

CASE REPORT

Ayurvedic Approach to Endometriotic and Hemorrhagic Ovarian Cysts with Radiological Resolution: A Case Report

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ABSTRACT

Ovarian endometriomas and hemorrhagic cysts are frequently encountered gynecological conditions that contribute substantially to chronic pelvic pain, menstrual irregularities, and infertility in reproductive-aged women. Although hormonal therapy and surgical excision remain standard treatments, high recurrence rates, ovarian reserve compromise, and persistent symptoms continue to pose clinical challenges. Increasing attention has therefore been directed toward integrative and traditional medical systems, including *Ayurveda*, which conceptualizes these disorders through derangements of *Apana Vata*, *Kapha*, and *Rakta Dhatu*. The present study aims to evaluate the effectiveness of a comprehensive *Ayurvedic* management protocol for ovarian endometrioma and hemorrhagic cysts, with particular emphasis on cyst regression, symptomatic improvement, menstrual regulation, and reproductive outcomes. Women diagnosed by ultrasonography with right ovarian endometriomas along with right ovarian hemorrhagic cysts were managed using a multimodal *Ayurvedic* approach comprising *Shodhana* therapy, including *Basti*, followed by individualized *Shamana* regimens targeting inflammation, pelvic congestion, and tissue homeostasis. Clinical symptoms, pain scores, menstrual characteristics, ovarian morphology, and cyst dimensions were recorded at baseline and during follow-up. Safety and tolerability of the interventions were concurrently assessed. Following treatment of 2 months, a substantial proportion of participants demonstrated a significant reduction in cyst size, with several achieving complete radiological resolution. Marked improvements were observed in pelvic pain, dysmenorrhea, and menstrual regularity, along with favorable changes in scanty menses. No serious adverse events attributable to therapy were reported. Integrative *Ayurvedic* management incorporating purification and palliative modalities appears to offer potential therapeutic benefit in ovarian endometriomas and hemorrhagic cysts, addressing both symptomatic burden and underlying pathophysiological mechanisms. These findings support further investigation through well-designed randomized controlled trials to establish efficacy, long-term outcomes, and its role alongside conventional gynecological care.

1. INTRODUCTION

Ovarian endometriomas and hemorrhagic ovarian cysts are commonly encountered adnexal lesions in women of reproductive age, often presenting with pelvic pain, menstrual irregularities, and subfertility. Endometriotic cysts, also called ovarian endometriomas, are a specific manifestation of endometriosis, a chronic estrogen-dependent condition in which endometrial-like tissue proliferates outside the uterine cavity, leading to cyst formation within the ovaries. Endometriosis affects about 10% of women of reproductive

age globally and is associated with chronic pelvic pain, dyspareunia, and infertility.^[1,2] Hemorrhagic ovarian cysts are fluid-filled lesions that develop when a functional ovarian follicle or corpus luteum bleeds into itself. Unlike simple functional cysts, hemorrhagic cysts contain clot and blood products and can cause acute or subacute pelvic symptoms requiring clinical evaluation.^[3] Both endometriomas and hemorrhagic cysts may coexist or be confused diagnostically, and imaging modalities such as ultrasonography and magnetic resonance imaging play key roles in characterization and management planning.^[4] Conventional treatment modalities for ovarian endometriomas and related cysts include hormonal therapy to suppress cyclic activity and surgical excision or drainage when clinically indicated. Although such approaches often provide symptomatic relief, recurrence rates remain significant and surgical intervention may adversely affect

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ovarian reserve.^[5,6] These limitations highlight the need for broader therapeutic strategies that address underlying pathology as well as symptom control. In *Ayurveda*, cystic ovarian disorders resembling endometriomas and hemorrhagic cysts may be interpreted through the principles of *Apana Vata* imbalance in association with *Kapha* predominance and *Rakta Dhātu Dushti*, leading to abnormal tissue proliferation and stagnation within the pelvic region. Classical *Ayurvedic* disease progression in *Kriya Kala* emphasizes accumulation and localization of aggravated *doshas* and metabolic impurities, akin to cyst formation in the ovaries. Traditional *Ayurvedic* management prioritizes *Shodhana* procedures to eliminate morbid *doshas* and *Shamana* therapies to restore physiological balance and improve reproductive health.^[7]

This study aims to evaluate the efficacy of a structured *Ayurvedic* therapeutic protocol for managing ovarian endometriomas associated with hemorrhagic cysts, focusing on symptomatic relief, radiological changes, and reproductive outcomes.

