



International Journal of Indian Medicine

www.ijim.co.in

ISSN: 2582-7634

Volume 3, Issue - 9



IJIM

INDEXED

SEP 2022



International Journal of Indian Medicine

Access the article online



International Category Code (ICC): ICC-1702

International Journal Address (IJA): IJA.ZONE/258276217634

A Case Study of Haemorrhagic Ovarian Cyst with clinical and sonographic findings.

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Abstract:

A ovarian cyst is solid or fluid filled sac or pocket within or on the surface of ovary. A Haemorrhagic Ovarian Cyst (Pittaaartavdushti, Raktaj granthi) is formed because of bleeding into a developing follicle; follicular cyst. It is commonly seen in women of child bearing age. This paper presents a case study of a 37 year old female patient who was attended in OPD having complain of pain and discomfort in lower abdomen, dysmenorrhoea and having history of Haemorrhagic Ovarian Cyst. With the combination of Ayurvedic Medicinal treatment (i.e Vata-Pitta Shamak, Shothaghna Chikitsa) above symptoms and occurrence of cyst gradually decreased.

Keywords: Haemorrhagic Ovarian Cyst, Vata-Pitta Shamak, Rakta Pachak, Shothaghna Chikitsa, Raktaj Granthi.

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How to cite this article : Chhangani P A. Case Study of Haemorrhagic Ovarian Cyst with clinical and sonographic findings. Int J Ind Med 2022;3(9):20-26

Introduction:

Ovarian Cyst are commonly occurring finding in fertile female age group. Mostly they are benign and asymptomatic. Sometimes they may cause lower abdominal pain and discomfort, dysmenorrhoea, dyspareunia, altered bowel, and menstrual irregularity.¹

Ovarian cyst containing blood within is termed as haemorrhagic ovarian cyst (HOC). It is formed due to bleeding through the granulosa layer inside the cyst, which can be attributed to the high vascularity of the region on some cases. Many times bleeding maybe minimal and spontaneous regression is also seen. Occasionally, HOC may give rise to mild to severe pain in abdomen with medium to severe bleeding requiring immediate medical interventions. Diagnosis is mainly done through ultrasonography. Many times it may be an accidental finding while performing USG of the abdominal region. Most of the times small cysts may get dissolved but cysts larger than 5cm in size will require conservative treatment and in some cases surgical procedures may need to be carried out.²

As per Ayurvedic concepts and treatment modalities, we can say it as Pitta-Rakta Dushti of Beejgranthi (ovary) with vitiation of Ras, Rakta, Mansa and Shukra Dhatu caused by Dhatvagni Dushti.^{3,4}

History

A 37 years old female patient reported to the OPD, primarily having complaints of lower abdominal pain, discomfort; specially in the mid cycle phase, and feeling of heaviness from the past 1-2 years. She reported that her symptoms worsened since last six month because of which she came to the OPD.

On further history taking, she came out as a case of primary infertility and was married for 7 years. She had been taking modern medicinal treatment

for the last 3 years. She was also suffering from dyspareunia intermittently with mild dysmenorrhoea, the discomfort and pain significantly increased in mid cycle phase. She occasionally had body and joint pain as well, for which she took homeopathic treatment and her symptoms were relieved. Her previous U.S.G shows normal size uterus with recurrent Haemorrhagic cyst.

On general examination, nothing specific was found. On oral examination, Koshtha-Jivha Saam (white coating on tongue) was seen. Aadhmaan (stomach fullness), Udgaar Pravrutti (belching), Badha Koshttha (constipation) was also present. Patient has a past medical history and is a known case of Sickle Cell trait. She was also diagnosed and treated for Renal calculi. There was no history of diabetes mellitus, hypertension, thyroid disorders, or covid-19. Regular menstrual history with 24-28 days cycle, low to average bleeding per vaginal with Aartav Pravrutti-Grathit (clots), Alpa Straav (less bleeding,) and dysmenorrhoea which was mild to moderate in nature was present.

On laboratory investigations, complete blood count was under normal limits. Thyroid stimulating hormone (TSH) was 2.9 mIU/ml, prolactin was 9.11µg/L, random blood sugar was 96mg/dL, Anti-Mullerian hormone levels were 2.70 ng/ml. HIV I & II and HbsAg were non-reactive. Upon husband semen analysis, Oligospermia was noted. On hysterosalpingography, both fallopian tubes were patent. No other demonstrable pathology was seen.

Material and Methods

The following table shows gradual effect of Ayurvedic medicinal treatment on Haemorrhagic Cyst Formation and Ovulation process with sonographic investigation.

