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# Management of Secondary Amenorrhea (~*Nasthartava)* by Ayurveda: A Case Report and Conceptual Review

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**ABSTRACT:**

Secondary amenorrhea is a multifactorial condition commonly associated with disturbances in the hypothalamic–pituitary–ovarian (HPO) axis. While conventional management relies primarily on hormonal therapy, there is growing interest in complementary approaches that are safe and sustainable. This paper presents a case of secondary amenorrhea managed with an Ayurvedic treatment protocol, along with a brief conceptual review integrating traditional principles with contemporary understanding. The patient presented with absence of menstruation for a prolonged duration. A personalized treatment regimen, including oral medications and selected therapeutic procedures, was administered over a defined period. The patient demonstrated restoration of menstrual cycles along with improvement in associated clinical symptoms, with no adverse effects reported during treatment or follow-up. The conceptual component explores possible mechanisms underlying the observed outcomes, including modulation of neuroendocrine pathways and regulation of the HPO axis. This case suggests that Ayurvedic management may offer a potential non-hormonal therapeutic option in secondary amenorrhea.

**KEYWORDS-** Ayurveda, Case Report, Secondary Amenorrhea

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**INTRODUCTION:**

Secondary amenorrhea is a common gynecological condition characterized by the cessation of previously established menstruation. [1] It is

It is not a disease in itself but a clinical manifestation of underlying physiological, endocrine, structural, or systemic disturbances. The prevalence of secondary amenorrhea varies depending on the population studied. Globally, it affects approximately 8–13% of women of reproductive age. [2] In India, the burden is significant due to the high prevalence of endocrine disorders, particularly Polycystic Ovary Syndrome (PCOS), which affects nearly 3.7–22.5% of Indian women according to various regional studies. [3] Lifestyle transitions, stress, nutritional imbalances, and increasing metabolic disorders contribute substantially to the rising incidence.

From a modern perspective, secondary amenorrhea results from dysfunction at any level of the hypothalamic–pituitary–ovarian (HPO) axis or from uterine outflow abnormalities. Common causes include hypothalamic suppression due to stress or weight loss, hyperprolactinemia, thyroid disorders, premature ovarian insufficiency, PCOS, and intrauterine adhesions like Asherman's syndrome. [4] Management is cause-specific and may involve lifestyle modification, hormonal therapy, ovulation induction, dopamine agonists, or surgical correction, depending on the etiology.

In Ayurveda, secondary amenorrhea can be correlated with *Nashtartava* or *Anartava*, [5]conditions characterized by the absence of menstruation due to derangement of Doshas. Published Ayurvedic literature on amenorrhea describes both *Shodhana* (~detoxification) and *Shamana* (~pacifying) therapies as primary treatment approaches. [6] Among *Shodhana* procedures, *Virechana and Basti* are commonly employed to correct Dosha imbalance and restore *Apana Vata* function. *Shamana* chikitsa includes formulations like *Kanchanar Guggulu, Rajapravartini Vati, Kumaryasava*, especially in PCOS-related secondary amenorrhea such as Polycystic Ovary Syndrome.

**CASE PRESENTATION**

**Patient Information**

A 28 years old unmarried female patient visited OPD of *Prasuti Tantra Evam Stree Roga*, at Tertiary Ayurveda Healthcare center in New Delhi on 6 December 2025 presented with a complaint of amenorrhea for the past 6 months. Her last menstrual period was on 5/7/2025. She reported a longstanding history of irregular menstrual cycles and is a known diagnosed case of Polycystic Ovarian Syndrome (PCOS).

**Clinical findings-**

On clinical examination, the pulse rate was 84/min, blood pressure was 110/70mmHg, respiratory rate was 20/ min, her weight was 49kg, height was 154 cm, built was Average. There was no evidence of pallor, Icterus, Oedema, lymphadenopathy. Other associated

complaints were excess thirst, dryness in the skin and hair, weakness.

