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Case Report

Ayurveda Section

Ayurvedic Management of Ovarian Cyst: A Case Report

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ABSTRACT

Ovarian cysts are fluid-filled sacs that develop either on or within a woman's ovaries, which are part of the female reproductive system. They are frequently encountered and can form at any stage of life, but they are most often detected in women during their reproductive years. According to *Ayurveda*, ovarian cysts can be correlated to *Kaphaja Granthi Roga*. A 49-year-old female patient came to the Outpatient Department (OPD), with complaints of pain in the pelvic region, bloating, heaviness in the lower abdomen, and changes in menstrual patterns in the last six months. Her ultrasonography report suggested an ovarian cyst measuring 66.2×44.2 mm. The condition was addressed with a combination of various traditional ayurvedic medicines like *Kanchnar guggulu* 2 tab twice a day, *Chandraprabha vati* 2 tab twice a day, *Bruhat panchmula kwath* 20 mL twice a day, *Ajmodadi churna* 1 tsf at night, *Varunadi kashyam* 10 mL twice a day, all medicine were given for six months. The patient was satisfied with the outcomes. According to her Ultrasound (USG) reports, after six months of treatment there was no evidence of an ovarian cyst, and her symptoms also demonstrated improvement. The current case underscores the effectiveness of Ayurvedic treatment in achieving positive outcomes for managing ovarian cysts.

Keywords: *Artavavaha shrotas, Granthi, Kanchnar guggulu*

CASE REPORT

A 49-year-old female patient came to the OPD, with chief complaints of severe and sharp pain in the pelvic region, bloating, heaviness in the lower abdomen, and irregular menstrual cycle lasting between 5 to 7 days with interval varying from 20 to 25 days since last six months. The patient was asymptomatic six months ago, but gradually began to experience the aforementioned symptoms. She visited the allopathic hospital where a complete blood count, cancer antigen 125, and Ultrasonography were done and she was diagnosed with a right ovarian cyst (66.2×44.2 mm) and was advised surgery. Patient did not take any allopathic medication for ovarian cyst. Then, she came to our OPD for further management. The patient had a known history of hypothyroidism for the past five years and is currently on a daily dose of Thyrox 50 mcg (Thyroxine Sodium). There was no known history of Diabetes Mellitus (DM) or Hypertension (HTN).

The patient had no significant past surgical or medical history, indicating a lack of major medical conditions or surgical interventions. Additionally, the family history was unremarkable, with no significant medical conditions reported, suggesting no notable hereditary health concerns. Her obstetric history was $G_0P_3A_0L_3D_0$. The patient followed a vegetarian diet (*Ahara*) and led a generally normal lifestyle (*Vihara*). Bowel habits were regular, with one movement per day. The patient had an addiction to tea and reported having sound sleep. Urine output was 4-5 times during the day and 0-1 time at night. The patient's blood group was B+. The patient stated that her menstrual cycles lasted between five to seven days and occurred irregularly, with intervals varying from 20 to 25 days. She experienced increased bleeding accompanied by lower abdominal pain. The patient had a normal built with a height of 158 cm and a weight of 69 kg. Vital signs were within normal ranges, including a pulse rate of 78 beats per minute, blood pressure of 130/80 mmHg, respiration rate of 16 breaths per minute, and a body temperature of 98.6°F. The patient's gait was also normal, indicating no apparent issues with mobility or balance.

Ashtavidha Pariksha: The patient's *Nadi* was identified as *Vata-Kapha* with a rate of 78 beats per minute. Bowel movements (*Mala*) were regular, occurring once daily and urinary frequency (*Mutra pravritti*) was normal at 4-5 times per day. The tongue (*Jihva*) was coated (*Saam*), indicating possible *Ama* (toxins). Speech (*Sabda*) was clear (*Spasta*), and touch sensation (*Sparsha*), vision (*Drika*), and overall physical appearance (*Akruti*) were normal, reflecting balanced physiological functions. ***Dasavidha Pariksha-*** The patient's *Prakriti* was identified as *Vata-Kaphaja*, while the current imbalance (*Vikriti*) was of *Kaphaja* nature. The assessments of strength (*Saar*, *Sahanana*), mental resilience (*Satva*), adaptability to diet and lifestyle (*Satmya*), body constitution (*Pramana*), digestive capacity (*Aaharshakti*), and physical activity capacity (*Vyayamashakti*) were all classified as moderate. The patient's age was also in the *Madhya* stage, indicating middle age. This overall evaluation reflected a balanced yet moderately built constitution with potential areas for improvement in maintaining equilibrium.

