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Role of *Uttar Basti* in Management of *Anartava* w.s.r to Secondary Amenorrhea: A Case Report

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ABSTRACT:

Secondary amenorrhea refers to the absence of menstruation for three or more months in women of reproductive age who had previously menstruated. In the classical texts of *Ayurveda*, various terms have been used to describe this condition such as *Nashtartava* by *Sushruta, Anartava* by *Vagbhata*, absence of *Raja* by *Bhela*, and *Rajonasha* by *Bhavaprakash*. Analyzing these references, it can be inferred that the main causes include *Mithya Ahara* and *Mithya Vihara* (improper diet and lifestyle of the mother during pregnancy and of the woman during her reproductive years), *Beeja Dosha* (genetic abnormalities), and *Dushtartava* (hormonal imbalances). *Anartava* is also mentioned as a symptoms of various *Yonivyapadas* such as *Arajaska/Lohitkshaya, Shushka, Shandhi* and *Vandhya*. While *Acharyas* described it more as a symptom due to the *margavarodha* of *Apana vata* by aggrevated *Kapha* which disrupts the production of *Artava* and also delays the outflow of *Artava*, it brings about a significant impact on female fertility. The absence of menstruation during the active reproductive age is a stressful feeling that needs careful understanding and management. Modern medicine offers mainly hormone replacement therapy (HRT), which has reported side effects, whereas *Ayurveda* provides a comprehensive approach, including internal medication, *Panchakarma* therapy, mainly *Vamana*, *Yoga basti*, *Uttara basti,* dietary corrections and lifestyle modifications. Presented here is a case study of a woman with secondary amenorrhea who was successfully treated with *Uttar basti and Yoga basti*, emphasizing the practical relevance and effectiveness of traditional approaches in Secondary infertility with menstrual abnormalities.

KEYWORDS: *Anartava, Sadyo Vamana,* Secondary amenorrhea, *Uttar Basti, Yoga Basti.*

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INTRODUCTION:

Anartava by definition signifies the absence of *Artava*, meaning there is no shedding of endometrium. In a healthy female, the menstrual cycle typically occurs every 28–35 days. If this cycle is delayed beyond this normal interval, it may indicate an underlying condition structural or functional pathology. Amenorrhea is broadly classified into two types: primary and secondary. Secondary amenorrhea refers to the absence of menstruation for more than three months in women of reproductive age who had previously experienced normal menstrual cycles. It is regarded as a symptom rather than a distinct disease [1]. The prevalence of amenorrhea unrelated to natural physiological states such as pregnancy, lactation, or menopause is estimated to be around 3-4%. Although various factors can lead to amenorrhea, most cases are linked to four primary causes: polycystic ovarian syndrome (PCOS), hypothalamic dysfunction, hyperprolactinemia, and ovarian failure. Other causes are less common and typically seen in specialized referral cases of secondary amenorrhea [2-4]. Due to its significant impact on female fertility, amenorrhea requires careful evaluation and appropriate management to safeguard reproductive health and restore the fertility.

Artava in *Ayurveda* refers to menstrual blood, the ovum, and female reproductive hormones. Specifically, the menstrual flow (*Artava*) is understood as a metabolic byproduct of *Rasa Dhatu*. Driven by the action of *Vyana Vata*, it circulates throughout the body, accumulates in the uterus over a month, and is expelled for 3–5 days through the vaginal passage by the downward movement of *Apana Vata* [5]. However, this physiological process can be disrupted by unhealthy dietary habits (*Mithya Ahara*) and improper daily routines (*Mithya Vihara*), which cause Agni dusti resulting in an imbalance and aggravation of *Kapha* and Vata *dosha*. This aggravation can block the *Artavavaha Srotasa*- the channels that transport *Artava*. As a result, menstrual flow may be absent, a condition known as *Anartava* [6].

