

Case Report

ISSN: 2454-5023 J. Ayu. Herb. Med. 2020; 6(3): 122-126 © 2020, All rights reserved www.ayurvedjournal.com Received: 28-05-2020 Accepted: 21-08-2020

Shatapushpa (Anethum sowa) Churna in the management of Artavakshaya W.S.R to Hypomenorrhoea: A case study

Shalinee1, Pravesh Tomar2

- 1 P.G. Scholar, Department of Prasuti Tantra and Stree Roga, Uttarakhand Ayurveda University, Rishikul Campus, Dehradun, Uttarakhand, India
- 2 Professor, Department of Prasuti Tantra and Stree Roga, Uttarakhand Ayurveda University, Rishikul Campus, Dehradun, Uttarakhand, India

ABSTRACT

Normal menstrual cycle is an important physiology for maintaining woman's health status during reproductive stage. Any type of abnormality in normal *Rituchakra* (menstrual cycle) cause menstrual disorders, which are the main reasons for gynaecological consultations in worldwide. Hypomenrrhoea is a common menstrual disorder found in present era due to changes in their life style like restlessness due to stressful day to day routine and strain due to their work place environment. A 24 years old Muslim married (since 2 years) patient present with the complaints of scanty menstrual flow (Duration-6days, No. of pad used-2pad 1st day not fully soaked then 1 pad/day not fully soaked) and lower abdominal pain (++) with pain and burning sensation during coitus for 1 year. In Ayurveda it can be correlated with *Artavakshaya* due to their strong symptom equality. Ratio of *Artavakshaya* is rising in present gynaecological practice which may leads to cause infertility and other serious problems which are untreatable. In modern science they prescribe only hormonal preparations as a treatment. Many patients observe some adverse effects with reoccurrence of problem when hormonal preparation stops so they prefer to take Ayurvedic preparation for it. Hence, *Shatapushpa Churna* is selected for the case study which has *Agneya* properties, *Kapha Shamaka* & *Aacharya Kashyapa* also quote it as *Ritupravritani*.

Keywords: *Ayurveda, Rituchakra* (menstrual cycle), *Artavakshaya*, Hypomenorrhoea, Menstrual disorders, *Shatapushpa Churna*, *Agneya* property.

INTRODUCTION

Menstrual disorders are the common problems in women of reproductive age (15-49years-WHO) for hospital visits. Monthly regular menstrual cycle is necessary for healthy life of women. According to *Ayurveda*, normal *Rituchakra* (menstrual cycle) is 1 month (*Chandramasa*-28days) & divided into three phases in which first *Rajahshrava Kala* (bleeding phase) duration is 3 to 5 days (differ according to different opinion of *Acharya*) is not associated with pain or burning sensation, excreted blood is not unctuous, not very scanty or excessive in amount, second *Ritukala* (proliferative phase) is 12-16 days and third *Rituvyatitakala* (secretory phase) is 9-13 days. All the three phases regulated by *Tridosha* (*V+P+K*). [1] Vitiation of any one or more *Dosha* leads vitiation in normal *Rituchakra* and responsible for *Artavakshaya* which resembles with Hypomenorrhoea (< 2days menstrual bleeding with regular interval) based on their signs and symptoms described in the modern medical science. [2] *Artavakshaya* is described in *Sushruta Sutra Sthana* during description of *Dosha Dhatu Mala Kshaya Vriddhi* and it is defined as '*Alpartava*' both in amount and duration with associated symptom of '*Yathochitakala Adarshnam*' and '*Yonivedana*' and 'sonivedana' as in our *Ayurveda* classics *Aartavakshaya* has not explained as a separate disease, but it has been explained as a symptom for many of the *Yoni Vyapada* (*Vatala* & *Shushka*) and *Artavadushti* (*Vataja* & *Kshina*). [4]

Artavakshaya is a result of Rasa, Rakta & Raktavaha Sroto Dushti due to vitiation of Vata- Kapha Dosha. So the treatment must be Agnivardhaka, Maraganavivrana, Pittavardhaka & Kapha-Vata Shamaka. In modern science, there are hormonal preparations only as treatment, many people in today's era not to prefer it for long term use after experience its reoccurrence tendency & adverse effect like weight gain, changes in blood pressure and subsequently on other systems also. All these effects may disturb woman's health and daily routine. So to prevent all these adverse effects & to achieve good physical & mental health of women we have taken **Shatapushpa Churna** mentioned by Kashyapa Samhita^[5] after detailed study of its Beeja (seed) efficacy to prevent Artavakshaya w.s.r. to Hypomenorrhoea without any harmful effect.

