



## Successful Ayurvedic Management of Left Paraovarian Adnexal Cyst Associated with Infertility: A Case Report

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### ABSTRACT

**Introduction:** Paraovarian adnexal cysts are benign cystic lesions arising from mesonephric or paramesonephric remnants located adjacent to the ovary and fallopian tube. These cysts commonly occur in women of reproductive age and may present with lower abdominal pain, menstrual irregularities, pelvic discomfort, infertility, or pressure symptoms. In Ayurveda, such cystic conditions can be correlated with *Granthi*, *Gulma*, or *Kaphaja Yonivyapad*, caused predominantly by vitiation of *Kapha* and *Vata Dosha* along with *Srotorodha* and *Meda-Rakta Dushti*. Ayurveda describes various *Shamana* and *Shodhana* therapies for the management of cystic gynecological disorders.

**Aim and Objectives:** To evaluate the effectiveness of Ayurvedic management in a case of paraovarian adnexal cyst associated with lower abdominal pain and infertility.

**Materials and Methods:** A 40-year-old married female patient attended the OPD of Government Ayurveda College and Hospital, Jaipur, with complaints of severe lower abdominal pain, pelvic discomfort, and inability to conceive. Ultrasonography revealed chronic cervicitis with a 28 mm left paraovarian adnexal cyst. The patient was treated with Ayurvedic formulations along with *Nidana Parivarjana*, dietary modifications, and *Shamana-Shodhana Chikitsa* aimed at reducing *Kapha*, correcting *Agnimandya*, removing *Srotorodha*, and normalizing *Apana Vata*.

**Observations and Results:** Significant improvement was observed in lower abdominal pain, pelvic discomfort, bowel habits, and sleep. Follow-up ultrasonography showed reduction in cyst size. No adverse effects or recurrence were noted during follow-up.

**Discussion and Conclusion:** The Ayurvedic treatment protocol possessing *Kapha-Vatahara*, *Lekhana*, *Deepana-Pachana*, and *Shothahara* properties proved effective in reducing cystic pathology and associated symptoms. The treatment was safe, cost-effective, and clinically beneficial in the management of paraovarian adnexal cyst.

**KEYWORDS:** Paraovarian cyst, Adnexal cyst, *Granthi*, *Gulma*, *Kaphaja Yonivyapad*, Ayurveda, Infertility.

### INTRODUCTION

Paraovarian adnexal cysts are cystic lesions situated within the mesosalpinx or broad ligament adjacent to the ovary and fallopian tube without direct ovarian attachment. These cysts arise from embryological

remnants of the mesonephric (Wolffian) duct, paramesonephric (Müllerian) duct, or mesothelial inclusions and account for nearly 5–20% of all adnexal masses.<sup>[1,2]</sup> They are most commonly observed in women of reproductive age, particularly between 20 and 40 years.<sup>[3]</sup> Histologically, the majority of paraovarian cysts are benign; however, borderline and malignant transformations have been rarely documented.<sup>[4]</sup>

Most paraovarian cysts are asymptomatic and are often discovered incidentally during pelvic examination or ultrasonography because of their slow-growing nature.<sup>[5]</sup> Clinical manifestations usually depend on the size and complications associated with the cyst. Larger cysts may present with lower abdominal pain, pelvic heaviness, abdominal distension, dyspareunia, menstrual irregularities, infertility, urinary complaints, or constipation due to pressure effects.<sup>[6]</sup> Torsion is considered one of the most common complications because paraovarian cysts are highly mobile and pedunculated. Other complications include hemorrhage, rupture, secondary infection, and rarely neoplastic changes.<sup>[7]</sup>

Radiological imaging plays an important role in diagnosis. Transvaginal and transabdominal ultrasonography (USG) are considered first-line investigations and usually reveal a thin-walled unilocular cyst clearly separated from the ipsilateral ovary.<sup>[8]</sup> However, preoperative differentiation between ovarian and paraovarian cysts may be difficult in many cases. Doppler studies help evaluate vascularity and exclude torsion or malignancy. Magnetic Resonance Imaging (MRI) provides superior delineation of anatomical relations and is especially useful in giant or complicated cysts.<sup>[9]</sup> Tumor markers such as CA-125 are generally within normal limits but may be evaluated to rule out malignant pathology in suspicious cases.<sup>[10]</sup>

