

AYURVEDIC MANAGEMENT OF *KSHINA- ARTAVA* (HYPOMENORRHEA)
ASSOCIATED WITH HYPERPROLACTINEMIA: A CASE STUDYDr. Neha R. Gadhari^{*1}, Dr. Kalpana B. Ayare² and Dr. Manda S. Ghorpade³¹PG Scholar, Dept. of Prasuti Tantra Evam Stri Roga, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.²Associate Professor, Dept. of Prasuti Tantra Evam Stri Roga, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.³Head of Department, Dept. of Prasuti Tantra Evam Stri Roga, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

*Corresponding Author: Dr. Neha R. Gadhari

PG Scholar, Dept. of Prasuti Tantra Evam Stri Roga, Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

Article Received on 31/10/2023

Article Revised on 21/11/2023

Article Accepted on 11/12/2023

ABSTRACT

Introduction: Woman's health is the primary factor to be considered of well being of family, society and culture. Any physical, physiological disorder disturbs her life. Physiological changes and development occurs right from birth but markedly during the reproductive period. The reproductive era starts with the menarche and is terminated by the menopause, giving scope for great deal of ill-health due to disturbance of the delicately balanced cyclic activity of hormones. Most of the menstrual disorders have been described under the headings of *Ashta Artava Dushiti* in our classics. *Kshina- Artava* is not explained as a disease. Moreover it is a symptom in some diseases. *Aacharya Sushruta* explains *Kshina- Artava* in *Sharir-sthan*. But according to *Dalhan Tika Lakshana* and *Chikitsa of Kshina- Artava* are stated under *Artava- Kshaya*. *Lakshana of Kshina- Artava* can be seen in hyperprolactinemia. It means hyperprolactinemia leading to *Kshina- Artava* which can be managed by Ayurvedic management. **Materials and Methods:** A female patient, age 22 years was coming to the OPD with the case having symptoms of scanty menses (hypomenorrhea due to hyperprolactinemia) and discharge from both breasts and breasts pain. A total therapy was given for 3 months with 3 follow-ups, on fifth day of each mensrual cycle. Necessary investigations were done along with hormonal assay. **Observation and Result:** On observation after first menstrual cycle (after starting treatment) patient came with 80% relief in the above mentioned symptoms. **Conclusions:** The result was encouraging with complete relief in the symptoms by Ayurvedic management.

KEYWORDS: *Kshina- Artava*, Hyperprolactinemia, Hypomenorrhea.**INTRODUCTION**

Normal menstrual cycle is a crucial physiological phenomenon for maintaining woman's health during reproductive years. Nowadays menstrual disarrayed are the main reasons for gynecological consultations worldwide owed to faulty dietary habits and lifestyle. In this condition the patient is suffered from hypomenorrhea associated with hyperprolactinemia. When the menstrual bleeding is unduly scanty and lasts for less than 2 days it is called hypomenorrhea. The causes may be local, endocrinal or systemic. In Ayurveda hypomenorrhea correlates with the *Kshina- Artava* condition. *Artava Alpata* is the one condition described under *Kshina- Artava*. Prolactin hormone is exclusively synthesized and secreted from lactotrophs of the anterior pituitary gland. When the amount of serum prolactin exceeds the upper limit we call it hyperprolactinemia. The common causes of hyperprolactinemia can be physiological pathological or drug induced. Patients with

hyperprolactinemia may remain asymptomatic or can present with sign and symptoms of hypogonadism and galactorrhea. Associated symptoms of hyperprolactinemia are anovulation, hypomenorrhea oligomenorrhea, infertility. Ayurvedic treatment can be given to treat the condition with an aim to normalize the vitiated *Dosha* and *Dhatu Upadhatu*.

METHOD AND MATERIAL**CHIEF COMPLAINTS:** Scanty menses since last 3 years and breast pain since 1 year and milk discharge from both breasts in last 15 days (from 29/6/23).**PRESENTING ILLNESS:** According to the patient she was asymptomatic upto 3 years back. Gradually she develops the complaints of scanty menses in the past 3 years and breast pain since 1 year and milky discharge from both breasts in last 15 days. The patient took

allopathic treatment but recurrence occurred. Now patient only wants Ayurvedic treatment.

