

Ayurvedic Management of Ovarian Cyst w.s.r. to Kaphaja Granthi – A Case Report

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Abstract—Ovarian cysts are frequently encountered in gynecological practice and often present with abdominal discomfort, pelvic heaviness, and menstrual disturbances.^[1,2] In Ayurveda, such cystic formations are correlated with Kaphaja Granthi, in which vitiated Kapha along with obstructed Vata causes Srotosanga and Mamsa-Meda Vriddhi within the Artavavaha Srotas, leading to cyst development.^[3,4] Modern management includes observation, hormonal therapy, or surgical removal, but many patients prefer Ayurvedic treatment due to its holistic, non-invasive, and safe approach.^[1,6]

A 35-year-old woman presented to the Prasuti Tantra evum Stree Roga OPD with lower abdominal pain, pelvic heaviness, and mild menstrual irregularities. Ultrasonography showed a right ovarian thin-walled cyst measuring 5.3 × 5.2 × 4.7 cm (68 cc).

Aim: To evaluate the effectiveness of Ayurvedic management in a functional ovarian cyst. **Objectives:** To assess cyst size reduction and symptomatic improvement following combined Shodhana and Sanshmana therapies based on Kapha-Medohara, Vata anulomana, and Srotoshodhana principles.^[4,5]

Material and Methods: The patient underwent Koṣṭhasuddhi, followed by Yoga Basti (8 days) with alternate-day Dashamoola Asthapana Basti and Mahanarayana Taila Anuvāsana Basti, along with oral Sanshmana medicines Kanchanara Guggulu and Varunadi Kashaya for three months.^[6,9]

Results: Follow-up ultrasonography showed complete resolution of the ovarian cyst with full symptomatic relief.

Conclusion: This case demonstrates that Ayurvedic therapy integrating Shodhana and Sanshmana approaches can successfully resolve functional ovarian cysts without surgical intervention.

Index Terms—Ovarian cyst, Kaphaja Granthi, Kanchanara Guggulu, Varunadi Kashaya, Yoga Basti.

I. INTRODUCTION

Ovarian cysts are fluid-filled sacs arising within or on the surface of the ovaries and are most commonly detected during the reproductive years.^[1,2] Thin-walled functional or follicular cysts may remain asymptomatic or present with pelvic discomfort, dysmenorrhoea, pelvic heaviness, or menstrual irregularities.^[1]

From an Ayurvedic perspective, ovarian cysts can be understood under the spectrum of Kaphaja Granthi, where vitiated Kapha along with Vata particularly Apana Vata leads to Granthi Utpatti through Mamsa Meda Vriddhi and obstruction in the Artavavaha Srotas.^[3,5]

Modern management options include expectant observation, hormonal therapy, or surgical intervention.^[1,2] However, increasing numbers of women seek Ayurvedic management due to its non-invasive, holistic, and constitution-based approach. This case report highlights the successful Ayurvedic management of a right ovarian cyst using Shodhana therapy in the form of Yoga Basti Krama along with appropriate Shamana medications.^[5,7]

II. CASE PRESENTATION

Patient Profile

A 35-year-old female patient, visited the Ayurvedic OPD on 13 February 2025 with complaints of lower abdominal discomfort and pelvic heaviness.

Chief Complaints

The patient complained of intermittent lower abdominal discomfort, pelvic heaviness, and occasional menstrual irregularity. There was no history of systemic illness.

History of Present Illness

The patient experienced intermittent lower abdominal discomfort for several months, which was more pronounced around her menstrual period. A routine ultrasonography revealed a right ovarian cyst, following which she approached the Ayurvedic OPD for further management.

Past History

There was no history of diabetes mellitus, hypertension, thyroid disorder, prior abdominal surgery, or known drug or food allergies.

Menstrual History

Parameter	Details
Menarche	14 years
LMP	25/01/2025
Interval	35-40 days
Duration	4-5 days
Amount	Moderate (2-3 pads/day)
Pain	Present
Clots	Not present
Abnormal bleeding	Absent

Obstetric History

The patient was G2 P2 L2 A0, with the last childbirth being a full-term normal vaginal delivery of a male child 10 years ago.

