



Case Study

AN AYURVEDIC APPROACH TO SECONDARY AMENORRHEA AS A MANIFESTATION OF  
PREMATURE OVARIAN FAILURE (POF)

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ABSTRACT

Amenorrhea, the absence of menstruation, is categorized into primary (before menarche) and secondary (after menarche) forms, with significant implications for female reproductive health. Secondary amenorrhea in women of reproductive age may be an indication of an undiagnosed, chronic condition and appropriate treatment is dependent upon accurate diagnosis of the underlying aetiology. According to *Acharya Sushruta*, Secondary amenorrhoea is described as destruction of *Artava (Nashtartava)* as well as described it as one of the symptoms of *Artava-Vaha Stroto Viddha Lakshana*, where he describes that mechanical injury to *Garbhashaya* i.e., uterus may lead to *Artavanasha* which means secondary amenorrhoea, this results in infertility. Here, we have described a case study of secondary amenorrhoea due to Premature Ovarian Failure. A 40-year-old married woman came to our OPD of Prasuti Tantra & Stri Roga, M.M.M. Govt. Ayurveda College, Udaipur. with the presenting complaints of absence of menses for 1.5 years, inability to conceive for 18 years. After taking patient history, general examination in which blood pressure (158/110mm hg), BMI (28.1kg/m<sup>2</sup>) were raised, and thorough investigations reveals there is altered echotexture of uterus with small uterine fibroid in USG we considered the POF as a main cause of *Nashtartava* (secondary amenorrhoea) and treated with *Matra Basti* with *Lashuna taila* and oral intake of *Panchkola Churna*, *Punarnava Mandoora*, *Balsudha* combination, *Kaishora Guggulu*, *Dashmoola Kwatha* and got surprising result in secondary amenorrhoea due to POF. The findings also emphasize the need for further research to evaluate long-term outcomes and refine management protocols for both primary and secondary amenorrhea, ultimately aiming to improve patient care and fertility prospects.

INTRODUCTION

Amenorrhea denotes absence of menstruation. It is a symptom not a disease. It is categorized as: Primary Amenorrhea (no menstruation by age 13 without secondary sexual development, or by age 15 with normal development, or no menstruation within 5 years after breast development that occurred before age of 10 years, overall incidence-0.1%) and Secondary Amenorrhea (absence of menses for  $\geq 3$  monthly cycles, or  $\geq 6$  months in individuals with prior irregular cycles, fewer than 9 menstrual cycles per year in females with oligomenorrhea, overall incidence 1-3%) [1].

According to *Acharya Sushruta*, secondary amenorrhoea is described as destruction of *Artava (Nashtartava)* as well as one of the symptoms of *Artava-Vaha Stroto Viddha Lakshana* [2], Non-appearance of *Artava (Anartava)* is described by *Acharya Vagbhata* [3]. *Acharya Bhela* has described it as absence of *Raja* [4] and *Acharya Bhavaprakasha* mentioned it as *Rajonasha* [5].

It occurs due to abnormalities at various organs in the "menstrual pathway," including the hypothalamus, pituitary, ovaries, vagina, cervix and endometrium. Some non-physiological causes include functional hypothalamic amenorrhea (FHA), polycystic ovary syndrome (PCOS), hyperprolactinemia, primary ovarian failure (POF), and intrauterine adhesions. Initial evaluation includes ruling out pregnancy and testing for common causes through hormone levels, pelvic ultrasound, and other associated investigations. Its treatment depends upon underlying aetiology,

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focusing on restoring hormone balance and addressing structural abnormalities<sup>[6]</sup>.

## Case Study

### Case presentation

A 40-year-old married woman (occupation-homemaker) attended the OPD of Prasuti Tantra & Stri Roga, M.M.M. Govt. Ayurveda College, Udaipur on 18<sup>th</sup> December 2024 with the presenting complaints of absence of menses for 1.5 years, inability to conceive for 18 years. On general physical examination BMI (28.1kg/m<sup>2</sup> (overweight), blood Pressure (158/110 mm hg) were raised. Investigations revealed a raised follicle stimulating hormone levels and raised luteinizing hormone levels, low anti mullerian hormone levels. She was married since last 23 yrs, her age at the time of marriage was 17 yrs. Menarche had occurred at age 13 and the ensuing years were marked by regular menstrual cycles. She had history of abortion (A1=20 years ago, A2=19 years ago) due to pregnancy induced hypertension. For this she underwent allopathy treatment for three years and her blood pressure returned to normal. Later, her blood pressure gradually increased, and she once more began taking anti-hypertensive medications, since seven to eight months. Now, she came to us for treatment of absence of menses for 1.5 years and unable to conceive for 18 years, she currently didn't take any allopathy treatment for it.

