

## SHITAKALYANAKA GHRITA IN THE MANAGEMENT OF ARTAVA KSHAYA: A CLINICAL CASE REPORT

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### ABSTRACT

**Background:** A 25-year-old unmarried female patient presented to OPD of *Prasuti Tantra Avum Stri Roga* Jeevan Jyoti Medical College and Hospital, Lodha Aligardh U.P, with the primary complaints of irregular, delayed, and scanty menstruation persisting for approximately 4.5 years.

**Methodology:** Comprehensive history-taking, clinical and physical examination, along with relevant laboratory investigations, were performed. No significant gross physical or biochemical abnormality was detected. All investigative parameters, including ultrasonography and hormonal profiling, were within normal limits. Diagnosis was established on the basis of clinical presentation as *Artava Kshaya*. The patient was administered *Shitakalyanaka Ghrita* over two successive menstrual cycles and was monitored for one additional cycle

following discontinuation of treatment. **Result:** Marked clinical improvement was observed during the course of treatment, including regularization of the menstrual interval, prolongation of duration, improvement in the volume of menstrual flow, and reduction in dysmenorrhoea from moderate to mild severity. Notably, the therapeutic gains were sustained even after cessation of the medication, with menstruation occurring at a 30-day interval with adequate flow.

**KEYWORDS:** *Artava Kshaya*, *Shitakalyanaka Ghrita*, Oligomenorrhoea, Hypomenorrhoea.

## INTRODUCTION

The health and well-being of women constitutes a fundamental priority in the context of familial, societal, and cultural welfare. Women are susceptible to a wide array of physical, physiological, and psychological disturbances throughout their lifespan. While developmental and physiological transformations commence at birth, they become especially pronounced during the reproductive years following puberty. The compounding burden of physical exertion and emotional stress in the modern lifestyle significantly disrupts the "Hypothalamus-Pituitary-Ovarian-Uterine axis," predisposing women to numerous gynaecological disorders. Among these, menstrual irregularity, specifically *Artava Kshaya*, represents one of the most prevalent and clinically significant conditions encountered in Ayurvedic practice. Classical *Acharyas* have delineated the age of menarche alongside the physiological norms of menstrual duration and interval. Deviations from these standards have been described under a variety of nomenclatures, including *Artavadushtis*, *Yoni vyapadas*, *Artavakshaya*, and *Nastaartava*. Although *Artava kshaya* does not find mention as a distinct disease entity in the classical compendiums, it is extensively documented as a symptomatic manifestation of several gynaecological disorders. *Acharya Sushruta* elaborated upon the characteristic features of *Artava Kshaya*<sup>[1]</sup>, describing delayed and scanty menstruation accompanied by dysmenorrhoea. Additionally, *Artava Kshaya* has been alluded to within the *Astha Artava Dushtis* as *Ksheen Artava*.<sup>[2]</sup>

In terms of modern medical science, the *Lakshanas* of *Artava Kshaya* correspond to the following conditions:

- *Uchita kala adarshanam* – delayed menstruation or Oligomenorrhoea
- *Alpata* – Hypomenorrhoea
- *Yonivedana* – Dysmenorrhoea

Thus, *Artava Kshaya* corresponds broadly to the modern clinical entities of Oligomenorrhoea and Hypomenorrhoea on the basis of shared clinical presentation. Oligomenorrhoea.<sup>[3]</sup> refers to menstrual bleeding that occurs at intervals exceeding 35 days, remaining consistent at that frequency. Hypomenorrhoea.<sup>[4]</sup> is characterised by unduly scanty menstrual flow lasting fewer than two days. The prevalence of Oligomenorrhoea is on a rising trajectory, rendering it one of the most encountered gynaecological conditions in clinical practice. Its incidence in patients with Polycystic

Ovarian Syndrome (PCOS)<sup>[5]</sup> is approximately 87%, the highest among menstrual irregularities associated with PCOS.

Modern medicine attributes these conditions to multiple aetiological factors, including hormonal dysregulation, nutritional deficiencies, constitutional predisposition, systemic ill-health, and uterine or endometrial pathologies. Contemporary treatment strategies encompass general health promotion, reassurance, hormonal therapy, and targeted interventions based on the identified aetiology.