On per-abdominal examination, the abdomen was soft with mild tenderness in the lower region, while the per-vaginal examination revealed No Abnormalities Detected (NAD). The results showed haemoglobin at 11.2 g/dL, platelet count at 1.60 lac cells/cumm, fasting blood sugar at 102 mg/dL, and cancer antigen-125 at 21 U/mL. A recent USG examination revealed the presence of a right ovarian cyst measuring 66.2 mm by 44.2 mm. The pharmacological type of therapeutic intervention was given to the patient.

The treatment involved using the specified medications for a duration of three months mentioned in [Table/Fig-1]. After continuation of medicine for three months, patient got symptomatic relief and also improvement in USG findings. Then for other three months, treatment was given to the patient mentioned in [Table/Fig-2]. Follow-up was taken every month. Previously, the patient was pleased with the results. Based on her USG findings, the ovarian cyst was gradually decreased and no longer detected after six months, and her symptoms had also shown improvement. An initial USG showed a right ovarian cyst measuring 66.2×44.2 mm. After three months, a follow-up USG revealed a reduction in size to 34.8×26.4 mm. Another three months later, the cyst had further decreased to 26.5×21 mm. This steady reduction in size over time suggested that the cyst might be gradually resolving by medications. Her pain diminished significantly, and she experienced complete recovery through *Ayurvedic* treatment. There have been no recurring symptoms or signs since then.

Treatment Plan A (for three months)				
S. No.	Medicine	Dose	Anupana	Time
1.	*Kanchnar guggulu*	2 tab×bd	With water	After meal
2.	*Chandraprabha vati*	2 tab×bd	With lukewarm water	Before meal
3.	*Bruhat panchmula kwath*	20 mL×bd	With an equal amount of lukewarm water	After meal
4.	*Ajmodadi churna*	1 tsf at night	With lukewarm water	After meal

[Table/Fig-1]: Therapeutic intervention.

Treatment Plan B (for three months)				
S. No.	Medicine	Dose	Anupana	Time
1.	*Kanchnar guggulu*	2 tab×bd	With water	After meal
2.	*Chandraprabha vati*	2 tab×bd	With lukewarm water	Before meal
3.	*Bruhat panchmula kwath*	10 mL×bd	With an equal amount of lukewarm water	After meal
4.	*Varunadi kashyam*	10 mL×bd	With an equal amount of lukewarm water	After meal

[Table/Fig-2]: Therapeutic intervention after 3 months.

S. No.	Authors studies and year of publication	Case presentation	Treatment	Outcome
1.	Bhaskar PA et al., 2019 [7]	Clinical efficacy of *Ayurved* treatment on simple ovarian cyst- A case study. A 27 years female patient with complaints of lower abdominal pain, heaviness in pelvis, peritoneal irritation and irregular menses. USG report revealed left ovarian cyst of size 34 mm*22 mm.	Treatment plan includes *Sahachar taila matra basti*, *Kanchnar guggulu*, *Kuberaksha ghanwati*, Cap. Ugynaetone forte.	All signs and symptoms decreased, USG report shows absence of ovarian cyst.
2.	Priyanka R et al., 2021 [8]	Ayurvedic management of ovarian cyst: A case report. A 27-year-old female patient presented with lower abdominal pain, burning micturition, dyspareunia, bloating of abdomen since 2 months. USG report revealed right ovarian cyst of size 66 mm*61 mm.	Treatment includes *Sukumar kashayam*, *Kanchnar guggulu*, *Gomutra haritaki* and *Guggulu panchapala churnam*.	USG report reveals complete disappearance of cyst. Dysmenorrhoea was reduced and complete recovery from other symptoms.
3.	Deepika et al., 2023 [9]	Ayurvedic treatment regime of ovarian cyst: A case report A 36 years female patient with pelvic pain, bloating, changes in menstrual patterns, pain during sexual intercourse since 2-3 months. USG report revealed left ovarian haemorrhagic cyst (44 mm×36 mm).	Treatment plan include *Varanaadi kashyam*, *Guggulu panchapalam*, *Dashmoola kwath* and *Ajmodadi churna*.	Ultrasound reports revealed no evidence of haemorrhagic ovarian cyst along with symptoms.
4.	Current study	A 49 years female patient with complaints of severe and sharp pain in pelvic region, bloating, heaviness in lower abdomen, irregular menstrual cycle since last 6 months.	Treatment include *Kanchnar guggulu*, *Chandraprabha vati*, *Bruhat panchmula kwath*, *Ajmodadi churna* and *Varunadi kashyam*.	USG report show no evidence of right ovarian cyst and all signs and symptoms improved.

