

CASE STUDY

Management of Secondary Amenorrhea (Anartava) Associated with PCOS by *Uttara Basti*: A Case Report

Author: Gayathri Bhat N. V¹

Co Authors: Jyoti Arora²

^{1,2}Department of Prasuti Tantra evum Stri Roga, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

ABSTRACT

Anartava is described in Ayurveda as the absence of Artava due to avarana of vata by vitiated kapha, Jatharagni mandya, and Srotorodha in Artavavaha srotas. It is considered as a disease of Artava reflecting Doṣha-duṣya Sammurchana in Artava vaha srotas. In contemporary terms, Anartava closely resembles secondary amenorrhea commonly seen in Polycystic Ovarian Syndrome (PCOS), a disorder with rising incidence among women of reproductive age. Ayurveda samhitas emphasize the use of, Srotoshodhana, and Artava-janana measures, wherein Uttara Basti is regarded as the supreme line of management for Artava vyapat.

A 28-year-old widow from Gulberga, Karnataka, presented to the OPD of Prasuti Tantra evum Stri Roga, SDM College of Ayurveda and Hospital, on 22nd November 2023, with absence of menstruation for 8 months. She had irregular cycles since menarche and was a known case of PCOS for 8 years. Previous hormonal treatments induced menstruation only with repeated use.

Following *Uttara Basti*, the patient resumed and continues to maintain regular menstruation. On continued follow-up she maintained normal cycles without requiring any additional medication, and her associated complaints, including disturbed sleep, also improved. This case showed that Ayurvedic management, particularly *Uttara Basti*, can restore and sustain normal menstruation in *Anartava*, offering a safe, holistic, and sustainable therapeutic alternative.

Key Words *Anartava, Uttara basti, Shatavaryadi ghrta, Secondary Amenorrhea*

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INTRODUCTION

Menstruation is considered a vital indicator of women's reproductive health. Its absence, known as amenorrhea, may be primary or secondary depending on whether menstruation has not commenced by the expected age or has ceased after previously normal cycles. Secondary amenorrhea is defined as the absence of

menstruation for at least three consecutive cycles or six months in women with previously established cycles¹.

Among the etiological factors, Polycystic Ovarian Syndrome is the most common endocrine disorder of reproductive age, with a global prevalence ranging between 6–20% depending on diagnostic criteria², while in India,

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estimates suggest a prevalence of 9–22% among women of reproductive age³⁻⁴. Beyond menstrual irregularities and infertility, PCOS is linked to metabolic syndrome, obesity, and psychological morbidity, underscoring its wider health implications. Modern management primarily relies on hormonal contraceptives, progestins, and insulin sensitizers; however, long-term use often leads to side effects such as weight gain, mood disturbances, headaches, and metabolic complications. Surgical procedures like ovarian drilling and wedge resection are options but carry potential risks. Thus, safer and more sustainable alternatives are being explored.

In Ayurveda, Absence of menstruation is termed differently by Acharyas-Anartava (Vagbhata), Nashtartava (Sushruta), Rajonasha (Bhavaprakasha), and Arajaska Yonivyapad (Charaka). The pathology involves Avarana of Apana Vata by vitiated Kapha, causing Srotorodha in Artavavaha Srotas. Jatharagni Mandya and Ama formation further lead to Rasa–Rakta Dushti and suppression of Artava. Management emphasizes Srotoshodhana, Agni Deepana, Vata-Kapha Shamana, and Artava Janana, Panchakarma-particularly Basti and Uttara Basti.

With lifestyle changes and rising PCOS prevalence, Anartava cases are increasing. Ayurveda offers a holistic, safe, and sustainable approach. This case report highlights the successful restoration of menstruation in Anartava through Ayurvedic management.

CASE DESCRIPTION

A 28-year-old widow from Gulberg, Karnataka, belonging to a middle-class family, presented to the OPD of Prasuti Tantra evum Stree Roga, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, on 22/11/2023, with the chief complaint of absence of menstruation for the past 8 months. She also reported a history of irregular menstruation since menarche at the age of 13 years, along with disturbed sleep for the last 10 months. She had been diagnosed with polycystic ovarian syndrome (PCOS) eight years earlier, confirmed by ultrasonography. Previous allopathic treatment induced menstruation only with continuous medication, suggesting dependency. Dissatisfied with this outcome, the patient sought Ayurvedic management.

