



Case Report

www.ijrap.net (ISSN:2229-3566)



AYURVEDIC MANAGEMENT OF SYMPTOMATIC SIMPLE OVARIAN CYST: A CASE REPORT

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Received on: 24/01/20 Accepted on: 25/02/20

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DOI: 10.7897/2277-4343.110222

ABSTRACT

A 24 year old unmarried female came to the OPD of RARILSD, with the complaints of irregular menstruation for the previous 8 months. She also had occasional lower abdominal pain. USG revealed a small cyst in the left ovary. Deranged vatha being the main culprit, the treatment focused mainly on apanavathaanulomana. Vatha Kaphasamana has been done as the anubandhadosha is kapha. After treatment, patient had regular menstruation for the next 2 months. Follow up for the next two cycles showed regular and normal flow of menstruation. This case report deals with the effective ayurvedic management of a symptomatic simple ovarian cyst.

Keywords: Rajodushti, simple ovarian cyst, Ayurveda, granthi

INTRODUCTION

The incidence of functional cysts is higher in menstruating patients who are between 20 and 50 years of age than in children, adolescents, or postmenopausal patients. Unilocular cystic tumours of all sizes are, as a rule, benign. In one study, the incidence of malignant involvement was 2% for cysts larger than 10 cm, whereas all cysts smaller than 10 cm were histologically benign¹. Patients with clear simple cyst diagnosed by ultrasound may not require any treatment. Symptomatic patients commonly present with abdominal pain. Pain can present as dull ache or pain in the lower back or abdomen¹. Approximately 1 in 25 women will have an ovarian cyst causing symptoms at some point in their lives². They may also present with irregular menstrual cycle, due to hormonal dysfunction. Little is known about the cause of most ovarian cysts. Functional or physiologic cysts are thought to be variations in the ovulatory process³. Ayurveda offers effective treatment for menstrual irregularities. Vathadosha, mainly apanavatha is responsible for arthavadushti. Apana anulomana will cause regulation of arthava correcting hormonal derangement.

MATERIALS AND METHODS

Case history

A 24 year old unmarried female came to the OPD of RARILSD, with the complaints of irregular menstruation for the previous 8 months. She also had occasional lower abdominal pain. She consulted a gynaecologist before 5 months and USG was taken which revealed a simple cyst in the left ovary. She was given medications for a month and menstruation was induced. As her symptoms didn't subside she came to our OPD for Ayurvedic management.

Consent

Present study was carried out in accordance with ethical principles by following International conference of Harmonization- Good Clinical Practice Guidelines (ICH-GCP).

Personal history

- Diet: Mixed
- Appetite: Normal
- Bowel: Regular
- Micturition: Normal
- Sleep: Sound

Menstrual History

- Menarche: at 13 years
- Menstruation Irregular for the last 8 months.
- Interval: 45-60 days
- Duration: 2 days (spotting only), Previously she had 3 days menstruation-Normal flow.
- LMP: 21/5/17
- No dysmenorrhoea
- No c/o excessive vaginal discharge or UTI

Examination

- P/A: No abnormality detected
- P/S: Not done

Investigations

- Blood: CBC and TFT were within normal limits
- USG: Simple cyst Lt Ovary 22 x 16 mm

Internal medicines given

- Saptasarakashaya 90 ml bd before food.
- Kumaryasava 20 ml bd after food
- Sathapushpachoorna 5 g in tila taila

External medication

The patient was asked to perform avagahasweda with dasamoolakashaya at home once a day for two weeks.

RESULTS

The first two medicines were given for two weeks. Avagahasweda was done regularly. Within a week she had considerable relief from the occasional lower abdominal pain she was suffering from. She had her periods after 12 days. All medicines were stopped during this period. Periods (only spotting) lasted for 3 days. Sathapushpachoorna 5 g in tila taila in empty stomach was started after cessation of menstruation. She got her periods after 30 days and her menstrual flow has improved, even though it lasted for 3 days only. She took medicines for two more months and had regular menstruation for the next 2 months. USG was repeated and it showed a dominant follicle of 9 X 9 mm. Ovarian cyst was not seen. Follow up visits was recorded for the next two months, which showed regular cycles and normal flow of menstruation (3-4 days).

DISCUSSION

Simple ovarian cyst is a common finding in the gynaecology OPDs. Most of the simple ovarian cysts are asymptomatic or smaller in size and hence do not warrant any investigations. Follow up scan after 3 months and reassuring the patient is only required. But in a few cases, these simple ovarian cysts may cause symptoms like lower abdominal pain and derangement in the normal menstrual cycle. Vathadosha, mainly apanavatha is responsible for arthavadosha (NAMSTP code1383 Disease id EL-3). Apana anulomana will cause regulation of arthava correcting hormonal derangement. As the anubandhadosha is kapha, Vatakaphasamana was aimed. Saptasarakashaya is vathakaphasamana in nature. It is indicated in vitbandha, agnimandya, raja of yoni, hrit, kukshi and prishtha⁴. Kumaryasava is mainly indicated in diseases due to apanavataivagunya. The main ingredient kumari is katuvipaka and kaphavatahara in nature⁵. Sathapushpa is madhura, kashaya, snigdha and brimhana. It is ushnaveerya. It is balya, yonisodhaka, pathya, arthavajanaka and vataprasamini. With all these properties satapushpa rectifies arthavadosha and brings regularity to menstrual cycle. The reference of usage of satapushpa in reproductive disorders is given in kasyapasamhita⁶. Tila taila is yoni visodhaka⁷. Here the

term yoni refers to the whole female reproductive system. Tilataila being ushna, vyavayi, sookshma and kaphahara ensures arthava in patients with kaphamedodushti.

CONCLUSION

Ayurvedic management has been found beneficial in the treatment of symptomatic simple ovarian cyst.

ACKNOWLEDGEMENT

Author acknowledges the patient for the cooperation during the treatment period.

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Cite this article as:

Meghna PP *et al*. Ayurvedic management of Symptomatic Simple Ovarian Cyst: A Case Report. Int. J. Res. Ayurveda Pharm. 2020;11(2):13-14 <http://dx.doi.org/10.7897/2277-4343.110222>

Source of support: Nil, Conflict of interest: None Declared

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