



Case Study

SHATAPUSHPA TAILA NASYA IN SECONDARY AMENORRHEA ASSOCIATED WITH HYPERPROLACTINEMIA

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ABSTRACT

Regular menstruation is an indicator of good health in women. During the reproductive years, most women experience some variation in menstrual parameters such as interval, duration and flow. Secondary amenorrhea may be physiological, as in pregnancy and lactation or pathological, as in conditions associated with polyendocrine metabolic ovarian syndrome, hyperprolactinemia, hypothyroidism and many more. It requires timely treatment, as it may otherwise progress to endometrial hyperplasia and infertility. *Shatapushpa taila nasya* is described as aid in the restoration of menstruation and in the regulation of hypothalamic-pituitary-ovarian axis. In the present case, a patient presented with secondary amenorrhea associated with polyendocrine metabolic ovarian syndrome and hyperprolactinemia, and *Shatapushpa taila nasya* was planned as treatment. Following the intervention, cyclic menstruation was restored and regulated, and the serum prolactin level falls from 860.1ng/ml to 36ng/ml. This case demonstrates the potential role of *Shatapushpa taila nasya* in restoring and regulating cyclic menstruation in conditions such as polyendocrine metabolic ovarian syndrome.

INTRODUCTION

During reproductive years, women may experience variation in the menstrual cycle in terms of interval, duration and amount which can be physiological or pathological. Secondary amenorrhea is defined as absence of menstruation for more than three months in a woman with previously regular cycles or for more than six months in a woman with previously irregular cycles.^[1] It may be associated with conditions such as polyendocrine metabolic ovarian syndrome (PMOS), hyperprolactinemia, hypothyroidism and others.

The menstrual cycle is under the control of the hypothalamic-pituitary-ovarian (HPO) axis and any disturbance in its functioning leads to menstrual abnormalities. Hyperprolactinemia may result from

pituitary adenoma, stress, exercise or medications such as anti-depressants, anti-psychotics.^[2]

In Ayurveda, this presentation corresponds to *Artavakshaya*, defined as *Yathouchita kala adarshanam* (delayed or irregular menstruation), *Alpata* (scanty flow) and *Yonivedana* (painful menstruation).^[3] Here, vitiated *Vata-Kapha dosha* causes *Artavavaha strotas margavarodha* (obstruction of the channels), which in turn affects *Artava utpatti* and *Nishkramana*.^[4] *Shatapushpa* is *Ritupravartini* (restores menstruation), *Yonivishodhni* (cleanses the reproductive tract), *Vataprashamani* (pacifies *Vata*) and *Dhanya* (conception) thereby aiding menstruation and ovulation.^[5]

A drug administered through *Nasya* acts on HPO axis and aids the restoration of menstruation and hormonal balance. In contemporary medicine, withdrawal pills are used but they are associated with side effects such as weight gain, breakthrough bleeding.^[6] This case highlights the role of the Ayurvedic procedure *Nasya* in regulating cyclic menstruation and hormonal balance with minimal side effects.

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Patient Information

A 21-year-old unmarried patient visited the XXXX OPD on September 18, 2024 with the complaint of absence of menstruation for the preceding four months. She had a history of irregular, delayed menstrual cycles with an interval of 50-60 days for nine months, with her last menstrual period (LMP) on June 6, 2024. She also reported scanty flow- usually spotting, not even soaking one pad per day- over the last three cycles. She had developed facial and generalized body hair over the previous years and had gained 6kg in weight. She had taken allopathic treatment, including withdrawal pills two month earlier, without restoration of menstruation. She had no known medical or surgical history. With all these complaints she came for ayurvedic management.

Timeline

Table 1: Clinical Timeline

Date	Management
August, 2024	Took withdrawal pills; ultrasonography done.
September 18, 2024	First visit; urine pregnancy test advised (negative). Hormonal tests advised: Sr TSH, Sr Prolactin, Sr LH, Sr FSH.
September 28, 2024	<i>Shatapushpa taila nasya</i> , 6 drops in each nostril, for 3 days (<i>Shodhana matra</i>)
October 2, 2024	Menstruation restored, with moderated flow (2-3pads/day)
October 10, 2024	<i>Shatapushpa taila pratimarsha nasya</i> advised, 2 drops in each nostril for 21 days.
November 4, 2024	Menstruation with normal flow. Advised to repeat Sr Prolactin on day 2.
November 6, 2024	Serum Prolactin fall from 860.1ng/ml to 36ng/ml.