Menstrual history

Menarche: at 13 years of age

Menstruation: irregular

LMP: 12/3/23

Amount: 2 to 3 pads/day

Duration of flow: 2 to 3 days

Interval of flow: 45 to 60 days

Pain +

Clots +

Smell: absent

Marital history- The patient married in 2016. Her husband expired in February 2023.

Obstetric history - A1 (2018) Missed abortion

Personal history

Appetite: poor

Micturition: 2 to 3 times a day

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Bowel: once in a day (sometimes constipation)

Sleep: disturbed from 10 months

Manasika bhava: Chinta, Shoka

Clinical examination

Bp: 120/80 mm hg

PR: 78 Bpm

Wt: 59 Kg

Ht: 165Cm

BMI: 21.8 kg/m²

Systemic Examination-

RS: NVBS heard, no added sounds

CVS: S1, S2 heard, no murmur

CNS: conscious, well oriented to place and time

P/A: soft, No tenderness

Gynaecological examination

P/S: cx os healthy, no wdpv

P/V: AV/NS/FF

B/L breast: symmetrical, soft, no lymph nodes/mass detected.

Dashavidha pariksha

Prakruti –Vatakaphaja

Vikruti – i)Dosha-Vata pradhana tridosha

ii) Dushya- Rasa, Rakta, Artava

Sara – Madhyama sara

Samhanana – Madhyama

Pramana –Madhyama

Satva – Madhyama

Satmya – Katu rasa pradhana sarva rasa satmya

Aharashakti – i) Abhyaharana shakti-avara

ii) Jarana shakti-avara

Vyayama shakti – Madhyama

Vaya - Madhyama

Ashta viddha pariksha-

Nadi- Prakruta (78/min)

Mutra – Prakruta(normal in frequency, colour, odour and without burning and pain)

Mala – Prakruta

Jihwa –Lipta

Shabda – Prakruta

Sparsha – Anushnaseeta

Druk – Prakruta

Akriti – Madhyama

Investigations

Prolactin report is normal as shown in **Fig 1**.

Thyroid report is normal as shown in **Fig 2**.

USG report showed PCOS as show in **Fig 3**.

