

Ayurvedic Management of Ovarian Cyst: A Case Report

Supriya Kharat,^{1*} Jyoti Meghdambar², Santosh Girbide³

¹ PG scholar 3rd year, ² Associate Professor, ³ HOD & Professor, Department of Rog Nidan Evam Vikruti Vigyan, R.A. Poddar Medical College (Ayu), Mumbai, Maharashtra, India

ABSTRACT:

Bulky uterus and ovarian cysts are frequently seen Gynaecological conditions associated with menstrual irregularities, pelvic discomfort, and impaired reproductive health. *Ayurveda* describes such conditions under *Artava Granthi*. A 37-year-old female presented with complains of irregular menstruation, menstrual bleeding for total 3 days in which scanty flow for later 2 days . lower abdominal pain during menstrual period, lower back pain and heaviness in pelvic region since 1 year , Ultrasonography revealed a bulky uterus along with a complex right ovarian cyst measuring 2.2×2.0 cms. Diagnosed as *vata kaphaj granthi* according to ayurveda . The patient was treated with *Rakta Pachak kadha* 20ml twice a day for 30 days, *Mans Pachak kadha* 20 ml twice a day for 60 days, tablet *Kanchanar Guggulu* 2 tablets twice a day with water for 90 days and *Abhayarishta* 15 ml twice a day with water for a pperiod of 90 days along with respective symptomatic treatment. Symptomatic relief observed after 3 months of respective treatment with significant changes in the USG report, menstrual cycle became regular with adequate bleeding of 3 days. After treatment ultrasonography showed reduction in uterine bulk and shrinkage of the ovarian cyst. This case highlights the potential role of Ayurvedic treatment in managing bulky uterus with ovarian cyst.

KEYWORDS: *Artava*, Bulky uterus, *Granthi*, *Kanchanar Guggulu*, Ovarian cyst.

Received: 15.02.2026

Accepted: 29.03.2026

Published: 05.04.2026



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/) © 2026 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



*Corresponding Author:

Dr. Supriya Kharat

PG scholar 3rd year, Department of Rog Nidan Evam Vikruti Vigyan, R.A. Poddar Medical college (Ayu), Mumbai, Maharashtra, India

Email: kharatsupriya39@gmail.com

INTRODUCTION:

Bulky uterus and ovarian cysts represent common gynaecological condition affecting women of reproductive age. A bulky uterus may arise from hormonal imbalance, or chronic pelvic inflammation, Follicular cysts are the most common type of functional ovarian cysts. They are usually small and may occur in multiple numbers, especially in conditions like cystic glandular hyperplasia of the endometrium or along with uterine fibroids. These cysts are often linked to increased oestrogen levels in the body.

[1]

Sometimes, a single cyst can develop when a Graafian follicle fails to rupture during ovulation. In such cases, the follicle continues to grow and forms a cyst, but it usually does not become larger than 5 cm.^[2] Ovarian cysts are a common cause of ovarian dysfunction. They can develop at any age, but are most frequently seen in women during their reproductive years^[3]. Clinically, these conditions present with menstrual irregularities, pelvic pain, abdominal heaviness, and sometimes infertility. Initial management is conservative relies on hormonal regulation, cyst monitoring, some times surgical intervention, which may not always be acceptable or feasible for all patients.

In *Ayurveda* follicular cysts can be compared with *Granthi-rajā* ^[4], *Samprapti Ghatakas* include^[5]

Dosha: Predominantly *Vata* and *Kapha*

Dushya: *Rasa, Rakta, Mamsa, Meda*, and *Artava*

Srotas involved: *Rasavaha, Raktavaha, Mamsavaha, Medovaha*, and *Artavavaha Srotas*

Rogamarga: Abhyantara

Vyaktasthana: Garbhashaya

Udbhavasthana: Amapakwashaya

Agni: Jatharagni and *Dhatvagni Mandya*.

Ayurveda correlate them with *Artava-dushti, Granthi-vikara*, Acharya Charaka and Sushruta describe *granthi* as a *rakta mansadi dushti vikara*^[6] precipitated by vitiated *Kapha* and *Vata*, leading to localized nodular or cystic formations. The involvement of *Artavavaha srotas*^[7] results in menstrual irregularities and pelvic discomfort. Therapeutic principles involve *Agni deepana, Aama pachana, Kapha-Vata shamana, Srotoshodhana*, and resolution of *granthi*-like formations.

