

CASE STUDY

# Ayurveda-Based Harmonization of *Artava Dushti* in a Case of Ovarian Cyst with Polymenorrhea

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## ABSTRACT

Ovarian cysts represent a common clinical condition among women of reproductive age and are frequently associated with menstrual irregularities and underlying hormonal imbalances, thereby adversely affecting both physical health and emotional well-being. Although contemporary medical management largely involves conservative follow-up or hormonal interventions, Ayurveda approaches these conditions from a more holistic standpoint, explaining them in terms of *Beejashaya Granthi* and *Artava Dushti*, which reflect *dosha* imbalance and dysfunction of the *Artavavaha Srotas*.

In this present case study 22-year-old female consulted with a complain of irregular menstrual cycles, scanty menstruation, white discharge per vagina, disturbed sleep, and occasional dyspnea. Patient was diagnosed in ultrasonography (USG) with ovarian cyst. They were intended to treat with Ayurvedic formulations, the cases were treated with the combination of Ayurvedic drugs, with the aim to alleviating symptoms and dissolves the ovarian cyst. In Ayurveda Cyst may be as *Artava dushti* with *Vata-Kapha* predominance, correlating with *Kaphaja Granthi*. An individualized Ayurvedic treatment protocol was designed, guided by classical principles that emphasize restoring balance through targeted internal medications. The interventions were thoughtfully planned across menstrual cycles, ensuring alignment with the body's natural rhythm and reproductive physiology.

Throughout the course of treatment, the patient exhibited steady and progressive symptomatic improvement, which was accompanied by a noticeable enhancement in her overall physical health and sense of well-being. Follow-up over three months showed improved menstrual pattern and significant reduction in cyst size. This case further emphasizes the potential role of Ayurvedic interventions in the management of functional ovarian cysts by employing a comprehensive, individualized, and minimally invasive therapeutic framework.

**Key Words** *Beejashaya Granthi*, *Ovarian cysts*, *Kaphaja Granthi*, *Artava Dushti*

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## INTRODUCTION

Incidence of Ovarian cyst diagnosed in gynecology OPDs has shown a noticeable rise in recent years. The true prevalence of ovarian cysts remains difficult to ascertain, primarily because a

large proportion of cases are asymptomatic and therefore remain undiagnosed. Reported prevalence rates vary widely depending on population characteristics and the diagnostic techniques employed. Available epidemiological

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data indicate that approximately 4% of women may require hospital admission for ovarian cyst-related conditions by the age of 65. In a study involving a randomly selected cohort of 335 asymptomatic women aged 24–40 years, adnexal lesions were identified in 7.8% of participants. Furthermore, studies conducted among postmenopausal women have reported a prevalence of approximately 2.5% for simple ovarian cysts.<sup>1</sup>

A simple ovarian cyst is a fluid-filled lesion arising from the ovary, typically characterized by a single, well-defined cavity without internal septations, solid components, papillary projections, or internal debris on ultrasonographic evaluation. These cysts generally have a smooth, thin wall and contain clear serous fluid. Ovarian cysts, as a broader category, are fluid-containing structures that may be classified as simple or complex and represent a frequent finding in gynecological practice. They are often detected incidentally during routine pelvic examinations or imaging performed for unrelated clinical indications<sup>2</sup>.

While many ovarian cysts remain asymptomatic, simple ovarian cysts may occasionally lead to clinically significant complications such as rupture, intracystic hemorrhage, or adnexal torsion, all of which are regarded as gynecological emergencies. In view of these potential risks, early identification and appropriate therapeutic intervention are crucial to minimize morbidity and prevent adverse outcomes. Accordingly, this article provides a

comprehensive review of the diagnostic evaluation and current treatment approaches for ovarian cysts.

In Ayurveda, ovarian cysts are associated with *Beejashaya Granthi*, a condition resulting from vitiation of *Vata* and *Kapha* doshas, which obstructs the *Artavavaha Srotas* (reproductive channels). Aggravating factors for *Kapha* lead to *Agnimandya* (impaired digestion), causing accumulation of *Aam* (metabolic toxins) and resulting in *Srotorodha* (channel obstruction). This, in turn, impairs tissue metabolism (*Dhatvagni Mandya*), causing improperly formed *Rasa Dhatu* (*Apachit Rasa*), progressive tissue depletion (*Uttarottara Dhatu Apachaya*), and fat metabolism disorder (*Meda Dhatu Dushti*), manifesting as irregular or heavy menstruation (*Artava Vriddhi*) and cystic swellings.

