



CASE REPORT

# A CASE REPORT ON AYURVEDIC MANAGEMENT OF SECONDARY AMENORRHEA DUE TO POLYCYSTIC OVARIAN SYNDROME

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## Abstract

Secondary amenorrhea is the absence of menstruation for a period of 6 months or longer in a woman with established normal cycles. Polycystic ovarian syndrome (PCOS) is one of the most common causes of pathological secondary amenorrhea. The diagnosis of polycystic ovarian syndrome is based on the presence of any 2 among the criteria: oligo and/or anovulation, hyperandrogenism, and polycystic ovaries. In Ayurveda, it can be considered *Nashtartava*. Modern management of PCOS is primarily focused on the use of hormonal preparations like oral contraceptive pills and insulin sensitizers like metformin. In cases resistant to medical therapy, laparoscopic ovarian drilling, and ovarian wedge resection surgeries are employed. The usage of contraceptive pills is associated with adverse effects like spotting or breakthrough bleeding (BTB), nausea, headache, breast tenderness, weight gain, mood changes, low libido, and dermatologic problems.

This is a case report of a 24 year old unmarried woman with delayed menstrual cycles, last menstrual period 6 months back and increased facial hair growth, and mood swings for 6 years. On USG, she was diagnosed with PCOS. For this problem, she took allopathic medication twice. Despite having a few subsequent normal cycles, she developed symptoms including mood swings, headaches, excessive sweating, hair loss, and weight gain. She was forced to stop medications due to these problems which are the adverse effects of hormonal medications. She was admitted in In Patient Department treatment was given based on *Nashtartava* management. *Acharya Susruta* explains that *Nashtartava* occurs in females due to *Vata kaphavarana* of *artavavahasrothas*. *Samshodhana* (purificatory procedure) and *Agneya dravyaupayoga* (use of drugs with hot potency) are the line of management mentioned in Ayurveda. Purificatory procedures like *Vamana*, *Virechana*, and *Vasthi* were administered with proper care. She attained menstruation shortly after treatment, followed by two more cycles at an interval of 35–37 days. Her issues like mood swings, headaches, and facial hair growth also subsided. This case demonstrates the role of Ayurveda in the management of *Nashtartava* without any adverse effects.

## Introduction

Menstrual cyclicity is an indication of reproductive health in females. Secondary amenorrhea is the absence of menstruation for 6 months or more in a woman for whom normal menstruation has been established <sup>[1]</sup>. Considering the ovarian factors that cause secondary amenorrhea, Polycystic ovarian syndrome (PCOS) is a common cause. It is characterized by hyperandrogenism, chronic anovulation, and polycystic ovaries. In general population research shows PCOS is the most prevalent endocrine condition of reproductive-aged people. Although the symptoms of androgen excess vary among ethnicities, PCOS appears to affect all races and nationalities equally <sup>[2]</sup>.

In secondary amenorrhea prognosis depends to some extent on its duration; this usually means the longer the duration the less likely a spontaneous cure <sup>[3]</sup>. There is currently no ideal medical PCOS therapy that fully reverses underlying hormonal disturbances and treats all clinical features <sup>[4]</sup>. Some of the most common treatments used for chronic management of PCOS include hormonal contraceptives, progestins, and metformin <sup>[5]</sup>. Surgical interventions for PCOS include ovarian drilling, ovarian wedge resection, etc. The usage of hormonal medications is often associated with adverse effects. Some women experience side effects such as spotting or breakthrough bleeding (BTB), nausea, headache, breast tenderness, weight gain, mood changes, low libido, and dermatologic problems <sup>[6]</sup>.

According to *Acharya Sushruta*, secondary amenorrhoea can be considered as the absence of *Artava (Nashtartava)* <sup>[7]</sup>. The absence of *artava* in females (*Nashtartava*) is due to *Avarana* of *Doshas*, *Vata* and *Kapha* according to *Ayurveda*. The treatment protocol mainly aims to remove the *Srotorodha* (obstruction in channels) in *Artavavaha srotas* by *Shodhana* to maintain the normal functioning of *Doshas*.

