



ORIGINAL RESEARCH
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EVIDENCE-BASED AYURVEDIC
MANAGEMENT OF OVARIAN CYST: A CASE
SERIES

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ABSTRACT

Ovarian cysts are among the commonly encountered gynaecological findings in women of reproductive age, frequently presenting with lower abdominal pain, menstrual irregularities, or as incidental findings on ultrasonography. Ayurveda describes such cystic swellings of the reproductive organs under Granthi, correlating them with Kapha-Meda Dushti along with Artava Dushti. This case series presents three women, aged 18, 24 and 29 years, with abdominal pain and menstrual abnormalities of six months to three years' duration, diagnosed on ultrasonography as simple, complex/haemorrhagic, and bilateral ovarian cysts respectively. Each was managed with individualised Ayurvedic Shamana formulations – including Gandharvahastadi Kwath, Kanchnar Guggulu, Chandraprabha Vati, Gomutra Haritaki, Daruharidra Gana Vati, and Dashamoolarishta – over a continuous three-month period. Follow-up ultrasonography showed marked reduction in cyst dimensions in all three cases with symptomatic relief. Ayurvedic Shamana Chikitsa appears effective in the conservative management of benign ovarian cysts.

Keywords: Ovarian Cyst, Granthi, Kanchnar Guggulu, Ayurveda, Shamana, Case Series.

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1. INTRODUCTION

Ovarian cysts are fluid-filled sacs arising within or on the surface of the ovary, among the most frequent gynaecological complaints from adolescence through the reproductive years. Functional cysts – follicular and corpus luteal – usually resolve spontaneously, whereas persistent or complex cysts such as haemorrhagic, dermoid, or endometriotic cysts may require closer monitoring or surgical management¹.

Clinically, patients present with dull or acute lower abdominal pain, menstrual irregularities ranging from menorrhagia to intermenstrual spotting, or the cyst is detected incidentally on ultrasonography. Conventional management ranges from expectant observation to laparoscopic cystectomy depending on cyst characteristics; however, surgical intervention carries implications for ovarian reserve and is not always acceptable to young or nulliparous women, creating demand for effective conservative alternatives.

In Ayurvedic classics, localized cystic swellings of the female reproductive tract are described under Granthi, arising from vitiation of Kapha and Meda Dushti obstructing the Artava Vaha Srotas². The line of treatment centres on Lekhana, Kapha-Medohara, and Artava Shodhana properties achieved through Shamana Chikitsa. This case series documents the clinical and sonographic response of three women with ultrasonographically confirmed ovarian cysts to individualised Ayurvedic Shamana therapy over three months.

CASE PRESENTATION

CASE 1

Patient Information

An 18 years old unmarried female presented with Pain in lower abdomen during menstruation associated with heavy menstrual bleeding (menorrhagia), of six months' duration. Menstrual cycles regular in periodicity.

Clinical Findings

General condition fair, afebrile. Vitals within normal limits. Per abdomen: soft, mild tenderness in right iliac fossa, Cardiovascular and respiratory systems within normal limits.

Ayurvedic Finding

- Granthi – localized, non-tender, Kapha-predominant swelling
- Artava Dushti – evidenced by Atiartava (heavy menstrual flow)
- Ruja (pain) during Rajahkala

Diagnostic Assessment

Pelvic Ultrasonography:

Simple ovarian cyst, right ovary, measuring $3.8 \times 2.1 \times 1.4$ cm.

General and Systemic Examination

Parameter	Finding	Parameter	Finding
GC	Fair	Temp.	98.4°F
Pulse	76/min	Weight	52 kg
BP	108/68 mmHg	BMI	20.4 kg/m ²
RR	18/min	CVS	S1–S2 normal
CNS	Conscious, well oriented	RS	Normal vesicular breathing
P/A	Soft; mild suprapubic tenderness coinciding with menses; no organomegaly	Hb%	11.8 gm%

Astasthan Pareeksha

Parameter	Finding	Parameter	Finding
Prakriti	Vata-Kaphaj	Satwa	Madhyam
Vikriti	Rasa-Rakta	Kosta	Madhyam (slightly Vataja)
Agni	Vishama	Aharashakti	Avara
Samhanana	Madhyam	Vyayamashakti	Avara to Madhyam
Satmya	Vyamishra	Vaya	Kishora-Yuvavastha

Roga Pareeksha

Nidana: ushna ahara, tikshana ahara Rupa: Granthi – localized, non-tender, Kapha-predominant swelling, Artava Dushti – evidenced by Atiartava (heavy menstrual flow), Ruja (pain) during Rajahkala

Samprapti:

Nidana (Aharaja/Viharaja – to be detailed) → Kapha-Meda Dushti → Artava Vaha Srotorodha → Sthanasamshraya in Garbhashaya-Yoni pradesha → Granthi formation with Atiartava → clinical presentation as ovarian cyst with menorrhagia.

