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An Ayurvedic Intervention for the Management of Premature Ovarian Insufficiency: A Case Report

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ABSTRACT:

Premature Ovarian Insufficiency (POI), also known as Premature Ovarian Failure, is a condition where ovarian function ceases before the age of 40. This condition is characterized by a depletion of ovarian reserves and residual follicles, leading to a hypo estrogenic state. Patients may present with amenorrhea, menstrual irregularities, and infertility, which can significantly impact their quality of life. The prevalence of POI is estimated to be 1% of the female population. It is diagnosed by amenorrhea or oligomenorrhoea lasting at least four months and two separate measurements of follicle-stimulating hormone (FSH) levels exceeding 25 IU/l, taken four weeks apart. The underlying cause may be impaired germ cell migration during the intrauterine period or accelerated germ cell apoptosis, resulting in few or no follicles in the ovaries. This single case study details a 34-year-old female with a four-month history of absent periods and other associated symptoms. The study evaluates her response to an *Ayurvedic* treatment plan, recording symptomatic reduction from secondary amenorrhea, like hot flashes, vaginal dryness, and mood swings. The results suggest that POI can be effectively managed with *Ayurvedic* medications and procedures, offering an alternative to hormone replacement therapy (HRT) and its potential side effects.

KEYWORDS: *Artavakshay*, *Basti,* Premature Ovarian Insufficiency, Secondary amenorrhea.

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INTRODUCTION:

Premature Ovarian Insufficiency (POI), [1] also referred to as premature ovarian failure, is defined as the loss of normal ovarian function [2] before the age of 40 years, characterized by hypo-estrogenism, elevated gonadotropins, and oligo/amenorrhea persisting for at least four months. The estimated prevalence is approximately 1% in women under 40

years and 0.1% in those under 30 years, making it a significant cause of infertility in reproductive-age women. The aetiology of POI is heterogeneous, involving genetic, autoimmune, iatrogenic, infectious, and idiopathic factors. Genetic abnormalities, particularly X chromosome defects (e.g., Turner syndrome, Fragile X permutation), and mutations in genes regulating folliculogenesis are well-documented contributors. Autoimmune disorders, chemotherapy, radiotherapy, and environmental toxins also play critical roles. In nearly 75–90% of cases, however, the cause remains idiopathic [3].

Clinically, POI manifests with menstrual irregularities (oligomenorrhea or amenorrhea), vasomotor symptoms, vaginal dryness, and loss of libido. Laboratory evaluation typically reveals elevated follicle-stimulating hormone (FSH) levels (>25 IU/L) on two occasions, low estradiol, and low anti-Müllerian hormone (AMH), reflecting diminished ovarian reserve. Histologically, the ovaries of a woman with POI may show either sclerotic changes as seen in postmenopausal ovary or may have primordial follicles (30%). Long-term consequences include increased risk of osteoporosis, cardiovascular disease[6], and psychological distress.

Early diagnosis and management are essential to mitigate complications and preserve fertility where possible. Hormone replacement therapy (HRT) is the mainstay of treatment for symptomatic relief and prevention of sequela. Unfortunately, information on negative consequences from the Women's Health Initiative (WHI) trial, a study involving elderly postmenopausal females, has led many to advise against the use of estrogen-progestin therapy (EPT) or estrogen therapy in young females with POI or premature menopause[5].

We present a case of a 34-year-old female with secondary amenorrhea and infertility, later diagnosed as premature ovarian insufficiency, emphasizing the clinical approach and diagnostic challenges in such scenario.

The aim of this case study is to evaluate the efficacy of *Ayurvedic* management in treating a patient diagnosed with Premature Ovarian Insufficiency (POI) and to demonstrate its potential as a safe alternative to conventional hormone replacement therapy (HRT).