*Corresponding author: *Dr. Shalinee*

P.G. Scholar, Department of Prasuti Tantra and Stree Roga, Uttarakhand Ayurveda University, Rishikul Campus, Dehradun, Uttarakhand, India Email:

seepalshalinee307th@gmail.com

Incidence:-

- 162 (11.89%) Hypomenorrhoea, 1362 (18.23%) AUB [6].
- 36.4% menstrual irregularity-6.7% Hypomenorrhoea. [7]

CASE REPORT

A 24 years old Muslim married (since 2years) woman who is a student visited the OPD of *Prasuti Tantra* and *Stree Roga* department, Rishikul *Ayurvedic* Post Graduate College and Hospital, on 11th October 2019 with the complaints of scanty menstrual flow (Duration-6 days, No. of pad used-2 pad 1st day not fully soaked then 1 pad/day not fully soaked) and lower abdominal pain (++) with pain & burning sensation during coitus since 1 year.

Past history:- H/O Typhoid & Dengue fever 2 yrs back, H/O Migraine since 1.5 yrs. Not any H/O Diabetic mellitus, Hypertension, Tuberculosis and Thyroid disease or any other medical or surgical history.

Family history:-No history of similar problem in any of the family members.

H/O drug administration:-Patient took local medication on & off when pain of migraine aggravates since 1.5 yrs.

Menstrual history

Age of Menarche:-15year

Recent LMP:-13sep.2019

Previous LMP:-11Aug.2019

Recent M/H:-6days/28-30days (2pad 1st day not then 1pad/day not fully soaked, Pain++)

Normal M/H (1yr back):-6days/28-30days (2-3pad/day fully soaked, Pain+)

O/H:-G1P0A1

(A1)-1month 10days embryo got spontaneous abortion on 2018.

C/H:-male condom.

ASHTAVIDHA PARIKSHA

- 1. Nadi: 76/min. Dwandaj Dosha type, Madhyama Gati, Ushna Sparsha
- 2. *Mutra*: -Normal *Varna*, *Gandha* & *Pravrita* 10-12 times/day, 2times/night.
- 3. Mala:-Sama (once a day unsatisfactory evacuation).
- 4. Jivha:-Prakrita (uncoated).
- 5. Shabda:-Prakrita
- 6. Sparsha:-Ushna
- 7. Drik:-Prakrita

8. Aakriti:-Madhyama

DASHVIDHA PARIKSHA

- 1. Prakriti :-Vata-Kapha
- 2. Vikriti:-Madhyama
- 3. Sara:- Madhyama
- 4. Samhanana:- Madhyama
- 5. Pramana:- Madhyama (Height :160 cm Weight :62kg)
- 6. Satmya:-Sarvarasa
- 7. Satva:-Avara
- 8. Aharashakti :- Madhyama Abhyavaran Shakti & Jaran Shakti and Sama Agni
- 9. Vyayam Shakti:-Madhyama
- 10. Vaya:- Yuvati (16-40yrs)

Personal history

- a) Appetite:-normal
- b) Diet:-mixed
- c) Thirst:-normal
- d) Micturition:-normal
- e) Bowel:-regular
- f) Sleep:-normal (8hrs/night and 1 hrs/day)
- g) Sexual Life:-Frequency-2-3times/weeks, Satisfactory, Dyspareunia+

General examination

G.C:- average

BP:-100/70mmHg

PR:-76/min

Temp.:-97.2°f

Height:-160cm

Weight:-62kg

Pallor :-(+)

Icterus:-not present

Thyroid:-not enlarge

Pedal Edema:-not present

Clubbing:-not present

Neck vein: - not engorged

Lymph node:-not palpable

Systemic examination

CNS:-Patient was conscious and well oriented.

