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, Manosika 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 Yogya Vyadhi.⁵ In present case study combined effect of Vamana, Virechana and Matra Basti was found effective in the management of Vandyatva due to anovulation (PCOS).

CASE REPORT

A 36 year old female patient, who is house wife with marital life of 4 years, reported to Prasuti Tantra & Stree Roga OPD of Shri Kalabyraveshwara Ayurveda Medical College, Hospital and Research Centre Bengaluru who was Anxious to conceive since 1½ years. Patient also complained 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 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 Vrutttanta: Patient Not Underwent Any Surgery

Chikitsa Vruttanta

- 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 Vrutttanta

- 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
Dushta - Rasa, Rakta and Artva
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

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
CASE REPORT

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

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

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, Diwaswapa
- Manasika - Chinta and Shoka

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

Samprapti

Nidana Sevana
↓
Vata Pradhana Tridosha Prakopa
↓
Agni Vaishamya
↓
Rasa Dushti
↓
Arthava Dushti
↓
Stana Samshraya in Garbhashaya and Beejagranti
↓
Yathochita Kala Arthava Adarshana
↓
Arthava Alpata
↓
Arthava Kshaya
↓
Vandhyatwa

Samprapti Ghataka
- Dosha - Vata Pradhana Tridosha
- Dushya - Rasa, Rakta, Artava
- Agni - Jataragni, Dhatwagni
- Agni Dushti - Jatargni Dusti, Dhatavagni Dusti
CASE REPORT

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

Vyavachdaka Nidana

<table>
<thead>
<tr>
<th>Vyadhi</th>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vandyatwa due to Artavakshaya</td>
<td>✓ Yathochita Kaala Adarshanath</td>
<td>✓ Alpata</td>
</tr>
<tr>
<td>Pushpagni Jataharini</td>
<td>✓ Scanty menstruation ✓ Vandyatwa</td>
<td>× Yathakalam Prashpayati × Sthula × Lomasha Ganda</td>
</tr>
<tr>
<td>Vandyatwa due to Putragni Yoniyapad</td>
<td>✓ Vata Prakopa</td>
<td>× गर्भे जातं जातं विनाशयेत् repeated abortions not seen- h/o only stillbirth</td>
</tr>
</tbody>
</table>

Differential diagnosis

<table>
<thead>
<tr>
<th>Disease</th>
<th>Inclusion</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperprolactinemia</td>
<td>✓ Irregular Menstrual cycles ✓ Infertility</td>
<td>X Galactorrhoea X Acne hirsutism</td>
</tr>
<tr>
<td>Asherman’s Syndrome</td>
<td>✓ Menstrual Irregularities ✓ Infertility</td>
<td>X Secondary Amenorrhoea X Dysmenorrhoea X No adhesions noted in USG</td>
</tr>
</tbody>
</table>

Infertility PCOD (Anovulation)

- Irregular Menstrual cycles
- Scanty Menstrual Flow
- Follicular study shows no large follicles and non-rupture of follicle
- USG shows polycystic appearance of ovaries

Vyadhi Nirnaya

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

Treatment Given

Date | Symptoms Present | Treatment Given | Observation |
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>17/2/2023 - 20/3/2023</td>
<td>Cough + Wheezing + Tiredness + Irregular menstrual cycle Scanty bleeding LMP - 28/2/2023</td>
<td>Dashamoola Haritaki Rasayana 1tsp BD with Warm water B/F Elakanodi Kashaya 2tsp BD with 4-6 Tsp of water half an hour before food M2 Tone tablet 1TID A/F For 1 Month</td>
<td>Cough, wheezing and tiredness reduced</td>
</tr>
<tr>
<td>21/3/2023 - 4/4/2023</td>
<td>Scanty menstrual bleeding Number of days of Bleeding - 1-2 days No Pads used - 1st Day - 1-2 pads 2nd Day - 1 Pad</td>
<td>Sarvanga Udwaranta with Kolakulattadi Churna + Triphala Churna followed by Bhaspa Sweda for 10 days Snehapana with Varunadi Ghrita for 4 days Sarvanga Abhyanga with Moorchita Tila Taila followed by Bhaspa Sweda for 1 day</td>
<td>Menstruation D1 on 6/4/2023 Number of days of Bleeding - 3 days No Pads used - 1st Day - 3 pads 2nd Day - 1 Pad</td>
</tr>
</tbody>
</table>
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 Sratorodha 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 Dosa 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 Yonivayapad in the Vataja type of Yonivayapad. 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 Dosa along with Vyana Vayu leads to Samyaka Rasa Raktadi Dhatu Nirmana. Sukshma Bhaga of Rasa reaches the Beejotsarga, 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. B-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, Yogaratnakar and Bhavaprakash mentioned Phalaghrita in the treatment of Vandhyatva. 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, Krishnighna, Balya, Prajasthapan 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.

REFERENCES

2. Agnivesha, Charaka Samhita with Ayurveda Deepika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidhya Yadavji Trivikramji


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