

OVARIAN CYST (*BEEJAKOSHA GRANTHI*) AN AYURVEDIC PERSPECTIVE - A CASE STUDY

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ABSTRACT

An ovarian cyst is a sac filled with fluid that forms on or inside an ovary. When the follicles (sacs) in the ovaries do not rupture they form small cysts. An ovarian cyst is a buildup of fluid within an ovary surrounded by a thin "shell". A cyst is not a normal part of the tissue, it has a separate membrane. Ovarian cysts are usually benign. Ovarian cysts are prevalent in 2% to 5% of Prepubertal girls, and 5% of ovarian cysts in young girls are found to be autonomous ovarian cysts. Gynecological malignant conditions account for approximately 3% of all types of cancer in Children. The incidence of ovarian tumors in pediatric age group accounts for only 1% of childhood malignancy. In most ovarian cyst cases, they will cause no signs or symptoms but sometimes it is having the clinical features like Dysmenorrhoea, Irregular menses, Bleeding between periods, Breast tenderness, Bowel difficulties, Lower backache and Leg pain, Nausea and vomiting, Precocious puberty and early onset of menarche in young children, Abdominal fullness & bloating, Indigestion etc. Ovarian cyst diagnosis can be done on the basis of TAS/TVS Sonography, MRI and CT scan. The treatment of ovarian cyst in Modern Science consist mainly hormonal therapy (OC Pills) and surgical intervention like Laproscopy or Laprotomy. In Ayurveda Special reference of *Granthi* of female reproductive system is not available in any classics but it can be called as *Beejakosha Granthi* on the basis of its origin from *Beejakosha* and its surroundings. It is also included among disorders of vitiation of *Rakta*, *Mamsa* & *Meda*. So in this basis Ovarian Cyst can be treated with *Granthihara*, *Shothahara*, *Lekhana* drugs. In this case study a Patient treated with *Dashamoola Kwatha*, *Varunshigru Kwatha*, *Kanchanara Guggulu*, *Kaishore Guggulu*, A mixture of *Aarogyavardhini Rasa+Vidanga*

Choorna+Haridra Choorna+Nityananda Rasa+Triphala Choorna+Guduchi Choorna. After the completion of treatment there was no Ovarian Cyst as per Sonography report.

Keywords: *Beejakosha Granthi*, Ovarian cyst, Prepubertal age group.

INTRODUCTION

Ovarian cyst is an emerging problem in present era.¹ Ovarian cyst, Uterine fibroids, Irregular menses are commonly seen in new era. Ovarian cysts are prevalent in 2% to 5% of Prepubertal girls, and 5% of ovarian cysts in young girls are found to be autonomous ovarian cysts.^{2, 3,4} Gynecological malignant conditions account for approximately 3% of all types of cancer in children.⁵ The incidence of ovarian tumors in pediatric age group account for only 1% of childhood malignancy.⁶ Ovarian masses occur in children and young girls and can be discovered due to symptoms, on physical examination, and/or through imaging studies.⁷ Most childhood ovarian masses are benign. However, it is important for the clinician to establish an early diagnosis to reduce the risk of ovarian torsion with possible loss of adnexa and to improve the prognosis for those lesions that are malignant.^{8,9} Ovarian tumors account for 1% of all malignant tumors found in children from birth to the time of Menarche. In adolescence, ovarian cysts can develop in response to fluctuating levels of female sex hormones during the menstrual cycle. The cause of ovarian tumors in infants and children is unknown. Ovarian cysts often cause no symptoms, but an ovarian cyst is more likely to cause pain if it: Becomes large, Bleeds, Breaks open, Interferes with the blood supply to the ovary, Is twisted or causes twisting (torsion) of the Fallopian tube.^{10, 11} Ovarian cysts larger than 4 cm in diameter have

