

Ayurvedic Management of Primary Infertility Due to Chocolate Cyst: A Case Report

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Abstract:

Background: Endometriosis presents in three different entities, which are frequently found together: peritoneal lesions, deep endometriosis and ovarian endometriotic cysts (endometriomas). Ovarian endometrioma is a benign estrogen dependent cystic mass arising from ectopic endometrial tissue within the ovary. It contains thick, brown, tar like fluid, which may be referred to as a chocolate cyst. The presence of endometriomas indicates more severe stage of endometriosis. Endometriomas can lead to chronic pelvic pain and infertility, and often requires surgery for treatment. Endometriosis has been found in nearly 50% of women experiencing issues with infertility, and nearly 70% of women with pelvic pain. Classic symptoms includes dysmenorrhoea, dyspareunia, menorrhagia and infertility. Management of the ovarian cyst through surgery is available to meet urgent need of the patient, but to establish a satisfactory conservative medical treatment is the need of the hour. According to Ayurveda, depending upon most common symptoms it can be compared as a syndrome complex of *Granthi*, *Vidradhi*, *Udavartini Yonivyapada*, *Paripluta yonivyapada* and *Vataja Yonivyapada*. It is a *Tridoshaja vyadhi* with vitiation of *Vata* And *Artava*. Chocolate cysts can also be managed on the line of treatment of *Granthi*, (nodular/glandular swellings) *Vidradhi* (abscess), *Raktapachana* and *Raktaprasadana*. **Aim:** To manage Female infertility with chocolate cyst with *shodhana* and *shamana* therapy. **Materials and Methods:** A patient aged 25years came to outdoor patient department of Prasutitantra Evum Streeroga with the complaint of lower abdominal pain and infertility since 2 years. Her Ultrasonography report reveals bilateral chocolate cyst with no dominant follicle. She has tendency of formation of recurrent chocolate cyst since 3 years. She was administered *Virechana* after completion of menses on 1st cycle, *Dashmoola Shodhan Basti* along with *Uttara Basti* with *uttarabasti* with *kasisadi taila* and *sahachara taila* in 2nd cycle, *Yastimadhu Ksheera Basti* for 3rd cycle along with the *Uttara Basti* with *kasisadi taila* and *sahachara taila*, on the fourth month *Uttarabasti* with 5 ml of *Dhanvantra taila* was done, *Shigru Patra Avagaha Swedana* and *Jeevaniya Choorna* 3 gm orally with warm milk after *Basti* treatment. **Results:** Patient has marked reduction in the size of the chocolate cyst and she conceived with the treatment protocol of 4 months. **Conclusion:** Above mentioned treatment plan has effective result due to *Shothahara*, *Vatanulomana*, *Raktaprasadana* properties which may have effectively curtailed the progress of ovarian cyst and helped in treating infertility.

Keywords: Endometrioma, *Dashamoola Shodhanbasti*, Infertility, *Uttarabasti*, Dysmennorrhoea

Introduction:

Infertilityⁱ is defined as a failure to conceive within one or more years of regular unprotected coitus. *Ayurveda* explained female infertility as *Vandhyatva* and mentioned *Garbha Sambhava Samagri* (proper union of four factors like fertile period, healthy reproductive system, nutrition and healthy ovum and sperm) and *Manasika Abhitapa* (psychological and emotional factors) as chief factors responsible for conception. Menstruation, one of the phases of the menstrual cycles is the periodic shedding of the lining of the uterus. It is purely a natural hormonal process. Endometriosisⁱⁱ is a chronic progressive painful disorder which occurs almost exclusively in women of reproductive age group. It affects roughly about 10% of reproductive aged women and girls globally. Pelvic Endometriosis – 1-10% contribute as identifiable factor of female infertility. Endometriosis is the occurrence of ectopic endometrial tissues outside the cavity of uterus. Ovarian endometrioma is a benign oestrogen dependent cystic mass arising from ectopic endometrial tissue within the ovary. It contains thick, brown, tarlike fluid, which may be referred to as a chocolate cyst. It can enlarge to 6-8 cm in size. The symptoms of endometriosis can be correlated to many of the *Yoni Vyapads* described in our classics. *Acharya Charaka* has described *Granthi* in chapter dealing with *Shotha* due to similarity between basic clinical features i.e. swelling or protuberance and it is also included among the disease of vitiated *Mamsa* i.e., *Mamsa Pradoshaja Vikara*. *Acharya Sushruta* has described very clear and detailed definition of *Granthi* as: Vitiated *Vata* etc. *Doshas*, vitiating *Mamsa* (muscles), *Rakta* (blood) and *Meda* mixed with *Kapha* produce rounded, protuberant, knotty and hard swelling, knotty or glandular, so is called *Granthi*. It can also be compared to “*Vyana Avruta Apana Vata*” and *Vikaras* as *Udavarta*, *Kastartava*, *Arti*, *Asrigdara*, *Gulma*, *Maithuna*, *Ashishnuta*, *Vandhya*, *Mutrakricchra*, *Parikartika* can arise due to the disturbed function of *Apana Vata*. As it is a *Pakwasaya Gata Sthana Vyadhi*. *Adhmana* can also be encountered and has to be managed accordingly.

