

EFFECT OF AYURVEDIC MANAGENET IN SECONDARY AMENORRHOEA – A CASE REPORT

¹Beena Rose P.K, ²Anita K Patel, ³Asha K.V

¹PhD Scholar SCSVMV University Kanchipuram, ²Associate Professor, SJSAC&H Chennai

³Professor VPSV Ayurveda College Kottakkal

Abstract

Amenorrhoea is the absence of menstruation for at least a period of 6 months. There are two types of amenorrhoea, primary and secondary. Primary amenorrhoea is the absence of menstruation by the age of 16 even with the normal secondary sexual characters. Secondary amenorrhoea is the absence of menstruation for 6 months or more in a woman with previous spontaneous regular cycles or a period equal to the duration of 3 cycles if the previous cycles were irregular. A 33-year-old lady was referred to the Prasutitantra OPD with complaints of amenorrhoea for 3 years. The patient was admitted and the treatment was started based on “Arthavakshaya” management as per Ayurvedic guidelines. The treatment was continued for 2 months following which she attained menstruation shortly after. After close observation of the prognosis of the patient, it is very much clear that Ayurvedic medicines have a promising effect on treating amenorrhoea and that too within a short period.

Keywords: Amenorrhoea, Prasutitantra, Arthavakshaya

INTRODUCTION

Amenorrhoea is one of the most common gynaecological disorder seen in the woman of reproductive age. It could be due to various reasons, hormonal variations or disorders of hypothalamus, pituitary, ovary or even genital tract. The aetiology being this diverse it needs a tremendous understanding about the physiology and endocrinology of menstruation. The causes could be roughly divided into physiological and pathological causes.

Physiological causes are pregnancy, lactation and menopause.

Pathological causes are:

- GnRH deficiency due to Sudden weight loss (10-15 %), Vigorous exercise, Obesity
- Luteinizing hormone deficiency
- FSH deficiency
- Ovarian causes like PCOD, primary ovarian insufficiency
- Uterine causes like intrauterine adhesions, cervical stenosis

Endocrine causes like hypothyroidism, Cushing disease, congenital adrenal hyperplasia are also other factors.

In Ayurveda disorders of amenorrhoea is termed as Anarthava¹ and the terms are using based upon the causes as:

- Aarthavakshaya
- Nashtartava
- Arajaska or Lohitakshaya
- Aartavanaasa

Case Report

A patient aged 33years attended the outpatient unit in Prasutitantra department presenting with complaints of the absence of menstruation in the last 3 years. And the inability to beget a child. The patient is 47 kg weight and 154cm height. Patient attained menarche at the age of 13years. Then she had regular cycles of 28 days for 1year. After that, the menstrual cycle appeared with an interval of 60days until the age of 19. She got married at the age of 19. After marriage, she had no menstruation for 1year. They consulted modern Gynaecologist and took medicine for 5 years. During medication, her cycles were regular with 5days bleeding and regular intervals of 28 days. On 2008 she was conceived but had a spontaneous abortion in 2nd month. After 4years she took hormone injections for irregular menstruation. After that, she developed breathing difficulty on exposure to dust, wind, etc. She did not take any medicines for the last 3 years.

On examination

Clinical examination revealed no abnormality found physical and systemic. Secondary sexual characters are normal on examination. Details of the investigations carried out before and after the treatment procedures.

The patient was admitted to the college hospital on 31/01/2018.

Investigations

1.USG -TAS (abdomen & pelvis) 26/01/2018

Right ovary	Left ovary	Uterus &ET
1.9x1.7x1.2cm	1.9x1.9x1.5cm	4.5x2.5x1.4cm, ET 2mm

Small-sized uterus & B / L ovaries

TFT found to be normal

The patient was diagnosed as Anarthava. And started treatment with sodhana therapy.

