

Haemorrhagic Cyst- Cause for Infertility

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Abstract

Infertility affects one in 6 couples which means approximately 10-15% of couple are impacted by this. Recently the "Pivotal Role that life style factors play in the development of Infertility" has generated a considerable amount of interest. There are many factors which cause Infertility, like Male factors pertaining to *Shukra Dusti* (Abnormal Seminal parameters) and Female factors like *Yonivyapad*, *Artavadushti* etc (Female reproductive tract Anatomical & Physiological abnormalities) along with that of Mind and Psyche. Basic requirements of normal pregnancy are *Ritu* (Fertile period), *Kshetra* (Healthy Reproductive tract), *Ambu* (Good nourishment) & *Beeja* (Healthy Male & Female gametes) which are really to be thought and our treatment approach should be aimed towards these factors. Present case report aims at correction of *Artavadushti* which yielded ovulation.

Keywords: Infertility; Haemorrhagic Cyst; Ovulation; Uttara Vasti; Yoni Pichu.

Introduction

Specified age criteria in classics suitable for conception is 25 years for man & 16 years [2] for woman with favourable factors for conception like *Rutu* (Fertile period), *Kshetra*, (Healthy Reproductive Tract) *Beeja* (Healthy Gametes) and *Ambu* [3] (Nutrition) along with *Masanumasika paricharya* (Monthly Regimen) to get healthy progeny. Infertility is a common problem affecting perhaps 1 in 6 couples.

Infertility is exclusively associated with Female factors in 30-40% of the couples and Male factors in 10-30% of cases. The most common cause of Female Infertility is Ovulatory Disorders. Amongst Ovulatory Disorders the benign tumors & cysts of ovary [4] are contributing more. PCOS is a common problem which contributes about 28% to Infertility cases. Women with this condition present with features like obesity,

irregular or absent menses. Haemorrhagic cysts in the ovary also affect regular menses. These cysts & tumors are compared with *Granthi* & *Arbuda* respectively [5].

The only difference in *Granthi* & *Arbuda* is consistency, shape, fixity & associated clinical features. Line of treatment explained in classics is *Chedana* (Excision). Present case managed with *Uttarabasti* & *Shamana* modalities well responded which is evident with Ovulation.

Case Report

Thirty-nine years old Nulligravida presented with Primary Infertility for 8 years. Her Gynaecological history was insignificant, attained menarche at the age of 13 years and regularly occurring menstrual cycles at 25 to 30 days intervals.

Her husband was a k/c/o DM and had normal semen profile. She initially consulted a Gynaecologist 7 years back and was diagnosed as having Multiple Fibroids, for which she underwent Myomectomy but couldn't conceive.

Family history is insignificant, Menstrual History is 3-4/ 25-30 days regular, Contraceptive History is insignificant, she is Vegetarian, Bowels & Micturition regular. Sleep is disturbed due to anxiety. Nature of work stressful.

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P/A - Soft Non tender

Pelvic Examination

P/S - Vagina Healthy Cervix healthy

P/V-Uterus Anteverted, Normal sized, Mobile,
Fornices free of tenderness

Investigations

Visit	Date	Impression (USG)
1	15 th February 2016	Right Ovarian Haemorrhagic Cyst with Multiple Fibroids
2	31 st March 2016	No Haemorrhagic Cyst
3	17 th May 2016	Uterine Fibroids No Haemorrhagic Cyst

Treatment during 1st followup

Days	Treatment given
5 th	<i>Koshthashodhana</i> <i>Erandataila</i> 80 ml +milk 100ml+ <i>Guda</i> 20 gm
6 th	<i>Anuvasanavasti</i> <i>Dhanvantarataila</i>
7 th , 8 th , 9 th	<i>Niruhavasti</i> - <i>Erandamoola</i>
9	<i>UttaraVasti</i> with <i>Shatavari Ghrita</i> <i>Yoni pichu</i> - <i>Dhanvantarataila</i>
10	<i>AnuvasanaVasti</i> with <i>Dhanvantara taila</i> <i>UttaraVasti</i> with <i>ShatavariGhrita</i> <i>Yoni pichu</i> with <i>Dhanvantarataila</i>
11	<i>Uttaravasti</i> with <i>ShatavariGhrita</i> <i>Yoni pichu</i> with <i>Dhanvantara taila</i>

