



Case Study

HEALING AN OVARIAN HEMORRHAGIC CYST THROUGH AYURVEDA: A CASE-BASED INSIGHT

Meemansa

Assistant Professor, Department of Prasuti tantra & Striroga, National Institute of Ayurveda, Panchkula, Haryana, India.

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ABSTRACT

Hormones significantly influence a woman's life, from menarche to menopause. Imbalances in ovarian hormones, in conjunction with the hypothalamic-pituitary-ovarian (HPO) axis, can impact her physical, psychological, and reproductive health. Poor dietary habits and altered lifestyle choices can affect the secretion of female hormones, potentially leading to the development of ovarian cysts. Hemorrhagic ovarian cysts are commonly encountered in routine gynecological practice. **Methodology:** In this present case study, a 28 years old female patient consulted to the OPD with the complaint of irregular and scanty menses, anxious to conceive. Ultrasonography (USG) findings suggested a right ovarian haemorrhagic cyst measuring 42X39X32mm (28.9cc). She was treated with traditional ayurvedic formulations on the basis of *Granthi nashak chikitsa*; with the goal of relieving symptoms and dissolving the ovarian cyst. This patient was treated with formulations i.e., *Ajmodadi churna*, *Kanchnar guggulu*, *Dashmoolarishta*, *Kumaryasava*, *Chitrakadi vati* for two months. **Result:** Traditional Ayurvedic treatments were employed throughout the course of the therapy. Follow-up ultrasonography (USG) revealed a complete resolution of the cyst, and the symptoms significantly subsided. **Conclusion:** This study highlights the effectiveness of Ayurveda in achieving positive outcomes in the management of ovarian cysts.

INTRODUCTION

Hormones significantly influence a woman's life, from menarche to menopause. Imbalances in ovarian hormones, in conjunction with the hypothalamic-pituitary-ovarian (HPO) axis, can impact her physical, psychological, and reproductive health. Poor dietary habits and altered lifestyle choices can affect the secretion of female hormones, potentially leading to the development of ovarian cysts.

Hemorrhagic ovarian cysts are commonly encountered in routine gynaecological practice. They are common findings usually discovered incidentally on physical examination or imaging.^[1] Ovarian cysts are a prevalent health condition that increasingly impact women's fertility. An ovarian cyst is defined as any ovarian follicle exceeding two centimetres in

diameter, fluid-filled that may be simple or complex. While ovarian cysts can affect women of all ages, they are most commonly found in young, reproductive-aged women. Hemorrhagic ovarian cyst (HOC) is an adnexal mass formed because of occurrence of bleeding into a follicular or corpus luteum cyst. Hemorrhagic cysts are commonly seen in clinical practice because hemorrhage into a cyst is usually painful, triggering the patient to consult her physician. They can present with variable clinical symptoms and signs ranging from no symptoms up to acute abdomen.^[2]

Surgical intervention may be indicated in cases of large cysts greater than 5cm in diameter, severe persistent abdominal pain, failure of the cyst to resolve spontaneously, masses that cannot be confirmed to be benign by ultrasound criteria and finally occurrence of complications such as rupture and ovarian torsion^[3].

Hemorrhagic cysts can present similar symptoms and concerns as other types of ovarian cysts^[4], including abdominal pain, pelvic discomfort, and menstrual irregularities. The presence of blood within the cyst may also lead to an increase in cyst size and pressure, potentially intensifying the symptoms^[5].

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In Ayurvedic texts, a detailed description of *Granthi* is provided^[6]. Haemorrhagic ovarian cysts can be correlated with *Raktaja Granthi Roga* (a condition of nodules involving blood)^[7]. The pathogenesis of *Granthi Roga* is primarily governed by a *Vata-Kapha* imbalance in the *Tridosha*, for which *Vata-Kapha* pacifying treatments are necessary. The involved *Dushya* (implicated tissues) are *Rakta* (blood), *Mamsa* (muscle), and *Meda* (fat), thus the treatment should focus on *Vata-* pacifying and *Lekhana* (scraping) properties^[8]. Modern medicine offers limited treatment options for ovarian cysts, primarily relying on hormonal therapy and laparoscopy. However, hormonal therapy comes with its own set of risks and side effects. In contrast, Ayurveda provides a highly effective and satisfactory approach to the treatment of ovarian cysts^[9].

