

An Ayurvedic Management of Endometriotic Ovarian Cyst: A Case Report

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ABSTRACT

Endometriosis is one of the most frequent benign reproductive disorder of females characterized by the presence of uterine endometrial tissue, such as endometrial glandular epithelium and stroma, outside the normal location. The endometriotic cyst or endometrioma is an ovarian endometriosis that contains chocolate-like fluid due to the accumulation of menstruation or hemorrhagic blood in the cyst. It is well-known fact that ovarian cancer can be arises in endometriotic cysts. Ovarian endometrial cysts (endometriomas) are found in 20–55% of women with endometriosis. In Ayurvedic text direct explanation of endometriotic cyst is not found but on the basis of pathogenesis it can be corelated with the Udavartini Yonivyapada which is also occurred to the retrogression of menstruation and give rise to symptoms of menstrual pain, obstructed menstrual bleeding and infertility etc.6 on the basis of Dosha -Dushaya Samurechana endometriotic cyst is a Vata dominant disorder which by vitiating Rasa and Rakta Dhatus give rise to formation of Granti (endometriotic cysts) in ovaries.

Keywords: Endometriosis, Endometriotic cyst, Granthi

INTRODUCTION

Endometriosis is one of the most frequent benign reproductive disorder of females characterized by the presence of uterine endometrial tissue, such as endometrial glandular epithelium and stroma, outside the normal location. The endometriotic cyst or endometrioma is an ovarian endometriosis that contains chocolate-like fluid due to the accumulation of menstruation or hemorrhagic blood in the cyst. It is well-known fact that ovarian cancer can be arises in endometriotic cysts.¹ Endometriosis is a chronic benign estrogen-dependent disease. It is present commonly in patients of reproductive age, and its prevalence in this age group is estimated at 5–10%. Endometriotic lesions can also be present in different sites. Based on the site of the lesions, the disease is classified as peritoneal, ovarian, or deep infiltrating endometriosis.² Etiopathogenesis of endometriosis is still not fully understood. There are many theories on the etiology of this condition. The most widely accepted one is Sampson's theory, according to which the formation of ectopic endometrial tissue is a consequence of retrograde menstruation.³ Ovarian endometrial cysts (endometriomas) are found in 20–55% of women with endometriosis.⁴

An ovarian mass can be qualified as an endometrial cyst based on its features in ultrasonographic presentation, based on the criteria that have been published by the International Ovarian Tumor Analysis (IOTA) collaboration in 2013. These criteria include size, shape, echogenicity of the lesion, the structure of its capsule, presence of any projections to the cyst's lumen, vasculature, and relationship with surrounding anatomical structures.⁵ In ayurvedic text direct explanation of endometriotic cyst is not found but on the basis of pathogenesis it can be corelated with the Udavartini Yonivyapada which is also occurred to the retrogression of menstruation and give rise to symptoms of menstrual pain, obstructed menstrual bleeding and infertility etc.⁶ on the basis of Dosha -Dushaya Samurechana endometriotic cyst is a Vata dominant disorder which by vitiating Rasa and Rakta Dhatus give rise to formation of Granti (endometriotic cysts).

CASE REPORT

A 21-year-old female visited to the OPD of Prasuti tantra & Stri Roga department in, MSM Institute of Ayurveda, BPSMV, Khanpur Kalan, Sonapat on 03/05/2024. She complained of Pain in abdomen specially in right flank since last one months with irregular menstrual cycle since last 6 months. She is also suffered from dizziness and generalized body ache.

• Patient History

Name- Sahiba w/o Junaid
Age/sex- 21y/F
Occupation- Housewife

OPD No- 8052/879
Marital status- Married
Address- Vill- Sandal Kalan, Sonapat, Haryana

• Present history of illness

Patient having complained of Pain in abdomen specially in right flank since last one months with irregular menstrual cycle since last 6 months. She is also suffered from dizziness and generalized body ache. She had a history of one spontaneous abortion of 45 days, 8 months ago. Patient had already taken allopathic treatment but does not get satisfactory relief. So, she came to MSMIOA, BPSMV hospital for further treatment in OPD of PTSR department.

