abnormalities were detected in GIT, Respiratory, Cardiovascular and Nervous examination.

## SAMPRAPTI

Dosha: Kapha Pradhan Tridosha

Dushya:Rakta,Mansa,Meda

Srotas: Raktavaha, Mansavaha, Medavaha, Artavvaha

Srotodushti: Ganthi

Agni: Mandya

Udbhav Sthana:Amashaya

Vyakti Sthana:Beejashaya

Rogamarga:Abhyantara

It is probable that PCOD is occurring by kapha vitiation, leading to Srotorodha and subsequently Vatavigun

DATE	PROCEDURE	DRUG & DOSE		DURATION
30/09/2024 to 04/10/2024	<i>Deepana</i> (digestion and metabolism enhancing) and <i>Pachana</i> (digestion)	<i>Trikatu Churna</i> – 3gms x BD before meal with warm water		5 days
5/10/2024 to 9/10/2024	<i>Snehapana</i> (internal oleation)	<i>Go-Ghrita</i> with <i>Ushnodaka</i> (luke warm water) (as per <i>Kostha</i> (nature of bowel) & <i>Agni</i> (digestive/metabolic factors))		
		Date	Time	Dose
		5/10	6:30 am	30 ml
		6/10	6:15 am	60 ml
		7/10	6:30 am	90 ml
		8/10	6:20 am	110 ml
10/10/2024 to 12/10/2024	<i>Sarvanga Abhyanga</i> (massage) and <i>Swedana</i> (sudation)	<i>Khuudha pravruti</i> (hunger time)		3 days
		9/10	6:30 am	140 ml
13/10/2024	<i>Virechana Karma</i>	<i>nirgundi</i> (Vitex negundo L.) <i>taila</i> (oil) & <i>Bashpa Sweda</i>		
		<i>Virechana Aushadha</i> : <i>Triphala Kwath</i> – 150ml <i>Trivruta Churna</i> – 5gms <i>Danti Churna</i> – 3gms Time: <i>Shleshma Kale Gate</i> (10:00 am) <i>Anupana</i> : <i>Ushnodaka</i> Total <i>Vega</i> : 30 ( <i>Pravar Shuddhi</i> )		
13/10/2024 to 19/10/2024	<i>Samsarjana Karma</i> (post therapy dietetic regimen for revival)	<i>Peyadi Krama</i>		7 days

21/10/2024 to 27/10/2024: Menstrual cycle

## SHAMANA CHIKITSA: Table 5

DATE	DRUG	DOSE & DURATION	ANUPANA
21/10/2024 to 06/11/2024	1. <i>Pushyanug Churna</i>	3 gms x twice a day (after meal)	<i>Tandulodaka</i> (rice water)
	2. <i>Triphala Guggulu</i>	2-2-2(after meal)	<i>Ushnodaka</i>
	3. <i>ChandraPrabha Vati</i>	2-2-2(after meal)	<i>Ushnodaka</i>

After Lekhana Basti, Shamana medicine continue for 1 month

LEKHANA BASTI: 7<sup>th</sup> November to 21<sup>st</sup> November

Patient were given Triphala Ghrita Anuvasana Basti 1.5 Pala (60 ml) followed by Lekhana Basti 10 Pala (400 ml) and three Anuvasana Basti on the last day in the schedule of Kala Basti (15 days).

[N: Niruha Basti (decoction enema); A: Anuvasan Basti (oil enema)]

Table 6 Course of Niruha Basti

A	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A
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Contents of Lekhana Basti: Table 7

Content name	Quantity (in ayurvedokta mana)	Quantity (in gm / ml)
<i>Makshik</i> (honey)	1.5 pala	60 gm
<i>Lavana</i> (rock salt)	<i>Ardha Aksha</i>	5 gm
<i>Triphala Ghrita</i>	1.5 Pala	60 ml
<i>Putoyavani Kalka</i> (paste)	2 Karsha	20 gm
<i>Triphala Kwath</i>	6 Pala	240 ml
<i>Prakshep Dravya</i> in powder form ( <i>Shilajit</i> (asphaltum), <i>Kasis</i> (ferrous sulphate), <i>Hingu</i> (red sulphide of mercury), <i>Tuttha</i> (copper sulphate), <i>Yava Kshara</i> (barley alkali))	<i>Ardha Aksha</i>	5 gm
<i>Go Mutra</i> (cow's urine)	<i>Ardha Pala</i>	10 ml

## INVESTIGATION

Before starting the treatment; routine haematological tests were done.