CASE REPORT:

A 34-year-old female visited the OPD of Dr. N. A. Magadum Ayurvedic Medical College, Hospital and Research Centre, Ankali, on 20th September 2024, with complaints of delayed menstruation for the past four months, accompanied by mood swings, hot flashes, vaginal dryness, dyspareunia, loss of libido, a feeling of heaviness in the lower abdomen, stretching sensation over the abdominal skin, and sudden weight gain over the past 2 year. She reported irregular menstrual cycles with intervals varying from 4 to 6 months since March 2022 (only two cycles in four months). She had previously consulted a local maternity and surgical hospital and was advised to undergo a USG scan on 1st September 2022. The scan revealed a right ovarian cyst (3.1 × 3.5 cm) with endometriosis (ET – 10 mm). Consequently, she was started on allopathic treatment from September

2022 to January 2024, but no improvement in menstruation was observed. A hormonal analysis conducted on 24th July 2024 revealed the following: Serum FSH – 65.13 mIU/mL, Serum Estradiol (E2) – 18pg/mL, and Serum TSH – 4.34 IU/mL. A subsequent USG scan in August 2024 showed a small hypo plastic right ovary, a normal uterus, a non-visualized left ovary, and findings suggestive of premature ovarian insufficiency (POI). Further hormonal analysis on 5th September 2024 indicated postmenopausal levels of Sr. FSH – 80.21 mIU/mL and Sr. Estradiol (E2)- 20 pg/mL, along with haemoglobin levels of 8.0gm/dL, leading to a confirmed diagnosis of POI.

The patient also reported associated symptoms such as mood swings, hot flashes, and loss of libido. Despite taking allopathic medication for 15 days, no improvement was observed. She then visited the OPD of our hospital in Ankali for Ayurvedic management. The family history was not significant for POI.

Clinical Findings:

Patient visited to our OPD, a thorough case history was taken, and a general examination was done. Previous treatment records were studied properly.

Menstrual history:

Age of menarche: 12 years
LMP: 29th May 2024
PMP: 23rd Jan 2024
PMP: 18th Sep 2023
Cycle: irregular cycles
Duration of bleeding: 2-4 days
Interval: 60-80 days, varying since 2022.
Associated symptoms:-
Clots: present occasionally
Pain: absent
Odour: absent

Obstetric History: $P_1A_1L_1$

1st – Normal Vaginal delivery
2nd – Abortion (2nd month gestation due to IUGR)
D&C done in July'2019.

Contraceptive history: Laparoscopic Tubal ligation done in October 2019.

Marital and Sexual history:

Age of Marriage: 20 years Coital history: 2-3 times a week

Treatment history: Pt. treated with hormonal therapy Tab. Ova bless, Tab Fertibex, Tab Ubiphene, Tab Progynova, Tab Ova care, Tab Deviry, Tab Dexona, Tab Nostra-CR etc.

Family history: Not significant.

Personal history:

General examination: -
Built- Medium
Height-156cm
Weight- 60kg
BMI- 24.7(Obese class-1)
Stature-Medium, with well-developed secondary sexual characters.
Temperature- 98.6^0 F
Pulse rate-80bpm
Respiratory rate-18/min
B.P.-110/70 mmHg
Pallor/Icterus/Clubbing/Cyanosis/Lymphadenopathy/Edema- Absent
Bowel: Formed stools, 1 time a day
Appetite: Moderate
Micturition: 4-5 times a day
Sleep: Less, 3-4 hours at night
No H/O DM, HTN, DLP, Thyroid-dysfunction
No H/O Smoking and Alcohol
P/A- Inspection –No abnormal skin lesion, scar, mass was detected
Palpitation- Soft, no tenderness, no any organomegaly

Gynecological Examination-

A. Breast Examination-

B/L Breasts normal texture

B/L Nipples & Areoles normal texture

B. On Pelvic Examination

Per Speculum Examination-

Cervix: Healthy

No abnormal mass or dicharge present

Per Vaginal Examination- Uterus – anteverted- antiflexed, normal in size and texture.