- **Marital Status**-Married in the last 23 years
- **Active Married Life** – for 21 years.
- **Menstrual history**- Menarche at 13 years of age, LMP – August 2023 (Amenorrhea for 1.5 years), Periodicity of cycle varies from 28–30-days, Duration - 5-6 days, Normal menstrual flow, use 2-3 pads per day, fully soaked, H/O passage of clots present, Moderate pain during menses.
- **Obstetric History**- G2P0L0A2 (A1= 20 years ago, A2= 19 years ago (at 22 weeks GA due to hypertension))
- **Contraceptive History** - Nil
- **Family history**- Mother have H/O hypertension.
- **Past History**- H/O hypertension present (No H/O DM, hypo/ hyperthyroidism, TB, psychiatric disorder, chronic illness)
- **Drug history**- taking amlodipine (5mg) BD for 7-8 months
- **Surgical History**-Nil
- **Personal History**- Sleep is disturbed occasionally, appetite, bowel and bladder habits were all normal.

### Clinical Findings

- Height- 156cms
- Weight- 68.3kgs
- BMI- 28.1kg/m<sup>2</sup> (overweight)
- Pulse rate- 86/min
- Blood Pressure- 158/110 mm hg
- Temperature- Afebrile
- Pallor-Absent
- Oedema-Absent
- Cyanosis-Absent

### Physical Examination

#### Astavidha Pariksha

- *Nadi*- 86/min
- *Mala-Samayaka mala pravriti*
- *Mutra- Samayaka mutra pravriti*
- *Jivha-Nirama*
- *Shabda- Spastha*
- *Sparsham- Anushnasheeta*
- *Druk-Prakruta*
- *Akruti-Madhyama*

#### Dashavidha Pariksha

- *Prakriti- Vata-kaphaja*
- *Sara- Mansa saara*
- *Samhanana- Madhyama*
- *Pramana- Madhyama*
- *Satmya- Sarvrasa*
- *Satwa- Madhyama*
- *Aharshakti- Madhyama*
- *Vayamashakti- Madhyama*
- *Vaya- Madhyama*
- *Jaranshakti- Madhyama*

### Systemic Examination

- CVS: Heart sounds (S1S2): Normal
- Respiratory system: Normal bilateral air entry, no added sounds.
- No abnormality found on other system

### Samprapti Ghatakas

- **Dosha** – Vata, Kapha
- **Dushya** – Rasa, Rakta, Mansa, Meda.
- **Srotasa** – Rasavaha, Arthavaha
- **Srotodushti** – Sanga
- **Agni** – Jatharagni, Dhatwagni manda
- **Udbhava Stana** – Amapakvashaya
- **Vyakta Stana** – Garbhashaya
- **Roga Marga** – Abhyantara

### Diagnostic Assessment

#### Pelvic Ultrasound (USG)

Well defined lobulated anechoic cystic with internal echogenic septation seen in left adnexa with non-separate visualization of left ovary, likely ovarian cyst. (O-RADS-3)

Altered echotexture of uterus with small uterine fibroid.

### Treatment Protocol

S.No.	Medicine/Aushadhi	Dose	Time	Anupana
1.	<i>Panchkola churna (2gm)</i> <i>Punarnava mandora (500mg)</i> <i>Balsudha (500mg)</i>	3gm BD	After meal	Lukewarm water
2.	<i>Kaishora guggulu</i>	500mg BD	After meal	Lukewarm water
3.	<i>Dashmoola kwatha</i>	10gm BD	Empty stomach	<i>Kwatha</i>
4.	<i>Lashuna taila matra basti</i> (for consecutive 7 days)	60ml (PR)	After breakfast	Nil

