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, Lekhanna 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. 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. Gynecological malignant conditions account for approximately 3% of all types of cancer in children. The incidence of ovarian tumors in pediatric age group account for only 1% of childhood malignancy. Ovarian masses occur in children and young girls and can be discovered due to symptoms, on physical examination, and/or through imaging studies. 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. 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. Ovarian cysts larger than 4 cm in diameter have been shown to have a torsion rate of approximately 15%. 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 old and a diagnosis in up to 2.7% of cases presenting with acute abdominal pain. 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). The most common are germ cell tumors, followed by epithelial and granulosa cell tumors. Such tumors may be partially cystic.

Aacharya 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 is mentioned that when the deranged Vata etc. vitiates 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, Vama-na, 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, 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 complaints 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 fossa.

Hormonal Reports – We had advised her some hormonal reports for the conformation of Benign Cyst. The scanned copy is attached.
Table 1:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA-125 (Tumor Marker)</td>
<td>32.3 U/ml</td>
</tr>
<tr>
<td>S.FSH</td>
<td>1.63 mIU/ml</td>
</tr>
<tr>
<td>S.LH</td>
<td>&lt;0.07 mIU/ml</td>
</tr>
<tr>
<td>S.Prolactin</td>
<td>2.68 ng/ml</td>
</tr>
<tr>
<td>S.AMH</td>
<td>5.46 ng/ml</td>
</tr>
</tbody>
</table>

On the basis of signs and symptoms, USG (Trans Abdominal) was advised, which confirmed the presence of Left Ovarian cyst measuring 55×62×63 mm of size. (The scanned copies of Ultra sound Pre and Post therapy have been attached).

Table 2:

<table>
<thead>
<tr>
<th>USG (Before Treatment)</th>
<th>USG (After treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uterus : AV Normal in size</td>
<td>Uterus : AV Normal in size</td>
</tr>
<tr>
<td>Endometrium: 3 mm</td>
<td>Endometrium : 2 mm</td>
</tr>
<tr>
<td>Right Ovary : Normal</td>
<td>Right Ovary : Normal</td>
</tr>
<tr>
<td>Left Ovary : A cyst measuring 55×62×63 mm</td>
<td>Left Ovary : Normal, No any Cyst</td>
</tr>
<tr>
<td>No fluid in POD.</td>
<td>No fluid in POD.</td>
</tr>
</tbody>
</table>

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

RESULT

Patient had no any complaint of abdominal pain or any other after the completion of 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.
Probable mode of action of the drugs

Dashamoola Kwath 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-
Kapha - Vata - Meda dosha 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. Pterygosperm exhibits high activity against gram positive and gram negative bacteria including mycobacterium tuberculosis, fungi etc. 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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Source of Support: Nil
Conflict Of Interest: None Declared

How to cite this URL: Pooja Vihariya Et Al: Ovarian Cyst (Beejakosha Granthi) An Ayurvedic Perspective - A Case Study. International Ayurvedic Medical Journal {online} 2017 {cited April, 2017} Available from: http://www.iamj.in/posts/images/upload/1368_1375.pdf