Rectal examination: P/R: NAD

Ashtavidha pareeksha:

Nadi: Vata-kaphaja
Jihwa: Alpa lipta
Mala: Abaddha
Mootra: Prakrita
Shabda: Prakrita
Sparsha: Anushna- Sheeta
Druk: Prakrita
Akruti: Alpa Sthula

Dashavidha Pareeksha:

Prakriti- Kapha-Vata
Vikriti- Kapha-Vata
Sara- Madhyama
Samhanana- Madhyama
Satmya- Madhyama
Pramana- Madhyama
Satva- Madhyama
Ahara Shakti- Abhyavarana
Shakti: Madhyama
Jarana Shakti: Madhyama
Vyayama Shakti- Madhyama
Vaya- Madhyama

Samprapti ghataka:

Dosha:- tridosha, dominance of kapha and vata
Dhatu:- rasa, medodhatu
Upadhatu:-artava
Agni:- jatharagni, dhatwagni
Srotas:- rasavaha, artavavaha srotas
Srotodushti :-sanga
Udbhavasthana:- pakvashaya
Adhistana:- yoni
Vyadhiswabhava:- chirakari
Rogamarga:- abhyantara

Diagnostic assessment investigations:

On (24/7/24)

Sr.TSH - 4.35 Iu/ml

Sr.FSH - 65.13 mIU/ml

Estradiol/Oestrogen(E_2)-18 pg/ml

USG (01.08.2024)

Uterus- Anteverted (7.1* 2.9cms),

ET: 10 mm.

Rt Ovary- 1.8* 1.0 cms

Lt Ovary- not visualized

Hemoglobin (05.09.2024) – 8.0 gm/dl

THERAPEUTIC INTERVENTION:

After 1st course of Treatment, she got her periods LMP- 20/10/2024, with moderate bleeding for 3-4 days, felt fine during menstrual days but symptoms as hot flashes, loss of libido and anxiety persists. The patient's overall well-being improved significantly, with reports of sound sleep, regular bowel movements, and a restoration of appetite noted during the course of the treatment. Loss of 2 kg weight after *shodhana karma* was also noted.

After 2nd course of 1 month treatment and procedure, she got her menstrual cycle regular.

Menstrual history –

LMP- 18/11/2024

PMP- 20/10/2024

Duration -4-5 days

Interval- 28-29 days

Bleeding- Average 2 pads per day

All other symptoms are relieved after second course of treatment. Patient was feeling good

and satisfactory. After one month, she was advised to take medicines orally. Henceforth, she was getting her periods regularly and moderate flow till date.

Table-1: Internal medicines for first course of treatment- from 20/9/2024 to 22/10/2024

1. Chitrakadi vati (250 mg) 2. Agnitundi Vati (125mg)	1-1-1 (before food) with warm water 1-1-1 (after food) with warm water
3. Kulathadi Kashay [7] (7.5 ml) + Kalyanak kashay[8] (7.5 ml) + 15 ml Lukewarm water	Twice a day (before food)
4. Prawal pishti[9](250mg) +Ashwagandha churna (2 gm) +Shatavari churna (2 gm) with milk	3 times a day (after meals)

Table- 2: Treatment procedures of first course of treatment – From 21/9/2024 to 18/10/2024

Treatment protocol	Medicine	Days
1. *Sarvanga Udwartana*	*Kolakulathadi churna* + *Triphala Churna* followed by Bhaspa Sweda	7 days (21/9/2024 to 27/9/2024)
a. *Yoni prakshalan*	With *Dashmoola kashya[10] (1.5 ml)*	For 5 days (21/9/2024 to 25/9/2024)
F/B *Yoni Pichu*	With *Shatapushpa Taila*[12]*(30ml)*	For 7 days (26/9/2024 to 02/10/2024)
2. *Snehapana*	*Panchgavya ghrita*[11] (Progressively increasing dose 25ml,30ml,55ml,120ml,190ml,310ml) Empty stomach early morning	Till *samyak snigdha lakshanas are seen,* 6 days(28/9/2024 to 03/10/2024)
3.Sarvanga Abhyanga F/B *Bhaspa Sweda*	*Moorchita tila taila* for 30 minutes	2 days (4/10/2024 to 5/10/2024)
4. Mrudu virechana	*Sukumara erandam* (20 ml on empty stomach)	1 day (6/10/2024)
5. Rest	----------	1 day (7/10/2024)
6. *Yoga Basti:* *a)Sneha basti(5 basti)*	*a) Sneha basti* with *Shatapushpadi Taila*[12] (80 ml) for (1st,2nd,4th,6th,8th day)	Day 1 – 08/10/2024 Day 2 – 09/10/2024 Day 4 – 11/10/2024 Day 6 – 13/10/2024 Day 8 - 15/10/2024
*b)Kashaya basti(*3basti)	*b) Kashaya basti- Artav shodhan kashay*[13] -	Day 3 -10/10/2024