Sr, serum; TSH, thyroid-stimulating hormone; LH, luteinizing hormone; FSH, follicle-stimulating hormone.

Diagnostic assessment

On the basis of clinical findings and investigations, the case was diagnosed as secondary amenorrhea associated with PMOS and hyperprolactinemia. Pregnancy was excluded by a negative urine pregnancy test, and also thyroid dysfunction was excluded as serum TSH in normal range; the elevated serum prolactin together with ultrasonographic findings supported the diagnosis. In Ayurveda, this pathology is understood as *Artavakshaya* due to *Sanga* of *Vata-Kapha dosha* leading to *Artavavaha strotas margavarodha*. Accordingly, following the principle *Shodhanam agneya dravayanam* in the management of *Artavakshaya*, *Shatapushpa taila nasya* was planned. *Shatapushpa* is *Ushna-tikshna* with *Vataprashamani* and *Ritupravartini* action, and as the nose is regarded as the gateway to the head, it is considered to aid the restoration of menstruation by modulating the hormones secreted by the HPO axis. *Shatapushpa taila nasya* was therefore selected as the treatment protocol (Fig. 1).

Therapeutic intervention

After pregnancy had been excluded by the Urine Pregnancy Test and blood tests for hormonal

Clinical findings

The patient was of medium built with a body mass index of 25.3kg/m². On physical examination, she had hirsutism over the chin, neck and abdomen. All secondary sexual characters were well developed, and she was systematically stable. Breast examination, no significant abnormality or nipple discharge seen. A Urine Pregnancy Test (UPT) was negative, ruling out pregnancy. Ultrasonography (August 26, 2024) suggested PMOS, with a right ovarian volume ~21 cc and a left ovarian volume ~20.8 cc. Blood investigations showed a serum prolactin of 860.1 ng/ml and serum thyroid-stimulating hormone (TSH) of 2.53 µIU/dl.

levels had been obtained, *Shatapushpa taila nasya* was administered for three days in *Shodhana matra*, 6 drops in each nostril, and restoration of menstruation was achieved. After, cessation of menses, *Shatapushpa taila pratimarsha nasya* was given 2 drops in each nostril for 21 days, to regulate the HPO axis. The procedure was well tolerated, with no adverse events reported.

Follow up and outcomes

Following the three-day course of *Shatapushpa taila nasya* for the purpose of *Shodhana*, and menses were restored after two days. An improvement in menstrual flow was observed; in this cycle she had moderate flow around 2-3 pads/day. *Shatapushpa taila pratimarsha nasya* was then advised for 21 days. Subsequently, on November 4, 2024, she menstruated on time with normal flow. On day 2 of that menstruation, serum prolactin was repeated and showed a marked reduction to 36ng/ml. Thereafter, follow up was continued for three months, during which her menstrual cycle became regular with normal flow.

Table 2: Baseline and Follow-Up Parameters

Parameter	Baseline	Follow up
Body mass index	25.3 kg/m ²	24.5 kg/m ²
Ovarian volume (right/left)	~21 cc / ~20.8 cc	-
Serum Prolactin	860.1 ng/ml	36 ng/ml
Serum TSH	2.53 µIU/dl	-
Serum FSH	3 mIU/ml	-
Serum LH	5.60 mIU/ml	-

TSH, thyroid-stimulating hormone; FSH, follicle-stimulating hormone; LH, luteinizing hormone.

DISCUSSION

According to classical principle, *Nasa hi shirso dwaram*, a drug administered through the nasal route reaches the head and helps maintain the functioning of HPO axis.^[7] The *Shira* is regarded as the *Uttamanga* and the seat for all the *Indriyas* and *Manas*.^[8] A drug used in *Nasya* therefore influences the *Manasika bhavas*; since *Chintanam cha ati chintanat* is important cause for *Rasa dushti*, and *Artava* is an *Updhatu* of *Rasa*, the quality *Artava* depends on the quality of *Rasa*.^[9]

