



Case Study

ROLE OF AYURVEDIC FORMULATIONS IN AN OVARIAN CYST: A CASE STUDY

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ABSTRACT

A female patient of 15 years, came with the complaint of irregular cycle into the OPD which was a diagnosed case of ovarian cyst and took conservative management (Hormonal therapy) for 3 months. After therapy, the Ultrasonography was repeated and the findings were found to be same as before. As the size of cyst was large (60x55x33mm) so, she was advised surgery. But patient was not interested in surgical intervention. Before treatment, the patient was advised of the risks of cyst rupture and instructed to seek care immediately if she becomes symptomatic. Patient was treated with *Chanderprabhavati*, *Kanchnar guggulu*, *Ashokarishta*, *Haridrakhand* and local sudation for 2 months. It cured the ovarian cyst with symptomatic relief to the patient. But to establish this fact, further study of longer duration and on large sample is required.

KEYWORD: Ovarian cyst, *Chanderprabhavati*, *Kanchnar guggulu*, *Ashokarishta*, *Haridrakhand*.

INTRODUCTION

An ovarian cyst is any collection of fluid, surrounded by a very thin wall within an ovary. Functional cysts are most common ovarian cysts and are more likely to rupture than benign or malignant neoplasms^[1]. Ovarian cysts affect women of all ages. They occur most often, however, during a women's childbearing years. Cystic enlargement of one or other of the normal ovarian structures is as common as to be regarded as physiological. Distension cysts are of several types and any of them can become complicated by intracystic haemorrhages. These cysts can be single or multiple. These are always small and when occur singly, usually have diameter upto 3-5 cm and rarely more than 8 cm^[2]. Cystic adnexal mass that are less than 8 cm in diameter could be followed expectantly, in the asymptomatic patient by giving oral contraceptives for 3 months, as 70% of these masses will resolve spontaneously. Complications of cyst are haemorrhage,

torsion rupture, occasionally present as acute abdomen^[3]. Indications of surgery are- if Ovarian cystic mass greater than 6cm without regression for 6-8 weeks and any cystic structure greater than 8 cm⁴. Surgical removal of the cystic portion of an ovary, or of a whole ovary, is usually followed by cyst formation in the remaining ovarian tissue. The more ovarian cyst removed, the more likely the remainder is to become cystic^[5].

CASE REPORT

A female patient of 15 years attended the OPD of Prasuti tantra and Striroga at Choudhary Brahm Prakash Ayurveda Charak Sansathan, Khera Dabur, New Delhi, on dated 09/10/10, with the complaints of irregular menstrual cycle and mid-cycle lower abdominal pain since 4 months. Patient told that she was a diagnosed case of Right Ovarian Cyst and was adviced laparoscopic surgery at Allopathic hospitals. Finally, she came to our hospital for further

advice and management. On enquiry, patient told that her duration of menstrual cycle was of 6-7 days with irregular interval of 20-28 to 40 days, amount of bleeding was normal and associated with lower abdominal pain which was mild in intensity, spasmodic in nature and radiated to lower back.

On clinical examination

Per abdomen-it was soft, non-tender and no organomegaly was detected. On OPD basis, the following investigations were done and under mentioned conservative treatment was given to the patient.

INVESTIGATIONS

1. Haemoglobin-13.3gm%
2. TLC-8,900/mm³
3. DLC-N₅₆L₄₂E₀₂M₀B₀
4. ESR-10mm fall
5. FBS-100mg/dl
6. TFT-Normal
7. Urine (Routine and Microscopic)-P. c. -0-1/hpf, E. c. -0-1/hpf
8. Ultrasonography (Pelvis):- Uterus - 66x55x33mm, anteverted, normal size and Endometrial thickness-6mm-Right ovarian cyst with a thin septa measuring 60x55x33mm.

TREATMENT

1. *Chanderprabha vati*- 250mg twice in a day.
2. *Kanchnar Guggulu*- 250mg twice in a day.
3. *Haridra Khand*- 5 mg with milk twice in a day.
4. *Ashokarishta*- 20ml with equal water after meals twice in a day.
5. *Dashmoola Kwath*- 40ml twice in a day
6. *Eranda taila* for local application at lower abdomen followed by local sudation (*Baluka potli swedana*) for initial 14 days of menses.

The treatment was given for consecutive two months with follow up advice every fortnightly in a month.

After two months, the USG (Pelvis) was repeated and findings revealed: Normal study-Right ovary measures 24x16mm, Left ovary measures 26x16mm with no cystic lesion.

Patient was keenly observed for a period of six months with follow up every month and she remained fully asymptomatic during this period.

DISCUSSION

Conservative management is a good alternative to surgical management but in case of large size of ovarian cyst complications should always be born into mind and patient should be counseled about the possible increased risks of large ovarian cyst. *Chanderprabhavati* has restores uterine function, has antimicrobial effect, useful in burning sensation associated with abdominal pain. *Kanchnar* contains tannins and alkaloids like sennoside, mucilage etc. which effectively suppress tumour and increase the enzymatic antioxidant levels i.e. it has chemopreventive and cytotoxic effect on tumour cells.^[6] *Guggulu* has immunomodulator effect, anti-inflammatory, analgesic in action and in combination with drugs it enhances its effect and make drug more potent in action. *Ashokarishta* tones up uterine musculature and regularizes menstrual flow. *Ashoka* bark contains fair amount of tannin and catachin which has direct effect on uterine musculature. It stimulates both endometrium and ovarian tissue^[7]. *Dashmoola kwath* is a restorative, digestive, nervine tonic and improves body resistance to infections. Local sudation to the lower abdomen, near the ovaries can relax tense muscles and relieve cramping, lessen discomfort and stimulates circulation and healing in the ovaries.^[8]

CONCLUSION

Thus, conservative management through Ayurveda is a better alternative to hormonal therapy and surgery, as surgical removal of cystic portion of an ovary is usually followed by cyst formation in the remaining ovarian tissue. Moreover, it has no side effects as hormonal therapy have. But to establish this fact, further study of longer duration and on large sample is required.

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