Samprapti: The probable pathogenesis of ovarian cysts involves the consumption of *Mithya Ahara Vihara* (inappropriate diet and lifestyle), which leads to *Mandagni* (diminished digestive fire) and the formation of *Ama* (toxins). The presence of *Ama* results in *Rasa Dhatu Dushti* (disruption of the plasma tissue), further causing *Artavavaha Srotodushti* (impairment of the menstrual channels). This obstruction disrupts the proper nourishment of the *Stribeeja* (female reproductive tissues). Additionally, *Mandagni* leads to unruptured follicles and improper luteal phase changes, which eventually contribute to the formation of a hemorrhagic cyst/*Granthi*.

A 28-year-old female patient presented to the Prasuti Stri Roga outpatient department (OPD) at the National Institute of Ayurveda, Panchkula, in December 2024 (1st visit- 07-12-2024). She reported a history of irregular and scanty menstruation for the past 4 years and expressed concern about her inability to conceive. The patient has been married for 4 years but has not achieved pregnancy. She has a documented history of hypothyroidism, diagnosed 6 months ago, and is currently on a regimen of 25 micrograms of thyroxine daily. Despite undergoing allopathic treatment for the same complaint over a period of 2 years, she has not experienced any significant relief.

Menstrual history- LMP- 15-11-2024, Irregular Scanty flow. The menstrual flow is typically light, lasting for 4-5 days, with the following pattern: on day 1, she uses one pad (not fully soaked), on day 2, one pad (fully soaked), followed by one pad (not fully soaked) on day 3, and spotting on days 4 and 5. The interval between her cycles is irregular, ranging from 23 to 45 days.

Obstetric history- She is a nulligravida with no history of pregnancies.

Past Medical History- diagnosed with hypothyroidism for 6 months, taking Allopathic medicine Tab. Thyroxin 25 microgram

Investigations

HBsAg, VDRL, HIV, HCV: Non-reactive (Dated 11-09-24)

S. Prolactin: 25.0 ng/ml

Thyroid Profile (T3, T4, TSH): Within normal limits

Hemoglobin (Hb): 11.8 gm/dl

Total Leukocyte Count (TLC): 9000/mm³

Complete Blood Count (CBC): Within normal limits

Liver Function Tests (LFT), Renal function tests (RFT): Within normal limits

Clinical findings

General examinations: the patient was of normal build, weighing 58kg with a height of 152cm. Her vital signs were stable, with a pulse rate of 70/min, blood pressure of 110/70mm Hg, a respiration rate of 18/min, and a body temperature of 98.6°F. On per abdomen examination, the abdomen was soft, non-tender, and no organomegaly was detected.

Physical examination

Ashtavidha pariksha- Nadi- *Vata-kapha*, Mutra (urine) - *Samyak mutra pravriti*, Mala (stool)- *Sama*, Jihwa (tongue)- *Sama*, Shabda (voice)- *Samyak*, Sparsha (touch)- *Ushna*, Drika- *Samanya*, Aakriti (Physical appearance)- *Samanya*

Dashvidha pariksha: Prakriti (nature)- *Vatapittaja*, Sara (purest body tissue)- *Madhyama* (medium), Samhanana (body compact)- *Avara* (minimum), Pramana (body proportion)- *Madhyam* (medium), Satmya (homologation)- *Madhyam* (medium), Satva (mental strength)- *Madhyam* (medium), Vaya (age)- *Yuvati*, Vyayamshakti (to carry on physical activities)- *Avara* (least capability), Aharashakti (food intake and digestive power), Abhyavarana shakti and Jarana shakti- *Madhyama*

Treatment plan

On the patient's first visit, dated 07-12-2024, the following Ayurvedic treatment plan was prescribed: *Ajmodadi Churna* 3gm, twice daily before food, *Chitrakadi Vati* 2 tablets, twice daily before food, and *Kanchnar Guggulu* 2 tablets, twice daily on an empty stomach. Additionally, *Dashmoorishta* 20ml and *Kumarayasava* 20ml with equal water twice daily after food were recommended. The prescribed *Anupana* (vehicle) was lukewarm water. The treatment plan was set for a duration of 15 days.

On the second visit, dated 23-12-2024, the treatment regimen remained unchanged from the first visit, with the same dosage, frequency, and duration for all prescribed medicines. The patient was followed

up every 15 days to monitor progress up to two months.