Management depends upon the size of the cyst, symptomatology, complications, and fertility concerns. Small asymptomatic cysts can be managed conservatively with regular follow-up, while symptomatic, enlarging, or complicated cysts usually require surgical intervention.<sup>[11]</sup> Laparoscopic cystectomy is currently considered the treatment of choice because it is minimally invasive, preserves ovarian function, and offers early postoperative recovery with fewer complications.<sup>[12]</sup>

According to Ayurveda, paraovarian adnexal cysts may be correlated with *Granthi*, *Gulma*, or *Kaphaja Yonivyapad*. *Granthi* is described as a localized nodular swelling produced due to vitiation of *Doshas*, predominantly *Kapha* associated with *Vata*, involving *Mamsa*, *Rakta* and *Meda Dhatu*.<sup>[13]</sup> *Acharya Sushruta* explained that aggravated *Doshas* produce rounded, elevated, and slowly growing swellings known as *Granthi*.<sup>[14]</sup> Similarly, *Gulma* is a pathological condition characterized by abnormal encapsulated growth occurring due to deranged *Vata* associated with other *Doshas*.<sup>[15]</sup> In women, vitiation of *Apana Vata* and obstruction in *Artavavaha Srotas* contribute to pelvic masses and gynecological disorders.<sup>[16]</sup>

The pathogenesis involves predominance of *Kapha Dosha* causing excessive growth, cyst formation and *Kleda* accumulation, while aggravated *Vata* leads to pain, irregular menstruation, and pelvic discomfort. Impaired digestive and metabolic fire (*Agnimandya*) results in formation of *Ama*, which further causes *Srotorodha* (obstruction of body channels) and abnormal tissue proliferation.<sup>[17]</sup> Vitiation of *Rakta* and *Meda Dhatu* also contributes to cystic pathology. Dysfunction of *Apana Vata* disturbs normal *Artava* function and promotes abnormal cystic development in the pelvic region.<sup>[18]</sup>

Therefore, Ayurvedic management aims at correction of *Agni*, digestion of *Ama*, removal of *Srotorodha*, normalization of *Apana Vata*, reduction of *Kapha* accumulation, and resolution of cystic growth through *Shamana* and *Shodhana* therapies along with *Lekhana* and *Kapha-Vatahara* drugs.<sup>[19]</sup>

## CASE PRESENTATION / PATIENT INFORMATION

A 40-year-old married woman attended the OPD of Government Ayurveda College and Hospital, Jaipur, with complaints of severe lower abdominal pain, pelvic discomfort, and inability to conceive since marriage. Her last menstrual period was on 06-02-2026. Ultrasonography (USG) performed on 16-04-25 revealed chronic cervicitis with a 28 mm left adnexal cystic lesion adjacent to the left ovary, suggestive of a

left paraovarian cyst. She also complained of severe lower abdominal pain.

**Past history-** The patient used to take analgesics for Dysmenorrhoea.

**Family History-** No known history of menstrual disorders.

**Personal history-** There was no significant past history of hypertension, thyroid disorder, diabetes mellitus, or any previous surgical intervention.

- **Diet:** vegetarian food
- **Appetite:** Decreased
- **Bowel:** Irregular
- **Micturition:** Regular (5–6 times/day)
- **Sleep:** Disturbed due to lower abdominal pain
- **Addiction:** No addictions

#### **General Examination**

- **Blood Pressure:** 120/80 mmHg
- **Pulse Rate:** 82 bpm
- **Respiratory Rate:** 20/min
- **Temperature:** 98°F
- **Pallor:** Absent
- **Icterus:** Absent
- **Cyanosis:** Absent
- **Clubbing:** Absent
- **Lymph Nodes:** Not palpable
- **Oedema:** Absent

#### ***Ashta vidha pariksha***

- *Nadi* – 82/min
- *Mutra* – 4-5 times/day
- *Mala* – twice /day
- *Jihwa* – normal
- *Shabda* – *Samanya*
- *Sparsha* – *Ushna*
- *Drika* – *Malina*
- *Aakriti* – *Krishna*

#### ***Dashvidha pariksha***

- *Prakriti* – *Vatapittaj*
- *Vikriti* – *Vikriti visham samavaya*
- *Sara* – *Madhyama*
- *Samhanana*- *Avara*
- *Pramana* – *Madhyam*
- *Satmya* – *Mishra ras*
- *Satva* – *Madhyam*
- *Vaya* – *Yuvati*
- *Vyayamshakti* – *Madhyam*
- *Aharashakti* – *Abhyavarana shakti* – *Madhyam*
- *Jarana shakti* – *Madhyam*
- *Vyayama shakti* – *Tikshna*

**Systemic Examination:** On Systemic Examination, there was no significant abnormality noted.

### Therapeutic interventions

Initially, *Nidana Parivarjana* was advised to the patient. She was instructed to avoid *Kapha*-provoking and *Abhishyandi* dietary substances such as curd, pickles, groundnuts, sesame seeds, oily and fried foods, excessive salty foods, and junk food, which may contribute to cyst formation and pelvic congestion. The patient was also advised to maintain a proper *Dinacharya* including regular food habits, adequate sleep, and stress management.

