



Case Study

AYURVEDIC MANAGEMENT OF ARTAVAKSHAYA W.S.R. TO POLYCYSTIC OVARIAN SYNDROME: A CASE REPORT

Preeti Garg^{1*}, Jyotsna Thakur²

*1PG Scholar, ²Lecturer, Department Prasuti Tantra & Stree Roga, National Institute of Ayurveda, Jaipur, Rajasthan India.

Article info
Article History:
Received: 20-10-2022
Revised: 14-11-2022
Accepted: 29-11-2022

KEYWORDS:
Ayurveda,
Artavakshaya,
Hypomenorrhoea.

ABSTRACT

Normal menstrual cycle is a crucial physiological phenomenon for maintaining woman's health during reproductive years. Nowadays, menstrual disarrayed are the main reasons for gynecological consultations worldwide owed to faulty dietary habits and lifestyle. Oligomenorrhoea is one among all menstrual disorders with a prevalence of 13.5% in general population and is characterized by irregular, inconsistent menstrual blood flow. In Ayurveda it can be correlated with *Artavakshaya* due to their strong symptom equality. Prevalence of *Artavakshaya* is rising in present gynecological practice which may leads to terrifying sequel of infertility. In modern science, only hormonal preparations are used as treatment strategies but only offer short term symptomatic management. **Methodology:** A female patient of 17 years of age came to OPD of National Institute of Ayurveda, Jaipur, on 29/01/2022 with chief complaints of irregular (delayed) menses with prolonged interval of 4-5 months since last 1 year along with USG findings of Bilateral Polycystic Ovarian Disease with simple Ovarian cyst in left Ovary. In this case study, patient was treated with some oral Ayurvedic preparation for 2 consecutive cycles having *Strotoshodhak*, *Kapha- Vatashamak*, and *Vata anulomaka* properties. **Result:** Patient had her menstruation regularly with normal duration during and after treatment.

INTRODUCTION

Menstrual health is fundamental to women's sexual and reproductive health. In India, there are 355 million menstruating women and girls, out of which 78% are reported to have menstrual dysfunction affecting daily chores of life. Among all the menstrual disarrays, *Artava Kshaya* is one owed to faulty dietary habits and lifestyle. In Ayurveda, due emphasis has been given to characteristics of normal menstruation to detect any deviation from normal pattern. Any deviation from these characteristics has been mentioned under different headings by different Acharyas like *Yoni vyapadas*, *Artavadushtis*, *Artavakshaya*, *Nastaartava* etc. If we review our

classics, *Artavakshaya* has been described by Acharya Sushruta with characteristics features of delayed menstruation, scanty menses associated with pain during menstruation. *Artava Kshaya* has also been mentioned in *Astha Artava Dushtis* as *Ksheen Artava*. Based on clinical features, *Lakshana* of *Artava Kshaya*^[1] 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, on comparative analysis of *Artava Kshaya* with the modern medical science oligomenorrhoea and hypomenorrhoea show congruence with *artavakshaya*.^[2] Oligomenorrhoea is menstrual bleeding occurring more than 35 days apart and remains constant at that frequency. Prevalence of Oligomenorrhoea is increasing day by day with marked prevalence of 87% in polycystic ovarian syndrome which is highest among other menstrual irregularities in PCOD.^[3]

Access this article online	
Quick Response Code	https://doi.org/10.47070/ijapr.v10i11.2582
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

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

Rationality of Selection of Drug

In Ayurveda, *Artava Kshaya* can be considered a *Vataja vikara* as *Prakruta Apana Vata* is main functional moiety residing in *Apana kshetra* and is responsible for the proper *Nishkrama* of *Artava*. *Vata* gets vitiated either by *Kshaya* or by *Avrodha*/obstruction to its channels. Here, *Kapha* due to its *Avrodhaka guna* caused obstruction in *Artava vaha Strotas* thus contributing to the pathogenesis of *Artava*

Kshaya clinically manifested as delayed menstruation and formation of cysts in ovary. *Pitta* peculiarly *Pachaka pitta* also contributes to it as it is responsible for the proper digestion of the food and further proper formation of *Dhatu*s. 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 in Ayurveda is based on the concept of destruction of the pathogenesis i.e., *Samprapti Vighatana* (pathogenesis). So if we observe the *Sampraptitaktika* in this case then it can be laid as follows:

<i>Dosha</i>	<i>Vata (Apanavata), Kapha, Pitta (Pachaka pitta)</i>
<i>Dushya</i>	<i>Rasa dhatu and Artavaupdhatu</i>
<i>Agni</i>	<i>Agni mandya</i>
<i>Strotas</i>	<i>Rasavaha and Artavavaha</i>
<i>Strodushti</i>	<i>Sanga</i>

So the drugs having, *Deepana, Pachana, Vata- Kapha shamak Strotoshodhaka, Vata anulomaka Rasapushtikara* properties should be used to treat *Artava kshaya*. Considering above and line of treatment of *Artavakshaya, Ajmodadi churna, Dashmoola kwatha, Kanchana guggulu, Rajahpravartini vati, Yashti churna ksheerapaka* were selected and given to the patient for treatment. Drugs included for this case study having various properties that can revert back the pathogenesis of *Artava kshaya* such as they are having *Vata anulomana Ushna* in *Veerya, Deepana, Pachana, Strotoshodhana* properties which will be discussed in detail later in discussion.

CASE REPORT

An unmarried female patient of 17 years of age came to OPD of Prasuti Tantra Avum Stri Roga of National Institute of Ayurveda (NIA), Jaipur on 29/01/2022 with chief complaint of delayed menstruation since 12 months. She also had associated complaint of small clots with menstruation.

Menstrual History

Patient had attained her menarche at 12 years of age. She was having regular menstruation since menarche but presently since 12 months she was having delayed menstruation with prolonged intervals.

LMP: 20/09/2021

Previous LMP: 6 months back (March 2021/she forgot the date) Menstrual history: 7 days/5-6 months since 12 months

Regularity: Delayed Pain: Absent

Clots: Small clots (5 rupee coin size) Foul smell: Absent

Flow: Normal Pad history:

Day 1: 3 pads/day (fully soaked) Day 2: 2 pads/day (fully soaked)

Day 3- Day 7- 1 pad/day (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, normal micturition also with sound sleep. No history regarding, sudden weight loss or gain was noted.

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

General Examination

Built: Moderate Weight: 45kg

Height: 5 feet

BMI: 19.4

B.P: 110/70mmHg

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

Laboratory Investigations

Baseline hormonal assessment was done on 2nd day of cycle and was found to be normal as follows:

TSH: 2.09µIU/ml

FSH: 4.6mIU/ml

LH: 6.59mIU/ml

S. Prolactin: 18.7ng/ml

Ashthavidha Pareeksha

Nadi: 78/min	Sparsha: Anushana sheeta
Mala: Nirama, once a day	Shabda: Prakruta
Mutra: 4-5 times/ day and 1 times/night	Druka: Avisheha
Jivha: Alipta (uncoated)	Akruti: Madhyama

Dashavidha Pareeksha Bhava

Prakruti: Vata-pittaja	Satmya: Avara
Vikruti: Vishmasamveta	Ahara Shakti: Abhyavahrana Shakti: MadhyamaJarana Shakti: Madhyama
Sara: Rasa	Vyayama Shakti: Madhyama
Samhana: Avara	Vaya: Madhyama
Pramana: Madhyama	

Diagnosis (Ayurveda): Artava Kshaya**Diagnosis (Modern science):** Oligomenorrhoea associated with PCOS**Timeline of Treatment Given**

Visit Date	Medicines given	Dose	Duratio n	Before/After meal	Anupana	Purpose
1 st visit 29/01/2022	1. Ajmodadichurna + Tankanabhasma 2. Dashmoolakwatha (Til+Gurrha) 3. Kanchnaraguggulu 4. Rajahpravartini Vati	3 gm + 500mg 20ml 500mg 250mg	BD BD BD BD	30min Before meal Empty stomach Morning- evening after meal After meal	Water Kwatha form Water Water	Deepan- pachana, Kaphaharan, Strotoshodhana Garbhashaya shodhan, Artavapravartana
12/02/2022	1. Ajmodadichurna + Tankanabhasma 2. Dashmoolakwatha 3. Kanchnaraguggulu 4. Haridrakhanda	3 gm + 500mg 20ml 500g 5gm	BD BD BD BD	30min Before meal Empty stomach Morning- evening after meal Aftermeal	Water Kwatha form Water Milk	Deepan-Pachana Strotoshodhan Lekhana
05/03/2022	Continue Same + Yasthimadhu churna	Same 5 gm	Same BD	Same After meal	Same Ksheerpaka	Vatashamak, Rasayana, Rasapushthikara
09/04/2022	-do	-do	-do	-do	-do	-do
13/05/2022	-do	-do	-do	-do	-do	-do

Pathya Apathya Advised

- Advised to follow *Rajaswala charya* in every cycle.
- She was advised to take tortillas (*Chapatias*) made of *Yava* i.e., barley with ghee
- Sweet *Daliya* of *Yava* mixed with *Go ghrta* & *Go dugdha*
- *Raktashali* rice made with *Godugdha* mixed with *Goghrta* during the bleeding phase of cycle.
- She was advised not to take spicy, oily, fast food, packed food items like *kurkure* etc.

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 interval and presence of small clots during menstruation and also in ultrasonography reports which are as follows:

Clinical Presentation	Before treatment	After initiation of treatment	After 1st menstrual cycle while taking Medicines	After 2 nd menstrual cycle while taking medicines	After 3 rd menstruation without taking medicines
LMP	20/09/2021	10/02/2022	17/03/2022	19/04/2022	21/05/2022
Interval between two cycles	5-6 months	-	38 days	32 days	32days
Duration of Menses	7days	7 days	7 days	7days	7days
Small clots during Menses	Moderate	Moderate	Few	Few	Absent

Ultrasonography Findings

25/01/2022 - ET- Hyperechoic, 10mm Left ovary a simple cyst of 21 x 17 mm Volume of left ovary- 15-16ml Imp- Polycystic ovaries with left simple cyst.	2/6/2022 - ET - Iso- Hypoechoic, 08mm Volume of left ovary- 7-8 ml Imp- Bilateral borderline polycystic ovaries
--	---

DISCUSSION

Artava Kshaya is a commonest menstrual disorder caused due to the vitiation of mainly *Vata* and *Kapha dosha*. *Vata* is responsible for the *Chala guna (Gati)* of *Dhatu* in body and vitiation of *Vata* leads to hampering the *Gati* (movement) of *Dhatu* which will affects the *Gati* of *Updhatu* i.e., *Artava* thus leading to *Samprapti* of *Artava kshaya*. Also *Vata* is said to be the main etiological factor for all gynecological disorders. *Aagneya, Deepan, Pachana dravya* remove *Srotoavarodha* and helps to achieve normal regular monthly menstrual cycle.

Probable Mode of Action of Given Regimen in Artavakshaya

Ajmodadi churna^[4] is having *Ajmoda, Chitraka, Pippalimul, Shatpushpa, Pippali, Maricha, Pathya, Devadaru, Nagara, Vriddhadaruka* in it. All of three content are having *Pitta vardhaka* properties that are mentioned by Acharya Suhruta in the line of treatment of *Artava Kshaya*. Also these drugs are having *Artavajanna* properties like they are *Ushna* in *Veerya*, having *Vata-Kapha shamaka* properties which are the main cause behind *Artava Kshaya*. It also acts as potent *Dhatavagni vardhaka, Deepan, Pachana* drug thereby also illuminates *Jatharagni*.

Tankan bhasma is also having *Pitta vardhaka* and *Vata-kapha hara* properties which helps in *Artavajanna* by *Katu rasa, Ushna veerya, Tikshna, Sara* properties. *Sara guna* of *Tankan bhasma* works on *Sukshma srotas* which helps in *Srotoshodhana*.^[5]

Dashmoola kwatha^[6] is potent *Vata-kapha shamak* and *Garbhashaya sodhaka*. Some of the contents of this have some amount of tannin and catechin which has direct effect on the musculature of

uterus thereby stimulates uterus. *Tila* and *Gurrha* were added with *Dashmoola kwatha* to potentiate the effect of *Kwatha* for *Artavajanna*.

Tila^[7] is mentioned to have *Vatahara* and *Agnideepaka* properties that will mitigate *Agnimandya* leading to formation of proper *Rasa dhatu* which will further leads to formation of optimum *Updhatu* i.e., *Artava* and its *Vatahara* property will pacify *Vatadosha (Apanavata)* leading proper *Nishkramana* (excretion) of *Artava*.

Kanchnara guggulu^[8,9] having contents *Kanchnara* and *Guggulu* possess *Laghu, Ruksha, Sukshama guna, Ushna veerya, Katu vipaka* and *Lekhana* property by virtue of which it causes cyst lysis and reduces ovarian volume. *Kanchnara* have tannins and alkaloids like mucilage, sennoside etc. which effectively suppress tumor (cyst) activity and increases the enzymatic antioxidant levels i.e., having chemoprotective and cytotoxic effect on tumor cells.

Haridrakhanda^[10] possess *Katu, Tikta rasa, Katu vipaka, Laghu, Ruksha, Teekshana guna, Ushna veerya* thereby acts as *Vata-kapha shamak, Strotoshodhaka* and best *Deepana-pachana* drug.

Yasthimadhu churna was added after *Strotoshodhana* due to its *Rasayana, Vatashamak, Balya, Brihaneeya*, healing, regeneration activity and antioxidant property for optimum regeneration of endometrial lining.

CONCLUSION

Artava Kshaya is commonly encountered menstrual disorders nowadays in gynecological OPDs. Many causes of it such as faulty lifestyle and dietary habits, stress, hormonal imbalances etc. has been laid

out. *Artava Kshaya* is also a predecessor of many other horrifying future disease entities like mainly infertility, obesity, depression etc. So it is need of hour to correct it at earliest so as to prevent its future progression. From this study it is concluded that Ayurvedic medicines are effective on various parameters of *Artava Kshaya* like it has improved the interval, duration, clots, flow of menstruation as well as it was effective in reducing ovarian volume. Thus, Oral Ayurvedic medications can be used as effective solution to management of *Artavakshaya*.

REFERENCES

1. Sharma A, editor. Ch. 15, Ver. 16. Varanasi: Chaukhamba Surbharti Prakashan; 2009. Sushruta Samhita of Sushruta with Sushrut, Sutra Sthana. 2010 Reprint edition; p. 120.
2. Thomas SI, Gawade U, Bhaye S, Pokar K, Bader GD. Metaanalysis of gene expression profiles of lean and obese PCOS to identify differentially regulated pathways and risk of comorbidities. *Comput Struct Biotechnol J*. 2020;18: 1735- 1745.
3. Ganie MA, Vasudevan V, Wani IA, Baba MS, Arif T, Rashid A. Epidemiology, pathogenesis, genetics & management of polycystic ovary syndrome in India. *Indian J Med Res* 2019; 150: 333-44.
4. Government of India, Ministry of Health and family welfare. 2nd revised edition. New Delhi: Department of ISM and H; 2003. The Ayurvedic Formulary of India, Part-I; p. 106.
5. Shaikh SM, Doijad RC, Shete AS, Sankpal PS. A Review on: Physicochemical evaluation of Ayurvedic mineral drug Tankan Bhasma. *Pharma Tutor*. 2016 Apr 1; 4(4):23-7.
6. Parekar RR, Bolegave SS, Marathe PA, Rege NN. Experimental evaluation of analgesic, anti-inflammatory and anti-platelet potential of Dashamoola. *J Ayurveda Integr Med*. 2015 Jan-Mar;6(1): 11-8. doi: 10.4103/0975-9476.146565. PMID: 25878458; PMCID: PMC4395922.
7. Jawanjal DP. Til taila- A Review. *WJPMR*. 2018; 4(10): 76-8.
8. Imsagara Chandra Murthy P., editor. 2nd ed. Varanasi: Chowkhambha Sanskrit Series Office; 2007. Sharangadhara, Sarangadhara Samhita, Madhyama Khanda, Vataka Kalpana Adhyaya, 7/95-100. 190.
9. Brahmanand Tripathi edited Sarangadhara samhita 2nd edition. Chaukhamba surbharati prakashan, Varanasi; 1994.
10. Brahmashankar Mishra., editor. 19th ed. Varansi: Chaukhambha Prakashan; 2008. Govid Das, Bhaishajya Ratnavali, Udarda-Shitapitta-Kotha Chikitsa Prakarna, 55/13-22. 917

Cite this article as:

Preeti Garg, Jyotsna Thakur. Ayurvedic Management of Artavakshaya w.s.r.to Polycystic Ovarian Syndrome: A Case Report. *International Journal of Ayurveda and Pharma Research*. 2022;10(11):62-66.

<https://doi.org/10.47070/ijapr.v10i11.2582>

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

*Address for correspondence

Dr. Preeti Garg

PG Scholar,

Department Prasuti Tantra &

Stree Roga,

National Institute of Ayurveda,

Jaipur, Rajasthan.

Email: preety.pg90@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR 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 IJAPR editor or editorial board members.