

GLOBAL ACADEMIC RESEARCH INSTITUTE

COLOMBO, SRI LANKA



GARI International Journal of Multidisciplinary Research

ISSN 2659-2193

Volume: 09 | Issue: 03

On 30th September 2023

<http://www.research.lk>

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GARI Publisher | Siddha Medicine | Volume: 09 | Issue: 03

Article ID: IN/GARI/JOU/2022/161 | Pages: 223-227 (05)

ISSN 2659-2193 | Edit: GARI Editorial Team

Received: 16.07.2023 | Publish: 30.09.2023

SIDDHA, AYURVEDIC MANAGEMENT OF OVARIAN CYST – CASE STUDY

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ABSTRACT

In routine gynecological practice, Ovarian Cystic masses are a prevalent concern. The prevalence of ovarian cysts varies significantly, according to the data. According to reports, ovarian cysts affect between 8 to 18% of premenopausal and postmenopausal women. The majorities of cysts are asymptomatic and are only found during routine ultrasonography. Some of them have severe symptoms that interfere with women's daily activities. The size of cysts has a big impact on the symptoms. If cysts continue to form after three months of medication, modern treatments involves combination oral contraceptive tablets and surgical surgery. Since oral contraceptive tablets have a number of undesirable side effects, alternative therapy is urgently needed, particularly for women who want to avoid surgical intervention. Siddha, Ayurveda systems which are the oldest well documented ancient Sri Lankan Systems of medicine is given a new ray of hope in the management of ovarian cyst (Karpa vaayu). This article presents a successfully managed case of ovarian cyst in the form of a case report by Siddha Ayurvedic treatment.

Key words: 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 (Ndefo, et.al.2013). Ovarian cysts are ovarian follicles that are greater than two cm in diameter. Cyst in the ovary are closed sac formations filled with a liquid or semi-solid material (<http://www.iamj.in> 2014). 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 (<https://www.summahealth>). In today's medical system, an ovarian cyst is treated mostly with hormonal therapy (combined oral contraceptive tablets) or surgical therapy (pelvic laparoscopy) (Zito et.al.2014). 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 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

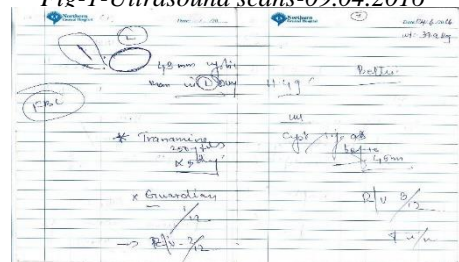
Siddha literature. Danvanthri Vaithiyam and Agathiyar Amuthakalai Gnanam discuss the etiological factors of reproductive illnesses. According to this, eating high-calorie foods such as starchy foods, milk, and fruits during menstruation causes vatham (vayu) to build up in the uterine cavity and causes aberrant muscle growth in the uterus. This results in decreased blood flow to the organ, which causes amenorrhea, obesity, lower abdomen pain, and infertility (Mohanet.al.2005). 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 (Venkatrajan et.al.2006).

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.

Figure 1 depicts the Left Ovarian Cyst (size-43 mm) in an ultrasound scan performed by a VOG attached to the Teaching Hospital Jaffna on April 9, 2026, 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 was shown in Figure 2. The woman had somewhat recovered from her ovarian cyst symptoms, nevertheless. The left ovary had a 14mm cyst, per the results of the ultrasound scan that was done on April 29, 2019 (Figure 3). 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. When she visited the Herbal Health Care Centre on Tuesday, 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

Fig-1-Ultrasound scans-09.04.2016



Patient Name: MISS.M.DILAKSHANA
 Contact #: 077580308
 Hospital ID: 178008266
 Referred Dr: DR.A.SRITHARAN
 Procedure: LAPROSCOPIC CYSTECTOMY
 Diagnostic Image:
 Age/Gender: 18Ys, Female
 Visit Date: 19/04/2017
 Consulted Dr: DR.A.SRITHARAN (VOG)
 Medication:

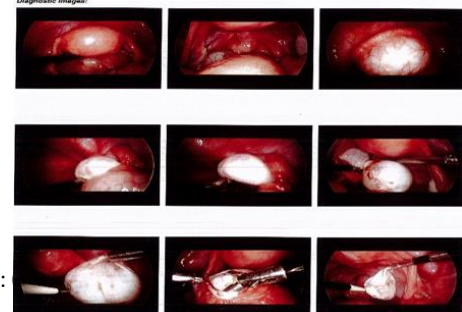


Fig-2- Laparoscopic Left ovary cystectomy



Fig-3- Ultrasound scans -29th April 2019

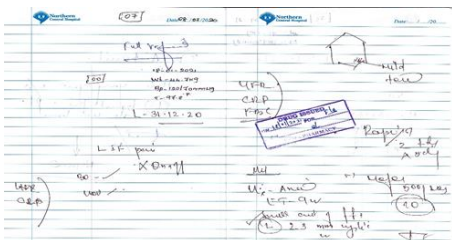


Fig-4- Ultrasound scan -08th July 2020

Treatment

1. Sathavary (Asparagus racemosus) decoction 60 ml b.d, before meal for 8weeks
2. Karisalai (Eclipta alba) syrup 20ml b.d after meal for 12 weeks
3. Tripala tablet 2 b.d after meal for 12 weeks
4. Kanchanara guggulu 2b.d after meal for 12 weeks

The initial medications were changed at 12th week and following medicines were prescribed.

1. Sathavary (Asparagus racemosus) decoction 60 ml b.d, before meal for 12weeks
2. Katpakaddy (Utreine fibro reduction) decoction 60 ml b.d, before meal for 12weeks

3. Tripala tablet 2 b.d after meal for 12 weeks
4. Kanchanara guggulu 2b.d after meal for 12 weeks
5. Katalai (Aloe vera) syrup 30 ml b.d. after meal for 12 weeks

The patient has seen a demonstration of Kayakalpa 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.

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 5), the left ovary was normal in size and appearance, and the ovarian cyst had shrunk in size.



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 thathu 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 (Carminity), pasana (digestive), Vathanulomana, Lekhana, and Artavajanana (ovulation induction) should be used (Barbara.2007) 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 (Vatvyadhinidan.2016). 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 (Mohanaraj.2019). Shatavari 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 (Sushruta.2016). 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 veto-Kaphasamana effects. The cytotoxic impact of Kanchanara Guggulu inhibits cell division and lowers cell proliferation (Park.2010). It is discovered that by enhancing digestion, it is useful in balancing Kapha. Kanchanara (Bauhinia variegata)'s anti-inflammatory and anti-diabetic qualities (Tahvilzadeh.2016) 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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