

CASE REPORT

Non-Surgical Ayurvedic Management of Hemorrhagic Ovarian Cyst: A Case Report

Sunita Kumari¹, Jitesh Kumar Panda², Sunita Tanwar³

¹P. G. Scholar, Department of Prasuti Tantra Evum Stree Roga, Institute For Ayurved Studies and Research, Kurukshetra, Haryana, India.

²Professor and Chairperson, Department of Prasuti Tantra Evum Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

³Professor, Department of Prasuti Tantra Evum Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

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ABSTRACT

Hormonal balance is essential throughout a woman's life, from menarche to menopause. Any disruption in the regulation of ovarian hormones, especially involving the hypothalamic-pituitary-ovarian axis, can have a profound impact on a woman's physical, emotional, and reproductive well-being. Unhealthy dietary habits and modern lifestyle patterns often contribute to hormonal imbalances, increasing the risk of ovarian cyst development. Hemorrhagic ovarian cysts are among the most frequently encountered types in routine gynecological practice. Although many cases resolve on their own without treatment, more severe instances may require surgical intervention. A 17-year-old female visited the outpatient department with symptoms of irregular menstrual cycles associated with lower abdominal pain and weight gain. Ultrasonography (USG) was advised and finding suggested a right-sided hemorrhagic ovarian cyst. She was treated for 3 months using traditional Ayurvedic formulations such as *Chitrakgranthikadi Kashayam*, *Syp Womalyn*, and *Kanchnar guggulu* tablets aimed at reducing symptoms and promoting cyst resolution. Only traditional Ayurvedic medicines were administered throughout the treatment period. Follow-up USG revealed complete resolution of the cyst, along with significant improvement in the patient's symptoms. Although most hemorrhagic ovarian cysts resolve on their own, the supportive role of Ayurveda in symptom management and cyst resolution as seen in this case suggests that it can serve as a viable, non-invasive alternative to conventional approaches.

1. INTRODUCTION

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.^[1] A hemorrhagic cyst is a kind of functioning cyst that arises when cyst bleeds within the ovary during ovulation. A graafian follicle instead of releasing an ovum continue to swell with fluid or blood rather than disintegration. Most of the hemorrhagic ovarian cysts are Corpus luteal cysts which occur due to hemorrhage into a cyst usually painful, triggering the patient to consult physician. Excessive hemorrhage takes place inside the corpus luteum in spite of blood filled cyst, the progesterone and estrogen secretion continues due to which the menstrual cycle may be normal or absent or delayed which

is usually followed by heavy and/or prolonged bleeding. Few of them can be neoplastic but they are usually benign.^[2]

In *Ayurvedic Samhita*, a detail description about *Granthi*^[3] is available. Hemorrhagic ovarian cyst can be correlated to *Raktaja Granthi roga*.^[4] Pathogenesis of *Granthi Roga* is *Vata Kapha* Dominating *Tridosha*, for which *Vata Kapha hara* medication are required, whereas involved *Dushya* are *Rakta*, *Mamsa*, and *Meda*; hence, the medication should possess *Vatahara* and *Lekhana* properties.

In modern science except hormonal therapy, laparoscopy no other treatment options left and hormonal therapy has its own harms. Hence, this condition can be successfully treated with specific Ayurvedic drugs based on *dosha-dushya samprapti vighatana*.

2. CASE REPORT

A female patient, 17 years old, came to Prasuti Tantra and Stree Roga OPD of Institute For Ayurveda Studies and Research, Kurukshetra on

Corresponding Author:

Sunita Kumari,
P. G. Scholar,
Department of Prasuti Tantra Evum Stree Roga, Institute for Ayurved
Studies and Research, Kurukshetra, Haryana, India.
Email: atinus661@gmail.com

December 09, 2024, with chief complaint of irregular menses since 6 months, associated with pain in lower abdomen and weight gain. She was advised for Ultrasonography (USG) lower abdomen and some other blood investigations. She was diagnosed as right ovarian hemorrhagic cyst ($4.4 \times 3.8 \times 4.4$ cm) and vol - 40 mL.

2.1. Menstrual History

Patient told that her age of menarche was 12 years and duration of previous menstrual cycles were of 30 days interval with adequate flow for 5 days without any complaint of pain during cycle. However, since 6 months, her periods were irregular and her last cycle periods came after taking withdrawal pill and lasts for 17 days. Furthermore, she had irregular interval of 45–55 days and associated with lower abdominal pain and clots.

2.2. Family History

No relevant family history found.

2.3. Past Surgical History

No relevant surgical history found.

2.4. Past Medical History

No relevant medical history found.

2.5. Personal History

- Appetite-Reduced
- Sleep-Normal
- Bladder and Bowel-Regular and Satisfactory.