RESULT

Table 1: Improvement in menstrual cycle

Menstrual cycle	Before treatment	After treatment
Flow days	4-5 days	4-5 days
Bleeding amount	Day 1- 1 pad (not fully soaked) Day 2- 1 pad (fully soaked) Day 3- 1 pad (not fully soaked) Day 4 th and 5 th - spotting	Day 1- 1 pad (fully soaked) Day 2- 2 pad (fully soaked) Day 3- 1 pad (fully soaked) Day 4- ½ pad Day 5- spotting
Interval between cycle	23-45 days	28-30 days

Table 2: Sonographic findings of before and after treatment

Before treatment	After treatment
<p>USG- 09-11-2024</p> <p>Uterus- normal in size (82X50X35mm) and shape, myometrium is homogenous with normal in echotexture, endometrium measures approx. 5.5mm in thickness and regular, cervix is normal in size and regular in outline.</p> <p>Adnexae- A thick-walled complex cystic lesion measuring approx. 42X39X32 mm with volume approx. 28.9 cc with fine internal echoes and septations in right ovary- Hemorrhagic cyst (impression), left ovary is normal in size approx. 27X39X13mm with volume approx. 8.0 cc.</p>	<p>USG- 28-01-2025</p> <p>Uterus- anteverted, normal in size (7.1X 3.1cm) and shape and echotexture. No focal lesion seen. Endometrial thickness is 6.8mm within normal limits. The myometrium appears normal.</p> <p>Adnexae and ovaries- Both adnexae are clear. Left ovary is normal. Right ovary shows dominant follicle, measuring approx. 17X17mm.</p> <p>No free fluid in POD.</p> <p>Impression- Normal study</p>

Ultrasound reports revealed no evidence of Haemorrhagic ovarian cyst along with presence of dominant follicle (Table no.2). After treatment, there are improvements in symptoms like dysmenorrhea was also reduced, menstrual bleeding also improved. The menstrual cycle remained 4-5 days in duration, but the bleeding pattern showed improvement. On day 1, the patient used one fully soaked pad, and on day 2, two fully soaked pads. On day 3, she used one fully soaked pad, followed by ½ pad on day 4. Spotting was observed on day 5. The interval between cycles became more regular, ranging from 28 to 30 days. and she was cured with Ayurvedic treatment. (Table no.1)

DISCUSSION

Ovarian cysts are a common cause of ovarian dysfunction, directly impacting fertility potential. The current findings, based on ultrasound evaluations, along with the effective management of ovarian cysts using Ayurvedic formulations with no adverse effects, underscore the promising potential of traditional medicine in addressing ovarian and infertility-related disorders.

- **Kanchnar Guggulu^[10]**: Its *Vata-Kaphahara* (*Vata* and *Kapha* pacifying) properties help alleviate aggravated *Vata* and *Kapha doshas*, thus restoring balance. *Kanchnara* and *Guggulu* etc. possess *Laghu*,

Ruksha, *Sukshama guna*, *Ushna veerya*, *Katu vipaka* and *Raktashodhana* (blood purifying), *Lekhana* (bio-scraping), and *Shothahara* (anti-inflammatory) properties contribute significantly to its therapeutic effects in treating conditions like *Granthi* (nodules or cysts), it causes cyst lysis and reduces ovarian volume. The *Granthi-Bhedaneeya* (nodule-dissolving) and *Lekhaneeya* (scraping) properties of *Kanchnar Guggulu* assist in reducing the size of the ovarian cyst while preventing its further growth^[11]. *Kanchnara* is identified with several phytochemicals in *B. variegata* leaves, including flavonoids, phenanthraquinones, and triterpene saponins. These compounds are associated with antioxidant and antitumor activities which may effectively suppress tumor (cyst) activity.^[12]

- **Dashmoolarishta**: Collective properties of *Dashmool* are *Katu Rasa*, *Katu Vipaka*, *Laghu-Ruksha Guna*, and *Ushna Veerya*. By virtue of this properties *Dashmool* act as *Ama-pachana* and remove the *Avarana* of *Kaphadi doshas*. As *Dashmool* is *Ushna veerya* and other properties associating to that are acting on *Vata dosha* also. It has anti-inflammatory and uterine tonic action.^[13]
- **Kumarayasava**: contains *Kumari Swarasa*, *Guda*, *Haritaki*, *Madhu*, *Dhataki*, *Jatiphala*, *Lavanga*,