	200ml+ Shatapushpadi taila-80ml + Shatahva kalka[14]*- 35 gm + Saindhav-5 gm +Madhu*-40 ml Total-400ml (for 3rd, 5th,7th day)	Day 5- 12/10/2024 Day 7- 14/10/2024
7. *Uttar Basti*	*Abhyanga* with *Dhanwantara taila*[15] ***Uttar basti*** – *Phala ghruta (*3ml)	For 3 days (16/10/2024 to 18/10/2024)

Table -3: Internal medicines for second course of Treatment from 25/10/2024 For 1 month

1. ***Hinguvachadi vati*** with ***Drakshadi kashay***[17] *(*30ml*)*	1 vati with *kashay(30ml)* twice a day(one hour before food)
2. ***Vaiswanara churna***[18] (2gm)with buttermilk	twice a day (after food)
3. ***Kulathadi kashay***(7.5 ml) + ***Kalyanak kashay***(7.5 ml) + 15ml Lukewarm water	Twice a day (before food)
4. ***Prawal pishti*** [19](250mg) + ***Ashwagandha churna***(2 gm)+ ***Shatavari churna*** (2 gm) with milk	Thrice a day (after meals)
5. ***Abhyaarishta*** + ***Kumaryaasava*** (mixed 30 ml each) with 30ml of luke warm water	Twice a day (after meals)
6. **Nashtapushpantaka rasa** [20] (1 tab) ***+*** ***Kanchnara Guggulu***[21] ***(2*** tab) with luke warm water	Twice a day (after meals)

Table-4: Treatment procedures for second course of treatment from 26/10/2024 to 6/11/2024

Procedure	Medicine	Days
1.Sarvanga Abhyanga F/B *Bashpa sweda* *a.Yoni Prakshalan*	*Dhanvantara taila* Dose-Quantity sufficient. *Triphala kashay(*1.5ml*)*	2 days (26/10/2024 to 27/10/2024) 4 days (26/10/2024 to 29/10/2024)
2. Asthapan basti *b.Yoni Varti*	*Madhu*-40ml+ *Saindhava lavana*-5g +*Shatapushpa churna*- 15g +*Mahanarayana taila*-60ml +*Balamoola kashaya*-300ml *Kusuma sanjanani varti*[23] administer the *Varti* and keep it in position until the urge for micturition, which is around 2 to 3 hours in one sitting.	2 days (28/10/2024 to 29/10/2024) 1 Varti*5 days (30/10/2024 to 3 /11/2024)

3. Uttar basti *a. Abhyanga* *b.Uttar basti*	 *Dhanvantara taila* *Phal ghruta (3ml)*	 3 days (30/10/2024 to 1/11/2024) 5 days (2/11/2024 to 6/11/2024)

Table -5: Internal medication Treatment advised for 3 month-22/11/2024

1. Saptasaram kashay [22] (15ml-0-15ml +45ml) lukewarm water each time to the kashayam.	1 month- twice a day (before food empty stomach)
*2. Hinguvachadiguti(1 guti) with Drakshadikashay (*15ml-0-15ml +45 ml water) *3. Prawal pishti* [24] *(250mg) +Ashwagandha churna(2 gm) +Shatavari churna(2 gm)* with milk	1 guti +15ml-0-15ml +45 ml water twice a day (after meals) Thrice a week – twice a day (after meals)
4. Phala ghruta + Sukumara Ghruta (10 gm Each) with Milk on empty stomach.	Early morning – once
5. Saraswatarishta [25] *(20*ml-*0-20*ml *+40* ml luke warm water	Twice a day (after meals)

Table- 6(a): Results: Investigations Before Treatment & After Treatment.