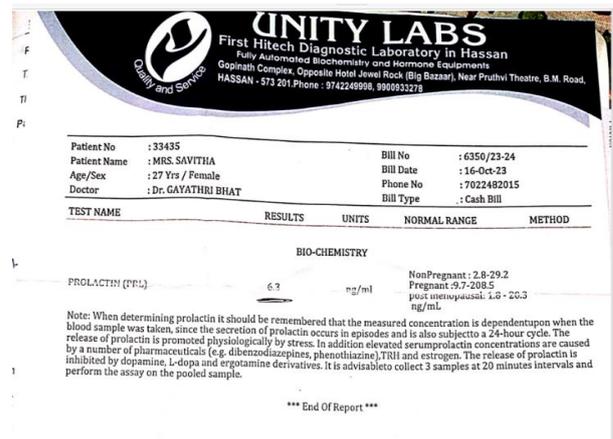


Figure 1 Prolactin report before treatment

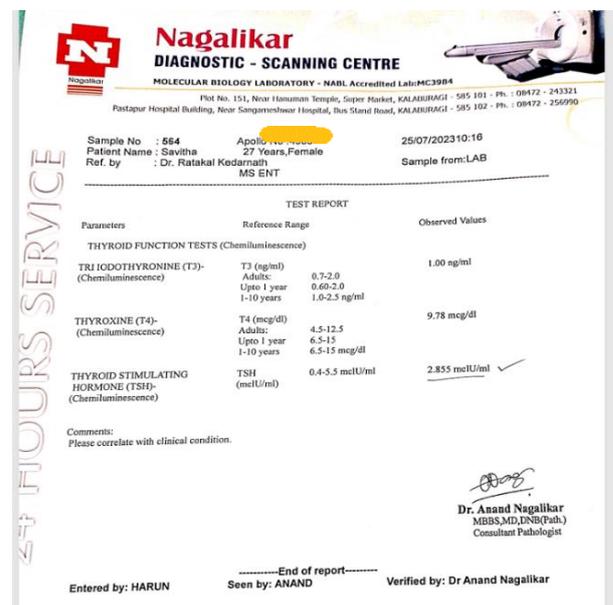


Figure 2 Thyroid report before treatment

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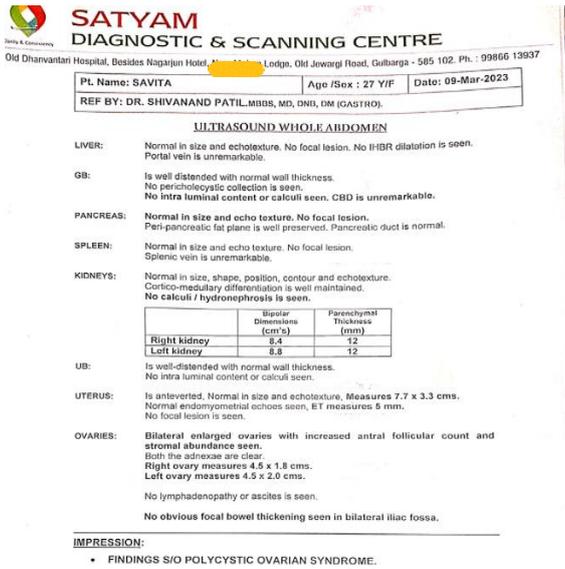


Figure 3 USG report before treatment

Differential diagnosis

- Hypothyroidism
- Hyperprolactinemia
- Pcos

Pushpaghni jataharini

Artava nasha

Anartava

Nidana panchaka

★ **Nidana-** i) Manasika nidana - Chinta, shoka

ii) Aharaj viharaj nidana- Alpashana, Vishamashana, Katu rasa pradhana, Snigdhabhajana, Ratrijagrana, Avyayama, Diwaswapna

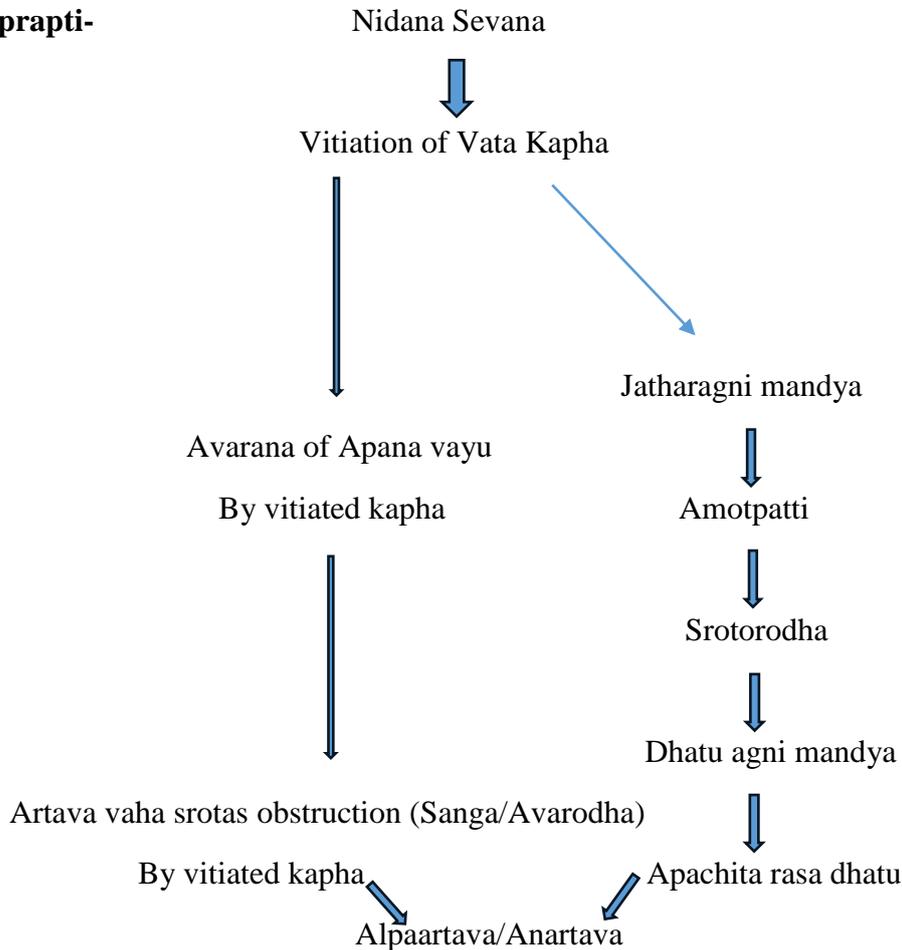
★ **Poorvarupa-** Artava ★ dushti (Irregular menses)

★ **Rupa-** Anartava (Amenorrhea)