USG reports were with the patient. A brief of the haematological observations is placed at (Table-2)

## Table 8 Assessment of pelvic pain

No pain	0
Painful, no analgesic required	1
Painful, daily activity affected; analgesic required	2
Analgesic required but have no effect	3

## CRITERIA FOR ASSESSMENT [4]

## PELVIC PAIN

## LOWER BACKACHE

Table 9 assessment of lower backache

No pain	0
Painful, no analgesic required	1
Painful, daily activity affected; analgesic required	2
Analgesic required but have no effect	3

BMI: Table 10 assessment of BMI

18.5-24.9 (optimal weight)	0
<18.5 (underweight)	1
25–29 (over weight)	2
>30 (obese)	3

## LEUCORRHoeA

Table 11 assessment of leucorrhoea

No discharge	0
Mild discharge (slight discharge, vulva moistness)	1
Moderate discharge (wetting under garments)	2
Heavy discharge (needs vulva pads)	3

## INTERVAL OF MENSTRUATION

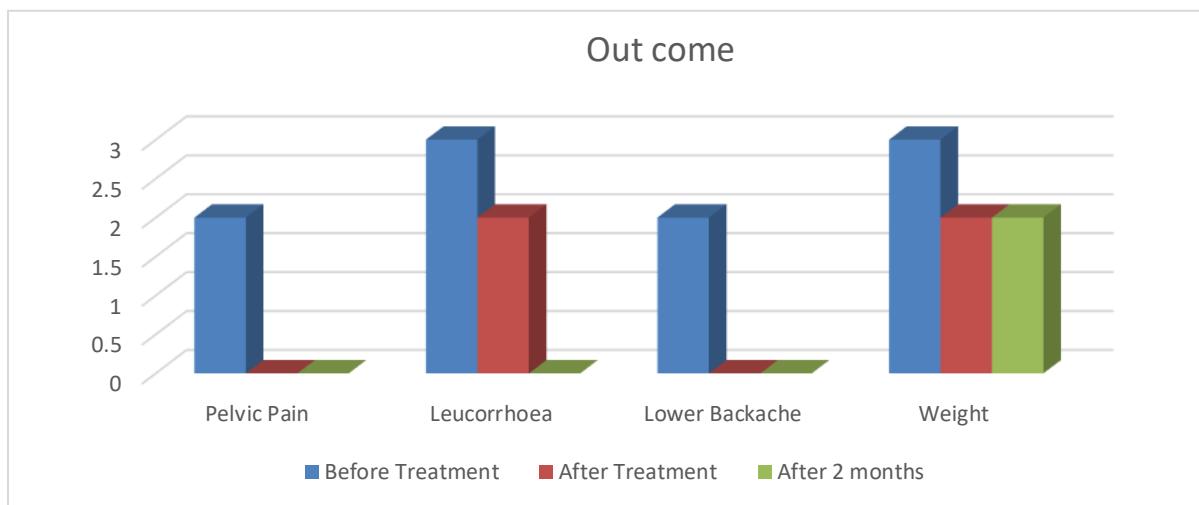
Table 12 Assessment of interval of menstruation

≤ 35 days	0
36 to 45 days	1
46 to 55 days	2
≥ 56 days	3

## OUTCOME AND FOLLOW UP

Table 13 Outcome and Follow up

SYMPTOMS	BEFORE TREATMENT (29/09/2024)	AFTER TREATMENT (22/11/2024)	AFTER 3 MONTHS (02/01/2025)
<b>Pelvic pain</b>	2	0	0
<b>Leucorrhoea</b>	3	2	0
<b>Abdominal bloating</b>	Moderate	Mild	Null
<b>Weakness</b>	(++++) weakness	Moderate weakness	Null
<b>Lower backache</b>	2	0	0
<b>Menstrual disturbance (delay menses)</b>	1	1	0
<b>Weight (BMI)</b>	3	2	2



Diagnostic assessment Ultrasonography (USG) on 11<sup>th</sup> Nov-2024:

25x26 mm follicular retention cyst in right adnexal region and 32x34 mm left ovarian cyst.

## RESULT

There was 100% relief in leucorrhoea, pelvic pain, backache and weakness and moderate loss found in BMI.

