



Research Article

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ARTAVA KSHAYA WITH HYPOTHYROIDISM: A CASE STUDY

Khushbu Jain ^{1*}, Sushila Sharma ², Ashutosh Sharma ³, Abhay Jain ⁴

¹PhD Scholar, Department of Prasuti & Stree Roga, National Institute of Ayurveda, Jaipur, Rajasthan, India

²Associate Professor, Department of Prasuti & Stree Roga, National Institute of Ayurveda, Jaipur, Rajasthan, India

³Research Officer, Shree Bhanwar Lal Dugar Ayurved Vishwa Bharati, Sardarshahar, Rajasthan, India

⁴Junior Resident, Department of Radiotherapy, Rabindra Nath Tagore medical college, Udaipur, Rajasthan, India

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*Corresponding author

E-mail: khushbuayur@gmail.com

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ABSTRACT

Artava Kshaya is the condition in which the menstruation does not appear in its appropriate time i.e oligomenorrhoea, flow is scanty with pain in Yoni. Hypothyroidism is one of the causative factor of oligomenorrhoea i.e. Artava Kshaya. The prevalence of hypothyroidism in the reproductive age group ranges from 2% to 4%. It affects female fertility in the form of menstrual irregularities, infertility and spontaneous first trimester miscarriages. In modern science, thyroxine is used for the management of hypothyroidism which is effective but with certain side effects. A 25 years old married female with the complaints of delayed menses and scanty menstrual flow since 4 years visited the OPD of Prasuti & Stree roga, NIA, Jaipur. Urine pregnancy test was negative. Thyroid profile showed high TSH level i.e. 20.0uIU/ml and USG report showed left ovarian cyst of size 44x37 mm. Based on the symptoms and investigations, patient was diagnosed as a case of Artava Kshaya with hypothyroidism. Thus, Chaturbeeja Churna, Raja Pravartini Vati, Varunadi Kashaya and Kanchanara Kashaya were selected for the management and follow up was done after every cycle. Patient showed marked improvement in intermenstrual period i.e 30 days and thyroid profile comes within normal limits with TSH level 4.868uIU/ml. The main principles of management in Artava Kshaya are Agnideepana, Strotoshodhana, Artava Pravartana and VataKapha Shamana, thus, above said treatment was found to be effective in this case.

Key words: Artava Kshaya, Chaturbeeja Churna, Hypothyroidism, Kanchanara Kashaya

INTRODUCTION

Artava Kshaya is one of the Artava Vyapad (menstrual disorders) which occurs due to the Avarana (obstruction) of Artavavaha Strotas (channels carrying Artava) by Vata and Kapha Doshas¹. In this condition, the menstruation does not appear in its appropriate time i.e. oligomenorrhoea, flow is scanty with pain in Yoni (vagina). Acharya Sushruta has mentioned Samshodhana Karma (purification procedure) and use of Agneya Dravyas in Artava Kshaya².

The hypothalamic-pituitary-thyroid axis plays a key role in maintaining thyroid hormone levels within normal limits which is responsible for proper metabolism and menstrual function. A slight increase in TSH levels with normal T₃ and T₄ indicates subclinical hypothyroidism whereas high TSH levels accompanied by low T₃ and T₄ levels indicate clinical hypothyroidism.

The prevalence of hypothyroidism in the reproductive age group is 2-4%³. Women are more likely to develop hypothyroidism than men. In population – based studies, women were seven times more likely than men to have TSH levels above 10mU/l⁴. Anovulation is the main manifestation seen in hypothyroidism and associated with changes in cycle length i.e. oligomenorrhoea and amount of bleeding.

As per Ayurveda, hypothyroidism occurs due to Jatharagni and Dhatvagni Mandya with Prakopa (vitiation) of Vata and Kapha Doshas and Rasavaha, Raktavaha, Medovaha Strotodushti. Thus, in case of Artava Kshaya due to hypothyroidism, principles of treatment should be Agnideepana at Jatharagni and Dhatvagni

level, Strotoshodhana (cleansing of microchannel), Vatakapha Shamana and maintaining the regularity of cycle.

MATERIAL AND METHODS

Present case study was carried out by following International conference on Harmonisation – Good Clinical Practice (ICH-GCP) guidelines. Written informed consent was taken from the patient before starting the treatment.

Case Report

A moderately built married woman aged 25 years, weight 45 kg and height 5.1” with BMI 18.75 kg/m² came to Out Patient Department of Prasuti & Stree roga, NIA, Jaipur on 8/10/2016 with the chief complaints - amenorrhoea of 3 months and delayed menses with scanty menstrual flow since 4 years.

Urine pregnancy test was negative. On taking detailed history she told that menstruation appears after taking medication. LMP was 16/7/16. Menstrual cycle was irregular with interval of 60 – 90 days and painless scanty bleeding (1 pad/day) for 1-2 days without foul smell and clots. Her married life was 5 years and had no issue with no history of using contraception. Patient had history of taking medicine for hypothyroidism for a month before 3 years.

