



Effective Ayurvedic Management of Dermoid and Para-Ovarian Cysts with Shodhana and Shamana Chikitsa - A Case Report

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ABSTRACT:

Introduction: Dermoid cysts (mature cystic teratomas) arise from germ cells arrested after the first meiotic division and account for 30–40% of ovarian tumours. Para-ovarian cysts develop from vestigial remnants of the Wolffian duct or peritoneal inclusions and typically remain asymptomatic. However, when they enlarge, both types may cause abdominal discomfort or complications such as torsion, observed in 15–20% of cases. Conventional management often involves surgical removal, which may affect fertility or lead to recurrence. Ayurvedic literature correlates such conditions with *Andashaya Granthi*, which can be managed through *Shodhana* and *Shamana* therapies.

Main Clinical Findings:

A 37-year-old married woman presented with abdominal bloating since one month.

Diagnosis:

MRI revealed a right ovarian dermoid cyst and a right para-ovarian cyst.

Interventions:

The treatment involved classical *Virechana* followed by biannual *Yoga Basti* using *Dashamoola Kashaya Niruha Basti* and *Sahacharadi Taila Anuvasana Basti*. She was also prescribed specific oral Ayurvedic formulations with *Vata-Kapha Shamaka* and *Granthihara* properties.

Outcomes:

The patient experienced complete symptomatic relief. Follow-up imaging showed complete resolution of the dermoid cyst and significant reduction in the size of the para-ovarian cyst.

Conclusion:

This case demonstrates the potential of a non-invasive Ayurvedic protocol in resolving benign ovarian cysts. Such individualized therapies, integrating *Shodhana* and *Shamana Chikitsa*, may provide safe and effective alternatives to surgery in select gynecological conditions.

Keywords: *Andashaya Granthi*, Dermoid cyst, Para-ovarian cyst, *Virechana*, *Basti*.

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