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# **Case Study**

### EFFECTIVE MANAGEMENT OF ARTAVA KSHAYA BY AYURVEDA: A CASE REPORT

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#### **ABSTRACT**

A female patient of 25 years of age came to OPD of National Institute of Ayurveda, Jaipur on 22 September, 2020 with chief complaint of delayed menstruation with scanty flow since 4.5 years. **Methodology**: Detailed history with all necessary clinical, physical examination and laboratory investigations were carried out. No gross physical and chemical abnormality was found. All the laboratory investigations (including USG and hormonal analysis) were found to be normal. So the treatment was planned according to the symptoms. Diagnosis was made on the basis on the basis of presenting complaints was *Artava kshaya*. Patient was treated with *Tilashelukaravi kwatha* for 2 consecutive cycles. Patient was kept on follow up for 1 cycle after cessation of *Tilashelukaravi kwatha*. **Result:** Patient had got her menstruation regularly with normal duration while taking medicine. Also the amount of flow was also improved and intensity of pain was reduced effectively from moderate to mild. Even after cessation of medicine she got her menstruation in 30 days with normal amount of flow.

**KEYWORDS:** Artava Kshaya, Tilashelukaravi kwatha, Oligomenorrhoea, Hypomenorrhoea.

### INTRODUCTION

Woman's health is the prime consent to be considered for well-being of family, society and physical, physiological culture. Anv and psychological disorders can disturb her life. Physiological changes and development occurs right from birth but markedly during the age of puberty. Due to increased physical and emotional stress in routine lifestyle of women alters the physiology of "Hypothalamus-Pituitary-Ovarian-Uterine axis". This may lead to many gynaecological problems. Among all gynaecological problems, the most common menstrual problem is Artava Kshaya. Acharyas has mentioned the age of menarache with normal duration and interval of menstruation. Any deviation from these physiological parameters has been mentioned under different headings by different Acharvas like Artavadushtis. Yoni vvapadas. Artavakshaya, Nastaartava etc. If we review our classics Artava kshava has not been mentioned as a separate disease but it has been described as a symptom of many gynaecological disorders. Acharya Sushruta has explained the symptoms of Artava Kshaya.[1] In this condition, menstruation is delayed, menstrual blood is scanty and associated with pain during menstruation. Artava Kshaya has also been mentioned in Astha Artava Dushtis as Ksheen Artava<sup>[2]</sup>. In modern science Lakshana of Artava

*Kshaya* can be correlated with certain menstrual disorders that are as follows:

- Uchita kala adarshanam as delayed menses or Oligomenorrhoea
- *Alpata* as Hypomenorrhoea
- Yonivedana as Dysmenorrhoea

So when we compare the disease *Artava Kshaya* with the modern medical science Oligomenorrhoea and Hypomenorrhoea can be correlated on the basis of its signs and symptoms.

Oligomenorrhoea<sup>[3]</sup> is defined as menstrual bleeding occurring more than 35 days apart and which remains constant at that frequency.

Hypomenorrhoea  $^{[4]}$  is defined as when the menstrual bleeding is unduly scanty and lasts for less than 2 days.

Prevalence of Oligomenorrhea is increasing day by day making it to be the commonest gynaecological disorder. Incidence of oligomenorrhoea in PCOS<sup>[5]</sup> is 87% which is highest among other menstrual irregularities in PCOS.

Many causes has been described in modern science for Oligomenorrhoea and hypomenorrhoea that includes hormonal factors, ill health of patient, poor nutrition, may be constitutional in origin, may be related to uterine or endometrial origin.

Treatment modalities in modern science includes reassurance, improving the general health of patient, hormonal therapy and various other modalities based on the underlying etiology for treating these condition.

## **Rationality of Selection of Drug**

Artava Kshaya can be considered Vata Kaphaja vikara as Vata is responsible for all the physiological functions of body<sup>[6]</sup>. Also Apanavata is responsible for the proper Nishkrama of Artava. Kapha due to its Avrodhaka guna has the capacity to cause obstruction in Artava vaha strotas thus contributing to the pathogenesis of Artava Kshaya along with Vata. Pitta particularly Pachaka pitta also contributes to it as it is responsible for the proper digestion of food and further proper formation of Dhatus. Any deviation of Pachaka pitta from its physiological function may lead to improper formation of Rasa dhatu and hence improper formation of Artava Updhatu in turn.

