Received: 14 Apr. 2024	Revised: 15 May. 2024	Accepted: 30 June. 2025

Case Study

IJAG
Lets Explore Ayurveda Gynaecology

ISSN: 3048-5592

A CASE REPORT ON THE USE OF AYURVEDA THERAPY IN TREATMENT OF ARTAVA*KSHAYA* W.S.R TO OLIGOHYPOMENORRHEA

Sunita Jat[1], Divya D. Patil[2],

AFFLIATIONS:

1. Assistant professor, Kuwer shekar vijendra Ayurveda medical college and research center gangoh,saharanpur, utter pradesh
2. Assistant professor, Kuwer shekar vijendra Ayurveda medical college and research center gangoh,saharanpur, utter pradesh

CORRESPONDENCE:
Dr. Sunita Jat
EMAILID:
Drsunitabhilwara123@gmail.com

FUNDING INFORMATION:
Not Applicable

How to cite this article:

Sunita Jat, Divya Patil, A Case Report On The Use Of Ayurveda Therapy In Treatment Of Artava*kshaya* W.S.R To Oligohypomenorrhea. International Journal of Ayurveda Gynecology. 2024;1(2):6-14.

ABSTRACT:

BACKGROUND: We report a refractory case of oligohypomenorrhea, treated successfully using an integration of Ayurveda and yoga management. The classical Ayurveda lexicons have a detailed description of menstruation, its related pathologies and its management. Based on the same principle of management, treatment was planned in this case which not only resulted in relief of symptoms but also achieving conception. **CASE PRESENTATION:** The case reported in this study is a 25 year old female showed up to Prasuti OPD, NIA hospital complaining of delayed menses, scanty menses and severe pain during menstruation for which she has been treated by allopathy medicine since last two years. The patient also was a known case of erythema nodosum and on the regular allopathic medicine for the same. Considering the etiological factors & symptoms and correlating with Ayurveda, a diagnosis of *artavakshaya* was made**.** Treatment plan included *shamana* therapy with the use of *agneya dravya* (hot potency drug). The patient started experiencing improvement in symptoms within 2 cycles of treatment and in the end she conceived miraculously. The patient is now visiting NIA, OPD for ANC. **CONCLUSION:** An integrative approach of Ayurveda and yoga is successful in treating *artavakshaya*. Same integrative approach can be thought of in various gynecological disorders which will help avoiding taking hormonal pills and its side effects in women. A same protocol may be used for the larger sample sizes that will assure the strong quality of evidence.

KEYWORDS: Ayurved, *Artavakshaya*, Oliohypomenorrhea, *Aama*

INTRODUCTION:

Uterus plays a vital role in the survival of all the species in mammals. It serves as the site for the implantation of zygote post fertilization, and eventually for the developing fetus. In case of the failure of fertilization and subsequent absent implantation, human beings shed the significant amount of endometrium cyclically termed as "Menstruation". Menstruation is defined as the visible manifestation of cyclic physiological uterine bleeding due to shedding of the endometrium following invisible interplay of hormones mainly through hypothalamo-pituitary-ovarian axis. However, this crucial event may be associated with distressing symptoms such as "Oligohypomenorrhea" where in menstrual bleeding is occurring more than 35 days apart and is unduly scanty, lasts for less than 2 days and which remains constant at that frequency[i].

Ayurveda an age old health science is based on its sound knowledge about body physiology and pathology. Ayurveda science offers a detailed description regarding menstruation under the term "*ARTAVA*". Almost all the Ayurveda literature throws the light on *artava*, age of menarche, duration and amount of *artava*, pure form of menstrual blood[ii] and its various pathologies. *Artavakshaya* is one among the abnormalities of menstruation described in Ayurved classics. As per one of the great triad of Ayurveda compositions, sushrutasamhita, *Artavakshaya* refers to "absence of menstruation at its proper interval and/or menstruation scanty in amount and/or associated with pain in genital tract wherein use of *shodhana*(elimination of toxins) and *agneya dravya* is advocated (hot potency drugs)[iii].

Yoga is yet another powerful science of ancient India. Yoga focuses mental health as equally as physical health. *Aasana* are the postures of the body done in a scientific way where a person attains stability. There are various *aasana* useful in various diseases practiced across the globe in today's era. Here *aasana* that will create a pressure on lower back and will stimulate the function of the organs located in that region were prescribed by Yoga expert such as *pavanamuktasana*, *paschimottanasana* , *hastapadasana* involves the stretch on lower abdominal muscles.