Classical formulations such as *Kanchanar Guggulu* are traditionally prescribed in *mamsa-granthi, apachi*, and cystic or glandular swellings due to their *Lekhana, Kapha-Vata hara*, and *granthi-nashaka* properties. Supportive formulations like *Rakta Pachak, Mans Pachak*, and *Abhayarishta* assist in regulating metabolism, improving elimination, and promoting the normal function of *Apana Vata* ^[8]

CASE REPORT:

Patient information –

A 37-year-old female housewife from Navi Mumbai visited the out patient department of Rognidan OPD 9 at M. A. Podar hospital Worli, Mumbai on June 8 2024, with chief complaints of lower abdominal discomfort and pain during menstruation, irregular menstrual

cycles, and pelvic heaviness for the last 5–6 months. The lower abdominal pain was dull in nature, non-radiating, and increased during menstruation. The patient also reported occasional bloating and generalized fatigue. There was no history of hormonal therapy, pelvic surgery, or chronic systemic illness. The patient initially consulted her family physician, who advised an ultrasonography (USG) of the abdomen and pelvis. The USG revealed abnormal findings- right ovary bulky measuring 3.5 × 3.4 cm having cyst of 2.2 × 2.0 cm, left ovary normal in size and bulky uterus, then patient started *kuberaksha vati*^[9] 1tab Three times in a day with some pharmacist advise for almost 1 and half month but pt was not getting relief that's why visited the OPD at M.A. Podar Hospital for further evaluation and further management, carrying her previous reports.

Past history

No history of DM/HTN or any other systemic illness

NO Allergies.

No history of fall/trauma.

S/H/O -Tubal Ligation 8 years back.

Personal history

Ahara - Vegetarian diet,

Vihara -*Diwaswap*,

Appetite -Diminished

Bowel-Unsatisfactory

Bladder-7-8 times/day

Sleep-Disturbed

Addiction- No

Menstrual history

Menarche - 16years, LMP - 22/5/2024,

Duration - 3-4days, day 1- normal bleeding and from 2nd day -spotting

Interval - 30days, Dysmenorrhoea - present ++, Quantity - 2-3 pad on 1st day, followed by spotting for 2 days.

Obstetric history

G2 P2 L2 A0 D0 with Full term normal Vaginal delivery,

General examination

Build - obese, Nutrition - anaemic, Pallor - present.

Height - 5ft.5inch, Weight -75kg, B.P - 130/80 mmHg, P.R- 84/min,

Respiration rate-20/min, Regular

Ashtavidha pariksha (eight-fold examination of the patient)

Nadi-Vata-kapha

Mutra-Prakrita (normal),

Mala-Sama (faces mixed with Ama)

Jivha (tongue)- *Sama* (coated)

Shabda-Prakrita (normal)

Sparsha-Prakrita (normal)

Drik-Prakrita (normal)

Akriti-Sthul (weight- 75 kg)

Systemic examinations

Gastrointestinal-

Inspection-Abdomen soft, symmetric, no visible scars or distension, no visible peristalsis or pulsations.

Palpation-Tenderness-absent, no palpable mass or organomegaly

percussion-Tympanic note over abdomen with no shifting dullness.

Auscultation-Bowel sounds were normal.

Cardiovascular system- s1s2 normal

Respiratory-Normal findings

Reproductive system - Pelvic Examination

a) External Genitalia- Normal, No Signs of infection or inflammation

b) Speculum Examination

Vaginal walls: healthy
 Cervix: healthy
 No erosion seen
 No any white discharge
 c) PV Examination
 Cervix: posterior
 Cervical motion tenderness +
 Adnexa -Right +pain
 Left -pain

USG Report - Impression: Right ovary;
 bulky 3.5 × 3.4cm shows a cyst
 measuring 2.2× 2.0 CMS with echogenic
 material and septa. Mild amount of fluid
 seen in right adnexa,
 (Table-1,2)

Table-1: Therapeutic intervention and time line:

Day	Symptoms	Examination	Treatment Given
1 st visit Day 0	<i>Alpa-Raja srav</i> (Scanty menstrual flow) <i>Kashtartava</i> (Painful menstruation) <i>Agnimandya</i> (Diminished appetite) <i>Kukshi-Gourava</i> (Heaviness in lower abdomen) <i>Adhmana</i> (Bloating) <i>Ayasa</i> (Generalised weakness)	<i>Nadi – vata-kapha Mala baddha</i> (constipation) <i>Mutra – muhurmuhu , sadah</i> (frequent and burning micturition) <i>Kshudha – mandya</i> <i>Trishna- Samyak</i>	1) <i>Lavanbhaskar churna</i> 2) <i>Chandraprabha vati</i> 3) <i>Kanchnar Guggul</i> 4) <i>Abhayarishta</i> 5) <i>Hemitone Syrup</i> <i>Pathya–Apathya</i> explained
2 nd visit Day 15	<i>Aalasya</i> <i>Kshudha mandya</i> <i>Kukshi-Gaurav</i> <i>Ayasa</i> (Generalised weakness)	<i>Mala – prakrut</i> <i>Mutra- frequent</i> micturition Burning micturition <i>Kshudha – mandya</i>	1) <i>Rasapachak</i> 2) <i>Chandraprabha vati</i> 3) <i>Kanchnar Guggul</i> 4) <i>Abhayarishta</i> 5) <i>Hemitone Syrup</i>
3 rd visit Day 30	<i>Kukshi-Gaurav</i> (pelvic heaviness) <i>Ayasa</i> (Generalised weakness) <i>Katishul</i> (pain in pelvic	<i>Mala – prakrut</i> <i>Mutra- prakrut</i> <i>Kshudha – mandya</i>	1) <i>Raktapachak + Mamsapachak</i> 2) <i>Kanchnar Guggul</i> 3) <i>Abhayarishta</i> 4) <i>Hemitone Syrup</i>

	region) – on and off		
4 th visit Day 45	Same as above L/M/H/O- regular 30 day cycle 3 days menstrual flow , pain- mild	<i>Mala – prakrut</i> <i>Mutra- prakrut</i> <i>Kshudha- samyak</i>	Continue same treatment
5 th visit Day 60	<i>Kukshi Gaurav</i> (pelvic heaviness)- <i>Aayas</i> (Generalised weakness)	<i>Agni-varadhan</i>	Continue same treatment
6 th visit Day 75	<i>Aayas</i> L/M/H- painless 4 days	Nad	Continue same treatment
7 th visit Day 90	No symptoms	USG- on 8 sept 2024 USG shows normal findings .	Completed 3-month Samana Chikitsa protocol

Table-2: Therapeutic intervention and their expected action

Medication	Dose & Duration	Anupana	Rationale / Expected Action
Kanchnar Guggul	2 BD before food, continued for 3 months	Hot water	Reduces <i>Granthi, Shotha; Kapha-Vata shaman</i> ; helps shrink cystic formations.
Lawanbhaskar churna	3gm BD before food ,15 days	<i>Ghrita</i>	<i>Agni deepan</i> <i>Pachana</i> <i>Vatanuloman</i>
Chandraprabha vati	1 month	Hor water	<i>Mutrala</i> <i>Rasayana</i> <i>Yoniroga-hara</i>
Rasapachak kwath	15 days	-	<i>Rasapacana</i> <i>Srotoshodhana</i> <i>Gaurava-hara</i>
Raktapachak + Mamsapachak kwath	20 ml BD after food As advised, for 2 months	-	Enhances <i>Rakta</i> and <i>Mamsa dhatu</i> metabolism; corrects <i>dushya dushti</i> ; supports hormonal balance.

Medication	Dose & Duration	Anupana	Rationale / Expected Action
Abhayarishtha	15 ml twice daily after meals , 3 months	Water	Improves gut motility, enhances <i>Agni</i> , reduces <i>Ama</i> accumulation, supports reproductive tissue cleansing.
Hemitone Syrup	10 ml BD after food , for 3 months	Water	Strengthens <i>Rasa-Rakta dhatu</i> , improves overall nourishment and haemoglobin levels.

