



"A Comprehensive Ayurvedic Review of Artavakshaya (Hypomenorrhea And Oligomenorrhea)"

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Abstract:

Menstruation is a natural biological process that signifies a female's reproductive capability. During each menstrual cycle, a woman experiences significant hormonal fluctuations that influence her physical and emotional well-being. In recent times, changes in lifestyle, dietary habits, and increased stress levels have disrupted this hormonal balance, leading to various menstrual disorders. The basic physiology of the menstrual cycle is a complex mechanism, this involves sequence of phases in co-ordination with the Hypothalamus, Anterior Pituitary, Ovary and Endometrium. Menstrual irregularity is one of the most frequent Gynecological disorders in women during their reproductive period, the most common one being Artava Kshaya now a days. The incidence of Artava Kshaya is increasing day by day due to present life style, food habits, increased stress etc. Artava Kshaya is a condition very much similar to the Oligohypomenorrhea which is characterized by cycle which are longer than 35days or menstrual bleeding less than 2 days or both.

Keywords: Artava Kshaya, Oligomenorrhoea, hypomenorrhea, Irregular menstruation

INTRODUCTION:

According to Ayurveda, *Artava* has two meaning, namely *antapushpa* (ovum) and *bahirpushpa* (*artava*). Most commonly *Artava* word is used for *Bahirpushpa* i.e. menstrual cycle. Menstruation is a clear indication of health of body of female. In our classics, all gynecological problems are described under the umbrella of *Yonivyapads* and *Artavadushtis*. *Artava Kshaya* is one of the *Artava dusti* described in *Brihatrayee* and *Laghutrayee*.^(1,2) The term menstruation is derived from the Latin word "menstrus" - it means monthly. According to Ayurveda, normal menstruation is the prime indicator of healthy and normal reproductive system, in which inter menstrual period is approximately one month. Menstruation is the visible manifestation of cyclic physiologic uterine bleeding due to shedding of the endometrium following invisible interplay of hormones mainly through hypothalamus-pituitary ovarian axis. The length of menstrual cycle varies from woman to woman, but average is 28 days. However, a cycle can range in length from 21 - 35 days and still be normal. In Ayurveda, various terminologies are used to described the condition like *Anartava*, *Nashtartava* or *Artavakshaya*. *Artavakshaya* have symptoms like irregular, painful and scanty menses.

We compare the *ArtavaKshaya* with modern medical science i.e Oligomenorrhea and Hypomenorrhea on the basis of its sign and symptoms. According to different studies 13.5% and 12.95% of woman are suffering from Oligomenorrhea and Hypomenorrhea respectively.^(3,4) Oligomenorrhea is defined as menstrual bleeding

occurring more than 35 days apart and remains constant at that frequency. Hypomenorrhea is defined as when the menstrual bleeding is unduly scanty and lasts for less than 2 days.⁽⁵⁾

SYNONYMS OF ARTAVA-

Artava, Raja, Shonita, Asrika, Rakta, Pushpa, Lohita, Rudhira

NIRUKTI-

“RitobhavamArtavam”

Ritu → Particular or Specific time

Bhavam → Occurrence, Product

The whole term denotes a substance of the body, which flows out at a specific time or period is called as a Artava.

PRAMANA-

Artava Pramana is 4 Anjali.

SWAROOPA-

Artava is **AGNEYA** in *guna* due to the predominance of *tejo mahabhuta*. It has all the characteristics of rakta responsible for the formation of garbha. Acc to Chakrapani Artava is soumya during its formation as it is formed from rasa and it changes to agneya during excretion.

DIAGNOSTIC CODES-

ICD-10 CODE: N91.5

Namaste Portal: BA-3.1

Aim :

To study concept of Artavakshaya.

Objectives :

- To study the Ayurvedic literature of Artava according to Ayurvedic Samhitas.
- To study Artavakshaya.