General Examination

The patient had an average build with good nutritional status. Her height was 5 feet 4 inches, weight 68 kg, blood pressure 114/80 mmHg, and pulse rate 74/min. Pallor and other systemic abnormalities were absent.

Local Examination

On inspection, the external genitalia appeared normal, with no evidence of cystocele, rectocele, or genital prolapse. No abnormal discharge was observed externally.

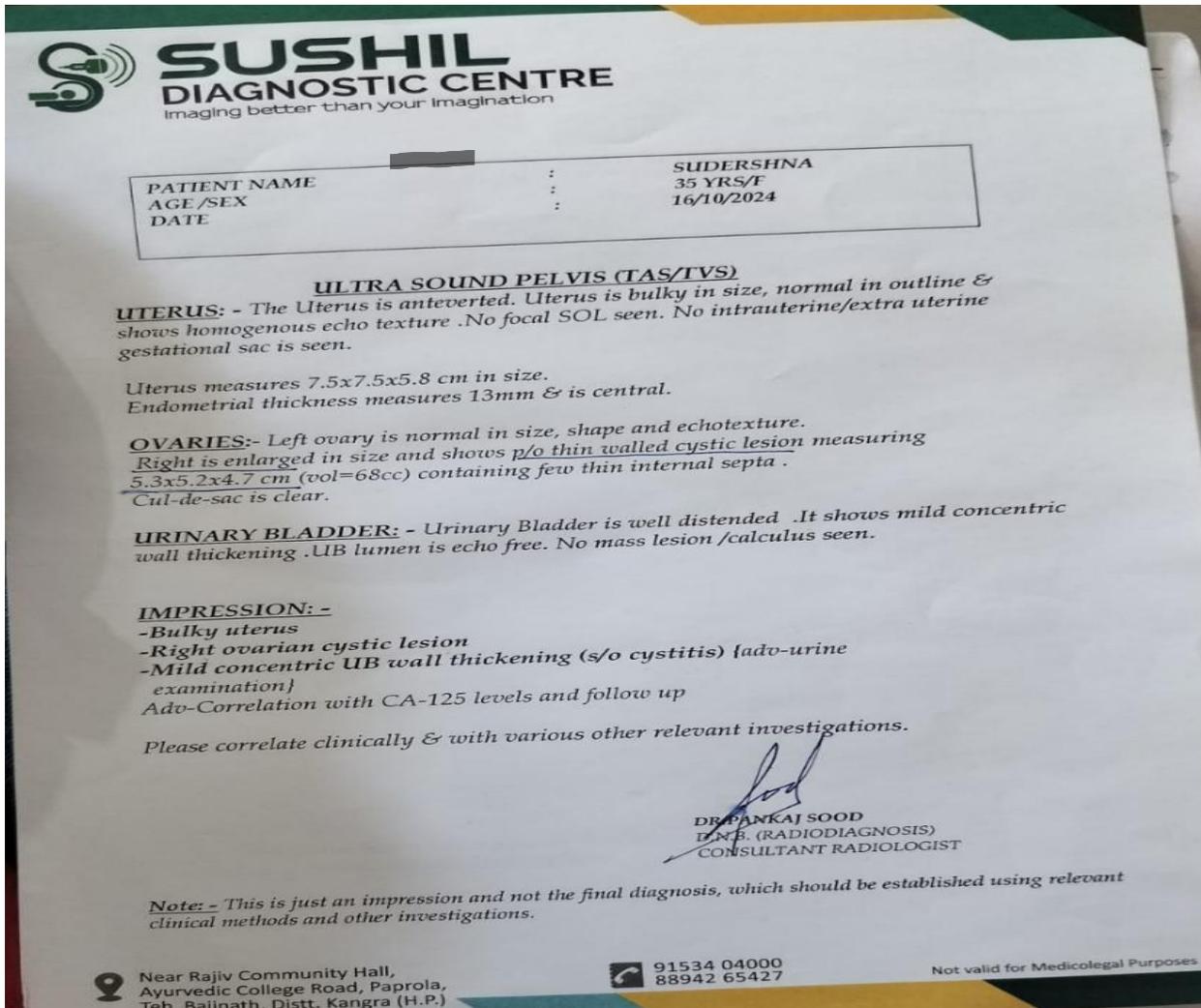
On per speculum examination, the cervix was mildly hypertrophied, regular in shape, and showed the presence of thin mucoid discharge. The vaginal walls were pinkish in colour and appeared healthy, with no signs of inflammation or lesions.

