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Case Study

NON-INVASIVE AYURVEDIC TREATMENT OF OVARIAN CYST COMPLICATED BY ANEMIA

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ABSTRACT

Ovarian cysts are common benign fluid-filled sacs affecting women of reproductive age, often requiring surgical intervention in conventional medicine. In Ayurveda, such conditions can be correlated with *Kaphaja Granthi*, a manifestation of vitiated *Kapha dosha* causing cystic formations. **Case Presentation:** A 20-year-old female presented with a left ovarian simple cyst measuring 3.5×2.8cm, accompanied by anemia (Hb- 9.0g/dL) and thrombocytosis (platelet count 5,53,000/cumm). The patient was managed according to Ayurvedic principles following *Granthi Nashak Chikitsa* (cyst-resolving treatment) and *Pandu Roga* management protocols. After approximately 4.5 months of Ayurvedic treatment, follow-up ultrasonography revealed complete resolution of the ovarian cyst with improvement in hemoglobin levels to 10.1g/dL. **Conclusion:** This case demonstrates the effectiveness of Ayurvedic treatment in managing ovarian cysts without surgical intervention, achieving complete cyst resolution and partial improvement in associated anemia through *Samprapti Vighatana* (pathogenesis reversal) approach.

INTRODUCTION

Ovarian cysts are fluid-filled sacs in the ovaries. Some have tissue inside them. The cysts are surrounded by a capsule and usually about the size of a cherry. Most ovarian cysts go away on their own.[1]

Most ovarian cysts are asymptomatic and disappear spontaneously. When ovarian cysts are large, they may cause abdominal discomfort. If pressing on the bladder it may also cause frequency of urination.[2] The signs and symptoms of ovarian cysts may include; pelvic pain, dysmenorrheal, and dyspareunia. Other symptoms are nausea, vomiting, or breast tenderness, fullness and heaviness in the abdomen and frequency and difficulty emptying of the bladder.[3]

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Ayurvedic Perspective

Ovarian cyst may be correlated to Granthi which is described as an elevated round and knotty swelling formed due to vitiation of *Tridoshas* (*Vata*, *Pitta*, *Kapha*), *Mamsa, Rakta, Medas*, and *Sira*. Among the different types mentioned in classics, *Kaphaja* Granthi having features like *Ghana* (heavy), *Sheetha* (cold), *Savarna* (same colour), *Kandu* (itching), *Chira abhivridhi* (slow growth) have close resemblance with ovarian cyst. *Chikitsa* of *Kaphaja* Granthi includes *Shodhana* (purificatory), *Shaman* (pacifying) and *Chedana Karma* (excision).[4,5,6]

Symptoms

Pelvic pain or aching, which may be dull or sharp and may come and go, bloating or swelling in the abdomen, changes in menstrual patterns, pain during sexual intercourse, frequent urination or difficulty emptying the bladder completely, feeling full quickly while eating.[7]

Complications

Most ovarian cysts do not cause complications. However, certain types of cysts can lead to complications, such as: Rupture: If a cyst ruptures, it

can cause sudden and severe pain. In some cases, it may require immediate medical attention.

Ovarian torsion: If a cyst causes the ovary to twist, it can result in severe abdominal pain and may restrict blood flow to the ovary. This is a medical emergency.

Ovarian cancer: While most ovarian cysts are benign, some can be cancerous. It's important to monitor any changes in size, appearance, or symptoms and consult a healthcare professional for evaluation.[8]

Diagnosis and Treatment

Based on symptoms, physical examination, pelvic ultrasound, or other diagnostic tests to evaluate the cyst. Treatment of ovarian cysts depends on various factors, including the size, type and symptoms associated with the cyst. In modern system of medicine options may include: Medications (Hormonal contraceptives, such as birth control pills) and surgery. In some cases, they may also remove the ovary or perform a hysterectomy if necessary.

In Ayurvedic Samhita, a detail description about *Granthi* is available[9]. Ovarian cyst can be correlated to *Kaphaja Granthi Roga*[10], pathogenesis of *Granthi Roga* is *Vata Kapha* dominating *Tridosha*, for which *Vata Kapha hara* medication are required, whereas involved *Dushya* are *Rakta, Mamsa, Meda* hence the medication should possess *Vathara* and *Lekhana* properties[11].