Various synonyms for Artava found in the classics include *Raja, Masikastrava, Rutustrava, Asruka,* and *Shonita* [7]. In *Anartava,* menstrual flow is not completely absent from the body but fails to be expelled monthly due to obstructions in its channels. The uterus and uterine arteries are the root structures of these channels; when they do not supply the endometrial lining adequately, menstruation does not occur. *Bhela* explained that although blood circulates in the body for seven days and nights, if it becomes insufficient or abnormal, it does not reach the reproductive organs, resulting in drying up of *Artava* causing amenorrhea. *Bhavamishra* included *Rajonasha* among the eighty types of *Vataja Nanatmaja Vyadhi*. Additionally, *Anartava* is associated with several *Yonivyapadas* such as *Arajaska (Lohitkshaya Yonivyapada), Shushka Yonivyapada, Shandhi Yonivyapada,* and *Vandhya Yonivyapada*. Chikitsa- since *Anartava* arises due to the depletion or blockage of *Artava,* its treatment focuses *Samshodhana* and *Shamana* therapies, utilizing *Agneya Dravyas*. As there is *Kapha Avarodha* so *Vamana* is beneficial and for *Vata, Basti* is the best treatment. *Uttar Basti* helps in nourishing of endometrial bedding, enhancing blood circulation and potentially modulating hormonal balance which further helps in restoring normal function of *Artava.*

CASE HISTORY:

A 31-year-old female patient presented with complaints of amenorrhea for the past 4 months and had a history of irregular menstruation since menarche. She is a known case of Poly cystic ovarian syndrome (PCOS). At age of around 16 years, she visited SDM Hospital, Hassan, for complaints of irregular menstruation and underwent *Vamana* therapy, after which her menstrual flow and cycle regularized. However, for the past one year, she has again been experiencing irregular cycles along with weight gain and facial acne. Initially, she consulted in allopathic hospital and started with oral contraceptive pills (OCPs) to induce menstruation but her menstrual flow was prolonged after that. Subsequently, her cycles became increasingly irregular and unresponsive to OCPs. Now with the complaint of amenorrhea since past 4 months, she consulted Prasuti Tantra and Stree Roga OPD at SDMACH, Hassan, on 25/04/2025, and was admitted the same day for further management of *Anartava.*

Personal History:

- Diet: *Guru singhdha ahara*, fried and oily food, *Vishamasana*
- Sleep: Disturbed; *Diwaswapna*- Occasionally
- Appetite: Reduced
- Bowel: Regular, Once per day
- Habits: Nil
- Micturition: 5-6 times per day, no pain no burning micturation.
- Weight- 66 kgs; Height– 158 cms; BMI– 26.4 kg/m2

Menstrual history:

- Age of Menarche: 14 years
- LMP: 120 days back
- Flow: D1, D2, D3- 2-3 pads /day
  D4, D5- 1-2pads/day
- Interval: > 60 days
- Clots – Absent, Pain- Absent, Smell- Absent

Obstetric history: Nulliparous

Past treatment history: Patient underwent *Vamana* therapy at age of 16 years for irregular menstruation. Since past one year patient was on oral contraceptive pills.

Samsthanika Pareeksha / Sroto Pareeksha (systemic examination):

- R/S - NVBS heard, no added sounds
- CVS – S1 S2 heard, no murmur sound heard
- CNS – Well oriented to time, place, person
- P/A - Soft. No tenderness. No scar marks.
- Per speculum - cervix OS healthy with no white discharge.
- Per vaginal - normal sized anteverted uterus with free fornix.

Investigations-

- USG- Dated 05/04/2025- Bilateral polycystic ovarian morphology, Right ovary: 49x24mm, Left ovary: 49x23 mm, ET- 12.7 mm, Uterus- normal in size, myometrium appears normal, measures 70x38x50 mm as shown in Figure-2
- Thyroid profile on - Dated 04/04/2025; T3 - 1.40 ng/ml, T4 - 9.86 mcg/dl and TSH - 1.14 miu as shown in Figure-3
- Serum prolactin– 5.56 ng/ml, LH- 13.81 mIU/ml, FSH- 7.08 Miu/mL as shown in Figure-4

Diagnosis: *Anartava* (Secondary amenorrhea)

Samprapti: Figure-1

Nidana-

- *Aharaja- Guru singhdha ahara*, fried and oily food, *Vishamasana*
- *Viharja- Avyamama, Ratrijagrana*, sedentary life style
- *Mansika- Chinta*

Samprapti ghatakas:

- *Dosha – Vata (Apana and Vyan), Kapha (Kledak)*
- *Dushya – Rasa, Rakta, Artava*
- *Upadhatu- Arthava*
- *Srotas – Rasavaha, Arthavaha, Medovaha Srotas*
- *Agni – Jataragnimandya, Dhatwagnimandya*
- *Ama – Sama*
- *Udbhava Stana –Amashaya*
- *Sanchara Stana – Sarva Shareera*
- *Vyakta Stana – Garbhashaya*
- *Roga Marga – Abhyantara*
- *Sadyasadyata- Sadhya*

THERAPEUTIC INTERVENTION:

- On admisision on 26/04/25 patient was planned for *sadyo Vamana* followed by two days of samsrajana krama and then continued with *Anuvasana Niruha* and *Uttar basti* as shown in Table-2.
- During this treatment she attained menstruation on 2nd day of Niruha and uttar basti treatment i.e. on 01/05/25. She was discharged and advised to follow of 22nd day of menstruation cycle for second cycle of basti treatment. (According to classical refences uttar basti is advised immediately after cessation of menstruation, but here with yukti uttar basti was planned 1 week before next menstruatal cycle)
- Again she got admitted on 22/05/25 (22nd day of her menstrual cycle) for second cycle basti treatment as shown in Table-3 and discharged on 25/05/25 with oral medications *Rajapravartini vati* 2 BD for 5 days and Mensovit 1 TID for 2 days. After discharge she got menstruation on 02/06/25 and bleeding was for 5 days with normal flow.
- She got admitted again on 24th day of menstruation i.e. on 25/06/25 for third cycle of basti treatment as shown in Table-4 and after discharge she attained menstruation on 28/06/25 with normal flow and duration.

Table-1: Differential Diagnosis:

Modern	Ayurveda
• Hyperprolactinemia • Premature ovarian failure • Uterine synechiae	• *Arajska Yoni Vyapat* • *Rakta Gulma* • *Anartava,* • *Pushpagni Jataharini* • *Artva Kshaya*

Table-2: Treatment plan of patient during first time admission:

Day-1 26/04/25	**Day-4 29/04/25**	**Day-5 30/04/25**	**Day-6 01/05/25**	**Day-7 02/05/25**	**Day-8 03/05/25**
Sadyo Vamana with *Yashtimadhu phanta* and *Lavana Jala*	*Anuvasana basti* with *Pippalyadai*	**Morning-** *Erandamooladi niruha basti*	**Morning-** *Erandamooladi niruha basti*	**Morning-** *Erandamooladi niruha basti*	*Anuvasana basti* with *Pippalyadai*

No of *vegas*- 5 Type of *suddhi* - *Madhyama* Follwed by *samsrajana karma* for 2 days	*Taila* 80 ml	**Evening-** *Uttar basti* with *Pippalyadi taila* 5ml	**Evening-** *Uttar basti* with *Pippalyadi taila* 5ml	**Evening-** *Uttar basti* with *Pippalyadi taila* 5ml	*Taila* 80 ml

Table-3: Treatment plan during 2nd time admission:

Day-1 **22/05/25**	**Day-2** **23/05/25**	**Day-3** **24/05/25**	**Day-4** **25/05/25**
Sarvanga Udwartana with *Kolakulathadi choorna* followed by *Bashpa sweda* *Anuvasna basti* with *Maharanaya taila* 80 ml	*Sarvanga Udwartana* with *Kolakulathadi choorna* followed by *Bashpa sweda* **Morning-** *Erandamooladi niruha basti*	*Sarvanga Udwartana* with *Kolakulathadi choorna* followed by *Bashpa sweda* **Morning-** *Erandamooladi niruha basti*	*Sarvanga Udwartana* with *Kolakulathadi choorna* followed by *Bashpa sweda* **Morning-** *Erandamooladi niruha basti*
	Evening- *Uttar basti* with *Pippalyadi taila* 5ml	**Evening-** *Uttar basti* with *Pippalyadi taila* 5ml	**Evening-** *Uttar basti* with *Pippalyadi taila* 5ml

Table-4: Treatment plan during 3rd time admission:

Day-1 **25/06/25**	**Day-2** **26/06/25**	**Day-3** **27/06/25**	**Day-4** **28/06/25**
Sarvanga Udwartana with *Kolakulathadi choorna* followed by *Bashpa sweda* *Anuvasna basti* with *Maharanaya taila* 80 ml	*Sarvanga Udwartana* with *Kolakulathadi choorna* followed by *Bashpa sweda* **Morning-** *Erandamooladi niruha basti*	*Sarvanga Udwartana* with *Kolakulathadi choorna* followed by *Bashpa sweda* **Morning-** *Erandamooladi niruha basti*	*Sarvanga Udwartana* with *Kolakulathadi choorna* followed by *Bashpa sweda* **Morning-** *Erandamooladi niruha basti*
	Evening- *Uttar basti* with *Pippalyadi taila* 5ml	**Evening-** *Uttar basti* with *Pippalyadi taila* 5ml	**Evening-** *Uttar basti* with *Pippalyadi taila* 5ml

Table-5: List Medications used in erandamooladi niruha basti

- *Kwatha- Erandamoola Kwatha* 300ml
- *Kalka: Rasna, Bala, Guduchi, Ashwagandha, Shatapushpa choorna* – 5gm each
- *Sneha : Mahanaryana taila*- 80ml
- Makshika:80ml
- *Saindhava* : 5 grams

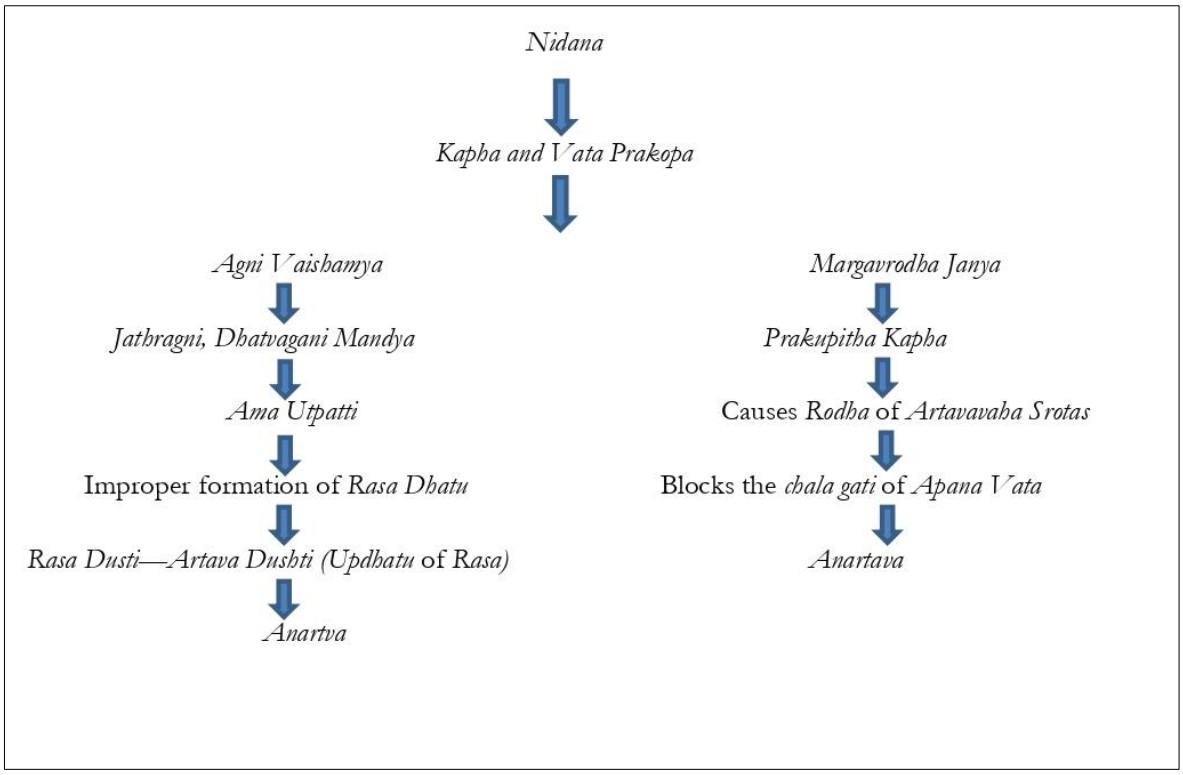
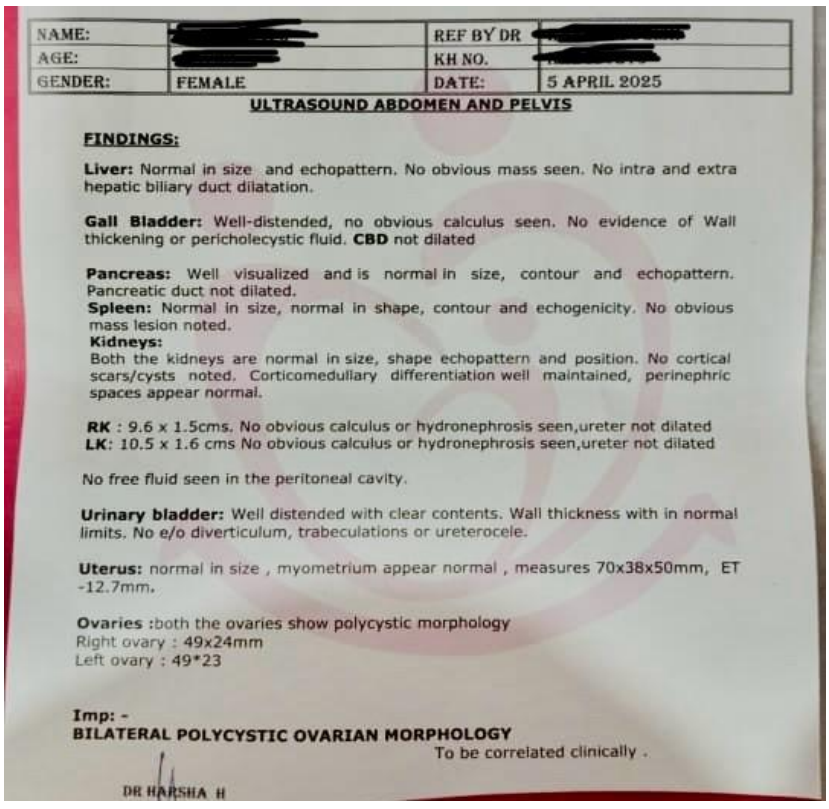


