

Ayurveda Management of *Beejashayagata Granthi* W.S.R. To Haemorrhagic Ovarian Cyst -A Case Report

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Abstract: Ovarian cysts are closed sac-like structures within or on the ovary, filled with liquid or semi-solid substances. Prevalence of hemorrhagic ovarian cysts (HOCs) is not exactly fixed, but functional ovarian cysts (which include HOCs) are very common among women of reproductive age. Studies suggest that up to 14–18% of women with regular menstrual cycles may develop a simple ovarian cyst at some point, and a portion of these (especially corpus luteum cysts) can become hemorrhagic. It's estimated that 4–5% of women in their lifetime will experience an ovarian cyst complication requiring intervention. Specific to hemorrhagic ovarian cysts, the incidence isn't as frequently separated out, but corpus luteum cysts, which can bleed, occur in around 4–6% of women each menstrual cycle. Functional cysts (including HOCs) are very common in reproductive years. Exact numbers for hemorrhagic cysts are less precisely defined but common, especially among women aged 20–40 years. They often resolve spontaneously, but large or ruptured hemorrhagic cysts may require treatment. Hemorrhagic cysts, a type of functional ovarian cyst, are commonly referred to as corpus luteal cysts. *Ayurveda* treatment offers a holistic approach based on classical principles. This case study presents a 26-year-old female diagnosed with a right ovarian hemorrhagic cyst (51×47 mm), experiencing severe lower abdominal and back pain. *Ayurveda* describes such conditions under *Granthi*. The patient was treated with *Yoga Basti* and *Shamana Chikitsa* for two months, following which USG findings confirmed complete resolution of the cyst. This case highlights the efficacy of *Ayurveda* interventions in the management of hemorrhagic ovarian cysts, demonstrating a potential alternative to conventional treatments. Further research and clinical trials are warranted to validate these findings.

Keywords: *Ayurveda*, Hemorrhagic ovarian cysts, corpus luteum cyst, *granthi*, *Yoga basti*, *shamana chikitsa*

INTRODUCTION

Hormones play a crucial role in a woman's life, from menarche to menopause, regulating her physical, psychological, and reproductive health. The Hypothalamo-Pituitary-Ovarian (HPO) axis maintains hormonal balance, and any disruption can lead to various gynecological disorders. The ovaries, suspended laterally to the uterus by the utero-ovarian ligament and covered by the meso-ovarium, are vital reproductive organs. Non-neoplastic enlargement of the ovaries often results from fluid accumulation within their functional units, leading to the formation of ovarian cysts. Modern lifestyle changes, including unhealthy dietary habits and stress, significantly impact female hormonal secretion, contributing to ovarian cyst formation. If not diagnosed and managed promptly, these cysts can interfere with ovulation, predispose women to Polycystic Ovarian Syndrome (PCOS), and cause infertility. Among the various types of ovarian cysts, hemorrhagic cysts are functional cysts that develop when bleeding occurs within a Graafian follicle during ovulation. ¹Instead of rupturing and releasing an ovum, the follicle continues to swell with blood or fluid, forming a cyst. Most hemorrhagic ovarian cysts are corpus luteal cysts, which result from excessive hemorrhage into the corpus luteum. These cysts often present with acute pain, prompting patients to seek medical attention. Despite being blood-filled, they may continue secreting estrogen and progesterone, leading to normal, absent, or delayed menstrual cycles, often

followed by heavy or prolonged bleeding. Although some hemorrhagic cysts may be neoplastic, they are usually benign. In *Ayurveda*, such pathological conditions can be correlated with *Granthi*,^{2,3} a nodular swelling formed due to Doshas. The pathogenesis of *Granthi Roga* is predominantly *Vata-Kapha* in nature, necessitating *Vata-Kapha* Hara medications. Since the involved *Dushyas* are *Rakta*, *Mamsa*, and *Meda*, the treatment should include drugs with *Vatahara* and *Lekhana* properties. *Ayurveda* management primarily involves oral herbal formulations aimed at balancing *Doshas* and promoting healthy ovarian function, thereby addressing both the symptoms and underlying pathology of hemorrhagic ovarian cysts.

PATIENT INFORMATION

A 26-year-old married women who visited the OPD of Dept. of *Prasuti and Stri roga*, National Institute of Ayurveda, Jaipur on 15/04/2024 with complaints of severe lower abdominal and back pain since last 2 months

Past medical history:

No H/O DM/HTN/Thyroid dysfunction or any other medical or surgical history.