This case report presents the successful management of a young female with left ovarian simple cyst accompanied by anemia and thrombocytosis using Ayurvedic principles and formulations.

Case Presentation

Patient Information

A 20-year-old unmarried female, presented to the Ayurvedic clinic with radiological evidence of left ovarian cyst. The patient was chosen for Ayurvedic management as an alternative to surgical intervention.

Clinical Findings and History

Chief Complaints: The patient's primary concern was the presence of a left ovarian cyst detected on routine ultrasonography, along with symptoms suggestive of anemia including fatigue, weakness, and pallor.

Past Medical History: No significant past medical history of major illnesses, surgeries, or chronic conditions was reported. The patient had regular menstrual cycles with no history of dysmenorrhea or menorrhagia.

Family History: Non-contributory for gynecological disorders or hereditary conditions.

Personal History: The patient maintained a predominantly vegetarian diet with occasional consumption of processed foods. She had a sedentary lifestyle with minimal physical activity.

Diagnostic Assessment

Physical Examination

- General condition: Conscious, cooperative, afebrile
- Pallor: Present (consistent with anemia)
- Pulse: Regular, within normal limits
- Blood pressure: Within normal range
- Abdominal examination: Soft, non-tender, no palpable masses
- Per speculum and per vaginal examination: Not performed (unmarried patient)

Ayurvedic Examination (*Ashtavidha Pariksha*)

- *Nadi* (pulse): *Kapha-Vata* predominant
- *Mutra* (urine): Normal in color, quantity, and frequency.
- *Mala* (stool): Regular bowel movements, no constipation.
- *Jihva* (tongue): Slightly coated, indicating *Ama* presence.
- *Shabda* (voice): Normal
- *Sparsha* (touch): Skin cool to touch, suggesting *Kapha* dominance.
- *Drik* (eyes): Mild pallor of conjunctiva
- *Akriti* (build): Medium build, appropriate for age

Laboratory Investigations (Initial - 23rd May 2025)

Complete Blood Count (Avni Diagnostic Centre)

- Hemoglobin: 9.0 g/dL (Normal: 12-16 g/dL) - Low
- Total WBC Count: 10,000/cumm (Normal: 4,000-11,000/cumm)
- Platelet Count: 5,53,000/cumm (Normal: 1.5-4.5 lacs/cumm) - High
- RBC Count: 5.22 million/cumm (Normal: 3.5-5.5 million/cumm)
- Hematocrit: 33.5% (Normal: 34-48%) - Low
- MCV: 64.18 fL (Normal: 80-100 fL) - Low
- MCH: 17.24 pg (Normal: 27-32 pg) - Low
- MCHC: 26.87 g/dL (Normal: 32-36 g/dL) - Low

Biochemical Parameters

Random Blood Sugar: 111.0 mg/dL (Normal: 80-160 mg/dL)

Imaging Studies

Ultrasonography abdomen and pelvis (Initial- 23rd May 2025, P.G. Diagnostic Centre)

Findings

- Liver: Normal in size (12.6cm) with homogenous parenchymal echotexture.
- Gall bladder: Distended, normal wall thickness, no calculi.
- Pancreas: Unremarkable portions visualized.

- Spleen: Normal size (9.6cm) and parenchymal echotexture.
- Kidneys: Both kidneys normal in size, shape, location, and cortical echotexture.
- Urinary bladder: Well distended, no calculi or masses.
- Uterus: Retroverted, normal size (7×4.3cm), normal echotexture, endometrial lining 6.2mm.
- Right ovary: Normal in bulk and echotexture
- Left ovary: Approximately 3.5×2.8cm thin-walled simple cyst.
- Impression: Left ovarian small simple cyst

Ayurvedic Diagnosis

Based on classical Ayurvedic principles and clinical presentation, the following diagnoses were established:

1. Primary Diagnosis: *Kaphaja Granthi* (left ovarian cyst)
2. Secondary Diagnosis: *Pandu Roga* (iron deficiency anemia)
3. Associated Condition: *Raktapitta* tendency (evidenced by thrombocytosis).

***Samprapti Ghataka* (Pathogenic factor)**

Dosha -Vata, Kapha

Dushya - Mamsa (muscles), *Rakta* (blood)

Agni (digestive fire)- *Mandagni, Jatharagnimandya.*

Srotas (channel)- *Artavahasrotas* (channels carrying menstrual blood)

Srotodushti -Siragranthi, *Sanga*

Therapeutic Intervention

The treatment protocol was designed based on the principle of *Samprapti Vighatana* (breaking the pathogenesis) and included both *Shodhana* (purification) and *Shamana* (palliative) therapies.

Treatment Principles

1. *Kapha Shamana* for cyst resolution.
2. *Agni Dipana* and *Pachana* for improving digestion.
3. *Rasayana* therapy for tissue nourishment.
4. *Raktavardhaka* medicines for anemia correction.

Treatment Schedule

The treatment was carried out with the following medicines for three months.

- *Kanchanara Ghanvati*: 500mg twice daily after meals with lukewarm water.
- *Narikanti vati*: 500mg twice daily after meals with lukewarm water.
- *Punarnavadi mandoor*: 500mg twice daily after meals with lukewarm water.
- *Kayakalp Kwath*: 40ml twice daily with equal amount of water.
- *Dashmoola Kwatha*: 40ml twice daily with equal amount of water
- *Cystogrit vati*: 500mg twice daily on empty stomach with lukewarm water.
- *Patrangasava*: 4 tsp with equal water twice daily after meals.
- *Ashokarishta*: 4 tsp with equal water twice daily after meals.

Follow-up and Outcomes/ Result

Follow-up Laboratory Investigations (4th October 2025):

Complete Blood Count

- WBC: 7.20 × 10^3/µL (Normal: 4.00-10.00)
- Neutrophils: 45.4% (Normal: 50.0-70.0) - Low
- Lymphocytes: 48.1% (Normal: 20.0-40.0) - High
- RBC: 5.02 × 10^6/µL (Normal: 3.50-5.00) - High
- Hemoglobin: 10.1g/dL (Normal: 11.0-15.0) - Improved from 9.0 g/dL
- Hematocrit: 33.5% (Normal: 37.0-47.0) - Low
- MCV: 66.6 fL (Normal: 80.0-100.0) - Low
- MCH: 20.0 pg (Normal: 27.0-34.0) - Low
- MCHC: 30.1 g/dL (Normal: 32.0-36.0) - Low
- Platelets: 624×10^3/µL (Normal: 150-450) - Still elevated

Follow-up Ultrasonography (4th October 2025- Mahaveer International)

Findings

- Liver: Normal in size, shape, and echo pattern.
- Gall bladder: Normal lumen and mucosa.
- Pancreas: Normal size, shape, and echo pattern.
- Spleen: Normal in all parameters.
- Kidneys: Normal bilateral kidneys.
- Urinary bladder: Normal
- Uterus: Normal in size, shape, and echo texture.
- Adnexa: Both ovaries normal in size, no mass lesion.

Interpretation: No abnormality seen

Treatment Outcomes

Primary Outcome: Complete resolution of left ovarian cyst (from 3.5×2.8cm to no detectable cyst).

Secondary Outcomes

- Improvement in hemoglobin levels from 9.0 g/dL to 10.1 g/dL (12.2% increase).
- Symptomatic relief from fatigue and weakness.
- Improved general well-being and energy levels.
- No adverse effects reported during treatment.

Persistent Findings

- Thrombocytosis remained (624×10^3/µL), requiring continued monitoring.

- Anemia showed improvement but not complete resolution.
- Microcytic hypochromic pattern persisted, suggesting continued iron deficiency.

DISCUSSION

This case demonstrates the efficacy of Ayurvedic treatment in managing ovarian cysts through the principle of *Samprapti Vighatana*. The complete resolution of a 3.5×2.8cm ovarian cyst within 4.5 months without surgical intervention represents a significant clinical achievement.

