



Case Study

AYURVEDIC MANAGEMENT OF SECONDARY AMENORRHEA DUE TO HEMORRHAGIC OVARIAN CYST

Shivani Kalouni^{1*}, Manish Bartwal²

¹Assistant Professor, Department of Prasuti Tantra Evam Stree Roga, UMCAR, Uttaranchal University, Dehradun

²Ayurvedic Medical officer (M.D Anatomy) at Department of Ayush, Govt. of Uttarakhand, India.

Article info

Article History:

Received: 04-01-2026

Accepted: 11-02-2026

Published: 15-03-2026

KEYWORDS:

Secondary Amenorrhea, Hemorrhagic ovarian cyst, *Yoga Basti*.


ABSTRACT

Reproductive health in women refers to a state in which the reproductive process is carried out in a state of physical, mental, and social well-being from menarche to menopause. Poorly balanced diet and sedentary lifestyle affect the normal functioning of hormones leads to development of ovarian cyst. Hemorrhagic cyst is a type of functional cyst usually called as Corpus luteal cyst. It usually occurs due to overactivity of corpus luteum. There is excessive bleeding inside the corpus luteum. Despite blood filled cyst, the progesterone and estrogen secretion continues. As a result, the menstrual cycle may be normal or there may be amenorrhea or delayed cycle. **Methodology:** In this present case study, a 21 years old female patient consulted to the OPD with the complaint of Amenorrhea for 4 months. Ultrasonography (USG) findings suggested a right ovarian hemorrhagic cyst measuring 48x23x39mm (23.6cc). She was treated with traditional Ayurvedic formulations based on *Granthi nashak chikitsa*; along with *Yoga basti* with the goal of relieving symptoms and dissolving the ovarian cyst. This patient was treated with *Dashmoola Katutravadi Kwatha*, Tab. *Sukumar kashayam*, Tab. *Kanchnar Guggulu* and *Aarogyawardhini vati* for two months along with two sittings of *Yoga basti* with *Dashmoola Taila* and *Dashmoola Kwatha*. **Result:** Ayurvedic treatment and Management was implemented throughout the duration of the therapy. Follow-up ultrasonography (USG) revealed a complete resolution of the cyst, and the symptoms significantly subsided. **Conclusion:** This case study accentuates the effectiveness of Ayurveda in achieving positive outcomes in the management of ovarian cysts.

INTRODUCTION

Reproductive health in women refers to a state in which the reproductive process is carried out in a state of physical, mental, and social well-being. The health-related problems that affect women between the age of 15-45 years are related to sexual and reproductive health issues such as Amenorrhea. Amenorrhea literary means *Anartava* i.e. absence of menstruation. The main cause is the incoordination between the hormones and the reproductive hormones. Amenorrhea is broadly classified into two types: primary and secondary. Secondary amenorrhea

refers to the absence of menstruation for more than three months in women of reproductive age who had previously experienced normal menstrual cycles. It is regarded as a symptom rather than a distinct disease^[1]. A hemorrhagic cyst is a kind of functioning cyst that arises when cyst bleeds within the ovary during ovulation. A Graafian follicle instead of releasing an ovum, continue to swell with fluid or blood rather than disintegration. Most of the hemorrhagic ovarian cysts are Corpus luteal cysts which occur due to hemorrhage into a cyst usually painful, triggering the patient to consult physician. Excessive hemorrhage takes place inside the corpus luteum despite blood-filled cyst, the progesterone and estrogen secretion continues due to which the menstrual cycle may be normal or absent or delayed which is usually followed by heavy and/ or prolonged bleeding^[2]. Few of them can be neoplastic but they are usually benign. *Granthi* refers to consolidated,

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdharma.v13i1.2541
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

solidified, swelling which looks like nodular mass [3].

The *Raktaja Granthi* develops due to vitiation of *Rakta* caused by *Vatadi Dosha* characterized with features of *Pittaja Granthi* [4]. Ayurveda outlines a variety of methods, including lifestyle changes, dietary correction, oral medications and *Basti* therapy which possess *Vatahara* and *Lekhana* properties. With the help of Ayurvedic management this case was treated successfully.

The Clinical findings: An unmarried Hindu female patient of 21 years of age visited to OPD of Prasuti Tantra Evam Stree Roga, UHDC with the chief complaint of amenorrhoea since 4 months and withdrawal bleeding only after taking medication since 2 years.

Case Report- An unmarried female patient of 21 years of age visited to OPD of Prasuti Tantra Evam Stree Roga, UHDC with the chief complaint of amenorrhoea since 4 months associated with severe lower abdominal pain since 20 days.

Menstrual History- Patient attained her menarche at 14 years of age.