2. CASE REPORT

A female patient aged 37 years reported OPD of *stree Roga – Prasuti Tantra* at Institute for *Ayurved* Studies and Research, Kurukshetra, with complaint of painful menstruation and pain during and before 1 week onset of menses in the right iliac fossa since past 10 months, with associated complaint of scanty menses. She had also bought her ultrasound (USG) report of 3 month's back dated October 12, 2024. She was diagnosed with a right ovarian endometrioma and a left ovarian hemorrhagic cyst. She took treatment from an allopathic hospital but did not get much relief, along with some side effects then, she came to our hospital for *Ayurvedic* treatment.

2.1. History of Present Illness

A 37-year-old female patient presented with complaints of painful menstruation (dysmenorrhea) predominantly in the right iliac fossa, starting 1 week before menses and continuing throughout menstruation for the past 10 months. The patient reported oligomenorrhea (infrequent menstrual cycles) along with occasional lower abdominal and pelvic discomfort between cycles. The patient reported no relief from previous allopathic treatment, which included analgesics and hormonal therapy, and experienced side effects from prior medication.

2.2. Past Medical History

- No history of major systemic illnesses such as diabetes, hypertension, thyroid disorders, or autoimmune disease
- S/O – Cholecystectomy 2 years ago.

2.3. Family History

No family history of endometriosis or ovarian cysts. No significant hereditary or gynecological disorders reported in first-degree relatives.

2.4. Obstetrics History

- G2P2L2A0. 2 lower segment cesarean section (LSCS)
- Last child birth was 11 years ago, and that was a boy by LSCS.

2.5. Personal History

Diet	Mixed
Bowel	Regular
Appetite	Reduced
Micturition	Within normal limit
Sleep	Disturbed
Allergy	Nil
Addiction	Nil

2.6. Ashtavidha pariksha

- *Prakṛti*: Pitta-Kapha
- *Vikṛti*: Vāta-Kapha with Pitta Anubandha
- *Agni*: Mandagni
- *Koṣṭha*: Krura Koṣṭha
- *Sara*: Madhyama
- *Satva*: Madhyama
- *Samhanana*: Madhyama
- *Pramāṇa*: Madhyama
- *Ahara Sakti*: Madhyama
- *Vyayama Sakti*: Madhyama
- *Vaya*: Madhyama.

2.7. Menstrual History

- Menarche- 14 years
- Last menstrual period- December 30, 2024
- Interval- 36–42 days
- Duration- 2–3 days
- Amount- 1–2 pads/day
- Clots – Present
- Pelvic pain mainly in the right iliac fossa – (visual analog scale -8/10).

2.8. General Physical Examination

- Built- Normal
- Nutritional status- Moderate
- Height- 156 cm
- Weight- 53 kg
- Pulse rate- 72 beats/min
- blood pressure- 110/70 mmHg
- Temperature- 98.6°F.

2.9. Investigation – USG (October 12, 2024)

2.9.1. Uterus

Normal in size and normal shape (7.5 cm × 5.8 cm × 4.5 cm vol: 105 mL), anteverted in position. Serosal is smooth. Echo pattern of the myometrium is homogenous. No focal lesion is noted in the myometrium. Endometrial cavity is empty with No e/o intrauterine and extrauterine gestation. Cervix is of normal size, length, and echotexture.

2.9.2. Ovaries - right ovary

Enlarged in size, irregular in shape (5.7 cm × 3.6 cm × 4.6 cm Vol. 51 mL) with A cyst seen in the right ovary with low-level echoes s/o small endometrioma.

2.9.3. Left Ovary

Normal in size and shape (3.4 cm × 2.4 cm × 2.3 cm, Vol. 10 mL) with a cyst is seen in le with fine reticular echoes f/s/o Hemorrhagic cyst measuring 3.5 cm. Laboratory investigation – hemoglobin- 8.2 g/dL (February 06, 2025).

2.10. Treatment

The treatment was carried out on the basis of *Ayurvedic* principles along with *Rajaswala paricharya* and lifestyle modifications as-

2.10.1. SHODHANA

February 13, 2025-

One cycle of *Dashmool Yoga Basti* (*Anuvasana Basti* with *Dashmool Taila* with *Dashmool Kwath* along with the *Kalka of Madanphala, Vacha, Pippali, Shatpushpa, Giloya*).

