



AYURVEDIC APPROACH TO ARTAVAKSHAYA W.S.R. TO OLIGOMENORRHOEA: A CASE REPORT

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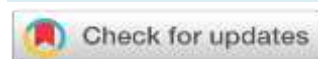
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ABSTRACT

In Ayurveda, all gynecological problems are described under the umbrella of *Yoniyvapada* and *Artav vikar*. *Artavkshaya* is one of the common *Atav vikar*. **Aacharya Sushrut** explained *Artavkshaya* as “*Yathochitakale adarshanam*” (menstruation does not appear in its appropriate time i.e., the intermenstrual period is prolonged) “*Alpata*” (scanty i.e., less than 2 days) and “*yoni-vedna*” (pelvic discomfort). In the modern concept “*Artavkshaya*” can be correlated with oligomenorrhoea and hypomenorrhoea. **Oligomenorrhoea** is the condition when menstrual bleeding occurs more than 35 days apart and remains constant at that frequency, as a result, have only four to nine menstrual cycles each year. *Artavkshaya* is the precondition of *nastartava* which ultimately leads to *vandhyatwa* (affects 15% of the reproductive-aged group worldwide). The prevalence of oligomenorrhoea among the general population is **13%**. This is a single study of 21 years female (OPD Reg. No. 69708/4453) suffering from delayed menses (4 to the 6-month interval between two cycles) with 5 to 6 days of bleeding (4 pads in first 2 days) since menarche. She had associated complaints of incomplete bowel evacuation during menses and facial hairs. The patient's USG shows Multiple small antral follicles are seen bilaterally. The patient was treated with *Til Kwath* with *Gudvyoshadi* prakshepa (Guda, Vyosha, Bharangi, and Hingu) for 6 consecutive cycles. **Result:** The patient had got her menstruation regularly for 30 days while taking medicine and after one month from completion of treatment. Bowel-habit becomes normal.

Keywords: Artavakshaya, Oligomenorrhoea, Til kwath. Pharmacological properties of Guda, Vyosha, Bharangi, Hingu.

INTRODUCTION

"Communities and countries and ultimately the world is only as strong as the health of their women" – Michelle Obama. The woman is responsible for a good and healthy generation. As Women's life is constantly influenced by rhythmic phenomenon, the female menstrual cycle involves dramatic monthly hormonal changes affecting a woman's emotional and physical state. Most of the menstrual disorders have been described under the heading of *yonivyapad*, *Ashta artava dusti*, *asrigdara*, and *artavakshaya* in our classics. Artavakshaya is one of the very common Artava vikar. Aacharya Sushrut explained Artavakshaya as "Yathochit akale adarshanam" (menstruation does not appear in its appropriate time i.e., the intermenstrual period is prolonged) "Alpata" (scanty i.e., less than 2 days) and "yoni-vedna" (pelvic discomfort).

CASE REPORT: A 21year old unmarried woman who is a student visited the OPD of Prasuti tantra and Stri rog, Government Ayurvedic PG College, Chaukaghat on 09 December 2021 with complaints of delayed menses (4 to 6 months intervals between two cycles) since menarche. She had associated symptoms of incomplete bowel evacuation during menses.

Past history: No H/O DM/HTN/Thyroid dysfunction or any other medical or surgical history.

Family history: No history of a similar problem in any of the family members.

Father-DM

Personal History:

Diet – Vegetarian.

Appetite- Good

Bowel- Once /day.

Micturition - 4-5 times/day, 2-3 times/Night.

Sleep – Sound sleep

Menstrual history:

Age of Menarche- 12 yrs.

Menstrual cycle –5 to 6 days duration / 4 to 6 months interval

Pads used -2-3 pad / day

Clots - Present (++)

Pain in lower abdomen during menses- Present (Severe)

L.M.P – 29/09/2021

ASHTA STHANA PAREEKSHA

Nadi -78 bpm

Mootra- 4-5times/day, 2-3times/Night.

Mala - Once a day.

Jihwa- Saama

Shabda - Heen

Sparsha - Anushna sheeta

Druk - Avisheha

Aakruti – Madhyama

DASHAVIDHA PAREEKSHA

1. Prakruti – Vata-Kapha

2. Vikruti - Madhyama

3. Sara - Madhyama

4. Samhanana - Madhyama

5. Pramana - Dhaigyra – 61 inches

a. Dehabhara - 58 kg

6. Satmya - Madhyama (Ati Katu and lavan satmya)

7. Satva- Madhyama

8. Aahara Shakti

• Abhyavaharana Shakti – Madhyama

• Jarana Shakti - Madhyama

9. Vyayama Shakti – Madhyama

10.Vaya -Youvana

General examination

• Built - Moderate

• Nourishment - Moderate

• Temperature – 98. F

• Respiratory rate -22/min

• Pulse rate – 78 bpm

• B.P - 110/70 mm of hg

• Height – 61 inches

• Weight - 60 Kg

• BMI- 25 (Overweight)

• Tongue: Uncoated

• **Systemic examination**

CVS: S1 S2 Normal.
 CNS: Well-oriented, and conscious.
 RS: Normal vesicular breathing, no added sounds.
 P/A: Soft, non-tender.