### Rationale for Selection of the Drug

*Artava Kshaya* is conceptually understood in Ayurveda as a *Vata Kaphaja vikara*. *Vata* governs all physiological processes in the body,<sup>[6]</sup> and specifically *Apanavata* is responsible for the appropriate expulsion (*Nishkrama*) of *Artava*. *Kapha*, through its inherent obstructive property (*Avrodhaka guna*), produces impedance within the *Artava vaha strotas*, thus contributing jointly with *Vata* to the pathogenesis of this condition. Furthermore, *Pachaka pitta* plays an integral role through its regulatory function in digestion and the sequential formation of *Dhatus*. Any impairment of *Pachaka pitta* leads to aberrant formation of *Rasa dhatu*, ultimately compromising the production of its *Updhatu*, i.e., *Artava*.

Ayurvedic therapeutics is premised on the principle of *Samprapti Vighatana* – the systematic dismantling of the pathogenic chain. The *samprapti* in this case may be summarised as follows

- *Dosha*: Vata (*Apanavata*), Kapha (*Kledaka kapha*), Pitta (*Pachaka pitta*)
- *Dushya*: Rasa dhatu and *Artava updhatu*
- *Agni*: Agni mandya
- *Strotas*: Rasavaha and *Artavavaha*
- *Strodushti*: Sanga
- *Adhithana*: Garbhaashaya

Accordingly, a formulation possessing *Vata kapha shamaka*, *Pitta vardhaka*,<sup>[7]</sup> *Deepana*, *Pachana*, *Rasapushtikara*, and *Lekhana* properties is indicated in the management of *Artava Kshaya*. In accordance with the classical line of treatment and the described pathophysiology, *Shitakalyanaka Ghrita*<sup>[8]</sup> was selected as the therapeutic intervention for

this patient.

*Shitakalyanaka Ghrita* is a medicated *ghrita* (clarified butter-based) formulation that is classically indicated in gynaecological and reproductive disorders. Its principal ingredients include *Shatavari* (*Asparagus racemosus*), *Ashwagandha* (*Withania somnifera*), *Triphala* (comprising *Haritaki*, *Vibhitaki* and *Amalaki*), *Manjishtha* (*Rubia cordifolia*), *Devadaru* (*Cedrus deodara*), and processed cow's ghee (*Go Ghrita*) as the base. The formulation is endowed with *Vata kaphahara*, *Pittavardhaka*, *Rasayana*, *Deepana*, and *Balya* properties that collectively address the pathogenic cascade of *Artava Kshaya*. These properties are discussed in detail under the Discussion section.

## CASE REPORT

An unmarried female patient, 25 years of age, attended the OPD of *Prasuti Tantra Avum Stri Roga Jeevan Jyoti Medical College and Hospital*, Lodha Aligarh U.P, on 02nd January 2026. She presented with the chief complaint of delayed menstruation associated with scanty flow, ongoing for the preceding 3 years. An additional complaint of painful menstruation (moderate in severity, assessed using the Visual Analogue Scale) was also noted.

### Menstrual History

The patient attained menarche at 12 years of age. Menstruation was reported to be regular until 3 years prior to presentation, following which she began experiencing delayed and scanty cycles.

- **LMP:** 21/11/2025
- **Previous LMP:** 08/10/2025
- **Menstrual history:** 2 days / 45–55 days (since 3 years)
- **Regularity:** Delayed
- **Pain:** Moderate (assessed via Visual Analogue Scale – VAS)
- **Clots:** Absent
- **Foul smell:** Absent
- **Flow:** Significantly decreased
- **Pad usage:** Day 1: 1 pad (partially soaked); Day 2: 1 pad (partially soaked)

**Past History**

- **Medical:** No history of thyroid dysfunction, diabetes mellitus, hypertension, or any other significant illness.
- **Surgical:** No history of any surgical intervention, including gynecological procedures.
- **Family:** No significant family history is identified.
- **Personal:** Appetite was normal; bowel and bladder habits were regular; sleep was adequate.
- **Allergic:** No known drug or food allergies.