Family history:

No history of a similar problem in any of the family members.

Personal History:

Diet – Vegetarian.

Appetite- Good Bowel- Once /day.

Micturition - 4-5 times/day, 2-3 times/Night.

Sleep – Sound sleep

Menstrual history:

Age of Menarche- 13 yrs.

Menstrual cycle –3-5 days, duration 30 days

Pads used –normal pad history

Clots - absent

Pain- absent

L.M.P – 10/04/2024

ASHTAVIDHA PAREEKSHA:

Nadi -76 bpm

Mootra- 4-5 times/day, 2-3 times/Night.

Mala - Once a day.

Jihwa- nirama

Shabda - Heen

Sparsha - Anushna sheeta

Druk – Prakrit

Aakruti – *Madhyama*

DASHAVIDHA PAREEKSHA:

1. *Prakruti* – *Vata-Kapha*

2. *Vikruti* - *Madhyama*

3. *Sara* - *Madhyama*

4. *Samhanana* - *Madhyama*

5. *Pramana* - *Dhairgya* – 154cm, *Dehabhara* - 58 kg

6. *Satmya* - *Madhyama*

7. *Satva*- *Madhyama*

8. *Aahara Shakti* • *Abhyavaharana Shakti* – *Madhyama* • *Jarana Shakti* - *Madhyama*

9. *Vyayama Shakti* – *Madhyama*

10. *Vaya* - *Youvana*

General examination:

- Built - Moderate
- Nourishment - Moderate
- Temperature – 98. F
- Respiratory rate -18/min
- Pulse rate – 76 /min.
- B.P - 110/70 mm of hg
- Height – 154cm • Weight - 58 Kg
- BMI- 24.4
- Tongue: Uncoated (nirama)

Systemic examination:

CVS: S1 S2 Normal.

CNS: Well-oriented, and conscious.

RS: Normal vesicular breathing, no added sounds.

P/A: Soft, non-tender.

INVESTIGATIONS:

Hb: 11.5 gm/dl

HbA1c: 5.3 %

CA-125:13 U/ml

BT: 2.36 minutes

CT: 6.50 minutes

Baseline hormonal assessment was done on 2nd day of cycle and was found as follows:

TSH: 4.161 mIU/ml

FSH: 7.54 mIU/ml

LH: 6.26 mIU/ml

S.Prolactin: 6.12 ng/ml

USG: right ovarian hemorrhagic cyst (51×47 mm)

THERAPEUTIC INTERVENTION, FOLLOW-UP AND OUTCOMES:

Hemorrhagic ovarian cysts can be correlated with *Granthi* in *Ayurveda*. *Granthi Roga* is a disorder caused by the vitiation of *Vata* and *Kapha Dosha*, affecting the *Rakta*, *Mamsa*, and *Meda Dhatus*. The pathogenesis (*Samprapti*) involves *Vata* inducing abnormal growth (*Sanga* and *Vivrnata*), while *Kapha* contributes to the solidification and encapsulation of the cystic structure. For management, *Vata-Kapha Hara* therapies are essential to restore balance. In *Shamana Chikitsa* (palliative treatment), medicines should possess *Vatahara* (*Vata*-pacifying) and *Lekhana* (scraping and reducing abnormal tissue growth) properties. This approach helps regulate ovarian function, reduce cyst formation, and maintain hormonal equilibrium, ultimately improving reproductive health. In this case, the *Ayurveda*

approach combined herbal medication with *Yoga Basti* (a series of eight medicated enemas) to correct *Apana Vata* imbalance and facilitate natural bowel and menstrual flow. Initially, the patient was hesitant about undergoing *Yoga Basti*, but this reluctance subsided after the successful administration of *Matra Basti* (a mild oil enema) during the first appointment. Following the complete course of *Yoga Basti*, the patient experienced significant pain relief. Menstruation no longer caused extreme discomfort, and daily activities became more manageable. The treatment regimen continued for two months, demonstrating the effectiveness of *Ayurveda* management in addressing Haemorrhagic ovarian cysts.

Table 1. Timeline of the therapeutic intervention and diagnostic tests.