LMP- 14-May-2025, Irregular scanty flow lasts for 8-10 days.

Table 1: Menstrual history

Duration	8-10 days
No. of pads used	Day 1-4 = 2 pads/day
	Day 5-10 = 1 pads/day
Clots	Absent
Pain	++
Flow	Moderate

Past M/H- Withdrawal bleeding only after taking medication which lasts for 8-10 days.

Past Medical History - H/O taking Homeopathic medication for 4 months.

Past Surgical History - Not any

Family History - Not any

Table 2: Personal History

Diet	Mixed
Appetite	Decreased
Micturition	Normal
Bowel	Irregular/Constipated
Sleep	Disturbed

Examination

Table 3: General Examination

G.C	Fair
Built	Moderate
Weight	55kg
Height	5'2"
BMI	21.9
B. P	120/80 mmHg
Pulse Rate	82/min
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Edema	Absent

Table 4: Systemic Examination

Central Nervous System	Patient was conscious and well oriented.
Cardiovascular System	Auscultation: Normal heart sounds
Respiratory System	Inspection: B/L symmetrical chest Auscultation: AEBE

Laboratory Investigations

17/09/2025

Hb- 10gm/dl

TSH-1.72 mIU/ml

Sr. Prolactin- 8.23 ng/ml

USG Lower abdomen done on (17/09/2025) was suggestive of-

Right ovarian hemorrhagic cyst and left polycystic ovarian morphology.

Advice

Table 5: Diet - Pathya Ahara [5]

<i>Dhanyaka Varga</i>	<i>Yava, Mudag, Rajmas</i>
<i>Phala Varga</i>	<i>Amalaki, Narikel, Parawat</i>
<i>Taila Varga</i>	<i>Til Taila, Eranda Taila</i>
<i>Shaka Varga</i>	<i>Jeerak, Rasona</i>
<i>Dhatu Varga</i>	<i>Saindhava</i>
<i>Krutanna Varga</i>	<i>Vilepi, Saktu</i>

Yogasana- Dhanurasana, Balasana, Padmasana, Surya Namaskara.

The treatment was carried out on the basis of Ayurvedic principles along with diet and lifestyle recommendations:

Table 6: Therapeutic Intervention

Date	Treatment
20/09/2025	Virechana karma (Snehapana with Varunadi Ghrita and Virechana with Trivritta Avleha)
13/10/2025	1 st cycle of Yoga Basti (Anuvasana Basti with Dashmoola Taila and Niruha Basti with Dashmoola Kwatha)
18/11/2025	2 nd cycle of Yoga Basti (Anuvasana Basti with Dashmoola Taila and Niruha Basti with Dashmoola Kwatha)
11/12/2025	3 rd cycle of Yoga Basti (Anuvasana Basti with Dashmoola Taila and Niruha Basti with Dashmoola Kwatha)

Shamana Chikitsa

Month	Medicine	Dose	Time
Sep 2025	Dashmoola Katutrayadi Kwatha ^[6]	20ml twice daily	Before meal
	Tab. Sukumar Kashayam ^[7]	1-0-1	After meal
Oct 2025	Dashmoola Katutrayadi Kwatha	20ml twice daily	Before meal
	Tab. Sukumar Kashayam	1-0-1	After meal
	Tab. Kanchnar Guggulu ^[8]	1-0-1	After meal
	Aarogyavardhini Vati ^[9]	1-0-1	After meal
Nov 2025	Dashmoola Katutrayadi Kwatha	20ml twice daily	Before meal
	Tab. Sukumar Kashayam	1-0-1	After meal
	Tab. Kanchnar Guggulu	1-0-1	After meal
	Aarogyavardhini Vati	1-0-1	After meal
Dec 2025	Dashmoola Katutrayadi Kwatha	20ml twice daily	Before meal
	Tab. Sukumar Kashayam	1-0-1	After meal
	Tab. Kanchnar Guggulu	1-0-1	After meal
	Aarogyavardhini Vati	1-0-1	After meal

After completion of 3 Yoga Basti, patient started menstruating.

During the treatment period, the patient was advised to take proper balanced diet and lifestyle modifications.

Table 7: Do's and Dont's

Do's	Dont's
✓ Regular exercise or Yogasana for half an hour.	✓ Avoid holding natural urges.
✓ Must take morning breakfast daily.	✓ Avoid daytime sleeping.
✓ Add Jwara, Bajra, Ragi millets in diet.	✓ Avoid uncooked vegetables, sprouts, junk food and refined-maida made food products.