MENSTRUAL HISTORY: Age of menarche: 13 years of age. Last menstrual period (LMP): 2 July 2023. Cycle: Regular. Duration: 2 days / 28-30 days. Flow: Scanty painless without clots. Color: Blackish red. Smell: Blood like. No. of pads: 1-2 pad / day. Previous menstrual history: 4-5 days / 28-30 days with the regular normal flow.

PHYSICAL EXAMINATION

O/E – TABLE: 1

G.C.	Fair	Weight	58 kg
B.P.	110/70 mm Hg	BMI	21.3 kg/m ²
P.R.	88/ min	Body built	Moderate
Height	5'5"	Pallor	Not present

SYSTEMIC EXAMINATION

Respiratory system –
Inspection – B/L symmetrical chest
Auscultation – B/L air entry – Equal on both sides
Cardio – vascular system –
Auscultation – Normal heart sounds

OBSTETRIC HISTORY: Nulli gravida.
CONTRACEPTIVE HISTORY: None.
PAST MEDICAL HISTORY: Allopathic treatment taken for scanty menses.
PAST SURGICAL HISTORY: Nil.
PERSONAL HISTORY: Diet: Non vegetarian. Appetite: Normal. Sleep: Sound. Bowel: Clear. Micturation: Clear. Allergic History: None. Addiction: No history of smoking alcohol or tobacco intake. 1 cup of coffee daily in the morning and evening.

Central nervous system – Normal
Orientation – Well oriented to time place and person.

GYNECOLOGICAL EXAMINATION

P/V & P/S Examination not done as patient is unmarried.

Table 2: Dashavidha Pariksha Bhava.

Prakriti	Vata- Pittaja	Satmya	Sarvarasa Satmya
Vikriti	Kaphaja	Satva	Madhyama
Sara	Medasara	Ahara shakti	Madhyama
Samhanana	Madhyama	Vyayama shakti	Madhyama
Pramana	Madhyama	Vaya	Madhyamavastha

INVESTIGATIONS

Serum Prolactin – 29.23ng/ml (before treatment on 1 July 2023) And 6.23ng/ml (after treatment on 27 Sep 2023)

USG of Uterus and adnexa on 1 July 2023:

Impression: Normal study.

NIDAN PANCHAK

1. *Nidana* – Junk food spicy food *Ratrijagarana* lack of *Rajaswalacharya*
2. *Purvarupa* – Gradually *artava alpata stanya darshana*
3. *Rupa* – *Kshina artava*
4. *Samprapti* –
5. *Upashaya* – *Artava dushti chikitsa Rajaswalacharya Yoga and Pranayama*

SAMPRAPTI GHATAKA

Dosha – *Pitta* – *kshay*; *Vata & Kapha Prakop*
Dushya – *Rasa, Rakta, Artava, Stanya*
Agni – *Rasagni dushti*
Srotas – *Artavavaha srotas, Rasavaha srotas*
Vyaktisthan – *Garbhashay, Stanya*
Rogamarg – *Abhyantar marg*
Rogvinichaya – *Kshina- Artava*
Sadhyasadyata – *Kashtasadyata*

TREATMENT: The treatment was given for 3 months along with *Rajaswalacharya* for 3 follow -ups of consecutive cycles.

MODE OF ACTION OF TILADI VATI

Kshina- Artava is *Vata-Kapha pradhana Vyadhi*. It shows *Rasa Dhatwagnimandya* and *Rasa Dhatu-kshay* as prime pathological factor. In the present case *Tiladi Vati* is used to treat the condition. As *Maharshi Sushruta* in *Sharir-sthan* stated that treatment of *Nashta- Artava* or *Nashta- Rakta* is applicable to *Kshina- Artava*. *Gada-Nigraha* advised *Kwatha* of *Tila Trikatu Bharangi* for *Nashta- Artava*. But despite of *Kwatha Vati* was used. The *Dravya* used in *Tiladi Vati* are having *Tikshna Ushna Sukshma* properties. This help to improve *Jatharagni* and in turn *Rasa Dhatwagni*. After *Agnivridhi* and *Strotovishodhan* vitiated *Vata* returns to its normal state giving rise to balanced state *Doshas* and *Dhatu*.