**General Examination**

- Built Moderate
- Weight: 49 kg | Height: 5 feet | BMI: 21.1
- Blood Pressure: 110/70 mmHg
- Pulse Rate: 76/min | Respiratory Rate: 18/min
- Tongue: Uncoated

**Systemic Examination**

- CVS: S1 and S2 normal
- CNS: Patient conscious and well-oriented
- Respiratory System: Normal vesicular breath sounds

**Laboratory Investigations**

Routine investigations along with baseline hormonal profiling were conducted on the 2nd day of the cycle. All results were within normal limits:

- Haemoglobin: 13 gm/dl | ESR: 11 mm/hr
- TSH: 2.09  $\mu$ IU/ml | RBS: 115 mg/dl
- FSH: 6.42 mIU/ml | LH: 4.14 mIU/ml
- Serum Prolactin: 9.06 ng/ml
- USG: No gross abnormality detected; findings within normal limits.

**Ashtavidha Pareeksha**

- *Nadi:* 76/min
- *Mala:* Nirama, once daily
- *Mutra:* 4–5 times/day and once at night
- *Jivha:* Alipta (uncoated)

- *Sparsha*: Anushna sheeta
- *Druka*: Avisheha
- *Akruti*: Madhyama

#### **Dashavidha Pareeksha**

- *Prakruti* Vata-pittaja
- *Vikruti*: Vishmasamveta
- *Sara*: Rasa
- *Samhana*: Avara
- *Pramana*: Madhyama
- *Satmya*: Avara
- *Ahara Shakti (Abhyavahrana / Jarana)*: Madhyama
- *Vyayama Shakti*: Madhyama
- *Vaya*: Madhyama

**Diagnosis (Ayurveda):** *Artava Kshaya*

**Diagnosis (Modern Science):** Oligomenorrhoea and Hypomenorrhoea

#### **Treatment Administered**

- **Drug:** *Shitakalyanaka Ghrita*
- **Dose:** 10 g (approximately 2 teaspoons)
- **Frequency:** Twice daily
- **Timing:** *Abhakata* (before meals)
- **Duration:** 3 consecutive menstrual cycles

#### **Pathya Apathya Advised**

The patient was advised to follow *Rajaswala charya* throughout each cycle. Dietary recommendations included preparations of *Yava* (barley) in the form of chapatis or porridge, blended with *Go dugdha* (cow's milk) and *Go ghrita* (cow's ghee), and *Raktashali* rice cooked with *Godugdha* and *Goghrita* during the menstrual phase. She was instructed to abstain from spicy, oily, fast food, and packaged snack items. Regular engagement in *Vyayama*, *Pranayama*, and therapeutic *Yogasanas* commensurate with her physical capacity was also advised.

#### **OBSERVATIONS AND RESULTS**

Clinical outcomes were assessed before treatment, after each treated cycle, and during the

follow-up cycle (without medication). Substantial improvement was documented across all parameters as presented in Table 1.

**Table 1: Clinical Parameters Before and After Treatment.**

Signs & Symptoms	Before Treatment	After 1st Cycle (with medicine)	After 2nd Cycle (with medicine)	After 3rd Cycle (with medicine)
Cycle Interval	45–55 days	35 days	30 days	30 days
Duration of Menses	2 days	3 days	4 days	4 days
Pad Usage/Day	1 pad/day (not fully soaked)	Day 1: 3; Day 2: 2–3; Day 3: 1–2 pads	Day 1: 3; Day 2: 2–3; Day 3: 1–2; Day 4: 1 pad	Day 1: 3; Day 2: 2; Day 3: 1–2; Day 4: 1 pad
Pain during Menses	Moderate	Mild	Mild	Mild

## DISCUSSION

*Artava Kshaya* represents one of the most frequently encountered menstrual disorders in contemporary clinical settings. Its pathogenesis in Ayurveda is principally attributed to the vitiation of *Vata* and *Kapha doshas*. *Vata* governs the movement (*Gati*) of *Dhatu*.<sup>[9]</sup> throughout the body, and its derangement directly impairs the mobility of *Artava* as an *Updhatu*, thus precipitating *Artava kshaya*. Furthermore, *Vata* is identified as the primary causative factor in virtually all gynaecological disorders.<sup>[10]</sup> *Kapha*, via its inherent obstructive properties (*Avrodhaka guna*), induces *Strotorodha* in the *Artava vaha strotas*, further advancing the pathogenesis.