Plan of treatment

(A) Sodhana therapy

(B) Samana therapy

Poorvakarma like rookshana,deepana,paachana, snehapana and virechana are followed before vastikarma. Anuvasana vastikarma is important in the management of artavakshaya /artavanasa .²

Sl no	Procedure	No of days done	Medicine	Internal medicine	Food (Pathyahaaram)
1	Takrapaana	3	Brihat vaiswanara churnam +1/2 litre takram	Gandhrvahastadi Kashayam 60ml 7pm Abhayarishtam 20ml after food night (bed time)	Kanji
2	Udwarthanam	5	Yavakolakulathadi churnam	Gandhrva hastadi kashayam 60ml BD Dhanwantharam gulika 1-0-1 with Kashayam Abhayarishtam 20ml after food night	Rice gruel and greengram curry
3	Snehapana	6 days (got samyak snighta lekshana)	Kalyanaka ghritha ³	No internal medicine	1. Warm water boiled with dry ginger 2. Kanji (Rice gruel) given after getting hunger
4	Abhyanga + Ushmasweda	5	Lakshadi kuzhambu	„	
5	Virechanam	1	Gandharva hastadi avanakenna 50ml Morning (got 5 vegas)	„	
6	Rest	Rest	Rest	Rest	Kanji
7	1) Shashtika pindaswedam 2) Vaginal douche	7	1)Shatikom,bala kashayam,milk 2) Bala, devatharam, sathapushpa	1.Bhadradarvadi kashyam 2.Kalyanaka ghritham 25ml bedtime 3.	Kanji with greengram curry
8	Sneha vasthi (SV) Kashayavasthi(KV)	(7days) 3 SV, 1KV, 1SV, 1KV, 1SV,	Thailam dhanwantharam thailam Kashayam - Gandharvagasthaadi kashayam Kalkam-sathapushpa	Medicine continued	Special diet given before/after vasthi procedures according to pathyakrama
9	Utharavasthi(intra vaginal)	3	Dhanwanthara thailam +sathahwadi thailam	Medicine continued	Kanji with greengram curry

The patient was comfortable and discharged on 17/03/2018.

The patient came to OPD after 2 weeks and reported that she got menstruation and having 4days bleeding.

Review medicine for 2 weeks

1. Sathahwadi thailam 10ml HS
2. Vidaryadi ksheera kashayam 60ml bd 11am,3pm
3. Gynaekot tab 2-0-2
4. Sukumaram lehyam 30gm 5pm
5. Dhanwantharam thailam external application.
The medicine was repeated 1 to 5 and added
6. Dadimaadi ghritham 20ml morning in empty stomach
7. Aswagandharishtam +Abhayaarishtam 30ml Hs after food.

The medicine continued for 1 month. After that stopped all these medicines and given medicines for the management of infertility.

1. Aswagandha churnam with milk in morning empty stomach³
2. Phalasarpi 1 Tab spoon and added 1tsp satahwa churnam ⁴after food bedtime (night). The patient was conceived in 2019.

Discussion

The patient came to OPD for the treatment of absence of menstruation. And the condition was diagnosed as Aarthavakshaya. So, the treatment planned to start with sodhana and then vatha samana. Consider this condition as a vatha predominance i.e. apaana vaayu. So, vathanulomana koshta sudhi is implemented. After rukshana karma snehapaana was done with Kalyanaka ghritha. Because the desire to get a child and inability to conceive in reproductive age can lead to emotional and psychological problems. After the whole management, a significant result was found in weight reduction, menstrual cycle regularised and improve ovulation.

Conclusion

Proper ovarian follicular development coupled with adequate endometrial thickness was achieved in this patient due to a multidimensional approach.

References

1. Bhavaprakasa chikitsasthana 24:15-16
2. Charaka Chikitsasthana 30/27chakrapani
3. Ashtanga Hrudaya Uttartham 6/26
4. Bhava prakashachikitsasthanam 70/25
5. Kasyapa Samhita Ka 14/17