Cycle No.	Day	Right Ovary	Left Ovary	Endometrium	Symptoms	Medicine	Remark
					Pain in lower abdomen++, Discomfort+++, Lethargy and heaviness, <i>Grathit aartavpravrutti</i> Dyspareunia++ Dysmenorrhoea++	<i>Tab AL</i> <i>Vishwadi vati</i> <i>Arogya Vardhani vati</i> <i>Chandraprabha vati</i> <i>Shatavari</i>	<i>Aampachan</i> <i>Vatashamak</i> <i>Stambhak</i>
Cycle 1	D12	15*14	19*12	7mm	Pain in lower abdomen++, Discomfort+++, Reduced Lethargy and heaviness, <i>Grathit aartavpravrutti</i> Dyspareunia++ Dysmenorrhoea++	* <i>Tab AL</i> * <i>Tab MGu</i> * <i>Tab KGu</i> <i>Viswadi vati</i> <i>Shatavari+</i> <i>Dashmool churna</i>	<i>Dipan-pachan</i> <i>Vatpittashaman</i> <i>Shothahar</i>
	D15	28*24	29*24	9mm			
	D16	28*23	30*17	10mm			
	D18	Bilateral Haemorrhagic Follicular Cyst					
Cycle 2	D2	No DF*	No DF	4.4mm	Pain in lower abdomen+, Discomfort++, Bleeding PV improved Dyspareunia+ Dysmenorrhoea+	<i>Tab AL</i> <i>Tab MGu</i> <i>Tab KGu</i> <i>Shatawari+</i> <i>Dashmool+</i> <i>Manjhishta</i>	<i>Vatpittashaman</i> <i>Shothahar</i> <i>Raktaprasadak</i>

	D12	No DF	DF1- 19*15 DF2- 12*13	7 mm			
	D14	No DF	DF1- 22*18 DF2- 15*17	8.5 mm			
	D15	No DF	DF1- Ruptured Haemorr hagic Follicle DF2- 26*23	9mm			
Cycle 3	D3	No DF	No DF	4mm	Pain in lower abdomen+, No discomfort, Bleeding PV improved No dyspareunia Dysmenorrhoea+	<i>Tab AL</i> <i>Tab MGu</i> <i>Tab KGu</i> <i>Shatavari+</i> <i>Dashmool+</i> <i>Manjhishta+</i> <i>Trivangbhasma</i> <i>+ Amalki</i>	<i>Vatpittashaman</i> <i>Shothahar</i> <i>Raktaprasadak</i>
	D13	No DF	25*18	6.5mm			
	D14	No DF	26*24	8.3mm			
	D15		impending Rupture with minimal internal haemorr	9mm			

			hage				
Cycle 4	D2	AFC 4DF	AFC 7DF	4mm	Bleeding Average No pain, No discomfort Backache+	Tab AL Tab KGu Shatawari+Das hmool+Manjhis hta+Trivangbh asma+Amalki Rasnasaptak quath	Vatpittashaman Shothahar Raktaprasadak
	D12	20*17	MSF*	6 mm			
	D13	26*22	MSF	6 mm			
	D15	Ruptured (No cyst formation)	MSF	7 mm			
Cycle 5	D12	20*18	-	6 mm	Bleeding Average No pain, No discomfort Backache(occasio nally)	Tab AL Tab KGu Shatavari+ Dashmool+ Manjhishta+ Trivangbhasma +Amalki Rasnasaptak quath	Vatpittashaman Shothahar Raktaprasadak
	D13	26*22	-	8 mm			
	D14	Ruptured (No cyst formatio n)	-	8.6 mm			

Table 1: cyclical effect of treatment with reference to symptom and follicular study.

*HOC- Haemorrhagic ovarian cyst, KGu-Kanchnaar Gugglu ,MGu-Mahayograj Gugglu, Tab AL-Ashoka+Lodhra ghan vati, DF-Dominant Follicle ,MSF-Multiple small Follicle, HSA-Husband's Semen Analysis, HSG-Hystrosalphangiography

Result

Above table shows cyclical effect of treatment with reference to symptom and follicular study. In first month Aampachan was carried with medicine containing Suthi (Gingiber Officinalis) and Dhatwagani Vardhan by **Atogyawardhini Vati**.

Chandraprabha Vati, Ashok (Saraca Indica), Lodhra (Symplocos Recemosa), Shatavari (Asperagus Recemosa) worked as Dhatuposhak Balya and regularized Dhatugat Vaishmya (Hormonal Imbalance).

In next cycle same treatment was continued with the addition of Mahayograj Guggulu and Dashmool Churna for Vaat Shaman and Vaatanuloman. Addition of this treatment protocol showed a decrease in intensity of pain and discomfort with improvement in per vaginal bleeding and minimal internal hemorrhage within follicular cyst.

In further cycles Raktaprasadak Manjistha (Rubia Cordifolia) was added along with Rasayan Dravya like Aamalki (Emblica officinalis) and Trivang Bhasm to improve quality of Ovum (Beej poshak and Balya).

In coming cycles it was observed that there was gradual regression of symptoms and presence of a normal follicular cycle without formation of Hemorrhagic Ovarian Cyst.

Same treatment was continued in further cycles for four months. Subsequent follicular study showed normal follicle development and rupture in between day 14 to 16 without formation of cyst.

Discussion

In this study due to some limitations only cyst size was monitored. However this study can be

extended to encompass study size, volume, morphological pattern, vascularity (colour-doppler) assessment to evaluate the treatment's efficiency and outcome. In this way surgical interventions in form of cystectomy or oophorectomy can be avoided in some cases.⁵

Conclusion

This case report shows that small to medium size symptomatic Haemorrhagic Ovarian Cyst and cyst can be managed conservatively by Ayurvedic medicinal treatment protocols as per Chikitsa Sidhanta following Vaat-Pittashamak Ras, Rakta, Pachak, Shothahar, Aartavdoshhar .

Acknowledgement

I thank the following individuals , Ms.Mitali Ingle and Dr.Jigisha Chhangani for their assistance throughout all aspects and for their help in editing the manuscript.

Conflict of interest

The Author declares that there are no conflict of interests.

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Source of Support : None declared

Conflict of interest : Nil

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