*Shitakalyanaka Ghrita* is a classical Ghrita preparation containing *Shatavari* (*Asparagus racemosus*), *Ashwagandha* (*Withania somnifera*), *Triphala*, *Manjishtha*, *Devadaru* and processed cow's *Ghrita* as the base. As a *Ghrita* formulation, it functions as an excellent *yogavahi* (synergistic carrier), potentiating the action of each incorporated herb and ensuring deeper tissue penetration. All ingredients of *Shitakalyanaka Ghrita* possess *Pitta vardhaka* properties as elaborated by *Acharya Sushruta* in the context of *Artava Kshaya* management.<sup>[11]</sup> The formulation also carries *Artavajana* properties, being *Vata-Kapha shamaka*, which directly addresses the principal doshic causation of *Artava Kshaya*.

*Shatavari* (*Asparagus racemosus*) is a well-established *Streerasayana* in Ayurveda, known for its *Vata- pittahara*, *Balya*, and *Rasayana* properties.<sup>[12]</sup> Its phytoconstituents,

including steroidal saponins, are reported to support estrogenic balance, promote healthy endometrial lining, and regulate the hypothalamic-pituitary-ovarian axis. Its *Rasayana* action contributes to the proper formation of *Rasa dhatu* and its *Updhatu*, thereby restoring *Artava*. Additionally, its anti-inflammatory properties may mitigate dysmenorrhoea by modulating prostaglandin synthesis.

*Ashwagandha* (*Withania somnifera*) possesses *Vatahara*, *Balya*, and *Rasayana* properties.<sup>[13]</sup> Its adaptogenic and anti-stress actions play a pivotal role in neutralising stress-induced neuroendocrine disturbances. By modulating the hypothalamic-pituitary-ovarian-uterine (HPOU) axis and restoring *Apanavata* function, it facilitates normalisation of *Artava Nishkramana*. Pharmacological studies have validated its analgesic, anti-inflammatory, and immunomodulatory activities, which collectively contribute to symptom resolution.

*Triphala* (comprising *Haritaki*, *Vibhitaki* and *Amalaki*) provides *Deepana*, *Pachana*, and *Rasayana* actions.<sup>[14]</sup> Through its *Amadoshara* and *Pachana* properties, it enables proper digestion of *Ama* and supports optimal metabolism, ensuring the adequate formation of *Rasa Dhatu*. Its antioxidant, anti-inflammatory, and immune-modulatory properties have been extensively documented in pharmacological literature.

*Manjishtha* (*Rubia cordifolia*) is a potent *Raktaprasadaka* and *Pittavardhaka* herb.<sup>[15]</sup> By virtue of its *Kapha-vatahara* properties, it aids in removing obstructions within the *Artava vaha strotas*. Its role in improving blood quality and circulation directly nourishes the *Artava Updhatu*. Pharmacological investigations confirm its analgesic, anti-inflammatory, and hepatoprotective properties. The anti-depressant activity attributed to some of its constituents may further relieve stress-mediated negative feedback on the HPOU axis, thereby restoring normal ovarian and endometrial cycling.<sup>[16]</sup>

The ghee base (*Go Ghrita*) itself acts as a superior *yogavahi*, facilitating the delivery of herbal actives to deep tissue levels including the *Artava vaha strotas*. Its *Vata-pittahara* and *Brimhana* properties synergise with the herbal components to nourish depleted *Rasa* and *Artava dhatus*, thereby comprehensively addressing the underlying pathology of *Artava Kshaya*.

## CONCLUSION

*Artava Kshaya* is increasingly prevalent as a gynaecological complaint, driven by the complex interplay of stress, sedentary lifestyle, dietary indiscretion, and hormonal dysregulation. It also represents a precursor to several more serious conditions including infertility, obesity, and psychological disorders such as depression. Timely and effective management is therefore of paramount clinical importance. The findings of this case report demonstrate that *Shitakalyanaka Ghrita* produces significant improvement across multiple clinical parameters of *Artava Kshaya*, including regularisation of menstrual interval, increase in duration and volume of flow, and meaningful reduction in dysmenorrhoea. The therapeutic benefits were further sustained beyond the treatment period, suggesting an enduring corrective effect on the underlying pathophysiology. This case provides a preliminary basis for further clinical investigation of *Shitakalyanaka Ghrita* in the management of oligomenorrhoea and hypomenorrhoea.

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