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Case Study

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# AYURVEDIC APPROACH TO ARTAVAKSHAYA (HYPOMENORRHEA): A SINGLE CASE ANALYSIS

Dr. Yashi Joshi<sup>1</sup>\*, Dr. Varsha Jadhao<sup>2</sup>, Dr. Priyanka Hajare<sup>3</sup>, Ekta Singh Parihar<sup>4</sup>

<sup>1</sup>(Final Year PG Scholar) <sup>2</sup> HOD & Professor <sup>3</sup>Assistant Professor <sup>4</sup>Assistant Professor P.G Department of Prasuti Tantra Evum Stri Roga, Mansarovar Ayurvedic Medical College Hospital and Research Center, Bhopal (M.P).

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# \*Corresponding Author Dr. Yashi Joshi

Department of Pharmacy Practice, Excel College of Pharmacy, Tamil Nadu MGR Medical University.



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# **ABSTRACT**

Menstrual disorders are becoming more common gynecological practices, which is a Hormonal Fluctuation prognosis of infertility. The prevalence rate of hypomenorrhoea is 18%. Hypomenorrhoea is one of the menstrual disorders which indicate scanty menstrual flow associated with pain, where vitiates of Vata and kapha are predominant. This can be co-related to hypomenorrhea in modern. It is an increasingly common concern among reproductive-age women. Material and Methods- A 29 year old unmarried female came to the Out Patient Department of Mansarovar Ayurvedic Medical College, Hospital and Research Centre, Bhopal with complain of Scanty and painful menstruation for 2 years and Constipation for the past 20 days. The diagnosis was made on the basis presenting symptoms. The patient was treated with shamana Chikitsa. Results - The patient got relief with ayurveda medication which she had taken for 3 months. Patient had gone for Drug

free period and under observation for 6 months. Menstrual duration normalized to 4–5 days, Pain during menstruation was significantly reduced. This case study aims to evaluate the efficacy of Ayurvedic oral medications in the management of Artavakshaya through Agnivardhaka and Vatakapha Shāmaka property. The assessment was done after every menstrual cycle and the patient showed marked improvement.

**KEYWORDS:** Srotoshodhana, Estrogen, Vata-Anulomana.

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# **INTRODUCTION**

Hypomenorrhea, characterized by scanty or abnormally light menstrual bleeding, affects approximately 15% of women globally, making it a significant contributor to gynecological consultations and reproductive health concerns. From an Ayurvedic perspective, this condition aligns with the concept of Artavakshaya, as described in the classical texts like Charaka Samhita and Ashtanga Hridaya. Acharya Sushruta have mentioned Alpata (Duration of menstrual Period), Vedna (Pain), Yathochitkala-adarshanam (Irregular Menses).<sup>[1]</sup> Hypomenorrhea is defined as menstrual bleeding is unduly scanty volume <5ml and lasts for less than 2 days. [2] The pathogenesis of Artavakshaya is primarily attributed to the vitiation of Vata and Kapha dosha. When Vata, known for its governing role in movement and flow, becomes imbalanced—particularly Apana Vata—it disturbs the normal downward flow of Artava. Simultaneously, Kapha dosha, with its heavy, obstructive, and stabilizing qualities, leads to Srotorodha, particularly in the Artavavaha Srotas. The combined effect of these vitiated dosha results in Agnimandya, which further leads to impaired Rasa and Rakta Dhatu formation, ultimately causing decreased Artava production. The resulting Marga-Āvarodha exacerbates the problem by preventing the timely and adequate expulsion of menstrual blood, manifesting clinically as hypomenorrhea. Hence, management in Ayurveda focuses on rekindling the Agni, removing Srotorodha, and balancing Vata and Kapha, to restore normal menstrual function and hormonal level in the body.

# **CASE PRESENTATION**

A 29 year old unmarried female came to the Out Patient Department of Mansarovar Ayurvedic Medical College, Hospital and Research centre, Bhopal with complain of – Scanty and painful menstruation for 2 years and Constipation for the past 20 days. The menstrual history reveals the last menstrual period (LMP) on 27/6/24, lasting for 1-2days, with a cycle interval of approximately 26-28 days and associated lower abdominal pain affecting daily activities. Pads used were only D<sub>1</sub>-1-2pads normal size, D<sub>2</sub>- 1pad normal size, on both the days pads were not fully soaked.

Past history of Illness- History of intake of Meftal spas (On/Off) since 2 years.

# **Clinical Findings**

The patient was moderately built, with a height of 157 cm, weight 52 kg, and a BMI of 21.1 kg/m<sup>2</sup>. Vital signs were within normal limits: blood pressure – 110/80 mmHg; pulse rate –

78/min. She was afebrile on touch, with no pallor or edema. Bowel – not satisfactory and Bladder habits were normal with good appetite.

**Per Abdominal Examination:** No tenderness was elicited.

#### Ashtavidha Pariksha

The Patient presented with Vataj-Pittaj Nadi, Asamyak Mala, Samyak Mutra-Sparsha, Shabda was spashta, Drik was Prakrit, Aama Jivha and Madhyama Aakriti.

#### Dashavidha Pariksha

On *Prakriti* assessment, she was *Pitta-Vataj Prakriti* with *Madhyama bala, Vataj Vikriti*, and *Madhyama vaya*. Her *Sara*, *Samhanana, Pramana* and *Satmya* were *Madhayama*. She was of *Pravara satva* with *Madhyama ahara* and *Vyayama shakti*.

# **Treatment Protocol**

An Ayurvedic management protocol focused on:

- Agni deepana
- Āma pachana
- Vāta-Kapha Shamaka chikitsa.

# THERAPEUTIC INTERVENTION

S.No.	Drug	Anupana	Duration
1.	Erandbharastra haritaki 3gm HS	Sukoshana Jal	D5-D20 of the cycle than stopped.
2.	Rajhapravartani Vati 1BD	Sukoshana Jal	D15-D28 of the cycle
3.	Chandraprabha Vati 1BD	Sukoshana Jal	D15-D28 of the cycle
4.	Kumaryasava 10 ml BD	Sambhag Jal	D15-D28 of the cycle

Oral medications were prescribed for a period of 3 months and monitored over a period of 6 months.

# **Investigations**

- CBC Hb- 11gm/dL, RBC- 4.1 million/μL, WBC- 78,000/μL, Platelet 3,00,000/μL CBC report was under normal limit.
- Thyroid Profile- TSH- 2.8mIU/L, T3- 150ng/dL, T4-7µg/dL
- USG Pelvis -

**Uterus:** Anteverted, homogeneous myometrial echotexture, size within normal limits.

**Endometrium:** 6mm with normal vascularity.

Ovaries: Both ovaries were seen normal in size and volume.

No gross abnormalities detected.

#### **OBSERVATION AND RESULTS**

Sr. No.	Diagnostic criteria	Before treatment	After treatment
1.	Alpata (Duration of menstrual Period)	1-2 days	4-5 days
2.	Vedna (Pain)	Lower Abdominal severe pain on day one unable to do daily task.	Lower abdominal pain on day one but able to do work.
3.	Alpata (Amount of menstrual blood	D <sub>1</sub> -1-2pads normal size, D <sub>2</sub> - 1pad normal size (Not Fully Soaked)	$D_1$ - 2 pads $D_2$ -2-3 pads $D_3$ -1pad $D_4$ -1/2pad $D_5$ -spotting
4.	Yathochitkala-adarshanam (Irregular Menses)	26-28 days	28-30 days

#### **DISCUSSION**

Artavakshaya, is marked by scanty or delayed menstruation, often with associated pain. It is primarily caused by the vitiation of Vata and Kapha doshas dominance, which create avrodh in the Artavavaha Srotas. Apana Vata, when imbalanced, hinders the natural downward flow of Artava, while Kapha contributes to Srotorodha and metabolic sluggishness. This leads to Agnimandya, affecting the formation of Rasa and Rakta Dhatus, and ultimately resulting in reduced and poor-quality menstrual flow. According to Acharya Sushrutha the main line of treatment in Artava Kshaya is the use of Agneya Dravya which helps in relieving the symptoms. Hypomenorrhea is associated with hormonal disturbance. Hormonal imbalances—particularly involving estrogen and progesterone. Insufficient estrogen leads to a thinner endometrium, resulting in reduced menstrual blood flow. Low estrogen leads to a thin endometrial lining, resulting in scanty menstrual bleeding.

In this case, the therapeutic strategy was rooted in the foundational Ayurvedic principles of disease reversal. The treatment protocol aimed to:

- 1. Normalize Agni by using Deepana and Pachana herbs to restore digestive and dhatulevel metabolism.
- 2. Alleviate aggravated Vata through Vata-hara dravyas and lifestyle regulation to reestablish the natural movement and function of Apana Vata.
- 3. Expel excess Kapha by incorporating Lekhana, Kapha-hara, and Srotoshodhana herbs to dissolve blockages and stimulate proper flow in the pelvic region.
- 4. Erandbhrishta haritaki churna and
- 5. Trivrittadi taila in the form of matra basti were chosen.
- 6. Haritaki is deepana, pachana, strotoshodhaka,
- 7. due to ushna virya and laghu guna, performs the

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- 8. anulomana karma due to amla rasa, madhura
- 9. vipaka, is vedanasthapaka due to ushna virya
- 10. Erandbhrishta haritaki churna and
- 11. Trivrittadi taila in the form of matra basti were chosen.
- 12. Haritaki is deepana, pachana, strotoshodhaka,
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- 14. anulomana karma due to amla rasa, madhura
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- 20. anulomana karma due to amla rasa, madhura
- 21. vipaka, is vedanasthapaka due to ushna virya

Complains	1 <sup>st</sup> month	2 <sup>nd</sup> month	3 <sup>rd</sup> month
Scanty Menses	D <sub>1</sub> -1-2pads normal size, D <sub>2</sub> - 1pad normal size (Not Fully Soaked)	$D_1$ - 1 pad $D_2$ -2 pads $D_3$ -1pad $D_4$ -spotting	$D_1$ - 2 pads $D_2$ -2-3 pads $D_3$ -1pad $D_4$ -1/2pad $D_5$ -spotting
Painful menses	Severe pain hinder daily activity require medication	Moderate pain does not medication	Mild Pain
Constipation	Relief in constipation after 7 days of medication.	Satisfactory motion	Satisfactory motion

**Erandbhrishta haritaki-** Eranda is a potent vata anulomaka. Haritaki is deepana, Pachana, srotoshodhana, due to its ushna virya and laghu guna, performs anulomana karma due to amla rasa, madhura Vipaka and Vedana sthapaka due to its ushna virya.<sup>[4]</sup>

**Rajhapravartani Vati-** It has katu rasa, Ushna veerya, Sara, Tikshna guna and Pitta vardhaka. All these properties remove obstruction in the passage and do SrotoShodhana. ShodhitaHingu, Kumari, ShodhitaTankana and ShodhitaKasisa are the main ingredients of RajahpravirtiniVati. Hingu has Shoolahara and Vatanulomana property which helps in normalising the function of Apanvata<sup>[5]</sup>

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**Chandraprabha Vati-** It has Katu, Tikta, Kashaya and Madhura Rasa, Ushna Virya and Gunas like Laghu, Ushna, Tikshna and Ruksa. Chandraprabha Vati helps in Apana Anulomana thereby relieving constipation.<sup>[6]</sup>

**Kumaryasava** - *Kumaryasava* is extensively studied for the use in enhancing liver functions and it is supreme remedy for *Agnideepana*. It performs range of functions such as *Brimhana*, *Balavardhana*. It is *Vatakaphashamaka* and *Pitta vardhaka* that helps in inducing menses. <sup>[7]</sup>

The oral administration of carefully selected Ayurvedic formulations resulted in significant clinical improvement. The patient's menstrual duration and flow normalized, abdominal pain subsided, and associated symptoms like constipation were resolved.

# **CONCLUSION**

Now a days, Oral contraceptive pills are widely prescribed for the treatment of hypomenorrhoea due to their ability to regulate menstrual cycles through synthetic hormones. However, OCPs commonly cause side effects such as breakthrough bleeding, nausea, breast tenderness, mood changes, and in some cases, metabolic effects or amenorrhea. The ayurvedic treatment has minimal side effects, is cost effective. The patient demonstrated notable clinical improvement in key symptoms such as scanty menstrual flow, dysmenorrhea (painful menstruation), and constipation following the administration of Ayurvedic oral medications. This therapeutic success underscores the effectiveness of the selected interventions in addressing the underlying pathophysiology of Artavakshaya. As per Ayurvedic understanding, Artavakshaya primarily arises due to the vitiation of Vata and Kapha doshas. In this case, the approach of Shamana Chikitsa—a palliative, dosha-balancing therapeutic method—proved highly effective. By targeting Agni normalization, Vata balancing, and Kapha elimination. Thus, this case reaffirms the efficacy of Ayurvedic oral medication in the management of Artavakshaya, especially in cases where functional disturbances rather than structural abnormalities are present.

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