Ayurvedic management aims not only at resolving cysts but also at correcting the underlying *Dosha-Dushya Samoorchana* and restoring normal reproductive function (*Artava Vyapada*) through *Nidana Parivarjana* (avoiding causative factors), *Shodhana* (purification), and *Shamana* (palliative) therapies. The primary cause (*Hetu*) is *Mithyachara*, including improper diet (*Mithya Ahara*) and lifestyle habits that disturb circadian rhythms. Eating heavy meals during *Kapha*-dominant hours (6–10 AM) or late-night meals (10 PM–2 AM) can aggravate *doshas* and disrupt hormones. Late-night wakefulness and excessive screen exposure further disturb *GnRH* pulsation, leading to hormonal imbalances, hyperandrogenism,

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ovulatory dysfunction, and cystic ovarian changes, consistent with both modern diagnostic criteria and Ayurvedic descriptions (*Āsthanindaniya Purusha*).<sup>3</sup>

### AIM

To assess the effectiveness of Ayurvedic harmonization therapy in a patient with *Artava Dushti* and simple ovarian cyst.

### CASE REPORT

A 22 years old Female OPD Registration No.: 2539667, PTSR OPD, Mansarovar ayurvedic medical college, Bhopal presented on 6 april 2025 with chief complain of - Scanty menstruation (2 days bleeding + spotting), Irregular cycle (15–20 days), White discharge P/V, Disturbed sleep & Occasional breathlessness.

#### Menstrual history

Cycle- 15-20 days, short cycle

Duration- 2-3 days with scanty flow (Day 1- 1 Pad, Day 2- Half pad, Day 3- Spotting).

With pain & clots.

On Astavidha Pariksha, as mentioned in Table no 1 the patient had a pulse rate of 76 bpm with Vata predominance. Mala and Mutra were found to be samyaka pravritti. Jivha was coated indicating the presence of Ama. Shabda and Drik were normal (Spasta), Sparsha was Samshitoshna, and the patient had Madhyama Akriti.

**Table 1** Astavidha pariksha

|                |                               |
|----------------|-------------------------------|
| <b>Nadi</b>    | <b>76 bpm (Vata pradhana)</b> |
| <b>Mala</b>    | Samyaka pravritti             |
| <b>Mutra</b>   | Samyaka pravritti             |
| <b>Jivha</b>   | Ama                           |
| <b>Shabda</b>  | Spasta                        |
| <b>Sparsha</b> | Samshitoshna                  |
| <b>Drik</b>    | Spasta                        |
| <b>Akriti</b>  | Madhyam                       |

On systemic examination, as mentioned in table no 2 the patient's blood pressure was 110/60 mmHg, pulse rate was 72 bpm, respiratory rate was 18/min, and she was afebrile. Her weight was 45 kg and height was 153 cm, with a calculated BMI of 19.2 kg/m<sup>2</sup>. Sleep was reported to be disturbed.

**Table 2** Systemic examination

|                  |                        |
|------------------|------------------------|
| Blood pressure   | 110/60mmHg             |
| Temperature      | Afebrile               |
| Pulse            | 72 bpm                 |
| Respiratory Rate | 18/min                 |
| Weight           | 45kg                   |
| Height           | 153cm                  |
| BMI              | 19.2 Kg/m <sup>2</sup> |
| Sleep            | Disturbed sleep        |

#### Investigations

**USG Whole Abdomen (08 April 2025)**- Uterus: normal in size (78\*34\*38mm), Left ovary: normal in size, Right ovary: single simple cyst ~29 × 30 mm.

Impression: Right ovarian simple cyst.

#### Urine Routine Examination (20/07/25)

Protein: albumin traces found, puss cells 4-6.

#### Therapeutic intervention

After counselling and obtaining consent, the patient was advised the following Ayurvedic regimen:

- Oral Medications: as given in table nom 3

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**Table 3** (Therapeutic intervention)

| Medicine                  | Dose   |
|---------------------------|--|
| <i>Triphala guggulu</i>   | 2 tablet BD with lukewarm water for 3 months             |
| <i>Chandraprabha Vati</i> | 1 tablet BD with lukewarm water for 1 month              |
| <i>Dashmoolarishta</i>    | 10 ml BD with equal amount of lukewarm water for 1 month |
| <i>Varunadi Kashaya</i>   | 10 ml BD with equal amount of lukewarm water for 3 month |