DISEASE REVIEW:

Ayurvedic Aspect: In classics Artavakshaya is not mentioned as individual disease entity but described as symptom of various gynecological disorders. ArtavaKshayaLakshanas has been described by Acharya Sushrut under “dosha dhatu mala kshayavriddhivignanam”. It is characterised by

आर्तवक्षयेयथोचितकालादर्शनमल्पतावायोनिवेदनाच॥ (सु.सू. 15/12)⁽⁶⁾

- YathochitkalaAdarshanam- Artava is not appearing at relevant time either it is delayed, or it is disappeared. (oligomenorrhea/amenorrhea)
- Alpata- kshudra-pramana i.e. menstrual blood is reduced in volume (hypomenorrhea)
- Yonivedana- spastic, radiating and infrequent pain during menstruation (dysmenorrhea). Aartavakshaya has also been mentioned in Asthaartavadushti as ksheenaartava .

MODERN ASPECT:

Oligomenorrhea⁽⁷⁾ : Menstrual bleeding occurring more than 35 days apart and which is remains constant at that frequency is called as oligomenorrhea

Causes: • Age related- during adolescence and proceeding menopause.

- Weight related- obesity
- Stress
- Endocrine – PCOS, thyroid disorders
- Androgen producing tumors- ovarian, adrenal

Hypomenorrhea: Hypomenorrhea is defined as when the menstrual bleeding is unduly scanty and lasts for less than 2 days.

Causes: hormonal contraceptive: oral contraceptive and IUDs can cause hypomenorrhoea.

Weight: Being underweight or extremely overweight

Changes in hormones during Hypomenorrhea and oligomenorrhea-

Hypomenorrhea–Scanty menstrual flow

- Often due to **low estrogen** or **thin endometrium**.
- **FSH and LH**: May be normal or low.
- **Estrogen**: Often reduced, leading to poor endometrial development.
- **Progesterone**: May be low due to poor ovulation or corpus luteum function.

Oligomenorrhea–Infrequent periods (>35 days apart)

- Often linked to **irregular ovulation or anovulation**.
- **FSH and LH**: May be imbalanced (often LH\FSH ratio >2:1 in PCOS).
- **Estrogen**: May be fluctuating or persistently low/high.
- **Progesterone**: Often ***low*** due to absent ovulation.

Role of Apana Vayu in Menstruation-

Apana Vayu is one of the five primary Vayus (life forces) in Ayurvedic physiology. It is primarily associated with the lower part of the body and is responsible for the downward movement of energy and bodily functions such as elimination, reproduction, and menstruation.

In the context of menstruation, Apana Vayu plays a crucial role in the expulsion of the menstrual blood. Its function supports the downward flow of the menstrual discharge, helping to regulate the process and ensure its smooth and timely occurrence. If Apana Vayu is out of balance or weak, it can lead to excessive flow.

Sadhyasadhyata –Prognosis

As explained by Acharya Sushruta, it is asadhya vyadhi⁽⁸⁾

In Ashtang Sangraha Acharya Vagbhata has not clearly mentioned about it.⁽⁹⁾

Acharya Vagbhata in Ashtang Hrudya explains it to be kastasadhya vyadhi.⁽¹⁰⁾

POORVARUPA

Poorvarupa of Artava Kshaya is not described in any classics. In Bhavaprakasha specific desire of the women suffering from artava kshaya have been enlisted i.e women desires Katu, Amla, Lavana, Ushna, Vidahi, Guru ahara, Phala shakas (brinjal, pumpkin etc) and Beverage⁽¹¹⁾

SHUDDHA ARTAVA:-

Acharya Charaka has stated that-

मासान्निषिच्छदाहर्ति पञ्चरात्रानुबन्धि च ।

नैवातिबहु नात्यल्पमार्तवं शुद्धमादिशेत् ॥

The normal menstruation is that which has interval between two menstrual cycles of one month, duration of menstrual bleeding of five days, not associated with pain or burning sensation