CVS:-S1 S2 heard no added sound present.

R/S:-

Inspection: - No scar seen bilateral chest movement present.

Auscultation: - Bilateral chest wall clear no added sound present.

P/A:-

Inspection: - No scar, rashes & lesion present, Umbilical centrally placed.

Palpation:-Soft, no tenderness present, no organomegaly present.

Percussion:-Resonance sound present.

Auscultation: - Normal bowel sound present.

Gynaecological examination

P/S:-Mucoid discharge+ from cervix, cervix hypertrophid.

P/V:-AV Uterus, fornices clear, tenderness+, 1 ant.vaginal wall descent.

DIAGNOSTIC INVESTIGATIONS:

Sample	Particulars	B.T.	
Blood	Hb gm%/ ABO Rh	11.66gm%, B +ve	
	TLC/mm ³	8900/mm3	
	DLC - N%	62%	
	В%	00%	
	Е%	01%	
	L%	36%	
	M%	00%	
	ESR mm/hr	22mm/hr	
Urine R&M	Pus cells	2/HPF	
	Epi. Cells	3/HPF	
	RBC	NIL	
RBS		117.1mg/dl	
Serological Test	VDRL	Negative	
	HbsAg	NR	

SPECIAL INVESTIGATIONS:-

UPT:-Negative

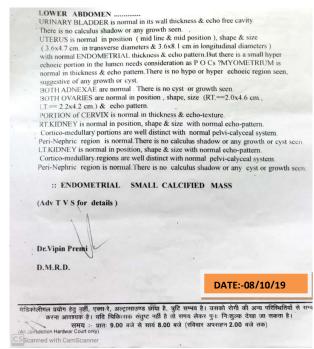
Serum Prolactin:-20.92ng/ml

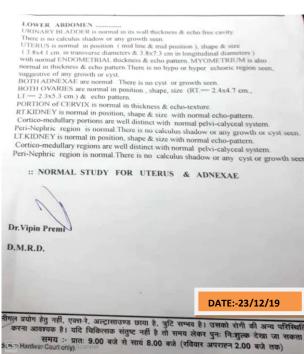
Hormonal assay (on 2 nd /3 rd day of menses)		
LH-14.14mIU/ml		
FSH-3.68mIU/ml		
Sr.Testosterone-0.60ng/mL		
Sr.Estradiol-88.0pg/ml		
Thyroid profile		
T3-114.00Miu/ml		
T4-9.02nmol/L		
TSH-0.664μIU/mL		

USG (Abdominal):-

08/10/19:-Endometrial small calcified mass.

23/12/19:-Normal study.





Intervention

Deepana Pachana with Trikatu Churna 3-5gm twice a day (according to patients Agni Bala) for 3 days before using drug then Koshth-Shuddhi was done by using Trivrita Avleha 10-15 gm with Ushnodaka Anupana once in morning hour for 3 days before using drug.

- Means both the drugs used for 6days before using drug.
- Then Shatapushpa Churna 6gm BD with luke warm water for three consecutive menstrual cycle.
- Total 4 follow ups was done, at every one month interval for three cycles with medicine and last follow up of one month without medicine after completion of treatment.

OBSERVATION AND RESULTS

Signs and	Before treatment	Completion of 1st	Completion of 2nd	Completion of 3rd	After treatment
symptoms		menstrual cycle after	menstrual cycle after	menstrual cycle after	
		treatment	treatment	treatment	
Interval between	28-30days	30days	28 days	30days	30days
two cycles	LMP:-13/09/2019	LMP:-14/10/2019	LMP:-12/11/2019	LMP:-14/12/2019	LMP:-12/01/2020
Duration of	6days	6days	6days	6days	6days
bleeding					
No. of pad used per	1 pad/day not fully	3pad fully soaked 1st day	3pad Fully soaked 1st	3pad Fully soaked 1st	2pad Fully soaked 1st
day	soaked	2pad not fully soaked 2 nd	day then 2pad/day NFS	day then 2pad/day FS	day then 2pad/day NFS
		day then 1pad/day NFS			
Pain during	Moderate (++) lower	Mild (+) lower abdomen	Moderate (++) lower	Mild (+) lower abdomen	Mild (+) lower
menstruation	abdomen pain	pain	abdomen pain	pain	abdomen pain