As described in the *Ashtanga Sangraha* of *Vagbhata*, the *Nasya* drug reaches the *Shringataka marma* and removes all the *Doshas* from the region of nose, eyes, *Kantha* and *strotas*.^[10] Since *Prana vata* and *Udana vata* are seated in the *Shira*, they are pacified; and as all five types of *Vata* are governed by *Prana vata*, they too are pacified.^[11] Consequently, *Samana vata* supports the proper formation of *Rasa* from *Ahara rasa*. By the principle of *Parimanam apadyamanamiti* (formation of byproduct), the quality of *Artava* comes to resemble that of *Rasa*.^[12] *Apana vata* restored to its *Prakruta sthiti* (normal state), then carries out proper *Artava nishkramana*, aiding timely ovulation and menstruation.^[13]

From a biomedical perspective, the drug delivered through nostrils crosses the mucosa over the cribriform plate of ethmoid bone and, via the olfactory bulb and olfactory nerve, reaches the limbic system which has a major role in emotional control. *Nasya* may thereby help lower stress and anxiety and act on the HPO axis, supporting hormonal balance and reproductive function. The route is non-invasive and rapid in action, as it bypasses the hepatic first-pass metabolism.^[14]

Shatapushpa is *Tikshna* and *Ushna* in property, which makes it *Agneya* in nature, as well as *Vata-Kaphashamaka* and *Pittavardhaka*; *Artava* is likewise *Agneya* in nature. By the principle of *Saravada sarvabhavanam samanyam vriddhi karnam* (the substances of like properties promote the formation of similar body constituents).^[15] and the treatment protocol for *Artavakshaya* is *Shodhanam agneya*

dravyanam vidhivat prayoga, *Shatapushpa taila nasya* aids *Artavavaha strotas margavishodhana* (cleansing of the reproductive tract).^[16]

Shatapushpa contains phytoestrogens and is proposed to act as a selective estrogen receptor modulator (SERM), exhibiting both estrogen-agonist and estrogen-antagonist effects.^[17] In a hyperestrogenic state, as may occur in PMOS, it is proposed to help by reducing the conversion of endogenous estrogen to estradiol, whereas in a hypoestrogenic state it exerts an estrogenic action that supports ovulation.

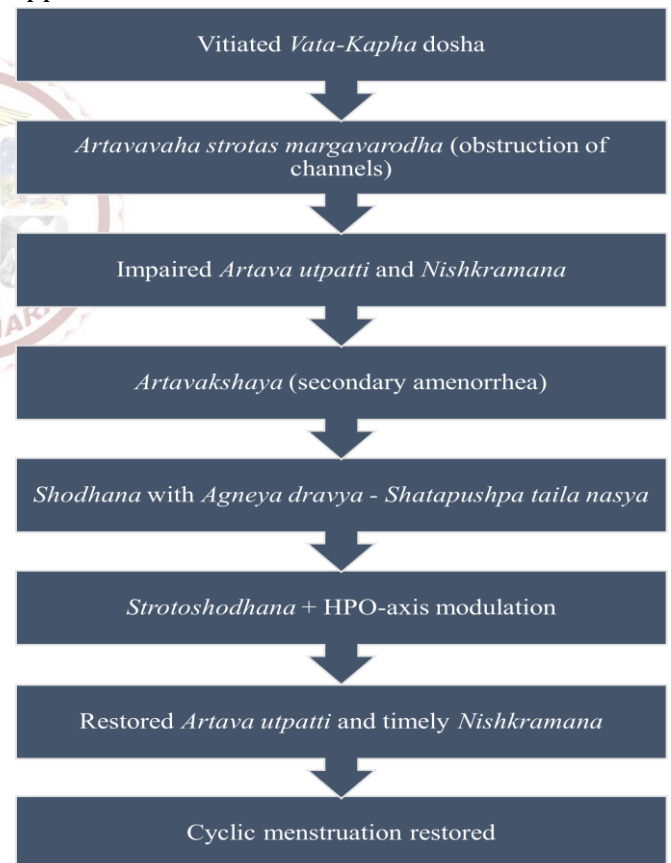


Fig. 1: Samprapti (pathogenesis) of Artavakshaya and the proposed action of Shatapushpa taila nasya

Patient perspective

I am quite happy with my treatment. It helped me in overcoming my stress as well as health issues.

CONCLUSION

This case demonstrates the role of *Shatapushpa taila nasya* in the restoration of menstruation and the regulation of HPO axis function. It suggests that Ayurveda may offer a valuable approach to maintaining the menstrual cycle and ovulation in conditions such as PMOS and infertility, and that further research is warranted.

Declarations

Written informed consent was obtained from the patient for the publication of this case report and the accompanying clinical data.