RESULTS	Hormonal Assay Findings	Heamoglobin levels
Visiting Period Reports (24.7.2024)	Sr.TSH(Ultrasensitive)-4.34 IU/ml Sr. FSH -65.13 mIU/ml Sr. Estradiol(E_2)- 18 pg/ml	-
Before Treatment (05.09.2024)	Sr FSH – 80.21 mIU/ml Sr Estradiol(E2)- 20 pg/ml	Hb: 8.0gm/dl
After Treatment (20.12.2024)	Sr FSH – 27.12 mIU/ml Sr Estradiol (E2)- 146 pg/ml	Hb: 11.2gm/dl

Table -6(b):- Investigations images Visiting Report, Before Treatment and After Treatment:

Visiting Period Reports (24/7/24)	Before Treatment (5/9/2024)	After Treatment (20/12/24)

Table- 7: Result for signs and symptoms A.T. and B.T.:-

Signs and Symptoms	Before Treatment	After Treatment			
		1st Menstrual cycle with *Shamana Aushadi* with *Shodhan chikitsa*	2nd Menstrual cycle with *Shamana Aushadi* with *Shodhan chikitsa*	3rd Menstrual cycle with *Shamana Aushadi*	4th Menstrual cycle with *Shamana Aushadi*
LMP	29/05/2024	20/10/2024	18/11/2024	16/12/2024	16/01/2025
Interval between 2 cycles	4 to 5 months	60-65 days	30 to 32 days	30 to 32 days	30 to 32 days
Duration of Menstrual flow	1 to 2 days	2 to 3 days	4 to 5 days	4 to 5 days	4 to 5 days
Number of pads used per day	1 pad /day	1 to 2 pads/ Day	2 to 3 pads/ Day	2 to 3 pads/ Day	2 to 3 pads/ Day
Dysmenorrhea	Present	Present	Absent	Absent	Absent

RESULT:

The timeline of the treatment period including therapeutic interventions and treatment procedures in 2 stages of each OPD visits have been illustrated in Table 1-5. Before treatment and After Treatment Hormonal Assays findings are mentioned in Table 6(a) and also Table 6 (b) shows images of Lab Investigations done during Visiting period Report, Before Treatment and After Treatment, whereas Table 7 gives us the results

for reduction in signs and symptoms after and before treatment.

Follow-up and outcomes:

The patient was advised for follow-up (with Treatment) after one month. There was significant reduction of Symptoms and also shows decrease in FSH Level (B.T- FSH-80.21 mIU/ml to A.T.-FSH-27.12 mIU/ml).No adverse events were reported during the treatment period.

DISCUSSION:

According to *Ayurved Artavavahastrotasvidhyata*[16] causes amenorrhoea and dyspareunia. *Strotasvidhyata* causes *Strotovaigunya*, *Mithya aahar-vihar,* depression, strainous work causes *Vataprakop*. *Prakupit Vata* causes *Pitta-Kapha- ksaya*. Together these three i.e. *Prakupit vata* and *ksheena Pitta-Kapha* produces causes *Dhee-Dhruti- Smruti vikruti* which in turn responsible for decrease in promptness in day-to-day work. *Aamadushit Pitta-Kapha* along with *Prakupit Vata* causes *vidgdhatva* causing *Hasta-padadaha* and *Santap* of *Mana-Indriya* and mood swings, disturbed sleep. *Prakupit Vata* and Jatharagni-*mandya* which in-turn causes *Dhatvagni-mandya* and *uttarottar Dhatuksaya*. *Jathargnimandya* also causes *Aamotpatti* and *avarodhatmakasamprapti*. *Aama Dushittridosh* produces *Anartava, Vandhyatva, Medovruddhi, Hrid-vikruti, Asthi-saushirya* etc. Vitiated *Dosha ksheena Kapha* causes dryness of Vagina and *Mansa-dhatushaithilya* causing *Yonisransa* and *Yonibhransha, maitun-anichcha*. According to *Ayurveda,* above described *rugnasamvedya* and *vaidya samvedya laksana* helps in *vyadhivinishchaya*. *Artava* is the *upadhatu* of *rasa dhatu, soumya artava* being subjected to *pachana* by *pitta* makes *artava* as *agneya*. Normally formed *artava* with properly functioned *apanavata* helps in *rajasravaroopa artava* which flows out of the body every month. Any derangement of *pitta* or *dhatvagnimandya* may effects the proper *dhatuparinama* by which normalcy of *artava chakra* gets afflicted. This may lead to manifestations like *artavakshaya* or *artava vrdhi*. *Artavakshaya* [4] with features like *yathochita kalam adarsanam* and *alpatha* can be correlated with POI. The patient was presented with features suggesting severe *agni mandya* and *apana vayu vaigunya*, so Phase 1 of treatment aimed for correcting the *Agni* and *Apanavayu vaigunya* with ***Chitrakadi Vati*** and ***Agnitundi Vati, Kulathadi kashaya + kalyanak kashaya*** *with luke warm water,* ***Prawal pishti+ Ashwagandha churna + Shatavari churna*** *with milk* increases the Agneya Guna, it also does Vata Anuloma thereby correcting the Artava Dusti caused due to Apana Vata Vaigunya. Also we have done some *Panchakarma* procedures for *shodhana* purpose as *srothosodhana* was done like ***Sarvanga Udvartana*** with ***Bashpa Sweda***, ***Snehapana*** using ***Panchagavya Ghrut*** after that ***Sarvanga Abhyanga*** **and** ***Bhaspa sweda*** is given as purvakarma for ***Mrudu Virechana*** by ***Sukumar Erandam*** followed by classical *Yoga Basti* and *Uttar basti*. ***Shatapushpa*** has given prime importance in producing *Artava*. In *Artava Kshaya* mainly *Vata Dosha* is the causative factor, tail itself have the best *Vatashamak* properties. ***Shatapushpa Taila*** have *Ushna* and *Artava Janan* property, *Taila* itself has *Vatashamak* property and have efficacy in reducing severity of symptoms like *Artavam Yathochita Kala Adarshanam, Alpata* in relation to amount of bleeding and duration of bleeding, *Yoni Vedana* associated with *Artava Kshaya*. According to *Ayurveda, Raja* is *Upadhatu* of *Rasa* and *Rakta*. *Raktasadrushya Raja* is formed by *Ahara Rasa*, so for *Niram ahara rasa* formation & *Raja Pravartan* is function of *Apan vayu*, basti is the most effective treatment for apanavatadushti, so *Anulomaka Yoga Basti* was given, vitiated *vata* and *kapha* being *avarana* to the *artavavaha srotas*

leads to *artavavaha srotorodha* causing *nashtartava or artavkshay*. And due to the *anuloman* of *apan vayu* and revival of its normal functions and her regular menses started, and her monthly cycle became regular.