There was complete resolution of right and left ovarian cyst which was seen in after treatment USG report. (on 02/01/2025)

Before treatment wt: 80 kg

After treatment wt: 70 kg

## DISCUSSION

No exact corelation is found in Ayurveda but depending upon signs and symptoms this condition can be corelated with Granthi. When the deranged Tridosha vitiates the Mamsa, Asrik, and Meda Dhatu along with Kapha, it produces a circular, raised, and knotted inflammatory swellings called

Granthi (nodular/glandular growth). Main clinical feature of Granthi, Vidradhi (abscess), and Apachi (enlargement of the glands of the neck) is swelling/inflammation or protuberance. Shotha (inflammation) may occur in different body parts; these are of many types due to the different location and clinical features. Hence, ovarian cyst can be called as Beejakosha Granthi (ovarian cyst) on the basis of its location in Beejakosha (ovary) and its surroundings. Ovarian cyst occurs due to the vitiation of Vata (Apana) and Kapha dosha as they do Margavarodha to Artava Vaha Srotas leading to absence of flow of Artava.

It can be understood as Sannipataja Dosha manifestation with Smrapti of Rasadushti, Medodushti, Artav Dushti and Avarana of Vata (Apana).

Virechana: Virechana is the most effective trearment for Pitta Dosha, Pitta Sthanagata Kapha and Kapha Sansrista Doshas. As

Amashaya is the particular seat of the Pitta (Adhoga) and Kapha Dosha (Urdhwaga), make Virechana Karma favourable to cure both Pitta and Kapha Dosha. Virechana also act on Vata dosha and Vatika diseases, therefore used to balance out of three Doshas.[5] Virechana expel out Aamashayadi Doshas dragging them towards Adhobhaga through the Guda (anus). This traditional practice aims to detoxify the body, balance hormones, and improve overall reproductive health. It acts in regulating the menstrual cycle and managing symptoms like weight gain, by promoting the elimination of Ama and improving digestive and metabolic function

Virechana (Purgation) - it removes vitiated Dosha causing Aavarana, Vata Anulomana and catering the normal functioning of Dosha, increases the bio availability of drugs by opening channels & improve the assimilation of the drug.

Purvakarma: Deepana Pachana done with Trikatu Churna containing Sunthi, Maricha, Pippali is a well-known ayurvedic formulation. It is having properties of Ushna, Tikshna, Laghu, Ruksha, Dipana, Kaphahara, Medaghna. its helps in digestion, relieves Ama and anorexia.

Shodhanartha Snehana with Go Ghrita – for Shodhan Karma, Vitiated Dosha are brought to Koshtha from Shakha Pradesh. Here

Snehapana given in gradually increased dose helps this. Bahya Snehana and Swedana helps to melt Dosha in blood stream, increase them and send towards Koshtha.

Pradhankarma: Trivrut is considered as Shreshtha Virechak Dravya and also it acts on Tridosha. When both digested or indigested Mala are liquefied and evacuated then the process is termed as Rechana (purgation) and the drug is termed as Rechana Dravya. The example of Rechana Dravya is Trivrut. It is having the properties of Laghu, Ruksha (dry) and Tikshna. Because of these properties it removes the impurities from Sukshma Strotas (structural or functional channels). It is again mentioned as Sukha Virechak. So easily palatable for the patient.

Danti is considered as Trikshna Virechaka Dravya. It is having properties of Ushna, Tikshna, Sara (mobility), Dipaniya, Ashukari (fast acting), Vikasi (property of substance resulting in quick spread and action), Vata-Kaphahara, and Shothahara.

Triphal Kwatha (decoction) which is used in Virechana and Lekhan Basti both has properties of Shothahara, Granthihara (reducing size of cyst), Kapha-Medohara, and Vatanulomana.

Paschatkarma: Sansarjana Krama for 7 days.

Lekhan Basti: Basti means administration of drug through anal route. Sharangdhara and

Acharya Sushruta mentioned Lekhana Basti as a part of Niruha Basti in which decoction is used for scraping action. Triphala Kwatha, Madhu, Yavakshara and Gomutra, etc. are major components of Lekhana Basti.

The main treatment for Vata Dosha is Basti Chikitsa. Lekhana Basti is one of the treatments of Vata diseases. Lekhana Basti possesses Lekhana, Pachana, Ushna (hot) and Tikshna(sharp) properties. It offers VataKapha Shamaka, Srotoshodhaka and Amapachana actions. It operates on Apana Vata (one of the five subtypes of Vata (Vayu), situated in the pelvic region) and normalizes its function.

The Lekhana Basti decreases LH level thus prevents premature luteinization, therefore growth and development of follicle stimulated by normal FSH level. Lekhana, Ruksha, Tikshana, Deepana and Pachana properties of drugs contributed towards body weight by controlling Jatharagni. As a result, it prevents accumulation of Medodhatu and ultimately causes Lakshana Upashamana of ailment. [6]

## CONCLUSION

In this present case, Virechana followed by Lekhana Basti removes Srotorodha, caused by Kapha, helps to relieve symptoms of ovarian cyst. Improve function of ovary by Vata and Kapha regulation. The treatment protocol regulated menstruation, decreases

body weight, cause expansion of follicles and improves ovulation process. This case gave marvellous result in the patient, helped to boost confidence in Ayurved science.

