

A COMPARATIVE CLINICAL STUDY OF KRISHNA TILA KASHAYA AND LASUNADI VATI IN ARTAVA KSHAYA

Shilpa Koranne¹, Nandini More², Rajashree Shirpurkar³

¹(M.S), Associate Professor & HOD Department of Prasooti Tantra Stree Roga, Smt. K.C. Ajmera Ayurveda Mahavidyalaya, Dhule- 424002, Maharashtra, India

²(M.D) Dravya Guna Professor Department of Dravya Guna, K.D.M.G.S. Ayurveda Mahavidyalaya, Chalisgaon - 424005, Maharashtra, India

(M.S) Shalya Tantra Associate Professor, Department of Shalakyata Tantra, Dr. R. Gode Ayurveda College Hospital & Research Centre, Amaravati, Maharashtra, India

Corresponding Author: drshilpakoranne@gmail.com

<https://doi.org/10.46607/iamj1410012022>

(Published Online: January 2022)

Open Access

© International Ayurvedic Medical Journal, India

Article Received: 18/01/2022 - Peer Reviewed: 19/01/2022 - Accepted for Publication 20/01/2022



ABSTRACT

All these menstrual disorders have become a challenging problem for today's women. Certain rapid physiological changes occur from puberty which is markedly seen during the reproductive period. This physiology gets altered due to the changed lifestyle of the women, as there is increased physical & emotional stress & strain, which disrupts the H-P-O-U axis, leading to many gynaecological problems. *Artava Kshaya* is one among them. *Artava Kshaya* can be treated with both *Shodhana Chikitsa* & *Shamana Chikitsa*. *Agneya Dravyas* are the preferred choice in *Shamana Chikitsa*.

Keywords: *Artava Kshaya, Shamana Chikitsa, Shodhan Chikitsa, Agneya Dravya.*

INTRODUCTION

In the present study, a detailed description of **Artava kshaya** is done with all its Nidana, Lakshanas Samprapti, etc. Artava kshaya can be correlated to some extent with **Oligomenorrhoea & Hypomenorrhoea**.

The effects of drugs as evidenced in the clinical trials were recorded along with detailed case history.

As in our classics, we don't find Artava kshaya as a separate disease, but it appears as a symptom for

many of the disorders. Acharya Sushruta explains Artava kshaya in Dosha Dhatu mala Kshaya Vruddhi Vignanam in Sutrastana, but later on, explains the same lakshanas under the heading of Nastartava in Shareerastana. Acharaya Vagbhata explains Anartava with the same pathology as that of Nastartava. Acharya Caraka has mentioned Artava kshaya as a symptom of many yoni vyapad.

To maintain the normalcy of Agni & Vata, removing the Kapha is the basic line of treatment. In the classics, both Shodhana & Shamana chikitsa has been explained for Artava Kshaya.

To understand the Samprapti of Artava kshaya it is important to know about the formation of Rasa dhatu. As Artava is the Upadhatu of Rasa Dhatu, the Kshaya of Rasa Dhatu finally leads to Kshaya of Artava. Formation of Rasa Dhatu is affected when there is Jataragni Mandhya along with the vitiation of Samana Vata, Pachaka Pitta & Kledaka Kapha. This Mandagni with vitiated doshas hampers the formation of Ahara Rasa by producing Ama. Hence Utpatti of Rasa Dhatu is affected as it is formed from Ahara Rasa. Since the 'Samprapti Vighatana' is the main aim for the proper Artava Utpatti, which can be achieved by maintaining the normalcy of the Agni.

The normalcy of Apana Vata helps in the expulsion of Artava. Garbhasaya & Artavavahini Dhamani are Mula for Artavavaha Srothas. If there is any injury to this, leads to Nastartava. Aratavavaha Srothas are obstructed by the Vikruti of Apana Vata & Kapha, which results in Artava Kshaya.