INVESTIGATIONS -

Hb – 11 mg/dl

USG- Abdominal Pelvis- Impression: Multiple small antral follicles are seen bilaterally.

Intervention: Krishna Til kwath with Gudvyoshadi prakshepa 40 ml BD before a meal (Pragbhaktam kaal).

Medicines were administered for 6 Months. *Til kwath* added with *guda*, *trikatu churna*, *hingu churna*, and *Bharangi churna* should be administered in *rakta gulma* and *nashtapushpa* i.e., *amenorrhoea*.

OBSERVATION AND RESULT:

Table 1: Changes in signs and symptoms before and after treatment

Sign and symptoms	Before treatment (Treatment started on 9/12/2021)	Completion of 2 months of treatment	Completion of 4 months of treatment	Completion of 6 months of treatment
The interval between two cycles	120-180 days LMP-29/9/2021	55- 60 days LMP- 7/2/2022	30-35 days LMP-15/3/2022	30-32 days LMP-14/4/2022
Duration of bleeding and clots	5 to 6 days Clots ++	5 to 6 days Clots+	4 to 5 days No clots	4 to 5 days No clots
No. of pad used in first 2 days of the menstrual cycle	3 to 4 pads	3 to 4 pads	3 to 4 pads	3 to 4 pads
Yoni Vedna	Severe Lower abdominal pain	Moderate Lower abdominal pain	Mild Lower abdominal pain	Mild Lower abdominal pain

DISCUSSION

Artavakshaya occurs due to the vitiation of Tridosha i.e., Vata and Pitta kshaya and Kapha vridhi. In this condition, the Yathochit akale artava adarshanam (delayed menses), alpata (scanty menses), and yoni vedana occurs due to Srotoavarodha. Pittavardhak (Agneya) dravya and Artavajanana dravya bring up the normal menstrual flow. Krishna Til Kwath with Gudvyoshadi prakshepa was selected to evaluate its efficacy in the management of Artavakshaya. Krishna Til contains madhura rasa, guru, snigdha guna, ushna virya and madhura vipaka. It also has snehana, vedanasthapana, Sandhaniya, and Artavajanana properties. Madhura rasa nourishes and gives strength to rasa dhatu and mamsa dhatu. It increases secretions and decreases the degeneration of the endometrium. Balya and rasayana karma of krishna til increase the rasa dhatu which is directly responsible for ‘artava utpatti’.

In Prakshepa dravya- Guda, Vyosha (Trikatu), Bharangi, and Hingu were used. Guda contains iron, fructose, glucose, magnesium & potassium. It consists of three well-known plants, viz., Shunthi, Marich, and Pippali in equal ratios. Shunthi (*Zingiber officinale*) contains Flavonoids, which help in the healthy circulation of blood and strengthen the capillaries wall. Marich (*Piper nigrum*) contains an alkaloid as an active component "Piperine", which enhances the bioavailability of drugs. Pippali (*Piper longum*) has weak opioid but potent NSAIDS type of analgesics activity. Bharangi (*Clerodendrum serratum*) has anti-inflammatory and analgesic activity. Hingu (*Ferula asafoetida*) contains ferulic acid. It has anticoagulant, angiogenesis inducer, and vasodilator activity. All prakshepa dravya is ushna veerya, Artavajanana, rasayana, and Garbhasaya Shodhak. The overall effect of the selected drug shows that it normalizes the physiology of the HPO axis, which helps in maintaining the regular menstrual cycle.

CONCLUSION

In ayurvedic classical texts, treatment is mentioned to keep the doshas in equilibrium. It can be achieved by Samsodhana and Samshamana (in form of Agneya dravyas). Hence for the present study shamana line of treatment was selected. Krishna Til Kwath with Gudvyoshadi prakshepa was found to be very effective. Early diagnosis and timely treatment can cure

the condition and prevent complications like infertility.

REFERENCES

1. D.C. Dutta. Textbook of Gynaecology. Menstruation, 6th ed. New Delhi: Jaypee Brothers, 2014; p. 84
2. Bhaishajya Ratnavali, Vidyotani Hindi Commentary of Rajeshwar dutta shastri, Chaukhamba, Samskrita samsthana Varanasi, Edition 2017, Chapter 32, Verse 60
3. Prof. D.S. Lucas, Dravya Guna Vijnana, Chaukhambha Visvabharati, Varanasi, First edition– 2008, volume 2

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