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Management of Vatika Artavadushti Using a Herbal Medication – A Case Report

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ABSTRACT

A 24-year-old woman presented with vatika ārtava dushti, characterized by scanty, dark brown blackish colored menstrual flow, pain, and irregular bleeding. She had experienced these symptoms for over a year and visited the Ayurveda OPD NIA with no significant family or medical history. Ayurveda texts describe vatika artavadushti as menstruation altered by vata dosha, resulting in altered color, painful, and interrupted flow. Based on this diagnosis, the patient was treated with gokshura madhuyashti ksheerpaka, which possesses vatashamaka and rasayana properties known to alleviate vatika disorders.

Over two menstrual cycles, her symptoms improved remarkably, showing continious flow, absence of pain, and no clotting. The treatment outcome, sustained through follow-ups, highlights the efficacy of *gokshura madhuyashti ksheerpaka* in managing *vatika artavadushti* by pacifying vata dosha and rejuvenating *dhatu*.

Key Words: vatika artavadushti, ayurveda, dysmenorrhoea.

Introduction

Artava strava (menstruation) is a vital biological process in women's reproductive life. Ayurveda outlines artava's origin, nature, quantity, duration and interval. Imbalances of dosha manifests in artavadushti which causes local discomfort and pain and ultimately affects the process of healthy progeny. Vriddha vagbhata has discoussed ashta artavadushti, three by each dosha, one by rakta, three by dwandaja dosha and one by sannipataja dosha.

In vatika artava dushti, artava is vitiated by vata dosha. Vitiated vata changes the samanya swaroopa of artava. According to Acharya Sushruta artava vitiated by vata, gets the color (aruna (reddish brown, tawny, red, ruddy²), krishna (black)) and pain like vata (toda, bheda)³. Acharya Vriddhavagbhata mentioned that artava vitiated by vata has thin (tanu), dry (ruksha), frothy (phenila), discoloration of menstrual blod (aruna color) and interrupted bleeding (vichchhinna), delayed menstruation (chirat nishichyate) with pain (sarujam)⁴.

In Harita samhita, Acharya Harita stated that Artava's natural colour turns black or like ripen black plum (jambu, dark violet in colour) and it secrets with pain when vitiated with vata dosha⁵. There is no specific mention of nidana (causative factors) for vatika artava dushti in the classical texts; only Acharya Kashyap has described common causes for artava dushti. Vatika artava dushti occurs due to the aggravation of vata, and hence, factors that aggravate vata can be considered as the causative factors for vatika artava dushti. Due to the consumption of such nidanas, agnidushti leads to the manifestation of artava dushti. In the management of vatika artava dushti in Ayurveda, Acharya Sushruta has advised the use of sukradoshhara formulations. In his commentary, Acharya Dalhana describes that among these formulations are rasayana (rejuvenative), vajikarana (aphrodisiac), and drugs beneficial for urinary disorders⁶. In this case, the patient was diagnosed with vatika artava dushti based on the symptoms outlined by Acharya Vriddhavagbhata, and Gokshura Madhuyashti Ksheerpaka was administered accordingly.

Patient Information

A 24-year-old unmarried patient came to the prasuti tantra evam stri roga department OPD of National Institute of Ayurveda, Jaipur with complaints of very scanty menstrual bleeding for one year, which appeared dark brown to blackish in color. She also experienced lower abdominal and lower back pain during menstruation for the past 11 years. On detailed history, patient had 29-31 days regular in duration and interval menstrual cycle with moderate pain, with the presence of clots and interrupted blood flow. There was no history of foul smell. Generally, the bleeding lasts for 2 days and the single pad/day is sufficient for first two days, generally no bleeding occur on day 3 and on the fourth day of cycle, one pad was needed for the

whole day. Patient was unmarried. Her last menstrual period was reported on 03 December 2023. She had no history of thyroid dysfunction, psychiatric illness, diabetes mellitus and tuberculosis. Patient had no significant family history. She had to take one analgesic tablet on the first day of every menstrual cycle. No prior consultation history before approaching this OPD.

Personal History

Diet-vegetarian

Appetite- fair

Sleep- sound sleep

Bowel- once regular and satisfactory at morning time

Micturition- pale yellow 3 to 4 times per day

Menstrual History

Age of menarche- at the age of 13 year

LMP -01/01/2024

Previous LMP-03/12/2023.

Interval -29 days

Duration of menstrual flow -4 days

Lower abdominal pain - Moderate (VAS -4/10)

Detailed Menstrual History

Pattern	Regular
Character of flow	Interrupted
Pain	Present
Color	Dark Brown to blackish
Clots	On the second day of her menstrual cycle, she experienced 2–3 clots, each about the size of a two-rupee coin, blackish in color, accompanied by pain.
Smell	Absent
Flow	Scanty

Pad History

Day 1	1 pad (half soaked)
Day 2	1 pad (half soaked)
Day 3	No bleeding
Day 4	1 pad (half soaked)

Clinical Findings

Physical Examination

Table 1: Physical Examination

G.C.	Fair	Weight	50 Kg
B.P.	120/70 mm of Hg	BMI	21.13 Kg/m ²
P.R.	82/m	Body Built	Average

Не	eight	154 cm	Pallor	Absent
- 1				

Diagnostic Assessment

The patient was diagnosed with vatika artavadushti based on the symptoms of artava vaivarnya (dark brown to blackish color of menstrual blood), alpa artava (scanty menstruation), vichchhinna (interrupted bleeding), and sarujam (dysmenorrhea). Dashavidha parikshya bhava of patient were examined (Table 2), and laboratory investigations were conducted.