To maintain the normalcy of Agni & Vata, removing the Kapha is the basic line of treatment. In the classics, both Shodhana & Shamana Chikitsa has been explained for Artava Kshaya. Shodhana chikitsa as explained by Acharya Dalhana includes only Vamana karma, as this removes only the Soumya dhatu and maintains the pitta which is required for Utpatti of Artava. Acharya Cakrapani explains that both Vamana & Virechana Karma can be administered. Acharya Kashyapa has mentioned Basti to be the best treatment. Shamana Chikitsa is explained in the form of 'Agneya Dravyas'. Agneya Dravyas are used as they are **Pittavardhaka**. By this, the Agni will be stimu-

lated which helps in digestion of Ama, formation of Ahara Rasa, which later on forms the Rasa Dhatu from which the Artava is formed. These Agneya Dravyas helps in increasing the quantity of Artava, as the Artava is also Pitta Pradhana. As the basic concept of 'xÉÉqÉÉlrÉÉâÉ×ÎkS MüÉUHQÉç' intake of Samana Guna causes the increase of same Guna. Hence the Agneya Dravyas are given prime importance in producing Artava.

OBJECTIVE OF STUDY

A conceptual study of Artava Kshaya.

To evaluate the efficacy of Krishna Tila Kashaya with Guda. To evaluate the efficacy of Lasunadi vati.

To compare the efficacy of Krishna Tila kashaya with Guda & Lasunadi vati.

MATERIALS AND METHODS

Source of data: 30 patients complaining of scanty menstruation, a prolonged interval in between menstruation (irregular menses), were selected from OPD and IPD sections.

Method of data collection:

It is a single-blind comparative clinical study.

30 selected patients were divided into 2 groups of 15 patients each.

a. **Group A-** Patients were given Krishna Tila Kashaya with Guda orally for 3 cycles.

b. **Group B-** Patients were given Lasunadi Vati orally along with Ushna Jala for 3 cycles.

Inclusion Criteria:

Patients aged between 18-35 years. Both married and unmarried women. Bleeding, spotting less than 2 days. Pad used 1 per day.

Infrequent menses at intervals longer than 35 days.

Patients presenting with the Pratyatma Lakshana of Artava Kshaya.

Exclusion Criteria:

Patient with a systemic disorder like DM, HTN, TB, Asthma, Congenital abnormalities. Patient with malnutrition, severe anaemia (Hb<8gm %)

Lactating women OCP using women.

Intervention:

Dose-Group A; Patients were given Krishna Tila Kashaya with Guda 90ml thrice a day before the meals.

Group B: Patients were given Lasunadi Vati, 1 vati (500mg) thrice a day before meals with ushna jala. Lasunadi vati ingredients- Lasuna, Jeeraka, Hingu, Pipalli, Marica, Nagara, Saindhava, Gandhaka, Jambira.

Duration of treatment for 3 cycles and then follow up once after each cycle for 3 cycles.

Assessment criteria:

Duration of flow. The interval between 2 cycles
Amount of blood loss.

Grade of pain Reduction in weight **Criteria of Assessment**

The changes in the symptoms after the medication were scored as follows

1. DURATION OF FLOW	[in days]
SCORE	
1-2 days	1
3-4 days	2
More than 4 days	3
2. INTERVAL BETWEEN TWO CYCLES	
26-35 days	0
36-45 days	1
46-55days	2
More 55days	3
3. AMOUNT OF BLOOD LOSS	
Only spotting	0
½ -1pad per day	1
2 pads per day	2
More than 2pads per day	3
4. PAIN	
No pain	0
Mild	1
Moderate	2
Severe	3
5. Reduction in the weight-	was assessed directly. No scoring was given.

Final assessment:

No relief No change **Improved**

An increased amount of bleeding Reduction in length of the cycle.

Reduction of pain.

Cured

Regularization of menstruation

Regularization in the amount of flow using 1-2 pads

per day. Absence of pain.

OBSERVATION

General Data

In the present study, 30 patients were registered, among them, 36.66% were in the age group of 18-23yrs & 24-29 yrs each. Marital status married group i: e 60%.

A maximum of 60% of the women were from urban habitats. Graduates about 36.67% followed by 20% of higher secondary educated women were registered for the study. 46.67% of the women were housewives. Akalabhojana is in about 70% of patients. In about 63.33% of women, mental stress is present. A dietary habit of 76.67% of patients was mixed.

Rajo Pravrutti: In 93.33% of women the rajo Pravrutti is aniyamitta. As it fulfils inclusion criteria & is also the pratyatma lakshana of Artava kshaya. 6.66% of women showed niyamitta rajo Pravrutti even then they were included in the study as they had scanty flow. 40% of subjects showed the duration of illness below 6months, followed by 26.67% who were in more than 2years. This shows the awareness of women towards menstrual irregularities.