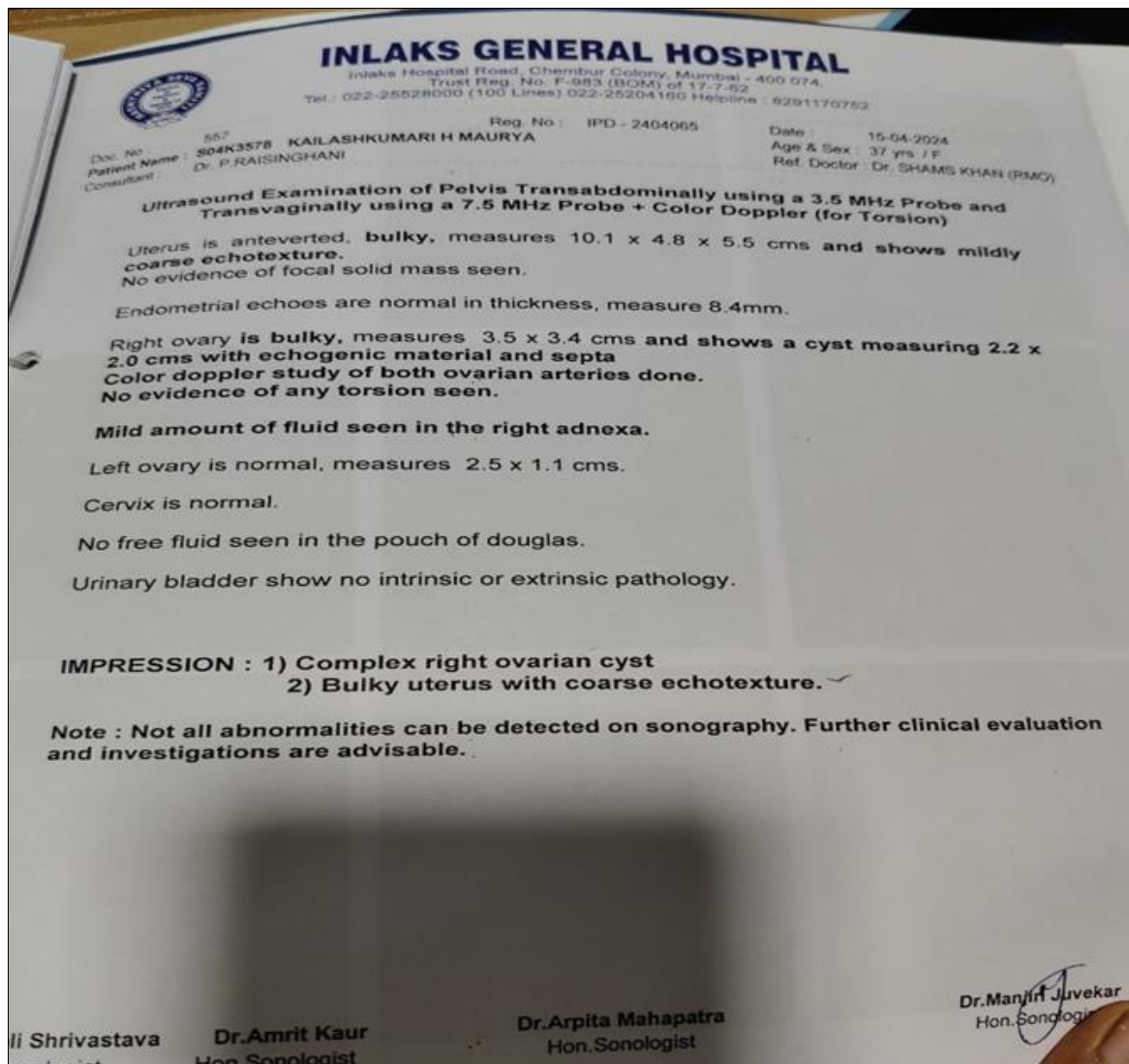


Figure-1: USG report before tretment

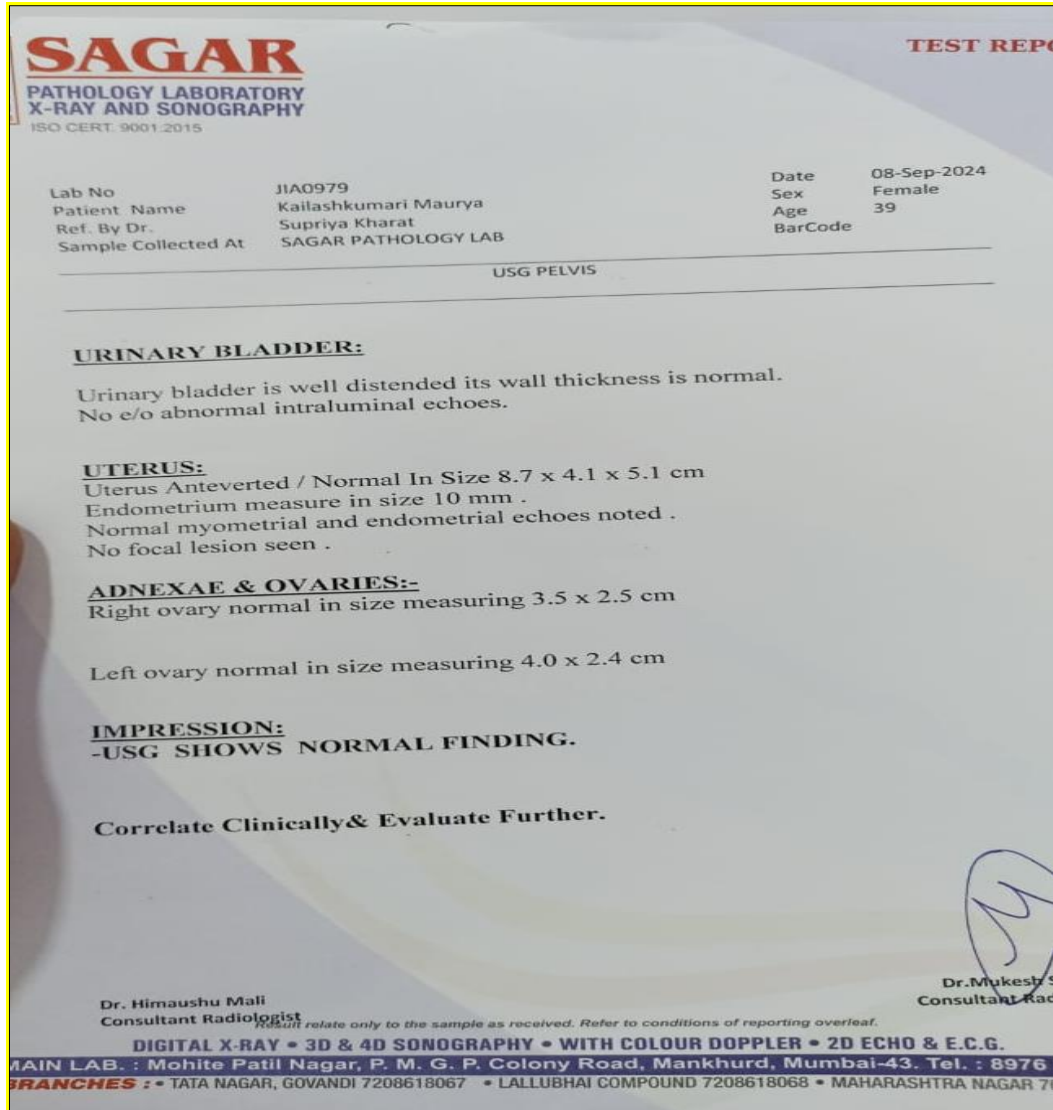


Figure-2: USG after treatment

DISCUSSION:

Ovarian cysts are commonly encountered gynaecological conditions, particularly during the reproductive age group, and are often associated with hormonal imbalance and ovarian dysfunction. From a modern medical perspective, functional ovarian cysts arise due to disturbances in ovulation and endocrine regulation (11) In Ayurveda, although ovarian cysts are not described as a single disease entity, their clinical presentation can be understood under conditions such as *Granthi*,

Artava-dushti, *Yonivyapada*, and *Kapha-Vata* predominant disorders, with the ovary (*Bijagranthi*) being affected.

The present case showed features like lower abdominal heaviness, dysmenorrhea, scanty menstrual flow, bloating, and generalized weakness, indicating *Agnimandya* with subsequent formation of *Ama*. *Jatharagni mandhya* (impaired digestion) leads to formation of *sama aahar ras* (indigested first product of metabolism) and *sam Rasa Dhatu*, which further converts to *Rakta* and *Mamsa Dhatu*, resulting in

Srotorodha at the level of *Artavavaha srotas*. This leads to *Dosha–Dushya sam̐murchana*, *dosha* like *kapha* and *vata* are also formed during conversion of *rasa dhatu* to *rakta dhatu*, due to improperly formed *rasa dhatu kapha dosha* is also vitiated *kapha* along with vitiated *vata dosha* further affects *rakta* and *mansa dhatu* and forms cystic structure ultimately manifesting (*Granthi*) in the ovary.