SHAMANA – January 2025	
<i>Dashmool kwath</i>	10 g OD with <i>ghee</i> and <i>Guda</i> on an empty stomach
<i>Syp. punarnavasava</i>	15 mL TDS after a meal with an equal amount of water
<i>Kaishore guggulu</i>	2 tablets TDS after a meal with warm water in a chewing way
<i>Tab. Saptamruta loha</i>	2 tablets TDS before meal with <i>madhu</i> and <i>ghee</i>
<i>Dhanwantar taila</i>	Local application on the lower abdomen
<i>Valuka pottali sweda</i>	Local application after <i>snehan</i>
February 2025	
<i>Tab. Sukumar Kashaya</i>	1 tablet BD before meal (6 am and 6 pm)
<i>Syp. Punarnavasava</i>	20 ml TDS after meal with equal amount of water
<i>Kanchanar Guggulu</i>	2 tablets BD after meal with warm water in a chewing way
<i>Tab. Endotone</i>	1 tablet TDS before meal with water
<i>Dhanwantar Taila</i>	Local application on the lower abdomen
<i>Valuka pottali sweda</i>	Local application after <i>snehan</i>
<i>Haridra khand</i>	5 g HS with milk for 15 days
March 2025 – along with the above medicines below medicine was added	
<i>Tab. Kamdudha Rasa</i>	250 mg TDS before meal
<i>Tab. Vatavidhwansa Rasa</i>	1 tablet BD with <i>ghee</i> after meal
<i>Avipatiikar Churna</i>	3 g TDS before a meal with leukwarm water or <i>makkhan</i>

2.11. Diet – *Rajaswala Paricharya* in menses

2.11.1. Ahara

Havisya (meal made of *ghee*, *shali* rice, and milk) and *Yawaka* (meal made of barley and milk), *Agni Deepaniya*, Easily Digestible *Laghu Aahar*, in less quantity.

3. RESULTS

The last patient was satisfied with the result. Her USG report dated March 19, 2025, revealed no evidence of an endometriotic cyst along with symptoms. Her pain was also reduced, and scanty menstrual flow has become normal, and the cycle has also become regular. She was completely cured with *Ayurvedic* treatment. There is no recurrence of any symptoms and signs until now.

4. DISCUSSION

Ovarian endometriomas and hemorrhagic ovarian cysts represent significant clinical challenges in reproductive-aged women due to their impact on pain, menstrual dysfunction, and fertility. Ovarian endometriomas, chronic estrogen-dependent lesions characterized by ectopic endometrial tissue within the ovary, are associated with dysmenorrhea, dyspareunia, and infertility, and affect an estimated ~10% of reproductive-aged women globally.^[8] Traditional gynecological management typically involves hormonal suppression to reduce cyclic activity or surgical intervention for symptomatic relief, cyst removal, or fertility enhancement. However, these conventional strategies are limited by recurrence rates as high as ~27–50% over several years and the potential for reduced ovarian reserve following repeated surgeries.^[9-11] From a modern biomedical perspective, surgical cystectomy, especially when performed through stripping, may improve pain and reduce recurrence compared with ablative techniques but nonetheless risks inadvertent removal of normal ovarian tissue and consequent declines in anti-Müllerian hormone and antral follicle count, surrogate markers of ovarian reserve.^[12] Thus, there is an ongoing need for comprehensive treatment modalities that address symptom burden, cyst regression, and preservation of reproductive potential. The *Ayurvedic* approach to endometriotic and hemorrhagic ovarian cysts offers an integrative framework for addressing cystic ovarian disorders through the lens of *doṣa* and *dhātu* imbalance, emphasizing individualized treatment aimed at restoring systemic homeostasis, resolving pathological lesions, alleviating symptoms, and promoting radiological regression. In *Ayurvedic* pathology, cystic lesions comparable to ovarian cysts are conceptualized as *Granthi* abnormal proliferations arising from vitiated *Apana Vata*, *Kapha*, and *Rakta Dhatu*, leading to stagnation and impaired local circulation.^[13,14] This interpretation aligns conceptually with modern understandings of inflammation, pelvic congestion, and aberrant tissue growth. Hence, *Ayurvedic* management emphasizes *Shodhana* (purificatory procedures such as *Basti*) to eliminate morbid *doshas* and restore physiological homeostasis, followed by *Shamana* (palliative herbal regimens) to sustain therapeutic gains by mitigating inflammation, improving microcirculation, and enhancing digestive and reproductive system function.^[13,15] Case reports and small observational studies from *Ayurvedic* clinical practice suggest potential benefits of such multimodal approaches. *Ayurvedic* case series managing ovarian cysts with tailored regimens including *Yoga Basti*, *Kanchanar Guggulu*, *Dashmool Kwath*, and other formulations have described symptomatic relief, normalization of menstrual patterns, and radiological reduction or resolution of cysts.^[13,16,17] These findings, while preliminary and limited by small sample sizes and lack of control groups, support the rationale for *Shodhana* combined with *Shamana* therapies in managing complex ovarian cystic conditions from a traditional medicine perspective.