Duration of blood loss: Among 30 patients, 46.67% had the flow between 3 – 4 days. Even though the flow of menstruation was more in days, the patients complained of scanty bleeding with a prolonged intermenstrual period.

Inter menstrual period: The Inter menstrual period was 53.33% in between 35-45days, 30% of people were more than 60days.

Amount of menstrual flow: 76.67% of registered patients used ½ -1pad. This incidence showed that there was a reduction in the amount of menstrual flow. This may be due to change in dietary habits, quality of the food, excessive use of bakery items, lack of time for herself affects menstruation.

Pain: Pain with different grades were registered with which maximum of 63.33% had moderate. This incidence showed the vikruti of vata which causes pain.

Results of the study Effect within the groups

Group	N	Mean BT	Mean AT	d	Paired 't' Test					
					SD	SE	t	P	df	
Group A										
Duration of flow	15	1.467	2.733	-1.267	0.458	0.118	-6.971	<0.001	14	
The interval between two means	15	1.933	0.067	1.867	0.258	0.067	7.897	<0.001	14	
Amount of blood loss	15	1.2	2.533	-1.333	0.576	0.133	-10.58	<0.001	14	
Change in pain	15	1.133	0	1.333	0	0	4.432	<0.001	14	
Change in weight	15	54.53	52.9	1.633	4.214	1.088	7.587	<0.001	14	
Group B										
Duration of flow	15	1.733	2.867	-1.133	0.352	0.091	-5.906	<0.001	14	
The interval between two means	15	2.2	133	2.067	0.352	0.091	7.75	<0.001	14	
Amount of blood loss	15	0.8	2.333	-1.533	0.488	0.126	-11.5	<0.001	14	
Change in pain	15	2	0.067	1.933	0.258	0.067	8.473	<0.001	14	
Change in weight	15	59.03	57.07	1.967	12.94	3.341	9.932	<0.001	14	

Effect Between Two Groups

Group	Group A			Group B			Both Group A & Group B			
	Mean	SD	SE	Mean	SD	SE	d	t	P	df
Duration of flow	2.733	0.458	0.118	2.867	0.352	0.0909	-0.133	0.894	0.379	28
Interval between two menstruations	0.0667	0.258	0.0667	0.133	0.352	0.0909	-0.0667	0.592	0.559	28
Amount of blood loss	2.533	0.516	0.133	2.333	0.488	0.216	0.2	1.09	0.285	28
Change in pain	0	0	0	0.0667	0.258	0.667	-0.0667	-1	0.326	28
Change in weight	52.9	4.214	1.088	57.067	12.941	3.341	-4.167	-1.867	0.246	28

Statistical interpretation

Based on Paired “t” test, the following observation was recorded.

The difference in the mean values of the two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input groups. As the drugs in both groups contain Deepana, Pachana, Vatakapha Shamaka & Pittavardhaka properties, due to this there will be Amapachana which finally results in Artava Utpatti.

DISCUSSION

The use of Agneya dravyas not only relieves the Kapha which does Avarana to Apana Vata but also increases the quantity of Artava. As Agneya Dravyas have Ushna Virya, it maintains the normalcy of ruksha & sheeta guna of vata, snigdha & pichhila guna of kapha.

There are many agneya dravyas mentioned in the classics which are having Artavajanana property. The drugs are taken for the study i: e Krishna Tila Kshaya with guda & Lasunadi Vati, possess Ushna Veerya & Vatakapha Shamaka properties.

Probable mode of action of Krishna Tila Kashaya:

With its Madhura Rasa, madhura Vipaka, Guru, Snigdha Guna, Ushna Veerya properties help in Vata Shamana. Thus, regularizing the Artava. Tikta katu rasa, Ushna Veerya & Artavajanana Karma of Krishna Tila helps in increasing the Pitta, resulting in the production of Artava. Katu Rasa, Ushna Veerya of Krishna Tila relieves the Avarana of Kapha, enhances the flow of Artava. As the Krishna Tila Kashaya contains Madhura rasa and Madhura Vipaka, it nourishes and gives strength to Rasa Dhatu & its Upadhatus. So, it increases secretions and helps in the regeneration of the endometrium. As Madhura Rasa contains Carbohydrates in abundance, which is

a very important constituent of the endometrium, results in Artava vrudhi. The Ushna Veerya of the Krishna Tila helps in the digestion of Ama, results in the proper formation of Rasa Dhatu, ultimately ends in the production of Artava.

