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Holistic Management of Hemorrhagic Ovarian Cyst through Ayurveda: A Clinical Case Study

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ABSTRACT -

Introduction: Ovarian cysts are fluid-filled sacs that can develop at any stage of age, commonly arising from the ovarian surface epithelium. Although often asymptomatic, some cysts may have symptoms such as lower abdominal pain, lumbar pain, dysmenorrhea, nausea, vomiting, and a feeling of fullness. In classic Ayurveda, it can be correlated with *Granthi*. **Objective:** To evaluate the efficacy of Ayurvedic interventions in the holistic management of ovarian cysts through Ayurveda, with a core focus on hemorrhagic cyst resolution. **Diagnostic assessment:** A clinically diagnosed case of an ovarian cyst, likely a hemorrhagic cyst, was managed using Ayurvedic protocols based on *Granthi Chikitsa*. Diagnosis and treatment progress were monitored through ultrasonography (USG) of the pelvis. **Therapeutic interventions:** The treatment included oral administration of *Kanchanara Guggulu*, *Chandraprabha Vati*, *Kuberaksha Vati* and *Trivrut Avaleha* over a period of three months. **Results:** After three months of intervention, the patient showed complete resolution of the hemorrhagic cyst and a significant reduction in the size of the ovarian cyst, as confirmed by follow-up USG reports. Symptomatic relief in terms of pain and associated discomfort was also observed. **Conclusion:** The Ayurvedic management protocol following *Granthi Chikitsa* proved effective in resolving hemorrhagic ovarian cysts and reducing cyst size. The selected formulations demonstrated potential in providing both symptomatic relief and radiological improvement, indicating the efficacy of classical Ayurvedic interventions in such gynaecological conditions.

Keywords: *Granthi,* Haemorrhagic cyst*, Kanchanara Guggulu*, Ovarian cyst.

INTRODUCTION –

Ovarian cysts are tiny sacs filled with fluid that can develop inside or on the surface of the ovaries, commonly triggered by hormonal fluctuations during puberty or menopause.[1] Unilateral, unilocular, and simple ovarian cysts under 5 cm in size that are asymptomatic typically have a low likelihood of malignancy. They can be safely monitored with a follow-up assessment in 4 to 6 months.[2] ovarian cyst cases are likely hemorrhagic and associated with dysmenorrhoea. The prevalence of dysmenorrhoea among individuals of reproductive age varies widely, ranging from 16% to 91%, with about 2% to 29% experiencing severe menstrual pain.[3] Typical symptoms of ovarian cysts include irregular menstruation, abnormal uterine bleeding, pain in the lower abdomen or pelvis, nausea, and headache. Sometimes, they may also cause nonspecific signs such as frequent or urgent urination, abdominal bloating, loss of appetite, and persistent fatigue.[4] Ovarian cysts can result from a variety of gynaecologic and non-gynaecologic conditions. Among gynaecologic causes, benign cysts such as functional cysts (including follicular and corpus luteum types), endometriomas, tubo-ovarian abscesses, and benign tumours like dermoids and cystadenomas are common. Other benign conditions include Paratubal cysts, hydrosalpinx, and uterine fibroids, which may sometimes mimic ovarian masses.[5] Hemorrhagic ovarian cysts, particularly those of functional origin, can sometimes rupture and lead to bleeding, though this is often self-limiting and does not require intervention. However, in cases where the diagnosis is uncertain or the patient exhibits signs of haemodynamic compromise, laparoscopy may be necessary for both diagnosis and management.[6] We observed a marked improvement in lower abdominal pain, lumbar pain, and bloating. This case study primarily aimed to evaluate the efficacy of Ayurvedic intervention in the management of a hemorrhagic ovarian cyst.

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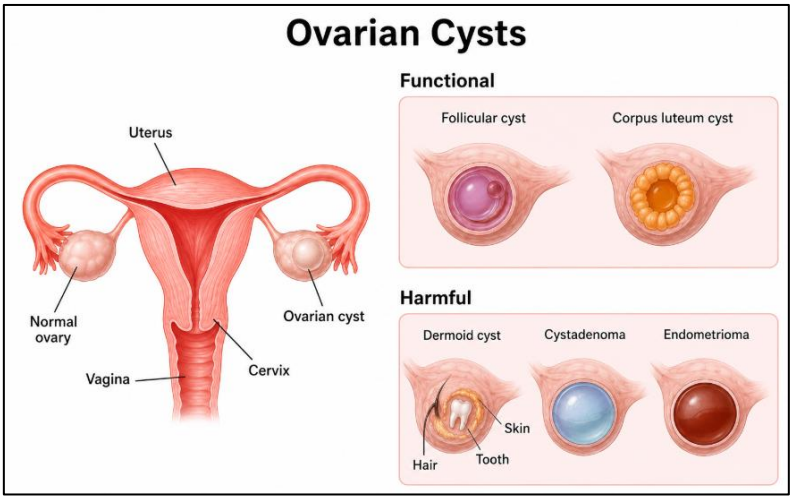


