

MANAGEMENT OF ARTAVAKSHAYA W.S.R. TO POLYCYSTIC OVARIAN SYNDROME: A CASE REPORT

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ABSTRACT

Ayurveda reliefs on the patterns/parameters of/ menstruation and strongly believes it as a major health indicator during the reproductive life. According to Ayurveda the excretion of menstrual blood (*mala*) is considered as *Vishudhi (Rakta mokshna)*¹. Due to this the women remain free from certain diseases occurring in male before menopause. According to classics menstrual blood flow is considered normal if it occurs in cyclic fashion and in required amount and duration but when there is decreased flow of blood in respect of amount and duration it is termed as Artavakshaya. *Artavakshaya* is not separately described as disease anywhere in *Ayurvedic* classics It has been stated that symptoms of a disease themselves also constitute as a disease. But sometime, because of their subordinate nature they are only symptoms

and not disease. After reading the description given in the literature, in modern science *Artavakshaya* can be correlated with Oligomenorrhoea, Hypomenorrhoea and up to some extent Secondary amenorrhoea. Modern medical science has given Hormonal Treatment for Menstrual disorders which have many side effects if continued for long time. So, it is very important to provide a particular etiopathology and treatment for “Artavakshaya”. A female patient of 21 years of age came to OPD of Abhilashi ayurvedic hospital with chief complaints of irregular (delayed) menses with prolonged interval of 4-5 months since last 3 year along with USG findings of Bilateral Polycystic Ovarian Disease. She gave history of medications

from last 6-7 months. But, patient was not satisfied by the treatment. With the aim to regulate the cycle the shodhana chikitsa (Nasya karma) was advised to the patient for three consecutive cycle, whereas for onset of menstruation certain ayurvedic formulations were given to the patient. Result: Patient had her menstruation regularly with normal duration during and after treatment.

INTRODUCTION

Artava^[1] (*Normal menstruation*) is a substance which flows out from the Yoni with the help of proper functioning of Apana (*Pravritti*) and Vyana (blood circulation) *Vayu*^[2] after attaining a particular age at a specific time in cyclic fashion. The word '*Artava*' denotes two meanings one of them is *Antah Pushpa* and another one is *Bahir Pushpa*. Both *Antah* and *Bahir Pushpa* are interrelated. *Bahir Pushpa* being unvitiated and the mind and semen being pure, a healthy offspring will be born that donates that *bahir pushpa* reflects the general health as well as the pelvic organs of the female body, but any changes in geographical conditions, racial factors, nutritional standards, environmental influences and indulgence in strenuous physical and mental activities leads to defect in hormonal and menstrual status of women. Now we can say that normal menstruation is not just the physical action but also mental action which affect the flow of blood. In early era women were limited to domestic works only and not allowed to go outside to perform social works like men. But things are getting changed now; From her birth till her end of life, she plays various roles. Now even a slight deviation in the menstrual cycle which may be excessive or low becomes a matter of concern as it leads to the fear of some serious pathology of internal genital organs. Due to increased physical and emotional stress in routine lifestyle of women alters the physiology of "Hypothalamus Pituitary - Ovarian-Uterine axis". This may lead to many gynaecological problems. If we see menstrual disorders are a common presentation by late adolescence; 75% of girls experience problems associated with menstruation including delayed, irregular, painful and heavy menstrual bleeding and one of the main reason for gynaecology visits ayurvedic. Acharya Charaka has described that for the production of the "Garbha" the Shuddha Artava, Yoni and Garbhashaya are the essential factors and also said that vitiated Artava is one of the cause of Yonivyapada. The "Bahirpushpa" performs the "Shodhana Karma" of female genital tract thereby making the Yoni capable for conception. Ayurveda explain all these gynaecological disorders as Yoni vyapadas, Artavadushtis, Artavakshaya, Nastaartava etc. Among all gynaecological problems, the most common menstrual problem is Artava Kshaya. If we review our classics, Artavakshaya^[3] has been described with

characteristics features of delayed menstruation, scanty menses associated with pain during menstruation.

In consideration of this definition following symptoms can be taken as Rupa.

1. Yathochit Kale Adarshanam :Yathochit Kala means proper time of appearance of Artava. Adarshanam means Artava does not appear at relevant time or it is delayed or disappeared. Following interpretation are considered for the word "Yathochit Kale Adarshanam". Delayed menarche may considered as one type of 'Artavakshaya'.
2. Yathochit Kale Adarshanam can also be interpreted with duration of Menstrual cycle. Normal range of Duration is 3 to 7 days. If Duration of menstruation is less than normal, it is considered as 'Artavakshaya'.
3. Normal interval between two menstrual cycles is one month. We can interpret irregularity of interval as 'Yathochit Kale Adarshanam'. In broad spectrum Absence of menstruation for long time is also considered as irregularity of interval i.e. 'Artavakshaya'.
4. Alpata According to shabdakalpdrum 'Alpa' means 'Kshudrapramana' Menstrual blood is reduced in volume.
5. Yoni Vedana Vitiation of Vata causes Yonivedana. Oligomenorrhoea is menstrual bleeding occurring more than 35 days apart and remains constant at that frequency. Prevalence of Oligomenorrhoea is 13.5% in general population. Many causes has been described in modern science for Oligomenorrhoea and hypomenorrhoea that includes hormonal factors, ill health of patient, poor nutrition, may be constitutional in origin, may be related to uterine or endometrial origin. Oligomenorrhoea is increasing day by day with marked prevalence of 87% in polycystic ovarian syndrome which is highest among other menstrual irregularities in PCOD.^[4] Hormone therapy no doubt has major impact on reproductive endocrinology. But these drugs have thereon adverse effects like nausea, vomiting, G.I.T disturbances, obesity, sterility, hypertension, liver disease etc. makes it incompetent for longer use. Keeping in view the above morbidities of conventional therapies there is a need to look for an alternative drug/procedure with negligible/no adverse effects, which will be safer for long term use or for permanent cure and maintenance or for health promotion of women.

CASE REPORT

An unmarried female patient of 21 years of age came to OPD of Prasuti tantra Evum Stri Roga of Abhilashi Ayurvedic college and research institute on 26/8/21 with chief complaint of delayed menstruation since 6 months.

Menstrual history

Patient attained her menarche at 12 years of age. She was having regular menstruation since menarche but presently since 6 months she was having delayed menstruation with prolonged intervals.

LMP : 2/2/2021

Previous LMP : 7-8 month back

Previous Menstrual history : 7- 8 days

Regularity : Regular (28-30 days)

Pain : Present (++)

Clots : Present

Flow : Normal Pad history

Day 1: 2 pad/day

Day 2 : 2-3 pad/day

Day 3 – Day 7 : 1pad/day

Present Menstrual history : 10-11 days

Regularity : Irregular (5-6 months)

Pain : Present (+++)

Clots : Present

Flow : Increased Pad history

Day 1: 2 pad/day

Day 2 : 4-5 pad/day

Day 3 – Day 5 : 2pad/day

Day 6 – Day 10 : 1pad/day

Past Medical History

No H/O thyroid dysfunction, DM, HTN or any other significant medical history was found.

Past Surgical History

No history of any general, gynaecological or any other surgery.

Family history

No significant family history was found in this case.

Personal History

Personal history revealed that the patient had normal appetite with clear bowel habits, normal micturition also with sound sleep. No history regarding, sudden weight loss or gain was noted.

Allergic History: No history of any allergy was found in this patient.

General Examination

Built: Moderate

Weight: 47 kg

Height: 5feet

BMI: 19.4

B.P:110/70 mmHg

Pulse rate: 76/min

Respiratory rate:18/min

Tongue: Uncoated

Systemic Examination

CVS: S1 and S2 were normal

CNS: Patient was well oriented and conscious

Laboratory Investigations (BT)

Baseline hormonal assessment was done on 5th day of cycle and was found to be normal as follows