• History of past illness: not any relevant history found

• Family History: No any family History of DM, HTN, TB & Thyroid

• Menstrual History: AOM- 12y, LMP- 22/04/2024 3 D/29-45D/adequate (1-2 pad/day), Pain (+++)

• Obstetrical History- G₁P₀A₁ (A₁- spontaneous abortion of 45 days, 8 months back)

• Contraceptive History- Nil

• General physical examination: All vital measures of patient are within normal limit. She is medium body structure (BMI-20).

Per Abdominal- sever tenderness in hypogastric and bilateral iliac region.

Per Speculum- cervix (normal), Transparent discharge (+), watery

Per vaginal- uterus(anteverted/anteflexed), Cervical motion tenderness is absent.

• Astavidha Pariksha:

Nadi-Vataj
Mala- Samnya
Mutra-Samnya
Jiwha-samanya

Shabda- Spasta
Sparsha-Samsito-ushna
Drik-Samanya
Akriti- Madhyam

• Sroto-Pariksha:

Sroto-prakara- Rasa & Raktavaha

Sroto-dust-, Vimargamana, Granthi

• Investigations:

Laboratory investigations: Routine blood Investigations to know the variations in blood Bio-Chemistry and were assessed. These are within normal range.

Imaging: USG abdomen and pelvis was done to know the condition of Uterus and Ovaries; Report says uterus is normal in size and shape. Right ovary is enlarged (Vol.=30.01ml), it shows a **thick echogenic cyst of 33.1 x29.7x 28.8 mm with clear margins** and shows few cystic spaces s/o? **endometriotic cyst**. Endometrial thickness was 6mm.

CA-125: 9.34 IU/ML

• Treatment:

1. Kanchnar Guggulu- 250 mg TID
2. Cap. Endotone (Charka pharmacy)- 2 BD
3. T. Cystolib nutra (Charka pharmacy) - 2 BD
4. Soth-hara mahakshayam- 15 ml + equal water BD
5. Shankh vati- 250mg bd for 15 days

Treatment Duration: same treatment continues for 5months after relief in symptoms, all parameters were calculated which are listed as-

RESULTS

S.N.	Findings	Before treatment	After Treatment
1.	Menstrual Complaints	Duration- 3 D Interval-29-45D Amount- adequate (1-2 pad/day) Regularity- Irregular Pain- Pain (+++)	Duration- 4-6D Interval-28-32D Amount- adequate (2-3 pad/day) Regularity- Regular Pain- Pain (+)
2.	Dizziness	Present (+)	Absent
3.	Generalized Weakness	Present (++)	Absent
3.	USG (Abd& Pelvis)	(30-04-2024) uterus is normal in size and shape. Right ovary is enlarged (Vol.=30.01ml), it shows a thick echogenic cyst of 33.1 x29.7x 28.8 mm with clear margins and shows few cystic spaces s/o? endometriotic cyst . Endometrial thickness was 6mm	(10-08-2025) Normal Study

- **Follow-up:** Patient is being followed after 6 months and there are not any complication and other symptoms were noted.

DISCUSSION

The endometriotic cyst or endometrioma is an ovarian endometriosis that contains chocolate-like fluid due to the accumulation of menstruation or hemorrhagic blood in the cyst. On the basis of etiopathogenesis of endometriotic cyst it is a Vata dominant Kaphaj disorder which by vitiating Rasa and Rakta Dhatus form Granti (endometriotic cysts) in ovaries. So, in the present case report we try to break the pathogenesis of endometriotic cyst by Granthiaghna and Vata- anulomaka drugs. which not only remove the cyst but also maintain the normal hormonal balance of menstrual cycle so that the incidences of reoccurrence of the diseases are decreases and complications can be prevented.

CONCLUSION

In the present case scenario, we give ayurvedic treatment for the management of endometriotic cyst. Here synergetic effects of different type of drugs were observed. In this case treatment is selected to reduce the benign ectopic growth, for maintaining of normal menstrual cycle and endometrial growth by Vatanulomana and Granthiaghna properties of the selected treatment. In the present study not any adverse effects of the drugs were observed during the treatment period.

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