Figure I

Materials and Methods

Patient Information

A 21-year-old unmarried girl visited the OPD of N.E.E.R.I. Hospital Nagpur, a satellite OPD of RARI, Nagpur, was initiated in accordance with the CSIR and AYUSH initiatives. Patient presents with complaints of acute lower abdominal pain on both sides and a feeling of fullness and bloating for 2 months since the visit.In addition, the patient has been experiencing stomach ache, lower abdominal pain, headache with pain in both lower extremities and lumbar pain with a feeling of fullness for 2 years during the menstrual cycle, which are managed with Tab Proxym MR and Tab Cyclopam**.**

Menstrual history: Menarche – 16 years; duration – 2-3 days; Pads – 1-2 pads per day; Interval – irregular; amount of flow – scanty menses; dysmenorrhoea – present.

Clinical Findings:

The patient built was normal with a height of 150 cm, weight 45 kg and body mass index of 20.0 kg/m². On physical examination, the patient was alert to place and person; skin was pale and had the complaints of unsatisfactory bowel movements. Vital signs were normal. Temperature – 37.4°C, pulse – 88 times per minute, respiratory rate – 16 times per minute, blood pressure – 110/70 mmHg, SpO_2 – 98%. According to Ayurveda classics, *Asthavidha pariksha* was done, i.e., *Nadi* (the body's internal state) – *Vatta and Pitta; Mala* (stool) – *Asamyak* (regular), consistency – hard sometimes; Micturition (urine) – normal, frequency – 5-7 times per day; *Jivaha* (tongue) – Sama (undigested metabolic waste can be accessed through the appearance of the tongue); Shabda (voice) – *Spastha* (clear); *Sparsh* (skin) – *Samshitoshna* (temperature – normal); *Druka* (eyes) – *Prakrut* (normal); and Aakruti (physical constitution) – *Krusha* (thin).

Diagnostic assessment

The patient reported symptoms indicative of an ovarian cyst, leading to a clinical diagnosis that was subsequently confirmed through **USG findings dated April 2023**, as outlined in Table No. 2. The USG findings revealed a polycystic appearance in the right ovary and a probable hemorrhagic cyst in the left ovary. The patient experienced lower abdominal pain and lumbar pain and was willing to undergo the prescribed Ayurvedic treatment. The treatment outcomes were satisfactory.

Therapeutic intervention

For this study, the selected Ayurvedic medications as outlined in **Table no. 1 included** *Kanchanara Guggulu, Chandraprabha Vati,* and *Kuberaksha Vati*. Among these, *Kanchanara Guggulu* has a long-standing traditional use in treating conditions such as *Gandamala* (cervical lymphadenopathy*), Apachi, Arbuda, Granthi,* and various forms of *Kushta* (skin disorders).[7].

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Table no. I

TIME	DRUG	DOSE
15/05/2023	*1.Kanchnar guggul*	250mg 2TDS with lukewarm water after meal
	2.Chandraprabha vati	250mg 2BD with lukewarm water Before food
	3.Kuberaksha vati	125mg 2BD with lukewarm water before food
	*4.*Amy cordial ds syrup	20 ml BD with lukewarm After food
	5.Trivrutta Avaleha	3g HS with lukewarm water after food

Ayurvedic Treatment

The results were satisfactory after three months of administering the above-mentioned drugs, and the medication was continued for another three months. A follow-up USG was advised during the subsequent visit.

Result

The USG report showed that after three months of treatment, the hemorrhagic cyst had disappeared, and the left ovarian cyst had reduced in size considerably from 50 cc to 9.1 cc. Due to this improvement, the patient was advised to continue the medication for six months.

Table No. II – USG Assessment

Before Treatment	After Treatment	
USG Report 1 (date-19/04/23)	USG Report 2(date- 19/07/23)	USG REPORT 3(date-06/10/23)
Complex left ovarian cyst likely to be a haemorrhagic cyst (vol. 50 cc) and a polycystic right ovary (vol. 13.3 cc)	Right ovary (vol-20cc) Mild cystitis and bulky bilateral ovaries, and the left ovary shows vol-16.5 cc.	Right ovary volume has decreased to 24 cc, and left ovary volume has decreased to 9.1 cc.