been shown to have a torsion rate of approximately 15%.^{12, 13} As autonomous ovarian cysts are usually self-limiting disorder, no treatment is necessary. Therefore, surgical management should be deferred as long as possible to avoid the risk of repeat surgery, as pseudo precocious puberty due to autonomous ovarian cysts can resolve spontaneously and frequently recurs. Most Studies have found an estimated incidence of 4.9 per 100,000 among females 1-20 years old¹⁴ and a diagnosis in up to 2.7% of cases presenting with acute abdominal pain.¹⁵ Nearly 2% of the adnexal masses are ovarian carcinomas or border line tumors. Though majority of these do not have tendency of getting changed into malignant, yet it is not totally absent as well, more over major surgery is needed to remove these, which is not very easy. These cysts can develop in females at any stage of life, from the neonatal period to Post menopause. Most ovarian cysts, however, occur during infancy and adolescence, which are hormonally active periods of development. Most are functional in nature and resolve with minimal treatment. When ovarian cysts are large, persistent, or painful, surgery may be required, sometimes resulting in removal of the ovary. In a child found to have a symptomatic abdomino-pelvic mass, the ovary is the most common site of origin. Although such masses are infrequent occurrences, the percentage due to malignant tumors is thought to be higher than for older

age groups. Precocious pseudo puberty with an ovarian cyst may be due to Granulosa cell tumor or may be one symptom of the McCune-Albright Syndrome (MAS).^{16, 17,18} The most common are germ cell tumors, followed by epithelial and granulosa cell tumors. Such tumors may be partially cystic.¹⁹

Acharya Sushruta has given elaborate description of *Granthi* from its etiopathogenesis classification and its management, but not mentioned about neoplastic swelling of female genital organs, though a reference related to *Granthi* of male genital tract is available. Though the disease *Granthi*, simulating the description of Cyst (the disease arising due to excessive, uncommon or peculiar and improper growth of cells) has been mentioned in *Ayurveda*, but it can be called as *Beejakosha Granthi* on the basis of its origin from *Beejakosha* and its surroundings. The *Nidana* of *Granthi*²⁰ is mentioned that when the deranged *Vata* etc. vitiate the *Mamsa*, *Shonita* and *Meda* mixed up with *Kapha*, they produce circular, raised and knotted inflammatory swellings called *Granthi*. The line of treatment for *Granthi* is *Shodhana*, *Shamana*, *Chhedana Karma*. There is no such effective treatment in modern science except hormonal therapy, laparoscopy, and hormonal therapy has its own harms. Regardless of the presence of this disease laparoscopy or surgical management is certainly a treatment option; it is not necessarily the only option. Hormonal therapy is not a 'cure'. Incidence of this disease is increasing day by day at a fast pace, so there is a need in present era to find out some appropriate and effective solutions of the problem. *Ayurveda* has a very satisfactory line of treatment for ovarian cyst. In various *Ayurvedic*

classics the line of treatment of *Granthi* is available like *Mamsaja* and *Kaphaja Granthi Chikitsa*, *Medapradoshaja Vyadhi Chikitsa*, *Panchakarma* e.g. *Snehana*, *Swedana*, *Vamana*, *Virechana* & *Basti* etc., by which over-accumulated *Doshas* are expelled and fortified *Sneha* which are *Agni Deepaka*, *Pachaka* and *Ojo- Vardhaka*. It includes such kind of Conservative treatment which improve immune mechanism and revert the disease process e.g. *Kanchanara Guggulu*²¹, *Chandraprabha Vati*, *Triphala Guggulu*, *Varunshigru kwatha* etc. has been mentioned in *Ayurveda*.

CASE REPORT

A patient aged 10 years attended the OPD of I.P.GT. & R.A., G.A.U., Jamnagar, Gujarat with the following complaints - Lower abdominal pain, Fullness and Heaviness of abdomen, Indigestion, bloating in the abdomen. She stated that she had all these complain since last 1 month. By history taking it was confirmed that she had pain which was acute sometime only which hampers her day to day life. The patient had not achieved Menarche yet, and Puberty also. She had no family history of this type of complaint. She had a diagnosed Left large Simple Ovarian Cyst of 55×62×63 mm and she was advised for Surgery (Cyst aspiration) at a hospital, so she came here for treatment.

