



MANAGEMENT OF ARTAVA VIKRITI THROUGH AYURVEDA

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ABSTRACT

Kaphaja Artava Vikriti, correlating with Polycystic Ovary Syndrome (PCOS), is among the most prevalent endocrine–metabolic conditions in women of reproductive age. Ayurveda offers a comprehensive and individualized framework for its management. In this report, a 29-year-old woman presented with oligomenorrhea. Pelvic ultrasonography revealed bilateral polycystic ovarian morphology. Intervention: The treatment strategy combined Sodhana through virechana with subsequent Shamana measures. Additionally, lifestyle modification—Kapha-reducing diet, structured exercise, and yoga–meditation—was emphasized. Outcomes: Within 6 months, the patient experienced restoration of regular 28-day menstrual cycles, weight loss of approximately 7 kg, and sonographic regression of ovarian cysts. Conclusion: This case highlights the effectiveness of a holistic Ayurvedic protocol integrating Sodhana, herbal remedies, and lifestyle modification in the management of *artava vikriti*, leading to both symptomatic relief and measurable clinical improvement.

KEYWORDS: *Artava Vikriti*, Polycystic Ovary Syndrome, *Ayurveda*, *Shodhana*, *Shamana*.

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is a complex and multifaceted endocrine disorder affecting 5-10% of women of reproductive age worldwide.^[1,2] Characterized by ovulatory dysfunction, polycystic ovaries, and hyperandrogenism, PCOS is associated with various metabolic and reproductive complications, including insulin resistance, obesity, dyslipidemia, and infertility.^[3-5] The conventional management of PCOS primarily focuses on symptom

alleviation using hormonal contraceptives, anti-androgens, and ovulation-inducing agents.^[6, 7] However, these treatments often have side effects, may not address the underlying pathophysiological mechanisms, and can be ineffective in restoring ovulatory function and improving fertility outcomes.^[8-10] Ayurveda, the ancient Indian system of medicine, offers a holistic approach to managing PCOS. According to Ayurvedic principles, PCOS is believed to be a manifestation of Kaphaja Artava Vikriti, a condition characterized by an imbalance of the Kapha dosha, leading to ovulatory dysfunction and other metabolic complications.^[11, 12] Ayurvedic interventions, including dietary modifications, herbal formulations, Panchakarma therapies, and yoga, have been shown to be effective in managing PCOS.^[13-15] These interventions aim to restore balance to the Kapha dosha, promote ovulatory function, and improve insulin sensitivity. This case study aims to provide a comprehensive overview of the Ayurvedic management of PCOS, including the pathophysiology of Kaphaja Artava Vikriti, the principles of Ayurvedic treatment, and the evidence-based efficacy of Ayurvedic interventions.

2.1 Case Presentation

A 29-year-old female presented with a history of oligomenorrhea, hirsutism, acne, and obesity (BMI 32). She reported experiencing irregular menstrual cycles, with periods occurring every 2-3 months. She also complained of excessive hair growth on her face, chest, and back, as well as acne on her face and back. Her weight had been steadily increasing over the past few years, and she had been experiencing difficulty losing weight despite trying various diets and exercise programs. She was under modern treatment for 18 months and had anovulatory cycles in previous USGs. She was found to be of Vata Pradhan kapha Prakriti. She had no previous medical or surgical illness.

Menstrual history - Menarche -12yrs of age,

Menstrual history - Menarche -12yrs of age, Periods -5 days /45 60-days of gap in between cycles.

2.2 Investigation: Ultrasonography of pelvis reveals symptoms of bilateral PCOS, Uterus size normal,

Endo echo 11 mm

- Serum T3/T4/TSH –Normal
- Serum LH /FSH/ PRL –Normal limit

2.3 Management

Dietary modifications (low-kapha diet), Herbal formulations: Like Shatavari (*Asparagus racemosus*), Kanchanar Guggulu (*Bauhinia variegata*) c, Triphala (*Terminalia chebula*, *Terminalia belerica*, *Embllica officinalis*), Basti (medicated enema) therapy were given and the Yoga and mediation.

First Visit

Virechana

Internal *Snehapan* was carried out with *plain Ghrita* for three days.

External treatments included *Bahya Snehana* and *Swedana* for two days.

Virechana was performed with *Ichabhedhi Rasa* (20 Vega were expelled, and Pravar Shuddhi was achieved).

Samsarjan karma was recommended and followed for 5 days.

Second Visit - *Shamana Chikitsa*

Following the *Shodhan Chikitsa*, the patient continued to experience amenorrhea. Therefore, the following treatment was prescribed for 7 days:

Rajapravartini Vati: 500 mg, twice daily, before meals.

After completing 7 days of *Shamana Chikitsa*, the patient's menstrual cycle began, indicating positive response to the treatment.

1st cycle -*Maatra basti*

Shatapuspha taila maatra basti 30 ml starting from 2nd day of period for 5 days for follicular growth.

Shamana Chikitsa during the Proliferative Phase was prescribed to the patient as follows

- 500 mg of *Kanchanar Guggulu*, twice daily, before meals.
- 125 mg of *Puspha Dhanva Rasa*, twice daily, before meals.
- 3 teaspoons of *Phala Ghrita*, taken in the morning before breakfast.
- *Pratimarshya Nasya*: *Anu Tailam* nasal drops, starting from the 6th day of the menstrual cycle, 2 drops in each nostril for 7 consecutive days, followed by a 7-day break.