FORMATION OF RAJA/ARTAVA-

“रसादेव स्त्रिया रक्तं रजः संज्ञं प्रवर्तते!!” (Su.Su. 14/6)⁽¹⁾

“रसात् स्तन्यं ततो रक्तमसृजः.....!!” (Ch.Chi. 15/17)

» According to Ayurveda from Rasa Dhatu , the Rakta named Raja is formed hence Raja is formed from the Sara Bhaga of Rasa Dhatu. This Rakta reaching to the uterus and coming out for three days in every month is called Artava. **ARTAVA NIRMANA KALA-**

एवं मासेन रसः शुक्रं स्त्रीणां चार्तवं भवति ॥ (Su.Su.14/14)⁽¹²⁾

Acharya had mentioned Artava Nirmana Kala is one month. The Rasa Dhatu form Artava.

CAUSES OF ARTAVAKSHAYA-

Cause	Description
Vata Prakopa	Excessive Vata (air and ether elements) can dry up the reproductive system, leading to irregular or scanty periods.
Pitta Prakopa	Excessive Pitta may cause inflammation, leading to menstrual disturbances or hormonal imbalances.
Kapha Prakopa	Excessive Kapha can cause congestion, resulting in delayed periods and hormonal disruptions.
Nutritional Deficiency	Poor diet, lack of essential nutrients, or malnutrition can impair the production of hormones necessary for normal menstruation.
Obstructions in the Uterus	Physical blockages such as fibroids or polyps can restrict menstrual flow or cause irregularities.
Over-exertion or Overwork	Excessive physical activity or stress, especially in women with a delicate constitution, can lead to menstrual irregularities.
Excessive Use of Birth Control	Long-term use of hormonal contraceptives can disrupt the normal rhythm of the menstrual cycle.
Improper Lifestyle	Unhealthy lifestyle habits such as poor sleep patterns, lack of exercise, or excessive use of stimulants can disturb menstrual health.

Toxins (Ama)	The accumulation of toxins in the body (Ama) due to improper digestion or unhealthy habits may block the proper function of the reproductive system.
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CAUSES OF HYPOMENORRHOEA/OLIGOMENORRHOEA-

- **Polycystic Ovary Syndrome (PCOS):** One of the most common causes of Hypomenorrhoea/oligomenorrhea due to hormonal imbalances and irregular ovulation.
- **Thyroid Imbalances:** Hypothyroidism or hyperthyroidism can affect the menstrual cycle.
- **Obesity:** Being overweight can lead to insulin resistance, which may affect ovulation and result in infrequent periods.
- **Extreme Exercise or Low Body Weight:** Overexercising or having too little body fat can lead to disruptions in the menstrual cycle.
- **Perimenopause:** As women approach menopause, their menstrual cycles often become less frequent.
- **Chronic Stress:** Stress can cause irregularities in hormone secretion, leading to infrequent periods.
- **Medications:** Some medications, especially hormonal treatments or antipsychotics, may influence menstrual frequency.

DIFFERENTIAL DIAGNOSIS OF ARTAVA KSHAYA-

Name	Definition
Amenorrhea	The absence of menstruation
Polycystic Ovary Syndrome (PCOS)	A condition that causes hormonal imbalance and irregular periods.
Thyroid Disorders(Hypothyroidism or Hyperthyroidism)	Imbalances in thyroid hormone levels can lead to irregularities in the menstrual cycle.
Uterine Abnormalities(Endometrial Atrophy, Asherman's Syndrome)	Conditions like endometrial thinning or scarring inside the uterus can cause abnormal or scanty menstruation.
Menopause/Perimenopause	The natural cessation of menstruation typically around the age of 50.
Chronic Stress or Emotional Factors	Psychological stress can lead to hormonal changes that affect the menstrual cycle.
Nutritional Deficiencies (Anemia, Protein Deficiency)	Deficiencies in iron or protein can lead to menstrual irregularities.

INVESTIGATIONS-

1.Clinical History-

Menstrual history: Duration, interval, and flow of menstruation.