2. CASE REPORT: A 25 years old female patient came to our P.T.S.R. OPD, with failure to conceive since 2 years.

History of presenting complaints: Patient was trying to conceive after 2 years of marriage. She has excessive and regular menstrual cycle since 10 months associated with lower abdominal pain during menstruation. Her menstrual history revealed excess menstrual flow with clots for 6-7 days with the interval of 30 days. So, she approached *Ayurveda* management for the same.

Personal history:

Mala Pravriti- Satisfactory bowel movement, frequency -1 times a day,

Mutra Pravriti - *Samyaka*.

Nidra - *Samyaka*

Jivha - *Shweta*, *Uplipta*.

Kshudha- *Madhyama*

Trushna- *Madhyama*

Prakruti- *Kapha Pitta Prakruti*

Last menstrual period -17/2/2022

Menstrual history – 6-7 Days / 30 Days (excessive with clots, pads 3 /days with pain)

Marital life: 4 Years

Active marital life -3 years

Obstetric history: null

Contraceptive history: null

Coital history: 1-2 times/week

General examination:

Pulse rate- 70/min,

Blood pressure– 110/70 mm of Hg.

No Pallor, No oedema was found

Investigations: 6/3/2021

Haematological: Haemoglobin- 11.5gms%, platelet count- 293000/cu.mm

27/7/2021: Serology

HIV,HCV, HbsAg, VDRL : Negative

23/1/2021

S.TSH: 1.73m-IU/lt.

S. Prolactin - 9.79ng/ml

29/1/2021

CA-125- 31.59 u/ml

27/7/2021

CRP -2.5 mg/dl, FBS -90 mg/dl

USG :

26/10/2020

USG OVULATION STUDY

DATE	DAY	RIGHT OVARY	LEFT OVARY	ENDOMETRIAL THICKNESS	
26/10/2020	Day 11	17x18mm size chocolate cyst. Another 18x13mm cyst with echos in it.1x1 cm cyst with few echos in it	21x21 mm size cyst with echos in it	6.0MM endometrium ,minimal fluid in endometrial cavity	Bilateral Chocolate Cyst. No Dominant Follicle in bilateral ovaries
30/01/2021	Day 12	3x2.3cm size chocolate cyst, 1x2 cm size complex cyst, no proper follicle	17x15mm size follicle, chocolate cyst present as same as previous size	8.2mm endometrium with good endometrial and subendometrial vascularity	

		seen			
14/10/2021	Day 7	19x15 mm chocolate cyst	20x20 mm chocolate cyst	3 mm	
15/12/2021	Day 10	19x15 mm chocolate cyst	20x20 mm chocolate cyst 22x22 mm dominant follicle seen	11mm	
29/1/2021	Day 11	23x17mm follicle	Ovulation ++	7.8mm	
2/03/2022	Day 14	Ovulation ++	-	8mm	

23/08/2021

USG PELVIS (TVS)

Uterus is normal in size & echo pattern No E/o. intrauterine or extrauterine mass or gestational sac

Endometrial thickness 5.5 mm

Both ovaries show cyst with internal low level echoes, s/o, chocolate cysts. Cyst on right side measures 22 x 21 mm in size. Cyst on left side measures 27 x 24 mm in size.

No Elo. free fluid in pelvic cavity

Cervical canal appears normal

Int. Os: Closed.

16/11/2021

HSG EXAMINATION

Uterine cavity normal in size and normal contour.

Right fallopian tube seen upto fimbrial end and

Shows free spillage on right side.

Left fallopian tube seen upto distal end but no e/o proper free spillage from fimbrial end on left side,

Impression: - right side patent fallopian tube.