[Table/Fig-3]: Ayurvedic treatments for ovarian cysts across different case studies [7-9].

DISCUSSION

Diagnosing and treating ovarian cysts presents challenges due to the variety of symptoms and overlap with other gynaecological conditions. Traditional diagnosis relies on imaging, such as USG, and markers like Cancer Antigen (CA) which help identify cyst characteristics but cannot always, confirm malignancy without further testing. This case presented a large cyst (66.2×44.2 mm), where standard treatment typically involves surgical removal, especially if symptomatic, as in this case. However, the patient sought *Ayurvedic* intervention over surgery, posing an opportunity to explore non invasive options but challenging due to limited empirical studies validating *Ayurvedic* management effectiveness on ovarian cysts.

Ovarian cysts are a prevalent issue in gynaecology and are categorised into two main types: physiological and pathological [1]. Normal cysts, like follicular and luteal cysts, are considered physiological. Conversely, pathological cysts are categorised as ovarian tumours, which can be benign, malignant, or borderline. Benign tumours typically occur more frequently in younger females, whereas malignant tumours are more commonly diagnosed in older females [2].

In *Ayurvedic Samhitas*, there is a detailed description of *Granthi* described by *Acharyas*, which refers to anatomical structures described akin to nodules or growths [3]. *Granthi* typically forms due to an imbalance in *doshas* (biological energies) [4]. Ovarian cysts can be correlated with *Kaphaja Granthi Roga* in Ayurveda [5]. The pathogenesis of *Granthi Roga* involves the dominance of *Vata* and *Kapha doshas* in the body, along with the imbalance of the *Tridosha* [6]. Therefore, the treatment for *Granthi Roga* focuses on *Vata* and *Kapha* pacifying medications. Additionally, the tissues (*Dushya*) involved in this condition are *Rakta* (blood), *Mamsa* (muscle), and *Meda* (fat) [4], indicating the need for medications possessing *Vatahara* (anti-inflammatory) and *Lekhana* (scraping or reducing) properties.

Similar studies [7-9] have consistently shown that oral medications (*Shamana Chikitsa*), *Shodhana Chikitsa,* and *Basti* procedures play a major role in treating ovarian cysts [Table/Fig-3]. The treatment resulted in a significant reduction in cyst size, verified by follow-up USGs.

Specific *Ayurvedic* formulations were chosen based on their properties:

Kanchnar guggulu, is a herbal formulation that is widely used for managing various health conditions, particularly those related to the thyroid gland, cysts, tumours, lymphatic system, and inflammatory disorders. Main component is *Kanchnar*, which is known for its anti-inflammatory and anti-tumour properties [10]. ***Chandraprabha vati*** supports the reproductive and urinary systems. The main ingredients of *Chandraprabha Vati* typically include a combination of herbs and minerals. These ingredients are combined in specific proportions according to *Ayurvedic* principles to balance the *tridoshas* (*Vata, Pitta,* and *Kapha*) and to support the functioning of the urinary system and reproductive organs. ***Bruhat panchmula kwath***, with its bitter taste (*Katu rasa*), heating potency (*Ushna veerya*), and light, dry nature, acts as an *Aamapachana*, aiding toxin digestion and clearing *Kapha*-induced blockages. Its anti-inflammatory properties and uterine tonic effects also help balance *Vata dosha* and support reproductive health [11].