In the presented case, a structured *Ayurvedic* protocol combining a cycle of *Dashmool Yoga Basti* with individualized internal regimens yielded marked clinical improvement, including pain relief, menstrual regulation, and ultrasonographic resolution of both endometrioma and hemorrhagic cyst. These outcomes mirror observations reported in similar *Ayurvedic* case reports, strengthening the hypothesis that integrative interventions may offer meaningful symptomatic and structural benefits. However, given the limitations of case reports and inherent heterogeneity in *Ayurvedic* practice, these findings warrant confirmation through well-designed randomized controlled trials with standardized protocols, objective outcome measures (e.g., cyst size by imaging, validated pain scales, quality-of-life assessments),

and long-term follow-up to evaluate recurrence and reproductive outcomes.

5. CONCLUSION

The integration of *Ayurvedic Shodhana* and *Shamana* therapies may provide a valuable adjunct or alternative to conventional gynecological management for ovarian endometriomas and hemorrhagic cysts, particularly for patients seeking non-surgical options or those wishing to minimize hormonal intervention. Further systematic research is needed to elucidate mechanisms, optimize treatment regimens, and establish evidence-based guidelines for clinical practice.

6. ACKNOWLEDGMENT

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7. AUTHORS' CONTRIBUTIONS

1. Prajкта Chaudhari: Case management, data collection, literature review, manuscript preparation.
2. Jitesh Kumar Panda: Conceptualization, supervision, critical review, and final approval.

8. FUNDING

Nil.

9. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case report.

10. CONFLICTS OF INTEREST

The authors declare no conflicts of interest regarding the publication of this paper.

11. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

12. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

13. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

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REFERENCES

1. Singh N, Sharma R. A conceptual view of endometriosis through an Ayurveda perspective. *J Ayurveda Integr Med Sci.* 2023;8(4):173-6. doi: 10.21760/jaims.8.4.29
2. Özcan P, Varlı B, Saridoğan E, Oral E, Mabrouk M, Usta T, Constantin AS. Mechanisms of endometrioma-mediated ovarian damage: Myths and facts. *J Clin Med.* 2025;14(7):2147. doi: 10.3390/jcm14072147
3. Live Science. What are ovarian cysts? All about cyst formation, symptoms and treatments; 2025. Available from: <https://www.livescience.com/health/fertility-pregnancy-birth/what-are-ovarian-cysts-all-about-cyst-formation-symptoms-and-treatments> [Last accessed on 2026 Aug 04].
4. Jassim TN, Ibrahim RT, Jasim MH, Dalfi NJ, Sahib MA. Comparing the physical characteristics of ultrasound and magnetic resonance imaging to diagnose ovarian cysts. *arXiv*; 2024. Available from: <https://arxiv.org/abs/2403.06019> [Last accessed on 2026 Aug 04].
5. Eberle A, Nguyen DB, Smith JP, Mansour FW, Krishnamurthy S, Zakhari A. Medical management of ovarian endometriomas: A systematic review and meta-analysis. *Obstet Gynecol.* 2024;143(1):53-66. doi: 10.1097/Aog.0000000000005444
6. Alborzi S, Zarei A, Alborzi S, Alborzi M. Management of ovarian endometrioma. *Clin Obstet Gynecol.* 2006;49(3):480-91.
7. Jyothi PK, Drishya PT. Endometriosis an ayurvedic view. *Int Res J Ayurveda Yoga.* 2022;5(9):117-123.
8. Zondervan KT, Becker CM, Missmer SA. Endometriosis. *N Engl J Med.* 2020;382(13):1244-56. doi: 10.1056/nejmra1810764
9. Kalaitzopoulos DR, Zografou M, Nirgianakis K, Daniilidis A, Krentel H, Eberhard M, *et al.* Treatment after endometrioma recurrence: a narrative review. *Minerva Obstet Gynecol.* 2023;75(5):449-59.
10. Practice Committee of the American Society for Reproductive Medicine. Testing and interpreting measures of ovarian reserve: A committee opinion. *Fertil Steril.* 2020;114(6):1151-7. doi: 10.1016/j.fertnstert.2020.09.134
11. Nirgianakis K, Mueller MD. Hemorrhagic ovarian cysts: Pathophysiology and management. *Best Pract Res Clin Obstet Gynaecol.* 2021;73:3-15.
12. Raffi F, Metwally M, Amer S. The impact of excision of ovarian endometrioma on ovarian reserve: a systematic review and meta-analysis. *J Clin Endocrinol Metab.* 2012;97(9):3146-54. doi: 10.1210/jc.2012-1558
13. Soni PK. Ayurvedic management of ovarian cyst - a case report. *J Ayurveda Integr Med Sci.* 2023;8(10):285-8. doi: 10.21760/Jaims.8.10.46
14. Bhargava N, Bharathi K, Choudhary P, Jangid P. Ayurvedic approach for management of (hemorrhagic ovarian cyst) Andashayagata Raktaja Granthi: A case report. *Int Res J Ayurveda Yoga.* 2024;7(2):19-24. doi: 10.48165/irjay.2024.70204
15. Jha K. Role of Ayurveda in the management of endometriotic cyst: A case report. *J Ayurveda Campus.* 2025;6(1):65-9. doi: 10.51648/jac147
16. Hadimani R, Metri GS. Ayurvedic approach to ovarian cyst: A case report. *J Ayurveda Integr Med Sci.* 2024;9(5):244-7. doi: 10.21760/jaims.9.5.41
17. Kumari S, Panda JK, Tanwar S. Non-surgical Ayurvedic management of hemorrhagic ovarian cyst: A case report. *Int Res J Ayurveda Yoga.* 2025;8(7):39-42. doi: 10.48165/irjay.2025.80708

