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AN AYURVEDIC APPROACH FOR SECONDARY AMENORRHEA ASSOCIATED WITH A FUNCTIONAL HAEMORRHAGIC OVARIAN CYST

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ABSTRACT

The Secondary amenorrhea serves as a key clinical indicator of underlying endocrine, structural, or functional reproductive dysfunction in women of childbearing age. From an Ayurvedic perspective, the absence of menses is aligned with *Nashtartava*, a condition resulting from the impairment of *Artava-vaha Strotas* or systemic metabolic imbalances. This combined reporting evaluates the therapeutic efficacy of multi-herbal Ayurvedic formulations in treating secondary amenorrhea arising from underlying etiology; a functional hemorrhagic ovarian cyst. The metabolic factors – such as improper diet and lack of physical activity – frequently cause hormonal disbalance, triggering the growth of ovarian cysts. The functional luteal cysts resulting from hyperactive corpus luteum vascularization and internal bleeding, this is known as haemorrhagic cyst. The production of oestrogen and progesterone hormone continues due to endocronologically active participation of cyst, which leads to variation in menstrual cycle like delayed cycle or complete amenorrhea. **Methodology –** In this present study a female of 25 year old came in OPD with chief complaints of irregular menses from last 3 – months along with weight gain, bloating and sometime pain in lower abdomen. The USG suggested a right ovarian haemorrhagic cyst with measurement 3.6 x 3.4cm. The patient was treated with traditional ayurvedic management in

concern with ***granthi nashak chikitsa*.** This patient was treated with Tab. Kanchnaar guggulu, triphla chooran for 2 months along with strict lifestyle and dietary regimen like pathya and apathy regimen. **Result** – After this treatment USG was repeated and complete resolution of the cyst was seen with significant deterioration of symptoms. **Conclusion** – It shows the effectiveness of Ayurveda in achieving positive results.

KEYWORDS – Amenorrhea, ***Nashtartava, Artavahstrotas, Granthi*** etc.

INTRODUCTION

The amenorrhea, defined as the abnormal absence or cessation of menses, serves as a pivotal clinical indicator of underlying neuroendocrine, metabolic or structural disruptions within the female reproductive axis. There are two types of amenorrhea – primary amenorrhea and secondary amenorrhea. The primary amenorrhea is when the female don't get her periods for first time within the age of 15 or more than 15. On the other hand, the secondary amenorrhea occurs when a female does not have a period for 2 – 3 months but had experienced normal menstrual cycle in her reproductive age. It can be concerned with a symptom of disease rather than a disorder.[1]

It is a complex system of hormones which controls the menstrual cycle. In every cycle, these hormones prepare uterus for a possible pregnancy. If there is no pregnancy in that cycle, then the uterine lining shed down immediately. This shedding of uterine lining is said as menstrual period.

In ayurvedic classics, this condition is closely related with *nashta artava*, a pathological state resulting from either tissue depletion driven by aggravated vata – as described by *acharya Sushruta* or functional obstruction of the *artavaha strotas* due to combined *vata – kapha* morbidity as emphasized by Acharya Vagbhatta ji. The *granthi* which develops due to *rakta* caused by vatadi dosha and characterized with *pittaj granthi.*[2] Usually the haemorrhagic cyst is benign only few of them can be neoplastic. The solid, consolidated and swelling looks like a nodular mass refers to a *"granthi"* in *Ayurveda.*[3]

The clinical findings – An unmarried female patient of 25 years of age visited in OPD of Shalya tantra in GNAMCH, Shri Muktsar sahib with chief complaints of irregular menses from last 3 months along with bloating, weight gain, acne, pain in lower abdomen.

MENSTRUAL HISTORY

1) Menarche – At 13 years of age.

2) LMP – On 18 February 2026, irregular with scanty flow and moderate pain.

3) Past medical history – NR

4) Past surgical history – NR

5) Family history – NR

PERSONAL HISTORY

1) Diet – mixed
2) Appetite – increased
3) Micturition – normal
4) Bowel – irregular
5) Sleep – disturbed

GENERAL EXAMINATION

1) Colour – fair
2) Built – moderate
3) Weight – 59kg
4) Height – 5’5’’
5) B.p. – 120/85 mmHg
6) Pulse rate – 78/min.
7) Pallor – absent
8) Cyanosis – absent
9) Icterus – absent
10) Edema – absent

ASHTAVIDHA PAREEKSHA

1) Nadi – 78/min.
2) Mala – asamayak mal pravriti
3) Mutra – samyak pravriti
4) Jihva – niram
5) Shabda – spashta
6) Sparsha – anushnasheeta
7) Druk – prakruta
8) Aakriti – madhyam

DASHVIDHA PAREEKSHA

1) Prakriti – vata – kaphaj
2) Sara – mansa sara
3) Samhanan – madhyam
4) Pramana – madhyam
5) Satmaya – sarvrasa
6) Satva – madhyam
7) Aharshakti – madhyam
8) Vyamshakti – madhyam
9) vaya – madhyam
10) jaranshakti – madhyam

DIAGNOSTIC ASSESSMENT

USG examination

Impression – Findings are suggestive of complex right ovarian cyst – likely haemorrhagic.

