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Case Study

AYURVEDIC MANAGEMENT OF AMENORRHEA ASSOCIATED WITH HYPOPLASTIC UTERUS

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ABSTRACT

Amenorrhea associated with hypoplastic uterus presents a therapeutic challenge, as conventional hormonal therapies often show limited effectiveness. Ayurveda provides a holistic approach aimed at correcting *Dosa* imbalance, nourishing reproductive tissues, and restoring *Artava Pravṛtti* (menstrual function). Integrating *Panchakarma* procedures with targeted oral medications may enhance therapeutic outcomes. **Objective:** To evaluate the efficacy of a combined Ayurvedic protocol- including sequential *Panchakarma* therapy and oral formulations such as *Ashwagandha Ksheerapaka*, *Shatapushpa Churna* and *Abhipattikar Churna*- in the management of amenorrhea associated with hypoplastic uterus. **Methods:** A 20year-old nulligravid female with amenorrhea and ultrasonographically confirmed hypoplastic uterus underwent *Vamana Karma*, followed by *Niruha Vasti* with *Dashamula Kwatha* for three days, *Uttaravasti* with *Phala Ghṛita* for five days, and *Matra Vasti* with *Balashvagandha Taila*. Concurrently, she received oral medications throughout the treatment. The protocol was repeated for three consecutive cycles. Outcomes were assessed through menstrual pattern, uterine dimensions, endometrial thickness, and subjective wellbeing. **Results:** Progressive improvement was observed in uterine size, endometrial development, and menstrual regularity, with normal menstruation restored by the third cycle, without adverse effects. **Conclusion:** Sequential Panchakarma therapy combined with specific Ayurvedic oral medications shows promising effectiveness in restoring menstruation and enhancing uterine development in hypoplastic uterus.

INTRODUCTION

Amenorrhea- the absence of menstruation[1]- may arise from structural or functional causes[2]. One significant anatomical factor is hypoplastic uterus[3], characterized by underdeveloped uterine musculature and endometrium, leading to primary or prolonged secondary amenorrhea. Conventional management often employs hormone replacement therapy, yet outcomes are inconsistent and relapse common once treatment ceases.

In Ayurvedic understanding, such disorders are interpreted under *Artava Kshaya*[4], *Anartava*[5] or *Bandhyatva Hetu*[6]. The underlying pathology involves *Vata–Kapha* vitiation, *Srotorodha*, and *Dhatu Kshaya*, resulting in impaired *Artava Pravritti*. Correcting *Vata–Kapha* imbalance and nourishing the *Garbhashaya* are central to management[7].

Classical references advocate sequential *Shodhana* and *Brimhana* therapies for uterine disorders. The present study explores a structured, multi-stage Panchakarma protocol aiming at functional and structural restoration of the uterus in amenorrhea associated with hypoplasia.

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AIM and OBJECTIVES

To evaluate the effectiveness of a sequential *Panchakarma* protocol in managing amenorrhea associated with hypoplastic uterus.

Case Report

A 20-year-old nulligravid female patient, who is house wife with marital life of 2 years, reported to Prasuti tantra and Stri Roga OPD of Dr. BRKR Govt. Ayurvedic Medical college on 27/1/2025. She had

complaints of absence of menses since last 1 year associated with poor digestion, fatigue, laziness and generalized weakness. On examination her secondary sexual characters were found to be normal. Her transabdominal scan was taken on 17/1/2025 in which it showed features of uterine hypoplasia with normal ovaries.

History of Past illness

No h/o DM/HTN/Thyroid disorder

Past Medical history: She took allopathic medications for the present illness.

Past Surgical history: No h/o past surgical illness.

Menstrual history: LMP on February 2024. Had irregular menstruation with duration of 1-2 days with the interval of 3-4 months. Menarche at the age of 15. There was no contraceptive history.

