A Case Study on Secondary Amenorrhea (*Artava Kshaya*) And Its Management Through *Ayurveda*

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Abstract

Introduction: Amenorrhea is defined as the absence of menstrual flow for more than 6 months in a female whose cycle was previously normal or could be described as a delay in the onset of menarche (i.e., periods not started till the age of 16) known as secondary and primary amenorrhea respectively. In Ayurveda, it's correlated to *Artava Kshaya/Nashtartava* which may be caused due to the *dushti* of *Apana vayu* i.e. *vilom* or opposite gati of apana vata/vayu which is responsible for all eliminating and downward movements in the body). *Artava kshaya* causing pain is known as yoni *vyapad.* There could be a vast variety of reasons for this problem which may be hormonal imbalance, hypothalamic or pituitary dysfunction, PCOD/PCOS, thyroid disorders or stress. **Methodology**: In this case a single case study was taken and treated with Ayurveda medicines. **Result**: The patient started getting regular periods and got relief in symptoms of stress and pain as well. **Discussion**: *Ayurveda* medicines work on the *tridosha* aspect. In this case the *vayu dushti* was taken care of which resulted in proper periods and symptomatic relief, the cause of which was primarily *vata dosha*.

Keywords: *Artava Kshaya*, *Nashta Artava*, Amenorrhea, *Apana Vayu*, Irregular cycle, *Yoni Vyapad.*

Introduction

The causative factors of Amenorrhea can be broadly categorised into lifestyle-related , physiological and pathological causes. Pathological causes may involve ovarian

dysfunction (e.g. Premature ovarian failure) whereas physiological amenorrhea occurs during childhood, pregnancy and menopause.

Lifestyle related aspects such as physical exercise, emotional stress, eating disorders or sudden weight changes primarily in adolescents and young women are some of the causes for amenorrhea. An elaborate study of amenorrhea requires a holistic and comprehensive approach that includes physical examination, a detailed medical history, and targeted examination. The evaluation done by laboratories often focus on hormone levels for example FSH (follicle stimulating hormone), LH (Luteinizing hormone), Prolactin, thyroid hormones and estrogen. To assess anatomical or structural abnormalities Imaging techniques like Pelvic ultrasound or MRI can be used to. It is important to identify the root cause to plan the treatment accordingly. Ranging from lifestyle modification and nutritional correction to hormonal therapy or surgical management when necessary.

In Holistic health care including *Ayurveda* and modern medicine, amenorrhea is not solely considered as a reproductive issue but also as a sign of systemic imbalance. This panoramic understanding highlights the importance of restoring physical well-being via appropriate interventions. Amenorrhea serves as an important indicator of existing health problems and addressing it effectively, this ensures not only reproductive functioning but also long-term physical and emotional health. If amenorrhea is left untreated, it may lead to infertility, osteoporosis due to low levels of estrogen, endometrial hyperplasia and cardiovascular risk.

According to modern medicine, the most commonly used treatment in amenorrhea is OCPs (oral contraceptive pills) which are artificial steroidal medicines that evidently are not the permanent solution since they stop ovulation and cause uterine bleeding, if steroids are used for long-term it may lead to side effects such as weight gain and hormonal imbalances.

In Ayurveda, amenorrhea is correlated to *Artava Kshaya/NashtArtava* [1,2] which may be caused due to the *dushti* of *Apana vayu*[1] i.e. *vilom* [1] or opposite gati of *apana vata/vayu*[1] which is responsible for all the downward movements in the body. *Artava kshaya* causing pain is known as *yoni vyapad.*[3]

Aim:

To evaluate the effectiveness of *Ayurvedic* management in restoring regular menstruation and reducing associated symptoms in a patient presenting with Amenorrhea (*Artava Kshaya*/*Nashtartava*).

Objective

1. To assess the role of *Ayurveda* medicines in correcting *Apana Vayu dushti*, which is considered the primary cause of *Artava Kshaya*.
2. To observe the changes in menstrual pattern after the administration of selected *Ayurvedic* interventions.
3. To evaluate the improvement in associated symptoms, such as stress, pain, and discomfort during the course of treatment.
4. To understand the clinical applicability of classical *Ayurvedic* concepts like *Vata* imbalance, *Artava Kshaya*, and *Yoni Vyapad* in the management of secondary Amenorrhea.
5. To document the therapeutic outcome of a single-case *Ayurvedic* intervention for future clinical correlation and research.

