ARTAVANASHA (SECONDARY AMENORRHOEA) AN AYURVEDIC PERSPECTIVE: A CASE STUDY

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Amenorrhea

Primary amenorrhea

• Failure to start Menstruation by age 14yrs without secondary sexual characteristic

Secondary amenorrhea

• Failure to start Menstruation by age 16 with secondary sexual characteristic.

• Amenorrhoea of 6 months or more in a woman with previous normal menstrual patterns in absence of pregnancy and lactation.
# Secondary Amenorrhoea

<table>
<thead>
<tr>
<th>Physiological</th>
<th>Pathological</th>
</tr>
</thead>
<tbody>
<tr>
<td>- During pregnancy</td>
<td>- Gynatresia,</td>
</tr>
<tr>
<td>- During lactation period</td>
<td>- Asherman’s Syndrome following excessive curettage during D&amp;C,</td>
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<tr>
<td>- Before Puberty</td>
<td>- Uterine infection,</td>
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<tr>
<td>- After Menopause</td>
<td>- Tubercular endometritis,</td>
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<tr>
<td></td>
<td>- Ovarian causes,</td>
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<tr>
<td></td>
<td>- Nutritional causes,</td>
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<tr>
<td></td>
<td>- Pituitary causes,</td>
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<tr>
<td></td>
<td>- Hypothyroidism</td>
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<tr>
<td></td>
<td>- Uterine packing in postpartum haemorrhage,</td>
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</tbody>
</table>
In *Sushrutsamhita Sharirsthan*, Acharya Sushruta described Secondary amenorrhoea as:

- *Nastratava* (Absence of Artava)

- One of the symptoms of *Artav-Vaha strotas viddha lakshna*. 
According to Ayurveda, Artava vaha strotasa are two in number, and its root in Garbhashaya and Artavavahi dhamanies.

- Injury to Artava vaha strotasa results in...
  - Vandhyatva (infertility),
  - Maithuna asahishnuta (dysparunia) and
  - Aartavnasha (Amenorrhoea).
Dr. Ghanekar explains Artavavahi Dhamnya as uterine arteries; especially their capillary bed because, these arteries carry Artava. Injury to these arteries may result in infertility and amenorrhoea, due to improper blood supply to uterus and endometrium.
The available modern treatment for Secondary amenorrhea is progesterone challenge test for 3 months and IUCD insertion for 3 months, may help in regeneration of basal endometrium but long term use of these drugs produce many side effects.

Ayurveda propounds a holistic treatment approach in secondary amenorrhea. A patient of secondary amenorrhea (Anartava) was treated with such treatment protocol; is presented here as a case study.
A case study was done in a patient who was complaining of secondary amenorrhoea and admitted in I.P.D. of S.R.P.T. dept. of I.P.G.T.& R.A. hospital, on 03/01/2016. Detailed examination done.

Secondary amenorrhoea was confirmed by sign & symptoms.

All required investigation like Haemogram, VDRL, HIV, HbsAg, USG, Urine routine and microscopy were done.
- Name: X
- Age: 30yrs
- Religion: Hindu
- Occupation: House wife

Pt’s Medical history reveals that, she was a pre diagnosed case of post abortal secondary Amenorrhoea (?Asherman syndrome). She was curetted for missed abortion of 8 weeks in a private hospital.
Suddenly stopped menses since 2 yrs.

1. 
2. 
3. 
4. 
5. 

\textit{Aalok Samudra} (Panchavimsha Sakti)

\textit{Bhy\text{\textunderscore}Bh}

\textit{VRH}

\textit{P1H}

\textit{P1H}

Stool facing right

Sleep poorly

Appetite poor
UTERUS NORMAL IN SIZE AND NORMAL ECHO PATTERN.

ENDOMETRIAL THICKNESS 2.1 MM THIN ENDOMETRIUM

MYOMETRIAL CALCIFICATION SEEN NEAR LOWER ENDOMETRIAL CAVITY.

BOTH OVARIES SHOWS MULTIPLE SMALL FOLLICLES.

NO ADENEXAL MASS.

NO FLUID IN PUD.

THANKS FOR REFERENCE.

CLINICAL CORRELATION AND FURTHER INVESTIGATION SUGGESTED.