RESULT

Table 8: Sonographic findings of before and after treatment

Before Treatment	After Treatment
USG- 17/09/2025	USG- 21/12/2025
Uterus- Normal in size 79x32x45 mm and shape, myometrium echotexture is homogenous, endometrium measures approx. 8mm in thickness, cervix is slightly bulky measures 29.2 mm in AP dimension.	Uterus- Normal in size 79x35x42 mm and shape, myometrium echotexture is homogenous, endometrium measures approx. 10.1mm in thickness, cervix is slightly bulky measures 24 mm in AP dimension.

Adnexae- Right ovary appears enlarged measuring approx. 48x23x39mm, volume 23.6 cc with fine internal echoes and thin septations in right ovary- Hemorrhagic cyst impression,
Left ovary measuring approx. 42x16x33mm, volume 12.6 cc is bulky in size and shows multiple peripherally arranged small follicles with central echogenic stroma.

Adnexae- Bilateral ovaries are normal in size and appearance. Right ovary appears enlarged measuring approx. 34x19x19mm, volume 6.9 cc and shows a dominant follicle measuring 10.5x10.4mm. Previously detected hemorrhagic cyst resolved in present scan.

Left ovary measuring approx. 32x19x18mm, volume 5.9 cc. No obvious adnexal lesion seen.

Impression- Normal study

Ultrasound reports revealed no evidence of hemorrhagic ovarian cyst along with presence of dominant follicle (Table No.8).

DISCUSSION

The pathology indicated here is *Vimarga gamana*. The ovarian cysts are one of the root causes of ovarian dysfunction and perhaps the hormonal imbalance. Based on ultrasound evaluations, traditional Ayurvedic treatment and therapies with no adverse drug reactions helps in achieving the positive outcomes in the management of ovarian cysts.

In the treatment of cyst our protocol involving *Virechana*, *Yoga Basti* with *Dashmoola Taila* and *Dashmoola Kwatha* was implemented to systematically target cyst resolution through balancing *Doshas* and *Srotoshodhana*. As *Virechana*, the initial procedure eliminates deep seated *Ama* which contribute to formation of cyst. Following this, *Yoga Basti* which is the summation of 8 *Basti* by *Acharya Charaka* starting with one *Anuvasana Basti* followed by 3 *Asthapana* and 3 *Anuvasana* alternatively and 1 *Anuvasna Basti* at last. *Asthapana Basti* is said to be *Sarva Gadapaha* and *Sarva Arthakari*. *Yoga Basti* regulates the *Apana Vayu*, crucial for reproductive health. It addresses the root cause by removing *Sangha* and *Avarana* in the channels.

Basti is considered the prime therapy for *Vata dosha*. It serves both as *Shodhana* and as a regulator of *Apana Vayu*. *Basti* is believed to stimulate the enteric nervous system, influencing the central nervous and endocrine systems by normalizing neurotransmitter and hormonal pathways, thus helps in resolving neurohormonal imbalances. Here *Yoga basti* was selected, and the medication used for *Basti* were *Dashmool taila* and *Dashmool kwatha*. *Dashmool* is known as great *Vata* pacifier and anti-inflammatory which helps in the removal of *Kaphadi avarana* and hence clear the *Strotas*. Its anti-inflammatory effect acts on body emphasizes on pelvic region to resolve the *Granthi* and *Artavvaha strotodusti*. Proper functioning of *Vata* helps in transportation of hormones through different channels due to its "*Sara*" property which helps in proper functioning of HPO axis resulting in regular menstrual cycle. [10]

In *Dashmoola Katutrayadi Kwatha* the root bark of five *Brihat Panchamoola* and whole root of five *Laghu Panchamoola* was taken. It has *Katu Rasa*, *Katu Vipaka*, *Laghu - Ruksha Guna*, and *Ushna Veerya*. By virtue of these properties *Dashmoola* act as *Aamapachana* and remove the *Avarana* of *Kaphadi Doshas*. As *Dashmoola* are *Ushna Veerya* and other properties associating to that are acting on *Vata Dosha* also. It has potent anti-inflammatory and uterine tonic action. *Dashmoola* is considered to be a potent medicine for *Vata-Kapha* disorders. It is used to combat *Vata* imbalance and alleviate pain associated with the cyst.

Sukumar Kashayam is a formulation mentioned in *Vidradhi Vridhi chikitsa*. It is *Vata-Pittahara* in nature and possesses properties like, *Mutra-Virechaneeya*, *Raktashodhaka* and *Sophahara*. *Dashmoola*, which is one among the major ingredient of the formulation accounts for the *Vatashamana* nature and it's another content i.e. *Punarnavaadi* accounts for *Shothahara* property in the treatment of Ovarian cyst. This formulation aids in regularizing cycles and in managing the inflammation and internal bleeding associated with a hemorrhagic cyst.