**Menstrual History-**

The patient attained menarche at 13 years of age. Her last menstrual period (LMP) was on 18/11/2024. Since menarche, she has had irregular and painful menstrual cycles, with a cycle length varying between 40–60 days. The duration of menstrual flow was 3–4 days.

**Past Medical History-**

The patient had taken oral contraceptive pills (OCPs) for three consecutive menstrual cycles at the age of 14 years. Subsequently, she underwent Ayurvedic management, which included *Matra Basti* (~oil enema) with *Sahacharadi Tail*, administered for two treatment cycles of 8 days each, along with internal Ayurvedic medications.

**Past Surgical History-**

No significant medical or surgical history was reported by the patient.

**Possible Causative Factors-**

The patient followed a vegetarian diet with excessive intake of *Lavana Rasa* (~salty taste) and a preference for *Katu Rasa* (~pungent taste). Her lifestyle habits included suppression of natural urges, particularly *Mala Vega* (~suppression of defecation) and *Mutra Vega* (~suppression of micturation), as well as *Kṣudha Vega Dharana* (~suppression of hunger), along with a sedentary lifestyle. Psychological factors included *shoka* (~grief) and *Chintadhikya* (~excessive mental stress), which may have contributed as predisposing causative factors.

**Examination according to Ayurveda-**

***Ashtavidha* Pariksha (~ eightfold examinations)**

*Nadi*(~pulse)- *Gatimaan* (~rapid)*, vaat-pitta Pradhan* (~dominant)*, Mutra*(~urine)- *8-10 vega , Mala* (~bowel)- *Malavshtambha* (~constipation)*, Jivha*(~tongue)- *Sweta Lipta* (~coated)*, Shabda* (~speech)- *Samyak,Sparsha*(~touch*)- Anusha Sheeta* (normal to touch)*, Druk* (~eye sight)-*samayk, Akriti* (~body structure)- *Madhyam* (~moderate)

***Dashvidha* Pariksha (~ tenfold examinations)**

The *Prakriti* (~somatic constitution) was *Vata-Kaphaja* ,*Vikriti* (~morbidity*)* was *Madhyam* (~ medium), *Sara(*~excellence of tissue elements) was *Madhyam* (~medium), *Samhanana* (~compactness of tissues) was *Madhyam* (~ medium), *Pramana* (~anthropometry) was *Madhyam* (~ medium), *Satyma(*~homologation) was *Madhyam* (~ medium), *Sattva(*~psyche) was *Madhyam* (~ medium), *Vyayam Shakti* (~capacity to perform physical tasks) was *Avar* (~ low), *Vaya* (~age) was *Yuva* (~ young*).*

**Diagnostic assessment-**

Ultrasonography (USG) performed on 20/08/2025 revealed bilateral polycystic ovarian morphology, with the right ovary measuring 13 cc and the left ovary measuring 14 cc, consistent with polycystic ovarian disease (PCOD). A repeat USG conducted on 06/12/2025 showed an endometrial thickness of 2.3 mm. The tubal factor test (TFT) was reported as normal. Hormonal evaluation demonstrated normal serum prolactin levels (9.58 ng/ml), and follicle-stimulating hormone (FSH) 4

mIu/ml. Estradiol 107.63pg/ml done on 10/12/2025.

**THERAPEUTIC INTERVENTION:**

The patient was thoroughly assessed (using Ayurveda and diagnostic parameters) during her first visit at the hospital. The patient was sensitised as well counselled in detail regarding all available treatment options. Written informed consent was obtained prior to initiation of treatment. Timeline of therapeutic intervention schedule is presented in Table No.1 as shown.