Kankola, Jantamansi, Kababaka, Cavya, Chitra, Jatipatri, Karkatashrangi, Bibhitaki, Puskarmoola, Tamrabhasma and Lauhabhasma. Most of the ingredients are having *Kapha*, *Vatahara* and *Medohara* property, beneficial in abnormalities of *Artava* and *Nastapuspa*^[14]. *Kumari* is having *Rasa-Tikta-madhura*, *Vipaka-Madhura*, *Virya-Sheeta*, *Guna-Guru*, *Snigdha*, *Picchila*, *Prabhav-Bhedana*, *Doshaghната- Excretion of Aamashaya-Pakvashayokt Kapha-Pitta-Vata*, *Deepana Pachanam*, and *Artava Pravartakam* (ovulation-inducing characteristics) which is required in cases of PCOS. Due to *Tikta rasa* of *Kumari*, *Yakrutottejana* happens which helps in cleansing and works as *Garbhashaya shodhak* and improves *Rajapravrutti*.

- **Ajmodadi churna**^[15]: It is having *Ajmoda*^[16], *Vidanga*^[17], *Chitraka*^[18], *Shatpushpa*^[19], *Maricha*, *Devdaru*, *Shunthi*^[20] etc. in it. All of these contents are having *Pitta vardhaka* properties that are mentioned by Acharya Suhruta in the line of treatment of *Artava-Kshaya*. Also, these drugs are having *Artavajanna* properties, *Artava* here is menstruation (*Bahir-artava*) and ovulation (*Antah-artava*) both. because of *Ushna* in *Veerya*, having *Vata-Kaphashamaka* properties it also acts as potent *Dhatavagni vardhaka*, *Deepan*, *Pachana* drug thereby also increases *Jatharagni*. So, the combination, by virtue of its above properties might have improved the *Agni*, blocked the formation of *Ama* and did *Pachana* of existing *Ama* and thereby does *Srotoshodhana* i.e., the *Granthi Pachana* occurs.
- **Chitrakadi Vati**: *Laghu*, *Tikshna*, *Ruksha Gunas* and *Katu*, *Tikta - Rasa* (dominant with *Agni*, *Vayu* and *Akasha Mahabhuta*) of *Chitrakadi vati* subsides the aggravated *Kapha*. While, by *Ushna Virya* and *Tikshna*, *Snigdha Guna* it counteracts *Vata*. By *Ushna* and *Teekshana Guna*, *Sukshmaavaha srotas* of body and will help in *Ama pachana* which helps in normal follicular growth and increases *Pachakagni* due to which *Pitta* helps in *Granthi Pachana-vilayana* along with other drugs.^[21]

Overall Mode of action of drugs: overall drugs are having *Ushna virya*, *Katu*, *Tikta rasa*, *Katu vipaka*, *Ushna*, *Ruksha* and *Tikshna guna*, there by stimulating *Agni* (*Jathragni* and *Dhatvagni*) there by clearing the *Ama* and *Srotorodha* caused by *Kapha*. So, the proper function of *Ahara rasa* and *Updhatu Artava* taking place. This action also clears the *Apanavata avarana* caused due to *Prakupita Kapha* in the *Artava srotas* as well as in *Granthi* at ovary. The *Chalagati* of the *Apanavata* will be triggered helps to initiation of *Artava* i.e., regularization of menstruation (*Bahir-artava*) and ovulation (*Antah-artava*). This action is evident in this case by regularizing of menstruation

and presence of dominant follicle along with deletion of hemorrhagic cyst in sonography.

CONCLUSION

The present case study demonstrates the potential of Ayurvedic therapeutic approaches in effectively managing hemorrhagic ovarian cysts. By employing *Granthi Nashak Chikitsa* and classical formulations, significant symptomatic relief and complete resolution of the cyst were achieved within two months.

