Siddha and Ayurvedic management of Ovarian Cyst: A case study

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Abstract

Ovarian cysts are common finding in general gynecology. An ovarian cyst is one of the most common causes of ovarian dysfunction, which has a direct impact on fertility. A female patient aged 18 visited the outpatient clinic of the Herbal Health Care Centre in Jaffna, Sri Lanka, on 19.01.2021, with lower abdominal pain for two years, reduced menstrual intervals for one year, and pain in the right lower quadrant. She reported having experienced localized soreness a few months back. There was a sudden onset of pain without any prior history. The left ovarian cyst (size-43 mm) in an ultrasound scan reported. The laparoscopic approach for removing the cyst. The woman had somewhat recovered from her ovarian cyst symptoms, nevertheless. Then the left ovary had a 14mm cyst, per the results of the ultrasound scan that was done on 2019. According to the ultrasound scan obtained on 2020, as depicted in, the cyst was gradually expanding and had grown to a diameter of 23 mm. At the patient's request, the doctors affiliated with the herbal health care centre began the Siddha Ayurvedic course of treatment given *Sathavary* (*Asparagus racemosus*) decoction 60 ml twice a day, before meal, *Karisalai* (*Eclipta alba*) syrup 20ml twice a day after meal. Tripala tablet 2, twice a day after meal. *Kanchanara guggulu* 2 twice a day after meal. The patient has seen a demonstration of *Kayakalpha* exercise. There are two exercises in it. *Aswini Mudra* and *Ojus Breath* are among them. On September 1, 2021, the ninth day of the most recent menstrual cycle, an ultrasound examination was carried out six months after the patient had begun treatment. According to the report, the left ovary was normal in size and appearance, and the ovarian cyst had shrunk in size. This case study serves as an example of how Siddha Ayurvedic medicine can effectively treat ovarian cysts without the need for surgery.

Keywords: ovarian cyst, Sri Lanka, *Karpa vaayu*, *Tridoshasa*

Introduction

Ovarian cysts are common finding in general gynecology. An ovarian cyst is one of the most common causes of ovarian dysfunction, which has a direct impact on fertility[1]. Ovarian cysts are ovarian follicles that are greater than two cm in diameter. Cyst in the ovary is closed sac formations filled with a liquid or semi -solid material[2]. Ovarian cysts can affect women of any age, although they are more common in women who are pregnant or planning to get pregnant. The majority of ovarian cysts are benign. Irregular periods, abnormal uterine bleeding, abdominal or pelvic pain, exhaustion, headaches and nausea are all common signs of an ovarian cyst.

Ultrasound, MRI and CT scans are used to detect ovarian cysts[3]. In today's medical system, an ovarian cyst is treated mostly with hormonal therapy (combined oral contraceptive tablets) or surgical therapy (pelvic laparoscopy)[4]. This is the only treatment for ovarian cysts available in modern medicine to meet the patient's urgent needs, and challenges remain to establish a satisfactory conservatory medical treatment to this day, the lack of conservative and satisfactory treatment in biomedicine necessarily requires the search for

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conservative and satisfactory treatment in another medical system.

Sinaippai neerkattigal, Karpa neerkattigal, Soolaga neerkattigal, and *Karpa vaayu* are Siddha terminology that can be connected with the symptoms of Ovarian cyst, according to traditional Siddha literature.

Danvanthri Vaithiyam and Agathiyar Amuthakalai Gnanam discuss the etiological factors of reproductive illnesses. According to this, eating high-calorie foods such as starchy foods, milk, and fruits during menstruation causes *Vatham* (*Vayu*) to build up in the uterine cavity and causes aberrant muscle growth in the uterus. This results in decreased blood flow to the organ, which causes amenorrhea, obesity, lower abdomen pain, and infertility[5]. When the *Vayu* remains trapped in the uterine cavity, *Pitham* also accumulates in the uterus, according to one of the oldest works of Siddha literature from the year 1500, Ganavertian. The regular menstrual cycle is obstructed as a result of this *Vatham* and *Pitham* accumulation. The body develops an abnormality that causes obesity. Blood stagnation causes abnormal *Vayu* production, as well as an accumulation of *Vayu* in the anal region[6].

