

ROLE OF *UTTARAVASTI* IN THE MANAGEMENT OF SECONDARY AMENORRHOEA

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Abstract

Background

Uttaravasti is a treatment procedure which is beneficial in various gynaecological ailments and has superior qualities ⁽¹⁾ when compared to oral medication and other therapies. This study aims to evaluate the role of *Uttaravasti* in the management of secondary amenorrhoea.

Method

This case series includes 5 patients who underwent *Uttaravasti* for induction of menstruation from October 2024 to September 2025 in the O.P.D of V.P.S.V Ayurveda College Hospital, Kottakkal. The outcome of the study was assessed on the basis of induction of menstruation in secondary amenorrhoea.

Results

In all participants, the positive outcome of treatment in the form of induction of menstruation was observed which indicated the efficacy of *Uttaravasti* in the less explored area of induction of menstruation. The study reveals the potential of Ayurvedic therapy to induce menstruation within a short period of time.

Key words: *Uttaravasti*, Secondary amenorrhoea, induction of menstruation.

Introduction

Regular and predictable menstrual cycles occur if the ovarian hormones oestrogen and progesterone are secreted in an orderly manner in response to the cyclical stimulation by hypothalamus and pituitary. These circulating oestrogen from granulosa cells of ovaries and progesterone from corpus luteum bring about the proliferative and secretory changes in the uterine endometrium.⁽²⁾ In the absence of fertilization by day 23 of menstrual cycle, the corpus luteum begins to degenerate. The falling levels of oestrogen and progesterone and subsequent release of prostaglandins constrict the spiral arterioles in the endometrium. The blood supply to the surface endometrium -stratum functionalis is cut off and thus the shedding of uterine endometrium is initiated which manifest as menstrual bleeding. When the blood is shed to the uterine cavity, it gets clotted and the clots are readily dissolved by thrombolytic agents produced in the endometrium.⁽³⁾

Amenorrhea means absence or suppression of menstruation. Amenorrhoea may be physiological or pathological. The pathological amenorrhoea is of two types - primary and secondary. Secondary amenorrhea is defined as the absence of menstruation for more than 3 cycle intervals or 6 consecutive months in a previously menstruating woman.⁽⁴⁾ In regular clinical practice, it is considered to be the absence of menstruation, irrespective of the time period. The prevalence of secondary amenorrhea is up to 4 % in the general population.⁽⁵⁾ Apart from physiological causes like pregnancy and lactation, factors related to the Hypothalamo pituitary ovarian uterine axis, anaemia and undernourishment, stress, metabolic problems and iatrogenic factors leads to secondary amenorrhea⁽⁶⁾. For an exact diagnosis, examinations including BMI analysis and investigations including routine blood test, steroid hormone assays, TFT and USG are

necessary. Among the causative factors of secondary amenorrhoea, premature ovarian failure, Asherman's syndrome, Sheehan's syndrome are mostly incurable.⁽⁷⁾ For induction of menstruation modern medicine generally advises sex steroids.

Ayurveda consider the symptom *Anartava* which may be due to *Avarana* or *Dhatukshaya*. *Nashtartava*⁽⁸⁾ and *Artavakshaya*⁽⁹⁾ are the conditions enlisted in *Stri roga prakarana*. Ayurvedic therapeutics has a range of medicines for this purpose. Various *kalpanas* like *kashaya*, *arishta* and *gutika* are liberally and effectively used in most of the cases for the initiation of menstrual cycles. *Satahwadi tailam*⁽¹⁰⁾ and *Rejaprvartini vati*⁽¹¹⁾ are beneficial in amenorrhoea. But the response to oral administration of these medicines is seen to take a longer time in chronic and severe conditions. So procedure based therapies like *Kashaya vasti* were considered in a few cases.⁽¹²⁾ This case series is an effort to observe the role of *Uttaravasti* which is indicated in *Anartava* in induction of menstrual cycle in secondary amenorrhoea.⁽¹³⁾ Here the medicines are directly instilled into the *apatyapadha* that is the birth canal or more precisely into the uterus to get a faster response. The series includes 5 patients in the O.P.D of V.P.S.V Ayurveda College Hospital, Kottakkal who underwent *Uttaravasti* with *Satahwadi tailam* and *Rejaprvartini vati* and showed successful results.