Date	Treatment	Doses	Duration	USG findings
15/04/2024				51 × 47 mm cyst in right ovary with fibrin strands
15/04/2024 First visit	<i>Oral medicines:</i> 1. <i>Avipattikar churna</i>	3 gm BD		
	<i>Pittantaka churna</i>	500mg BD		
	<i>Laghu sootshekhara rasa</i>	250 mg BD		
	<i>Shankha bhasma</i>	500mg BD		
	<i>Kamdudha rasa</i>	500mg BD		
	<i>Hingwashataka churna</i>	1 gm BD		
	2. <i>Chandraprabhavati</i>	2 BD		
	3. <i>Gandhaka vati</i>	2 BD		
	4. <i>Punarnavashtaka kashaya</i>	6gm BD		
	5. <i>Arbudahara kashaya</i>	6gm BD		
7/06/2024				Normal study

Basti Preparation and Administration

Oil Basti (*Anuvasana Basti*)

Ingredients:

Dashamoola oil (60 ml, warmed)

Saindhava (rock salt, 1 gm)

Administration Schedule:

Given on the first, fourth, seventh, and tenth days.

Pratyagama Kala (time of expulsion) for the first *basti* was 4 hours, which gradually increased to 6–8 hours over the course of treatment.

***Niruha Basti* (Decoction Enema)**

Ingredients:

Honey (60 ml)

Saindhava (rock salt, 5 gm)

Dashmoola taila (30ml)

Shatapushpa churna 10 gm

Punarnavashtaka quath 250 ml

Arbudahara quath 250 ml

Administration Schedule:

Given on the second, third, sixth, eighth and ninth and days.

Pratyagama Kala (time of expulsion) for the *Niruha Basti* was 10–15 minutes.

This structured administration of *Yoga Basti* aimed to regulate *Apana Vata*, alleviate pain, and restore the natural flow of bodily functions, significantly improving the patient's symptoms.



Patient Name : [REDACTED] Age : 26 Years Sex : Female
Referred By : Dr. Neetu Bansal Date : 05/04/2024 Regn No : 24D05-003

