

## Unit 15. Artava Vyapad - Menstrual Disorders - a. Ashtartava Dushti

### Unit 15(a): Aṣṭārtava Duṣṭi — The Eight Patterns of Menstrual Vitiation

#### 1) Concept recap: Ārtava and the Ayurvedic frame

**Ārtava** denotes the menstrual blood/flow and, contextually, the female reproductive essence (including ovum); it is considered an **Upadhātu of Rasa Dhātu** and **Agni-dominant (Agneya)** in nature. Normal menstruation reflects balanced Tridoṣa with Pitta predominance for color/flow, Vāta for cyclicity/expulsion, and Kapha for endometrial restoration. Duṣṭi (vitiation) of Ārtava arises when Tridoṣa and Rakta are deranged and when Ārtavavaha Srotas are obstructed or weakened.

“वातपित्तश्लेष्मकुणपग्रन्थिपूतिपूयक्षीणमूत्रपुरीषरेतसः प्रजोत्पादने न समर्था भवन्ति ।  
तेषु वातवर्णवेदनं वातेन, पित्तवर्णवेदनं पित्तेन, श्लेष्मवर्णवेदनं श्लेष्मणा ;  
... आर्त्तवमपि त्रिभिर्दोषैः शोणितचतुर्थैः पृथग्द्वन्द्वैः समस्तैश्चोपसृष्टम् अबीजं भवति ;  
तेषु कुणप-ग्रन्थि-पूतिपूय-क्षीण-मूत्रपुरीष-प्रकाशम् असाध्यं, साध्यमन्यच्च ।”  
— *Suśruta Samhitā, Śārīra-sthāna 2/3-5* (Śukra-śoṇita śuddhi)

**Meaning (student-level):** Both *śukra* and *śoṇita/ārtava* can be vitiated into eight types—Vāta, Pitta, Kapha, **Kuṇapagandhi** (cadaveric fetor), **Granthi-bhūta** (clotted/lumpy), **Pūti-pūya** (pus-like), **Kṣīṇa** (depleted), and **Mūtra-puriṣa-gandhi** (urine/feces-like fetor). Such states hinder fertility; among them certain forms are difficult or even incurable.

#### 2) Aṣṭārtava Duṣṭi — names, meanings & exam-ready overview

Type (Skt.)	Core idea	Classical cue	Typical lakṣaṇa (student wording)	Modern correlation (for viva)
<b>Vātaja</b>	Vāta vitiation of <i>ārtava</i>	“Vāta-varṇa-vedanā”	Scanty, dark/brown-black, thin/foamy, <i>vicchinna</i> (intermittent), marked cramps ( <i>kaṭhina śūla</i> ), back pain, fatigue	Oligo-/hypomenorrhoea with dysmenorrhoea; spasmodic pain
<b>Pittaja</b>	Pitta vitiation	“Pitta-varṇa-vedanā”	Profuse/early bleeding, bright/dark red, warm, burning sensation ( <i>dāha</i> ), thirst, irritability, sometimes foul smell	Menorrhagia/metrorrhagia; infection-associated AUB (rule out)
<b>Kaphaja</b>	Kapha vitiation	“Śleṣma-varṇa-vedanā”	Thick, slimy ( <i>picchila</i> ), pale/whitish-yellow tinged, heaviness, lethargy; may be delayed onset	Endometrial repair excess/estrogen dominance patterns; leucorrhoea overlap
<b>Kuṇapagandhi</b>	Cadaveric fetor	“Kuṇapagandhy...”	Strong decomposed-meat smell, dirty discoloration, may be scanty	Necrotic/infected RPOC, severe cervico-vaginal infections— <b>urgent</b> evaluation
<b>Granthi-bhūta</b>	Clotted/lumpy	“Granthi-bhūtaṃ...”	Passage of multiple clots, sense of lumps, heaviness; often painful	Fibroids/adenomyosis; coagulopathy to be screened

Type (Skt.)	Core idea	Classical cue	Typical lakṣaṇa (student wording)	Modern correlation (for viva)
<b>Pūti-pūya</b>	Pus-like admixture	“Pūti-pūya-nibhaṃ...”	Yellow-green, offensive discharge mixed with blood; fever/pelvic pain possible	PID, cervicitis, endometritis—screen for STI, sepsis risk
<b>Kṣīṇa</b>	Depleted flow	“Kṣīṇaṃ...”	Too scanty/short cycles, delayed/irregular, infertility	Hypoestrogenic states, PCOS-related anovulation, Asherman’s (differentiate)
<b>Mūtra-purīṣa-gandhi</b>	Urine/fecal fetor	“Mūtra-purīṣa-gandhi...”	Discharge/bleeding with strong urine/fecal odor; severe tissue breakdown	Fistulous communication, advanced pelvic sepsis/malignancy— <b>red flag</b>

**Prognosis note (Suśruta):** Kuṇapa, Granthi, Pūti-pūya, and Kṣīṇa are **kṛcchra-sādhya** (difficult); **Mūtra-purīṣa-gandhi** is **asādhya** (incurable/very poor prognosis).