## PATIENT INFORMATION

The patient was a 24 year old unmarried female complaining of absence of menstruation for 6 months. She attained menarche at 13 years and had a normal menstrual cycle with an interval of 28 days up to 18 years of age (normal cycle for 6 years). From 18 years of age, she noticed an irregularity in her menstrual cycle with an interval of 3-4 months and her amount of bleeding was 2 pads for the first two days and only blood clots for next 2 days. She also presented with abnormal hair growth and acne on face, blackish discoloration and itching in buttocks region, and increased weight gain. She consulted an allopathic hospital and hormone tablets were prescribed. After the intake of medicines, the menstrual cycle appeared quite normal for 6 months with an interval of 28 days and a duration of 4-5 days with mild abdominal discomfort. So she continued medication for about 6 months. During that

period, she noticed mood swings, profuse sweating, hair fall, and low back ache. Hence she stopped allopathic medicines and her cycles became irregular with an interval of 4-5 months.

After a few months, she consulted an ayurvedic physician and was advised for USG abdomen which revealed multiple small immature follicles in the periphery of both ovaries. With internal medications, her menstrual cycle occurred at an interval of 28 days and with 4-5 days duration for 3 months. When she discontinued medication her cycles became abnormal again with increased intervals. She again consulted an allopathic hospital and took medications. After wards her complaints of acne, hair growth, and mood swings aggravated. So she consulted OPD and took internal medicines for 1 month and was admitted in the IPD for further management.

Haematology (11/1/23)	Lipidprofile(11/1/23)	Hormonalassay (4/1/23)
Hb : 14.5 gm/dl	Cholesterol-214mg/dl	Serumtestosterone:55 ng/dl
HbA1C : 5.4%	Triglyceride-304mg/dl	Prolactin:10.87ng/ml
FBS:90 mg/dl	HDL-34 mg/dl	TSH:2.78µIU/ml
ESR:23 mm/hr	LDL-131 mg/dl	DHEA SO4:283µg/dl
TLC:8410cell/cu mm	VLDL-49 mg/dl	

She was normotensive, non diabetic, and with normal thyroid functions and lipid profile. She has had Myopia for 6 years . Her aunt had similar menstrual irregularities of delayed cycles.

## CLINICAL FINDINGS

The patient presented with amenorrhea for 6 months along with mood swings, facial hair growth, blackish discoloration and itching in the buttocks region, acne on the face, and increased weight gain.

She had her last menstrual cycle in March 2022. The average duration of bleeding was 3-4 days with 1-2 moderately soaked pads /day . She experienced mild lower abdominal pain during the initial 2 days of menstrual bleeding.

## DIAGNOSTIC ASSESSMENTS

### USG PELVIS(01-11-2022)

Uterus-3.9x2.4x8.4 cm, Endometrium, measured 5 mm.

Right Ovary -37 x 26 x 26mm,Volume 13.3cc, Left Ovary measured 43 x 27 x 20 mm, Volume 12.6 cc,

**Impression-** Polycystic ovaries with peripheral immature follicles are seen.

## GENERAL EXAMINATION

Built: Over weight, Height :146 cm, Weight : 62 kg, BMI : 29.1 kg/m<sup>2</sup>

Blood Pressure:100/80mm Hg,HeartRate:78 beats/minute,  
Pulse Rate:76 beats /minute

### PELVIC EXAMINATION

Vulva-normal Labia-normal Cystocele-absent

Rectocele-absent

Urethrocele –absent, No abnormal discharge

Blackish - discoloration of groin present

Breast development-normal, Axial and pubic hair pattern–  
normal

### DIAGNOSIS-Nashtarthava

### THERAPEUTIC INTERVENTION

In Ayurveda Samhitas, the treatment principle for *Nashtarthava* includes *SrotoShodhana* (to clear obstruction in the *Srotas*), *Vata Anulomana*, and *Kaphahara* treatments along with usage of *Agneya Dravya* (drugs of hot potency)<sup>[8]</sup>.