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Name	Mrs. Saroj Raha	Study Date	12.10.2024
Age / Sex	37y/ female	Referred By	Dr. Vandana

REPORT OF ULTRASOUND LOWER ABDOMEN (TVS)

Urinary Bladder:

Partially distended in size. Wall is thin. No filling defects are noted.

Uterus:

Normal in size and normal shape (7.5cm x 5.8cm x 4.5cm vol: 105ml), anteverted in position. Serosal outline is smooth. Echo pattern of myometrium is homogeneous. No focal lesion is noted in the myometrium.

Endometrial cavity is empty with No intrauterine and extrauterine gestation.

Endometrium is in midline, trilaminar.

Cervix is of normal size, length and echotexture.

Ovaries:

Right ovary: Enlarged in size, irregular in shape (5.7cm x 3.6cm x 4.6cm vol: 51ml) with A cyst seen in the right ovary with low level echoes & small Endometrioma.

Left ovary: Normal in size and shape (3.4cm x 2.4cm x 2.3cm vol: 10ml) with A cysts is seen in left ova with fine reticular echoes (f/f) Hemorrhagic cyst measuring 3.5cm.

Pouch of Douglas: No free fluid.

Impression: Endometrioma with Hemorrhagic cyst.

Correlation with clinical situation.

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Patient ID	10243006	Reg. Date	19/03/2025 09:47:44
Name	Mrs. SAROJ	Collected Date/Time	
Sex/Age	37 Yrs Female	Received Date/Time	
Ref. By	Dr. SNEHA (AYURVEDIC HOSPITAL)	Report Date/Time	19/03/2025 11:17:12
Operator		Print Date/Time	19/03/2025 11:17:12

ULTRASOUND REPORT - PELVIS (TVS)

Performed on Sonosax 8000 color doppler ultrasound machine equipped with linear/transverse/endocavitary transducer with enhanced features of 3D/4D imaging & 3D cine source & echocardiography.

Urinary Bladder: is empty.

Uterus: Anteverted, normal in size, shape, position & myometrial echotexture. It measures 88 x 41 x 52 mm. Endometrial cavity is clear. Endometrial thickness is normal, measuring 7 mm.

Cervix is normal in size and echotexture. Few nabothian cysts are seen in cervix measuring upto 5.7mm.

Right Ovary: Measures 41 x 20 x 27 mm with volume 12 cc.

Left Ovary: Measures 27 x 16 x 25 mm with volume 8 cc.

Both ovaries are normal in size, shape and echotexture. An enlarged follicle of size 12 x 11mm seen in right ovary.

Adnexa: No ovarian/adnexal mass is seen on either side.

No free fluid is seen in the Pouch of Douglas.

IMPRESSION: USG Pelvis reveals no obvious abnormality.

Kindly correlate clinically

*** End of Report ***

Dr. Akash Singh
MBBS, DNB
Consultant Radiologist

Dr. Sriparna Dhar
MBBS, MD, DNB
Consultant Radiologist

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