In this paper, we report the refractory case of oligohypomenorrhea, treated successfully with ayurveda regimen of medicine and yoga. The present case offers the supportive evidences of promising results of integrated therapy of yoga and Ayurveda in management of a refractory *artavakshaya* w.s.r to oligohypomenorrhea.

CASE PRESENTATION:

PATIENT INFORMATION:

A Jaipur based 25 years old patient (Height 5'4'', weight 70kg, BMI- 26.0) visited Prasutitantra and Striroga OPD, NIA Hospital, Jaipur with the complaints of scanty menstruation lasting for 2 days of cycle and severe pain in lower abdomen during menstruation since last 4 years .

HISTORY OF THE PRESENT ILLNESS:

The patient was asymptomatic 3 years prior visiting NIA OPD for the first time on April 20, 2021. Later, she started developing symptoms of scanty menstruation with duration of menstruation gradually decreasing from 5 days of the cycle and pain during menstruation gradually increasing from mild pain to severe pain making her unable to do her routine work. Patient has been visiting private allopathy clinic for the same complaints and was being prescribed following allopathic medication since 2 years(On and off). Ethinyl estradiol and Levonorgestrel combination pills, and medroxy progesterone for with drawl of menses. Though no significant improvement was felt by the patient in the scanty as well as painful menstruation.

Complaints due to present illness:
The patient reported to experience scanty menstruation lasting for 2 days of cycle, delayed menstruation with interval of 40-60 days and severe pain in lower abdomen during menstruation since last 4 years.
Associated complaints:
Patient also reported to experience pain and swelling in bilateral knee joint stiffness all over body, body ache, and backache since last 3 years.

OTHER EXISITNG ILLNESS:

The patient was found to have following illness co-existing with the present one. She was a known case of erythema nodosum since years and had been on allopathy medication (Prednisolone 10 mg, Etoricoxib 90mg). She had hypocalcemia for the past 3 years and was being treated for the same with allopathy medication (Tab. D3 Must one tablet once in a week). However, despite of regular consumption of prescribed medication for above pathologies, patient reported to have pain and swelling in bilateral knee joint.

FAMILY AND SOCIAL HISTORY:

The patient had a family history of Type II Diabetes mellitus from mother, grandmother and HTN from father. There was no family history of Tuberculosis. Patient had no any addiction history. Patient belonged to Upper middle class socio-economic background.
She was educated till 8th grade and has been was working as housewife. She got Married 9 years back with an active married life of 9 years.

MENSTRUAL HISOTRY:

On the first OPD visit, LMP of the patient was 20/03/21. The menstrual history of patient showed duration of 2 days with an interval of 40-60 days between consecutive cycle and associated with flow of clots. Patient complained of severe pain during menstruation making her unable to perform day-to-day activities. The color of menstrual bleeding was *Matmailla* in patient's language which roughly corresponds to muddy color.

Obstetric History:

Her obstetric history revealed G2P2L2A0 with G1- FTND 8 years female child delivered at home and G2- FTND 6 years female child delivered at fullara hospital.

PERSONAL HISOTRY:

App- decreased Sleep – disturbed
Bowel – Constipated Bladder- Clear

OCCUPATIONAL DETAILS:

The patient was housewife and doing all household chores on daily basis.

HISTROY OF PAST ILLNESS:

There was no any significant surgical history

DATA FROM DIAGNOSTIC TESTS:

The information obtained from ultrasound, hematological and biochemical reports is as follows:
Ultrasound examination:
USG reports of the patient dated on revealed no any pathology detection with uterine
size measuring and endometrial thickness measuring mm.
Hematological report:
The hematological investigations dated on 23/02/2018 mentioned: Sr. Calcium – 7.4 mg/dl*
ESR – 30 mm*, RA Factor – Negative, CRP – Negative
Biochemistry report:
Biochemistry report dated on 22/02/2018 gave following data: Liver function test:
SGPT – 49*, SGOT- 66 IU/ml*

COMPLAINTS DUE TO PRESENT ILLNESS:

AYURVEDIC INTERPRETATION OF THE PATIENT'S CONDITION

Diagnosis
Based on detailed analysis of history as well as subjective and objective parameters of patient, the diagnosis of Oligohypomenorrhea. From ayurved view, the condition could be considered as "*artavakshaya"*.
Etiopathology:

- *Aharaja nidana*- 1 glass of milk daily at night and 2 eggs at night thrice in a week- *Guru bhojana* ,

daily sweet- ati madhura rasa sevana

- *Viharaja nidana – atichankramana* (excessive walking), *vega avarodha* (suppression of urges), *diwaswapna*(day sleeping), *prajagarana* (late nights)
- *Manasika nidana- shoka* (stress)

As per acharya sushruta *rasakshaya* is one of the causative factor for *dhatukshaya*. Acharya vagbhata denoted that *kshaya* of *dhatu* leads to the *kshaya* of it's following upa*dhatu*[iv]. In this context, Acharya charaka has stated some common causative factors for *dosha, dhatu* and *upadhatu kshaya* which can directly be considered as *nidana* of *artavakshaya.* Out of them, following are practiced by the patient regularly which could serve as *samanya nidana* in this case.

- *Asatmya Ahara Sevana, Atichintana, Atapsevena, Prajagarana, Vega Vidharana.*

The above factors leading to *rasakshaya* and ultimately affecting its *upadhatu –artava* generation ending up in "*artavakshaya*"

Pathophysiology

As per ayurved priniciples, since *artava alpata* (scanty menses), *yathochita kala adarshanam*(delayed menses) and painful menses are the main features of this disease, the *roga marga* (disease pathway) can be considered to be *Abhyantara* (internal origin). Because the major symptoms are concerned with menstruation, the *srotasa dushti* (impaired channel) involved is *rasavaha srotasa* and *artavavaha srotasa*. and the primary seats of this disease is *Tryavarta Yoni* (reproductive tract). Based on the origin of the disease, the disease can be categorized as *Nija roga* (internal) since *dosha* vitiation has caused the disease. Since all the three *doshas* are involved in the disease manifestation, it could be termed as "*sannipataja roga*".

Therapeutic intervention

This part comprises of detailed protocol and guideline regarding prescribed medication along with the mode of action.

TREATMENT PLAN

Treatment plan includes:

1. Ayurved medication: The set of medicine prescribed for three month course was as mentioned in table no. 01. The treatment plan was started post 7 days *deepana- pachana* (digestive power enhancement) with *Ajamodadi churna.*
2. Yogasana: including *pavanamuktasana, paschimottansana, hastapadasana* as per standard guidelines prescribed under supervision of Yoga expert, NIA hospital.
3. Exercises: Brisk walking and squatting daily for 15 minutes.
4. Lifestyle modification: comprising of *pranayaam*, stress management and enhancing spirituality.
5. Dietary modification: avoiding Over eating (*adhyashana*), divaswapa, ratrijagarana.

Table no. 1: Therapeutic Intervention

Sr. No.	Therapeutic approach	Medicines	Doses	Specific instructions
1.	Deepana (Carminative)	Ajamodadi churna	3gm before meal empty stomach twice a day	With luke warm Advised to take for initial 7 days of the treatment and then withheld after assessment of agni and The following medications were started further.

2.	Aamapachana (digestive)	Simhanada guggulu	500 mg after meal twice a day	With luke warm water
3.	Rasayana (Stress reliever) Brimhana (nourishing endometrium)	Ashwagandha	3 gm in a ksheerpaka twice a day morning at 9 am and evening at 5 pm	Empty stomach before breakfast or meal Ensuring stomach is empty, and food consumed prior is digested.
4.	Rajahpravartana (inducing menstruation)	Ajamodadi churna + Tankana bhasma	3gm 500 mg Just before meal Twice a day	
5.	Shothahara (Anti-inflammatory)	Punarnavashtaka kwatha	20 ml 45 minutes after food Twice a day	

COMPLIANCE:

The details about compliance of patient is as table no. 02:

Table no. 02 Compliance Chart:

Day	Intervention						
	1. Ajamodadi churna + Tankana	2. Simhanada guggulu	3. Ashwagandha	4.Punarnava ashtaka kwatha	5.Yoga sana	6. Exercise	7.Nidana Parivarjana
1 to 7	-----	-----	-----	-----	-----	-----	✓
8 to 29	✓	✓	✓	✓	✓	✓	✓
30 to 50	✓	✓	✓	✓	✓	✓	✓
51 to 70	✓	✓	✓	✓	✓	✓	✓
71 to 100	✓	✓	✓	✓	✓	✓	✓

RESULTS:

Table No. 03: Timeline of patient's progress and modification of treatment plan.

