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‘Managing Hemorrhagic Ovarian Cyst with Ayurveda: A Case Study’

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Abstract: Modern lifestyle changes and increased work-related stress among women have led to a rise in gynecological disorders, including hemorrhagic ovarian cyst (HOC). A hemorrhagic cyst is a type of functional cyst, commonly referred to as a corpus luteal cyst. These cysts are formed due to bleeding into the corpus luteum and typically resolve spontaneously; however, symptomatic cases may require medical or surgical intervention. This case report presents a 28-year-old female diagnosed with a right-sided hemorrhagic ovarian cyst measuring 36 x 22 x 33 mm (volume 14 cc). The patient presented with lower abdominal pain, abdominal bloating, dysmenorrhea, and burning micturition. She was treated with Ayurvedic formulations including Kanchanara Guggulu, Raktapachak Vati, Varunadi Kashaya, Avipattikar churna vati and Chandraprabha Vati over a period of three months. Follow-up ultrasonography revealed complete resolution of the cyst, along with significant relief from symptoms. This case highlights the potential efficacy of Ayurvedic treatment in the non-surgical management of hemorrhagic ovarian cysts and suggests the need for further research in this area.

Keywords: Ovarian Hemorrhagic cyst, Ayurveda, Varunadi, raktapachak vati.

Introduction: Hormonal regulation plays a central role in a woman's life, beginning from menarche and extending through reproductive years to menopause. A delicate balance in ovarian hormones, maintained by the hypothalamic-pituitary-ovarian (HPO) axis, governs a woman's physical, emotional, and reproductive health. Disruptions in this hormonal balance can lead to various gynecological disorders, including ovarian cysts. The ovaries, suspended laterally to the uterus by the utero-ovarian ligament and covered by the meso-ovarium, are the primary reproductive organs in females. Enlargement of the ovary, when non-neoplastic, is typically due to fluid accumulation within the functional units of the ovary.

Modern-day lifestyle changes—such as erratic eating patterns, sedentary habits, and increased psychological stress—have been observed to significantly affect hormonal secretion. These changes may result in irregular ovulation and increased incidence of ovarian cyst formation. If not diagnosed and managed in a timely manner, these cysts can lead to conditions such as anovulation, polycystic ovarian syndrome (PCOS), and subfertility or abnormal conception.

A hemorrhagic ovarian cyst (HOC) is a type of functional cyst, typically forming due to bleeding within a corpus luteum after ovulation. Under hormonal stimulation, the stromal cells surrounding a mature Graafian

follicle become increasingly vascular. After ovulation, the follicle transforms into a corpus luteum, characterized by a fragile and highly vascular granulosa layer, which may rupture and bleed, leading to the formation of a hemorrhagic cyst. Despite the presence of blood within the cyst, secretion of estrogen and progesterone continues, which may result in normal, delayed, or absent menstrual cycles, often followed by heavy or prolonged bleeding. Most hemorrhagic cysts are benign, although in rare cases, they may present neoplastic features.

In Ayurvedic literature, such abnormal growths or swellings are broadly categorized under the term “Granthi”, which refers to solidified, nodular masses. When the vitiated Rakta (blood), influenced primarily by Vata and Pitta doshas, accumulates and solidifies in localized areas, it leads to the formation of Raktaja Granthi. This type of Granthi shares several features with Pittaja Granthi, including inflammation, redness, and burning sensation. The pathogenesis is dominantly governed by Vata and Pitta doshas, necessitating the use of Vata-Pitta Hara (pacifying) formulations. Additionally, because Rakta (blood), Mamsa (muscle tissue), and Meda (fat tissue) are involved as Dushyas (vitiating tissues), treatment requires the incorporation of Lekhana (scraping/reducing) properties to effectively manage and reduce the mass. Understanding hemorrhagic ovarian cysts from both modern and Ayurvedic perspectives opens a comprehensive, integrative approach to management. In conventional medicine, treatment may include watchful waiting, hormonal therapy, or in severe cases, surgical intervention. Ayurvedic management, as observed in clinical cases, offers non-invasive, herbal-based interventions that aim to balance doshas, purify Rakta, and resolve the cyst through natural processes.

CASE REPORT

A 28 year female patient came to OPD of Prasuti Tantra and Stree Roga with complaints of lower abdominal pain, abdominal bloating, dysmenorrhea, nausea and burning micturition

Patient description:

28 years old, female (Unmarried).