Pain assessment:-

The patient came to the hospital with complaints of abdominal pain, so the pain was assessed through a pain rating scale; it was 8, and after treatment, it was assessed as 4.

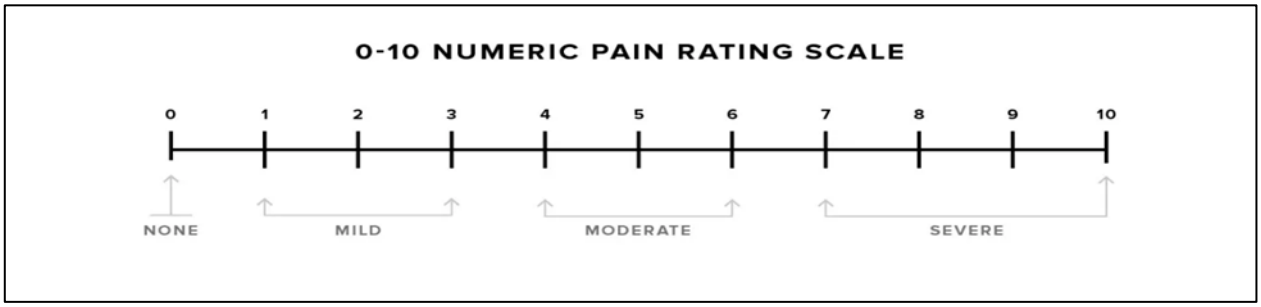


Figure II

Discussion

The exact prevalence of ovarian cysts is difficult to determine, as many individuals may be asymptomatic and undiagnosed. However, studies have provided some insights. As per the published data by 'Mobeen S' on ovarian cysts, in a random sample of 335 asymptomatic women aged 25 to 40 years, 7.8% had an adnexal lesion, with 6.6% specifically having an ovarian cyst. In the general population, approximately 4% of women will be hospitalised for ovarian cysts by age 65.[5] Although ovarian cysts are not specifically described in Ayurvedic texts, they can be considered under the broader term *'granthi'*.[4] *An* imbalance of *Vata*, along with other aggravated *doshas*, can affect the *Mamsa* (muscle), Rakta (blood), and *Meda* (fat) tissues, especially when *Kapha* is predominant. This pathological combination leads to the formation of firm, rounded, and elevated nodular swellings, known in Ayurveda as *Granthi*'.[8]

Ayurvedic approach of managing *granthi* –

General management of *a granthi* (glandular swelling or tumour) in its early or acute stage—when the swelling is inflamed but not yet filled with pus—the treatment of a *Granthi* should follow the standard protocols used for managing inflammatory swellings (*Sopha*). To nourish and strengthen the body, the patient should be given therapeutic fats such as oil, clarified butter (ghee), or both. Another option is *Trivrita*, a combination of lard, oil, and ghee, administered as a restorative drink. Medicinal herbs like *Prasarani* and *Dashamula* should be cooked with these fatty substances to prepare healing formulations.[9]Drugs are combined together as drugs show their effect not only because of their properties but also due to their natural composition and the combined action of both at a specific time, through a defined mechanism, and with a particular purpose. The function it performs is known as ***karma*** **(action)**; the energy through which it works is ***vīrya*** **(potency),** which shows a positive effect on disease outcomes.[10] The combination of drugs used included *Kanchnar Guggulu, Kuberaksha Vati, Trivrut Avaleha, and Chandraprabha Vati.*

Discussion on drugs used/prescribed

1. *Kanchnar guggulu* is composed of twelve ingredients, including *Kanchanara, Guggulu, Pippali, Maricha, Sunthi, Amalaki, Bibhitaki, Haritaki, Varuna, Tvak, Ela,* and *Tejpatra*. Among these, *Kanchanara* (*Bauhinia variegata Linn.*) is considered the primary herb for managing *Granthi Vikara* and *Galaganda* due to its *anulomana* (regulating bowel movement) and *kapha-pitta-shamaka* (pacifying *kapha* and *pitta*) properties. *Guggulu* is known for its *tridoshahara* (balancing all three doshas) effect and possesses actions such as *dipana* (enhancing digestion), *pachana* (digestive), and *lekhana* (scraping). It helps regulate *Agni* (digestive fire), calms *vata* and *kapha*, and purifies the body channels (*srotoshodhana).* Other ingredients like *Tvak, Amalaki, Bibhitaki, Sunthi, Ela, Tejpatra, Maricha*, and *Pippali* are effective in reducing *sotha* (inflammation/swelling).[11] Ethanolic and water-based extracts from the stem bark and root of *Bauhinia variegata* have been shown to significantly reduce plasma levels of cholesterol, triglycerides, LDL, and VLDL, while increasing HDL levels. *Bauhinia variegata* also possesses chemoprotective, anti-tumour, anti-inflammatory, antidiabetic, and antioxidant properties. Its bark contains active compounds that enhance the enzyme tyrosinase, promoting the conversion of tyrosine into thyroxine, thereby supporting thyroid hormone synthesis. Additionally, lupeol and β-sitosterol found in *Kanchanara* contribute to its anti-inflammatory, antioxidant, antitumor, chemoprotective, and cholesterol-lowering effects.[12]

