

Management of *Arthavakshaya* - A Case report

Case Report

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Abstract

Artavakshaya can be compared to Oligomenorrhoea or Hypomenorrhoea. It is a case study of an unmarried female patient aged 20 years, who presented with complains of irregular menses since 5 to 6 years, amenorrhea of 2 months, painful menstruation, associated with constipation. She took allopathic treatment but could not find the result, so approached Parul Ayurved Hospital, Vadodara for management. Looking into the severity, *Samshodhana* that is *Matra basti* and oral medications was planned for the patient. After treatment, patient got menses on 4th day of treatment and also her next menses came on regular time.

Key Words: *Ayurveda*, *Artavakshaya*, *Matra Basti*.

Introduction

Artavakshaya, in a condition associated with pain associated with menstruation along with backache, pain in groins, stiffness, but no abnormality of menstruation other than perhaps a decrease in the amount of flow or the duration. It is a common clinical complaint in reproductive aged women with a prevalence of oligomenorrhoea 11.3% (1) which has multiple causative factors of nutritional deficiency, hormonal factors, emotional and stress factors and psycho-sexual factors. Here is an attempt to study the case of *Artavakshaya* with *Ayurveda* treatment modalities like *Matrabasti* and oral medications.

Case report

A 20 years old unmarried female patient came to OPD of and Prasuti tantra and Stree Roga Parul Ayurved Hospital, Vadodara, on 29/11/2019 with complaints of irregular menses for 4-5 years, Amenorrhoea of 2 months with associated complaints of lower abdominal pain and constipation on and off. Patient had regular cycles earlier but in the past 4-5 years she is having irregular menses of interval 45-60 days. Patient had taken oral medicine for the same but was not relieved hence came to Parul Ayurved hospital. Patient was thoroughly examined and detailed history was taken, she was admitted for *Matrabasti* and further management.

Menstrual History

LMP-29/9/19. Duration 4-5 days. Interval 40-60 days. Irregular, painful with passage of clots with average 2 pads soaked per day.

Past menstrual history

Menarche at 11 years of age. Duration of menses 4-5 days, interval of 28-30 days regular with 2-3 pads soaked per day, painless and without passage of clots.

Past obstetric history

Unmarried female

Past medical history

Not significant

Past family history

No history of same complaints in the family.

General examination

General condition- fair: Built- Moderately built: Nourishment- Moderately nourished, Pallor-Absent: Oedema-Absent: Nails-No clubbing: Cyanosis-Absent: Icterus -Absent: Lymphadenopathy-Absent: P- 78/min: BP-110/70 mmHg: RR-18/min: Height-148: Weight-42kgs: BMI-19.2kg/m².

Systemic examination

- RS- Clear
- CVS- S1S2 heard
- CNS- conscious well oriented,
- P/A: Soft, Non-tender, No organomegaly.

Vayaktika Vrutanta

Diet- mixed Appetite-normal, Bowel: Constipated, Bladder Frequency- 5-6 times/day & 0-1/night Sleep- Sound, Habit- Coffee 2 times / day

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Rogi Pariksha

Prakruti – VataPittaja: Vikruti- Vata, Pitta, Sara – Madhyam, Sanhanan- Madhyam, Praman -148 cm wt- 42 kg, Satmya – Madhyam, Satva -Madhyam, Aahar shakti – Madhyam, Vyayama shakti -Madhyam, Vaya - Madhyam, Jihwa - Samaavastha.

Yoni Pariksha: Inspection of external genitalia and vulva: no itch marks, no prolapse, no discharge, no oedema was observed. External urethral meatus was non inflamed. Stress incontinence and dribbling of urine was not noted.

P/S Examination: Vaginal wall was healthy, cervix healthy, no excessive discharge, no dryness, no polyp growth, normal in size, not eroded. Uterus anteverted anteflexed, normal in size, adnexa not palpable.