This procedure was repeated in the subsequent cycle.

Shaman Chikitsa In Secretory Phase

Shaman Chikitsa during the Secretory Phase was prescribed to the patient as follows:

- 10 grams of *Trifala Churna* to be taken on an empty stomach at night with lukewarm water.
- 1 teaspoon of *Shatavari Churna* twice daily, after meals.
- 3 teaspoons of *Phala Ghrita* to be taken before breakfast.
- 500 mg of *Kanchanar Guggulu* twice daily, before meals.

2.4 Avoidance of Causative Factors:

The patient was advised to avoid the following lifestyle factors that could worsen the condition:

- Stress: Managing and reducing stress through relaxation techniques and avoiding stress-inducing situations was recommended.
- *Vishamashna* (Irregular Eating Habits): The patient was instructed to avoid irregular or unhealthy eating patterns, ensuring meals are taken at regular intervals and in moderation.
- *Diwaswap* (Daytime Sleep): The patient was advised to avoid daytime sleeping, as it may disrupt the body's natural rhythm and contribute to health issues.
- *Ratrijagaran* (Staying Awake at Night): Staying up late or overexerting oneself during the night was to be avoided, as it can negatively affect the overall health and well-being.
- *Abhishyandi Annapana* (Heavy or Unhealthy Food Intake): Consumption of foods that are heavy, greasy, or excessively oily was to be avoided, as they can lead to digestive disturbances.

Advice: The patient was encouraged to engage in regular physical exercise for at least 30 minutes daily, which helps in improving circulation, managing weight, and promoting overall health.

In the Second Cycle

After completing one month of treatment, the patient's menstrual cycle began on time, indicating the effectiveness of the intervention. The same treatment regimen was continued for the next two cycles, with the same protocols being followed for consistency and further improvement.

RESULTS

The patient was treated for a period of 6 months. At the end of the treatment period, the following results were observed:

- Menstrual regularity: The patient's menstrual cycles became regular, with periods occurring every 30 days.
- Weight loss: The patient lost 6 kg, indicating a significant reduction in body weight.
- Ovarian cysts: The patient's ovarian cysts reduced in size and number, indicating a significant improvement in ovarian morphology.

DISCUSSION

According to Ayurvedic texts, PCOS related to ovarian factors is primarily considered a Vata-Kapha dominant disorder. It represents an imbalance of Vata and Kapha doshas, leading to blockages in the channels (*shrotorodha*) and impaired physiological functions. The main therapeutic approach for this condition involves treatments that balance these doshas, including *shodhana* (cleansing), *Agnidipana* (stimulating digestive fire), *Pachana* (digestive support), *Vatanuloman* (promoting the proper flow of Vata), and *Brimhana Garbhshaya Balya* (strengthening the reproductive system).

Shodhana Chikitsa^[14] is essential for addressing uterine hostility and non-ovulatory cycles. Panchakarma therapies are designed to eliminate ama (toxins), which in turn helps in restoring digestive fire (Agni). A healthy Agni is crucial for overall well-being, as it contributes to the formation of ojas (vital energy), which supports fertility. Furthermore, detoxification through Panchakarma eliminates toxins from the body, helping to normalize bodily functions.

Matra Basti^[15], administered through the rectal route, helps in balancing Apana Vayu, which is responsible for the downward movement of energy in the body. This normalization of Apana Vayu supports the proper functioning of Vata and may aid in the release of the ovum from the follicle, promoting ovulation.

Phalasarpi^[16] is recommended for *vandhyatva* (infertility), as it is a Vata-related disorder. The intake of *ghrita* (ghee) provides a soothing effect and nourishes the endometrial lining.

Kanchanar Guggulu^[17] is known for its Lekhan Karma (scraping action) that helps in regulating hormonal balance, reducing cyst size, improving follicular growth and development, and promoting ovulation.

Pushyanuga Churna^[18] is used to treat yoni dosha {disorders of the uterus} address *rajadosha* (menstrual cycle disorders).

Anu Tail Nasya^[19]: In cases of infertility, ovulation is primarily controlled by Vata dosha. Anu Taila Nasya is beneficial for *vandhyatva*, as it stimulates the olfactory nerves and limbic system, which in turn activates the hypothalamus. This stimulation leads to the secretion of gonadotropins, which help in triggering ovulation.

CONCLUSION

The results of this case study demonstrate the efficacy of Ayurvedic interventions in managing *Kaphaja Artava Vikriti* (PCOS). The patient's symptoms improved significantly, and her quality of life was enhanced. The Ayurvedic treatment plan used in this case study was comprehensive and holistic, addressing the physical, mental, and emotional aspects of the disorder. The dietary modifications, herbal formulations, Basti therapy, and yoga and meditation practices all contributed to the patient's improvement. This case study demonstrates the efficacy of Ayurvedic interventions in managing *Kaphaja Artava Vikriti* (PCOS). A holistic approach addressing diet, lifestyle, and herbal therapies can improve symptoms and quality of life.

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