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Management of *Artava Kshayajanya Vandyatwa* with history of *Garbhapaata* - A Case Study

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ABSTRACT

Artavakshaya is one of the common presentations in day to day practice. Infertility can be one of the complications due to *Artava Kshaya*. As *Artavakshaya* can be a cause of anovulatory cycles along with irregular menstruation. *Artavakshaya* can result in *Vandyatwa* if left untreated. Infertility is the inability to conceive in one or more years of regular unprotected coitus. In the present case study 36 year old patient who was anxious to conceive with PCO changes and one history of *Garbhapaata* is treated with *Shodhana* and *Shamana* therapy including *Vamana Karma*, *Virechana Karma* followed by *Matra Basti* with *Phala Ghrita*.

Key words: *Artava Kshaya*, *Garbhapaata*, *Phala Ghrita*, *PCOD*

INTRODUCTION

Artavakshaya is defined as *Yathochita Kaala Adarsharshana*, *Alpata* and *Yonivedana* as mentioned by *Susrutha Acharya*.^[1] *Artava Kshaya* can also lead to *Vandyatwa* as *Acharya Charaka* opines *Yoni Dosha*, *Manasika Dosha*, *Sukra Dosha*, *Asrig Dosha*, *Ahara Dosha*, *Vihara Dosha*, *Akala Yoga* and *Bala Sankshaya* are the factors influencing fertility or they can be taken as causative factors for infertility.^[2] Infertility is not an independent disease, rather a cardinal feature of so many diseases among which anovulation due to Polycystic ovaries is found out to be a major cause. Ovulatory disorders make up 25% of the known causes

of female infertility.^[3] Oligo-ovulation or anovulation results in infertility because no oocyte will be released timely based on the monthly cycle.

Acharya Vagbhata said that *Vata*, *Pitta* and *Kapha* in combined form are main causative factors for *Artava Kshaya (Ksheenartava)*.^[4] *Acharya Chakrapani* says *Shodhana* purifies the channels, hence both *Vamana* and *Virechana* should be used methodically. *Acharya Kashyapa* says *Artavakshaya* is an *Anuvasana Yoga Vyadhi*.^[5] In present case study combined effect of *Vamana*, *Virechana* and *Matra Basti* was found effective in the management of *Vandhyatva* due to anovulation (PCOS).

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CASE REPORT

A 36 year old female patient, who is house wife with marital life of 4 years, reported to Prasuti Tantra & Stri Roga OPD of Shri Kalabyraveswara Ayurveda Medical College, Hospital and Research Centre Bengaluru who was Anxious to conceive since 1½ years. Patient also complaints of Irregular menstrual cycle with scanty menstrual bleeding since 6 years. Patient also complained of Cough, cold and dyspnoea on and off since 15 years

History of Present illness

Female patient aged 36 years, attained menarche at 12 years of age and had regular menstrual cycle. At the age of 21 years she was diagnosed with tuberculosis of right lung and had taken treatment for the same. The history of treatment is unknown. Since then, the patient suffers from on and off episodes of cough, cold and dyspnea for which she was taking modern medications where she had temporary relief.

Gradually patient noticed change in her pattern of menstrual cycle but it was not given much attention. The patient faced irregularity in menstrual cycle both in terms of duration and flow 6 years ago. Investigations revealed hypothyroidism and she started with modern medicines. However, her menstrual irregularities continued and hence she approached SKAMC for further management. She was advised with *Shodhana* and *Shamana* treatment where her thyroid levels came to normalcy and her menstrual irregularity also resolved.

In the meanwhile, she got married 4 years back and was anxious to conceive, for 2 years she tried for natural conception but failed to conceive and in 2021 she again approached SKAMC for further management where detailed history was taken and both the partners were sent for investigations.

The male partner had all normal parameters related to semen analysis. The patient had anovulatory cycles based on investigations. Rests of the parameters were normal. In 2021 she underwent *Kramataha Shodhana* as a procedure for *Garbhadhana* followed by *Shamanoushadhis* and patient conceived at the end of treatment. Patient shifted to her native and she didn't follow-up for further ANC.