Samprapti Ghatak

- Dosha: Kapha (predominant), Vata (anubandha)
- Dushya: Rasa, Meda, Artava
- Srotas: Artava Vaha Srotas
- Srotodushti: Sanga
- Agni: madhyama
- Rogamarga: Madhyama
- Adhithana: Garbhashaya – Yoni pradesha
- Sadhyasadyata: Sadhya (Kastasadya if Chirakari)

Therapeutic Intervention

Medicine	Dose
Gandharvahastadi Kwath	20ml, BD
Kanchnar Guggulu	250gm BD
Chandraprabha Vati	250gm BD

Follow-up and Outcomes

Parameter	Before Treatment	After 3 months
Cyst size	3.8 × 2.1 × 1.4 cm	1.2 × 1.3 × 1.0 cm
Abdominal pain during	Present	Relieved
Menstrual flow	Heavy	Normalised

Outcome: Marked reduction in cyst dimensions with complete symptomatic relief at the end of three months' continuous therapy.

CASE 2**Patient Information**

A 29 years old married, p1l1 (child aged 1 year) female presented with Mild pain in lower abdomen with menstrual bleeding associated with passage of clots, of one year's duration. Menstrual cycles regular.

Clinical Findings

General condition fair, afebrile. Vitals within normal limits. Per abdomen: soft, mild tenderness in [left] iliac fossa Cardiovascular and respiratory systems within normal limits. Local gynaecological examination: tenderness lateral fornix

Ayurvedic Finding

- Granthi with Raktavaha Srotodushti (haemorrhagic component)
- Artava Dushti with Kaphaja-Raktaja lakshana (clots)
- Mridu Ruja in udara pradesha

Diagnostic Assessment**Pelvic Ultrasonography:**

Complex, likely haemorrhagic, ovarian cyst measuring $5.0 \times 2.8 \times 1.3$ cm; Serum CA-125 within normal limits.

General and Systemic Examination

Parameter	Finding	Parameter	Finding
GC	Fair	Temp.	98.4°F
Pulse	76/min	Weight	52 kg
BP	108/68 mmHg	BMI	20.4 kg/m ²
RR	18/min	CVS	S1–S2 normal
CNS	Conscious, well oriented	RS	Normal vesicular breathing
P/A	Soft; mild suprapubic tenderness coinciding with menses; no organomegaly	Hb%	11.8 gm%

Astasthan Pareeksha

Parameter	Finding	Parameter	Finding
Prakriti	Vata-Kaphaj	Satwa	Madhyam
Vikriti	Rasa-Rakta	Kosta	Madhyam (slightly Vataja)
Agni	Vishama	Aharashakti	Avara
Samhanana	Madhyam	Vyayamasakti	Avara to Madhyam
Satmya	Vyamishra	Vaya	Kishora-Yuvavastha

Roga Pareeksha

Nidana: ushna, parishyut ahara Rupa: Granthi with Raktavaha Srotodushti (haemorrhagic component), Artava Dushti with Kaphaja-Raktaja lakshana (clots), Mridu Ruja in udara pradesha

Samprapti:

Nidana ushna, Tikshna ahara → Kapha-Rakta Dushti → Artava Vaha and Raktavaha Srotorodha → Sthanasamshraya in Garbhashaya-Yoni pradesha → Raktaja Granthi formation → clinical presentation as haemorrhagic ovarian cyst with clotted menstrual bleeding.

Samprapti Ghatak

- Dosha: Kapha, associated Rakta Dushti
- Dushya: Rasa, Rakta, Artava
- Srotas: Artava Vaha Srotas, Raktavaha Srotas
- Srotodushti: Sanga, Vimargagamana (Rakta)
- Agni: madhyama
- Rogamarga: Madhyama
- Adhithana: Garbhashaya – Yoni pradesha
- Sadhyasadyata: Sadhya

Therapeutic Intervention

Medicine	Dose
Gomutra Haritaki	250mg, BD
Kanchnar Guggulu	500gm BD
Daruharidra Gana Vati	250gm BD

Follow-up and Outcomes

Parameter	Before Treatment	After 3 months
Cyst size	5.0 × 2.8 × 1.3 cm	3.8 × 1.3 × 1.0 cm
Abdominal pain	Present (mild)	Relieved
Menstrual clots	Present	Reduced

Outcome: Significant reduction in cyst dimensions with improvement in abdominal discomfort and reduced clot formation at the end of three months' continuous therapy.

CASE 3**Patient Information**

A 24 years old unmarried female presented with Lower abdominal pain with mild intermenstrual bleeding, of three years' duration. Menstrual cycles regular.

Clinical Findings

General condition fair, afebrile. Vitals within normal limits. Per abdomen: soft, mild tenderness in [right & left] iliac fossa –. Cardiovascular and respiratory systems within normal limits.