On per vaginal examination, the cervix was found to be mildly hypertrophied, regular, firm in consistency, mobile, and non-tender, with no cervical motion tenderness. The uterus was anteverted, normal in size, mobile, and non-tender. Both fornices were clear and non-tender.

III. INVESTIGATIONS

Ultrasonography Findings (Before Treatment – 16/10/2024)

The uterus was bulky, measuring 7.5 × 7.5 × 5.8 cm, with an endometrial thickness of 13 mm. The right ovary was enlarged, showing a thin-walled cystic lesion measuring 5.3 × 5.2 × 4.7 cm (volume approximately 68 cc) with a few thin internal septations. Mild concentric wall thickening of the urinary bladder was also noted. The impression was a bulky uterus with a right ovarian cystic lesion and mild urinary bladder wall thickening.



IV. AYURVEDIC DIAGNOSIS

Based on clinical presentation and investigations, the condition was diagnosed as Kaphaja Granthi with reference to an ovarian cyst.^[3-5]

The Samprapti Ghatakas included vitiation of Kapha with Apana Vata Prakopa. The affected Dushyas were Rasa, Rakta, Mamsa, Meda, and Artava. The involved Srotas were Artavavaha, Rasavaha, and Medovaha Srotas, with Mandagni and Dhatvagni Dushti. The Udbhavasthana was Apana Sthana, and the disease followed an Abhyantara Rogamarga.^[4,5]

V. TREATMENT PROTOCOL

The expected actions included Kapha-Meda Lekhana, Srotoshodhana, regulation of Apana Vata, and Granthi Vilayana.

Day	Type of Basti	Drug Used	Dose / Composition
Day 1	Anuvasana Basti	Maha Narayana Taila	40-50 ml

Considering the dominance of Kapha-Meda Dushti and obstruction of Apana Vata, a combined Shodhana and Shamana approach was planned.^[4-7]

Initially, Koshta Shuddhi was achieved using mild Deepana-Pachana with Ajmodadi Churna, along with a Medo-Kapha Lekhana supportive diet.^[4]

Shodhana Therapy – Yoga Basti Krama

An eight-day Yoga Basti schedule was administered as per classical guidelines. Anuvasana Basti was given using Maha Narayana Taila in a dose of 60-70 ml. Niruha (Asthapana) Basti was prepared using Dashamoola Kashaya (350 ml), Honey, Saindhava, Maha Narayana Taila, and Shatapushpa Churna Kalka.

Day 2	Asthapana (Niruha) Basti	Dashamoola Kwatha	Dashamoola Kashaya Asthapan
Day 3	Anuvasana Basti	Maha Narayana Taila	40-50 ml
Day 4	Asthapana (Niruha) Basti	Dashamoola Kwatha	Dashamoola Kashaya Asthapan
Day 5	Anuvasana Basti	Maha Narayana Taila	40-50 ml
Day 6	Asthapana (Niruha) Basti	Dashamoola Kwatha	Dashamoola Kashaya Asthapan
Day 7	Anuvasana Basti	Maha Narayana Taila	40-50 ml
Day 8	Anuvasana Basti	Maha Narayana Taila	40-50 ml

Oral Medications

Medicine	Dose	Anupana / Method of Administration	Duration
Kanchanar Guggulu	2 tablets BD	Lukewarm water	3 months
Varunadi Kashaya	100 ml BD	Coarse herbs boiled with water and reduced to one-fourth.	3 months
Dashamoolarishta	40 ml BD	Equal quantity of water, after meals	3 months
Shatavari Kalpa	1 teaspoonfuls BD	Milk	3 months

Diet and Lifestyle Advice

The patient was advised to avoid bakery items, sour and fried foods, and curd at night. She was encouraged to consume leafy vegetables, seasonal fruits, and warm water.