Patient Consent: Taken

REFERENCES

1. Ovarian Cyst <https://www.ncbi.nlm.nih.gov/books/NBK560541>
2. Hemorrhagic ovarian cysts: Clinical and sonographic correlation with the management options; Ahmed M. Abbas et.al. Middle East Fertility Society Journal; Volume 21, Issue 1, March 2016, Pages 41-45, <https://doi.org/10.1016/j.mefs.2015.08.001>
3. P. Balan Ultrasonography, computed tomography and magnetic resonance imaging in the assessment of pelvic pathology Eur J Radiol, 58 (2006), pp. 147-155
4. Pudasaini S, Lakhey M, Hirachand S, Akhter J, Thapa B (2011) A study of ovarian cyst in a tertiary hospital of Kathmandu valley. Nepal Med Coll J 13: 39-41
5. Jain KA. Sonographic spectrum of hemorrhagic ovarian cysts. J Ultrasound Med. 2003; 21 (8): 879-86. PubMed
6. Acharya YT, Granty Apachi Arbuda Galaganda Nidana, Sushruta Samhita, with Nibanda sangraha commentary by Dalhana, Varanasi, Choukhamba Sanskrit Sansthan; 2022, Reprint. P.310
7. Sastri HS, Granthi Arbuda Shlipada Apachi Nadi Vijnaniyam, Astanga Hrudya with Sarvanga sundara of Arunadutta and Ayurveda Rasayana of Hemadri, Varanasi, Choukhamba Sanskrit Sansthan; 2022 Reprint.
8. Tiwari P, Ayurvedic prasutitantra evum streeroga part 2 second Edition. Varanasi. Chaukhamba Orientalia; 358- 360.
9. Tiwari P, Ayurvediya Prsuti tantra evum stri roga part 2, Chokamba Orientalia Varanasi; chi 7 Arbuda or tumors i.e. cysts and neoplasm, of Reproductive system 2009, p no -375
10. Imsagara Chandra Murthy P., editor. 2nd ed. Varanasi: Chowkhambha Sanskrit Series Office; 2007. Sharangadhara, Sarangadhara Samhita, Madhyama Khanda, Vataka Kalpana Adhyaya, 7/95-100. 190
11. Shastri DD, Sharngadhara. Vataka Kalpana adhyaya. In: editors. Sharngadhara Samhita.

- Revised edition. Varanasi (India): Chaukhamba Surbharati Prakashana; 2002. P. 190.
12. Sudheer kumar, K., Seetaram swamy, S., Ashok Babu, K., & Kishore Kumar, P. (2015). Phyto pharmacognostical and isolation of chemical constituents from Bauhinia variegata leaf extract. Journal of Pharmacognosy and Phytochemistry, 4(1), 189–191.
13. Mishra S, Bhaishajya Ratnavali of Kaviraj Govind Das Sen Edited with 'Siddhiprada' Hindi commentary Hikka shwasa roga dhikara shlok, 25-26 Chaukhamba Surbharati Prakashan, Varanasi, Edition 2019.460
14. Shastri B, Shastri L. Yogaratanakara. 7 ed. Varanasi: Chaukhamba Sanskrit sansthan; 1999. Gulma chikitsa, verse 1 / 8. p. 40
15. Government of India, Ministry of Health and family welfare. 2nd revised edition. New Delhi Department of ISM and H; 2003. The Ayurvedic Formulary of India, Part-I; p. 106
16. P.V. Sharma, Dravya Guna Vignana, Vol. 2 (2005), Chaukhambha Bharti academy, Varanasi, Page No. 497.
17. P.V. Sharma, Dravya Guna Vignana, Vol. 2 (2005), Chaukhambha Bharti academy, Varanasi, Page No. 505.
18. P.V. Sharma, Dravya Guna Vignana, Vol. 2 (2005), Chaukhambha Bharti academy, Varanasi, Page No. 360.
19. P.V. Sharma, Dravya Guna Vignana, Vol. 2 (2005), Chaukhambha Bharti academy, Varanasi, Page No. 77.
20. P.V. Sharma, Dravya Guna Vignana, Vol. 2 (2005), Chaukhambha Bharti academy, Varanasi, Page No. 333.
21. Rupalal Mishra, Bhavprakash Vidyotini Tika, Brahmashankar Mishra. Purva Khand chapter 6/212, page no. 190, 191, Chaukhamba Sanskrit Bhavan, ED, 2010. 23

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***Address for correspondence**

Dr. Meemansa

Assistant Professor,
Department of Prasuti tantra &
Stiroga,
National Institute of Ayurveda,
Panchkula, Haryana.

Email:

meemansaswami21@gmail.com

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