Ayurvedic Finding

- Bilateral Granthi involving both Artava Vaha Srotas
- Chirakari (chronic, three-year) Kaphaja Vyadhi
- Alpa Raktastrava (mild intermenstrual bleeding)

Diagnostic Assessment**Pelvic Ultrasonography:**

Bilateral ovarian cysts – right ovarian cyst measuring $4.0 \times 2.1 \times 1.1$ cm; left ovarian cyst measuring $3.1 \times 2.1 \times 1.1$ cm.

General and Systemic Examination

Parameter	Finding	Parameter	Finding
GC	Fair	Temp.	98.4°F
Pulse	76/min	Weight	52 kg
BP	108/68 mmHg	BMI	20.4 kg/m ²
RR	18/min	CVS	S1–S2 normal
CNS	Conscious, well oriented	RS	Normal vesicular breathing
P/A	Soft; mild suprapubic tenderness coinciding with menses; no organomegaly	Hb%	11.8 gm%

Astasthan Pareeksha

Parameter	Finding	Parameter	Finding
Prakriti	Vata-Kaphaj	Satwa	Madhyam
Vikriti	Rasa-Rakta	Kosta	Madhyam (slightly Vataja)
Agni	Vishama	Aharashakti	Avara
Samhanana	Madhyam	Vyayamasakti	Avara to Madhyam
Satmya	Vyamishra	Vaya	Kishora-Yuvavastha

Roga Pareeksha

Rupa: Bilateral Granthi involving both Artava Vaha Srotas, Chirakari (chronic, three-year) Kaphaja Vyadhi, Alpa Raktastrava (mild intermenstrual bleeding)

Samprapti:

Nidana → Kapha Dushti (bilateral) → Artava Vaha Srotorodha → Sthanasamshraya bilaterally in Garbhashaya-Yoni pradesha → Granthi formation, chronic course → clinical presentation as bilateral ovarian cysts with mild intermenstrual bleeding.

Samprapti Ghatak

- Dosha: Kapha (predominant, bilateral involvement)
- Dushya: Rasa, Meda, Artava
- Srotas: Artava Vaha Srotas (bilateral)
- Srotodushti: Sanga
- Agni: madhyama
- Rogamarga: Madhyama
- Adhithana: Garbhashaya – Yoni pradesha (bilateral)
- Sadhyasadyata: Kastasadhya (Chirakari – 3 years' duration)

Therapeutic Intervention

Medicine	Dose
Dashamoolarishta	20 ml BD
Daruharidra Gana Vati	250gm BD

Follow-up and Outcomes

Parameter	Before Treatment	After 3 months
Cyst size (Rt/Lt)	Rt 4.0 × 2.1 × 1.1 cm; Lt 3.1 × 2.1 × 1.1 cm	Reduced to approx. 2.1 cm
Abdominal pain	Present	Relieved
Intermenstrual bleeding	Present (mild)	Resolved

Outcome: Reduction in cyst size bilaterally, with relief in abdominal pain and resolution of intermenstrual bleeding at the end of three months' continuous therapy.

DISCUSSION

All three women in this series presented with the characteristic combination of abdominal pain and menstrual disturbance associated with sonographically confirmed ovarian cysts, ranging from a simple cyst to a haemorrhagic complex cyst and bilateral cystic involvement. Despite differing cyst morphology, age, and parity, each showed consistent reduction in cyst size and symptomatic improvement following three months of individualised Shamana Chikitsa.

Kanchnar Guggulu, common to two of the three cases, is a classical Lekhana Yoga traditionally indicated for Granthi, its ingredients acting to reduce abnormal tissue proliferation and correct Kapha-Meda vitiation⁴. Gandharvahastadi Kwath and Dashamoolarishta contributed Vata-anulomana and mild Deepana-Pachana action addressing Srotorodha, while Daruharidra Gana Vati and Gomutra Haritaki were employed for Raktashodhaka action, relevant in Case 2 where the haemorrhagic cyst suggested concurrent Rakta Dushti. Chandraprabha Vati, used in Case 1, offered combined Kapha-Medohara and mild Mutrala action supporting resolution of localized swelling.

The consistent reduction in cyst dimensions across all three cases, corroborated by pre- and post-treatment ultrasonography, suggests individualised Ayurvedic Shamana therapy may offer a viable conservative option for benign ovarian cysts, particularly in young and nulliparous women where fertility preservation is a priority. This series is limited by small sample size, absence of a comparator arm, and lack of histopathological confirmation, and findings merit evaluation through larger controlled studies.

CONCLUSION

Individualised Ayurvedic management combining Lekhana, Kapha-Medohara, and Artava Shodhana formulations over three months was associated with significant reduction in ovarian cyst size and resolution of menstrual symptoms in three women with simple, complex, and bilateral ovarian cysts. These findings support Ayurveda as a promising conservative modality for benign ovarian cysts and highlight the need for larger clinical trials.

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