O P MANAGEMENT				
DATE	COMPLAINTS	MEDICINE	REMARKS	
7/11/22	Absence of menstruation since 6 months Irregular cycles since 6 years Mood swings, weight gain, facial hair growth Itching in buttocks region	<i>Kalyanakamkashaya</i> <sup>[9]</sup> -90 ml twice daily before food <i>Guduchyadiapanam</i> <sup>[10]</sup> - <i>muhurmuhu</i> <i>Abhayarishta</i> <sup>[11]</sup> + <i>kumaryasava</i> <sup>[12]</sup> -25 ml twice daily after food <b>Tab. Aswagandha</b> 0-0-1 <i>Aragwadadhikashaya</i> <sup>[13]</sup> <i>Avagaha</i> of buttocks region	Itching in buttocks region reduced	
IP MANAGEMENT				
DATE	COMPLAINTS	MEDICINE	KRIYAKRAMA	REMARKS
7/12/22	Absence of menstruation since 6 months Irregular cycles since 6 years Mood swings, weight gain, facial hair growth Itching and blackish discoloration in buttocks region	<i>Kalyanakaghrita</i> <sup>[9]</sup> -1 tsp twice daily before food <i>Punarnavadi</i> <sup>[14]</sup> + <i>Varanadi</i> <sup>[15]</sup> <i>kashaya</i> -90 ml twice daily before food <i>Triphala+Eladi+Haridrachoo rna</i> <sup>[16]</sup> facial application once a day in lukewarm water		
9/12/22		Internal medicines repeated	<i>Udwartanam</i> with <i>Varachoomnam</i> 7 days Yoga consultation from Swasthavritha department Advised pelvic floor exercise <i>Sooryanamaskara, Konasana, Pranayama</i>	
11/12/22	Rashes on upper chest, right thigh and pubic region associated with itching	Internal medicines repeated <i>Nalpamaraditailam</i> external application on rashes <sup>[17]</sup>		Itching reduced
16/12/22			<i>Snehapanam</i> with <i>Kalyanakaghrita+Saptasaramghritam</i> <sup>[18]</sup> x5 days ( starting dose -25 ml and ending dose- 60 ml)	
22/12/22			<i>Abhyanga</i> with <i>Dhanwantarataila+Ushmasweda</i> -1day <i>Utkleshana</i> done with milk and <i>urad dal vada</i>	
23/12/22			<i>Vamana</i> with <i>vacha</i> -5gm, <i>yashti</i> -20 gm, <i>madanaphala</i> -10 gm+ <i>madhu</i> + <i>saindhava</i> 4 vega and 2 upavegas	
24/12/22	Gastric irritation		<i>Peyadi kramax</i> 3 days	

25/12/22	Gastric irritation persists	<b>Shaddharanamgulika</b> <sup>[19]</sup> -1-0-1 <b>Dasamulajeerakarishtha</b> - 25 ml twice a day after food		
26/12/22		<b>Vaiswanarachoorna</b> <sup>[20]</sup> -5g twice a day with hot water <b>Shaddharanam gulika</b> 1-0-1 <b>Pippalyasavam</b> <sup>[21]</sup> + <b>Dasamularishtam</b> -25 ml twice a day after food Tab.Liv-52 2-0-2		
27/12/22			<b>Vicharana snehapana-Saptasaraghrita</b> <sup>[18]</sup> -5 gm with 1 gm nagara choornam- twice aday x 5 days	
1/1/23			<b>Virechanam</b> with <b>Avipathy choorna</b> - 15gm	
2/1/23			<b>Peyadi kramax</b> 2 days	
4/1/23 & 5/1/23			Patient had fatigue and needed rest	
6/1/23			<b>Vaitharanavasthi</b> ( <i>Saindhava</i> -7.5gm, <i>guda</i> 15 gm, <i>amleekakalka</i> 30 gm, <i>Pippalyadianuvasana taila</i> - 50ml, <i>Dhanyamla</i> -100 ml) x 5 days	
11/1/23		<b>Guduchyadi kashaya</b> -90 ml twice daily before food <b>Abhayarishtha +</b> <b>Kumaryasava +</b> (3 cloves of garlic soaked in arishta) 30ml twice daily after food 1 tsp <b>Shatapushpachoorna</b> with <b>ghrita</b> twice daily before food Tab.Liv 52	Discharged	Blackish discoloration in buttocks relieved Mood swings completely relieved Reduction in weight 2.2kg and facial hair growth

## Results

The menstrual cycles of the patient became regular. The patient attained menstruation on 14-1-2023, followed by two cycles on 25-2-23 and 13-3-23 with duration of 4-5 days and amount of bleeding 1-2 pads/day. The associated complaints of mood swings, headache, itching and discoloration in the buttocks region were reduced after the course of treatment. The patient also had reduction in weight(2.2kg) and facial hair growth

## Discussion

Acharya Susrutha has described *Nashtarhava* as blockage of *Arthavavahasrothas* which can be caused by either *Kapha* or *Vatha* alone or by *Kapha* and *Vatha* combined. This may be correlated to amenorrhea brought on by PCOS. *Samsodhanam*, use of *Agneya dravyas*, use of *Swayonivardhakadravyas*, and *Nidana parivarjanamie*. avoidance of etiological factors are the main treatment principles.