Hb : 11gm%

TSH: 2.43μIU/ml

FSH: 2.64mIU/ml

LH: 6.98mIU/ml

S.Prolactin:51.44ng/ml

Estradiol : 256.22 pg/ml

Serum testosterone : 90ng/dl

USG : Bilateral polycystic ovarian syndrome

Treatment

Visit date	Medicine given	Dose	Duration	Before / After	Anupana	Purpose
1 st visit 26/8/21	1) Rajahpravartani vati 2) Lasunadi vati 3) Tilaadi kwatha +gurrha 4) Hingwashtka churan	250mg 250mg 20ml 3gm	BD BD OD BD	Morning evening after meal Empty stomach 30min before meal	Water Water Kwatha form water	Artavapravatan Artavapravatan Artavapravatan ^[7] Deepan-pachana
2 nd visit 15/10/21	Stop all oral medicine Start shatapushpa tail nasya ⁸ from 5 th day of menstruation	After Snehana swedana 8 – 8 Drops in each nostril	Brahmmuharata for 5 days (3 consecutive cycle)	Before meal		1) For regulation of Hypothamo – pituitary – ovarian axis 2) Vata shamaka 3) Kapha vardhana
3 rd visit 2/11/ 21	1) Rajahpravartani vati 2) Lasunadi vati 3) Tilaadi kwatha +gurrha Hingwashtka churan	250mg 250mg 20ml 3gm	BD BD OD BD	Morning evening after meal Empty stomach 30min before meal	Water Water Kwatha form Water ghrit	Artavapravatan Artavapravatan Artavapravatan Deepan-pachana
4 th visit 19/11/21	Stop all oral medicine Start shatapushpa tail nasya from 5 th day of menstruation	After Snehana swedana 8 – 8 Drops in each nostril	Brahmmuharata for 5 days (3 consecutive cycle)	Before meal		1) For regulation of Hypothamo – pituitary – ovarian axis 2) Vata shamaka 3) Kapha vardhana
5 th visit 2/12/21	1) Tilaadi kwatha +gurrha 2) Hingwashtka churana	20ml 3gm	OD BD	Empty stomach 30min before meal	Kwatha form Water ghrit	Artavapravatan Deepan-pachana
20/12/21	Stop all oral medicine Start shatapushpa tail nasya from 5 th day of menstruation	After Snehana swedana 8 – 8 Drops in each nostril	Brahmmuharata for 5 days (3 consecutive cycle)	Before meal		4) For regulation of Hypothamo – pituitary – ovarian axis 5) Vata shamaka 6) Kapha vardhana

Laboratory Investigations (AT)

Baseline hormonal assessment was done on 5th day of cycle and was found to be normal as follows:

Hb : 11.6gm%

TSH: 2.03μIU/ml

FSH: 4.20mIU/ml

LH: 1.80mIU/ml

S.Prolactin:14.44ng/ml

Estradiol : 198.22 pg/ml

Serum testosterone : 48.90ng/dl

USG : No abnormality detected

DISCUSSION

In classics Raja or Artava (Menstrual blood) is said to be formed from 'Rasa' or Rakta, It is the cascade of events starting at the hypothalamus and ending in the uterus.^[2] The normal menstrual cycle is a manifestation of coordinated interplay within the hypothalamic-pituitary ovarian axis through the feedback of hormones on the neural tissue of the central nervous system. Each cycle can be divided into different phases based on events in the ovary (ovarian cycle is characterised by development and maturation of a follicle, ovulation and formation of corpus luteum and its degeneration) or in the uterus (uterine cycle is proliferation, secretion and menstruation). With the decline in the luteal phase progesterone and inhibin production by now-fading corpus luteum from the previous cycle allows the increase in FSH that stimulate the follicular growth^[5], further leading to increased level of oestrogen from granulosa cells which in turn, stimulate the uterine endometrial proliferation. **The rise in oestrogen levels, the same provide negative feedback on pituitary FSH secretion, which begins to wane by the midpoint of the follicular phase.** Conversely, luteinising hormone (LH) initially decrease in response to rising oestradiol levels (minimal amount of the LH secretes 17 β-oestradiol), but late in the follicular phase the LH level is increased dramatically (biphasic response), after a sufficient degree of oestrogenic stimulation, the pituitary surge is triggered, which in turn causes ovulation. By the end of the follicular phase (just before the ovulation), FSH- induced LH receptors present on the granulosa cells and, with LH stimulation modulate the secretion of progesterone. In the modern world, the Life style, food habit and just for Munden desires have increased stress, strain and restlessness have resulted in flaring up of menstrual disorders. Among them Artava dusti is very