Day	Date	Observations Subjective parameters	Objective parameters	Treatment Plan and follow-up details	Advice
0	20/04/2021	Delayed menses since 1 months Scanty menses with duration of 2 days and painful menses Loss of appetite Disturbed sleep Constipation Swelling in B/L knee joint LMP- 20/03/2021		Ayurveda treatment plan initiated with Deepana chikitsa for 7 days	Ushna jala pana Nidana parivarjana
7	26/04/2021	Enhancement of appetite Bowel-clear		Assessment of agni done on basis of jaranashaktiv Deepana chikitsa discontinued and shamana chikitsa initiated further as mentioned in table no 01.	Yogasana Exercise Ushna jala pana Nidana parivarjana
29	18/05/2021	LMP- 15/05/2021 Duration – 3days Interval- 57 days Clots- + Pain- ++		Same treatment as mentioned in table no. 01 from 2 to 5.	Same regime was continued.
50	08/06/2021	LMP - 15/05/2021 B/L leg swelling- reduced		Same treatment as mentioned in table no. 01 from 2 to 5.	Same regime was continued.

0	28/06/2021	LMP- 25/06/2021 Duration – 3 days and bleeding still on Interval- 40 days Moderate relief in pain in lower abdomen Pain- +		Same treatment as mentioned in table no. 01 from 2 to 5.	Same regime was continued.
126	24/08/2021	Complete relief in previous complaints of scanty menstruation, delayed menses, pain in lower abdomen during menses and swelling in lower limbs. LMP – 26/07/2021 Duration – 5 Days Interval- 31 days Clots- absent Pain – absent Color- red P/H App- normal		Same treatment as mentioned in table no. 01 from 2 to 5 continued except no. 4 rajahpravartava yoga Ajamodadi churna and tankana that was discontinued.	Same regime was continued.
		Sleep – sound Bowel – clear Bladder – clear			
		Delayed menses since 2 months	UPT done on at NIA OPD Result - positive	Patient conceived. All the above treatment discontinued.	Above regime was completely stopped.

FOLLOW-UP:

Following treatment course, patient had her menstrual cycles regular a month apart and duration and amount of bleeding was improved from 2 days before treatment to 4-5 days following treatment. Intense pain during menstruation before was relieved completely. Patient got conceived in next cycle following complete treatment course. Patient lost 7 kg of weight and BMI was reduced from 26 to 23.4.

DISCUSSION:

Considering the chief complaints of the patient that is delayed menses, scanty menses and painful menses a diagnosis of *artavakshaya* was made based on the diagnostic features of *artavaksaya* stated by Acharya sushruta. Since the menstruation were occurring at more than 35 days interval and duration of bleeding was less than 2 days[vi], a modern diagnosis of oligohypomenorrhea was made.

On enquiring in details about *dinacharya* (day schedule) and night schedule of the patient, the factors were thought to contribute the pathophysiology of the disease are- *asatmya ahara sevana , atimadhura sevana , prajagarana, divaswapna, vegavidharana* and *shoka.* These factors lead to *aamotpatti* which lead to *jatharagnimandya* and thereby impaired *rasadhatu nirmiti.* This *aama* also caused blockage of *rasavaha srotasa* all over the body. Thus, the production of *rasa* as well as its conduction gets hampered resulting in *rasakshaya.* Since *dhatukshaya* further leads to its *upadhatu kshaya , rasakshaya* led to *artavakshaya.*

Taking into account the associated symptoms such as pain and swelling in bilateral knee joint, backache and body ache, *amotpattikara hetu sevana , jivha samata* and *agnimandya* "*aamotpatti*" was thought to produce all the above associated complaints.

In the context of its management, Acharya sushruta has prescribed the use of *shodhana* therapy and *agneya dravya* to correct *artavakshaya*. Considering this principle, a treatment plan with use of *agneya dravya* was designed as mentioned in table no.01. Before initiating the main line of treatment *aama pachana* was necessary to correct the *agni*. *Ajamodadi churna* is a polyherbal formulation indicated in *aamavata* with other indication of all the *kapha-vata dosha* originating diseases. Hence a carminative therapy with *ajamodadi churna* was planned for 7 days following which *agni* assessment was done. Making sure the *agni* is corrected, the further treatment plan was initiated.