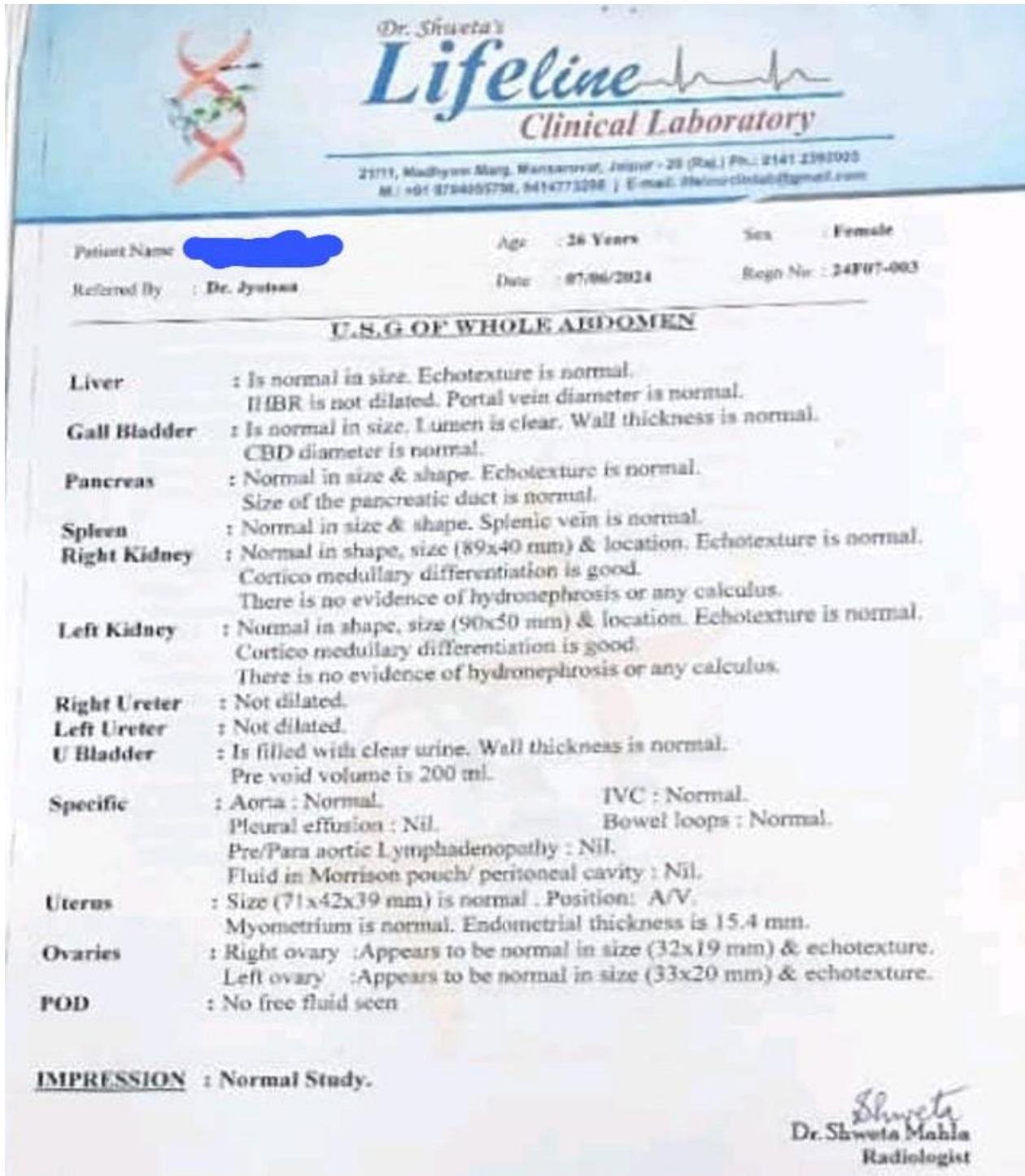
U.S.G OF WHOLE ABDOMEN

- Liver** : Is normal in size. Echotexture is normal. IIRB is not dilated. Portal vein diameter is normal.
- Gall Bladder** : Is normal in size. Lumen is clear. Wall thickness is normal. CBD diameter is normal.
- Pancreas** : Normal in size & shape. Echotexture is normal. Size of the pancreatic duct is normal.
- Spleen** : Normal in size & shape. Splenic vein is normal.
- Right Kidney** : Normal in shape, size (86x37 mm) & location. Echotexture is normal. Cortico medullary differentiation is good. There is no evidence of hydronephrosis or any calculus.
- Left Kidney** : Normal in shape, size (88x59 mm) & location. Echotexture is normal. Cortico medullary differentiation is good. There is no evidence of hydronephrosis or any calculus.
- Right Ureter** : Not dilated.
- Left Ureter** : Not dilated.
- U Bladder** : Is filled with clear urine. Wall thickness is normal. Pre void volume is 100 ml.
- Specific** : Aorta : Normal. IVC : Normal.
Pleural effusion : Nil. Bowel loops : Normal.
Pre/Para aortic Lymphadenopathy : Nil.
Fluid in Morrison pouch/ peritoneal cavity : Nil.
- Uterus** : Size (86x49x44 mm) is normal. Position: A/V. Myometrium is normal. Endometrial thickness is 8.6 mm.
- Ovaries** : Right ovary : **A cystic lesion of size 51x47 mm is seen with fibrin strands.**
Left ovary : Appears to be normal in size (31x17 mm) & echotexture.
- POD** : No free fluid seen

IMPRESSION : Rt Ovarian hemorrhagic cyst.

Shweta
Dr. Shweta Mahla
Radiologist

USG BEFORE TREATMENT



USG AFTER TREATMENT

DISCUSSION

This article presents an *Ayurveda* approach to managing Hemorrhagic ovarian cysts in a young woman, highlighting the potential of traditional

medicine as a conservative alternative to surgical intervention.

(1.)The combination of *Avipattikar Churna*, *Pittantaka Churna*, *Laghu Sootsekhar Rasa*, *Shankha Bhasma*, *Kamdudha Rasa* and *hingwashtaka churna*

is commonly used in *Ayurveda* to balance *Dosha* and manage conditions related to excess heat, acidity, and inflammation in the body. In the case of a hemorrhagic ovarian cyst, this combination may help in the following ways:

Avipattikar Churna Aids in digestion and detoxification. Reduces acidity and inflammation, preventing further aggravation of *Pitta Dosha*. Helps in better absorption of other medicines. *Pittantaka Churna* Specifically balances *Pitta Dosha* and reduces internal inflammation. Has cooling and healing properties, which can help reduce excessive bleeding associated with the cyst. Supports liver function, which is crucial for hormonal balance. *Laghu Sootshekhara Rasa* acts as an antacid and anti-inflammatory agent. It helps in managing hormonal imbalances related to menstrual disorders. Reduces pain and burning sensations associated with ovarian cysts. *Shankha Bhasma* a natural calcium compound that helps regulate acid levels in the stomach and blood. Promotes tissue healing and reduces inflammation. It supports proper digestion, preventing excess *Pitta* accumulation. *Kamdudha Rasa* one of the best *Ayurvedic* cooling agents to balance aggravated *Pitta Dosha*. It reduces excessive bleeding (menorrhagia) often seen in hemorrhagic ovarian cysts. It helps in hormonal balance and stress relief, which are crucial in ovarian cyst management. *Hingwashtaka churna* is a classical *Ayurvedic* formulation primarily used for digestive health, gas, bloating, and improving *Agni* (digestive fire). While it is not directly used for treating hemorrhagic ovarian cysts, it can be supportive in managing the condition by improving digestion, metabolism, and hormonal balance. It improves digestion and detoxification. Poor digestion (*Mandagni*) leads to the accumulation of *ama* (toxins), which can contribute to hormonal imbalances and cyst formation. *Hingwashtaka Churna* improves gut health, which is crucial for the proper metabolism of hormones like estrogen and progesterone. It reduces bloating and pelvic discomfort. Many women with ovarian cysts experience abdominal bloating and discomfort due to *Vata* imbalance. *Hing* (*Asafoetida*) in the *churna* reduces bloating, relieves pain, and improves circulation in the lower abdomen. It enhances Liver Function for hormonal balance. The liver plays a crucial role in hormone metabolism, including the breakdown of excess estrogen (which can contribute to cyst growth). *Hingwashtaka Churna*

supports liver detoxification, helping in better hormonal regulation. It balances *Vata* and prevents Cyst recurrence. *Vata* imbalance can lead to the formation of ovarian cysts by causing irregular ovulation and improper tissue growth. *Hingwashtaka Churna*, being a potent *Vata*-pacifying remedy, ensures smooth functioning of the reproductive system.

(2) *Chandraprabhavati* is a renowned *ayurvedic* formulation used for reproductive health, urinary disorders, and hormonal balance. It is highly beneficial in the management of hemorrhagic ovarian cysts due to its ability to regulate hormones, improve blood circulation, and support ovarian function. It regulates hormonal balance. Hemorrhagic ovarian cysts are often linked to hormonal imbalances, especially estrogen dominance. *Chandraprabha Vati* contains *Shilajit*, *Guggulu*, and *Trikatu*, which enhance endocrine function and support healthy ovarian hormone production. It reduces excessive bleeding (*Rakta-Pitta* Control). The presence of *Shilajit* and *Lodhra* helps control heavy menstrual bleeding (menorrhagia). It strengthens the uterus and reduces *Pitta*-related inflammation, preventing excessive blood loss. It promotes ovarian health and reduces cyst size. *Guggulu* and *Haridra* (Turmeric) have anti-inflammatory and detoxifying properties, which help in reducing cyst size. It prevents further cyst formation by balancing *Pitta* and *Kapha doshas*. It supports kidney & liver detoxification. Since toxins (*Ama*) and poor metabolism can lead to ovarian cysts, *Chandraprabha Vati* detoxifies the liver and kidneys, improving overall metabolic balance. A healthy liver ensures proper breakdown and elimination of excess estrogen, reducing cyst formation. It reduces pelvic pain & bloating. Ingredients like *Guggulu* and *Shilajit* improve blood circulation in the pelvic region, reducing pain and inflammation associated with hemorrhagic cysts. It helps in relieving abdominal bloating, indigestion, and fluid retention.

(3) *Gandhaka vati* is an *ayurvedic* formulation mainly used for digestive disorders, detoxification, and immune support. While it is not a primary treatment for hemorrhagic ovarian cysts, it can be supportive in managing the condition by reducing toxins (*Ama*), inflammation, and infections that may contribute to cyst formation and excessive bleeding. Detoxifies the