Per Abdomen examination confirmed the tenderness in Left iliac fosse.

Hormonal Reports – We had advised her some hormonal reports for the conformation of Benign Cyst. The scanned copy is attached.

Table 1:

| |
|---|
| CA-125 (Tumor Marker) – 32.3 U/ml, which was in normal range. |
| S.FSH- 1.63 mIU/ml |
| S.LH - <0.07 mIU/ml |
| S.Prolactin - 2.68 ng/ml |
| S.AMH – 5.46 ng/ml |

On the basis of signs and symptoms, USG (Trans Abdominal) was advised, which confirmed the presence of Left Ovarian cyst mea-

suring 55×62×63 mm of size. (The scanned copies of Ultra sound Pre and Post therapy have been attached).

Table 2:

| USG (Before Treatment) | USG (After treatment) |
|---|----------------------------------|
| Uterus : AV Normal in size | Uterus : AV Normal in size |
| Endometrium: 3 mm | Endometrium : 2 mm |
| Right Ovary : Normal | Right Ovary : Normal |
| Left Ovary : A cyst measuring 55×62×63 mm | Left Ovary : Normal, No any Cyst |
| No fluid in POD. | No fluid in POD. |

TREATMENT

As per the Ayurvedic classics, the following classical formulations were prescribed for a

period of 18 weeks and then after treatment USG was advised for confirmation of Cyst.

Table 3:

| |
|--|
| 1. <i>Dashamoola Kwatha</i> 10 gm + <i>Varunshigru Kwatha</i> 10 gm Bid empty stomach. |
| 2. <i>Kanachanara Guggulu</i> (500 mg tab) 1 tab 3 times Bid before meal. |
| 3. <i>Kaishore Guggulu</i> (500 mg tab) 1 tab 3 time Bid before meal. |
| 4. A mixture of <i>Vidanga Choorna</i> 1 gm+ <i>Aarogyavardhini Rasa</i> 250 mg + <i>Nityananda Rasa</i> 250 mg + <i>Triphala Choorna</i> 2 gm + <i>Haridra Choorna</i> 1 gm + <i>Guduchi Choorna</i> 2 gm - Bid with warm water after meal. |

PATHYA-APATHYA - Patient was advised to avoid bakery food, fermented items, fast food, Milk, Dairy products etc.

treatment. After treatment USG shows normal study, no evidence of any Ovarian cyst. All investigation report in fig. no 01 to 03 and Usg before and after reports are in fig. no.04 and fig. no. 05.

RESULT

Patient had no any complaint of abdominal pain or any other after the completion of



fig no.1.0

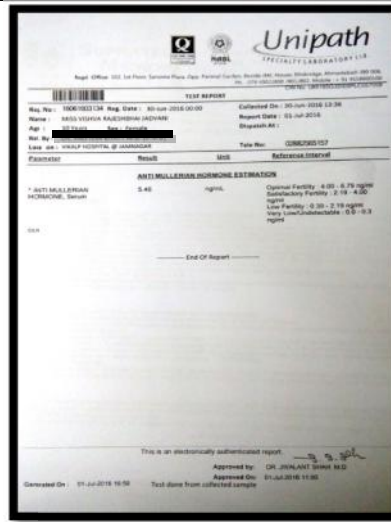


fig no.2.0



fig no.3.0

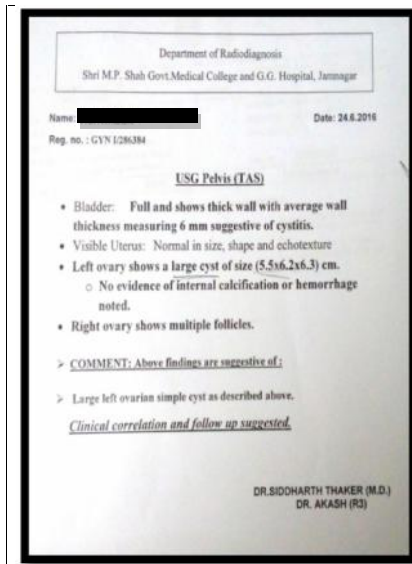


fig.no.04 (Before treatment)