**Table 4** (Treatment timeline)

| Visit No.             | Date       | LMP        | Menstruation Duration | Cycle Length | Symptoms                                      | USG Findings                  | Treatment   |
|-----------------------|------------|------------|-----------------------|--------------|---|-------------------------------|---|
| 1 <sup>st</sup> Visit | 20/06/2025 | 18/06/2025 | 2 days + spotting     | 15–20 days   | White discharge P/V, disturbed sleep, dyspnea | Previous USG: Cyst 29 × 30 mm | Same treatment continued  |
| 2 <sup>nd</sup> Visit | 18/07/2025 | 16/07/2025 | 3–4 days              | 28 days      | White discharge P/V ↓, sleep improved         | -                             | Same treatment continued  |
| 3 <sup>rd</sup> Visit | 20/08/2025 | 18/08/2025 | 4–5 days              | 28 days      | Symptoms improving                            | -                             | Triphala guggulu & Varunadi Kashaya was continued.                                      |
| 4 <sup>th</sup> Visit | 25/09/2025 | 20/09/2025 | 4–5 days (normal)     | 28 days      | No White discharge P/V, normal sleep          | Cyst reduced ~8 × 9 mm        | Aarogyavardhini vati- 1<br>Tab.BD (For 1 month)<br>Punarnavasava- 10 ml.BD For 1 month. |

### Assessment

Subjectively, the patient's menstrual cycle regularized to 28 days, menstrual flow improved from 2 days to 4–5 days, sleep became normal, dyspnea resolved, and white discharge per vagina completely subsided as given in table no 5.

**Table 5** (Subjective Improvement)

|    |                                   |
|----|-----------------------------------|
| 1. | Cycles regularized to 28 days     |
| 2. | Flow improved (2 days → 4–5 days) |
| 3. | Sleep normal                      |
| 4. | No dyspnea                        |
| 5. | No white discharge                |

Objectively, ultrasonography showed significant reduction in cyst size from 29 × 30 mm to approximately 8 × 9 mm, along with restoration of a normal and regular menstrual pattern as given in table no 6.

**Table 6** (Objective Improvement)

|    |  |
|----|--|
| 1. | Cyst reduced from 29 × 30 mm → ~8 × 9 mm |
| 2. | Normal, regular menstrual pattern        |

## DISCUSSION

The present case demonstrates the holistic and effective Ayurvedic management of a simple ovarian cyst using the principles of *Shamana Chikitsa*. Ovarian cysts are frequently associated with hormonal imbalance, defective ovulation, and disturbed metabolism of the *Artava Dhatu*. According to the Ayurvedic perspective, *Vata* and *Kapha Dosha* play a pivotal role in the development of such cystic conditions. *Kapha* is responsible for *Granthi Utpatti* (formation of

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cystic growth), whereas aggravated *Vata* regulates disturbances in *Artava Pravritti* (menstrual flow) along with symptoms such as pain or urinary urgency. Hence, effective management focuses on pacifying *Vata* and *Kapha* dosha and correcting *Artavavaha Srotas Dushti*.

The therapeutic interventions mentioned in table 3 used in this case collectively contributed to reducing inflammation and infection-like symptoms through multiple Ayurvedic and physiological mechanisms.

*Probable mode of action of drugs-*

*Triphala guggulu* was administered for its *shothahara* properties, *lekhana*, *vata kapha shamaka*, and *anuloman* properties.

*Chandraprabha Vati* was administered for its *Srotoshodhana* (channel-cleansing) action, *Kapha-Vata* balancing properties, diuretic effect, correction of *Agnimandya*, and alleviation of *Yonivedana* (pelvic pain). *Dashmoolarishta* was used for its *Vata-shamana* activity, ability to reduce pelvic inflammation, analgesic (*Vedana-hara*) action, and its roles in *Agnideepana* and *Aampachana*. *Varunadi Kashaya* was prescribed for its *Kapha-Vata-shamana* effect, potential to aid in cyst reduction, analgesic (*Shoolahara*) and anti-inflammatory actions, as well as its benefits in urinary tract infections, dysuria, and fluid retention.

After complete resolution of clinical symptoms, USG revealed a residual minor ovarian cyst regression and restore physiological ovarian function as mentioned in table 4, the patient was

prescribed *arogyavardhini vati* and *punarnava asava*. This therapeutic approach was aimed at correcting underlying *ama*, improving *Agni* and promoting resolution of cystic pathology through their *Lekhana*, *Shothahara*, and *Anulomana* action.

Regular follow-up mentioned in table no 4 showed complete restoration of menstrual rhythm and significant cyst regression.

## CONCLUSION

In modern medical practice, the management of ovarian cysts primarily involves hormonal interventions, such as combined oral contraceptive pills, or surgical approaches including laparotomy and pelvic laparoscopy. While these modalities are often effective, they are associated with certain limitations and potential adverse effects, particularly with long-term hormonal use or invasive surgical procedures. In contrast, the Ayurvedic approach emphasizes internal harmonization of bodily systems. In the present case, Ayurvedic management effectively corrected *Artava Dushti*, facilitated the restoration of normal menstrual patterns, and resulted in a significant reduction of the right-sided simple ovarian cyst. The favorable clinical outcome observed in this case highlights Ayurveda as a safe, non-invasive, and effective therapeutic option in the management of ovarian cysts.

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