



AYURVEDA MANAGEMENT OF ARTAVAKSHAYA W.S.R. TO OLIGOMENORRHOEA-A CASE STUDY

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ABSTRACT:

In Ayurveda, all gynecological disorders are broadly classified under *Yonivyapada* and *Artava Vikara*. *Artavakshaya* is a commonly observed *Artava Vikara*. Acharya Sushruta describes *Artavakshaya* as: “*Yathochitakale Adarshanam*” (absence of menstruation at the expected time, i.e., prolonged inter menstrual interval), “*Alpata*” (scanty flow, i.e., less than two days), and “*Yoni Vedana*” (pelvic discomfort). In modern medical terms, *Artavakshaya* can be correlated with oligomenorrhoea and hypomenorrhoea. Oligomenorrhoea refers to menstrual cycles occurring more than 35 days apart, often resulting in only 4–9 cycles per year. *Artavakshaya* is considered a precursor to *Nashtartava*, which may ultimately lead to *Vandhyatva* (infertility), affecting around 15% of women of reproductive age globally. The prevalence of oligomenorrhoea in the general population is approximately 13%. This case study focuses on a 37-year-old female patient presenting with delayed menstruation, characterized by a 5 to 6-month interval between cycles. Ultrasonography (USG) revealed a simple follicular cyst in the left ovary and a tiny cystic lesion in the endometrium. The patient was treated with practice of *Rajaswala Paricharya* along with *Ojaswini Churna* (an Ayurvedic formulation) and agneya dravyas administered orally, for three consecutive cycles.

Result: The patient achieved regular menstruation with normal duration during and after the course of treatment, indicating a positive therapeutic response.

KEYWORDS: Ayurveda, Artavakshaya, Oligomenorrhoea, ojaswini churna, rajaswala paricharya.

INTRODUCTION:

"Communities and countries, and ultimately the world, are only as strong as the health of their women." – Michelle Obama

Women are the foundation of a healthy and progressive society. A woman's life is profoundly influenced by cyclical hormonal changes, and the menstrual cycle plays a vital role in her physical and emotional well-being. Any imbalance in this cycle can significantly impact her health and quality of life.

In Ayurvedic classics, menstrual disorders are discussed extensively under the categories of *Yonivyapad*, *Ashta Artava Dushti*, *Asrigdara*, and *Artavakshaya*. Among these, *Artavakshaya* is a commonly observed condition under *Artava Vikara*.

Acharya Sushruta has defined *Artavakshaya* with three main features:

1. *Yathochitakale Adarshanam* – Absence or delay of menstruation beyond the expected time (prolonged inter menstrual interval),
2. *Alpata* – Scanty menstrual flow (typically lasting less than two days), and
3. *Yoni Vedana* – Pelvic discomfort or pain.

This Ayurvedic understanding aligns closely with the modern medical conditions of oligomenorrhoea (infrequent menstruation) and hypomenorrhoea (scanty menstruation), which have become increasingly prevalent in today's lifestyle-driven health scenarios. *Aartava* has been considered as an important *Updhatu* in women¹. It is responsible for the healthy conception and progeny production. It is one of the important components for the ideal and healthy conception According to Ayurveda.¹ Oligomenorrhea/ hypomenorrhoea are one of the important symptoms of the ovarian dysfunction. This symptom is also feature of the polycystic ovarian syndrome (PCOS). PCOS is a most prevalent endocrino pathy which affects 7-10% of women of reproductive age.² In the *Samprapti* of *Aartava Kshaya* the *Doshas*³ *Vata* & *Kapha* obstruct the passage or orifices of channels carrying *Aartava* thus *aartava* is destroyed. Though *aartava* is not discharged regular in every month. The treatment advised for *Aartava Kshaya* includes *Samshodhana* therapy and *Aagneya* drugs by *Acharya Sushruta*.⁴

CASE REPORT:

A 37year old married woman who visited the OPD of Dept. of Prasuti tantra and Stri roga, National Institute of Ayurveda, Jaipur on 30/06/2024 with complaints of delayed menses (5 to 6 months intervals between two cycles) since last two years.

Past medical 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.

Personal History:

Diet – Non Vegetarian.

Appetite- Good Bowel- Once /day.

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

Sleep – Sound sleep

Menstrual history:

Age of Menarche- 13 yrs.

Menstrual cycle –6-7days duration / 5 to 6 months interval since 2 years

Pads used –normal pad history

Clots - Present (+),small size

Pain- absent

L.M.P – 18/12/2023

ASHTAVIDHA PAREEKSHA :

Nadi -76 bpm

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

Mala - Once a day.