Case History

A female patient aged 18 visited the outpatient clinic of the Herbal Health Care Centre in Jaffna, Sri Lanka, on 19.01.2021, with lower abdominal pain for two years, reduced menstrual intervals for one year, and pain in the right lower quadrant. She reported having experienced localized soreness a few months back. There was a sudden onset of pain without any prior history. The patient reported weight gain without any associated nausea or vomiting. There was no notable reproductive system history in the patient's family. Menarche occurred at the age of 13, as revealed by the patient's menstrual history. Vital and systemic signs were consistent, and the menstrual cycles were regular. The Vaginal examination revealed a normal-sized, anteverted, fornices-free, mobile, and uniform uterus.

On Examination

General condition – good

Family History – normal

Vitals Examination

Blood pressure - 120/70mmHg,

Pulse rate - 86/minute

Weight- 76kg and Height-163.5 cm, BMI-26 Kg/m2

Personal history

Appetite-Poor

Sleep- normal

Bowel-constipation

Bladder-clear

Blood Investigation

Hb-10.3 gm%, TLC -5300 /mm^3, ESR-22mm/hr, Neutrophill-43%, Lymphocytes-53%, Eosinophil -2%, Monocytes- 2%, Basophils -0%.

T_3- 1.22ng/dl, T_4 –12mcg/dl, TSH- 5.23 mcIU/ml, FSH- 4.65mIU/ml, LH- 12.75mIU/m (LH: FSH is >2:1).

Figure 1 depicts the left ovarian (size-43 mm) in an ultrasound scan performed by a VOG attached to the Teaching Hospital Jaffna on April 9, 2016, in accordance with the Past Medical and Surgical History. The patient mentioned above has since received hormone therapy and had a laparoscopy (done in 2017). The laparoscopic approach for removing the cyst. The woman had somewhat recovered from her ovarian cyst symptoms, nevertheless. Table 1 Shows the before and after the allopathic treatment and Table 2 shows the in the laparoscopy and after laparoscopy management.

Table 1: Before & after allopathic treatment

Before treatment	After treatment
Left ovarian cyst (size-43 mm)	Left ovarian cyst (size-45 mm)

Table 2: In the laparoscopy & after laparoscopy Management

In the Surgery	After Surgery 1st visit	After Surgery 2nd visit
Left ovarian cyst (size - Nil)	left ovarian cyst size -14mm	left ovarian cyst size -23 mm

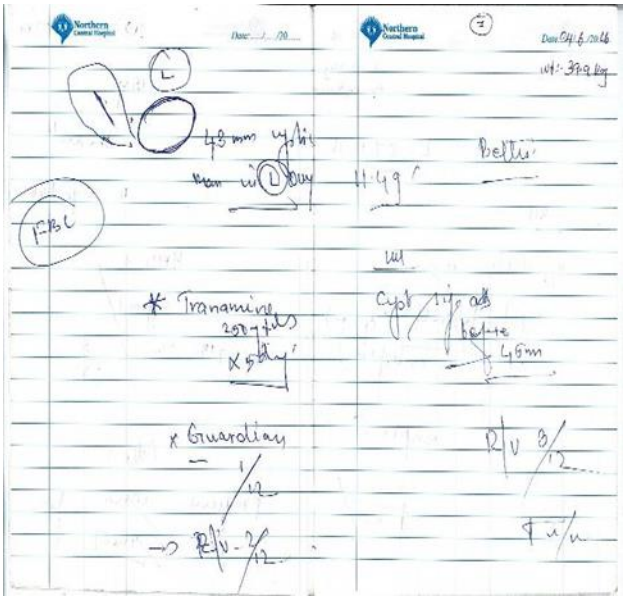

Fig.1: Ultrasound scan-09.04.2016

The left ovary had a 14mm cyst, per the results of the ultrasound scan that was done on April 29, 2019 (Figure 2). According to the ultrasound scan obtained on July 8, 2020, as depicted in Figure 4, the cyst was gradually expanding and had grown to a diameter of 23 mm.