2.6. Clinical Findings

2.6.1. General examinations

Built - Normal
Weight - 58 kg
Height - 155 cm
Pulse rate - 70/min
Blood pressure - 110/70 mm of hg
Respiration rate - 18/min
Temperature - 98.6 F
Per abdomen - it was soft, tender and no organomegaly was detected.
Serum prolactin - 20.07 ng/mL
Serum T3 - 1.51 ng/mL
Serum T4 - 6.70 ug/dL
Serum thyroid-stimulating hormone - 2.12 uIU/mL
Hemoglobin - 10 g%.

2.6.2. Physical examination

2.6.2.1. Ashtavidha pariksha

Nadi - VP

Mutra - *Samyak* mutra pravriti

Mala - *Sama*

Jihwa - *Sama*

Shabda - *Samyak*

Sparsha - *Ushna*

Drika - *Samanya*

Aakriti - *Madhyam*.

2.6.2.2. 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) - *Madhyam* (Medium)

Aharashakti - (food intake and digestive power) *Abhyavarana shakti*

and *Jarana shakti* - *Madhyam* (Medium).

2.6.3. Systemic examination

CVS: Heart sounds (S1S2): Normal

Respiratory system: Normal bilateral air entry, no added sounds

No abnormality found on other system.

2.6.4. USG report

Right ovary enlarged in size and shows a cystic lesion of size $4.4 \times 3.8 \times 4.4$ cm (vol 40 mL) with hyperechoic component within likely hemorrhagic cyst.

2.6.4.1. Samprapti Ghataka (pathogenic factor)

Dosha - *Vata, Kapha*

Dushya - *Rasta* (blood), *Mamsa* (muscles), *Meda* (Fat Tissue)

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

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

Srotodushhti - *Siragranthi* (cyst), *Sanga* (obstruction)

Udbhavsthana - *Amashaya* (stomach)

Vyaktisthana - *Beejashaya* (Ovary)

Rogamarga - *Abhyantra* (internal).

2.7. Treatment Schedule

The treatment was carried out with the following medicines for 3 months [Table 1].

3. RESULTS

On completion of the treatment, the patient reported full resolution of all her symptoms. A repeat ultrasound confirmed the absence of the hemorrhagic cyst, and both the uterus and adnexa appeared normal. The Ayurvedic therapy led to a complete recovery, and the patient experienced marked relief. No recurrence of symptoms or clinical findings has been observed so far the result are shown in table 3 and fig 1 before and after treatment.

3.1. Patient Consent

Taken before publishing this case study.

3.2. Pathya - Apathya

To avoid psychological stress.

- To stay away from foods that are overly spicy, heavy, baked items, fermented foods, fast food (pasta, peaches, and pizza), and cold beverages.
- To consume more green leafy vegetables (spinach, cabbage, capsicum, and broccoli), sesame seeds, flax seeds, fruits (orange, apple, and papaya), and jaggery in the diet.^[5]

4. DISCUSSION

To achieve *Samprapti Vighatana* in cases of *Raktaja Granthi*, the treatment approach should include medicines with *Vata-Kaphahara*,

Rakta Shodhaka (blood-purifying), *Granthihara*, and *Lekhana* (scraping or reducing mass) properties. Furthermore, to manage *Agnimandhya* (weakened digestive fire), the use of *Deepana* (appetizer) and *Pachana* (digestive) drugs is necessary to restore proper digestion and metabolism.

In Ayurveda, treatment is based on a well-defined set of principles. One of the key aspects is *Nidan Parivarjan*, which involves eliminating the causative factors responsible for the onset of disease. In this case, dietary habits such as excessive use of spices and irregular meal timings – which contributed to the aggravation of *Pitta* and *Vata dosha* – were consciously avoided. The pathological progression, or *Samprapti*, from exposure to causative factors (*Hetu Sevana*) to disease manifestation was carefully assessed, and the treatment plan was formulated accordingly.

4.1. Mode of Action of Formulations:

To achieve *Samprapti Vighatana* in cases of *Raktaja Granthi*, formulations having *Agnideepana*, *Aampachana*, *Kapha-Vata Shamana*, *Lekhana*, and *Granthihara* properties were chosen. These help in reducing the size of the cyst, purifying the blood, restoring digestive fire (*Agni*), and normalizing the menstrual cycle. The mode of action of each medicine used in this case is summarized in Table 2.

5. CONCLUSION

In modern medicine, the primary treatments for ovarian cysts are hormonal therapies and surgical procedures. However, these options often come with limitations, including patient hesitations toward hormonal treatments and the high likelihood of recurrence, which cannot be entirely prevented. The choice of treatment ultimately depends on factors such as the patient's age, cyst size, and whether the cyst exhibits malignant traits. On the other hand, Ayurvedic medicine offers an alternative approach, emphasizing the potential for complete healing and prevention of recurrence without invasive procedures. Based on this case study, we can conclude that Ayurvedic treatments show promising result in managing hemorrhagic ovarian cysts. Further research with larger sample sizes and longer study durations is necessary to fully assess the effectiveness of these therapies.