### 3) Samprāpti (pathogenesis) in brief

- Nidāna** (common): Mithyā-āhāra-vihāra (spicy/sour/excessively hot foods for Pittaja; heavy, cold, sweet for Kaphaja; dry, fasting, erratic routine for Vātaja), day-sleep/night-vigil, excessive exertion, stress, coitus during *rājasrava*, postpartum neglect, infections/trauma; non-observance of **Rajaswalā Paricharyā** increases risk of *ārtava* vitiation.
- Doṣa-prakopa** → **Srotoduṣṭi** of *Ārtavavaha Srotas* (mūla: **Garbhāsaya & Ārtavavāhinyah**), leading to altered *guṇa/varṇa/gandha/pravṛtti-kāla* of *ārtava*.
- Rakto-duṣṭi** contributes especially to **Kuṇapagandhi** and **Mūtra-purīṣa-gandhi** phenotypes; **Kapha-Vāta** synergy produces **Granthi-bhūta** (clots/masses); **Vāta-Pitta** dysequilibrium underlies **Kṣīṇa** (scant/irregular).

### 4) Lakṣaṇa details you can write in exams

#### 4.1 Vātaja Ārtava Duṣṭi

- **Flow:** scant/irregular (*alpa, vicchinna*), dark (*śyāva/kṛṣṇa*), thin/foamy (*tanu, phenila*).
- **Pain:** colicky cramps radiating to back/thighs; constipation, flatus.
- **Systemic:** dryness, anxiety, insomnia.
- **Key differentials:** primary dysmenorrhoea, oligomenorrhoea from stress/weight loss.

#### 4.2 Pittaja

- **Flow:** profuse/early, hot, bright red, possibly clots; **burning**, thirst, feverishness.
- **Systemic:** irritability, acne, heat intolerance.
- **Rule out:** AUB-M (malignancy/hyperplasia) if ≥40 y or PMB.

#### 4.3 Kaphaja

- **Flow:** thick, slimy (*picchila*), pale/yellowish, delayed onset; pelvic heaviness, lethargy.
- **Often with:** leucorrhoea, weight gain; anovulatory cycles.

#### 4.4 Kuṇapagandhi

- **Flow:** foul **cadaveric** odor, dirty discoloration; may be scant or mixed with discharge.
- **Alarming clues:** fever, pelvic pain, tissue bits—**suspect necrosis/infection** (RPOC, severe PID).



#### 4.5 Granthi-bhūta

- **Flow: clots/lumps**, sense of expelling “granthi”.
- **Associated:** dysmenorrhoea, bulk symptoms.
- **Think of:** fibroids/adenomyosis; coagulopathy screen.

#### 4.6 Pūti-pūya

- **Flow:** pus-like yellow-green, offensive; often fever, CMT (cervical motion tenderness).
- **Think of:** PID, cervicitis, endometritis; STI risks.

#### 4.7 Kṣīṇa

- **Flow: too little/short**, cycles delayed/irregular; infertility.
- **Links:** PCOS, hypothalamic causes, Asherman’s.

#### 4.8 Mūtra-purīṣa-gandhi

- **Flow:** urine/fecal-like fetor, persistent soiling; may have fecal/urinary admixture.
- **Consider:** fistulae, advanced pelvic disease; **asādhya** per Suśruta—**urgent referral**.

### 5) Examination pointers (bridging Ayurveda and clinic)

- **General & systemic:** look for pallor (AUB), acne/hirsutism (PCOS—Kṣīṇa), fever (Pūti-pūya).
- **Per speculum:** characterize discharge (color/odor), lesions, contact bleeding; **Pap/HPV** if indicated.
- **Bimanual:** uterine size/position; fibroid (Granthi-bhūta), adenomyosis; CMT (Pūti-pūya/PID).
- **Red flags:** PMB, foul necrotic odor (Kuṇapa), septic signs, fistula suspicion (Mūtra-purīṣa-gandhi).

### 6) Investigations (pramāṇa-saṅgraha)

- **Baseline:** CBC, ferritin (anemia); TSH, prolactin (cycle irreg.); FBS/OGTT & lipids (Kaphaja/PCOS).
- **Pelvic imaging:** USG (fibroids, adenomyosis, cysts).
- **Infection workup:** vaginal pH/whiff test, wet mount; NAAT for *Chlamydia*/gonorrhoea if PID suspected.
- **Endometrial assessment:** Indicated in heavy/irregular bleeding  $\geq 45$  y or risk factors.  
(Use modern tests as *yukti-pramāṇa* to define extent and exclude red-flag pathology.)

### 7) Chikitsā-sūtra (principled management)

**Aim:** