

## Ayurvedic Regimen in Hemorrhagic Ovarian Cyst without Peritoneal Bleeding: A Case Report

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### Abstract

A 42 year old female patient with hemorrhagic ovarian cysts came for Ayurvedic treatment after being denied a second operation on the basis that her hysterectomy was performed two years before. The patient is pitta prakriti and diagnosed as Pittajaartavadusti as per Ayurveda. The base line hormone assays for LH, FHS, testosterone and fasting insulin were found within normal limits. The initial treatment with Sanjeevani Vati and Triphala Churna for 15 days was administered to regularize appetite and bowel movement. The main course of treatment included Kalyanagrita and Kanchanaragugulu in the recommended dose as per Ayurveda pharmacopeia for 120 days. After the 120 days an ultrasound study with tras-vaginal proof was found normal. The patient had follow-up for one year without medicine and final the ultrasound study with tras-vaginal proof was also found normal. There is no significant change in LH, FHS, testosterone and fasting insulin after the completion of treatment. Kalyanakagrita along with Kanchanaragugulu may have a role in curing hemorrhagic ovarian cysts. Further study is recommended.

### Introduction

The incidence of ovarian cyst has increased dramatically and functional ovarian cysts were found to be the fourth most common cause for hospital admission of women [1]. About 7% of women have an ovarian cyst at some point in their lives and out of all ovarian cysts, 13.7% are said to be hemorrhagic ovarian cysts [2]. Hemorrhagic Ovarian cysts are the most common type of ovarian cysts in India. Painful or large ovarian cysts may need to be removed with surgery [3]. Hemorrhagic ovarian cysts are generally formed by expanding hemorrhage within a corpus luteum or other functional cyst. Ruptured hemorrhagic ovarian cysts are the worst emergency condition. The cyst can be diagnosed by pelvic examination and ultrasound [4]. Occasionally the retracting blood clot may become very small and may simulate a mural nodule or papilloma. Many women opt for treatment because of pain and perceived risk of torsion. Surgery is the only option except for some hormonal medication [5]. Younger women prefer alternative therapy to avoid unnecessary surgery and not to compromise any future pregnancy as shown in a randomized clinical trial conducted in Chinese Traditional Medicine [6]. Many patients have been successfully cured by Ayurveda-the ancient medical therapy without much documentation. Ayurveda scientists have only recently been interested to generate evidence through control clinical trial and case studies [7-9]. The knowledge of Ayurveda explored along with development of modern medical knowledge provides simple therapies that help fertile women overcome many frustrating conditions.

### Case Report

A 42 year old female patient came to O.P.D dated 1-11-12, after seeing no sign of improvement with Allopathic treatment. She complained of dull aching pain and discomfort in the lower abdomen, pain radiating to lower back and thighs; heaviness and bloating in the

abdomen; and breast tenderness. The history of present illness was advice for ovarian cyst operation but she denied a second operation. Trans-vaginal USG report dated 14-11-12 shows right ovary size 31.6×23.0×31.9 mm with hemorrhagic cyst and left ovary as 27.7×21.2×24.5 mm with unilocular anechoic cyst (measuring 34×32 mm within). This investigation indicated that the patient had a hemorrhagic cyst in left ovary. Physical examination revealed moderate bilateral abdominal tenderness in lumbar region. The Prakruti of the patient is Pitta vata with amalipitajivha (coated tongue), alpaaharashakti (diminished appetite), alpanidra (disturbed sleep) and mrudukosta (smooth bowel motion). The hormone assays for LH, FHS, testosterone and fasting insulin were found to be normal.

As we know that Ayurveda treatment protocol is not the same for all patients, after the investigation and clinical examination the case was diagnosed as Pittajaartvadusti.

The treatment was amapachaka (digestion of undigested food), agnideepaka (increase digestive fire), anulomana (srotosodhaka (clear channel) and pitta nasaka (reduce pitta). The sequence of treatment was as follows:

### Preparatory therapy

The initial treatment with Sanjeevani Vati and Triphala Churna for 15 days was administered to regularize the appetite and bowel movement.

1. Triphalchurna 10-10 gram at night with lukewarm water for first 15 days.
2. SanjeevaniVati 11-250 mg for first 15 days of initial therapy.

## Main Therapy

1. Kalyanakaghrita 12 gram in the morning an empty stomach after 15 days of therapy upto 90 days.
2. Kanchanargugulu-1000 mg twice daily with lukewarm water after 15 days of initial therapy upto 120 days.

The patient had follow-up for one year after the cessation of Ayurveda medicine.

## Follow up study and Result

The preparatory therapy began 15-11-12 and the patient was advised to have Ultrasonography (T.V.Probe) after 45 days of treatment. The USG study dated 31-12-12 found the right ovary to be normal but a hemorrhagic cyst on left ovary. Again the patient went for USG on 4-3-13 that revealed normal findings for right ovary size; 20×19 mm, and left ovary size to be 22×23 mm.

Another study dated 23-7-13 revealed normal findings with right ovary size; 24×16 mm, and left ovary to be 24×20 mm.

This patient has no relapse/recurrence of the ovarian cyst after one year cessation of Ayurveda medicine also.

## Ingredients of Kalyanakagrita:

- Haritaki (*Terminalia chebula*)
- Bibhitaka (*Terminalia belerica*)
- Amalaki (*Emblica officinalis*)
- Visala (*Citrulus choolocynthis*)
- Bhadraila (*Amomum subulatum*)
- Devadaru (*Cedrus deodara*)
- Elavaluka (*Aloe barbadensis* extract)
- Svetasariva
- Krsnasariva
- Haridra (*Curcuma longa*)
- Daru (*Berberis aristata*)
- Haridra (*Curcuma longa*)
- Salaparni (*Desmodium gangeticum*)
- Prsniparni (*Uraria lagopoides*)
- Phalini
- Nata
- Brhati (*Solanum indicum*)
- Kustha (*Saussurea lappa*)
- Manjistha (*Rubia cordifolia*)
- Nagakesara (*Mesu aferrea*)
- Dadima (*Punica granatum*)
- Vella
- Talisapatra (*Abies webbiana*)
- Ela (*Elettaria cardamom*)
- Malatimukula
- Utpala (*Nymphaea stellata*)
- Danti (*Baliospermum montanum*)
- Padmaka (*Prunus cerasoides*)
- Hima
- Sarpi-ghee-68 g

Dose-12 gram

Kalyanakaghrita is useful when the following symptoms are displayed:

- Kasa (cough)
- Pandu (anaemia)
- Apasmara (epilepsy)
- Bhutonmada (smooth bowel motion)
- Balagraha (problems arising in infancy)
- Visavikara (poisoning)
- Gara visa (artificial poisoning/toxins)
- Vandhyatva (female infertility)
- Yoni roga (female genital diseases)

## Probable Mode of Action of the Drugs

In Ayurveda, Triphala is termed a tridoshicrasayanthat has a balancing and rejuvenating effect on the three constitutional elements that govern human life (i.e. vata, pitta, and kapha) [10]. Triphala is considered as having the property of srotoshodhan (cleansing of micro channels) and removes srotoavrodha (obstructions in the micro channels). Sanjeevani Vati can be used for breaking the pathogenesis of any disease as it has deepana, pachana and anulomana properties [11]. Kanchanargugulu has the role to cure Ovarian cysts. Kalyalakagrita is good for pittajaartavadusti and infertility.

## Discussion and Conclusion

Kanchanaragugulu have the evidences to cure poly cystic ovarian diseases [7-9]. Hemorrhagic Ovarian cysts are the most common type of ovarian cysts in India and it may leads to emergency condition. Therefore this study was planned to evaluate the treatment outcome of Ayurveda regimen in Hemorrhagic Ovarian cyst. The premedication clears the channels and made fit for Abhyatara snehana (internal oleation). Kalyalakagrita is good for pittajaartavadusti and is indicated for infertility may be due to PCOD. The base line hormone assays for LH, FHS, testosterone and fasting insulin were found within normal limits. There is no significant change in LH, FHS, testosterone and fasting insulin after the completion of treatment.

This treatment regimen not only cures Hemorrhagic Ovarian cysts but also patient has no relapse/recurrence of the ovarian cyst after one year cessation of Ayurveda medicine.

We may conclude that Kalyanakagrita along with Kanchanaragugulu may have the role in curing hemorrhagic ovarian cysts. Further study is recommended.

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