



Case Report

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**Siddha regimen in Haemorrhagic ovarian cyst
without peritoneal bleeding (Karupasaya Katti) – A case report**

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Abstract

An ovarian cyst is a health condition becoming very common now a day. When internal haemorrhage occurs into functional cysts of the ovary it is called a haemorrhagic ovarian cyst. This occurs most commonly into a corpus luteal cyst, and less often in a follicular cyst. In India, the incidence is about 7% of women have a ovarian cyst at some point in their lives and out of all ovarian cysts 13.7 % are said to be haemorrhagic cyst.

A 42 year old female patient with haemorrhagic ovarian cysts came for Siddha treatment. The patient is pitta prakriti and diagnosed askarupasayakatti^[1] as per Siddha. The base line hormone assays for LH, FHS, testosterone and fasting insulin were found within normal limits. The initial treatment with Agasthiyarkuzhambu for 1 day was administrated to regularize appetite and bowel movement. The main course of treatment included Sangadravagam and Sombutheener in the recommended dose as per Siddha pharmacopeia for 3 months. After the 3 months, an ultrasound study with tras-vaginal proof was found normal. Sangadravagam with sombutheener had the anti-spasmodic activity in our siddha literature. Hence Sangadravagam along with Sombutheener may have a role in curing haemorrhagic ovarian cysts. Further study is recommended.

Keywords: Karupasayakatti, siddha medicine, Sangadravagam, sombutheener, Haemorrhagic cyst , Fibroid uterus.

Introduction

For a woman of child bearing age, cysts are found within our body. Normally this cyst containing fluid disappear during menstruation but if this does not happen when the eggs leave the body during ovulation, it will develop into a condition which is known as an ovarian cyst that contains both the fluid and blood. When internal haemorrhage occurs into functional cysts of the ovary it is called a haemorrhagic ovarian cyst.

This occurs most commonly into a corpus luteal cyst, and less often in a follicular cyst. The incidence of ovarian cyst has increased dramatically and functional ovarian cysts were found to be the fourth most common cause for hospital admission of women. About 7% of women have an ovarian cyst at some point in their lives and out of all ovarian cysts, 13.7% are said to be haemorrhagic ovarian cysts. Many patients

have been successfully cured by Siddha -the ancient medical therapy without much documentation. Siddha scientists have only recently been interested to generate evidence through control clinical trial and case studies .The knowledge of Siddha explored along with development of modern medical knowledge provides simple therapies that help fertile women overcome many frustrating conditions.

Case Report

A 42 year old female patient came to O.P.D dated 23/ 6/2016 after seeing no sign of improvement with Allopathic treatment. She complained of dull aching pain and discomfort in the lower abdomen, pain radiating to lower back and thighs; heaviness and bloating in the abdomen. The history of present illness was advice for ovarian cyst operation but she denied a second operation. Trans-vaginal USG report dated 17-09-16 shows right ovary size 31.2×21.9 mm appears normal and left ovary as 53.5×43.1 mm and shows a cyst with thin septations and internal echoes measuring 49.8×39.3mm (Haemorrhagic cyst). The Sub mucous fibroid measuring 26.9×18.8 mm noted in anterior myometrium of the uterus. This investigation indicated that the patient had a haemorrhagic cyst in left ovary and fibroid uterus. Physical examination revealed moderate bilateral

abdominal tenderness in lumbar region. The hormone assays for LH, FHS, testosterone and fasting insulin were found to be normal.

Preparatory therapy:

Agasthiyar Kuzhambu – 200mg (o.d with Ginger Juice) ^[1] – One day was administrated to regularize appetite and bowel movement.

Main treatment:

The main course of treatment included Sangadravagam^[3] and Sombutheneer^[2] in the recommended dose as per Siddha pharmacopeia for 3 months.

Follow up study and results:

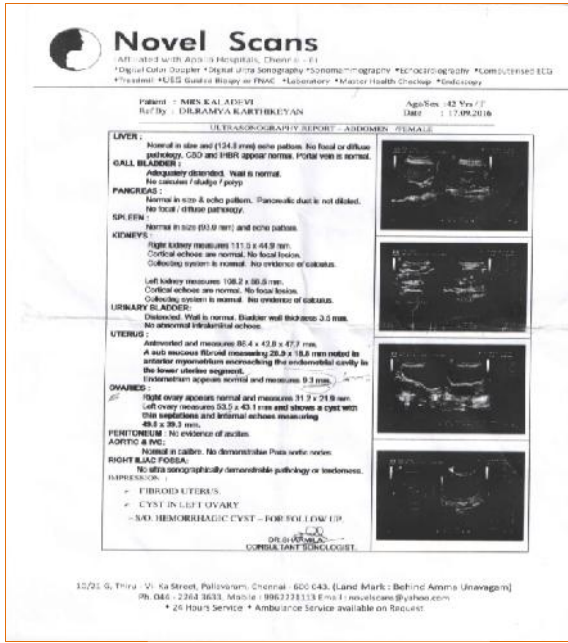
The preparatory therapy began 23-06-2016 and the patient was advised to have Ultrasonography after 90 days of treatment. The USG study dated 17-09-16 found the right ovary to be normal but a haemorrhagic cyst on left ovary and sub mucous fibroid uterus. After the treatment, again the patient went for USG on 4-3-13 that revealed normal findings for right ovary size; 33×18.1 mm, and left ovary size to be 33×21.3 mm and the submucous fibroid measuring as 22×16mm.