2. *Trivrit Avaleha* is composed of key ingredients such as *Trivrutta, Ela*, Tamalpatra, *Twak, Madhu,* and *Sharkara*, with *Trivrutta* (Operculina turpethum) being the primary component. As per *Charaka, Trivrutta* possesses *Sukhvirechak* (mild purgative), *Kapha-Pitta shamak*, *Bhedan*, and *Rechan* (laxative) properties. Additionally, *Twak, Ela*, and *Tamalpatra* are known for their *Tridoshshamak* (balancing all three *doshas)*, *Deepan* (appetite-stimulating), *Pachan* (digestive), and *Lekhan* (scraping) effects. Due to these combined actions, *Trivrutta Avaleha* supports the regulation of *Jatharagni* and *Dhatuagni*, aiding in the removal of *Ama* (toxins) and vitiated *doshas* through its purgative action.[13]

3. *Chandraprabha Vati* is a classical Ayurvedic formulation; its efficacy is best known for treating various gynaecological disorders. Primarily it is a *Guggulu*-based preparation; it predominantly balances the *Vata dosha*. In the context of gynaecological conditions, both *Pitta* and *Vata doshas* are typically implicated. The imbalance of these *doshas* manifests symptoms of abdominal pain and dull aching pain in the lumbar and groin areas. It enhances *Agni* through its *deepan* (appetiser) and *pachan* (digestive) properties. A key ingredient in *Chandraprabha Vati* is *Shilajit*, which is recognised for its *Rasayana* (rejuvenative) properties.[14]

4. *Kuberaksha Vati* is a traditional Ayurvedic formulation comprising *Latakaran*j (Caesalpinia bonduc), *Hing* (Ferula foetida), *Sunthi* (Zingiber officinale), and Kala Namak (Black Salt), processed with *Lasuna* (Allium sativum) juice. The above combination aids in alleviating various gynaecological concerns like *Parinamshoola* (postprandial pain) and Udarshoola (colic pain) and also helps in various digestive concerns like Grahani, *Atisara (*diarrhoea), *Kashtartava* (dysmenorrhoea), and Polycystic Ovary Syndrome (PCOS). [15]

This Ayurvedic approach can be useful as combined drugs provide more efficacy, which typically cannot be achieved through a single drug/herb. This holistic management addresses the underlying cause, re-establishing the internal equilibrium and overall balance in the body. This complementary action enhances the overall therapeutic outcome.

Conclusion –

This case study demonstrates a positive outcome in the holistic management of hemorrhagic ovarian cysts using Ayurvedic intervention. The treatment approach may be adapted into the treatment guidelines for PCOD, subject to validation through ongoing public RCTs."

Declaration of patient consent

The authors confirm that informed patient consent was obtained for publication of clinical information and images of investigations, with assurance of confidentiality and anonymity.

Author's contribution certificate

All the three authors have contributed to the design, definition of intellectual content, literature search, Clinical studies and Data acquisition. Manuscript was prepared by the first author whereas manuscript was edited by second and corresponding authors. Moreover corresponding author consulted the patient.

Data availability statement

The data collected for this case report are stored in physical or electronic form as appropriate, and are de-identified. The corresponding author retains the data and may provide access under appropriate conditions.

Declaration of AI

During the preparation of this work, the author(s) used ChatGPT (OpenAI) in order to improve readability and language phrasing. After using this tool, the author(s) reviewed and edited the content as needed and take full responsibility for the content of the publication".

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Conflicts of interest

There are no conflicts of interest.

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Fig.1:-https://www.gleneagles.com.sg/conditions-diseases/ovarian-cysts/symptomscauses

Fig 2:-https://images.app.goo.gl/5swkuYFHRuPaK1Zp6

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