

## Clinical Efficacy Of Ayurvedic Interventions In Nabothian Cyst: A Case Report

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### ABSTRACT

A Nabothian cyst is a benign mucous-filled cyst that develops on the cervix, often discovered incidentally during routine ultrasonography. Studies indicate that approximately 12% of women may have Nabothian cysts, with prevalence varying widely. These cysts are usually asymptomatic, but in some cases, they may be associated with lower abdominal pain, irregular menstrual cycles, and excessive white discharge. A 48-year-old female patient visited the Panchakarma O.P.D at Govt. Ayurvedic College & Hospital, Patna (Bihar), presenting with complaints of lower abdominal pain, irregular menstrual cycles, and heavy white discharge for the past two months. A USG report revealed a mildly bulky uterus with multiple Nabothian cysts in the uterine cervix, with an endometrial thickness of 10.9 mm. The patient underwent conservative Ayurvedic treatment for one month, including: Chandraprabha Vati, Kanchanar Guggulu, Pushyanuga Churna, Arogyavardhani Vati, Tab Asthiposhak, Dashmoolarista. After one month of treatment, a follow-up USG showed a normal cervix with no cysts, indicating the effectiveness of Ayurvedic management in resolving Nabothian cysts without complications. This case highlights how Ayurvedic formulations can provide effective, non-invasive treatment for Nabothian cysts, promoting reproductive health and menstrual regularity.

**Keywords:** Ayurveda, Nabothian cyst, Yoni Vyapad, Reproductive health.

### 1. INTRODUCTION

A Nabothian cyst, also known as a Nabothian follicle, is a **mucus-filled cyst** that forms on the **surface of the cervix**. It occurs due to the **overgrowth of stratified squamous epithelium** from the ectocervix, which **traps mucus within the columnar epithelium of the endocervix**, leading to cyst formation <sup>[1]</sup>. In most cases, these cysts are **asymptomatic and resolve spontaneously**. However, in cases where the cysts grow significantly in size, they may lead to **cervical expansion and complications such as discomfort, pain, or infection** <sup>[2,3]</sup>.

Conventional treatments include cervical scrape cytology to rule out malignancy and destruction of cystic tissue through electro-cauterization, diathermy, laser therapy, or cryosurgery. MRI studies indicate that approximately 12% of women may develop Nabothian cysts <sup>[4]</sup>.

In Ayurveda, Nabothian cysts can be understood as a type of Granthi (benign cystic growth) caused by the vitiation of Kapha, Vata, and Meda (fat tissue imbalance). Ayurvedic management includes Vatakaphahara (Kapha-Vata pacifying) and Medhagna (fat-reducing) herbs to address the underlying pathology.

### 2. CASE STUDY

A 48-year-old female patient visited the Panchakarma O.P.D at Govt. Ayurvedic College & Hospital, Patna (Bihar) with complaints of:

- Lower abdominal pain
- Irregular menstrual cycles
- Heavy white discharge for the past two months

A USG scan revealed a bulky cervix with a few Nabothian cysts.

## Case Examination and Assessment

### Past Medical & Surgical History

- Medical History: No history of Diabetes Mellitus or Hypertension
- Surgical History: No history of any surgical interventions

### Personal History

- Ahara (Dietary Habits): Mishraja (Mixed diet)
- Vihara (Lifestyle Habits): Ashramajanya (Stress-related lifestyle)
- Nidra (Sleep Pattern): Disturbed

### Obstetric & Gynecological History

- Menstrual Cycle: Irregular
- Duration: 5–6 days
- Pain: Moderate
- Bleeding: Heavy

### Dashavidha Pareeksha (Tenfold Examination in Ayurveda)

1. Prakruthi (Constitution): Kapha-Vata
2. Vikruthi (Imbalance): Pitta
3. Sara (Tissue Quality): Twak (Skin and Blood tissue dominance)
4. Samhanana (Body Build): Madhyama (Moderate)
5. Pramana (Body Proportions): Madhyama (Average/Moderate)
6. Satwa (Mental Strength): Madhyama (Moderate resilience)
7. Satmya (Adaptability to Diet & Lifestyle): Sarvasara (Balanced tolerance)
8. Ahara Shakti (Digestive Strength): Madhyama (Moderate appetite and digestion)
9. Vyayama Shakti (Exercise Capacity): Avara (Low physical endurance)
10. Vaya (Age Group): Madhyama (Middle-aged)

### General Examination

- Built: Moderate
- Pallor: Absent
- Cyanosis: Absent
- Temperature: 98.6°F
- Pulse: 88 beats/min
- Blood Pressure: 122/74 mmHg
- Respiratory Rate: 15 breaths/min
- Weight: 51.6 kg