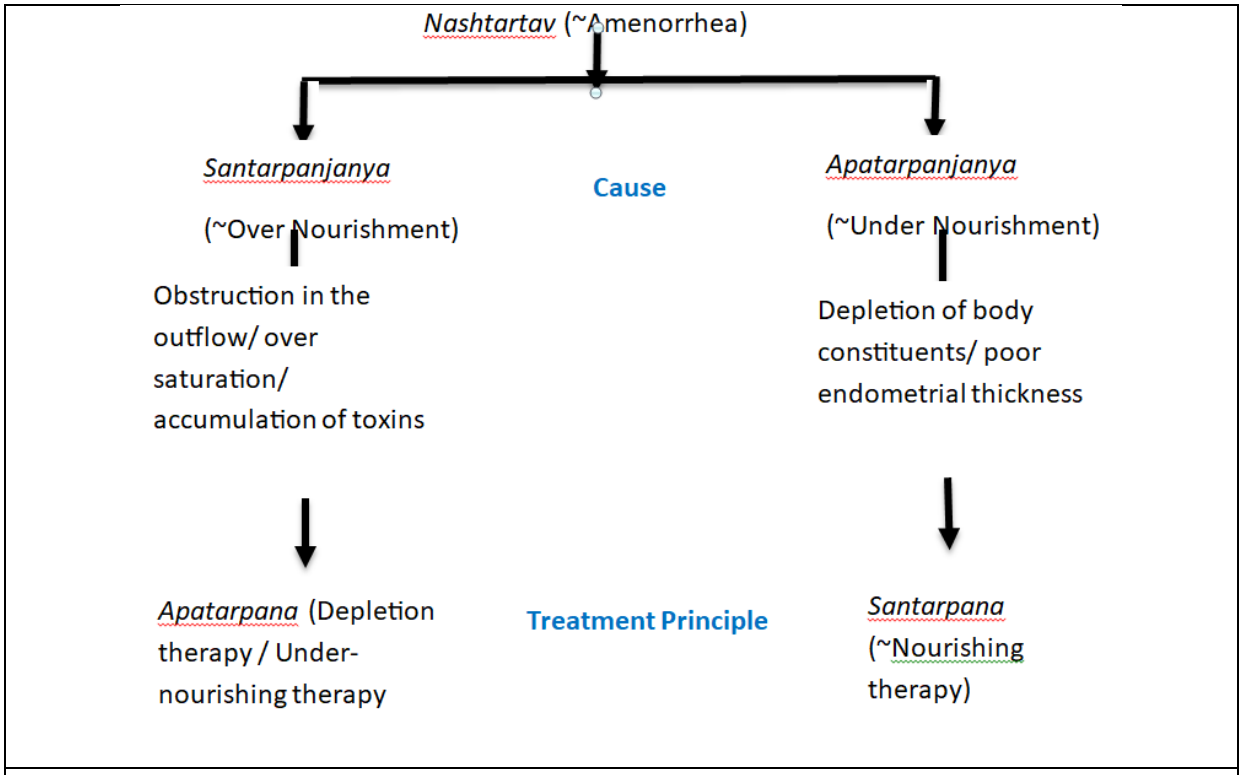
**Follow up and Outcome-**

The patient was followed up at regular intervals of 15 days to assess menstrual regularity, flow characteristics, associated symptoms, and general systemic status. During follow-up visits, clinical parameters remained stable, menstrual cycles continued to occur at regular intervals, and no adverse effects were reported. Associated symptoms suggestive of *Rasa Kshaya* including generalized weakness, dryness, fatigue, showed marked improvement.

**Table-1: Therapeutic Intervention Given:**

| **Visit Number** | **Date of visit** | **Procedure Advised (if any)** | **Oral medications** | **Complaints/Findings** |
|---|---|---|---|---|
| 1. | 6/12/2025 | *Shatapushpa tail pratimarsha nasya* (for 8 days) | 1. *Shatavari+Yashti+ashwagandha Ksheerpaak*[1] 60ml BD<br>2. *Drakshadi Kashay*[2] 30ml BD after food<br>3. *Jeerakadyarishta*[3] 20ml BD with water after food<br>For 15 days | Amenorrhea of 6 months |
| 2 | 23/1/2026 | | 1. *Shatavari+Yashti+ashwagandha ksheerpaak* 60ml BD<br>2. *Drakshadi Kashay* 30ml BD after food<br>3. *Jeerakadyarishta* 20ml BD with water after food<br>For 15 days | Got menses on 19/12/2026<br>4 days/ moderate flow |