Left side p/o tubal block from distal end.

Samprapti

Mithya Ahara and *Vihara* vitiates the *Tridoshas* mainly the *Vata Dosha* in endometriosis. Among the *Pancha vidha Vatas*, the *Vyana Vata* gets more vitiated. This vitiated *Vyana Vata* reaches the *Sthana* of *Apana Vata* and causes *Sanga* to *Apana Vata*. This results in the disturbed function of *Apana Vata*. The main function of *Apana Vata* includes *Artava*, *Mutra*, *Pureesha*, *Shukra* and *Garbha Nishkramana*. Hence *Artava*, *Mutra* and *Pureesha Vikaras* are encountered in endometriosis. *Vyana Vata* is responsible for the movement in the body. *Vyana Vata* after reaching the *Sthana* of *Apana Vata* obstructs the normal movement of *Apana Vata* and directs it in the opposite direction. Hence there is retrograde flow of *Artava*.

Mithyaahara vihara



Tridoshic vitiation mainly Vata



VyanaVata



Obstruction of ApanaVata



Disturbed function of ApanaVata



Vilomagati of Artava



Artava and Mutra Purisha Vikaras

INTERVENTION:

DATE	DRUG	DOSE	ROUTE	DURATION
11/11/2021	<i>Virechana with Trivruta Avleha</i>	80gms	Oral	1 day
13/12/2021	<i>Shodhan basti with Dashmool kwatha - 250ml and Sahachara taila 60ml</i>	310ML	Rectal	3 days
13/12/2021	<i>Uttarabasti with Kasisadi taila -3ml and Sahachara taila -2ml</i>	3-5ML	Uterine	6 days
27/01/2021	<i>Yashtimadhu ksheer basti</i>	250ML	Rectal	8 days
27/01/2021	<i>Uttarabasti with Kasisadi taila -3ml and Sahachara taila -2ml</i>	5ML	Uterine	2 days
22/02/2022	<i>Uttarabasti with Dhanwantara taila</i>	5ML	Uterine	6 Days
	<i>Avgahana Sweda with Shigru Patra</i>			9 Days
	<i>Jeevaniya Choorna with milk</i>	5gm	Orally	1 Month

Result: Patient achieve conception, she did urine pregnancy test at home on 22/03/2022, which was positive. On Further pregnancy was confirmed by ultrasonography on 01/04/2022 with single live intra

uterine foetus with CRL - 6week, foetal cardiac activity present. There is no any complication occurred during her ante natal period and she delivered healthy male baby on 02/12/2022 through lscs.

Discussion: *Shodhana Basti* therapy capable of expelling the vitiated dosha as well as waste from the body. In this *Shodhana Basti Ubhayasanshodhanartha* and anti-inflammatory herbs are used in the preparation of the medicine to be used in the form of *Basti*. Hence this *Basti* is capable of expelling the accumulation of dosha as well as waste. In *yashtimadhuksherpaka Basti*, *Yashtimadhu* was used for the *ksheerapaka* in *niruha Basti* as it is both *Vata* and *Pittahara*. *Uttara Basti* causes local uterine contractions which stimulate the endometrium and ovarian receptors which stimulate the receptors and HPO axis regulating the menstrual cycle with ovulation. *Uttara Basti* stimulates these receptors so that maturation of follicles and ovulation occurs in each cycle. *Shigru patra Avgahana Sweda* also *Vata-kaphahara* and also act as an anti-inflammatory. *Jeevaniya Choorna* contains drugs of *Jeevaniya gana* which helps in achieving fertility.

Conclusion: The complicated clinical scenario demands accurate diagnosis and management to prevent surgical intervention. This Ayurvedic treatment protocol including a combination of both *Shodhana* and *Shamana* therapies were helpful in combating the infertility to a satisfactory level. The treatment principles when applied clinically yield very good clinical results to the patient satisfaction. Ayurveda blesses the feminine world with numerous drugs which helps to maintain their health in a natural way. Hence, this was helpful for the patient who have infertility with chocolate cyst. Therefore, this approach can be considered in patients with infertility with chocolate cyst and also it helps to raise awareness in society towards ayurveda.

ⁱ World Health Organization (WHO). International Classification of Diseases, 11th Revision (ICD-11) Geneva: WHO 2018

ⁱⁱ Dc Dutta textbook of gynaecology, chapter 22, page no. 304, edition 2014.