SEEN BY,

DR. PALLAVI MEHTA
M. D. (RADIOLOGY)
# HAEMOGRAM REPORT

[ Beckman Coulter]

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
<th>Unit</th>
<th>Reference value</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.D.T.A Test</td>
<td>11.2</td>
<td>G%</td>
<td>12.7 - 16.7</td>
</tr>
<tr>
<td>Blood Count</td>
<td>5.5</td>
<td>mill/cmm</td>
<td>4.15 - 4.87</td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>7000</td>
<td>/C.mm</td>
<td>4.500 - 11,000</td>
</tr>
<tr>
<td>W.B.C Count</td>
<td>271000</td>
<td>/c.mm</td>
<td>1,50,000 - 4,50,000</td>
</tr>
<tr>
<td>Platelet Count</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Differential Leucocytes Count**

- Polymorphs: 53 %
- Lymphocytes: 39 %
- eosinophils: 01 %
- monocytes: 07 %
- basophils: 00 %

**Blood Indices**

- H.C.V: 36.8 %
- H.C.V: 66.9 fl
- H.C.H: 20.3 pg
- H.C.H.C: 30.3 gm/dl
- D.W.: 16.4 %

**Peripheral Smear Examination:**

- BCs: Microcytic, Hypochromic
- BCs: No Prematured cells are seen.
- Platelets: Adequate
- Eemo Parasite: Not Seen.

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Report Print date & Time 29/07/2015 10:51:00 AM

End of report

Results given are on the basis of the sample received. (Any query in report should be informed in 24 hrs.)
TREATMENT PROTOCOL

- **Deepana**
- **Pachana**
  - 5 days

Next month

- **Yoga Basti**
  - (8 days)

- **Uttara Basti**
  - (6 days)
Hingvashtaka choorna 2gm twice a day with Ghrita before meal

Ampachanvati 500 mg twice a day with warm water after meal

= Deepana Pachana
Yoga - Basti

Anuvasana basti

Dashamoola taila (60ml)

Asthapana basti

Sneha – Dashamoola taila (60ml)
Kalka – Vacha (5gm)
Madanphala (5gm)
Pippali (5gm)
Shatapushpa (10m)
Mishreya (10gm)
Ajmoda (10gm)

Kwatha – Dashamoola Kwatha (250 ml)
Madhu – 60 ml
Saindhava – 5gm
**Poorva-Karma:** Abhyanga with Bala taila
Nadi Swedana
Yoniprakshalana with Panchavalkala kwatha

**Pradhana-Karma:** IUUB done with Dashamoola taila (5ml) and Phala ghrita (5ml) – as alternate day

**Uttara basti**

**Pashchat-Karma:** Head low position
Hot water bag
After receiving this treatment, menstruation started on 6\textsuperscript{th} day of \textit{Uttara Basti}. The patient was in continuous follow up. She had three consecutive regular menses with normal flow and slight abdominal pain.
ULTRASOUND WHOLE ABDOMEN (FEMALE)

LIVER: Liver is normal in size and in echopattern. No focal or diffuse lesion detected. IHBR are not dilated. PV and CBD appear normal.

GALL BLADDER: is normal. Wall thickness normal. No evidence of calculus or cholecystitis seen.

PANCREAS: Pancreas is normal in size and echopattern. No evidence of mass lesion or changes of pancreatitis seen.

SPLNE: Spleen is normal in size & echopattern. No focal lesion seen.

KIDNEYS: Both kidneys are normal in position, size and in outline. Cortico medullary differentiation of both kidneys maintained. No evidence of calculus or hydronephrosis seen in either kidney.

URINARY BLADDER: Urinary bladder is normal in wall thickness with clear contents. No evidence of calculus or mass lesion seen.

TVS
UTERUS: Uterus is anteverted appears normal in size and echotexture. Endometrium is central and of 5 mm thickness.

OVARIES: No evidence of adenexal mass lesion seen on either side. No free fluid detected in pouch of Douglas and Morison's pouch.

On 10Mhz. high frequency examination:
No evidence of paraaortic lymphadenopathy. No evidence of ascites seen. No evidence of abnormal dilatation or wall thickening of bowel loops seen. No e/o of collection or mass lesion seen in RIF.

Thanks for reference

Dr. KETAN PATEL
According to Ayurveda, Raja is Upadhatu of Rasa and Rakta. Raktasadrushya Raja is formed by Ahara Rasa, so for Niram ahara rasa formation Deepana, (Hingvashta churna with Ghrita) and Pachana (Ampachakvati) was given.

Raja Pravartana is function of Apana vayu, so Anulomaka Yoga Basti was given.
Uttara Basti was given for Sthanik Shodhana. On ovary, the effect of drug will be after absorption and then by promoting the Hypothalamo-Pituitary-Ovarian axis, thus Uttarbasti acts locally.

Samsodhana ensures as a complete eradication of Vikruta Doshas and increases Agneya condition of the body which is resulting into relative increase in Artava.
we can conclude that, as compare to modern view, the holistic approach of *Ayurvedic* system of medicine gives better relief to the patient from secondary Amenorrhoea.