Obstetric history: Abortions or complications.

Contraceptive use: Current or past hormonal contraceptives.

Lifestyle factors: Stress, exercise, weight changes, and diet.

Medications: Use of drugs such as antipsychotics, antiepileptics, or hormonal treatments.

Symptoms of hyperandrogenism: Acne, hirsutism, or male-pattern hair loss.

Thyroid dysfunction: Symptoms like fatigue, weight changes, or temperature intolerance.

Family history: Polycystic ovary syndrome (PCOS), thyroid disorders, or premature ovarian insufficiency.

2. Physical Examination-

General examination: Body mass index (BMI), signs of hyperandrogenism, or systemic diseases.

Pelvic examination: Assess for any anatomical abnormalities or masses.

3. Laboratory Investigations

Hormonal profile: Follicle-stimulating hormone (FSH) and luteinizing hormone (LH): Assess ovarian function.

Prolactin: Rule out hyperprolactinemia.

Thyroid function tests (TSH, free T4): Rule out thyroid dysfunction.

Pregnancy test: Exclude pregnancy as a cause.

Anti-Müllerian hormone (AMH): Ovarian reserve assessment, especially in suspected PCOS.

Estradiol levels: Evaluate estrogen status.

4. Imaging Studies

Pelvic ultrasound: Evaluate uterine size, endometrial thickness, and ovarian morphology (e.g., polycystic ovaries).

Rule out structural abnormalities like fibroids, polyps, or congenital anomalies.

MRI pelvis: For more detailed imaging in cases of congenital anomalies or masses.

Hysteroscopy or saline infusion sonography: For suspected intrauterine adhesions or endometrial pathology.

5. Special Tests

Endometrial biopsy: To evaluate for endometrial atrophy, hyperplasia, or infection.

Hysterosalpingography (HSG): Assess tubal and uterine abnormalities.

6. Common Causes to Consider:

Functional hypothalamic amenorrhea: Due to stress, weight loss, or excessive exercise.

Polycystic ovary syndrome (PCOS): Common cause of oligomenorrhea and hyperandrogenism.

Thyroid disorders: Both hypo- and hyperthyroidism can affect menstruation.

Hyperprolactinemia: Pituitary adenoma or other causes.

Premature ovarian insufficiency (POI): Decreased ovarian reserve or early menopause.

Treatment:- As a whole the main 3 principles of the treatment are

1) Nidana parimarjana

2) Samshodhana

3) Use of agneya dravyas

Nidana parimarjana: As long as causative factors are consumed by the patients the treatment will be useless. Hence it is necessary to avoid the causative factor completely.

Samshodhana: Samshodhan Includes Panchakarma which can be defined as therapeutic measures applicable to cleanse excessively accumulated dosha from the body. This is for bahu dosha avastha.

Use of agneya dravyas: Here both shodhana & shamana chikitsa which is in form of agneya dravyas can be given. But the selection of the chikitsa should be done wisely. Tila, Masha, Sura, Sukta are vata kapha hara and pittakara in nature. In Artava Kshaya, Tikshna Ushna gunas of agneya dravyas are beneficial. It will be helpful in removing Ama and Srotorodha.

Sthanika chikitsa (local treatment): Basti, Virechan Chikitsa

PATHYA

- Tila, masha, sura, sukta should be used.
- In all disorders of artava use of lasuna, satapushpa, and shatavari is beneficial.
- Substances which are capable of increasing pitta are beneficial.
- Matsya, kanji, tila, takra, dhadhi.
- Yoga and Vyayama.

APATHYA

- Diwaswapna, ratri jagarana etc.
- Ahara capable of aggravating nidanas are contraindicated.