DISCUSSION

By keeping present study patient age, which was 24year. This age group include under Middle age (*Yuvati*) according to our classics, in this age normal status of *Doshas* are *Pittolavana-Kapha Madhyama -Vayu Heena*(*Pitta+++,Kapha++,Vata+*).^[8] But patient has *Kapholavana-Vata Madhyama-Piita Heena* status of *Doshas* which responsible for *Srotoavarodha* and leads to *Artavakshaya: - Yathochitakala Adarshnam* (irregular interval & less duration of menstruation), *Alpartava* (scanty flow of menstrual blood) and *Yonivedana* (pain during menstruation).^[9] *Aagneya* (*Pittavardhaka*) *Dravya* (*Shatapushpa Beeja Churna*) removes *Srotoavarodha* and helps to achieve normal regular monthly menstrual cycle.

Probable mode of action of Shatpushpa Churna in Artavakshaya

- Rasa: Shatpushpa have Katu, Tikta & Madhura Rasa. Katu Rasa has Agneya (helps in increasing metabolism) properties & Tikta Rasa has Deepana (stimulate Agni)-Pachana (digest Ama) properties, which improve Jathragni Daurbalya and form Nirama Rasa Dhatu & helps in Artavkshaya. Tikta Rasa also has Lekhana properties due to this it works on Avarana & improves Picchila and Kleda properties of Kapha Dosha. [10] Madhura Rasa has Rasadi Saptadhatu Vardhaka properties [11] which nourish Rasadi Dhatu and cure Artavakshaya.
- Guna:- Laghu, Ruksha, Tikshna Guna of Shatpushpa helps in Kapha Shamana^[12]which improve Avaranatmaka Dushti (Apana Vayu Dushti) & produce normal flow of menstrual blood.
- Virya: Ushna Virya of Shatpushpa removes Srotoavarodha^[13] and increases the blood circulation in the Yoni and Garbhashaya, due to this Garbhashaya gets proper nutrition which helps formation of healthy endometrium and thus menstrual cycle becomes normal in amount, duration and interval.

- Vipaka:-Katu Vipaka of Shatpushpa has Kapha Shamaka properties which improve vitiation of Tridosha in Rituchakra and menstrual cycle becomes normal in amount, duration and interval.
- According to Acharya Kashapa Karma of Shatpushpa is:-
- "...... ऋतुप्रवर्तनी धन्या योनिशुक्रविशोधनी₁"(का. क. ७/५-६) ष्व

CONCLUSION

The present study was undertaken to cure *Artavakshaya* (scanty menstrual flow with pain during menstruation) and to improve quality in the daily routine activities. In this patient, the overall effect was found near 80-90%. In our *Ayurveda* classics *Artavakshaya* not described as separate disease besides this it concluded under the result of *Dhatu Kshaya* and symptom of *Aartava Vikara*. As our classics says that *Artavakshaya* is result of vitiated *Doshas*. Its classical treatment (by *Acharya Sushruta*) is *Samshodhana* and *Samshmana*. *Shatapushpa Churna* is *Shamana* treatment in the form of *Aagneya Dravya*. It is easily available and affordable for every status of patients. Its taste is good for long term use as treatment. It is very effective also, if *Artavakshaya* diagnosed early and this treatment is given for till needed time period most of it can cured and we can also prevent its most common complication i.e. infertility.

Conflict of Interest

The authors declare no conflict of interest.