The treatment planned for this case focused on *Agnidipana*, *Amapacana*, and *Srotoshodhana*, which is basic and foremost line of treatment described in ayurveda for such conditions. For continuously 3 months as per symptoms. *Lavan Bhaskar Churna* was given to correct *Agnimandya* and improve digestion, which prevented further *Ama* formation. *Rasapachaka* and *Raktapachaka Kwatha* were given in order to correct *Rasa* and *Rakta Dhatwagni* (digestion at tissue level), and promote proper tissue metabolism *Kanchanar Guggulu*, has properties such as *Granthi-lekhana*⁽¹²⁾, *Kapha–Vata Samaka*, and *Sothahara*, *Chandraprabha Vati*⁽¹³⁾ is *Yoniroga-hara*, and *Tridosha-Samaka* and also has *shothahar* actions, *chandraprabha vati* supported hormonal regulation, reduced pelvic pain, and associated discomfort. *Abhayariṣṭa* aided in *Vatanulomana* and alleviated in proper bowel movement, which is essential in maintaining *Apana Vata* function which helps normalizing menstrual physiology.

CONCLUSION:

The present case report demonstrates that, an ovarian cyst can be effectively managed with a proper Ayurvedic

treatment approach focused on *Agnidipana*, *Amapachana*, *srotoshodhan*, and *Doṣha shamana*..

Limitation of the study:

Current findings are limited to a single case, but clinical symptomatic result and radiological changes suggests that Ayurveda may offer a safe, non-invasive, and holistic therapeutic option in the management of ovarian cysts. There is scope for further research with bigger sample size.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Supriya Kharat, Jyoti Meghdambar , Santosh Girbide. Ayurvedic Management of Ovarian Cyst – A Case Report. Int. J. AYUSH Case Reports. 2026; 10(1-B): 1-9.

REFERENCES:

1. Hiralal Konar, DC Dattas textbook of gynecology , jaypee the health sciences publisher 7th edition page no. 235.
2. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Deepika commentary by Chakrapanidatta. Sutra Sthana, (18/42). Varanasi: Chaukhambha Sanskrit Sansthan;
3. Crum C.P. The female genital tract, In: Kumer V., Abbas A.K., and Fansto

- N., Robbins and Cotran pathologic basis of disease, 7th ed, China, Elsevier Sanders, 2005:1092-1105.
4. Dr. Ganesh Krushna Garde , sarth vagbhata , sharir than , chaukhamba surbharati prakshan Varanasi publication 2018, page no 122
 5. Ayurvedic approach to Ovarian Cyst - A Case Report. Rasmi Hadimani, Gururaj S Metri. Journal of Ayurveda and Integrated Medical Sciences.2024; 9(5): 1-9 -
 6. Anantram sharma ,Sushruta Samhita,hindi vyakya Sharira Sthana, (2/2-4). Chaukhamba Surbharati Prakashan ; Varanasi: Reprint ed 2019. p. 13.
 7. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Deepika commentary by Chakrapanidatta. Chikitsa Sthana, Yonivyapad Chikitsa Adhyaya (30/116-125). Varanasi: Chaukhamba Sanskrit Sansthan;
 8. Prachi Tomar, YaduNandan Dey, Deepti Sharma, ManishMotiram Wanjari , Sudesh Gaidhani, Ankush Jadhav Cytotoxic and antiproliferative activity of kanchnar guggulu, an Ayurvedic formulation Journal of Integrative Medicine Volume 16, Issue 6, November 2018, Pages 411-417
 9. neha mamgain, g m kavya, varsha saxena (2024). role of kuberaksha vati in kashtartava (dysmenorrhoea). International Ayurvedic Medical Journal, Volume XII(Issue 09. September 2024.), 1738-1741.
 10. Sen GD. Bhaishajya Ratnavali. Sharma PV, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; Agnimandya Chikitsa Prakarana. Lavan Bhaskar Churna.
 11. Vaidya Lakshmipati Shastri. Yoga Ratnakara. Shastri L, editor. Reprint ed. Varanasi: Chaukhambha Prakashan; Agnimandya Chikitsa Adhyaya. Lavan Bhaskar Churna.
 12. Vaidya YT. Sahasrayoga. Sharma PV, editor. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; Kwatha Prakaraṇa; Rasapacaka Kwatha.
 13. Poornasri Jagani, Pradeep Kumar Moharana, E A Soumya, A Critical Review on Chandraprabha Vati - An Ayurvedic Formulation. J Ayu Int Med Sci. 2022;7(11):136-144. Available From <https://www.jaims.in/jaims/article/view/2109>
 14. Dr. Dilkhush M. Tamboli , Dr. Vahida D. Tamboli , Dr. Shivkant J. Patil , Dr. Amruta S. Patil, Critical and Clinical Review of Abhayarishta:a Multidimensional Kalpa. International Education and Research Journal 2023; 9(6): 18-24.