Materials and methods

Case details:

This case series aims to describe the role of *Uttaravasti* to induce menstruation in secondary amenorrhoea. 5 patients who underwent *Uttaravasti* for induction of menstruation from October 2024 to December 2024 in the O.P.D of V.P.S.V Ayurveda College Kottakkal are included in this case series. Patients attended the O.P.D of Prasootitantra - Streeroga Department, V.P.S.V Ayurveda College Hospital, Kottakkal with secondary amenorrhoea of different duration and underlying causes and were having negative Urine pregnancy test. The patients were not taking Allopathic medicines for induction or regularising menstruation, oral contraceptive pills, Ayurvedic medicines or other therapies including Yoga and psychotherapy. They were non - diabetic, non - hypertensive with no history of cardiac diseases, vaginitis, cervicitis, cervical polyps, cervical erosion, PID or malignancies.

Table – 1 – Height and Weight details

No.	Date of First visit	Age [years]	Height in Cm.	Weight[kg]
1	19.10.24	47	158	60
2	26.10.2024	50	163	76
3	3.12.2024	23	162	65
4	5.12.2024	41	165	58
5	10.12.2024	22	155	62

Table 2 – Details of Menstrual history

Case No.	Duration of bleeding	Interval of menses	L.M.P	Associated Complaints/ diseases	Contraceptive Practice	Parity
1	2 days	3- 6 months	8.4.2024	Dysmenorrhoea Adenomyosis	PPS done	3
2	5-8 days	45 days- 3 months	28.8.2024	Menorrhagia Submucus fibroid	PPS done	2
3	3 days	45 days – 3 months	18.10.2024	Dysmenorrhoea	Nil	Nil

				Primary infertility		
4	6- 7 days	30 days- 3 months	6.10.2024	Menorrhagia Intra mural Fibroids	PPS done	3
5	2-3 days	60 days- 4 months	10.10.2024	Dysmenorrhoea Right ovarian cyst Primary infertility	Nil	Nil

Table 3 - Clinical investigations

Case No	Investigation with date	Findings
1	USG -- 30.9.2024	Adenomyosis
2	USG – 16.10.2024	Retroverted bulky uterus Sub mucus fibroid 1.3 cm Right ovarian cyst 3.3cm
3	USG – Follicular study 1.12.2022 HSG – 16.5.2023	Anovulation Normal HSG
4	USG-14.10.2024	Anteverted uterus Posterior intramural fibroid 50x48mm
5	USG -11.12.2024	Right ovarian cyst 4.8x3.3 cm

Intervention details

The plan of study was the Intrauterine administration of *Satahwadi tailam* 10ml with 1 tablet *Rejapravartini vati* for 3 -5 days in patients with secondary amenorrhoea irrespective of the causative factor or duration of amenorrhoea. The urine pregnancy test was done in all patients in whom permanent methods of contraception was not adopted. General, systemic, Per speculum, per vaginal examinations and investigations were done to rule out contraindications for *Uttaravasti*. The classically mentioned *purvakarma* – *kashaya vasti* and the routine practice of local *Abhyanga* and *Ushma sweda*⁽¹⁵⁾ as immediate *purva karma* were not done in the participants. No internal medications were given during the treatment period. These were intentionally planned to observe the efficacy of *Uttaravasti*. The informed consent was obtained from all participants.

15 ml *Satahwadi tailam* was taken in a clean stainless steel vessel. One *Rejapravartini vati* was crushed and powdered well and added to the taila and stirred well. The medicine was autoclaved and then allowed to cool to room temperature. The supernatant taila was poured in a clean vessel and the sediment was discarded. A disposable syringe of capacity 20 ml was filled with the medicine up to the 12 ml marking and air bubbles, if any were removed.

Vitals were checked before the procedure. The patient was made to lie on the procedure table in supine position with knees flexed. The vulva and vagina were cleaned well with cotton swabs and antiseptic solution. Cuscos speculum was introduced and fixed. After cleaning the vaginal portion of cervix, a sterilised uterine sound was passed through the external os and its entry restricted just above the level of internal os. The length of cervical canal was noted and direction of uterus was assessed and compared with the findings of the previous per vaginal examination. A sterilised Rubin's cannula was fixed on the syringe and the piston of

syringe was pushed so that the medicine entered into the cannula. A drop of medicine was discarded and tip of the cannula was gently inserted into the cervical canal. The entry was restricted at a level just above the internal os. The medicine was allowed to flow slowly and steadily into the uterus by gently pushing the piston. The last 1 ml was made to remain in the syringe to prevent the entry of air bubbles, if any. A *pichu* ball (tampon) made of sterile cotton and gauze was inserted deep into the vagina to collect the medicine coming out of the uterus. The Vitals were checked and the patient was allowed to rest on the table for 30 minutes and sent home after giving advice on the removal of ball after one hour, aseptic measures and avoidance of coitus. *Uttaravasti* was repeated as per the plan of study