Investigations: (Done on First Visit)

- USG Pelvis: Uterus Anteverted, Ovaries Normal, Nabothian Cyst Of 1.2 X 1 Cm in Anterior Lip of Cervix.
- CBC Report: Hb: 12.7gm %; WBC: 8600 cu.mm; Platelets: 2.32 Lakh
- Hormonal assay: not done (Patient not affordable)
- *Nidana*: Katu amla lavana aahara sevana (vata pittakara ahara sevana)
- *Samprapti*: Vatapitta Vrudhhi Leading to rasa kshaya and artava kshaya.
- *Upshaya*: Ushna dravya upashaya
- *Anupashaya*: Sheeta dravya

Differential Diagnosis:

Ksheena Artava Dushti; Arajaska Yoni Vyapad; Artava Kshaya

Diagnosis:

Artavakshaya

Treatment given

Table 1: Treatment Plan

DATE	TREATMENT
29-11-2019	Matra Basti with Tila taila along with Saindhava lavan 3gms = 40 ml given OD Daily for 3 days Rajah Pravartini vati 2 TDS A/F with water Aloes compound 1 BD A/F with water
02-12-2019	Patient got menses after 3 days of Matra Basti Tab. Aloes Compound 1 BD A/F with warm water Rajah Pravartini vati 2 TDS A/F with warm water Follow up after 1 month
03-01-2020	Tab. Aloes Compound 1 BD A/F with warm water Rajah Pravartini vati 2 TDS A/F with warm water Follow up after 1 month
08-02-2020	Menses Regular, All Medicine stopped

Discussion

Artavakshaya is a vata pitta dominant artava vikara. Manitanance of *agnideepana*, *Amapachana*, and *Vatanulomana* along with nutritional supplementation through oral medications like *rajapravartini vati*, Aloes Compound and *matra basti* showed encouraging results in the *artavakshaya*, with improvement in the symptoms of *vibandha*. Thus, the results suggest that *matra basti* can be established as an effective treatment for most of the complaints related to *artavakshaya*.

Mode of action of Matrabasti

Matra basti normalizes *apana vayu* leading to *vatanulomana* and physiological functioning of *vata*, which may help in regularisation of menstruation and ovulation. *basti dravya* spreads all over the body, pacifies the aggravated *dosha* along with *vyana vayu* leads to *samyaka rasa raktadi dhatu nirmana* thus helps in *artava utpatti* and *Pravritti*. *Basti* being *vatashamana* and *sthanika dosha* in *pakwashaya* and *artavavaha srotas* in-turn helps in restoration of normal physiological function of female reproductive organs.

Matra basti after absorption reaches into systemic circulation and influences the endogenous opioids in the ENS specially endorphins (β -endorphin) which in turn affect GnRH release regularizing HPO axis. Endogenous opioids are a group of peptides, which play an important role in the menstrual cycle through the inhibitory effect on GnRH secretion. β -endorphin been best known of the opioid related to the reproductive system regulating variety of pituitary hormones including gonadotrophins. β -endorphin has a role in the regulation of the normal menstrual cycle.(2)

Probable mode of action of Tila Taila

Tila Taila is of *madhura rasa* and *vipaka, balya*, and *rasayana* in *karma*; it nourishes and strengthens all the *dhatu*s, checks *dhatukshaya*, and thus alleviates *vata*. *snigdha* and *guru guna* decreases *rukshata* of *vata*(3) and with the help of *ushna guna*, and *veerya* it alleviates *vata*; the *vikasi* property reduces the spasms. *sukshmatata* dilates the channels and *vishada* prevents stickiness of the channels and thus helps in normal flow of menstrual blood. *Garbhashaya shodhana*, *artavajanana* properties (4) of *Tila Taila* indicates its specific action on genital tract and regulates function of *Apana Vayu* on particular system. Especially when administered in the form of *basti*, *tila taila* directly works on *apana vata*, and by its *yonishula nashana* action it works upon *kashtartava*. Sesame oil (*tila taila*) is a good source of vitamin E (1.4 mg/100 g) (5) and it also contains magnesium, copper, calcium, iron, zinc, and vitamin B₆. It gives strength, nutrition, digestive power, detoxifies uterus, and has antioxidant properties. It is one of the best oils that can be applied on *Vata Vyadhis*.(6) *Sesamum indicum* L. is effective in inducing menstrual bleeding in women with oligomenorrhea. (7)

Conclusion

In present case patient was with h/o prolonged irregular menstruation and correction of the same was done through this treatment and relief of amenorrhea of 2 months which was not responding to oral medications, proved the efficacy of the intervention, thus the results are not by chance. The use of *Matrabasti* along with oral medication was found to be effective in the management of *Artavakshaya*. The suitable dietary modification and oral medications can effectively prevent the recurrence of *artavakshaya*.

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