Probable mode of action of guda:

The properties of Guda help in enhancing the quality of Krishna Tila Kashaya. Though it is having Madhura Rasa, Madhura Vipaka, Guru Guna & Sheeta Veerya, it is Pittavardhaka as per Nighantu Ratnakara. It is having special qualities like Ruchikara, Raktakara, Rasayana, Vrushya which not only helps in Dhatu Vrudhi but also makes the Kashaya palatable.

Probable mode of action of Lasunadi vati

Almost all the Dravyas contains Guru, Snigdha, Teekshna Guna, Ushna Virya, Katu Vipaka, so Vatakapashamaka, & enhances the Pitta properties in the body. These drugs possess six Rasas and Deepana, Pachana, Rasayana, Ruchikara, Vatanulomana qualities help in Amapachana, Agnideepana results in Dhatu Vrudhi. Pittakara properties of these Dravyas increasing the Agneyatva of the body helps in the production of Artava. Finally, we can conclude that the drugs present in Lasunadi Vati are Vatakapashamaka, Pitta Vardhaka & Artavajanana.

In the present study 30 patients were registered, among them 36.66% were in the age group of 18-23yrs & 24-29 yrs each. This period of reproductive life is mainly concerned with childbearing, The study showed that maximum women suffering from Artava Kshaya in married group is 60%. Graduates about 36.67% followed by 20% of higher secondary educated women were registered for the study. There is an increase in family burden & changing trend of personal career development. Hence the woman is unable to concentrate more on her personal health. Therefore, there might be an increased incidence of Artava Kshaya in this age group.

This may be due to the concern towards fertility & any disturbance in the menstrual cycle may have been made the woman anxious & hence rushed for the treatment.

As there is an increase in stress during the education

period & later on to build up their career which also includes irregular dietary habits. A slight alteration in the menstrual flow & length of the cycle might have made the women alert of the forthcoming infertility problems. Hence the incidence of Artava Kshaya is more seen in this group of patients.

This may be due to an increase in emotional stress which leads to psychological disturbance affecting the H-P-O-U axis & a sedentary lifestyle leads to an increase in Kapha & Meda in the body, causing Artava Kshaya. Because of competitive era maximum time they are exposed to stress & strain which alters the H-P-O-U axis.

As today's woman herself is concentrating on her career, increases the rate of stress, influences the H-P-O-U axis results in reduced flow of Artava. It can be said that due to Atichinta, Krodha Rajoguna Vrudhi cause Vata Vrudhi and this leads to Dhatu Kshaya. Due to Dhatu Kshaya, less quantity of Artava will be formed leading to Artavakshaya. Psychological factors fail to suppress a stable ovarian and uterine cycle completely and sometimes succeed only in reducing the amount of flow. Emotional stress, strain etc. affect hypothalamus thus inhibiting the release of GnRH. Low level of Oestrogen and LH, also suppresses menstruation

The incidence of Vata Kapha Prakruti patients is more. The Vata is more prone to vitiate and due to this, Artava Srava becomes Alpa in Pramana and is also the cause for the Yoni Vedana. The Kapha which is vitiated will do the Avarana, finally leading to Artava Kshaya.

About 46.67% of the patients showed Vata Pitta Vikruti. This shows Apana Vata Vikruti, which reduces the flow of the Artava. There is Pitta Vikruti in the form of Kshaya, Agneyatva in the body is reduced, resulting in less production of Artava.

The drugs of Agneya Guna, Vata Kapha Shamana, Pitta Vardhaka, containing Deepana, Ama Pachana properties, which finally results in Artava Utpatti.

CONCLUSION

'Artavakshaya' in the present study it appears like a disease based on

Nidana, Lakshana and Chikitsa. Shodhana & shamana lines of treatment can be adopted. Shodhana includes Panchakarma & Shamana includes the use of Agneya Dravyas. The main principles of management of Artavakshaya are Agnivardhaka and Vatanulomaka chikitsa.