★ **Upashaya-** Nil

★ **Anupshaya-** Nil

Samprapti-



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Vyadhi Vinishchya- Secondary amenorrhea
(Anartava) due to Pcos

Samprapti ghataka-

* Dosh- Vata kapha dosha
* Dushya- Rasa, Rakta, Artava

updhatu

* Agni- Jathragni, Dhatvagni

* Ama- Sama

* Srotas- Rasavaha, Raktavaha,

Artava vaha

* Srotodushti- Sanga

* Udbhavasthana- Amashya,

Pakvashya

* Vyaktasthana- Garbhashya

* Adhishthana- Garbhashya

* Sadhyaasadyata-Sadhya

Treatment protocol: followed given in **Table 1**
& **Table 2.**

Table 1 Treatment Protocol (1st Visit From 22/11/23 to 30/11/23)

22/11/23-24/11/23	Deepana pachana with Musta + Haritaki + Guduchi Kashaya 50 ml tid b/f
25/11/23-28/11/23	Snehapana with Dadimadya ghrta for 4 days 30ml, 60ml, 110ml, 130 ml, respectively
29/11/23	Sarvanga abhyanga with Bruhat saindhavadi taila f/b bashpa sweda
30/11/23	Sarvanga abhyanga with

Table 3 Before treatment and After treatment comparison

Parameter	Before treatment	After Treatment
Menstrual Cycle	Irregular, absent for 4 months	Regular monthly cycles
Dependency on medication	Required for menstruation	No medication required
Sleep quality	Disturbed for 10 months	Improved

DISCUSSION AND PROBABLE MODE OF ACTION-

In this case, *Manasika Chinta* (psychological stress) following the death of the patient's husband emerged as the main *nidana* leading to *Anartava.Chinta,shoka*, and other psychological

Bruhat Saindhava taila f/b bashpa sweda
Vamana karma
No of vegas – 6
Shudhi-Madhyama
Discharge medicines: Shatavari guda 1 tsp bd b/f with milk for 20 days
Chandraprabha vati 2 bd a/f with ushna jala for 20 days
Rajahpravartini vati 2 bd b/f with ushna jala for 20 days

Table 2 Treatment Protocol (2nd visit- from 25/12/23-27/12/23)

25/12/23-27/12/23 Sarvanga abhyanga with ksheerabala taila f/b bashpa sweda at 7:00 am for 3 days
25/12/23-27/12/23 Sarvanga abhyanga with ksheerabala taila f/b bashpa sweda at 7:00 am for 3 days
Niruha basti with Eranda moola Kashaya at 8:00 am for 3 days
kalka Dravya- Shatavari churna, bala churna, shatpushpa churna, Rasna churna (each 8gms)
Honey- 80 gm, Saindhava -6gms, Sneha- Mahanarayan taila
Uttara basti with shatavryadi ghrta at 2:00 pm for 3 days

RESULTS AND OBSERVATION

- Patient got menses on 28/12/23 itself.
- Following the Uttara Basti treatment, she menstruated regularly each month.
- Shamana aushadi's were given for one month post-treatment, after which the patient continued to menstruate regularly without any medication.

Before treatment and After treatment comparison given in Table 3

factors cause *Rasadhatu kshaya* and aggravation of *Vata dosha*, particularly *Apana Vata*, which governs menstruation. *Apana Vata* resides in the pelvic region and controls artava pravrtti (menstrual flow).When *chinta* and *shoka* persist, they create *Mano-daurbalya* and disturb *Praṇa-*

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vyana vayu coordination, which in turn deranges Apana Vata gati. Avarana of this Apana Vata results in Anartava. This concept parallels the modern understanding of hypothalamic amenorrhea, where stress activates the HPA axis, elevating cortisol levels and suppressing GnRH pulsatility, thereby inhibiting ovarian function and causing amenorrhea.