Discussion- Acc to Ayurvedic literature Tridoshas plays an important and distinctive role in the proper manifestation of Rituchakra. Normal function of H-P-O axis depends on these doshas. Rasadhatu is the prime factor which decides the normal formation of artava. Formation of Rasa dhatu is affected when there is jataragni mandhya. this mandagni vitiates the doshas and hampers the formation of Ahara Rasa. Hence Utpatti of Rasa dhatu is affected as it is formed from Ahara rasa. For the proper functioning of Artava, the agneya dravyas are beneficial.

Conclusion- Artava kshaya can be regarded as Vata Kaphaja vikara since Vata is in charge of all bodily physiological processes. Apana Vata is also in charge of Artava's proper Nishkraman. Because of its Avrodhaka guna, Kapha can hinder Artava vaha srotas, which helps explain the pathophysiology of Artava kshaya in addition to vata. In modern science on the basis of its signs and symptoms it can be correlated with Oligomenorrhea and Hypomenorrhea. Artavavaha srotas are obstructed by the vikruti of Apana vata and Kapha, results in Artava Kshaya. To maintain the normalcy of Agni and Vata, removing Kapha is the basic line of treatment. In our classics Shodhana and Shamana Chikitsa is mentioned for Artava Kshaya. Shodhana Chikitsa like Vamana, Virecana and Basti. Shamana chikitsa is explained in the form of using agneya dravyas like: Tila, Masha, Sura, Shukta, Kulatta, Dadhi etc. Use of Agneya dravyas not only relieves the kapha which does avarana to apanavata but also increases the Artava.

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Reference: -

1. Shastri Kaviraj Ambikadutta; Edited Sushrutaa samhita Sutra sthana 14/6, Varanasi: Chaukhambha Sanskrit sansthan; Reprint, 2007; pp 48.
2. Shastri Kasinatha and Dr. Chaturvedi Gorakhanatha; Edited Charaka samhita Sharira sthana 4/5, Vol-1 Varanasi: Chaukhambha bharati academy; Reprint, 2009; pp 867.
3. Web source: oligohypomenorrhea, Riaz Y, U. Parekh
<https://www.ncbi.nlm.nih.gov/books/NBK560575/>
4. Et.al Sioban D Harlow, Oona M. R. Campbell, Epidemiology of menstrual disorders in developing countries A system review, <https://www.researchgate.net/publication/8949668>.
5. Konar Hiralal, Editor D C Dutta's Text book of Gynecology Publications. Jaypee: The Health Sciences Publishers; 8th ed, 2020; pp 153.
6. Shastri Kaviraj Ambikadutta; Edited Sushrutaa samhita Sutra sthana 15/12, Varanasi: Chaukhambha Sanskrit sansthan; Reprint, 2007; pp 59.
7. D.C.Dutta's Textbook of gynecology including contraception, edited by Hiralal Konar-6th edition, page no. 186.
8. Dr. Sharma A.R., Edited with Sushrutavimarsini- Hindi commentary, by maharshi Sushruta; Sushruta Samhita, vol 2nd, Chaukhamba Surbharati Prakashan, Varanasi, Reprint 2012, Sharirsthana, chapter no. 02, verse no.16 pg. no.15.
9. Dr. Shivaprasad Sharma, by Prof. Jyotir Mitra, of Vagabhata or Vriddha Vagabhata with the Sasilekha Sanskrit commentary by Indu, Astanga Samgraha. Published by Choukhambha Sanskrit series office Varanasi, Sharirsthana Chapter no. 01, verse no.25 Pp. 965, pg no. 268.
10. Gupta A, Edited with vidyotini hindi commentary; by Vagbhata; Asthanga Hrudaya, Chaukhamba Prakashan, Varanasi, Reprint 2009, Sharira sthana, chapter no.1. verse no.12, pg.no.231.
11. Shree Bhavamishra; Edited Bhavaprakasha samhita 3/206, part 1, Varanasi: Chaukhambha Sanskrit Sansthan, pp 63.
12. Shastri Kaviraj Ambikadutta; Edited Sushrutaa samhita Sutra sthana 14/14, Varanasi: Chaukhambha Sanskrit sansthan; Reprint, 2007