Kanchnar Guggulu possess *Laghu*, *Ruksha*, *Sukshama guna*, *Ushna veerya*, *Katu vipaka* and *Raktashodhana*, *Lekhana*, and *Shothahara* properties thus contributes significantly in treating conditions like *Granthi* by lysis of cyst and hence reduces the volume of ovary. Its *Vata-Kaphahara* properties helps in alleviating aggravated *Vata* and *Kapha doshas* hence maintains balance. It has *Granthihara* and *Bhedana* properties which acts on reproductive system and improve the functions of ovary and arrest the further growth of cyst.

Aarogyavardhini Vati has *Tamra Bhasma*, *Guggulu*, *Katuki*, *Triphala* which possesses *Lekhana*, *Deepana*, *Medodoshahara*, *Strotosodhana*, and *Rasayana* properties. It has *Deepan*, *Pachana* and *Rakta shodhaka* properties and has been indicated in the pathological state as *Mandagni*, *Sang* and *Rakt dushti* that may help to correct the underlying pathology of disease and restore normal physiology.

CONCLUSION

In the above case the patient had *Anartava* due to hemorrhagic ovarian cyst. It can be interpreted from the above study that *Virechana*, *Yoga Basti* with *Dashmoola Taila* and *Dashmoola Kwatha* along with *Pathya Ahara*, *Yogasana* and oral medications was found to be effective in the management of *Anartava* due to hemorrhagic ovarian cyst. The drugs possess *Katu*, *Ushna*, *Lekhana*, *Rukshana*, *Shophahara*, *Granthihara* and *Arbudahara* properties. Thus, prescribed for *Samprapti Vighatana* of the disease.

REFERENCES

1. DC Dutta, Textbook of Gynecology. Konar H editor, Jaypee Brothers Medical Publishers, New Delhi, 7th edition 2016, p-370
2. D.C. Dutta edited by Hiralal Konar, Textbook of Gynecology Enlarged and Revised Reprint of 6th Edition, Jaypee Brothers Medical Publishers, New Delhi, p- 686, p-289
3. Acharya Yadavji Trikamji, Granthi Apachi Arbuda Galaganda Nidana, Sushruta Samhita, with Nibandha Sangraha commentary by Dalhana, Varanasi, Choukhamba Sanskrit Sansthan; 2022, Reprint. p- 824, p-310.
4. Pt.Hari Sadasiva Sastri, Granthi Arbuda Shlipada Apachi Nadi Vijnaniyam, Astanga Hrudyaya with Sarvangasundara of Arunadutta and Ayurveda Rasayana of Hemadri, Varanasi, Choukhamba Sanskrit Sansthan; 2022 Reprint p-956, p-881
5. Yadavji Trikamji (editor) Ayurveda dipikavyakhya on Charaka Samhita, sutrasthana, chap-27, 1st ed. Varanasi, chaukhamba prakashan, 2023, p-153-170.
6. Bhaishajya Ratnavali of Kaviraj Govind Das Sen Edited with 'Siddhiprada' Hindi commentary by Prof. Siddhi Nandan Mishra, Chaukhamba Surbharati Prakashan, Varanasi, Edition 2019, Hikka- shwasarogadhikara, p-460.
7. Gopala Pillai, K.V.Krishnan Vaidyan. Sahasrayogam. Sujana Priya vyakhya. S. Vidyarambham Publishers. Alappuzha. First Edition. 2015, p-544.
8. Shastri DD, Sharngadhara. Vataka Kalpana adhyaya. In: editors. Sharngadhara Samhita. Revised edition. Varanasi (India): Chaukhamba Surbharati Prakashana; 2002. P. 190.
9. Mishra S. Bahisajya Ratnavali Kushta Rogadhikar 54/111-117, Chaukhamba Surbharti Prakashan, Varanasi, 2015. Pp 871.
10. Taru P, Syed S, Kute P, Shikalgar M, Kad D, Gadakh A. Dashamoola: A systematic overview. GIS-Zeitschrift für Geoinformatik. 2022; 9: 1334-45.

Cite this article as:

Shivani Kalouni, Manish Bartwal. Ayurvedic Management of Secondary Amenorrhea due to Hemorrhagic Ovarian Cyst. AYUSHDHARA, 2026;13(1):212-216.

<https://doi.org/10.47070/ayushdhara.v13i1.2541>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Shivani Kalouni

Assistant Professor,
Department of Prasuti Tantra
Evam Stree Roga, UMCAR,
Uttaranchal University, Dehradun.
Email:

itsmeshivanikalouni@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.