Body and Improves Liver Function. Hemorrhagic ovarian cysts often occur due to hormonal imbalances, which can be worsened by poor liver function. *Gandhaka* (Purified Sulfur) in this formulation helps in detoxifying the liver, aiding in better hormone metabolism and reducing excess estrogen (which can promote cyst growth). It reduces Inflammation and pain. It has anti-inflammatory properties, which help in reducing pelvic pain, bloating, and discomfort associated with hemorrhagic ovarian cysts. It helps in reducing *Pitta* and *Vata*-related pain symptoms in the lower abdomen. It controls excessive bleeding (*Rakta-Pitta* Balance). Since hemorrhagic cysts can cause excessive menstrual bleeding, *Gandhaka Vati*, when combined with cooling herbs like *Kamdudha Rasa* helps balance *Rakta* (blood) and *Pitta dosha*, preventing excess blood loss. It prevents infection and supports reproductive health. *Gandhaka* has natural antibacterial and antifungal properties, which help in preventing infections in the reproductive system. This is beneficial for women who experience recurrent ovarian cysts due to infections or inflammation. It improves digestion and prevents *Ama* (Toxin) accumulation, poor digestion and toxin buildup can contribute to hormonal imbalances and cyst formation. *Gandhaka Vati* enhances digestion, ensuring better nutrient absorption and reducing metabolic toxins that may lead to ovarian issues.

(4.) *Punarnavashtaka kashaya* is a classical *Ayurvedic* decoction known for its anti-inflammatory, detoxifying, and hormone-balancing properties. It is particularly beneficial in treating hemorrhagic ovarian cysts, which are associated with excessive bleeding, swelling, and fluid retention. It reduces excessive bleeding (*Rakta-Pitta Shamana*). Hemorrhagic ovarian cysts often lead to heavy menstrual bleeding (menorrhagia). *Punarnava* (*Boerhavia diffusa*), *Musta*, and *Daruharidra* in this formulation help control excessive bleeding by cooling and stabilizing *Pitta dosha*. Prevents weakness and anemia caused by excessive blood loss. It shrinks Ovarian cysts and reduces Inflammation. *Punarnava* and *Guduchi* act as anti-inflammatory agents, reducing the size of ovarian cysts and preventing their recurrence. It helps in clearing excess fluids (*Kapha dosha* balance) that contribute to cyst growth. It supports Liver detoxification and estrogen metabolism. Liver health is crucial for breaking down and removing excess

estrogen, a key factor in ovarian cyst formation. *Kutki* and *Guduchi* in *Punarnavashtaka Kashaya* detoxify the liver, promoting hormonal balance. It reduces pelvic pain and swelling. *Punarnava* is a natural diuretic and anti-inflammatory herb, which helps in reducing swelling and bloating in the lower abdomen. It relieves pain and discomfort caused by hemorrhagic cysts. It prevents Fluid retention and detoxifies the body. Women with ovarian cysts often experience fluid retention and bloating. This *Kashaya* removes excess water retention, helping in reducing pelvic congestion and detoxifying the reproductive system.

(5.) *Arbudahara kashaya* is an *Ayurvedic* decoction designed with *shigru*, *varuna*, *kanchnar* and *haridra*. It reduces abnormal growths, balance hormones, and improve reproductive health. It is particularly effective in managing hemorrhagic ovarian cysts, which involve excessive bleeding, inflammation, and cyst formation due to hormonal imbalances.

The case study describes how *Yoga Basti* (a series of medicated enemas) and *shamana chikitsa* were used to alleviate pain, manage Hemorrhagic ovarian cysts oriented symptoms.^{4,5,6,7}

Implications for Future Research

This case report opens the door for further research on *Ayurvedic* management of Hemorrhagic ovarian cysts (*Granthi*). While the outcomes in this case were positive, larger clinical studies are needed to establish the efficacy and reproducibility of *Yoga Basti* in treating Hemorrhagic ovarian cysts. Additionally, a comparative study between *Ayurveda* treatment and conventional hormonal therapy could provide valuable insights into long-term fertility outcomes.

CONCLUSION

Based on its shape, consistency, and nature, a hemorrhagic cyst can be correlated with *Granthi* in *Ayurveda*. Some of the medicines used in *Granthi* and *Arbuda Roga* have been selected due to their *Katu*, *Tikta*, *Ushna*, *Lekhana*, *Rukshana*, *Shophahara*, *Granthihara*, and *Arbudahara* properties. These formulations aid in the *Samprapti Vighatana* of the disease, helping to manage and resolve the pathology. Additionally, *Yoga Basti* plays a crucial role in detoxification, pacifying *Vata* and supporting the dissolution of abnormal growths. However, further research is essential to validate these treatments and

explore their potential to minimize or even eliminate the need for surgical interventions. By advancing *Ayurveda* approaches, including internal medications

and *Yoga Basti*, we can develop more holistic and effective management strategies for hemorrhagic cysts.

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