Obstetric history: Nulligravida

Personal history

Diet: Vegetarian

Bowel habit: Constipated (on/off)

Appetite: Poor

Sleep: Disturbed

Micturition: Normal

General examination

Pallor: Present

Icterus: Absent

Lymphadenopathy: Absent

Clubbing: Absent

Cyanosis: Absent

Oedema: Absent

Dehydration: Absent

Weight: 40 kg

Temperature: Afebrile

Pulse: 80/min

Blood Pressure: 110/80

Systemic examination: No abnormality detected

Ashtavidha Pariksha

Nadi (Pulse)– *Kaphaj – Vataja*

Mutra (Urine) – *Samyaka Mutra Pravriti*

Mala (Stool)– *Sama*

Jihwa (Tongue)- *Sama*

Shabda – Spashta

Sparsha (Touch) – *Ushna*

Drika (Eye) – *Samanya*

Aakriti (Physical appearance) – *Samanya*

Dashvidha Pariksha

Prakriti (Body Constitution) - *Vata– Pitta*

Sara (Purest body tissue) – *Madhyama* (Medium)

Samhanana (Body compact) – *Madhyam* (Medium)

Pramana (Body proportion)- *Madhyam* (Medium)

Satmya (homologation) -*Madhyam* (Medium)

Satva (Mental strength) – *Pravara* (High)

Aaharashakti (Ability to eat) – *Madhyam*

Vyayaama Shakti (Ability to exercise) – *Madhyam*

Vaya (Age) – *Madhyam Avasthaa*

Gynaecological examination

Breast examination: No abnormality detected

Abdominal examination: No abnormality detected

Pelvic examination:

Inspection of external genitalia: No abnormality detected

Per speculum examination

Vaginal discharge: Not significant

Vaginal mucosa: Normal

Cervix: Small size, healthy

Per vaginal examination

Uterus: Small size, anteverted and anti-flexed

Cervix: Freely mobile, non-tender, firm consistency.

Fornices: All fornices are free and non-tender.

Investigations

Complete blood counts:

Hb: 10gm/dl

RBC: 3.49 x 10^6/ul

TLC/DLC: WNL

FBS: 82mg/dl, PPBS: 109mg/dl

FSH/LH: WNL

USG (pelvis): Hypoplastic uterus with normal ovaries.

Final diagnosis: Amenorrhea associated with Hypoplastic uterus[8] (*Anartava* with *Garbhasayagat Kshayaj*[9,10] *Vyadhi*)

Treatment Given: A sequential *Panchakarma* protocol- comprising *Vamana Karma, Niruha Vasti* with *Dashamoola Kwatha*[11], *Uttaravasti*[12] with *Phala Ghrita*[13], and *Matra Vasti*[14] with *Balashvagandha Taila*[15].

Intervention

Patient was treated on OPD & IPD basis.

Shodhana Chikitsa

- *Vamana Karma*
- *Niruha Vasti*
- *Uttara Vasti*
- *Matra Vasti*

Saman Chikitsa

- *Ashwogandha Ksheerapaka*[16] 100ml BD before food
- *Shatapushpa Churna*[17] 5gm BD after food
- *Abhipattikar Churna*[18] 5gm BD after food

Treatment Protocol

Stage	Procedure/Formulation / Duration	Therapeutic Objective
I. Purva Karma	*Deepana–Pachana* with *Trikatu Churna* (2 g twice daily, 5 days); *Snehapana; Abhyanga* and *Swedana* (3 days)	Preparation for *Vamana*
II. Vamana Karma	*Madanphala Yoga* (classical)	Elimination of *Kapha, Srotoshodhana*
III. Niruha Vasti	*Dashamoola Kwatha* with *Saindhava* and *Sneha* - 3 days (for 3 consecutive cycles before *Uttara vasti*)	*Vata–Kapha Shamana*, uterine cleansing
IV. Uttaravasti	*Phala Ghrita*- 5 days intrauterine instillation (for 3 consecutive cycle)	*Garbhashaya Poshana, Artava Janana*
V. Matra Vasti	*Balashvagandha Taila*, 60ml daily after *Uttaravasti* (for 3 consecutive cycle)	Strengthening *Garbhashaya* and *Yoni*

Assessment Parameters

Objective: Uterine size and endometrial thickness by ultrasonography
Subjective: Return of menstruation, flow duration, and systemic wellbeing

Results

Parameter	Baseline	After 1st Cycle	After 3rd Cycle
Menstrual status	Amenorrhea	Scanty spotting	Regular 2–3 days flow
Uterine size (cm)	3.48x2x1.18cm	-	6.1x3.4x3.5
Endometrial thickness (mm)	-	-	3.2mm
General wellbeing	poor digestion, fatigue, laziness and generalized weakness	Improved	Markedly improved

No adverse reactions were observed during or after therapy.