The treatment protocol was planned on the principles of *Shamana Chikitsa* and *Shodhana Chikitsa* for the management of adnexal and paraovarian cysts. The therapy aimed at correction of *Agnimandya*, digestion of *Ama*, reduction of *Kapha* accumulation, removal of *Srotorodha*, normalization of *Apana Vata*, and resolution of cystic pathology in the pelvic region.

**Table-01: Details of the prescribed therapeutic interventions**

S. No.	Interventions	Routes	Doses	Adjuvants	Duration
1.	<i>Kachnaar guggulu</i> -02 tab. <i>Chandraprabha vati</i> -02 tab	Oral	Twice daily Before meals	Lukewarm water	3 months
2.	<i>Gokshra churna</i> 1 gm <i>Bala churna</i> 1 gm <i>Shatavari churna</i> 1 gm <i>Giloya churna</i> 1 gm	Oral	Twice daily Before meals	Lukewarm water	3 months
3.	<i>Garbhdharini vati</i> -01 tab. <i>Pushpadhanva rasa</i> -02 tab	Oral	Twice daily After meals	Lukewarm Milk	3 months
4.	Cap. Fiboid-02 tab.	Oral	Twice daily 1 hour After meals	Lukewarm water	3 months
5.	Cap. Search cordil -02 tab + Syp. Search cordil -SF-3 teaspoon with equal lukewarm water	Oral	Twice daily After meals	Lukewarm water	Added at visit -02
6.	<i>Strorosngahar churna</i> 3gm with 01 teaspoon of honey + syp. <i>Kumaryasava</i> 15 ml with equal lukewarm water	Oral	Twice daily After meals	With equal lukewarm water	Added at visit -02

### Timeline

In the present case, Ayurvedic treatment was administered for a duration of 3 months. After completion of the active treatment phase, the patient was advised to continue *Pathyahara* (strict dietary and lifestyle regimen) for an additional 1 month to prevent recurrence and to assess the sustainability of clinical improvement.

### Follow-up and Outcomes

Regular follow-up visits demonstrated progressive symptomatic improvement throughout the treatment period. Significant reduction in lower abdominal pain, pelvic discomfort, bowel irregularity, and sleep disturbance was observed. Follow-up ultrasonography revealed reduction in the size of the paraovarian adnexal cyst. The patient also reported improvement in general health and quality of life. No adverse effects were noted during the course of treatment, and no recurrence of symptoms was observed during the follow-up period.

**Table-02: Follow-up details with timeline and clinical outcomes**

Timelines	Clinical events and interventions	Clinical outcome
Since 04 year (marriage)	complaints of lower abdominal pain. USG revealed chronic cervicitis with a 28 mm left adnexal cystic lesion adjacent to the left ovary, suggestive of a left paraovarian cyst. She also complained of severe lower abdominal pain.	No relief.
Baseline visit-01 on 01 day	Patient visited GAC outpatient department, Jaipur. Detailed history, clinical examination, and diagnosis confirmation performed. Ayurvedic treatment initiated as prescribed.	chronic cervicitis with a 28 mm left adnexal cystic lesion adjacent to the left ovary, severe lower abdominal pain.
Visit-02 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed and few additions done.	Significant reduction in lower abdominal pain.
Visit-03 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed.	Significant reduction in lower abdominal pain.
Visit-04 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed.	Complete remission of lower abdominal pain.
Visit-05 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed.	Complete remission of lower abdominal pain.
Visit-06 After 30 days	Drug compliance assessed. Physical and clinical evaluations done. Sonographic assessment done.	Complete remission of lower abdominal pain.
Follow-up After 30 days	Only dietary regimen continued.	Complete remission of symptoms; no recurrence normal menses.