Since all the sex hormones undergo conjugation in liver and patient has slightly deranged liver enzymes, liver enzyme function correction was planned. *Punarnavashtaka kwatha* is indicated in *yakrud vikara* and is very potent activity of enhancing liver functions and anti-inflammatory activity. Therefore, *punarnavashtaka kwatha* was prescribed in this case.

While inquiring on personal history of the patient, she was found to have stress regarding different issues which was thought to make her sleep disturbed. Hence the patient had habit of night awakening and day sleeping disturbing her sleep cycle and nocturnal hormone secretion. Various studies show that late nights are responsible for dysfunction of hypothalamo-pituitary-ovarian axis which is the orchestra for regulation of menstrual cycle. *Ashwagandha* contains somniferin as one of its constituent which relieves stress and helps in inducing sleep. Also *ashwagandha* belongs to *rasayana* category and has got *brimhana* effect which is required to promote proliferation of endometrium in *artavakshaya*. Therefore *ashwagandha ksheerapaka* was prescribed considering these two issues.

Inducing menstruation with *ushna dravya* is the next necessary step involved following promotion of endometrial growth. Therefore, a combination of *ajamodadi churna*[vii] along with *tankana bhasma* was prescribed. *Tankana bhasma* is hot in potency and has effect as "*streepushpa janana*" which refers to *antahpushpa- stree beeja-* ovum as well as *bahirpushpa – rajah-* menstruation[viii]. To get both these effects, *tankana bhasma* was added in *ajamodadi churna* to induce menstruation.

Considering *aama lakshana* and associated complaints of pain and swelling in bilateral knee joint, body ache, *Simhnada guggulu* was prescribed which has been found

effective in the management of *Aamvata* in various clinical studies in adults.

References

[i] Konar Hiralal, Editor. DC Dutta's Textbook of Gynecology, 8th edition, Jaypee Brothers Medical publishers Limited;2020;156

[ii] Yadavji Trikamji (editor). Charaka Samhita of Charaka Chikitsasthana, chapter 30 verse no.225-26. Varanasi; Chaukhamba Orientalia;2014:643

[iii] Ambikadutta Shasthri (editor). Sushruta Samhita of Sushruta, Sutrasthana, chapter 15, verse no.12. Varanasi; Chaukhamba Sanskrit Sansthan;2016:77

[iv] Astanga Hradayam composed by Vagbhata with the Commentary (Sarvangasundari) of Arunadutta. Introduced by Prof. P. V. Sharma. Reprint Published by Chaukhambha Orientalia, sharira sthan, 2005; 1(7): 121-956.

[v] Acharya YT, editor. Charakasamhitha of charaka, vimanasthana, adhyaya 4, versus no. 08.

[vi] Konar Hiralal, Editor. DC Dutta's Textbook of Gynecology, 8th edition, Jaypee Brothers Medical publishers Limited;2020;156

[vii] Ram HN, Sriwastava NK, Makhija IK, Shreedhara CS. Anti-inflammatory activity of Ajmodadi Churna extract against acute inflammation in rats. J Ayurveda Integr Med. 2012;3(1):33-37. doi:10.4103/0975-9476.93946

[viii]https://www.researchgate.net/publication/329358916_Tankana_Borax_It's_Therapeutic_Value_in_Gynecology#read

[ix] Sharngadhar, Samhita Shargadhar, Dipika. Hindi commentary by Brahmanand Tripathi,Chaukhamba Surbharti Prakashan, Varanasi. 2006. p. 187e8. Madhyama khand, [chapter 6], verses 115-119.

[x] Chakrapani Datta. *Chakradatta commentary by Indradev Tripathi*. Amavatarogadhikara 25/31-36. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. p. 168

[xi] Ayurvedic Pharmacology and Therapeutic Uses of Medicinal Plants, Vaidya Vishnu Mahadev Gogte, Chaukhambha Publications, New Delhi.

[xii] Sharma Sadanand, Ras Tarangini, Kshartrik vigyaneeyya tryodash tarang 13/ 79-81 p.319, Motilal Banarasidas Publishers, 11th edition reprint 2012