Treatment is Ayurveda is based on the concept of destruction of the factors causing pathogenesis (*Samprapti Vighatana*). So if we consider the *sampraptightaka* in this case then it can be laid as follows:

- Dosha: Vata (Apanavata), Kapha (Kledaka kaphda), Pitta (Pachaka pitta)
- Dushya: Rasa dhatu and Artavaupdhatu
- Agni: Agni mandya
- Strotas: Rasavaha and Artavavaha
- Strodushti: Sanga
- Adihsthana: Garbhaaashya

So the drug having *Vata kapha shamaka, Pitta vardhaka*<sup>[7]</sup>, *Deepana, Pachana, Rasapushtikara, Lekhana* properties should be used to treat *Artava kshaya*. Considering above and line of treatment of *Artavakshaya, Tilashelukaravi kwatha*<sup>[8]</sup> was selected and given to the patient for treatment.

Tilashelukaravi consisted of Tila, Shelu i.e., Shleshmataka, Karavi (Krishna jeeraka) was given with Guda (jaggery) as an adjuvant. Drugs included under Tilashelukaravi are having various properties that can revert back the pathogenesis of Artava kshaya such as they are having Vata kaphahara, Ushna in Veerya, Deepana, Pachana, Shoolahara properties which will be discussed in detail later in discussion.

### **Case Report**

An unmarried female patient of 25 years of age came to OPD of *Prasuti Tantra Avum Stri Roga* of National Institute of Ayurveda (NIA), Jaipur on 22 September, 2020 with chief complaint of delayed menstruation with scanty flow since 4.5 years. She also had associated complaint of painful

menstruation (moderate pain- assessed by Visual analogue scale)

## **Menstrual History**

Patient had attained her menarche at 12 years of age. She was having regular menstruation 2 years ago. But presently since 2 years she was having delayed and scanty menstruation.

LMP: 21.10.2020

**Previous LMP**: 8.09.2020

Menstrual history: 2 days / 45-55 days since 2 years

- Regularity: Delayed
- Pain: Moderate (Pain was assessed on the basis of Visual Analog Scale {VAS})
- Clots: Absent
- Foul smell: Absent
- Flow: Decreased
- Pad history: Day 1: 1 pad (not fully soaked)

Day 2: 1 pad (not fully soaked)

**Past Medical History:** No H/O thyroid dysfunction, DM, HTN or any other significant medical history was found.

**Past Surgical History**: No history of any general, gynaecological or any other surgery.

**Family history**: No significant family history was found in this case.

**Personal History**: Personal history revealed that the patient had normal appetite with clear bowel habits, micturition also with sound sleep.

**Allergic History**: No history of any allergy was found in this patient

#### **General Examination**

- Built: Moderate
- Weight: 49 kg
- Height: 5 feet
- BMI: 21.1
- B.P: 110/70 mm Hg
- Pulse rate: 76/min
- Respiratory rate: 18/min
- Tongue: uncoated

### **Systemic Examination**

- CVS: S1 and S2 were normal
- CNS: Patient was well oriented and conscious
- RS: Normal vesicular breathing

## **Laboratory Investigations**

Routine investigations with baseline hormonal assessment were done on  $2^{nd}$  day of cycle and were found to be normal as follows:

- Hb: 13 gm/dl
- ESR: 11mm/hour
- TSH: 2.09 μIU/ml
- RBS: 115 mg/dl
- FSH: 6.42 mIU/ml
- LH: 4.14 mIU/ml
- S. Prolactin: 9.06 ng/ml