Patient belongs to lower middle socio economic class with vegetarian dietary habit. Her appetite was good but digestion was poor, bowel and bladder habit was regular. On examination, no thyroid enlargement was noted. No abnormality detected on per speculum and per vaginal examination.

Investigations

All haematological and biochemical parameters were within normal limits. Hormone assays i.e. FSH – 4.68 mIU/ml, LH – 2.05mIU/ml and prolactin – 15.06ng/ml were within normal limits. Patient had latest thyroid profile which showed low T₃ – 0.6 ng/ml, low T₄ – 4.0ug/dl and high TSH level i.e. 20.0uIU/ml. USG report showed left ovarian simple cyst of size 44x37 mm as on 17/9/16.

Based on the symptoms and investigations, she was diagnosed as a case of Artava Kshaya with hypothyroidism and treatment was started.

Treatment

Table 1: Medication given in this Case Study

S.No.	Drug	Dose
1.	Chaturbeeja Churna	5 gm BD
2.	Raja Pravartini Vati	500 mg TDS
	Varunadi Kashaya	2 tsf TDS
	Kanchanara Kashaya	2tsf TDS

On first follow up, LMP was 4/11/2016 with only spotting. On second, third and fourth follow up: LMP was 3/12/16, 2/1/17, 2/2/17 with scanty bleeding (1 pad/day) for two days. On fifth and sixth follow up: LMP was 3/3/17, 2/4/17 with interval of 30 days and scanty bleeding (1 pad/day) for two days.

After 6 months of the above said treatment, patient showed marked improvement in menstrual symptoms i.e. cycle was regular with interval of 30 days and bleeding for two days, thyroid profile comes within normal limits.

Table 2: Improvement in Thyroid Function Test

Thyroid test	Before treatment	After treatment
T ₃	0.6 ng/ml	0.88 ng/ml
T ₄	4.0 ug/dl	11.88 ug/dl
TSH	20.0 uIU/ml	4.868 uIU/ml

Table 3: Improvement in USG Report

USG findings	Before treatment	After treatment
Size of Left ovary	44 x 38 mm	13 x 23 mm
Cyst in left ovary	44 x 37 mm	No cyst present

DISCUSSION

In the Samprapti (pathogenesis) of Artava Kshaya and hypothyroidism, Agnimandya (weakened digestive fire) occurs at Jatharagni and Dhatvagni level with vitiation of Vata and Kapha Doshas and there is involvement of Rasavaha, Raktavaha, Medovaha and Artavavaha Strotas (channels carrying Rasa, Rakta, Meda and Artava).

Chaturbeeja Churna is indicated in Vatika disorders⁵. Ingredients of Chaturbeeja Churna i.e Methika (*Trigonella foenum-graecum* Linn.), Chandrashura (*Lepidium sativum* Linn.), Kalaajaji (*Nigella sativa* Linn.) and Yavani (*Trachyspermum ammi* Sprague Linn.) are having Katu Tikta Rasa, Laghu Ruksha Tikshna Guna, Ushna Virya, Katu Vipaka and Vatakapha Shamaka properties. It has Pittala property i.e increases Ushna Guna of Pitta which is responsible for the proper formation of Agneya Artava Upadhatu.

Raja Pravartini Vati mentioned in Yonivyapat Rogadhikara⁶ possess properties like Katu Tikta Rasa, Tikshna Guna, Ushna Virya, Katu Vipaka thereby increases Agneya Guna of Dhatus in the body and Vatakapha Shamaka. Kumari (*Aloe barbadensis* Mill.) exhibit hepatoprotective activity which helps in proper metabolism of hormones in the liver.

Tikshna Guna of both the drugs favours the Strotoshodhana and thereby relieving the Avarana. Artavajanana and Pravartana Karma help in regularising the cycle. Both the drugs have Deepana (increasing digestive fire), Pachana (digestive) actions so that it regulates Jatharagni, Dhatvagni and Bhutagni which corrects metabolism at cellular level, results in proper formation of Dhatus and Upadhatus (Artava).

Kanchanara (*Bauhinia variegata* Linn.) has Kashaya Rasa, Sheeta Virya, Katu Vipaka and Kaphapitta Shamaka properties. Due to Kashaya Rasa and Grahi action, it helps in Dravashoshana thereby resolves the cyst. Varunadi Kashaya⁷ possess VataKaphamedohara, Ushna Virya, Katu Tikta Rasa, Katu Vipaka and Shothahara action. It causes Kleda Upashoshana due to Katu Tikta Rasa and Lekhana Karma (scraping action) due to Tikta rasa and Laghu, Tikshna Guna thereby helps in resolving the cyst.

CONCLUSION

Thus, we can conclude from this study that Artava Kshaya with hypothyroidism well treated with this Ayurveda regimen.

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