TREATMENT PROTOCOL FOR 1ST AND 2ND MONTH

Conservative treatment

S.NO	AUSHADHI	DOSE	TIME	ANUPANA	Duration
1.	Tab Kanchnaar guggulu	Each 500mg	2 tab BD	Lukewarm water after meal	2 months
2.	Triphla chooran	1 tsf	HS	Lukewarm water after meal	2 months
3.	Tab rajahpravartini vati	250 mg	2 tab BD	Lukewarm water after meal	10days prior periods

TREATMENT PROTOCOL FOR 3RD MONTH

S.NO.	AUSHDHI	AFTER 2MONTHS
1.	Tab kanchnaar guggulu	500 mg 1 BD after meal
2.	Triphla churan	1 tsf HS alternate day
3.	Tab rajahpravartini vati	Stopped

Pathya

- To do yoga and pranayama
- Eat high fibrous food like lentils, veggies, fruits, whole grain and lentils.
- Follow proper sleep routine.
- Eat healthy fats like seeds, nuts etc.

Apathya

- Avoid apathya ahara like junk food, stale food etc.
- Avoid day sleeping.
- Avoid high sugar diet.

After the completion of treatment, patient got regular periods with resolution of the cyst and the raised symptoms.

RESULT

SONOGRAPHIC FINDINGS BEFORE AND AFTER TREATMENT

BEFORE TREATMENT	AFTER TREATMENT
Impression – complex right ovary cyst – a thick walled cystic lesion measuring 3.6x3.4cm with thin septae and echoes	Impression – no abnormal bowel wall thickening and right ovary size is normal.

DISCUSSION

This case highlights the successfull integration of ayurvedic management in secondary amenorrhea due to a functional haemorrhagic ovarian cyst. In modern pathology, functional haemorrhagic ovarian cysts evolve when vascularization within a hyperactive corpus luteum ruptures internally, causing localized bleeding and cystic enlargement.

The sustained endocrinologically active state of such cysts results in inappropriate on going secretion of oestrogen and progesterone hormone, disrupting normal neuroendocrine feedback, preventing endometrial shedding, and leading to secondary amenorrhea along with associated features like lower abdominal pain, bloating, and weight gain.

From an Ayurvedic perspective, this clinical manifestation aligns with ***Nashtartava*** intertwined with ***Raktaja Granthi***. The disease aetiology stems from improper dietary habits **(*Apathya Ahara*)** and low physical exertion, which aggravate ***Vata*** and ***Kapha Doshas*** alongside ***Mamsa*** and ***Rakta Dhatu*** morbidity. The aggravated ***Kapha*** and ***Vata*** lead to ***Srotoavrodha*** (functional obstruction) within the ***Artavaha Srotas***, while ***Rakta*** vitiation creates a localized, consolidated, nodular swelling **(*Granthi*)** within the Ovarium **(*Bijashaya*).**

The continuous obstruction by the ***Granthi*** inhibits the natural flow of ***Artava,*** presenting as secondary amenorrhea.

The treatment plan was targeted using ***Granthi-Nashak, Srotoshodhak***, and ***Anulomana***

Chikitsa

- **Kanchnaar Guggulu**: Acts as the cornerstone ***Granthi-hara*** and ***Kaphaja-Srotohar*** formulation. The primary ingredient, ***Kanchnaar*** (*Bauhinia variegata*), possesses ***Kashaya Rasa*** (astringent taste) and ***Rooksha, Laghu Guna***, offering significant anti-inflammatory, anti-cystic, and glandular-resolving properties. ***Guggulu*** (*Commiphora mukul*) serves as a potent ***Lekhana*** (scraping) agent with ***Srotoshodhak*** capabilities, effectively penetrating deep tissues, digesting ***Ama*** (metabolic toxins), liquefying the consolidated ***Kapha-Medas*** mass of the cyst, and promoting reabsorption of the haemorrhagic fluid.
- **Triphala Churna**: Composed of ***Haritaki, Bibhitaki,*** and ***Amalaki,*** it plays a key role as a ***Tridoshahara*** and ***Vata-Anulomana*** medicine. By optimizing digestive fire **(*Agni*)** and clearing ***Srotoavrodha*** in the ***Annavaha*** and ***Purishavaha Srotas,*** it regulates bowel movements, reduces systemic bloating and weight gain, and ensures proper downward movement **(*Anulomana*)** of ***Vata,*** which is essential for normal menstrual expulsion.
- **Rajahpravartini Vati**: Functions directly as an ***Artavajanana*** formulation. Ingredients like ***Kanya Sāra*** (Aloe vera), ***Kāsīsa, Hingu,*** and ***Tankaṇa*** stimulate the ***Garbhashaya*** (uterus) and ***Artavaha Srotas.*** It alleviates ***Vata-Kapha*** obstruction, induces uterine vascularization and contractions, and restores regular, unblocked menstrual flow **(*Artava Pravritti*).**

The synergy of these oral formulations, supplemented by ***Pathya-Apathya*** dietary modifications and ***Yoga/Pranayama***, led to complete resolution of haemorrhagic cyst, clearance of ***Srotoavrodha,*** and restoration of a normal menstrual cycle.

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