DISCUSSION

Amenorrhea associated with hypoplastic uterus represents a complex clinical condition where structural underdevelopment of the uterus is compounded by functional disturbances in hormonal regulation and tissue nourishment. From an Ayurvedic standpoint, this condition can be understood as a manifestation of *Artava-kshaya, Beeja-upaghata*, and *Garbhashaya-vriddhi-abhava*, predominantly arising due to *Agnimandya, Ama* formation, *Rasa-dhatu dushti*, and subsequent *Uttarottara dhatu-kshaya* with a strong component of Vata and *Kapha* vitiation[19].

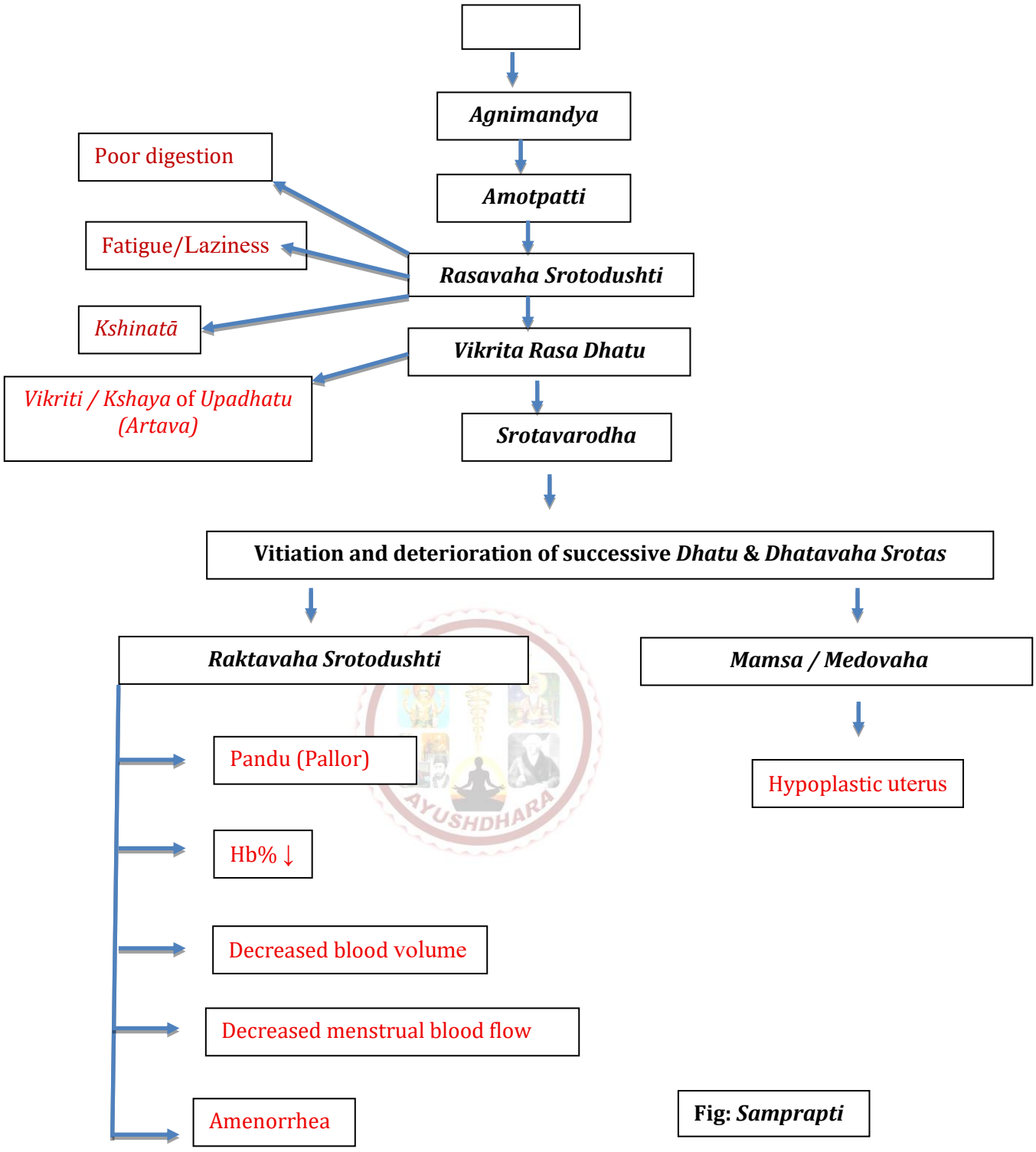

Fig: *Samprapti*

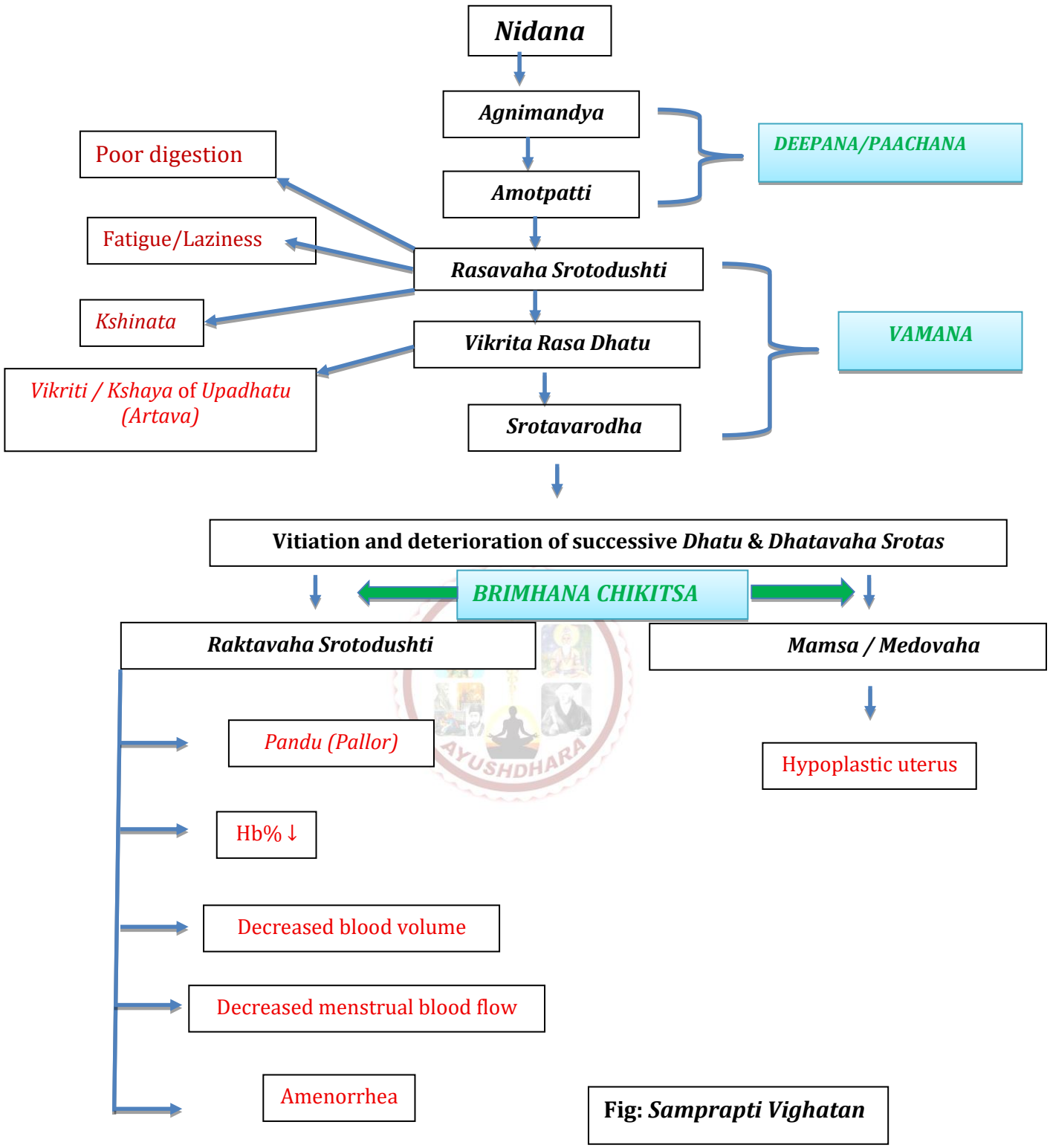

Fig: *Samprapti Vighatan*

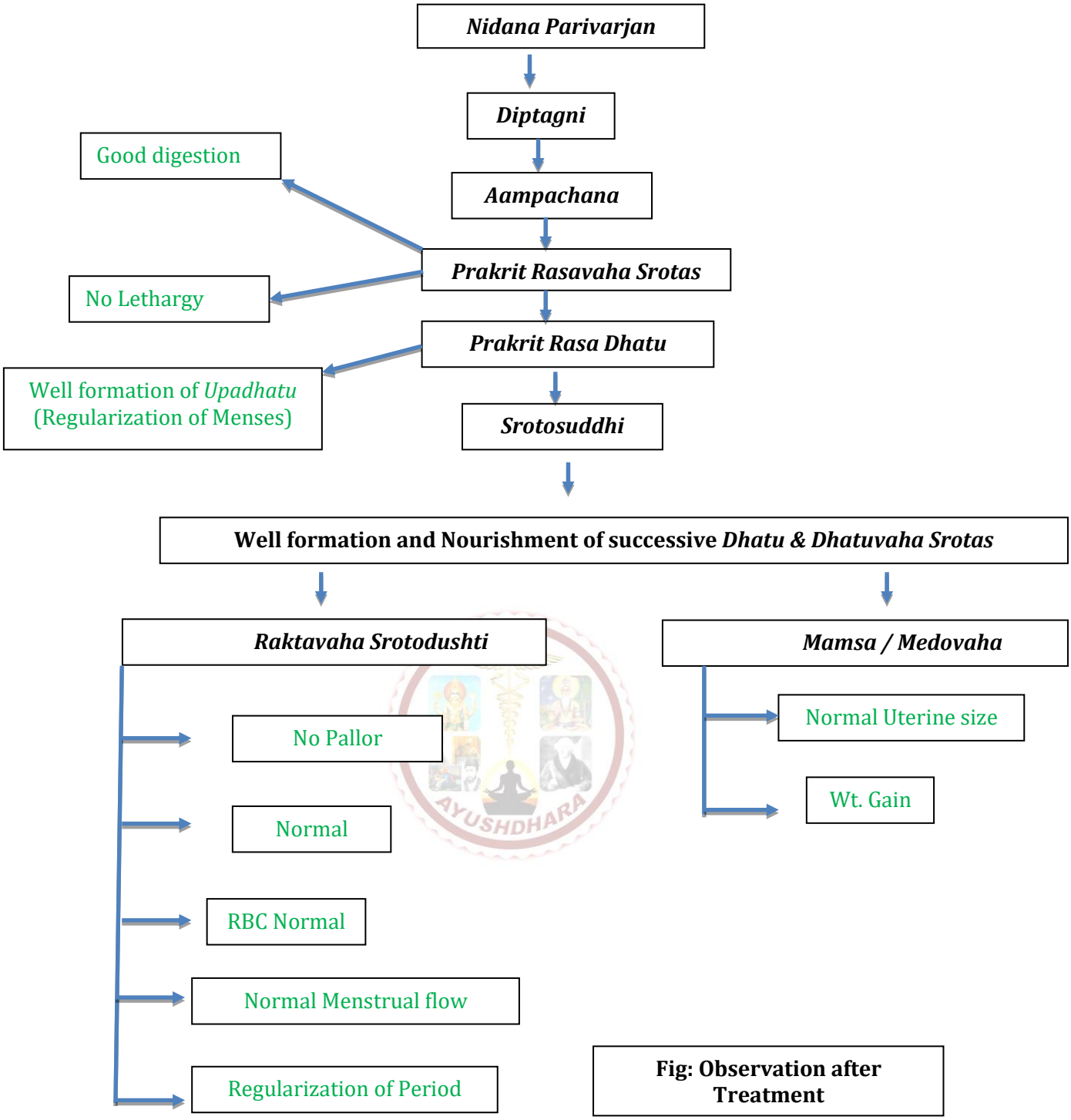

Fig: Observation after Treatment

The pathogenesis outlined in the present case clearly demonstrates that impairment begins at the level of *Agni*, leading to defective *Rasa* formation. *Dushti* of *Rasavaha Srotas* results in inadequate nourishment of *Rakta, Mamsa, Meda* and ultimately *Artava*, which is an *Upadhatu* of *Rasa*. The obstruction of *Srotas (Srotavarodha)* caused by *Ama* and *Kapha* further aggravates tissue deprivation, manifesting clinically as scanty or absent menstruation and hypoplastic uterine structure. This sequential *Dhatu* involvement supports the classical Ayurvedic principle that diseases of the reproductive system are rarely localized and often reflect systemic metabolic imbalance.