## REFERENCES

1. Sushruta, Sushruta Samhita, Ayurved tatvasandipika hindi commentary by Dr. Ambika Dutta Shastri Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2016, Nidan Sthana 11/3 Pg No.350
2. Agnivesh, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, svayathu Chikitsa Adhyaya, 12/81, Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi 2012
3. Agnivesh, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, svayathu Chikitsa Adhyaya, 12/82, Edited with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi 2012
4. Donga S, Pandya M, Dei L, Thakar A. Efficacy of Virechana, Triphaladi decoction with processed Guggulu in the management of ovarian cyst - A pilot study. AYU (An international quarterly journal of research in Ayurveda) [Internet]. 2020 [cited 2025 Apr 10];41(3):166. Available from: <https://search.app/pse2saa8d5u7hfrw>

5. Pargaonkar Rasika Santosh, Deepali Jaiswal, Amrutha BS. Role of Virechana Karma in Poly Cystic Ovarian Syndrome - A Case Study. Journal of Ayurveda and Integrated Medical Sciences [Internet]. 2025 Feb 4 [cited 2025 Apr 10];9(11):295–8.

Available from:

<https://jaims.in/jaims/article/view/4049>

6. WJPMR | Home. World Journal of Pharmaceutical and Medical Research [Internet]. Available from:

<http://www.wjpmr.com/>

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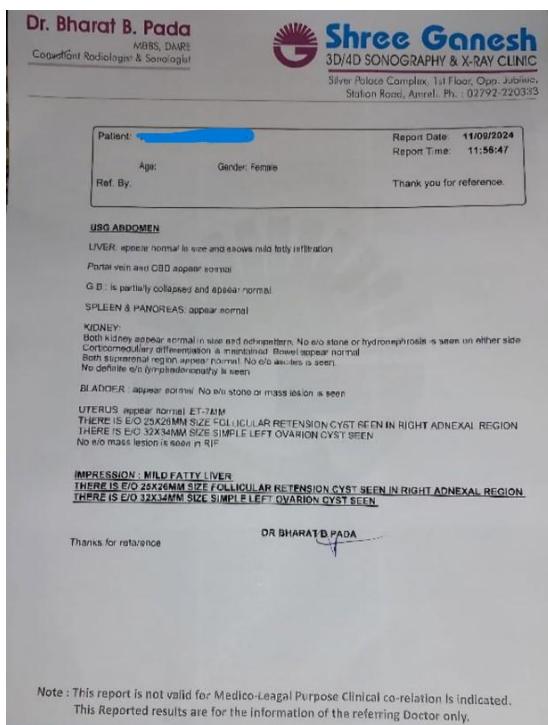
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Source of support: Nil

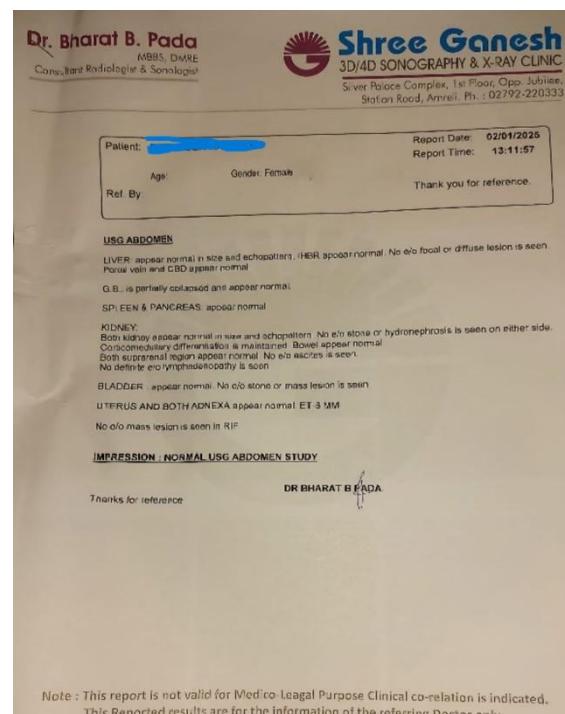
Conflict of interest: None Declared

### Cite this article as

Dr Nehal Patel: Ayurvedic Management of Ovarian Cyst: A Case Study; X (5): 2676 - 2685



Before treatment



After treatment