At 6th month of pregnancy, the patient suffered from repeated episodes of cough, cold, dyspnoea and haemoptysis and had premature labour pains where she had still birth. After this the patient tried for natural conception for 1 ½ years which failed and she again visited SKAMCH & RC.

History of Past illness

- H/O Tuberculosis of right lung at 21 years of age.

- H/O Hypothyroidism 6 years ago had taken modern medications for 6 months and discontinued. Had taken Ayurvedic treatment for the same from SKAMCH & RC
- Had taken treatment in SKAMCH & RC for primary infertility 2 years ago

Occupational History: House Wife

Koutumbika Vrittanta: All other family members are said to be healthy.

Shastra Karma Vrittanta: Patient Not Underwent Any Surgery

Chikitsa Vrittanta

- H/O tuberculosis of right lung, had taken treatment for 3 months – details unknown and 6 months of ayurvedic treatment – details unknown
- H/O Hypothyroidism 6 years ago had taken modern medications for 6 months and discontinued. Had taken Ayurvedic treatment for the same from SKAMCH & RC - few treatment details which was available was -
- Underwent *Vamana Karma* in 2019
- *Swarnamalini Vasanta Rasa* 1-0-1 A/F
- *Gandhaka Rasayana* 1-0-1 A/F
- *Katuki Churna* for external application
- On and off symptoms of cold, cough and dyspnoea, patient was taking Montec LC 0-0-1 A/F, Ascoril LS 10 mL TID for 3 days.
- Had taken treatment from SKAMCH and RC for primary infertility – underwent *Kramataha Shodhana* followed by *Shamanoushadhis* where patient shifted to her native and she didn't follow up for further ANC.

Vaiyaktika Vrittanta

- Diet - Vegetarian
- Appetite - Good
- Bowel - once or twice a day, Regular
- Micturition - 4-5 times/day

- Sleep - Sound

- Habits - nil

Rajo Vruttanta

Age of menarche - 12 years

Menstrual History

- Nature - Irregular
- Bleeding duration - 1-2 days
- Interval - 35-70 days
- Amount of bleeding - Scanty
- Dysmenorrhoea - absent
- Colour - Bright red
- Clots - absent
- Foul smell - Absent
- No Pads used - 1st day : 1-2 pads
- 2nd Day - 1 Pad
- LMP - 28/02/2023

Vyavaya Vruttanta

3-4/times week

Dyspareunia - absent

Contraceptive History

No contraceptive history

Prasava Vruttanta - P1D1

D1 At 6th month - still birth

Partner Details

Name - XYZ

Age - 38 years

Occupation - Accountant

Habits - None

Not known case of DM/HTN/Asthma/ Hypothyroidism

Seminal Analysis - Normal study

Ashtavidha Pariksha

Nadi - 76/min

Mutra - 4-5 times a day.

Mala - Once or twice a day

Jihwa - Alipta

Shabda - Prakruta

Sparsha - Anushna Sheeta

Drik - Prakruta

Akruti - Madhyama

Dashavidha Pareeksha

Prakruti- Vata Kapha

Vikruti -

Dosha - Vata Pradhana Tridosha

Dushya - Rasa, Rakta and Artava

Desha - Sadharana

Bala - Madhyama

Saara - Madhyama

Samhanana - Madhyama

Pramana - Madhyama

Satmya - Madhyama

Satva - Madhyama

Ahara Shakti

Abhyavarana Shakti - Madhyama

Jarana Shakti - Madhyama

Vyayama Shakti – Madhyama

Vaya - Madhyama

General Examination

Built - Moderate

Nourishment - Moderate

Pallor - Absent

Edema - Absent

Clubbing - Absent

Cyanosis - Absent

Icterus - Absent

Lymphadenopathy - Absent

Height - 164cm

Weight - 60kg

BMI - 22.3 kg/m²

Pulse Rate - 76 beats/minute

BP - 110/80 mm Hg

Respiratory Rate - 18 cpm

Heart Rate - 76/minute

Temperature - 97°F

Tongue - Uncoated

Athura Bhoomi Desha Pariksha

Jatataha - Sadharana

Samvrddhataha - Sadharana

Vyadhitaha - Sadharana

Systemic Examination

Respiratory System

Inspection:

Shape of the chest - Bilaterally Symmetrical

Chest movements - Symmetrical

RR- 18/min

Palpation: Trachea - Centrally placed

Percussion: Resonant over the lung field except cardiac dullness.

Auscultation: Bilateral NVBS heard

Cardiovascular system

Inspection - No distended vessels over neck or chest.

Percussion - Cardiac dullness present on left side.

Auscultation - S1 S2 heard, No murmurs heard.

Central Nervous System

Patient is conscious well oriented to time, place and person.

Per Abdomen Examination

- Inspection Contour - Round Umbilicus, Centrally placed, Inverted
- Palpation Soft, Tenderness in supra pubic region, No organomegaly observed
- Percussion NAD
- Auscultation - Normal Bowel sounds heard

Gynaecological Examination

Breast examination: NAD

Examination of Vulva

Inspection

Pubic Hairs - Normal

Clitoris - Normal

Labia - Normal

Redness - Absent

Swelling - Absent

Palpation

No Palpable mass noted

Per Speculum Examination

Vagina

Redness - absent

Local lesions - Absent

Discharge - Absent

Cervix

Healthy

Size - Normal.

External Os - Multiparous

Cervicitis and erosion - absent

Per Vaginal Examination

Cervix

Texture - soft

Mobility - Mobile

Cervical motion tenderness - Absent

Bleed on touch - Absent

Fornices - Lateral – Free and Nontender

Posterior - Free and Nontender

Uterus - Bi Manual examination

Position - Ante verted

Direction - Ante flexed

Size - Normal

Mobility - Mobile

Tenderness - Absent

Investigations

SN	Date	Test	Results
1.	2/3/23	HbA1c	4.7%
2.	2/3/23	AMH	4.66ng/mL
3.	2/3/23	FSH	10.07mIU/mL
4.	2/3/23	LH	7.90mIU/mL
5.	26/7/23	TSH	2.93 uIU/mL
6.	26/7/23	Hb	11.2mg/dL
7.	26/7/23	VDRL	Non Reactive
8.	26/7/23	HIV I & II	Negative
9.	26/7/23	HbsAg	Negative