Treatment during 2nd followup

5 th	<i>Udovartana&Bhashpasweda</i> <i>Koshthashodhana</i>
6 th	<i>Udovartana&Bhashpasweda</i> <i>Anuvasanavasti</i> with <i>DhanvantaraTaila</i> <i>Rukshavirechana</i> - <i>Cap Gomutra Katuki</i>
7 th , 8 th , 9 th	<i>Udovartana & Bhashpa Sweda</i> <i>NiruhaVasti</i> with <i>Erandamooladi</i> <i>Rukshavirechana</i> with <i>Cap.Gomutra Katuki</i> <i>UttaraVasti</i> with <i>Shatavarighrita</i> 9 th day <i>Yoni pichu</i> with <i>Sukumaraghrita</i>
10 th	<i>Anuvasanavasti</i> with <i>DhanvantaraTaila</i> <i>Uttaravasti</i> with <i>Shatavarighrita</i> <i>Yoni pichu</i> with <i>Sukumaraghrita</i>
11 th	<i>Uttaravasti</i> with <i>Anutaila</i> <i>Yoni pichu</i> - <i>Sukumaraghrita</i>
12 th	<i>Sarvangadashamoolaparishekha</i>

Modified treatment during 3rd follow up

days	Treatment given
5 th	<i>Udovartana&Bhashpasweda</i> <i>Koshthashodhana</i>
6 th	<i>Udovartana&Bhashpasweda</i> <i>Anuvasanavasti</i> with <i>DhanvantaraTaila</i> <i>Rukshavirechana</i> - <i>Cap GomutraKatuki</i>

7th 8th 9th

Udvaartana & Bhashpa sweda
Niruha Vasti with Erandamooladi
Rukshavirechana with Cap.GomutraKatuki
Uttara Vasti with Shataavarighrita 9th day
Yoni pichu with Sukumaraghrita

10th

Anuvasanavasti with Dhanvantara Taila
Uttaravasti with Shatavarighrita
Yoni pichu with Sukumaraghrita

11th

Uttaravasti with Anutaila
Yoni pichu - Sukumaraghrita

12th

Sarvangadashamoola parishekha

Oral Medicines

Sl. No	Follow up	Medicine given	Duration
1	1 st follow up	<i>Varunadi Kashaya</i> 3 tsf tid A F <i>Kanchanara Guggulu</i> 2 X bd A F	3 months
2	2 nd follow up	<i>Phalaghrita</i> 10 ml X bd Empty stomach <i>Kanchanara Guggulu</i> 2 X bd A F <i>Varunadi Kashaya</i> 3 tsftid A F	3 months

Discussion

In addition to the cause itself other factors such as age of woman may also influence conception rates. From a psychological view point Infertility is a difficult condition to cope with. Management of Infertility should hence include both the Physical and Emotional care of the couple. The fibroids of uterus need surgical correction which may or may not affect the regular menstruation but in the present case it is not a cause. It could be the Haemorrhagic cyst which must have caused menstrual cycle irregular because after first followup rupture of cyst occurred followed by initiation of menstruation but the fibroids remained. Even there might be action of *Uttaravasti* which is considered as best line of treatment in *Vandhyatwa* [6].

Uttaravasti with shatavari ghrita & yonipichu with Dhanvantara taila which has action on *apanavata & function as anulomana* followed by normal *gati* of *Artava*. *Shamana* therapy viz, *Kanchanara Guggulu & Varunadi Kashaya* might have helped in rupturing the cyst as both have the property of *Bhedana* and used in *Galaganda & Gandamala* [7], *varunadi kashaya* [8] helped in *Granthiharana*. Most of the medicines used are *taila* based as *taila* is considered as *yoni vishodhana* [9]. During third follow up the treatment plan differed, at that time treatment was planned aiming to weight reduction, hence *Udvaartana* was planned along with *Ruksha Virechana & Uttarbasti as udvaartana* is having the properties like

Medappravilayanam which is made by *apachitamedadhatu*, reduces *Sthoulya* as well.

Conclusion

- *Shodhana* poses a good line of treatment in *Vandyatwa*.
- Local treatment modalities like *Uttaravasti* certainly help in correction of pathology
- It is observed that she started Ovulating after the treatment.

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