**USG:** Suggestive of no abnormalities with normal findings.

### Ashthavidha Pareeksha:

- Nadi: 76/min

- Mala: Nirama, once a day

- Mutra: 4-5 times/day and 1 times/night

Jivha: Alipta (uncoated) Sparsha: Anushana sheeta

Druka: AvishehaAkruti: Madhyama

#### Dashavidha Pareeksha Bhava

Prakruti: Vata-pittaja Vikruti: Vishmasamveta

Sara: RasaSamhana: AvaraPramana: Madhyama

- Satmya: Avara

- Ahara Shakti: Abhyavahrana Shakti: Madhyama

Jarana Shakti: Madhyama Vyayama Shakti: Madhyama

- Vaya: Madhyama

Diagnosis (Ayurveda): Artava Kshaya

Diagnosis (Modern science): Oligomenorrhoea and

Hypomenorrhoea

Table 1: Observation before and after treatment

Signs and	Before	After 1st menstrual	After 2 <sup>nd</sup> menstrual	After 3 <sup>rd</sup> menstrual
symptoms	treatment	cycle while taking	cy <mark>cl</mark> e while taking	cycle without taking
		medicines	medicines	medicines
Interval between	45-55 days	31 days	29 days	30 days
two cycles		Jul HADE	45 y	
<b>Duration of</b>	2 days	3 days	4 days	4 days
menses				
No. of pad used	1 pad /day	Day 1: 3 pads/day	Day 1: 3 pads/day	Day 1: 3 pads/day
per day	(not	Day 2: 2-3 pads/day	Day 2: 2-3 pads/day	Day 2: 2 pads/day
	completely	Day 3: 1-2 pads per day	Day 3: 1-2 pads per day	Day 3: 1-2 pads per day
	soaked)		Day 4: 1 pad/day	Day 4: 1 pad/day
Pain during	Moderate	Mild	Mild	Mild
menses				

### **DISCUSSION**

Artava Kshaya is a common menstrual disorder nowadays. If we consider the *Dosha* involvement in *Artava Kshaya* it is caused due to the vitiation of *Vata* and *Kapha dosha*. *Vata* is responsible for the *Gati* of *Dhatus*<sup>[9]</sup> in our body and vitiation of *Vata* leads to hampering the *Gati* (movement) of *Dhatus* will in turn will affects the *Gati* of *Updhatus* i.e., *Artava* thus leading to *Samprapti* of *Artava kshaya*. Also *Vata* is said to be the main etiological factor behind all gynaecological disorders<sup>[10]</sup>. *Kapha* due to its *Avrodhaka* properties will lead to the *Strotorodha* leading to *Samprapti* of *Artava Kshaya*.

Tilashelukaravi kwatha is having Tila, Shelu (Shlesmataka) and Karavi (Krishna jeeraka) in it. All of three content of Tilashelukaravi kwatha are having

Pitta vardhaka properties that are mentioned by Acharya Suhruta in the line of treatment of Artava Kshaya<sup>[11]</sup>. Also these drugs are having Artavajana properties like they are Ushna in Veerya, having Vata-Kapha shamaka properties which are the main cause behind Artava Kshaya.

Tila is mentioned to have Agnideepaka<sup>[12]</sup> and Vatahara properties that will pacify Agnimandya and leading to formation of proper Rasa dhatu which will in turn be leading to formation of its Updhatu i.e., Artava and its Vatahara property will be pacifying of Vatadosha (Apanavata) leading proper Nishkramana of Artava. Vedanahara<sup>[13]</sup> property of Tila might have interfered with production of Prostaglandins thus leading to improvement of Yoni vedana.

Dose-40ml

Frequency- Twice a day

**Time of administration**– *Abhakata* (Before meal)

**Duration-** 2 consecutive cycles

### Pathya Apathya Advised

Patient was asked to follow *Rajaswala charya* in every cycle. She was advised to take tortillas (Chapatis) made of *Yava* i.e., Barley or *Daliya* of *Yava* mixed with *Go dugdha* and *Go ghrita*, *Raktashali* rice made with *Godugdha* mixed with *Goghrita* during the bleeding phase of cycle. She was advised not to take spicy, oily, fast food, packed food items like kurkure etc. She was asked to do *Vyayama*, *Pranayamas* and *Yogas* according to her body's ability daily.

### **OBSERVATIONS AND RESULTS**

Results were observed before and after treatment while taking medicines and also one cycle after the cessation of medicine. Marked improvement was observed on the duration, interval and flow of menstruation along with pain during menstruations which are as follows:

Shelu i.e., Shleshmatak has Amadoshhara, Pachana, Shoolahara properties[14] leading to Pachna of Ama and proper metabolism leading to proper formation of Rasa Dhatu. Studies have revealed it to have analgesic and anti-depressant activities. Anti-depressant activities might have removed the stress induced negative feedback to HPOU axis thus leading to proper functioning of HPOU axis leading to regulation of endometrial and ovarian cycles leading to destruction of underlying pathology of Artava Kshaya. Analgesic and Shoolahara property might have reduced the pain during menstruation from moderate to mild.