Varunadi kashyam is a Shodhanaadi Gana formulation, known for its *Kapha-Medohara* properties, reduces *Kapha* and fat tissues, disrupting the *Samprapti* of *Granthi Roga*. It is effective for indigestion, obesity, abdominal tumours, enlarged glands, and *Vata*-related nervous disorders [12]. ***Ajmodadi churna***, a classical Ayurvedic formulation with *Ajmoda* (Apium graveolens) as its key ingredient, supports joint health, digestion, respiratory wellness, and inflammation management. It combines herbal synergy to enhance overall balance and well-being [13].

The goal was to reduce cyst size, manage pain, and restore the menstrual cycle without invasive measures. Follow-ups every month helped in monitoring and adjusting treatment based on symptomatic changes and USG findings. This case study suggests that with proper patient selection and *dosha* assessment, *Ayurvedic* treatment can be an effective alternative to surgery for managing certain types of ovarian cysts. Practitioners should assess the cyst size, symptoms, and patient's preference for non invasive treatments.

CONCLUSION(S)

This case study demonstrates that *Ayurvedic shamana chikitsa* may effectively manage ovarian cysts without the need for surgical intervention. Through carefully selected *Ayurvedic* formulations and regular follow-ups, the patient experienced significant cyst reduction and symptom relief over six months. This outcome suggests that, with appropriate *dosha* assessment and patient monitoring, non invasive *Ayurvedic* therapy could offer a viable alternative to conventional treatment for ovarian cysts.

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REFERENCES

[1] Grimes DA, Jones LB, Lopez LM, Schulz KF. Oral contraceptives for functional ovarian cysts. Cochrane Database Syst Rev. 2014;4:CD006134.
[2] Hongqian L, Xiangao W, Donghao L, Zhihong L, Gang S. Ovarian masses in children and adolescents in China: Analysis of 203 cases. J Ovarian Res. 2013;6:47.
[3] Acharya YT, editor. Charak Samhita with Chakrapani commentary, Chikitsasthana, Adhyaya 12, verse 81. Reprint ed. Varanasi: Chaukhambha Orientalia; 2015. p. 489.
[4] Shastri HS, editor. Ashtanga Hridyam with Sarvangasundara of Arundatta commentary, Uttaratantra, Adhyaya 29, verse 1. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthana; 2016. p. 881.
[5] Fernando KAB, Pushpakumari WLAR. Effectiveness of ayurveda treatment for ovarian cyst: A case report. International Journal of Scientific and Research Publications. 2020;10(7):245-48.
[6] Acharya YT, editor. Sushrut Samhita with Nibandh Sangrah commentary, Nidanasthana, Adhyaya 11, verse 3. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthana; 2017. p. 310.
[7] Bhaskar PA, Laxman PM. Clinical efficacy of *Ayurved* treatment on simple ovarian cyst- A case study. Ayushdhara. 2019;6(6):2492-94.
[8] Priyanka R, Jiji V, Sreedhar A. Ayurvedic management of ovarian cyst: A case report. International Journal of Ayurveda and Pharma Research. 2021;9(4):74-77.
[9] Deepika, Kumar A, Tanwar S. Ayurvedic treatment regime of ovarian hemorrhagic cyst: A case report. IRJAY. 2023;6:47-50.
[10] Mishra D, editor. Sharangdhar Samhita, Madhyam Khanda, Adhyaya 7, verses 94-100. First ed. Varanasi: Chaukhambha Sanskrit Series Office; 2010. p. 313.
[11] Murthy KRS, editor. Bhavaprakasa Nighantu, Purva Khanda, Adhyaya 6(IV), Guducyadi varga, verses 13-28. Reprint ed. Varanasi: Chowkhamba Krishnadas Academy; 2016. p. 229-231.
[12] Shastri HS, editor. Ashtanga Hridyam with Sarvangasundara of Arundatta commentary, Sutrasthana, Adhyaya 15, verses 21-22. Reprint ed. Varanasi: Chaukhamba Sanskrit Sansthana; 2016. p. 236.
[13] Mishra D, editor. Sharangdhar Samhita, Madhyam Khanda, Adhyaya 6, verses 114-118. First ed. Varanasi: Chaukhambha Sanskrit Series Office; 2010. p. 294-295.

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