### Ayurvedic Treatment & Outcome for Nabothian Cyst

#### Treatment Protocol

The patient was prescribed the following Ayurvedic medications for one month:

1. **Chandraprabha Vati** – 2 tablets, thrice daily, with lukewarm water before food
2. **Kanchanara Guggulu** – 2 tablets, thrice daily, with lukewarm water after food
3. **Pushyanaga Churna** – 1 teaspoon, twice daily, with Tandulodaka (rice water) before food
4. **Arogyavardhani Vati** – 1 tablet, twice daily, with lukewarm water after food
5. **Asthiposhak Tablet** – 1 tablet, twice daily, with lukewarm water after food
6. **Dashmoolarista** – 20 ml, twice daily, mixed with an equal amount of water after food

### 3. PANCHAKARMA PROCEDURES

#### 1. Deepana–Pachana

- **Action:** Digestion of Ama, enhances metabolic fire (Agni) <sup>[5]</sup>
- **Rationale:** Prepares the body for effective detox by removing metabolic toxins that may be contributing to Kapha-Meda Dushti.
- **Drugs used:** Trikatu Churna, Panchakola Kwatha
- **Outcome:** Improved digestion, reduced heaviness, and appetite correction

#### 2. Yoni Prakshalana

- **Action:** Vaginal douche with Triphala Kwath or Panchavalka Kashaya <sup>[6]</sup>
- **Rationale:** Cleansing the vaginal canal and cervix reduces local Kapha, suppresses infection, and promotes Strotoshuddhi
- **Outcome:** Relief in discharge and itching, improved local hygiene

#### 3. Yoni Pichu

- **Action:** Medicated oil tampon (Jatyadi Taila) inserted intravaginally <sup>[7]</sup>
- **Rationale:** Provides Shothahara, Vrana-Ropana, and Krimighna effects
- **Outcome:** Soothes mucosa, reduces inflammation, promotes healing

#### 4. Uttar Basti

- **Action:** Administration of **Triphaladi Taila** in uterine cavity <sup>[8]</sup>
- **Rationale:** Delivers medicines directly to the cervix and uterus; effective for **Granthi-nashana** and **Vata-Kapha Shamana**
- **Outcome:** Significant reduction in cyst size and symptoms after 7 sittings <sup>[9]</sup>
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The treatment was structured in four phases:

Procedure	Action	Outcome
<b>Deepana-Pachana</b>	Amapachana, enhances Agni	Improved digestion, prepares body for detox
<b>Yoni Prakshalana</b>	Local cleansing, Kapha-Meda Shamana	Reduces discharge, inflammation
<b>Yoni Pichu</b>	Local oleation, promotes healing	Alleviates local symptoms, nourishes tissues
<b>Uttar Basti</b>	Intrauterine delivery, Granthi-nashana	Cyst size reduction, restores mucosal health

#### Lifestyle & Dietary Modifications

- Kapha-Vata pacifying diet (warm, light, easily digestible foods)
- Avoidance of excessive dairy, heavy & oily foods
- Regular mild physical activity
- Stress management (meditation, pranayama, and proper sleep)

#### Follow-Up & Outcome

- Follow-up USG revealed a normal cervix with complete disappearance of the Nabothian cyst.
- The patient experienced complete relief from lower abdominal pain, irregular menstruation, and heavy white discharge.
- Menstrual cycle returned to normal, confirming the efficacy of Ayurvedic treatment in restoring uterine health.

#### 4. RESULTS

The treatment was found to be effective, and the patient experienced significant relief from symptoms.

Sl No	Before Treatment	After Treatment
1	Uterus bulky, cervix with few Nabothian cysts	Normal cervix, no cysts found
2	Severe pain present	Pain absents
3	White discharge present	White discharge absent
4	Menstrual cycle irregular	Menstrual cycle regular

These findings indicate that herbal treatment effectively managed uterine and menstrual health, restoring normal physiological function (Sharma PV, 2014) <sup>[10]</sup>.

The patient reported with complaints of white discharge per vaginum, mild lower abdominal discomfort, and occasional burning micturition. On clinical and ultrasonographic (USG) examination, a Nabothian cyst measuring approximately 1.5 cm was observed on the cervical lip. The treatment protocol involved Deepana–Pachana, Yoni Prakshalana, Yoni Pichu, and Uttar Basti over a period of 21 days<sup>[11]</sup>.