Karavi i.e., Krishna jeeraka is having Deepana, Pachana, Medhya, Vata kaphahara and Pittavardhaka properties<sup>[15]</sup>. Due to its Vata-kaphahara properties it might have removed the obstruction of Artavavahi strotas and Agneyaguna of Pitta might have increased the Aagnaya artava thus destroying pathogenesis of Artava Kshaya. On pharmacological screening it was found to have analgesic, anti depressant, anti diabetic<sup>[16]</sup> properties.

#### **CONCLUSION**

Artava Kshaya is one of the commonest gynaecological disorders nowadays. Many causes of it such as stress, faulty lifestyle and dietary habits, hormonal imbalances etc. has been laid out. Artava Kshaya is also a precursor of many other further gynecological and general disease entities like infertility, obesity, depression etc. So it is need of hour to cure it at earliest so as to prevent future events. From this study it is concluded that Tilashelukaravi kwatha is effective on various parameters of *Artava Kshava* like it has improved the duration, interval, flow of menstruation as well as it effective in reducing the pain menstruation in the management of Artava Kshaya.

# **REFERENCES**

- 1. Sushruta Samhita, by Kaviraj Dr.Ambika Dutt Shastri, Ayurveda Tatvasandipika hindi commentary published by Chaukhamba Sanskrit Samsthaan Varanasi, Sutra sthaan, chapter 15, shalok no. 16, Pg no. 77.
- Sushruta Samhita, by Kaviraj Dr.Ambika Dutt Shastri, Ayurvedatatvasandipika Hindi commentary

- published by Chaukhamba Sanskrit Samsthaan Varanasi, Sharirasthaan chapter 2, shalok no. 5
- 3. DC Dutta's Textbook of Gyneacology including contraception 6<sup>th</sup> edition, edited by Hiralal Konar page no. 179.
- 4. DC Dutta's Textbook of Gyneacology including contraception 6<sup>th</sup> edition, edited by Hiralal Konar page no 180.
- 5. Howkins & Bourne, Shaw's Textbook of Gynaecology 16<sup>th</sup> edition, VG Padubidri, SN Daftary chapter no. 32.
- 6. Charak Samhita, Hindi commentary Vidhyotni, Chaukhamba Bharthi Academy, Varanasi, 2014, Sutra Sthana 12<sup>th</sup> chapter, Shloka no. 8. Pg. 246.
- 7. Sushruta Samhita, Kaviraja Ambikadutta Shastri Chaukhamba Sanskrit Sansthana, Varanasi, 2012, Sutra Sthana 15<sup>th</sup> chapter, Shloka no. 16, Pg.77.
- 8. Yogaratnakara, Vidyotini hindi commentary by Vaidya Laksmipati Sastri edited by Bhisagratna Sri Brahmshankar Sastri, 6<sup>th</sup> edition 1997, published by Chaukhamba Sanskrit Sansthan Varanasi, Uttaradham, Chikitsa Sthana, 25<sup>th</sup> Chapter, Shalok no 4, Pg no. 406.
- 9. Charak Samhita, Hindi commentary Vidhyotni, Chaukhamba Bharthi Academy, Varanasi, 2014, Sutra Sthana 18th chapter, shloka no. 49. Pg. 375.
- 10. Charak Samhita, Hindi commentary Vidhyotni, Chaukhamba Bharthi Academy, Varanasi, 2014, Chikitsa Sthana 30th chapter, Shloka no. 115.
- 11. Sushruta Samhita, Kaviraja Ambikadutta Shastri Chaukhamba Sanskrit Sansthana, Varanasi, 2012, Sutra Sthana 15th chapter, Shloka no. 16, Pg.77.
- 12. Sushruta Samhita, Kaviraja Ambikadutta Shastri Chaukhamba Sanskrit Sansthana, Varanasi, 2012, Sutra Sthana 46<sup>th</sup> chapter, Shloka no. 40, Pg.245.
- 13. Anonyms database of medicinal plants, CCRAS, Volume 5 page no.418.
- 14. Raja nighantu by Acharya P.V.Sharma, Chaukhambha Orientalia, Varanasi. Pippalyadi varga, Varga no. 11, Shloka no. 201.
- 15. Kaidevnighantu (Pathyapathya vibhodhak) by Acharya P.V. Sharma, Chaukhambha orientalia, Varanasi. Pg.643- Aushadhivarga. Shloka no.1188-1189.
- 16. Arya Vaidya sala, Indian medicinal plants, edition 1st, Chennai: orient longman ltd. 1994, Pg no. 180.

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