Fig. 2: Ultrasound scan -29th April 2019

Fig. 3: Ultrasound scan - 08th July 2020

When she visited the Herbal Health Care Centre on, February 19, 2020, the regular physical and systemic examination were unremarkable, and the thyroid function test, liver function test, hormone profile, and ultrasound examination of the internal organs were all normal. At the patient's request, the doctors affiliated with the herbal health care center began the Siddha Ayurvedic course of treatment (Table 3). The initial medications were changed at 12th week and following medicines were prescribed (Table 4).

Table 3: Treatment plan (first twelve weeks)

Medicine	Dosage
Sathavary (*Asparagus racemosus*) decoction	60 ml bid, before meal for 8weeks
Karisalai (*Eclipta alba)* syrup	20ml bid, after meal for 12 weeks
Tripala tablet	2 tab. bid, after meal for 12 weeks
Kanchanara guggulu	2-tab, bid, after meal for 12 weeks

Table 4: Treatment plan (second twelve weeks)

Medicine	Dosage
Sathavary (*Asparagus racemosus*) decoction	60 ml bid, before meal for 12weeks
Katpakaddy (Uterine fibro reduction) decoction	60 ml bid after meal for 12 weeks
Katalai (Aloe vera*)* syrup	30 ml bid after meal for 12 weeks
Tripala tablet	2 tab. bid after meal for 12 weeks
Kanchanara guggulu	2-tab bid after meal for 12 weeks

The patient has seen a demonstration of *Kayakalpha* exercise. There are two exercises in it. *Aswini mudra* and *Ojus breath* are among them. The nervous system needs to be strengthened in order to withstand aging and delay death. *Aswini mudra* or nerve-toning exercise is what this is. The *Aswini mudra* strengthens and tones the neurological system. The body's internal organs are healthy enough to perform their functions. *Ojus breath* sublimates the joints and sexually active fluid at its source. The electrified life force and biomagnetism

are transferred from the *Mooladhara* to the brain cells and then dispersed throughout the bodily cells during the *Ojus breath.* The fluid of sexual vitality gets purer and denser. During this period the patient was advised to take balanced diet and nutritive diet Ghee, milk, fruits, green vegetables. Avoid oily, spicy, junk foods.

On September 1, 2021, the ninth day of the most recent menstrual cycle, an ultrasound examination was carried out six months after the patient had begun treatment. According to the report (Figure 4), the left ovary was normal in size and appearance, and the ovarian cyst had shrunk in size (Table 5).

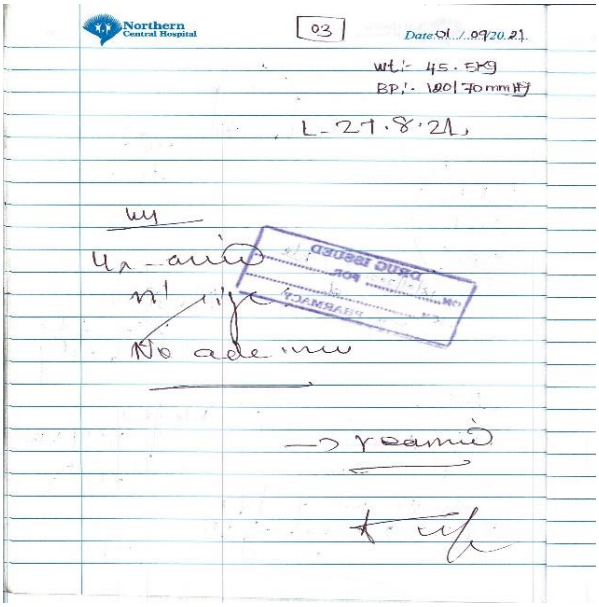

Fig. 4: Ultrasound scans -1st September 2021

Table 5: Before & after Siddha & Ayurvedic treatment

Before treatment	After treatment
Left Ovarian Cyst (size-23 mm)	Left Ovarian Cyst (size-Nil)