DISCUSSION

Kshina- Artava is a common menstrual disorder nowadays. If we consider the *Dosha* involvement in *Kshina- Artava* it is caused due to the vitiation of *Vata* and *Kapha Dosha*. Vitiation of *Vata* leads to hampering the *Gati* of other *Dhatu*s which will in turn will affect the *Gati* of *Updhatu*s i.e. *Artava* thus leading to *Samprapti* of *Kshina- Artava*. Also *Vata* is the main etiological factor behind all gynaecological disorder. *Kapha* due to

its *Avarodhak* properties will lead to the *Strotorodha* leading to *Samprapti* of *Kshina- Artava*. Hyperprolactinemia can be considered as *Agni Dushti Janya Dhatu Pradoshaj Vyadhi* in which *Rasa Dhatwagni Dushti* causes *Artava Dushti*. Hyperprolactinemia is caused due to hyperactivity of Prolactin secreting cell. Hyperactivity i.e. *Gati* is controlled by balancing *Vata Dosha*. Also *Stanyavruddhi* seen in hyperprolactinemia is due to vitiation of *Kapha*. Drugs used in *Tiladi Vati* are *Shoonthi Bharangi Til Marich Pippali*. *Tila* is mentioned to have *Agnideepaka* and *Vatahara* properties that will specify *Agnimandya* and leading to formation of proper *Rasa Dhatu* which will in turn be leading to formation of its *Upadhatu* i.e. *Artava*. *Vedanahara* property of *Tila* leading to improvement of mastalgia. *Bharangi* and *Trikatu* are *Katu – Tikta Rasatmak* and *Ushna Veerya Dravya* and also having *Artavajanan Rasayan Garbhashay Shodhak* properties. Hence they normalize the menstrual cycle. Hence they normalize the menstrual cycle. Also *Shoonthi* is described under *Stanyashodhan Gana*. Because of its *Lekhan Pachan* and *Stanyashodhan Guna* its stops the abnormal production of milk secretion from both breasts.

CONCLUSION

Nowadays defective life style and working pattern is disturbing menstrual cycle. It was an attempt to manage *Kshina- Artava* (Hypomenorrhea) with *Tiladi Vati*. *Tiladi Vati* found to be effective in this case. It reduced serum prolactin levels and normal menstrual cycle restored. A study on large scale could be beneficial to approach hyperprolactinemia in view of *Kshina- Artava*.

REFERENCES

1. Acharya Sushruta Samhita (Sharir-sthan) Ayurveda Tatva Sandipika, hindi commentary by Ambika Datta Shastri, Chaukhamba Sanskrita series, chapt-2/23.
2. Textbook of Gynaecology, D. C. Datta, third edition, New Central Book Agency Pvt.Ltd., Calcutta, 2001; pg 421, 425.
3. Shastri Kaviraj Ambikadatta. Sushruta Samhita Sutra-sthan 15/16, pg 1. Varanasi: Chaukhamba Publications; Reprinted 2018.
4. Shri. Tripathi Indradeva. Gada-nigraha Part III Kaumarantre Pradar-Pushpotpattipushpanash Chikitsa Adhyaya 58 pg 456. Varanasi: Chaukhamba Publications; Reprinted, 2005.
5. Bhavprakash Purva Khand. 6th chapt. Haritakyadi Varga verse- 34, pg 163.
6. The Ayurvedic Pharmacopia of India. Part- I Volume – II. Drug-6, pg 12-14. First Edition: Govt. of India Ministry of Health and Family Welfare. Dept. of AYUSH.
7. The Ayurvedic Pharmacopia of India. Part- I Volume- IV. Drug- 42, pg 91-92 and Drug- 57, pg 126-127. First edition: Govt. of India, Ministry of Health and Family Welfare. Dept. of AYUSH.
8. Prof. Sharma P. V. DRAVYAGUNA-VIJNANA. Volume- II. Varanasi: Chaukhamba Publications, Reprinted, 2009.
9. Datta D. C. in: Menstruation Hormones in Gynaecological Practice. Hiralal Konar (ED.). Textbook of Gynaecology. 6th Edition: New Central Book Agency Pvt. Ltd. Publications, pg 80, 514.
10. K. R. Shrikant Murty. Sharangdhar Samhita. 4th Edition: Varanasi: Chaukhamba Sanskrita Sansthan, 1994.