**Guduchyadikashaya** by its *kaphahara* and *agnikrith* action may help in *amapachana* and *srotoshodhana*. **Abhayarishtha** which has *agnivardhana*, *shophagna*, *mehagna* properties, and **Kumaryasava** which has *agnideepana*, *udavarthahara* properties will be beneficial for *amapachana*.

**Punarnavadiakashaya**, mentioned in *udararogaprakaranam* is having *sarvangashophahara*, *deepana* action. **Varanadikashaya**, having *katutikta rasa* predominant *ushnateekshnadravysthat* *havedeepana*, *chedana*, *srotosodhana* properties help in reducing *sthoulya* and inducing *arthava*.

**Kalyanakaghrita** contains dravyas which are *sara* and *virechaka* like *danti*, *haritaki*, *amlaki* and *deepanadravyas* like *ela*, and *sariva*. Hence it may help in *srotoshodhana*, *agnideepana*, and *amapachana*.

The patient also had psychological complaints like mood swings, stress, and headache for which *Kalyanakamkashayam* and *ghrita*, **tab. Ashwagandha** were given as medications. *Kalyanakaghrita* is a time-

tested proven yoga for psychiatric issues in Ayurveda. It is specially indicated for *alparajas*, *bhootagraha* and *unmada*. Hence it may be beneficial in amenorrhea and may help in relieving mood swings and stress issues in this case.

**Saptasaraghrita** consists of *dravyas* which are *anulomana*, *arthavajanaka* in nature like *punarnava*, *vilwa* and *kulatha*, *ushna veerya* drugs like *shunti*, *sahachara*, and *eranda* may help in *vatanulomana* and promoting *srotoshodhana*

**Udwartana** is a procedure which is *kaphahara* and helpful in reducing *medas*. It may also provide *rookshana* required prior to *snehapana*. **Vara choornam** is having *tridoshaghna* and *rooksha gunas* which may be beneficial in *sthoolya*.

**Vamana karma** is considered to best therapy for removing aggravated *kapha dosha*. It has *kaphahara*, *srotoshodhana* actions which is beneficial in PCOS as there is predominance of *kaphavata doshas*. **Virechana** may help in relieving the *srotosanga* and bringing *vatanulomana* which is essential in treatment of PCOS. **Vaitaranavasti** with ingredients *saindhava*, *guda*, *amlaka*, *taila*, *gomutra* and *godugdha* help in creating *vatanulomana* by addressing *vata* at *pakwashaya*. By correcting *apanavayuvaigunya* and *agnideepana vaitaranavasti* may help in amenorrhea.

**Shatapushpachoorna** was given after *shodhana* as *rasayana* which has *pithakara*, *kaphavatahara*, *gulmahara*, *shophagna*, *yonishodhana* and *arthavajanana* properties.

The patient also had complaints of itching and blackish discoloration of the skin in the buttocks region. The treatments adopted were **Aragwadadikashayaavagaha** which is *Kaphahara*, *kandughna*, *dushtavranavisodhana*, *Triphala Kashaya kshalana* which is *vranahara* and *ropana* in action. **Nalpamaraditailam** with special indication of *visarpa* and *kushta* was also used.

## Conclusion

Secondary amenorrhea due to PCOS can be correlated with *Nashtartava* in Ayurveda. Hormonal medications and insulin sensitizers are the only therapeutic treatment options available in modern medicine which has many adverse effects like mood swings, headache, weight gain, and dermatological problems. Ayurvedic management can provide excellent results in secondary amenorrhea management with minimum adverse effects. By following proper Ayurveda treatment protocols, menstruation can be induced and regularity of menstruation can be established. Outpatient level management may be sufficient for amenorrhea of short duration, for maintaining cyclicity in chronic cases of secondary amenorrhea, IP treatment that mainly includes *Shodhana* (cleansing therapies) will be beneficial.

## PATIENT PERSPECTIVE

The patient shared her perspective in her local (Malayalam) language. Her complaints of mood swings, headache, itching and discoloration in the buttocks region were relieved after the course of treatment. She attained menstruation on 14-1-23, three days after discharge from the hospital followed by two cycles on 25-2-23 and 13-3-23 respectively.

## INFORMED CONSENT

Informed consent was taken from the patient for the management and for reporting the case.