USG - Abdomen and Pelvis Impression

1. Normal Sized Uterus
2. Bilateral Polycystic Ovaries
3. No Dominant Follicles Seen

X-Ray Impression - Normal Study

Follicular study Impression

- No Dominant follicles seen
- No sign of ovulation/ Rupture of the follicle

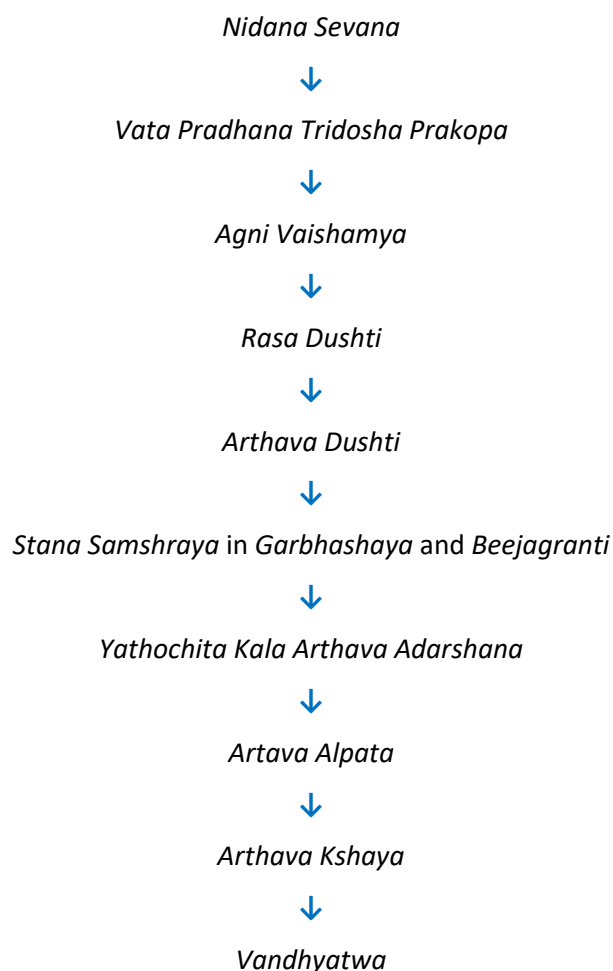
Roga Pareeksha

Nidana

- *Aharaja* - *Adhyashana*, *Vishamashana*, *Akala Bhojana* junk foods like pizza, pasta, cakes, panipuri
- *Viharaja* - *Ratri Jagarana*, *Diwaswapna*
- *Manasika* - *Chinta* and *Shoka*

Rupa Yathochita Kala Adarshana of *Artava* (oligomenorrhea), *Arthava Alpata* (hypomenorrhea), *Artavakshaya* (anovulation)

Samprapti



Samprapti Ghataka

- *Dosha* - *Vata Pradhana Tridosha*
- *Dushya* - *Rasa*, *Rakta*, *Artava*
- *Agni* - *Jataragni*, *Dhatwagni*
- *Agni Dushti* - *Jatargni Dusti*, *Dhatavagni Dusti*

- *Srotas - Rasavaha, Artavaha Srotas*
- *Srothodushti - Sanga*
- *Udbhava Staana - Aamashaya*
- *Sanchara Staana - Rasavaha, Artavaha Srotas*
- *Vyakta Staana - Garbhashaya*
- *Adhishtana - Garbhashaya*
- *Vyadhi Marga - Abhyantara*
- *Sadya Asadhyatwa - Sadhya*

Vyavachhedaka Nidana

Vyadhi	Inclusion	Exclusion
Vandyatwa due to Artavakshaya	<ul style="list-style-type: none"> ✓ <i>Yathochita Kaala Adarshanath</i> ✓ <i>Alpata</i> 	
<i>Pushpagni Jataharini</i>	<ul style="list-style-type: none"> ✓ Scanty menstruation ✓ <i>Vandyatwa</i> 	<ul style="list-style-type: none"> × <i>Yathakalam Prapashyati</i> × <i>Sthula</i> × <i>Lomasha Ganda</i>
Vandyatwa due to Putragni Yonivyapad	<ul style="list-style-type: none"> ✓ <i>Vata Prakopa</i> 	<ul style="list-style-type: none"> × गर्भं जातं जातं विनाशयेत् repeated abortions not seen- h/o only stillbirth

Differential diagnosis

Disease	Inclusion	Exclusion
Hyperprolactinemia	<ul style="list-style-type: none"> ✓ Irregular Menstrual cycles ✓ Infertility 	<ul style="list-style-type: none"> × Galactorrhoea × Acne hirsutism
Asherman's Syndrome	<ul style="list-style-type: none"> ✓ Menstrual Irregularities ✓ Infertility 	<ul style="list-style-type: none"> × Secondary Amenorrhoea × Dysmenorrhoea × No adhesions noted in USG

Infertility PCOD (Anovulation)	<ul style="list-style-type: none"> ✓ Irregular Menstrual cycles ✓ Scanty Menstrual Flow ✓ Follicular study shows no large follicles and non-rupture of follicle ✓ USG shows polycystic appearance of ovaries 	-
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Vyadhi Nirnaya

- *Vandyatwa due to Arthavakshaya*
- Infertility due to PCOD and Anovulation

Treatment Given

Date	Symptoms Present	Treatment Given	Observation
17/2/2023 - 20/3/2023	Cough + Wheezing + Tiredness + Irregular menstrual cycle Scanty bleeding LMP - 28/2/2023	<i>Dashamoola Haritaki Rasayana</i> 1tsp BD with Warm water B/F <i>Elakanadi Kashaya</i> 2tsp BD with 4-6 Tsp of water half an hour before food M2 Tone tablet 1TID A/F For 1 Month	Cough, wheezing and tiredness reduced
21/3/2023 - 4/4/2023	Scanty menstrual bleeding Number of days of Bleeding - 1-2 days No Pads used - 1 st Day - 1-2 pads 2 nd Day - 1 Pad	<i>Sarvanga Udwartana</i> with <i>Kolakulattadi Churna</i> + <i>Triphala Churna</i> followed by <i>Bhaspa Sweda</i> for 10 days <i>Snehapana</i> with <i>Varunadi Ghrita</i> for 4 days <i>Sarvanga Abhyanga</i> with <i>Moorchita Tila Taila</i> followed by <i>Bhaspa Sweda</i> for 1 day	Menstruation D1 on 6/4/2023 Number of days of Bleeding - 3 days No Pads used - 1 st Day - 3 pads 2 nd Day - 1 Pad