Figure-1: Samprapti flow chart



NAME:	[redacted]	REF BY DR	[redacted]
AGE:	[redacted]	KH NO.	[redacted]
GENDER:	FEMALE	DATE:	5 APRIL 2025

ULTRASOUND ABDOMEN AND PELVIS

FINDINGS:

Liver: Normal in size and echopattern. No obvious mass seen. No intra and extra hepatic biliary duct dilatation.

Gall Bladder: Well-distended, no obvious calculus seen. No evidence of Wall thickening or pericholecystic fluid. **CBD** not dilated

Pancreas: Well visualized and is normal in size, contour and echopattern. Pancreatic duct not dilated.
Spleen: Normal in size, normal in shape, contour and echogenicity. No obvious mass lesion noted.
Kidneys:
Both the kidneys are normal in size, shape echopattern and position. No cortical scars/cysts noted. Corticomedullary differentiation well maintained, perinephric spaces appear normal.

RK : 9.6 x 1.5cms. No obvious calculus or hydronephrosis seen,ureter not dilated
LK: 10.5 x 1.6 cms No obvious calculus or hydronephrosis seen,ureter not dilated

No free fluid seen in the peritoneal cavity.

Urinary bladder: Well distended with clear contents. Wall thickness with in normal limits. No e/o diverticulum, trabeculations or ureterocele.