important. Artava Kshaya occurs due vitiation of 'Vatakapha' and 'Pittakapha' is mainly seen. Since Vata plays key role in Yoniroga. Modern medical science has given Hormonal Treatment for Menstrual disorders which have many side effects if continued for long time like nausea, vomiting, G.I.T disturbances, obesity, sterility, hypertension, liver disease etc. makes it incompetent for longer use. So, it is very important to provide a particular etiopathology and treatment for "Artavakshaya". As "Artavakshaya" is having vata, kapha and Rakta Dushti with Apan Vayu Vaigunya. Function of Agni is also impaired in "Artavakshaya". Due to impairment of Agni, Rasa Dhatu didn't formed properly and improper Rasa Dhatu formation leads to improper Rakta Dhatu formation. In other words, all seven Dhatus formed improperly. Along this Artava (Updhatu of Rasa^[12] formation is also impaired. Nidana Sevana and Vitiated Dosha Causes 'Dhatu Vaishamyata' Vitiated Doshas have done Kshaya of Rasa and Rakta Dhatu. Artava is an updhatu of Rasa, Less quantity of Rasa is responsible for less production of 'Artava'. So according to above pathogenesis (Samprapti) Vatakapha shamak Pitta vardhaka, Raktapravartaka and Agni-deepana Chikitsa is beneficial in "Artavakshaya".^[13] On the other side Nasya is a good alternative to hormonal therapy as it has no side effects with minimal recurrence rate in different Artava Vikaras.^[14] As, vitiation of Vata dosha is there in "Artavakshaya" so, shatapushpa Taila Nasya karma was advocated keeping in view the functioning of H-P-O axis and drugs like Rajahapravartani vati, Lahsunadi vati and tiladi kwatha have pitta vardhaka and Rakta pravartaka property and Higwasthaka is Agnideepana properties. So with Shatapushpa taila can correct the underlying pathology (Samprapti) by correcting its different levels/ Samprapti Ghatakas.

These levels are

- 1) Dosha level – Vatanulomaka, Vatashamaka
- 2) Dushya level – Rakta pravartaka
- 3) Agni level – Deepana-Pachana

It was observed that initial phases of "Artavakshaya" can be treated for irrespective to their dietary habits. Shatapushpa Taila Nasya helped in reducing insomnia, irritability and increase in appetite by Vatashamaka property of Shatapushpa. Bala is good nervine drug that is helpful in Garbhashaya Daurbalya and Yonirogas. It can be concluded that Shatapushpa Taila Nasya have helped in stimulants the srotas as well as beejgranthi and decreasing LH levels, increasing the FSH levels by acting over H-P-O axis through GnRH which is the main reason **(increased LH which in turn cause increased in the levels of androgen and decreased**

FSH levels further causing decrease in oestrogen levels) for “Artavakshaya” (PCOS) and Agnivardhani, Rutupravartani, Yoni-Shukra Vishodhini, Ushana, Vataprashamani, Mangalaya, Papanashini, Putraprada & Viryakari properties, which are useful in amenorrhoea and will lead to increase in frequency of GnRH and this has led to the maintain required FSH levels and oestrogen Taila will help in increasing the quantity of FSH as Taila is Vatashamak and Naatikapha Vardhak, the properties of which will ultimately help in forming good oestrogenic state of hormones and ultimately increase in frequency of FSH and increase in Oestrogen. Acharya Kashayapa has explained SHATPUSHPA is having in vandhyatva due to vifalartava selected all these drugs are mostly having Artavjanan, Deepan, Pachan, Anuloman, Vatashaman, properties.

On the other hand majority of drugs used have Aartavpravartaka property which was required initially. It can be now concluded that the above properties of oral drug have helped in improvement of uterine conditions and initiation of menstruation which manifested to improve condition of amenorrhoea.

CONCLUSION

For the above burning problem, shatapushpa Taila Nasya is an complete answer. As Shatapushpa Tail Nasya helped in pacifying Vata by its Vatashamaka and Balya property, Vata is one of the major reasons for menstrual irregularities, along with this Shatapushpa has helped in reducing insomnia, irritability, Garbhashaya Daurbalya, anovulation and other Yoni related problems. Majority of drugs used will help in treating the symptomatic problems and cause pravartan of Artava, Agni-Deepana and Amapachana. Agni-Deepana and Amapachana property of drug will help in settling down the Kapha Dosha which has led to Margavarna of Strotsas which will further lead to the proper formation of Rasa Dhatu. So above conservative management through Ayurveda is a better alternative to hormone therapy. Moreover, it has no side effects and cures the disease with minimal recurrence rate.

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