#### Symptomatic improvements observed:

Parameter	Before Treatment	After Treatment
White discharge	Profuse, mucoid	Mild, occasional
Lower abdominal pain/discomfort	Intermittent, Grade 2	Absent
Burning micturition	Mild, episodic	Completely relieved
Cervical inflammation (PV exam)	Mild erythema and edema	Normal tissue appearance
Size of Nabothian cyst (USG)	~1.5 cm	Reduced to ~0.5 cm

#### 5. OBSERVATIONS

- After 7 days of Deepana–Pachana with Trikatu Churna and Musta Churna, the patient reported better appetite and reduced Ama-lakshana.
- Following Yoni Prakshalana with Panchavalkala decoction for 5 consecutive days, a notable reduction in cervical discharge and local irritation was observed.
- Yoni Pichu with Jatyadi Taila for 5 days provided local soothing and healing, with decreased burning sensation and itching.
- Uttar Basti** with Ksharataila was administered for 3 alternate days under sterile conditions. After completion, a follow-up **USG scan showed a significant reduction** in the size of the Nabothian cyst.

There was **no recurrence** of symptoms reported during a 1-month follow-up. The patient tolerated all procedures well, with no adverse effects.

#### 6. DISCUSSION

Nabothian cysts are mucin-filled epithelial retention cysts commonly arising due to chronic cervicitis and occlusion of endocervical glands. In Ayurveda, such conditions can be interpreted under the purview of Yoni Vyapad, with a predominant Kapha Dosha involvement and Artavavaha Srotas Dushti. The accumulation of Kapha leads to mucous retention, tissue overgrowth (Granthi formation), and stagnation, necessitating therapies that possess Shodhana (purificatory), Lekhana (scraping), and Strotoshodhaka (channel-cleansing) properties.

In the present case, the application of Panchakarma therapy, particularly Uttar Basti, offered site-specific drug delivery directly into the uterus and cervix. This route is unique to Ayurveda and surpasses the systemic limitations of oral therapies alone. The cleansing action of Yoni Prakshalana helped eliminate local inflammatory debris and Kapha-Meda accumulation, while Yoni Pichu with healing oils promoted local tissue regeneration and symptom relief.

Several Ayurvedic formulations were administered as supportive treatments, each contributing to systemic and local balance:

1. **Chandraprabha Vati:** This Rasayana acts on the urinary and reproductive systems. Its Tridosha-hara nature, especially Kapha-Pitta Shamana, helps reduce cystic inflammation and supports genito-urinary tract health.
2. **Kanchanara Guggulu:** A classical Lekhana yoga effective in dissolving abnormal glandular growths. It acts on **Granthi**, **Arbuda**, and lymphatic stagnation—making it highly suitable for Nabothian cysts.
3. **Pushyanuga Churna:** Traditionally used for Yoni Roga, it acts as a hemostatic, anti-inflammatory, and uterine tonic. Its Kashaya and Tikta Rasa help in reducing excessive discharge and support endometrial health.
4. **Arogyavardhini Vati:** This formulation works as a hepatoprotective and metabolic regulator. By enhancing **Agni (digestive fire)** and clearing Ama, it ensures better drug assimilation and systemic detoxification.
5. **Asthiposhak Tablet:** Although primarily indicated in bone health, its ingredients like Ashwagandha and **Guduchi** serve as Rasayana and anti-inflammatory agents that support reproductive tissue rejuvenation.
6. **Dashmoolarista:** A postnatal tonic that balances Vata Dosha, enhances uterine tone, and aids in tissue recovery. It acts as a general systemic strengthener, supporting the overall response to therapy.

The treatment showed remarkable improvement in both subjective (discharge, pain) and objective (size reduction of cyst) parameters. The integration of Shodhana and Shamana Chikitsa, tailored to the patient's Dosha and Dushya involvement, demonstrated a rational and individualized approach to care.

Thus, this case exemplifies how Ayurveda's multi-modal approach—rooted in Dosha, Dhātu, and Srotas assessment—can provide an effective, non-invasive alternative in the management of Nabothian cysts. Moreover, therapies like Uttar Basti, under proper protocol, offer a minimally invasive yet targeted therapy that bridges the gap between local and systemic treatment—a concept still underdeveloped in modern gynecology.

## 7. CONCLUSION

This case study highlights the effectiveness of Ayurvedic interventions in the management of Nabothian cysts. The integrative use of internal medications and localized Panchakarma therapies, particularly Uttar Basti, resulted in significant symptomatic relief, normalization of cervical morphology, reduction in pain, and regularization of the menstrual cycle. The approach addressed both local pathology and systemic imbalance, reflecting the holistic strength of Ayurveda in managing gynecological disorders. This case supports the need for broader clinical studies to validate the efficacy of such traditional therapies in contemporary practice.

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