### Timeline

18/12/2024	Absence of menstrual cycle for 1.5 years. Inability to conceive for 18 years. (LMP- in August 2023)	UPT done in OPD and found negative.	Given treatment – 1. <i>Panchkola Churna (2gm) Punarnava Mandoora (500mg)</i> <i>Balsudha (500mg)</i> (3gm BD after meal) 2. <i>Kaishora Guggulu</i> - 500mg BD, after meal 3. <i>Dashmoola Kwatha</i> - 10gm BD, empty stomach	
06/01/2025	Follow-up		1, 2, 3 <i>Lashuna Taila Matra Basti</i> – 60 ml (P/R)	Patient got periods within 5 days of <i>Basti</i> i.e., on 10/01/2025

### Follow-Up and Outcome

Patient got menses within 5 days of 1<sup>st</sup> cycle of *Lashuna Taila Matra Basti* i.e., on 10 Jan 2025.

### RESULT

In the end of the treatment patient got satisfied with the outcome. Patient got menses within 5 consecutive days of 1<sup>st</sup> cycle of *Lashuna Taila Matra Basti* i.e., on 10 Jan 2025.

### Patient Consent

Written consent of patient for publication of this case study in the journal was obtained.

### Pathya

- To do *Yoga* and *Pranayama*.
- Advice to take *Pathya aahara* like *Palak*, *Methi*, *Karela*, *Moong dal*, *Barley daliya*, *Munnaka*.

**Apathya-** Avoid *Apathya aahara* like curd, junk food, fried food.

### DISCUSSION

The management of amenorrhea is largely dependent on its cause. In this case study diagnosed cause was premature ovarian failure.

- 1. Panchkola Churna-** Contains *Pippli*, *Pipplimula*, *Chavya*, *Chitraka*, *Nagara* which are best in *Ama Pachana* and also have *Deepana* property and *Vata-Kapha Shamaka Karma*.
- 2. Punarnava Mandora-** Have *Deepana*– *Pachana* properties. Also, known to be effective in reducing *Medo Dhatu* (fat) by reducing the basal metabolic rate and increases lipid metabolism.
- 3. Balasudha-** Possess *Artavajanana* and *Vata-anulomana* property (promoting menstruation).
- 4. Rajah Pravartni Vati-** The chief content of this drug is *Hingu (Ferula asafoetida)*, *Kumari (Aloe vera)*, *Tankana* (borax), and *Kasis* (iron sulphate), which does *Vataanulomana* and *Artavajanana* (promoting menstruation) facilitates the downward movement of *Apana-Vayu*. *Kasis* aids in *Rakta Dhatu Vriddhi*, which enhances uterine blood circulation.
- 5. Dashmoola Kwatha-** Most of the drugs having *Tikta*, *Kashaya Rasa*, *Ushna Virya*, *Laghu*, *Ruksha Guna*, and *Vata-Kapha Shamaka* properties. Helps in *Garbhashaya Shodhana*, *Ama Pachana* and remove *Avarana* of *Kaphadi Doshas*.

**6. Kaishora Guggulu-** Drugs have *Tikta Rasa, Laghu and Ruksha Guna, Ushna Virya, Madhura Vipaka, Tridosha Shamaka oand Rakta Shodhaka, Ama Pachana* properties along with *Rasayana Karma*.

**7. Lashuna Taila Matra Basti-** *Artava Pravritti* is the function of *Apana Vayu*, its dysfunction is considered as main factor in any *Artava Vyapada*. So, *Basti* is the first line of treatment. *Apana Vayu Anulomana* leads to *Rajah pravartana*. Oil is the best *Shamana* drug for *Vata* and *Lashuna Taila* also possess the *Vatashaman* property, hence it spreads all over the body, pacifies the aggravated *Dosha* along with *Vyana Vayu oleads to Samyaka Rasa Raktadi Dhatu Nirmana*.

## CONCLUSION

An Ayurvedic intervention has a better scope in the management of premature ovarian failure. This case study demonstrates the successful management of a case of secondary amenorrhoea due to premature ovarian failure using Ayurvedic treatment. A proper *Deepana, Pachana* followed by *Shodhana Chikitsa* as the line of management can be ideal for treating *Nashtartava*.

While the scope for further research and clinical trials is enormous, it remains substantiated, that with proper diagnosis and selection of treatment protocol, Ayurveda can be enormously beneficial in the treatment of secondary amenorrhoea due to premature ovarian failure.

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