Table 2: Dashvidha Parikshya Bhava

1.	Prakriti	Vata pitta	6.	Satmya	Mishra rasa
2.	Vikriti	Prakritisamsamvaya	7.	Satva	Madhyama
3.	Sara	Madhyama	8.	Aharshakti	Madhyama
4.	Samhanan	Madhyama	9.	Vyayamshakti	Avara
5.	Praman	Madhyama	10.	Vaya	Yuvati

Hematological evaluations, including CBC, ESR, RBS, LFT, RFT, and TSH, were within normal reference ranges. Hormonal assays indicated LH and FSH levels of 5.07 mIU/mL and 6.44 mIU/mL, respectively. HIV and HBsAg screenings were non-reactive, and VDRL testing was negative. The ultrasound of the uterus and adnexa was normal.

Therapeutic Intervention

The patient was administered oral medications aimed at *vata dosha shaman*. During her initial consultation, she was prescribed *Gokshura-Madhuyashti churna* to prepare *ksheerpaka*. The patient was instructed to take 5 g of *churna*, 40 ml of milk, and 160 ml of water in a pot and boil it until 40 ml of the preparation remained. It was to be strained from the pot using a sieve before use. During the course of treatment she had difficulty in consuming the *ksheerpaka* directly, so she was advised to add *mishri* as per taste while preparing the *ksheerpaka*^Z. Patient was advised to take the *ksheerpaka* twice a day (10 am and 4 pm). The patient was maintained on a consistent regimen of *Gokshura Madhuyashti ksheerpaka* across two consecutive menstrual cycles, from January 1, 2024, to March 7, 2024.

Follow-up and Outcomes

After two months of treatment, she experienced significant relief in symptoms of *vatika artavadushti*. The details of her menstrual flow, including the flow amount, character, and color of the menstrual blood, are presented in Table 3 & Table 4. After completing two months of treatment, the patient had the same level of improvement in the next cycle. After that, she was advised to follow *rajaswalacharya* for life long up to menopause. In this, a menstruating woman should consume foods like *shali* rice, barley, milk, and ghee during the menstruation phase, and she may also have sweet fruits.

Table 3: Detailed Menstrual history after treatment

LMP	31/01/2024	02/03/2024
Duration	4 days	5 days
Interval	30 days	31 days
Pattern	Regular	Regular
Character of flow	Continuous	Continuous
Pain	Mild, (VAS Score – 2)	Absent
Clots	Absent	Absent
Color	Brown	Red
Smell	Absent	Absent
Flow	Normal	Normal

Table 4: Pad History After Treatment

Day of Cycle	LMP 31/01/2024	LMP 02/03/2024
Day 1	2 pads (fully soaked)	2 pads (fully soaked)

Day 2	1 pad (fully soaked)	1 pad (fully soaked)
Day 3	1 pad (half soaked)	1 pad (half soaked)
Day 4	1 pad (half soaked)	1 pad (half soaked)
Day 5	Spotting	No bleeding

Discussion

Based on the clinical symptoms of the patient, she was diagnosed with vatika artavadushti. She experienced dark brown to blackish colored menstrual bleeding (attributed to vata), scanty flow (alpa artava), interrupted bleeding (vichchhima), and pain during menstruation (sarujam). According to Acharya Vriddhavagbhata, these symptoms indicate vatika artavadushti. For treatment, gokshura madhuyshti ksheerpaka was administered. According to Acharya Charaka, gokshura is known for its properties of mutrakachchhara and anilahara, which would help in normalizing the swaroopa of artava (color, quantity, duration and interval) by correcting the apana vayu dushti². Madhuyashti is mentioned as a rasayana, vrishya and is also vatashamaka. Due to its rasayana properties, it promotes the formation of excellent dhatu, which will help purify artava as well². Gokshura and madhuyashti both have madhura rasa and guru, snigdha properties¹⁰. Due to these properties, they pacify vata. The madhura, guru and snigdha properties of gokshura and madhuyashti help in pacifying vata. Ksheera is also noted for its rasayana¹¹, vajikarana, and vatashamana properties.

In a randomized, triple-blind controlled trial compared the effects of *Glycyrrhiza glabra* (Licorice) syrup and ibuprofen on primary dysmenorrhea in patients, results suggest *G. glabra* may be an effective alternative for dysmenorrhea¹². Thus, these suitable drugs, with their *rasayana*, *vajikarana*, and *vatashamana* properties., have effectively addressed *vatika artavadushti*.

Conclusion

Menstrual disorders are a major issue for females, with cases rising daily, affecting not only their health but also their fertile life. In Ayurveda, various principles for treating *artavadushti* are available. This case study achieved very good results by following the principles suggested by *Acharya Dalhana* and using easily available and cost-effective *aushadhis*, proving the validity of this approach even in the present time.

Informed Consent

An informed written consent was obtained from the patient.

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Nil

Conflicts of interest

There are no conflicts of interest.

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