Uttara Basti was given for *Sthanik Shodhana,* so it can stimulate the normal functioning of HPO axis. ***Phala Ghrita*** is a blend of approximately 22 herbs processed with *Go-Ghrita (*cow's ghee) and *Go-Dugdha* (cow's milk*)*. Ingredients include *Shatavari (*Asparagus racemosus*), Ashwagandha (*Withania somnifera*), Yashtimadhu (*Glycyrrhiza glabra*),* and *Bala (*Sida cordifolia*)* which has *Madhura (*~sweet*), Snigdha (*~unctuous), and *Sheeta(*~cold*)* quality. The *Ghrita* acts due to its *Madhura-Tikta*(bitter*) Rasa, Sheeta Veerya* (~potency*),* and *Snigdha Guna,* which results in *Brimhana* (~increases bulkiness*), Balya (*~strengthening*), Rasayana* (~rejuvenate), and *Vayah-Sthapana* (~prevents aging). Along with these, it also has *Vrishya* (~aphrodisiac) properties. ***Asthapan basti*** helps to eliminate the aggravated kapha and thereby helps to normalise the *pitta functions*. This *basti* anulomates *Vata*, clears *srotas*, improves ovarian response, and reestablishes normal *Artava pravritti*, making it highly relevant in POI management. ***Kanchanara Guggulu*** is mainly used for *Kapha* disorders in the body, ingredients such as *Guggulu* (Commiphora wightii), *Kanchanara* (Bauhinia variegata), *Triphala*, and *Trikatu* break down and eliminate *Kapha*. It removes the obstruction of *Kapha* and prevents its accumulation. ***Nashtapushpantak Rasa*** is an *Ayurvedic* herbomineral product for improved reproductive health. It is used in treating male and female infertility. As per *Bhaishajaya Ratnavali,* it treats *Nashta-Pushpa* (anovulatory and absent menstrual cycle) just as the sun removes darkness. It helps in stimulating ovulation in anovulatory condition and relieves menstrual pain, rheumatoid arthritis. Patient got her periods on 5th day after the *Yoga Basti*. The action of *dravyas* entering the GI tract and enteric nervous system through the *yoga basti* will also generate stimulatory signals for CNS. With the help of neurotransmitters, it can activate hypothalamus and pituitary. It can also stimulate endogenous opioids which are a group of peptides controlling the ovarian cycle through inhibitory GnRH secretion.

Uttar Basti also has a stimulatory effect on parasympathetic activity which is mainly responsible for normalcy of *apana vata*. The synergistic action of these regimens corrected *Agni Mandya*, performed *Srotoshodhana*, normalized *Apana Vayu,* and revived the HPO-axis, which led to significant hormonal improvement (FSH from 80.21 to 27.12 mIU/mL and Estradiol from 20 to146 pg/mL), regular menstrual cycles, and relief from hypoestrogenic symptoms. This case highlights that a structured *Ayurvedic* regimen focusing on *Anulomana, Srotoshodhana*, and *Rasayana* support offers a promising, safe, and effective approach for managing POI and preventing further complications.

Patient was then followed up with internal medications for maintaining the normalcy of her cycles by regularizing the functions of HPO-axis and hormonal levels for next 3 months.

CONCLUSION:

This case of Premature Ovarian Insufficiency was successfully managed through a two-phased *Ayurvedic* approach without aggravating the existing ectopic endometriotic tissues[26].Ayurvedic regimen can effectively restore ovarian function, regulate hormones, and relieve hypoestrogenic symptoms, offering a safe alternative for POI management.

Patient perspective:

The condition caused severe impact on the quality of life of the patient including his personal as well as professional domains. After

the follow up, patient was completely satisfied to have significant reduction of her complaints.

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Informed Consent:

Written Informed consent was obtained from the patient for the management, reporting of the case and any associated clinical details with assurance of confidentiality.

Limitations of the study:

The present study is limited by its nature as a single case report, which restricts the generalizability of the findings to a wider population, lack of advanced genetic or autoimmune testing, absence of a control group, and short follow-up restricting long-term outcome assessment.

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

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REFERENCES:

1. Hiralal Konar, DC Dutta's Textbook of Gynecology. Jaypee Brothers Medical Publishers, New Delhi. 8th Ed, 2020 p-224 - 234.
2. Coulam CB, Adamson SC, Annegers JF. Incidence of premature ovarian failure. Obstet Gynecol 1986; 67: 604-606.
3. Sen A, Caiazza F. Oocyte maturation: a story of arrest and release. Front Biosci (Schol Ed). 2013; 5(2):451-77.
4. Prof KR Srikanta Murthy. Susruta Samhita, Nidanasthana, Adhyaya -1, Verse-37. Vol. 1. Chaukhamba Prakashan , Varanasi: 2022. p-466.
5. Nelson LM, Covington SN, Rebar RW, et al. An update: spontaneous premature ovarian failure is not an early menopause Fertil Steril 2005; 83: 1327-1332.
6. R K Sharma, Bhagwan Dash. Charaka Samhitha Chikitsasthana 15nth Chapter, Verse -17. Vol. 4. Chaukhamba Sanskrit Series Office ,Varanasi: 2009. p-14.
7. Prof K.R Srikanta Murthy. Susruta Samhita.Vol.1. Chaukhamba Orientalia, Varanasi: 2022. p-532
8. Prof KR Srikanta Murthy. Susruta Samhita, Sareerasthana, Adhyaya: 2, Verse:1819. Vol. 1. Varanasi: Chaukhamba Orientalia; 2022. p-21.
9. KV Krishnan Vaidyan, S Gopala Pillai. Sahasrayogam, Sujanapriyavyaakhyanam. Alappuzha: Vidyarambham Publishers; 2022. p-62.

10. KV Krishnan Vaidyan,S Gopala Pillai. Sahasrayogam, Sujanapriyavyaakhyanam. Alappuzha: Vidyarambham Publishers; 2022. p-102
11. KV Krishnan Vaidyan, S Gopala Pillai. Sahasrayogam,Sujanapriyavyaakhyanam. Alappuzha: Vidyarambham Publishers; 2022. p-368
12. KV Krishnan Vaidyan, S Gopala Pillai. Sahasrayogam,Sujanapriyavyaakhyanam. Alappuzha: Vidyarambham Publishers; 2022. p-373
13. KV Krishnan Vaidyan, S Gopala Pillai. Sahasrayogam,Sujanapriyavyaakhyanam. Alappuzha: Vidyarambham Publishers; 2022. p-402
14. Dr T Sreekumar. Astangahrdaya, Sutrasthana Adhyaya 15, Verses 21,22.Harisree Hospital Mannuthy, Thrissur: 2007. p-332.
15. Aravattzhikathu K V Krishnanvaidyan, Aanekaleelil S Gopalapilla.Sahasarayogam sujanapriya Commentary.27th Vidhyarambham publishers ,Ed.Aalapuzha: 2007, Page no 454
16. Prof KR Srikanta Murthy. Sarngadhar-Samhita. Chaukhamba Orientalia, Varanasi: 2017.
17. Dr T Sreekumar. Astangahrdaya, Sutrasthana Adhyaya 15, Verses 16: Harisree Hospital. Mannuthy, Thrissur, 2007. p-328.
18. Prof KR Srikanta Murthy. Susruta Samhita, Sareerasthana, Adhyaya: 2, Verse: 20-21. Vol. 1. Chaukhamba Orientalia ,Varanasi; 2022. p-22.
19. Prof KR Srikanta Murthy. Susruta Samhita, Chikitsasthana,Adhyaya -10, Verse 11-12. Vol. 1. Chaukhamba Orientalia ,Varanasi: 2012. p-532.
20. Mishra S. Siddhiprada Hindi Commentary on Bhaishajya Ratnavali, Yoni Vyapat Chikitsa. Ch. 67, Ver. 33-8. Chaukhamba Surbharati Prakashan ,Varanasi: 2012. p.1246-7
21. Kanchanar Guggulu: Benefits, Precautions and Dosage | 1 mg. Available From: https://www.1mg.com/ayurveda/kanchanarguggulu260?wpsrc=Google+Organic+Search
22. .Aravattzhikathu K V Krishnanvaidyan, Aanekaleelil S Gopalapilla.Sahasarayogam sujanapriya Commentary.27th Ed. Vidhyarambham publishers, Aalapuzha:2007, p no-332
23. Chakrapani Dutta, Cheppad Achutha Warrier K. Chakradatta.ST Raddiar And Sons 2014 ed Kollam:2014.
24. Reddy PN, Lakshman M,Udupa UV, Effect of Prawal bhasma, a nature source of bone mineralisation in rats.UV, 2003 dec.48(6)593-9.
25. Santwani Khyati, V.D.Shukla,M.A.Santawani, Gayatri Thakar.An Asssentment of manasik bhavas in menopausal syndrome and its management/drug review, (Pub Med) Ayu.2010-july-Sep;31(3): 311-318.
26. Charaka Samhita Chikitsa Sthana 30/117; Sushruta Samhita Sharira Sthana 2/4; [Ref: Ayurvedic Management of Artava Kshaya – A Review, AYU Journal, 2012].