Jihwa- *nirama*

Shabda - *Heen*

Sparsha - *Anushna sheeta*

Druk – *Prakrit*

Aakruti – *Madhyama*

DASHAVIDHA PAREEKSHA :

1. *Prakruti* – *Vata-Kapha*

2. *Vikruti* - *Madhyama*

3. *Sara* - *Madhyama*

4. *Samhanana* - *Madhyama*

5. *Pramana* - *Dhairgya* – 152cm , *Dehabhara* - 52 kg

6. *Satmya* - *Madhyama*

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 -18/min • Pulse rate – 76 /min. • B.P - 110/70 mm of hg • Height – 152cm • Weight - 52 Kg • BMI- 22.4 • Tongue: Uncoated (*nirama*)

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:11gm/dl

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

TSH:3.25μLu/ml

FSH:4.6μLu/ml

LH: 6.59μLu/ml

S.Prolactin:12.02ng/ml

USG: simple follicular cyst in the left ovary and a tiny cystic lesion in the endometrium.

INTERVENTION:

PATHYA APATHYA ADVISED

• Advised to follow *Rajaswala charya* in every cycle during menstrual bleeding days.

• She was advised to take *Chapatīs* made of *Yava* i.e. barley with ghee

• Sweet *Daliya* of *Yava* mixed with *Goghrita* & *Godugdha*

• *Raktashali* rice made with *Godugdha* mixed with *Goghrita* during the bleeding phase of cycle.

The female who is menstruating is termed as '*Rajaswala*'. She should follow certain do's and don'ts regarding the *Ahara*(dietary), *Vihara*(lifestyle), *Mansika*(psychological) aspects for first 3 days of menstrual cycle, known as *Rajaswala Paricharya*.

• After menstrual cycle bleeding stop patient was advised to follow this ,because *artavakshaya* can be managed through *agneya dravyas* according to *Ayurveda*.

1.	<i>Urad dal</i> [black gram]	One bowl along with afternoon lunch
2.	<i>Kulatha dal</i> [horse gram]	One bowl along with afternoon lunch
3.	<i>Kale til</i> [black sesame]	One bowl along with afternoon lunch
4.	<i>Dahi</i> [curd]	One bowl along with afternoon lunch
5.	Fish	One bowl along with afternoon lunch

Ojashwiniurna 3 gm OD after meal,with plain water

OBSERVATION AND RESULT:

Clinical presentation	Before treatment	After first menstrual cycle while taking medicines	After second menstrual cycle while taking medicines	After third menstrual cycle while taking medicines	Treatment 30days 4-5days Absent
LMP	Pt Lmp 6 months back.18/12/2023	28/7/2024	25/8/2024	26/9/2024	-
Interval between two cycle	6-7 months	-	30 days	30 days	30 days
Duration of Menses	7 days	5 days	4 days	4 days	4-5 days
Small clots during menses	moderate	moderate	few	few	absent

Ultrasonography findings:

BEFORE TREATMENT	AFTER TREATMENT
15/07/2024 Uterus normal in size ,endometrial echoes are shows tiny cyst of dia. 4mm (10mm) Left ovary shows cyst cyst of dia 31mm size , Right ovary 25×15 mm no free fluid seen in Pouch of douglas.	22/10/2024 Uterus normal size 70×40×39mm ET=8mm both ovaries are normal in size shape and volume right ovary 31×18mm left ovary 36×24mm ,12×13mm follicle seen in left ovary no free fluid seen in pouch of douglas .
IMPRESSION :Left ovarian simple cyst follicular endometrial tiny cystic lesion.	IMPRESSION: normal study

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. *Rajaswala Paricharya* is perfect model of *Nidana Parivarjana Chikitsa* (prevention of diseases) so by following *Paricharya*, so if female follows *Paricharya*, female can avoid menstrual disorders and counteract the negative effects of our current way of life on reproduction. Aim of this is prevent formation of *Ama* and restore energy. Most neglected *Paricharya*–*Rajaswala Paricharya*” if followed during menstruation, it will help women to respond healthily to the drastic physical and mental changes during menstrual cycle and in relieving symptoms associated with it. *Tila* 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*. *Tila mash kulath matshya* etc are *Pitta vardhak* aproperties 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, *Vata anulomana*, *Deepana*, *Pachana*. *Srotoshodhana* which are the main cause behind *Artava Kshaya*. It also acts as potent *Dhatavagni vardhaka*, *Deepan*, *Pachana* drug there by also illuminates *Jatharagni*. combination of Ingredients of *ojaswani churma* are *ashvagandha*, *amala*, *shatavari*, *bala*, *golkshura*, *madhuka*, *swet musali*, *sarkara* act as *rasayana* and improve cell mediated immunity ,*dhatuposhaka* and rejuvenative property also.

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, line of treatment was selected as follow the *rajaswala charya* , *pathya apathya palana*, use of *aagneya dravya* in diet and *ojashwini churna*. Early diagnosis and timely treatment can cure the condition and prevent complications like infertility.

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