**IMAGE-01: Before and After treatment ultrasonography of patient**



## DISCUSSION

Paraovarian adnexal cysts are benign cystic lesions commonly occurring in women of reproductive age and may present with pelvic pain, menstrual irregularities, and infertility. In the present case, the patient had chronic lower abdominal pain and inability to conceive associated with a left paraovarian adnexal cyst. According to Ayurvedic principles, the condition can be correlated with *Granthi*, *Gulma*, or *Kaphaja Yonivyapad*, where *Kapha* predominance along with *Vata* vitiation leads to cystic growth, *Srotorodha*, and pelvic discomfort.

The treatment protocol was planned on the principles of *Kapha-Vatahara*, *Lekhana*, *Shothahara*, *Agnideepana*, and *Srotoshodhana Chikitsa*. Initially, *Nidana Parivarjana* and dietary modifications were advised to prevent further aggravation of *Kapha* and *Ama* formation.

*Kanchanar Guggulu* is well known for its *Lekhana*, *Granthihara*, *Shothahara*, and *Kapha-Medohara* properties, which help in reducing abnormal cystic growth and pelvic congestion. *Chandraprabha Vati* acts as a *Mutrala*, *Shothahara*, and *Tridosahara* formulation that helps in reducing inflammation and correcting pelvic pathology.

The combination of *Gokshura*, *Bala*, *Shatavari*, and *Giloya Churna* provided *Balya*, *Rasayana*, anti-inflammatory, and immunomodulatory effects. *Shatavari* supports female reproductive health and regulates *Apana Vata*, while *Giloya* acts as an *Amapachaka* and *Raktaprasadaka* drug helping in correction of chronic inflammation.

*Garbhdharini Vati* and *Pushpadhanva Rasa* were administered to improve reproductive function, normalize *Apana Vata*, and enhance fertility potential. These formulations help in maintaining proper *Artava* function and strengthening the reproductive system.

*Cap. Fibroid* possesses *Lekhana* and *Granthihara* actions which may contribute to reduction in cystic size and associated symptoms. *Search Cordil* capsule and syrup were added during follow-up for their anti-inflammatory and pelvic circulation enhancing properties, which further aided in symptomatic relief.

*Strotosanghar Churna* along with *Kumaryasava* helped in correcting *Agnimandya*, digesting *Ama*, improving metabolism, and removing *Srotorodha*. *Kumaryasava* is also known for its beneficial effects on gynecological disorders and regulation of menstrual function.

Progressive symptomatic improvement was observed during each follow-up visit. Significant reduction in lower abdominal pain occurred within the first month of treatment, followed by complete remission of symptoms. Follow-up ultrasonography demonstrated reduction in cyst size, indicating the effectiveness of the Ayurvedic management protocol. No adverse effects or recurrence were observed during the follow-up period, suggesting that the treatment was safe and clinically beneficial.

## MODE OF ACTION

The Ayurvedic management in the present case acted through multiple mechanisms targeting the underlying pathology of paraovarian adnexal cyst. The treatment mainly worked through:

- *Agnideepana* and *Amapachana* – correction of impaired metabolism and digestion of *Ama*.
- *Kapha-Vata Shamana* – reduction of *Kapha* accumulation and normalization of *Apana Vata*.
- *Lekhana Karma* – reduction of cystic growth and abnormal tissue proliferation.
- *Shothahara action* – alleviation of pelvic inflammation and pain.
- *Srotoshodhana* – removal of obstruction in *Artavavaha Srotas* and improvement of pelvic circulation.
- *Rasayana* and *Balya effects* – enhancement of reproductive health and improvement in overall strength and immunity.
- *Yoniprasadana* and *Garbhashaya Shodhana* – normalization of female reproductive functions and improvement in fertility potential.

The combined effect of these interventions helped in reduction of the paraovarian cyst, relief from pain, improvement in bowel and sleep disturbances, and restoration of general well-being.

## CONCLUSION

The present case demonstrates that Ayurvedic management can be effective in the treatment of paraovarian adnexal cyst associated with lower abdominal pain and infertility. The combined approach of *Nidana Parivarjana*, *Shamana Chikitsa*, dietary modifications, and supportive therapies provided significant symptomatic relief and reduction in cystic pathology without any adverse effects.

The treatment protocol possessing *Kapha-Vatahara*, *Lekhana*, *Shothahara*, *Agnideepana*, and *Srotoshodhana* properties proved beneficial in improving pelvic health and overall quality of life. Follow-up ultrasonography showed reduction in cyst size along with complete remission of symptoms and no recurrence during follow-up. Hence, Ayurveda may offer a safe, cost-effective, and non-surgical management option for paraovarian adnexal cysts.

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