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Nil.

6. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

7. FUNDING

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8. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case study.

9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

11. PUBLISHERS NOTE

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Table 1: Treatment Schedule.

Sr.	Medicine	Dose
1	<i>Chitrakgranthikadi Kashyam</i> 20 mL	BD with double amount of lukewarm Water (1.5 h Before meal)
2	Tab. <i>Kachanar Gugglu</i> 250 mg	2 tab BD with lukewarm water after meal
3	Syp. <i>Womalyn</i> 10 mL	TDS after meal
4	<i>Dhanwantar taila</i>	L/A and Hot Sitz Bath during periods

BD: two times in a day, L/A: Local application, TDS: three times in a day

Table 2: Mode of Action of Formulations

Formulation	Ingredients	Modern mode of action	Targeted dosha (s)	Ayurvedic mode of action
<i>Chitrakgranthikadi Kashayam</i> ^[6]	<i>Chitraka, Granthika, Eranda, Shunthi</i>	Anti-inflammatory, cyst-reducing, metabolism enhancer, laxative	<i>Kapha, Vata</i>	<i>Agnideepana, Aampachana, Kapha-Vata Shamaka, Anulomana</i> and helps break down cysts, clears channels
Syrup Womalyn	<i>Ashoka twak, Chandan, Amla Shweta Musli, Aamra beej majja, shehtut</i>	Uterine tonic, hormone regulator, anti-inflammatory	<i>Vata, Pitta</i>	Nourishes <i>Artava dhatu</i> , balances cycles, helps, in dysmenorrhea and Inflammation, improves, Egg quality.
<i>Kanchnar Guggulu</i>	<i>Kanchnar Twak, Shunthi, Haritaki, Bibhitaki, Ela Varun twak, Dalchini</i>	Hormone modulator, antioxidant, anti-inflammatory reduces cystic structures, contains kaempferol inhibited PSA secretion activates estrogen receptor. Also supports ovulation and reproductive health	<i>Kapha, Vata</i>	<i>Granthihara, Kapha-Medohara, Lekhana, Mootrakruchhrahra, Shothahara</i>

Table 3: Pathological changes before and after treatment

Pathological lesion	Before treatment	After treatment
Right ovary	4.4×3.8×4.4 cm	Normal ovary
Hemorrhagic cyst	(vol – 40 mL)	Without hemorrhagic cyst

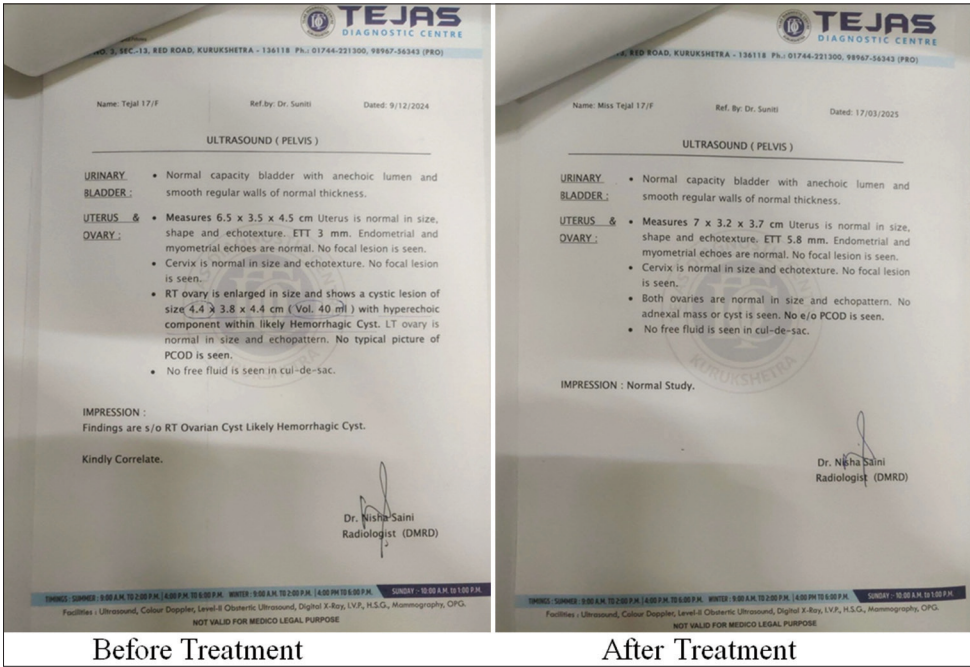


Figure 1: USG Reports