	LMP - 28/2/2023 Irregular menstruation	<i>Vamana Karma</i>	3 rd Day - 1 pad
19/4/2023 - 01/5/2023	Number of days of Bleeding - 3 days Nos of Pads used - 1st Day - 3 pads 2nd Day - 1 Pad 3rd Day - 1 pad LMP - 6/4/2023	<i>Deepana</i> and <i>Pachana</i> with <i>Agnitundi Vati</i> 1-0-1 A/F <i>Chitrakadi Vati</i> 1-0-1 B/F for 5 days <i>Snehapana</i> with <i>Varunadi Ghrita</i> for 4 days <i>Sarvanga Abhyanga</i> with <i>Moorchita Tila Taila</i> followed by <i>Bhaspa Sweda</i> for 3 days <i>Virechana Karma</i> with <i>Trivrit Lehya</i> 90 grams	Menstruation D1 on 8/5/2023 Number of days of Bleeding - 3 days No Pads used - 1st Day - 3 pads 2nd Day - 1 Pad 3rd Day - 1 pad
12/5/2023 - 21/05/2023	No dominant follicle LMP - 8/5/2023	<i>Matra Basti</i> with <i>Phala Gritha</i> – 75 mL for 10 days	Menstruation D1 on 6/6/2023 Development of dominant follicle but no sign of ovulation
10/6/2023 - 19/6/2023	Development of dominant follicle but no sign of ovulation LMP - 6/6/2023	<i>Matra Basti</i> with <i>Phala Gritha</i> – 75 mL for 10 days	Development of dominant follicle and rupture of follicle
20/6/2023	Rupture of follicle seen LMP - 06/06/2023	<i>Phala Sarpi</i> 2tsp-0-2tsp with milk B/F <i>Jeevani</i> syrup 2tsp-0-2tsp A/F For 1 month	UPT positive on 27/7/2023

RESULTS

- Follicular study Impression - Dominant follicles seen
- Rupture of the follicle - sign of ovulation seen
- UPT positive on 27/7/2023
- With POG of 5 weeks 2 days

Advice

1. Tab Folvite 0-1-0 A/F
2. Sustain 200mg 0-0-1 A/F
3. Inj Maintain IM weekly once
4. Phala Sarpi 2tsp-0-2tsp with milk B/F

Patient delivered a single live male baby prematurely through LSCS with gestation of 32 weeks in another hospital

DISCUSSION

The main treatment protocol focused on treatment of anovulatory cycle & *Vandhyatva* at the same time keeping in mind about the previous medical illnesses and treatment taken for the same.

Discussion on mode of action of *Vamana Karma*

Artava Kshaya can be considered as *Agni Vaishamyajanya Vikara* in general and *Rasagni* and *Medodhatvagni Mandya* deficient in particular with *Bahu Dosha Avastha* (vitiated *Dosha*). As *Artava Kshaya* is a metabolic disorder, *Vamana* helps to increase body metabolism, specifically acting on liver metabolism, which is the main site of hormone formation. *Ushna*, *Tikshna* and *Vyavayi Vikasi Guna* of *Madanaphaladi Yoga* normalize *Kapha* vitiation and *Vatavaigunya*, reduces excess *Meda*, removes *Srotorodha / Sanga* and creates normal functioning of *Apana Vata* there by regularizing the function of *Aartavavaha Srotas* as *Prakrita Vata* is responsible for proper menstrual flow