Table 4 – Outcomes after *Uttaravasti*

No.	Date of commencement of uttara vasti	Duration of uttara vasti	Date of onset of subsequent menses	Duration of bleeding	Change in associated symptoms	Treatment done before first follow up	Date of menses during follow up
1	20.10.2024	2	22.10.2024	5 days	Less pain	Uttara vasti for Adenomyosis with internal medicines	25.11.2024
2	27.10.2024	5	2.11.2024	4 days	Bleeding within normal limits	Medicines for fibroid	28.11.2024
3	4.12.2024	2	6.12.2024	5 days	No pain	Management of infertility including yogavasti and uttara vasti	13.1.2025
4	10.12.2024	3	13.12.2024	4 days	Bleeding within normal limits	Medicines for fibroid	15.1.2025
5	13.12.2024	4	17.12.2024	4 days	No pain	Treatment for infertility	25.1.2025

Results

All participants in this study for induction of menstruation with *Uttaravasti* reported positive results. Though the planned duration of treatment was a maximum of 5 days, except one all others had menstruation during the course of treatment which revealed the potential of *Uttaravasti* in induction of menstruation. In case 1 the menses started after 2 days of intervention, in case 2 after the 5th day of treatment, in case 3 after 2 days, in case 4 after 3 days and in case 5 after 4 days. Apart from initiating menstruation, *Uttaravasti* also addressed the other complaints like pain and heavy bleeding, the severity of which had shown considerable reduction in the 3 participants who presented with the same.

Discussion

Chronic and severe cases of secondary amenorrhoea almost always demand medical treatment of long duration. Though responses with various formulations are beneficial, the duration could be cut short and

efficacy enhanced to maximum possible extent with *Uttaravasti*. Apart from the coordinated functioning of Hypothalamo pituitary ovarian axis, general health including normal Haemoglobin level, optimum body fat favouring steroidogenesis, healthy liver, normalcy of thyroid and adrenals are also crucial in the regularity of menstrual cycle. The oestrogen sensitized pregestational endometrium disintegrates and shed under the influence of local hormones prostaglandins. The arteriolar constriction and endometrial necrosis are caused by Prostaglandins. The endometrium and partly the myometrium synthesize the prostaglandins.⁽¹⁶⁾

The drug combination used was *Satahwadi tailam* and *Rejapravartini vati*. Both the drugs are *vatakaphahara* and *pittala*. *Taila pana* is advised in *yoniroga*⁽¹⁷⁾ and the oral administration of *Rejapravartini vati* is beneficial in inducing menstruation and alleviating menstrual pain. The drugs in combination can evoke changes in the endometrium favourable for prostaglandin synthesis thus initiating menstruation in secondary amenorrhoea. Though the symptom of absence of menstruation was the subject of consideration, the participants in the age group ranging from 22 to 50 years had other gynaecological complaints like menorrhagia, dysmenorrhoea, infertility, ovarian cysts, uterine fibroids and adenomyosis. After induction of menstruation with *Uttaravasti* most of the patients were subjected to drug and procedure based therapies for those conditions and their subsequent cycles were regular. This made the follow up difficult and couldn't establish that the regularity of subsequent cycles were due to the initial intervention of *Uttaravasti*.

The pre menopause and immediate post menarche are phases of life where in secondary amenorrhoea is more common⁽¹⁸⁾. The present cases of secondary amenorrhoea included women of premenopausal age. The efficacy of the treatment in large sample size of this age group is proposed. The conventional induction of menstruation with sex steroids⁽¹⁹⁾ was adopted previously by most of the participants and the commonly practised method was the intake hormone pills for a month or a few days and thus initiating menses within 5 to 7 days after withdrawal of the pill. In the present study a comparative clinical trial was not conducted in this regard. Management of secondary amenorrhoea with Ayurvedic medicines and therapies like *Kashaya vasti* are widely practised, but these were not used here. Among the two drugs used in the present cases, *Uttaravasti* with *Satahwadi tailam* alone was tested in earlier clinical practises and the outcome was not with notable positive responses in Secondary amenorrhoea. Intra uterine administration of *Rejapravartini vati* alone without a medium in the area of Apana vata was practically not feasible and thus the combination became the solution. The combination was found effective without any complication and furthermore addressed the symptoms like pain and profuse bleeding previously present in a few participants. The efficacy of *Uttaravasti* with *Rejapravartini vati* with any other neutral medium is a proposed suggestion.

Conclusion

The case series assessed five patients in the age ranging from 22- 50 years who underwent *Uttaravasti* with *Satahwadi tailam* and *Rejapravartini vati* in secondary amenorrhoea. All the participants were reported with positive results and high level of satisfaction in the overall outcomes observed. This reflects the efficacy of *Uttara vasti* with the drugs of present study which can be adopted as a treatment modality in future clinical practises.

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