REFERENCES

1. Deligeoroglou E, Athanasopoulos N, Tsimaris P, Dimopoulos KD, Vrachnis N, Creatsas G. Evaluation and management of adolescent amenorrhea. *Ann N Y Acad Sci.* 2010 Sep; 1205: 23-32. doi:10.1111/j.1749-6632.2010.05669.x
2. Haidenberg-David F, Sidaury-Adissi J, Moscona-Nissan A, Jonguitud-Zumaya E, Fugarolas-Morinelli M, Martinez-Mendoza F, Taniguchi-Ponciano K, Marrero-Rodríguez D, Mercado M. Overview of Hyperprolactinemia: General Approach and Reproductive Health Implications. *Arch Med Res.* 2024 Dec; 55(8): 103102. doi:10.1016/j.arcmed.2024.103102.
3. Susruta, Susruta Samhita, Nibandhasangraha commentary of Sri Dalhanacharya edited by VaidyaYadavji Trikamji Acharya, Published by Chaukhamba krishanadas academy, Varanasi, Edition, 2014, Sutra sthana, chapter- 15, verse-12, pg- 70
4. Acharya JT. Sushruta Samhita of Sushruta with Nibandha Sangraha Commentary of Sri Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya. Reprint. Varanasi: Chaukhamba Sanskrit sansthan; 2009, pg.no.346 Su. Sha.2/21.
5. Kulamarva R. Kashyapa Samhita of Vriddha Jivaka, revised by Nepal Rajaguru Pandit Hemraja Sharma and Sri Satyapala Bhishagacharya. In: Kalpasthana-8th Chapter (Sloka 5-6). Varanasi: Chaukhamba Sanskrit Sansthana; 2010
6. Sulak PJ, Scow RD, Preece C, Riggs MW, Kuehl TJ. Hormone withdrawal symptoms in oral contraceptive users. *Obstet Gynecol.* 2000; 95(2): 261-266. doi:10.1016/S0029-7844(99)00524-4.
7. Agnivesha, Charaka Samhita, Vidyotini Hindi commentary by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Sidhi Sthana 2/22, Chaukhambha Bharati Academy, Varanasi, Reprint 2005; 986
8. Pandit Kashinath Shastri, Charakasamhita of Sutrastahna chapter 17th verse no. 12, 4th edition Varanasi; Chowkhamba Sanskrit samsthana; p. 231.
9. Charaka. Charaka Samhita, Vimana Sthana, Chapter 5, Verse 8. In: Sharma RK, Dash B, editors. Charaka Samhita: Text with English Translation and Critical Exposition Based on Chakrapani Datta's Ayurveda Dipika. 1st ed. Varanasi: Chowkhamba Sanskrit Series Office; 2000
10. Vagbhata, Ashtangasangraha with Hindi commentary by Kaviraj Atridev Gupta, Sutrasthana 29/2, Chowkhamba Krishnadas Academy, Edition: Reprint 2005; 216.
11. Tripathi B. (2011) Ashtanga Hridaya; (Reprint) Varanasi: Chaukhambha Orientalia; Vol. 1; Nidana Sthana, ch.16/16
12. Charak Samhita Vidyotinitika, Shastri K, Chaturvedi G, 1st edition. Varanasi: Chaukhambha Bharati Academy; 2008. Vol.1, ch. Viman 5/3 Page no.710.
13. Vagbhata. Astanga Samgraha, Vol.1, Srikantha Murthy KR (editor). Reprint 2007., Sutra Sthana, Varanasi: Chowkhamba Orientalia; p.368
14. C. Guyton and John E. Hall. Textbook of medical physiology. Chapter -53, Saunders. 11th edition, reprint 2006; 669.
15. Acharya YT, Charaksamhita, Srichakrapanidatta Virachita Ayurvedadipika Editing by Acharya Trivikramathagen Yadvasharmana, Sutrasthan 1/4, Publisher, Chaukhambha Surabharati Publications, Varanasi, 2013 pp.103
16. Sushruta Samhita Sutra Sthana Adyaya 15/12 with Govinda Bhaskara Ghanekar comm. Varanasi: Chaukhamba Sanskrit Pratisthana; 1978. p. 92
17. Pillewan M, Shamkuwar SK, Baghel P. Analytical Analysis of Shatapushpa Described in Kashyapa samhita: A Review. *Int J Agric Innov Res.* 2018 [cited 2025 Jun 7]; 6(5): 2319-1473

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