## References

1. Hiralal Konar. DC Dutta's textbook of gynecology. 8th ed. New Delhi: Jaypee brothers medical publishers; 383 p.
2. Hoffman, Schorge, Bradshaw, Havlorson, Schaffer, Corton. Williams Gynaecology. 3rd ed. M C Graw hill education; 386 p.
3. Jaideep Malhotra, Richa Saxena, Neharika Malhotra Bora. jeffcoate's principles of gynaecology. 9th ed. new Delhi: The health sciences publisher; 2019. 705 p.
4. Mayrhofer D, Hager M, Walch K, Ghobrial S, Rogenhofer N, Marculescu R, et al. The Prevalence and Impact of Polycystic Ovary Syndrome in Recurrent Miscarriage: A Retrospective Cohort Study and Meta-Analysis. J Clin Med. 2020 Aug 21;9 (9):2700.
5. Legro RS. Evaluation and Treatment of Polycystic Ovary Syndrome. In: Feingold KR, Anawalt B, Blackman MR, Boyce A, Chrousos G, Corpas E, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000 [cited 2023 Jun 3]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK278959/>
6. R S, R C, Rabe T. Adverse Effects of Hormonal Contraception. Journal für Reproduktionsmedizin und Endokrinologie. 2011 Oct 19;8.
7. Prof. K.R. Srikantha Murthy. Illustrated Sushruta Samhita, Sarirasthana. varanasi: Chaukambha Orientalia; 22 p. (Jaikrishna das Ayurveda Series; vol. 1).
8. Bhagawan Dash, Sharma R K. Charaka Samhita Sutra Sthana. varanasi; 2018. 575 p. (Chaukambha Sanskrit Series).
9. Dr. AnnaMoreswar Kunte, Krsna Ramachandra Sastri Navre. Astangahrdaya of Vagbhata. Varanasi: Chaukambha Sanskrit Sansthan; 2009. 799 p. (The Kashi Sanskrit Series).
10. Dr. Anna Moreswar Kunte, Krsna Ramachandra Sastri Navre. Astangahrdaya of Vagbhata. Varanasi: Chaukambha Sanskrit Sansthan; 2009. 235 p. (The Kashi Sanskrit Series).
11. Dr. Anna Moreswar Kunte, Krsna Ramachandra Sastri Navre. Astangahrdaya of Vagbhata. Varanasi: Chaukambha Sanskrit Sansthan; 2009. 648 p. (The Kashi Sanskrit Series).
12. Prof. K.R. Srikantha Murthy. Sarngadhara Samhita by Sarngadhara. Varanasi: Chaukambha Orientalia; 2017. 139 p. (Jaikrishna das Ayurveda Series).
13. Dr. Anna Moreswar Kunte, Krsna Ramachandra Sastri Navre. Astangahrdaya of Vagbhata. Varanasi: Chaukambha Sanskrit Sansthan; 2009. 232 p. (The Kashi Sanskrit Series).

14. K.V. Krishnan Vaidyar, S.Gopala Pillai. Sahasrayogam. 29th ed. Mullakkal,Alapuzha: Vidyarambham; june2010. 111 p.
15. Dr. Anna Moreswar Kunte, Krsna Ramachandra Sastri Navre. Astangahrdaya of Vagbhata. Varanasi: Chaukambha Sanskrit Sansthan; 2009. 236 p. (The Kashi Sanskrit Series).
16. Dr. Anna Moreswar Kunte, Krsna Ramachandra Sastri Navre. Astangahrdaya of Vagbhata. Varanasi: Chaukambha Sanskrit Sansthan; 2009. 239 p. (The Kashi Sanskrit Series).
17. K.V. Krishnan Vaidyar, S.Gopala Pillai. Sahasrayogam. 29th ed. Mullakkal,Alapuzha: Vidyarambham; june2010. 289 p.
18. D. Sreeraman Namboothiri. Chikitsa Manjari. 12th ed. Alappuzha: Vidyarambham; 179 p.
19. Prof. K.R. Srikantha Murthy. Illustrated Sushruta Samhita, Chikitsasthana. varanasi: Chaukambha Orientalia; 2014. 172–173 p. (Jaikrishna das Ayurveda Series; vol. 1).
20. Dr. Anna Moreswar Kunte, Krsna Ramachandra Sastri Navre. Astangahrdaya of Vagbhata. Varanasi: Chaukambha Sanskrit Sansthan; 2009. 687 p. (The Kashi Sanskrit Series).
21. Prof. K.R. Srikantha Murthy. Sarngadhara Samhita by Sarngadhara. Varanasi: Chaukambha Orientalia; 2017. 139–140 p. (Jaikrishna das Ayurveda Series).

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