Discussion on mode of action of *Virechana Karma*

Virechana Karma is mainly indicated for *Pitta* predominant *Vikaras* and *Acharya Dalhana* says *Vamana* is indicated for *Artava Kshaya*. But according

to Acharya Chakrapani says *Shodhana* purifies the channels, hence both *Vamana* and *Virechana* should be used methodically. Hence both *Vamana* and *Virechana* use in a proper way can combat *Srotorodha* in *Artava Kshaya* and can help in the *Samprapti Vighatana* of the disease. *Virechana* is bio-cleansing in nature. It removes the metabolic waste, accumulated toxins and vitiated *Dosha* from the body. It also helps in regularizing the disturbed hormonal levels in the body as it works on liver metabolism thus correcting disturbed lipid levels.

Mode of action of *Matra Basti* with *Phala Ghrita*

Acharya Susruta mentioned *Vandhya Yonivyapad* in the *Vataja* type of *Yonivyapad*. For pacifying *Vata*, *Basti* is the *Shrestha Chikitsa* as per *Ayurveda Matra Basti* given through *Guda* (rectal route) normalizes *Apana Vayu* leading to *Vatanulomana* and physiological functioning of *Vata*, which may help in turn for the extrusion of ovum from the follicle and ovulation. *Basti Dravya* spreads all over the body, pacifies the aggravated *Dosha* along with *Vyana Vayu* leads to *Samyaka Rasa Raktadi Dhatu Nirmana*. *Sukshma Bhaga* of *Rasa* reaches the *Beejagranthi*, which regularizes the *Beejotsarga* with the help of normal *Apana Vayu*.

Matra Basti after absorption reaches into systemic circulation and the concept of Central Nervous System (CNS) resembles Enteric Nervous System (ENS) the endogenous opioids in the ENS specially endorphins (β -endorphin) are influenced which will affect GnRH release regularizing HPO axis regulating ovarian cycle and ovulation. Endogenous opioids are a group of peptides, which play an important role in the ovarian cycle through the inhibitory effect on GnRH secretion. Other pituitary hormones are also modulated by opiates. β -endorphin has 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 ovarian cycle.

Basti - stimulates - the ENS - generates the stimulatory signal for CNS - causes stimulation of the hypothalamus for GnRH and the pituitary for Follicle Stimulating

Hormone (FSH) and Luteinizing Hormone (LH) with the help of neurotransmitters. Ovaries and the rectum -S2, -S3, and -S4 supply. Parasympathetic activity is mainly responsible for the *Apana Vayu* activity. *Basti* given through rectum will stimulate this parasympathetic nerve supply, which in turn helps for the release of ovum from the follicle in the ovary.

Sharangadhara, *Vagabhatta*, *Yogarajnanak* and *Bhavaprakash* mentioned *Phalaghrita* in the treatment of *Vandhyatva*.^[6-10] *Phala Ghrita* mentioned in *Bhaishajya Kalpana* has *Tridosha Shamak*, *Garbhasthapak*, *Rasayana* etc. property which helps in nourishing the developing follicle to grow as a dominant follicle which lacks in case of anovulatory cycle. Beside this it also helps in proper development of the endometrium which is required for the implantation and nourishment of the zygote. *Phala-Ghrita* contains mainly *Tikta*, *Madhura* and *Katu Rasa*, *Laghu*, *Snigdha Guna*, both *Katu* and *Madhura Vipaka* and also *Ushna* and *Sheeta Virya*. It also has *Dipana*, *Pachana*, *Lekhana*, *Anulomana*, *Shothahara*, *Krimighna*, *Balya*, *Prajasthapana* and *Yoni Pradoshanashaka* actions.

CONCLUSION

Aetio-pathology of *Artava Kshaya* is often associated with one or more combined metabolic disorders like PCOD, Hypothyroidism, and Diabetes. This ends with primary or secondary Infertility which cause emotional stress, social stigma, financial burden and affect dearly with womanhood. This study can be used as alternative treatment in management of infertility due to abnormal development of ovum and ovulation. This study will contribute as alternate treatment for induction of ovulation. This study will also be useful for females having risk factors of ovulation related infertility as a preventive measure.

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