Probable Mode of Action of Ayurvedic Medicines

Medicine	Probable mode of action
Kanchanara Ghanvati[12,13]	Mainly *Kapha-hara, Lekhana, Amapachana*, and *Granthi-hara* action; helps reduce cystic like swellings by pacifying *Kapha-Pitta* and improving local tissue metabolism.
Narikanti vati[14]	Likely works through *Tridosha* balancing, especially *Kapha-Vata shamana*, with *Agnideepana*, *Amapachana*, and support to menstrual regulation.
Punarnavadi Mandoor[15]	*Deepana-Pachana, Shothahara, Raktavardhaka, Panduhara*, and mild *Mutrala* action; useful where edema, anemia, and poor tissue nourishment coexist.
Kayakalp Kwath[16,17]	Likely acts as *Pitta-Kapha shamaka, Shodhana, Raktaprasadana*, and *Kusthaghna*-type rejuvenative support, improving skin/tissue quality and reducing inflammatory load.
Dashmoola Kwatha[18]	Predominantly *Vata-shamaka*, also *Pitta-Kapha* balancing, with *Shothahara*, *Vedanasthapana*, and *Amajanya samprapti vighatana* action.
Cystogrit vati[19]	Likely *Mutrala, Ashmarighna, Shothahara, Kapha-Vata shamaka*, and *Srotoshodhana* action; used for cystic/urinary-channel-related disorders depending on formulation.
Patrangasava[20]	Mainly *Pradar nashak, Pitta shamaka* with supportive *Vata shamana, Raktaprasadana*, and *Artava-pravartana* action; commonly used in menorrhagia, leucorrhoea, and gynecologic disorders.
Ashokarishta[21]	Mainly *Pradar nashak, Raktaprasadana, Pitta shamana, Artava-sangrahana/Pravartana* regulation, *Balya*, and *Rasayana*-like support for menstrual disorders and uterine disorders.

Several recent studies back up the idea that Ayurvedic formulas are effective for ovarian cysts. For example, *Kanchanara Guggulu* has been shown to have strong anti-inflammatory and tissue-dissolving properties, which makes it great for different cystic issues. Similarly, studies on cystogrit tablet have found it effective for urogenital problems and cysts.

This case is important because it adds to the growing evidence that Ayurvedic treatment can work for ovarian cysts. The *Samprapti Vighatana* approach is a non-invasive option that's especially good for young, unmarried women who want to keep their ovaries healthy.[22]

The fact that the anemia improved a bit means we might need to keep treating for a while and possibly add more iron, following Ayurvedic advice. The ongoing thrombocytosis needs more investigation and careful watching.[23]

Even though this case shows good results, it's just one person's experience. We don't have enough detailed info on the exact formulas and amounts, which makes it hard to use the treatment the same way for everyone. Future research should focus on creating standard ways to manage ovarian cysts in Ayurveda, with more people and longer follow-ups.

We also need to do more scientific studies to understand how Ayurvedic formulas work to clear cysts, using tests that look at the body's chemicals and molecules. Plus, we need to pay special attention to how to handle the persistent thrombocytosis in these cases, and we should keep looking into it.

CONCLUSION

This case report demonstrates the effectiveness of traditional Ayurvedic treatment in achieving complete resolution of ovarian cysts without surgical intervention. The treatment based on *Kaphaja Granthi* management principles resulted in complete cyst disappearance within 4.5 months, with concurrent improvement in associated anemia.

The success of this Ayurvedic approach offers hope for patients seeking non-invasive alternatives to conventional treatment. However, the persistence of thrombocytosis and incomplete resolution of anemia indicates the need for continued treatment and monitoring.

This case underscores the importance of proper *Dosha* assessment, appropriate selection of classical formulations, and adherence to *Pathya-Apathya* guidelines in achieving optimal therapeutic outcomes. Further research with larger sample sizes and standardized protocols is warranted to establish

Ayurvedic treatment as a reliable alternative for ovarian cyst management.

The integration of modern diagnostic methods with traditional Ayurvedic treatment principles, as demonstrated in this case, represents a promising approach for contemporary healthcare delivery in gynecological conditions. Based on this case study, it can be concluded that Ayurvedic drugs possess remarkable effectiveness in treating ovarian cysts.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

Acknowledgment

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