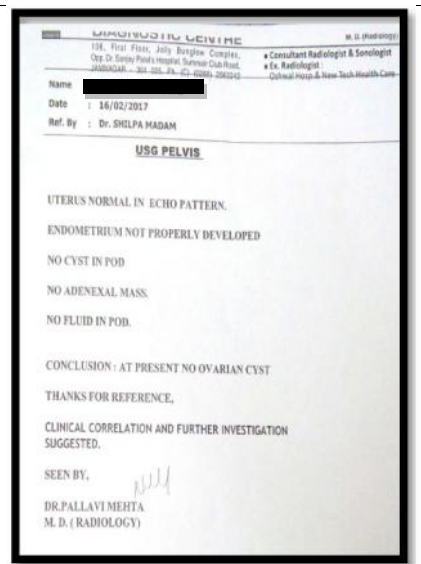


fig.no.05 (After treatment)

Probable mode of action of the drugs

Dashamoola Kwatha^{22, 23} - have the properties like *Shothahara*, *Vatashamaka*, *Srotoshodhana*, etc. *Kanchanara Guggulu*, *Kaishore Guggulu* and *Varunashigru Kwatha*^{24, 25} having properties of *Gulmahara*, *Apachihara*, *Galagandahara*, *Granthihara* etc. By its *Lekhana*, *Bhedana*, *Granthihara*, *Shothahara* Gu-

*na*²⁶ it helps in reducing the size of cyst and will hamper the further new growth of cyst. These formulations will act on reproductive system and improve the function of ovary and *Artava*. *Kaishore Guggulu* is used for Antiallergic, Antibacterial and blood purifying properties. *Varunashigru Kwatha* mitigates *Kapha* and *Medas*, cures abdominal tumors and inter-

nal abscesses.^{27, 28} *Kapha -Vata-Meda dosha*²⁹ is predominant in formation of ovarian Cyst and the drugs of this *Kwatha* pacify *Kapha-Vata - Meda Dosha* due to *Tikta-Kashaya Rasa, Laghu-Ruksha Guna, Ushna Virya* and *Katu Vipaka* of *Varuna* and *Katu (Kshariya), Tikta Rasa, Laghu-Ruksha-Tikshna Guna, Ushna Virya* and *Katu Vipaka* of *Shigru* and thus helps to remove Ovarian Cyst. The drug *Shigru* is Antihistaminic, Anthelmintic, Antiseptic, Aphrodisiac, Carminative, Stomachic and tonic. It is used in General Anasarca, Cancerous growth, Glandular disease, intermittent obesity and wounds. Pterygospermin exhibits high activity against gram positive and gram negative bacteria including mycobacterium tuberculosis, fungi etc.³⁰ The mixture of *Vidanga Choorna* and *Aarogyavardhini Rasa* having properties like *Kapha Medohara* and *Nityananda Rasa* is useful drug for *Mamsaja Vikara* like *Granthi* and *Guduchi Choorna* having the properties of *Tridoshashamaka, Rasayana*, While *Haridra* is having property of *Shothahara, VedanaSthapana* etc. Trial drugs improves the digestive system & it stops the excessive flow of blood in vessels by *Adhik Ruksha Guna Dravya* hence stop further growth of Ovarian Cyst. So the Whole treatment has been proved to be very effective for Ovarian Cyst.

FOLLOW UP - It was carried out for 2 months after treatment, but no recurrence of the cyst was noted.

CONCLUSION

Ayurveda is a science of life. Ayurveda have many herbal formulations for treating female disorders. By this case study it is confirmed

that Ayurveda has such a good potential for treating the Ovarian Cyst (*Beejakosh Granthi*) and also prevent the recurrence of Ovarian cyst. By this treatment patient was saved from a Surgical Intervention, which was difficult for a 10 year patient.

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