Follow-Up And Results

Ultrasonography Findings (After Treatment – 05/06/2025)

The uterus showed a reduction in size, measuring 7.1 × 6.7 × 4.1 cm, with an endometrial thickness of 9 mm. Both ovaries appeared normal. The right ovary showed only a normal follicle measuring 2.2 × 1.6 cm, with no cystic lesion detected. The urinary bladder appeared normal.



Clinical Outcome

The patient reported complete relief from lower abdominal discomfort and pelvic heaviness. Her menstrual cycle became regular, and no further gynecological complaints were noted.

Parameter	Details
LMP	27/05/2025
Cycle Interval	28–30 days (regular)
Duration of Flow	4–5 days
Amount of Flow	Moderate (2–3 pads/day)
Pain	Absent
Clots	Absent
Abnormal Bleeding	Absent

VI. DISCUSSION

Ovarian cysts can be correlated with Kaphaja Granthi, where Kapha accumulation leads to Granthi Utpatti and obstructs the normal function of Apana Vata.^[3-5]

The treatment strategy followed the principles of Hetu Viparita Chikitsa by eliminating Kapha–Meda Dushti and Vyadhi Viparita Chikitsa by correcting Kapha-Avrta Apana Vata.

Anuvasana Basti with Maha Narayana Taila effectively regulated Apana Vata through its Deepana, Pachana, Anulomana, and Srotoshodhana actions. Its Prajasthapana, Rasayana, and Balya properties may support reproductive health and help restore hypothalamic–pituitary–ovarian axis balance.

Niruha Basti with Dashamoola Kashaya played a crucial role due to its Vata-Kapha Hara, Shothahara, and Lekhana properties. It relieved pelvic congestion, improved microcirculation, and facilitated the breakdown of Kapha-Meda accumulation, thereby contributing to Samprapti Vighatana.

Kanchanar Guggulu acted as a potent Granthi-hara formulation, reducing cystic mass through Kapha-Meda Shoshana and anti-inflammatory action. Varunadi Kashaya further supported Srotoshodhana and reduction of abdominal masses. Adjunct formulations like Dashmoolarishta and Shatavari Kalpa helped in pain relief, hormonal balance, Artava Janana, and overall reproductive nourishment. The combined use of Dashamoolarishta and Shatavari Kalpa played a significant supportive role in the management of ovarian cyst, correlating with the Ayurvedic concept of Kaphaja Granthi.

Dashamoolarishta,^[14] due to its Vata-Kapha shamana, Shothahara, and Lekhana actions, helps in resolving inflammatory pathology and reducing cystic growth. By correcting Apana Vata and clearing Srotorodha, it facilitates regression of the cyst and alleviation of pelvic pain. Shatavari Kalpa, being Madhura rasa, Sheeta virya, and Rasayana, counterbalances excessive Vata while nourishing Artava dhatu. Its phytoestrogenic and adaptogenic properties contribute to hormonal regulation and restoration of normal ovarian physiology. The synergistic action of these formulations thus aids not only in cyst regression but also in strengthening reproductive tissues and preventing recurrence, aligning with the holistic Ayurvedic approach of treating both disease and Dhatukshaya.

VII. CONCLUSION

This case demonstrates that Ayurvedic management using Kanchanar Guggulu, Varunadi Kashaya, and Yoga Basti Krama can effectively treat functional ovarian cysts (Kaphaja Granthi) without the need for surgical intervention. The treatment resulted in complete structural resolution of the cyst, confirmed by ultrasonography, along with significant symptomatic relief and improved menstrual regularity. The holistic Ayurvedic approach not only addresses the local pathology but also corrects systemic imbalances, highlighting its potential as a safe, effective, and integrative alternative in the management of ovarian cysts

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