REFERENCES

- Prof. Premwati Tewari Ayurvediya Prasuti Tantra Evam Stri Roga, Chaukhamba Orientalia Varanasi Part-1, Reprint 2011 2nd edition:1999, Chapter no.- 2 page no.62-65 & 77-78.
- D.C.Dutta, Text Book of Gynecology edited by Hiralal Konar, Jaypee Brothers Publishers (P) Ltd, 7th edition chapter-15, page no.153.
- Sushruta Samhita of Maharshi Sushruta, edited with "Ayurveda-Tattva-Sandipika" Hindi Commentary, Scientific Analysis, Notes etc. by

- Kaviraj Ambika Dutta Shastri, Chaukhamba Sanskrit Sansthan Varanasi, first part, Reprint 2012, Sutra Sthana chapter-15, page no.77.
- Prof. Premwati Tewari Ayurvediya Prasuti Tantra Evam Stri Roga, Chaukhamba Orientalia Varanasi Part-2,Reprint 2009 2nd edition:2000, chapter no.-1 page no.14,23,48,50,55and chapter no.-2 page no.142 and 147.
- Pandit Hemraj Sharma Kasyapa Samhita or Vriddajivakeeya Tantra by Vrddha Jivaka, revised by Vatsya with Sanskrit introduction with the Vidyotini hindi commentary and hindi translation of Sanskrit introduction by Sri Satyapala Bhisagacharya, Professor Ayurvedic College, Gurukul Kangari, Varanasi Chaukhamba Sanskrit Sansthan, Uttarpradesh, Reprint:- 2019, Kalpasthan-Shatpushpa Shatavari Kalpaadhyaya 8, page no.280
- Scope Med Prevalence of different menstrual-irregularities in women with AUB an observational study (7471Gynae patient)
- Semantic Scholar.Org Prevalence and pattern of menstrual problems and relationship with some factors among Saudi Arabia nursing students (400 nursing student):-2015
- Prof.Premwati Tewari Ayurvediya Prasuti Tantra Evam Stri Roga, Chaukhamba Orientalia Varanasi Part-1,Reprint 2011 2nd edition:1999, Chapter no.- 2 page no.39
- Sushruta Samhita of Maharshi Sushruta, edited with "Ayurveda-Tattva-Sandipika" Hindi Commentary, Scientific Analysis, Notes etc. by Kaviraj Ambika Dutta Shastri, Chaukhamba Sanskrit Sansthan Varanasi, first part, Reprint 2012, Sutra Sthana chapter no.-15, page no.77
- Hegde PL, Harini A. Text book of Dravya guna Vijnana. Vol-3, Reprint edition. Varanasi: Chaukhamba Publications. 2016. Chapter no.5, page no.233.
- Sushruta Samhita of Maharshi Sushruta, edited with "Ayurveda-Tattva-Sandipika" Hindi Commentary, Scientific Analysis, Notes etc. by Kaviraj Ambika Dutta Shastri, Chaukhamba Sanskrit Sansthan Varanasi, first part, Reprint 2012, Sutra Sthana chapter-42, page no.203
- A Text book of Dravyaguna Vijnana volume-1 by Dr. Prakash L.Hegde, M.D. (Ayu.) Dr.Harini A., M.D. (Ayu.) Chaukhamba Publication New Delhi, chapter no.4, page no. 167
- A Text book of Dravyaguna Vijnana volume-1 by Dr. Prakash L.Hegde, M.D. (Ayu.) Dr.Harini A., M.D. (Ayu.) Chaukhamba Publication New Delhi, chapter no.7, page no.309
- 14. Pandit Hemraj Sharma Kasyapa Samhita or Vriddajivakeeya Tantra by Vrddha Jivaka, revised by Vatsya with Sanskrit introduction with the Vidyotini hindi commentary and hindi translation of Sanskrit introduction by Sri Satyapala Bhisagacharya, Professor Ayurvedic College, Gurukul Kangari, Varanasi Chaukhamba Sanskrit Sansthan, Uttarpradesh, Reprint:- 2019, Kalpasthan-Shatpushpa Shatavari Kalpaadhyaya 8, page no.280

HOW TO CITE THIS ARTICLE

Shalinee, Tomar P. Shatapushpa (Anethum sowa) Churna in the management of Artavakshaya W.S.R to Hypomenorrhoea: A case study. J Ayu Herb Med 2020;6(3):122-126.