Occupation: job

Address: Rasta peth, Pune

Religion: Hindu

General examination:

Bp- 120/80 mmhg

Pulse- 88/min

RR – 18/min

Spo2 – 98%

Systemic examination

RS – AEBE clear

CVS – S1S2 normal

CNS – conscious, well Oriented

P/A Examination:- Tenderness in right iliac region

P/V Examination:- not done as patient is Unmarried

Personal History – Her appetite, sleep, bowel were normal but had burning micturition since 4-5 days

Past medical history – No any history of medical illness

Past surgical history – No history of any surgery

Menstrual history – Regular with moderate vaginal bleeding

Coital history – No any

Obstetric history – Nulliparous

Family history – No relevant family history

Investigation

USG-

- Uterus - Anteverted, normal in morphology. It measures 64 x 25 x 41 mm in size. No e/o focal lesion/fibroid. Myometrium shows homogenous echotexture. Endometrium is central and shows no lesions. ET: 6.2 mm.

-Right ovary is enlarged & shows a unilocular cystic lesion of size 36 x 22 x 33 mm (14 cc) within. It shows multiple thin septae & mobile low level echoes within. No obvious abnormal soft tissue component noted. No significant vascularity is identified on colour doppler study.

- Left ovary also appears mildly bulky and shows central echogenic stroma with tiny subcentimetre sized peripherally arranged follicles. It measures-40 x 15 x 28 mm (9 cc).No adnexal mass lesion noted. Trace free fluid noted in cul-de-sac.

Treatment:

Drug	Time	Dose	Anupana	Duration	Properties
Chandraprabha vati	B/f twice a day	250mg	Koshna jal	3 months	Kaphahara,mutrala, rechana
Varunadi kashaya	A/f twice a day	10 mL	Koshna jal	3 months	Lekhana, bhedana
Raktapachak vati	A/f twice a day	250mg	Koshna jal	3 months	Pachana,
Kanchanara guggulu	A/f twice a day	250mg	Koshna jal	3 months	Bhedana, lekhana,granthihara,
Avipattikar churna vati	A/f twice a day	250mg	Koshna jal	3 months	Deepana, pachana ,Anuloman a

Discussion:

Ovarian cysts are a common contributor to ovarian dysfunction and can significantly affect a woman's fertility potential. Recent ultrasonography (USG)-based observations suggest that Ayurvedic interventions may offer effective, safe, and side-effect-free management of hemorrhagic ovarian cysts.

The formulation Kanchanara Guggulu is traditionally known for its actions on deep-seated swellings and growths. It possesses Gulmahara (resolves abdominal lumps), Apachihara (reduces swelling), Galagandahara (useful in thyroid and glandular swellings), and Granthihara (resolves cystic masses) properties. Through its Lekhana (scraping), Bhedana (penetrating), and Shothahara (anti-inflammatory) actions, it aids in reducing the size of the ovarian cyst and helps prevent recurrence or further enlargement.

Raktapachak Vati is a classical Ayurvedic formulation primarily used for blood purification (Rakta Shodhana) and balancing vitiated Pitta and Rakta dhatu. Pitta-Rakta Shamana: It pacifies aggravated Pitta and Rakta, which are the dominant doshas in hemorrhagic and inflammatory conditions.

Chandraprabha Vati, with its Tikta-Katu Rasa (bitter and pungent tastes), Kapha-hara (reducing excess Kapha), and Mutrala (diuretic) effects, is beneficial in relieving symptoms like burning micturition, often associated with pelvic inflammation or urinary tract involvement.

Varunadi Kashaya was included in the treatment for its potent Lekhana (scraping) action, which contributes to reducing the cyst size and alleviating associated symptoms.

Avipattikar Churna Vati serves as a Pitta-regulating and blood-purifying agent. Its ability to improve digestion, detoxify blood, and balance doshas helps in resolving the underlying inflammatory process while supporting overall reproductive health.

Conclusion :

This case demonstrates that Ayurvedic intervention can serve as a safe, effective, and holistic approach for the management of hemorrhagic ovarian cysts. The successful resolution of symptoms and complete disappearance of the cyst, as confirmed by follow-up ultrasonography, supports the potential of Ayurveda in offering a non-surgical, integrative treatment modality in gynecological practice.

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