The therapeutic protocol adopted in this case was based on *Samprapti-vighatana*, addressing the disease process at multiple levels. *Deepana* and *Pachana* followed by *Vaman karma* were employed initially to correct *Agnimandya*[20] and arrest further *Ama* formation. This step was crucial, as *Rasayana* and *Brimhana* therapies are ineffective in the presence of *Ama*[21]. *Vamana Karma* was selected to eliminate aggravated *Kapha* and clear *Avarana* in *Rasavaha* and *Artavavaha Srotas,* thereby restoring channel patency and improving tissue receptivity.

Niruha Vasti with *Dashamoola Kwatha* played a pivotal role in pacifying vitiated *Vata*, which is the prime *Dosha* responsible for *Apana Vaigunya* and impaired *Artava Pravritti.* By improving pelvic circulation and regulating *Apana Vayu, Niruha Vasti* facilitated functional normalization of the reproductive system[22]. *Uttaravasti* with *Phala Ghrita* directly targeted the *Garbhashaya*, providing localized nourishment and stimulation. The *Snigdha*, *Madhura* and *Rasayana* properties of *Phala Ghrita* are well described for enhancing uterine receptivity, endometrial growth and reproductive tissue strength. *Matra Vasti* with *Bala-Ashwagandha Taila* further supported *Brimhana*, *Vata-shamana* and neuro-endocrine stabilization.

Oral administration of *Ashwagandha Ksheerapaka, Shatapushpa Churna* and *Avipattikar Churna* formed a comprehensive internal therapeutic support. *Ashwagandha Ksheerapaka* acted as a potent *Rasayana* and *Balya* agent, strengthening *Rasa* and subsequent *Dhatus* and supporting uterine growth. Its adaptogenic action may be correlated with regulation of the hypothalamic–pituitary–ovarian axis, contributing to improved hormonal responsiveness and endometrial development.

Shatapushpa Churna, owing to its *Ushna*, *Tikshna* and *Artava-janana* properties, effectively stimulated *Artava Pravritti* by regulating Vata and enhancing pelvic circulation. It played a direct role in initiating menstruation and improving the cyclicity and quantity of menstrual flow. *Avipattikar Churna*, though primarily indicated for gastrointestinal regulation, ensured sustained *Agni Deepana* and *Pachana*, enabling optimal assimilation of *Brimhana* and *Rasayana* drugs and preventing recurrence of *Ama*-induced *Srotodushti*.

The observed clinical improvement suggests that cyclic *Panchakarma* interventions combined with appropriate *Shamana* therapy can induce gradual uterine tissue remodelling and functional restoration. The results align with Ayurvedic principles that emphasize correction of systemic pathology rather than isolated organ-centric treatment. Restoration of *Dosha-Dhatu-Srotas* equilibrium appears to be the key factor in re-establishing *Artava Pravritti* even in structurally compromised conditions like hypoplastic uterus.

CONCLUSION

Amenorrhea associated with hypoplastic uterus poses a therapeutic challenge in contemporary gynecological practice, often being managed with long-term hormonal therapy with variable outcomes. The present case highlights that a well-planned Ayurvedic multimodal approach, grounded in *Samprapti*-based management, can offer significant functional improvement.

By addressing Agnimandya, eliminating *Ama*, clearing *Srotas* obstruction, pacifying *Vata* and *Kapha*, and providing sustained *Brimhana* and *Rasayana* support, Ayurvedic management can promote *Artava Pravritti* and *Garbhashaya Vriddhi*. *Panchakarma* procedures such as *Vamana, Vasti* and *Uttaravasti*, when judiciously selected, play a crucial role in restoring reproductive physiology. Supportive oral medications further strengthen *Dhatus* and stabilize neuro-endocrine function.

This case suggests that hypoplastic uterus, though considered a structural abnormality, can demonstrate functional reversibility to a certain extent when systemic metabolic and tissue-level imbalances are corrected. Ayurvedic management thus holds promising potential as a holistic, safe and effective alternative in the management of amenorrhea associated with hypoplastic uterus. However, larger clinical studies with objective parameters are warranted to further validate these observations and establish standardized treatment protocols.

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