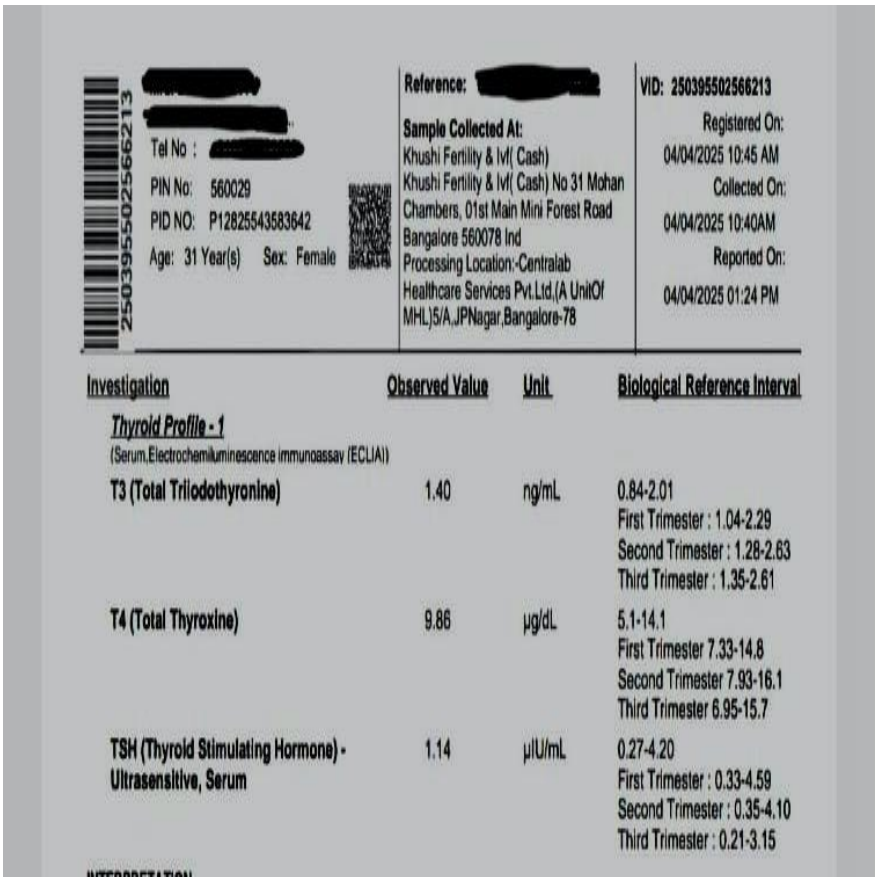
Uterus: normal in size , myometrium appear normal , measures 70x38x50mm, ET -12.7mm.

Ovaries :both the ovaries show polycystic morphology
Right ovary : 49x24mm
Left ovary : 49*23

Imp: -
BILATERAL POLYCYSTIC OVARIAN MORPHOLOGY
To be correlated clinically .

DR HARSHA H

Figure-2: USG abdomen and pelvis



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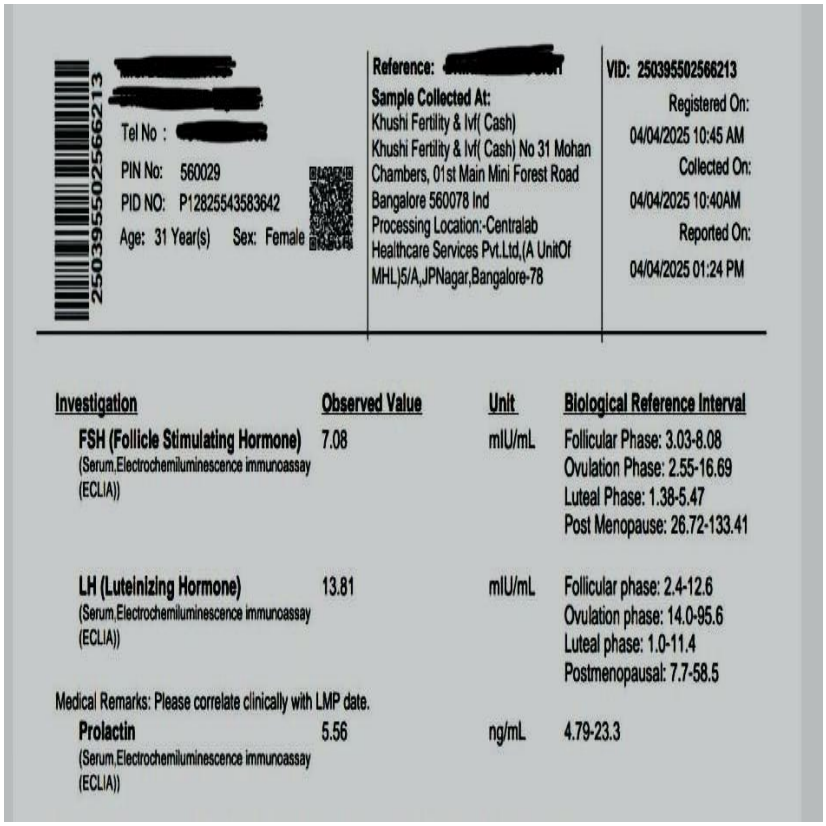
PIN No: 560029
PID NO: P12825543583642
Age: 31 Year(s) Sex: Female
2503955025662213