| | | | | |
|---|---|---|---|---|
| 3 | 4/2/2026 | | 1. *Laghumalini vasant* 1BD<br>2. *Drakshadi Kashay* 30ml BD after food<br>3. *Jeerakadyarishta* 20ml BD<br>For 15 days | Got menses on 15/01/2026<br>3 days/ moderate flow |
| 4 | 20/2/2026 | | 1. *Laghumalini vasant* 1BD<br>2. *Drakshadi Kashay* 30ml BD after food<br>3. *Jeerakadyarishta* 20ml BD<br>For 15 days | Got menses on 15/02/2026<br>3 days/ moderate flow |




**Flow Chart 1- Classification Of Amenorrhoea According To Ayurveda**

**DISCUSSION:**

Secondary amenorrhea in the present case was successfully managed with *Brihman chikitsa* (~Nourishing treatment), leading to the restoration of menstruation. From an Ayurvedic perspective, *Anartavata* (~the absence of menstruation) is not merely a localized uterine disorder but a manifestation of systemic derangement involving *Rasa* (~nutritive fluid, primary circulating Fluid*), Rakta* (~Blood, circulating vital fluid*), and Artava* (~menstrual blood). *Artava*, being an *upadhatu* (~secondary constituent) *of Rasa*, is directly dependent on adequate *Dhatu Poshana* (~nourishment of fundamental body constituent). In this patient, ultrasonography after six months revealed an endometrial thickness of 2.3 mm, indicating poor endometrial proliferation and suggesting *Rasa and Artava* depletion. Such thinning reflects depletion rather than obstruction. Therefore, *Brihman* (~Nourishing treatment), measures were adopted to enhance *Rasa* formation and restore *Artava utpatti* (~formation of menstrual blood). Administration of *Rasavardhaka* (~increase the quantity of primary nourishing fluid)*, and Raktapittaghna* dravyas (~pacifying impurities in bile and blood) improved systemic nourishment, ultimately leading to the onset of menstruation. In this case, *shatapushpa tail* was used for nasal instillation to stimulate the HPO axis, [7] *ksheerpaak* (SOP attached as supplementary file) with *Yashtimadhu, Shatavari, and Ashwagandha* in Nashtartava is based on their *Vata-Pitta shamaka, Brimhana, Rasayana, and rasavardhan* properties. *Ksheerapaka* acts as a nourishing and Snigdha preparation that helps in correcting *Dhatu Kshaya* and *Apana Vata dushti*, while these drugs support hormonal balance, improve reproductive tissue nourishment, and promote restoration of normal menstruation*, Jeerakadyarisht*a for *dhatwagnivriddhi-rasa and rajovriddhi* (~stimulate metabolism and nourish *Rasa* and *Aaratva)*. *Drakshadi Kashaya* acts as *Deepana-Pachana and Raktaprasadana*, improving *Agni* and nourishing *Rasa-Rakta Dhatu*. *Jeerakadyarishta* helps in *Agnivardhana, Rasavardhana, Vaatanulomana* thereby correcting *Agni* and improving metabolism. *Laghumalini Vasant* acts as *Rasa dhatwagni vardhak* and *Rasayana* supporting strength, hormonal balance, and reproductive tissue nourishment. Together, these formulations help in restoring normal menstruation by addressing the root pathology of *Nashtartava*. Here, we present a brief overview of Ayurveda's perspective on *Nashtarva* (~amenorrhea) and offer a conceptual review of the condition.

**Conceptual Review of *Anartavata (~secondary amenorrhea)***

In Sushruta Samhita, *Artava Kshaya* denotes diminished menstrual flow, while *Nashṭa Artava* refers to complete absence of menstruation. These entities correlate conceptually with oligomenorrhea and amenorrhea. Sushruta emphasizes that impairment in *Dhatu Poshana* (~nourishment of fundamental body constituent) and obstruction to the flow of menstrual

blood by *doshas* plays a pivotal role in their manifestation [5].