Single case study

A 19 year old female (unmarried) visited various professional medical practitioners with the complaint of irregular menses, she had a normal menarche at the age of 14, had regular menses until she moved to Kota for studies change in dietary habits, lifestyle and stress lead to significant weight gain and hormonal imbalances causing delaying of periods initially it was a week late gradually it began to delay for more than 3 months doctors earlier ran OCP's and withdrawal medications but no natural occurrence of periods occurred this time the doctor asked the family history of diabetes suspecting the possibility of pcod/ pcos and found that mother was diabetic, the doctor then ran the following tests on the 2nd day of withdrawal bleeding to confirm her doubts.

Chief Complaints- absence of periods for 3 months, irregular cycle.

Associated complaints **-** mood swings, irritability, breast tenderness during periods

- anxiety score - 29 (Hamilton's scale) [4]
- acne score -7 and hairfall

History of present illness- The patient was well, periods were regular and no menstrual cramps had been there since menarche for 4 years. Then gradually her cycle started becoming irregular and periods absent for 3 months; with this concern she visited a doctor and the doctor prescribed OCPs for 21 days.

Since then, OCPs were repeated for 2-3 times every 2-3 months and the period didn't occur naturally. Without any medication, the periods still didn't appear for straight 6 months then the doctor prescribed metformin and OCP due to which bleeding occurred for some time but the periods remained irregular. She visited another doctor again when her periods didn't come for 3 months.

History: -

Past medical history: **-** pneumonia at the age of 2.5 years, antibiotics for the same

Past surgical history: **-** Not any

Family history: - Mother diabetic, Hypothyroid and Hypertensive

Personal History: -

Diet- non-vegetarian

Sleep- 4-5 hours at night (irregular)

Bowel- Mostly normal, rarely constipated

Appetite- Adequate

Micturition- 4-5 times per day

Addiction- Not any

Allergy- Not known

Menstrual History: -

Age of Menarche-14.5 years

LMP- 3 months before

DOC- 4-5 days (3-4 pads/day fully soaked), heavy bleeding

Pain- moderate to extreme

Clots- sometimes

Smell- Nil

Systemic Examination: -

Respiratory system-

1) Inspection

- Chest shape and symmetry- Normal
- Chest movement- Symmetrical
- Respiratory rate and pattern- 16/min
- Tracheal position- Central
- Clubbing- Nil

2) Palpation

- Chest expansion- Normal
- Tactile vocal fremitus- symmetrical in the corresponding area of both lungs

3) Percussion

- Sound- Resonant

4) Auscultation

- Breath sounds- vesicular, no abnormal sounds like crepts, rhonchi, etc were heard.

CVS - S1S2 Normal, no murmurs

CNS- Patient is conscious with respect to time, place and person, cooperative

Clinical Findings: -

Weight - 70 kg

Height - 5.4 ft

BMI - 26.3

Respiratory rate - 16/min

Temperature - 97 F

Heart Rate - 80/min

B.P - 110/60 mm/Hg

Built - Medium

Hirusitism - 4 (Ferriman - Gallwey scale) [5]

Acne score - 7 (Global Acne Grading Score) [6]

Laboratory tests

- CBC - no abnormality seen
- BLOOD GLUCOSE RANDOM - 78 mg/dl
- TSH- 1.93 I.u./ml
- PROLACTIN - 6.6 ng/MI
- ESTRADIOL (E2)- 43.2 pg/MI
- LH- 6.7 miu/MI
- FSH- 9.7 miu/ MI
- AMH - 17.1 ng/MI

Imaging

- Ultrasonography of lower abdomen - no abnormality seen, both the ovaries were normal in size and no growth is seen (polycystic ovaries not seen)

All the labs mentioned above were in range except AMH which could be raised because of a lack of ovulation.

The following medicines were prescribed by the doctor for the treatment: -

- Oosure-m tablets (myoinositol-550 mg, metformin-500mg D-chiro-inositol,L-methyl folate calcium, vitamin-B12)- 1 OD
- Metital-SR (myoinositol -600 mg, metformin-500 mg)- 1 OD
- Meprate (metroxyorogesterone acetate) - 1 BD for 5 days
- M2 tone syrup (Ashoka, lodhra, jatamansi, shatavari etc.) - 10ml BD

Withdrawal bleeding occurred after 5 days of the dose of meprate, rest of the medicines were continued for 3 months no natural occurrence of periods, this was repeated for

almost 2 years and follow up was done in every 60 days, no periods without withdrawal of medicines. Also, no improvement in associated symptoms like anxiety, acne, hair fall and weight rather increased.