Reference: [redacted]
Sample Collected At:
Khushi Fertility & Ivf(Cash)
Khushi Fertility & Ivf(Cash) No 31 Mohan Chambers, 01st Main Mini Forest Road Bangalore 560078 Ind
Processing Location:-Centralab Healthcare Services Pvt.Ltd,(A UnitOf MHL)5/A,JPNagar,Bangalore-78

VID: 250395502566213
Registered On: 04/04/2025 10:45 AM
Collected On: 04/04/2025 10:40AM
Reported On: 04/04/2025 01:24 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid Profile - 1 (Serum,Electrochemiluminescence immunoassay (ECLIA))			
T3 (Total Triiodothyronine)	1.40	ng/mL	0.84-2.01 First Trimester : 1.04-2.29 Second Trimester : 1.28-2.63 Third Trimester : 1.35-2.61
T4 (Total Thyroxine)	9.86	µg/dL	5.1-14.1 First Trimester 7.33-14.8 Second Trimester 7.93-16.1 Third Trimester 6.95-15.7
TSH (Thyroid Stimulating Hormone) - Ultrasensitive, Serum	1.14	µIU/mL	0.27-4.20 First Trimester : 0.33-4.59 Second Trimester : 0.35-4.10 Third Trimester : 0.21-3.15

Figure-3: Throid profile BT



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VID: 250395502566213
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Investigation	Observed Value	Unit	Biological Reference Interval
FSH (Follicle Stimulating Hormone) (Serum,Electrochemiluminescence immunoassay (ECLIA))	7.08	mIU/mL	Follicular Phase: 3.03-8.08 Ovulation Phase: 2.55-16.69 Luteal Phase: 1.38-5.47 Post Menopause: 26.72-133.41
LH (Luteinizing Hormone) (Serum,Electrochemiluminescence immunoassay (ECLIA))	13.81	mIU/mL	Follicular phase: 2.4-12.6 Ovulation phase: 14.0-95.6 Luteal phase: 1.0-11.4 Postmenopausal: 7.7-58.5
Medical Remarks: Please correlate clinically with LMP date.			
Prolactin (Serum,Electrochemiluminescence immunoassay (ECLIA))	5.56	ng/mL	4.79-23.3

Figure-4: Hormonal assay

RESULT:

Patient got menstruation on 2nd day of *uttar basti* during first cycle of treatment, flow was regular for 5 days with no clots. Further after two cycles of *yoga basti* and *uttar basti* patient started getting regular menstruation with normal flow. Weight reduction of about 2-3 kgs was observed. Now patient is further planning for conception

DISCUSSION:

The roots of the *Artavavaha Srotas* are located in the *Garbhashaya* (uterus) and the *Artavavahi Dhamanis* (which are interpreted as the arteries that supply blood to the uterus and contribute to the menstrual process). Most *Acharyas* agree that *Artava* originates from *Rasadhatu*. However, *Arunadatta* holds a different view, suggesting that *Artava* is derived directly from *Ahara Rasa* rather than from *Rasa Dhatu*. While *Rasa* is considered to possess a *Saumya* nature, *Artava* is believed to have an *Agneya* quality. To reconcile this apparent contradiction, *Chakrapani* explains that during its formation, *Artava* retains the cooling influence of *Rasa,* but as it undergoes specific transformations before being expelled, it acquires its characteristic *agneya* nature [8].