Samparapti centers on Avaraṇa of Apana vata by aggravated Kapha in Artava vaha srotas Jatharagni-mandya and Ama-utpatti further block srotas, preventing proper Artava-utpatti. Therefore, Deepana-Pachana with Musta, Haritaki, Guduchi corrects Agni, digests Ama, and clears srotorodha. Acharya Charaka mentioned Agnimandya⁵ is the root of all diseases; hence correction of Agni by Deepana-Pachana is essential before shodhana while Acharya Sushruta advises that in the presence of Ama, Shodhana should not be performed; first, Pachana must be done to clear Srotorodha⁶

Snehapana was given thereafter, producing Dhatu mṛuduta and Srotomardava, mobilizing doṣhas from shakha to koṣṭha and helps in dosha utkleshana ensuring smooth expulsion. Acharya Vagbhāṭa mentions the use of Dadima Ghṛta⁷ in Vandhya, Vata-Kapha vyadhi, Muḍha Vayu Anulomana and Deepana purposes, signifying its role in restoring normal Apana Vata gati and correcting Agnidushti. By its Uṣhṇa Virya, Madhura Vipaka, Tridosahara and Kapha Vata shamaka properties, Dadima Ghṛta acts directly on the samparpti of Anartava. Shuṅṭhi and Dhanyaka perform Amapacana, clearing ama

and improving Agni. Pippali enhances Rakta-dhatu Agni and promotes Artava-utpatti, ensuring proper follicular activity and menstrual flow. Chitraka and Dadima act as potent Deepana and Srotoshodhaka, helping to relieve Srotorodha and normalize Dhatwagni. Ghṛta serves as a yogavahi, carrying the potency of these drugs deep into tissues, nourishing the reproductive system, and stabilizing Apana Vata. Thus, Dadima Ghṛta provides a comprehensive action by correcting Agnimandya, clearing Srotas, pacifying Vata-Kapha, and stimulating Artava pravṛtti.

Vamana karma- expels obstructive Kapha and relieves Avaraṇa of Apana Vata.

• विरेचनेन हि पित्तक्षयादार्तवस्य क्षय एव स्यादिति, वमनेन तु सौम्यधातौ निर्हते आग्नेयधातौ वृद्धे आर्तवमाप्याय्यते। आग्नेयानां च द्रव्याणामिति तिलमाषसुराशुक्तादीनाम्।⁸

Acharya Sushruta, while describing the management of Anartava, clearly indicates the role of Saṁshodhana along with the use of Agneya dravyas. Acharya Dalhaṇa, in his commentary, further clarifies this principle by emphasizing that Virechana should not be administered, since it leads to Pitta-kṣhaya, which in turn causes Artava-kṣhaya, as Artava is of Agneya nature. Instead, Vamana is recommended, because it eliminates the excessive Saumya dhatu (Kapha) from the body and thereby enhances the Agneyatva, ultimately supporting the proper manifestation of Artava.

Niruha Basti, regarded as Ardha chikitsa in Vatavyadhi, pacified aggravated Apana Vata,

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cleared *srotas*, and stabilized *Manas*, thus also improving sleep disturbed by stress.

Mode of action of Shatavaryadi ghrta-

Vata-shamaka action of Bala, Atibala restore *Apana Vata gati*. Draksha and Madhuka helped in *Deepana pachana* reducing *Ama* and clearing *Srotas*. Phalasa and Priyala balanced excess *Kapha*. *Shatavari*, being rich in phytoestrogens, exerts estrogenic, adaptogenic, antioxidant⁹, and Rasayana effects. Animal studies have confirmed its estrogen-like activity, restoration of uterine/endometrial parameters in ovariectomized rats¹⁰, and normalization of estrous cycle in PCOS-induced models¹¹ Finally, *Uttara Basti* with *Shatavaryadi Ghrta*¹² provided direct local action on *Artavavaha Srotas*.

When medicated ghrta/oil is administered intra-uterine, its active phytoconstituents are absorbed through the rich vascular plexus of the uterus, mainly into the internal iliac veins. From here, they enter the systemic circulation and influence the hypothalamic–pituitary–ovarian (HPO) axis, thereby regulating gonadotropins (FSH, LH) and ovarian hormone levels. This restores the neuroendocrine balance essential for normal ovulation and menstruation. This explains its role in regulating the HPO axis, promoting *Artava-utpatti*, and restoring normal menstruation.

CONCLUSION

This case showed the effectiveness of Ayurvedic management, particularly Uttara Basti along with shamana chikitsa, in restoring normal

menstruation in an Anartava patient. By addressing the samprapti of Vata-Kapha avarana and Srotorodha in Artavavaha Srotas, the treatment not only regulated the menstrual cycle but also improved associated complaints such as disturbed sleep and poor appetite. This case suggests that an integrative Ayurvedic approach offers a safe, holistic, and sustainable alternative in the management of PCOS-related Amenorrhea.

Patient consent-Written informed consent was obtained from the patient for publication of this case report and any accompanying images. All identifying information has been anonymized.

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