Discussion

In Siddha Medicine classics, exact correlation of ovarian cyst cannot be found, but can be included under the broad term of *Karpa Vaayu*. The extensive inflammatory alterations occur in ovarian cyst sufferers. Inflammation and excessive weight gain are related in Siddha and Ayurveda, where they are associated with *Sama vastha amavastha* toxins. Unhealthy diet and lifestyle lead to the creation of *Ama* in *Rasa thathu,* which results in *Arthavaupatha thuthusti*, according to *Apathyya ahara viharas*. The ovum is improperly selected and matured as a result of this vitiated state. The leftover *Thathus* is so vitiated by the *Aama*, which shows itself as severe weight gain and hair loss. Hair is the *Mala roopa* of *Asthi,* and *Asthi dhathu dushti* (bone tissue degeneration) causes undesirable hair growth and hair loss. When *Mamsahara* is consumed in excess combined with *Avyayama* and *Divaswapna* (day sleep), *Kapa* and *Medhothusti* occur. Drugs with actions like *Amapachana, Agni deepana* (Carminitive), *Pasana* (digestive), *Vathanulomana, Lekhana* (reducing), and *Artavajanana* (ovulation induction) should be used[7] to normalize this situation. *Sathavary* decoction balances the *Vata* and *Kapha doshas* and has *Deepana* (increases stomach fire), *Pachana* (aids in digesting), *Rochana* (stimulates appetite), and *Anulomana* (improves breathing) properties. In addition to their bioactive components, the *Sathavary* plant parts are a superb source of nutrients and minerals that are good for health, including manganese, copper, zinc, cobalt, potassium, selenium, calcium, and magnesium[8]. Along with vital fatty acids like gamma-linolenic acid, the plant also contains vitamins like Vitamin A and ascorbic acid, which are important for treating diseases including hypercholesteremia, depression, and diabetes[9]. *Shatavar*i is known as a potent herb that is good for women and helps with many hormonal issues. In addition to aiding in the treatment of endometriosis, which is an inflammation of the uterine lining, it also strengthens the female reproductive system and promotes the development of the eggs into follicles[10]. Being a powerful tonic of the uterus, using this formulation regularly or consuming foods that improve fertility can be very helpful. *Kanchanara guggulu* contains anti-inflammatory, *Lekhana* (scrapping), and *Vata-Kaphasamana* effects. The cytotoxic impact of *Kanchanara guggulu* inhibits cell division and lowers cell proliferation[11]. It is discovered that by enhancing digestion, it is useful in balancing *Kapha*. *Kanchanara* (*Bauhinia variegate*)'s anti-

inflammatory and anti-diabetic qualities[12] aid in lowering insulin resistance, which is frequently linked to PCOS. The *Thiripala* tablet shields the body from mutagenic, inflammatory, and free radical damage.

Additionally, the hypoglycemic action of this drug reduces insulin resistance. Due to the aforementioned characteristics, vitiated *Dosha* and *Jadaragni* (digestive fire) are fixed, *Srothoshodana* takes place, and *Doshas* are expelled from the body. *Kapha* and *Medhas* are reduced by *Lekhana* property. The characteristics of *Rasayana* and *Arthavajanka* bring the female reproductive system back to normal.

Conclusion

Ovarian cysts make up a large proportion of the gynecological problems that women deal with daily. Correct Siddha Ayurvedic treatment, along with food change, aids in the regression of the cyst and related symptoms. This case study serves as an example of how Siddha Ayurvedic medicine can effectively treat ovarian cysts without the need for surgery.

Acknowledgments

The authors are grateful to Dr. A. Sritharan MBBS (SL) MD (O&G), FSLCOG (SL), FRCOG (UK), Consultant Obstetrician & Gynecologist, Teaching Hospital, Jaffna, Sri Lanka.

Declaration of Conflicting Interests

Regarding the research, writing, and/or publication of this paper, the authors reported that they had no potential conflicts of interest.

Funding

The research, writing, and/or publication of this work were all done without any financial assistance from the authors.

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