Anartava is a *tridoshaja vyadhi* but in this there is mainly derangement of *vata.* The reasons of *tridosha* vitiation are *swanidana prakopaka aharatamaka, viharatmaka* and *manasika hetu*. *Apana vayu* is said to be the governing force of menstrual flow and *vyana vayu* is responsible for *rasarakta chankramana*. Vitiation of *apana vayu* and *vyana vayu* hampers their normal function. *Tridosha* vitiation hampers the normal function of *agni* leading to improper *utpatti* of *rasa raktadi dhatu* and *upadhatu artava* [9].

From a modern perspective, PCOD can also lead amenorrhea condition. PCOD is mainly characterized by a *Kapha-Vataja* imbalance. The dominance of *Kapha* along with *Agnimandya* (weak digestion and metabolism) leads to the excessive development of ovarian follicles that do not reach full maturity, ultimately forming cysts. The accumulated *Kapha* blocks the natural movement of *Vata,* especially *Apana Vata*, which plays a crucial role in ovulation and menstrual flow. This obstruction further disturbs *Vata*, giving rise to clinical symptoms such as amenorrhea.

The condition of *Anartava* is due to *Kshaya* of *Artava* so the Principle of treatment is to stimulate artava– *Samshodhana, Shaman* in the form of *Agneya Dravyas*, use of *Swayonivardhana Dravyas & Nidana Parivarjana.*

Sarvanga Udwartana- A is a type of *Bahirparimarjana Chikitsa* performed as an external *Rookshana Karma*. This therapy aids in liquefying *Kapha* and *Meda,* alleviates *Gourava, Tandra, Mala.* Collectively, these effects support weight reduction and help eliminate *Avarana*. The use of *Kolakulattadi Churna*, known for its *Kapha-Vatahara* qualities, further enhances the effectiveness of this treatment by stimulating metabolism.

Vamana- *Vamana Karma* is recommended in such conditions because *Artava* is considered to have an *Agneya* nature; administering *Virechana* in these cases may lead to further depletion of Pitta *Dosha*, which can result in a decline of *Artava.* As per *Vagbhata, Vamana* is advised in conditions like *Granti* (cystic formations) as it helps to balance the aggravated *Kapha Dosha, Rasa Dhatu*, and *Medo Dhatu*. In this context, where the patient's metabolism is significantly impaired due to hypothyroidism, PCOS, and obesity,

eliminating the excess *Kapha Dosha* that blocks the *Srotas* of *Apana Vata* aids in the healthy formation of *Rasa* and *Artava,* thereby supporting the manifestation of normal menstruation (*Artava Pradurbhava*) [10].

Basti - *Vata* is the main *dosha* involving any disorders of *yoni, basti* will be the best treatment for restoring normal menstrual function. As *Artava Pravritti* is the function of *Apana Vayu*, its dysfunction is considered as main factor in any *Anartva*. In practice, *Basti* is extensively used as first line of treatment for all the cases of *Anartava.*

Uttar Basti- *Uttar Basti* aims to balance the aggravated *Vata* and *Kapha dosha*, which are often implicated in menstrual irregularities like amenorrhea. *Pippalyadi taila* with *Vata*-pacifying or *Kapha*-reducing properties, it can help restore the natural equilibrium. The medicated oils used in *Uttar Basti* are believed to nourish and rejuvenate the reproductive tissues, including the uterus and ovaries, promoting their healthy function. The procedure may stimulate certain receptors in the endometrium. This can help improve the endometrial lining and facilitate ovulation.

CONCLUSION:

The *Ayurvedic* treatment modalities *Uttar Basti* and *Yoga Basti* have demonstrated promising outcomes in inducing menstruation. These findings suggest that a holistic *Ayurvedic* approach can be effective in the management of secondary amenorrhea and may enhance the chances of conception. *Sodhana chikitsa* with *uttar basti* can be a substitute for Hormonal replacement therapy.

Consent of patient:

The patient consent was obtained for publication of this case study without disclosing identity of the patient.

Limitation of study:

This is a single case study showing effectiveness of *Uttar basti* in *Anartava* w.s.r. to secondary amenorrhea condition. In this case study *Uttar basti* was given one week before the date of next menstruation and encouraging result were achieved in this case. Therefore, further clinical studies should be conducted to evaluate the effectiveness of *Uttar basti* in *Anartva* condition.

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Conflict of interest: The author declares that there is no conflict of interest.

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