***Ayurvedic* management**

Astavidha Pariksha

Nadi - 72/min, *Vata-pitta*

Mala - *samanya mala*, Frequency- once a day

Mutra - *samyak,* Frequency- 5-6 times per day

Jihva - *lipta*

Shabd - *Samyak*

Sparsh - *Sheetoshna*

Aakriti - *Madhyam*

Drika - *Samanya*

Dashvidha Pariksha

Prakriti - *Kapha-Pitta*

Vikriti - *Vata- Kapha*

Sara - *Madhyam*

Sandhana - *Madhyam*

Satva - *Avar*

Satmya- Pravar

Aahar shakti - *Madhyam*

Vyayam shakti - *Pravar*

Vaya - *Yuva*

Praman - *Madhyam*

Samprapti Ghatak

Dosh - *Kapha* and *Vata*

Dushya - *Ras, Rakta, Meda Dhatu, Artava Updhatu.*

Agni - *Mandagni*

Srotas - Rasavahi, Raktavahi, Medovahi and *Artavavahi.*

Srotodushti - Srotosanga

Rogmarga - Abhayantra.

Udbhav Sthan - Garbhashya

Vyakta Sthana - Artava, Garbhashya, Twak.

Then the patient shifted to Ayurveda completely, the doctor repeated the above tests and the results were similar, she then prescribed the following medicines: -

- *Raja pravartani vati*[7] *(*ghritkumari swaras, purified borax, purified green vitriol, shudh hingu) - 2 TDS
- *Til kwath* granules [8] - 1 tbs with milk
- Tab hyponidd (Vijaysar, shudh shilajit, yashad bhasm, haridra, karela, amalaki, guduchi) -2 BD
- *Saraswatarishta*[9] (brahmi, shatavari[10], ashwagandha, vacha,vidarikand, haritaki, jaggery and honey) -10 ml BD
- Stresscom tablet (ashwagandha, brahmi, shankhpushpi) -1 BD
- M2tone syrup -10 ml BD

Results

- After continuing this medication for one-month menstrual bleeding occurred
- Follow-up was done once every 30 days
- The same medication was continued for another 6 months
- After the medication was stopped menses started to occur on time (i.e. on every 30th-35th day)
- Pain during the periods got relieved
- Anxiety score: - 19 (moderate) (Hamilton's scale) [4]
- Acne score: - 1
- Hair fall reduced (< 20 hair/day)

Discussion

Ayurvedic management showed significant improvement where modern medicine didn't bring results as effectively. Modern medicine typically addresses this disorder with hormonal therapies causing withdrawal bleeding managing symptoms but not the actual underlying issue.

While, *Ayurvedic* interventions started to restore the body's physiological processes. Medications prescribed by the *ayurvedic* physician regulated *Apana vayu*[1] movement, stimulating uterine muscle contractions and also promoting menstrual flow. They also addressed nutritional deficiency-related issues like iron deficiency that can be a cause for secondary amenorrhea.

Therefore, this successful outcome of *ayurvedic* medications suggests that they are better for issues related to functional gynaecological conditions offering more holistic and sustainable management as they target the root cause of the issue rather than treating symptoms as modern medicine which treats merely the absence of bleeding.

Ayurveda explains it through the lens of *dosha* imbalance, *dhatu* depletion, and *srotas* obstruction. *Vata dosha* plays the most dominant role in the manifestation of amenorrhea. *Vata*, particularly *Apana Vata* **[1],** governs the downward movement and regular expulsion of menstrual blood.

Beyond *dosha* involvement, *Agnidushti* (poor digestive and metabolic fire) and *vata* vitiation **[11]** are other crucial factors. When *Agni* is weak, formation of *Rasa Dhatu* becomes defective, and this ultimately hampers the nourishment of subsequent *dhatus* including *Rakta* and *Artava*. This mechanism resembles modern concepts involving malnutrition, chronic disease, and hormonal down-regulation due to energy deficiency.

Conclusion

Amenorrhea is a variegated disorder whose root causes are doshic imbalance, *srotas* obstruction, *dhatu* depletion, psychological disturbances and impaired metabolism. The *Ayurvedic* explanation is quite similar to modern science and it doesn't contradict it and also offers a broader and holistic interpretation of the same physiological pathways. If we combine both aspects it enables us for a comprehensive understanding of this disorder. *Ayurveda's* aim is to deal with the root cause by regulating the *Vata dosha*, it also purifies

the obstructed channels, nurtures the reproductive tissues, and improves the digestive and mental health, while the objective of contemporary medicine is to balance the hormone levels, by modifying the lifestyle, and dealing with the underlying systemic or structural causes. Therefore, a collective approach can offer the most effective administration and restoration of healthy menstruation in the long term.

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