Agneya Dravyas are of Ushna Veerya, containing Deepana, Ama Pachana, Vatakapha Shamaka and Pitta Vardhaka properties. This leads to the proper formation of Rasa Dhatu, hence Artava Utpati. The Avarna of Kapha to Apana Vata is relieved. Hence there is the normalcy of Apana vata leading to Artavajana. Krishna Tila Kashaya & Lasunadi Vati both contain Ushna Veerya Vatakapha Shamaka Pitta Vardhaka guna. Hence both the drugs can be used in Artava Kshaya. Krishna Tila Kashaya proved to be more effective in increasing the duration of flow, reducing the intermenstrual period, and the pain was reduced. Lasunadi vati proves to be more effective by increasing the amount of flow, and weight reduction. Hence by the clinical trial on 30 patients with 15 patients each in Group A-Krishna Tila Kashaya & Group B – Lasunadi vati, the results in Group A were more effective in the duration of flow, intermenstrual period, and pain. Group B was more effective in the amount of flow & in reduction of weight. But there is not a statistically significant difference between the two groups.

REFERENCES

1. Caraka Samhita by Agnivesha Revised by Charaka & Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, reprint in 2007 Published by Choukhambha Orientalia, Varanasi Pp 738, pg no. 514
2. Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya. Introduced by Prof. P.V. Sharma, 9th edition 2007, published by, Chaukhambha orientalia Varanasi. Pp 824, Pg no 59
3. Astangahrdayam was composed by Vagbhata with the Commentaries (Sarvangasundari) of Arunadutta Introduced by Prof. P. V. Sharma. Reprint 9th edition 2005, Published by Chaukhambha Orientalia Varanasi Pp. 956 pg no. 363
4. Astanga Samgraha of Vahata or Vruddha Vagabhata with the Sasilekha Sanskrit commentary by Indu, by Prof. Jyotir Mitra. Edited by Dr Shivaprasad Sharma, Published by Choukhambha Sanskrit series office Varanasi Pp. 965, pg no. 266
5. Bhavaprakash of sribhava Misra, 11th Edition 2007 Published by Chaukhambha Sanskrit Bhawan Varanasi 1st volume Pp 959 pg no 64
6. Sarngadhara Samhita by Pt. Sarngadharacharya, edition 5th 2002 Published by Chaukhambha Orientalia Varanasi Pp 398 pg no. 46
7. Caraka Samhita by Agnivesha Revised by Charaka & Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, reprint in 2007 Published by Choukhambha Orientalia, Varanasi Pp 738, pg no.102
8. Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya. Introduced by Prof. P.V. Sharma, 9th edition 2007, published by, Chaukhambha orientalia Varanasi. Pp 824, Pg no 70
9. Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya. Introduced by Prof. P.V. Sharma, 9th edition 2007, published by, Chaukhambha orientalia Varanasi. Pp 824, Pg no 346
10. Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya. Introduced by Prof. P.V. Sharma, 9th edition 2007, published by, Chaukhambha orientalia Varanasi. Pp 824, Pg no 386
11. Kasyapa Samhita or Vruddha Jivakiya tantra by Vruddha Jivaka revised by Vatsy with Sanskrit introduction by Nepal Rajaguru Pandit Hemaraja Sarma with Vidyotini Hindi commentary and hindi translation of sanskrit introduction by Ayurvedalankar Sri Satyapala Bhisagacharya, edition 7th 2000. Published by Chaukhambha Sanskrit Sansthan Varanasi. Pp364, Pg no. 157
12. Astanga Samgraha of Vahata or Vruddha Vagabhata with the Sasilekha Sanskrit commentary by Indu, by Prof. Jyotir Mitra. Edited by Dr Shivaprasad Sharma, Published by Choukhambha Sanskrit series office Varanasi Pp. 965, pg no.267
13. Yogaratanakar with vidyotini Hindi commentary by

Vaidya Laksmipati Sastri edited by Bhisagratha Brahmasankar Sastri, 6th edition 1997, published by Chaukhambha Sanskrit Santhan Varanasi. Uttaradham, Pp 504, Pg no 406

LASUNADI VATI

14. Vaidyajivanam by Loliambaraja with vidyotini Hindi commentary by Dr Indradeva Tripathi, 3rd edition. 1998. Published by Chaukhambha orientalia Varanasi. Pp100, Page no.50.
-

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Shilpa Koranne et al: A Comparative Clinical Study Of Krishna Tila Kashaya And Lasunadi Vati In Artava Kshaya. International Ayurvedic Medical Journal {online} 2021 {cited January 2022} Available from: http://www.iamj.in/posts/images/upload/87_94.pdf