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ஆயோத்திதாச பண்டிதர் மருத்துவமனை
தாம்பரம் சானடோரியம், சென்னை - 600 047

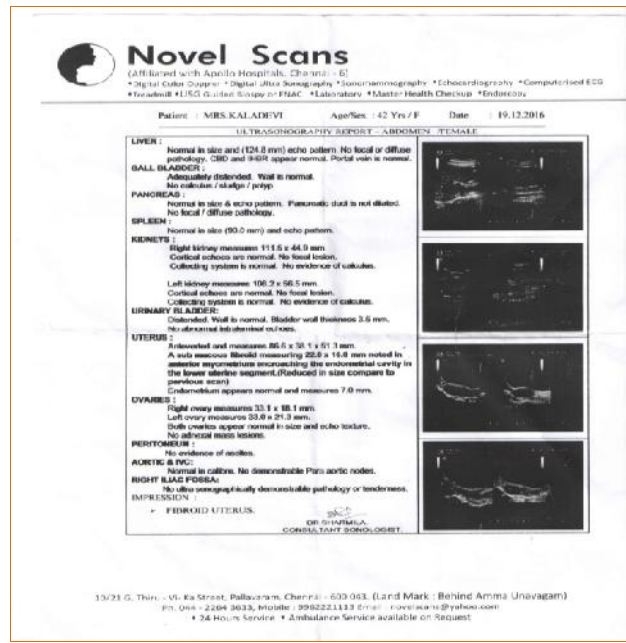
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OUT PATIENT DEPARTMENT

Number : **I** 10490
Date : 23 SEP 2016
Name : Mrs. S. Leela Devi
Age : 42
Gender : Male / Female / Child (M/F)
Address : 10/100 1st St,
Shankar Nagar,
Numbur.
Contact No. : 9444571410



Before Treatment



After Treatment

Ingredients of Sangadravagam :

சங்கதிராவகம்சு

வெடமதி கூர்மை சாரம் விதமன பேதி நீலி
படிகிபூ, நாத நீறு பல்பொரி கார மீதோ
டதுதிரி யுபய மேக மையரை கால தோர்கால்
புதமரை கால்மு வேக மரைபொடி படுவ தாக
ஆடைகட மரைய தாக வதல்வனை படமு மேல் வை
இடைவழி பந்தி திராவ மிவைவரு மேபொ லாறு
தரையினில் நீர்கள் சேருந் தனியினி லோக தாது
உரமது நீற தாகு முபரச நீற தாகும்
மார்வலி வாயு குன்ம வலியறு மேக சங்க
நீரினி லனேக மேகு மாதவ னோது மாறே.

- வெடியுப்பு – 3 பங்கு
- இந்துப்பு – 2 பங்கு
- சோற்றுப்பு – 1 பங்கு
- நவாச்சாரம் – 2 ½ பங்கு
- அன்னபேதி – ¼ பங்கு
- துருசு – ¼ பங்கு
- படிகாரம் – ¼ பங்கு
- பூநீறு – ¾ பங்கு
- வெங்காரம் – 1 பங்கு

சோம்பு தீநீர்

- சோம்பு
- நீர்

Discussion and Conclusion

Sangadravagam and sombutheeneer have the evidences to cure Haemorrhagic cyst and reduced the fibroid uterus size. Haemorrhagic Ovarian cysts are the most common type of ovarian cysts in India and it may leads to emergency condition. Therefore this study was planned to evaluate the

treatment outcome of Siddha regimen in Hemorrhagic Ovarian cyst. The base line hormone assays for LH, FHS, testosterone and fasting insulin were found within normal limits. There is no significant change in LH, FHS, testosterone and fasting insulin after the completion of treatment.

This treatment regimen not only cures haemorrhagic Ovarian cysts but also patient has no relapse/recurrence of the ovarian cyst after one year cessation of Siddha medicine.

We may conclude that Sangadravagam along with Sombutheener may have the role in curing haemorrhagic ovarian cysts. Further study is recommended.

References

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2. Mooligaivaguppu , Year of publication 1989 , Dr.Murugesamudhaliyar, page no : 467
3. Thathuseevamvagupu, Year of publication 1992, Dr.Kuppusamimudhaliyar, Page no : 498

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