Absence of mentruation can be understood through two principal pathophysiological (~*samprapti)* pathways. The first is *Santarpanottha samprapti* (~arising from excessive nourishment), *Kapha-Meda vriddhi* (~aggravation), and *Aama* (~Toxins) formation. In this condition, *Doshas* obstructs *Apana Vata*, preventing proper elimination of menstrual blood. Clinically, this may correspond to PCOS-like features with metabolic involvement. As *Santarpana* is the cause, the line of treatment is *Apatarpana* (~Denourishing treatment), including *Deepana-Pachana dravyas* to digest *aama*, *Lekhana dravyas* (~scrapping action) to reduce *Kapha-Meda*, and *Basti* (~enema) to normalize *Apana Vata* and relieve obstruction.

The second pathway is *Apatarpanottha samprapti*, may lead to *Aartav kshaya or Arajaska* (~depletion of menstrual blood). Here,in *Aartava* inadequate nourishment leads to depletion of *Rasa* and subsequently depletion of *Aartava*. While in *Arajaska*, *Pitta* and *Rakta* vitiation of *Aartav* leads to amenorrhea. [8] Chronic illness, nutritional deficiency, stress, or systemic depletion may precipitate this condition. As seen in this case, reduced endometrial thickness on ultrasonography (2.3 mm), supports this pathology. The management principle is *Brihman* (~Nourishing treatment) and *Rasavardhaka* (~increase the quantity of primary nourishing fluid), and *Rasa dhatwagni deepan* (~*Rasa dhatwagni deepan)* (~aimed at restoring *Rasa* and *Aartav*, pacifying *Vata* and promoting healthy endometrial proliferation.

A recent scoping review of Ayurvedic interventions in PCOS revealed that commonly used formulations include *Kanchanar Guggulu, Rajapravartini Vati, and Kumaryasava.* [9] These formulations are predominantly *Kapha-Meda hara, Lekhana, Artavajanana*, and *ama-pachana* in action, making them appropriate choices in *Santarpanottha samprapti*. However, in cases where amenorrhea arises due to *Dhatu-kshaya* rather than obstruction, such reducing and stimulating formulations may not yield optimal results. In *Dhatu-kshaya* presentations, *Brihman* (~Nourishing treatment) and *Rasavardhaka* (~increase the quantity of primary nourishing fluid), become essential as mentioned in classics. Thus, although the modern diagnosis may uniformly categorize patients under PCOS, Ayurvedic *Nidana and Chikitsa* vary according to the underlying *samprapti*. Not all cases diagnosed as PCOS can be treated with the same medication, as the Ayurvedic approach is individualized and based on *dosha, dhatu* status, and pathogenesis rather than on a single diagnostic label.

Therefore, Amenorrhea must be evaluated through the lens of *samprapti* differentiation. *Santarpanjanya* and *Apatarpanjanya* pathologies demand distinct therapeutic strategies. In the present case, correct identification of *Apatarpanjanya* pathologies and administration of *Brihman* (~Nourishing treatment) led to successful restoration of menstruation, reaffirming the precision and individualized nature of Ayurvedic clinical reasoning.

**CONCLUSION:**

This case demonstrates the potential effectiveness of an individualized Ayurvedic approach in managing secondary amenorrhea associated with polycystic ovarian changes and reduced endometrial thickness. The intervention improved menstrual regularity and overall well-being without adverse effects**.**

**Patient perspective:**

I had irregular/absent menses for a long time and was anxious about my reproductive health. After starting Ayurvedic treatment, I noticed gradual improvement in my cycle pattern and overall well-being. My digestion, energy levels, and stress also improved. The treatment was comfortable and did not cause side effects. I felt more confident and hopeful about my reproductive health.

**Limitation of the study:**

Since this is a single case-based observation, the findings cannot be generalized to the wider population, and the short duration of follow-up also limits the assessment of long-term menstrual regularization and recurrence of amenorrhea.

**Consent of patient:**

Written informed consent was obtained from the patient for publication of the case as research work without disclosing her identity, and Good Clinical Practices (GCP) were followed throughout the study.

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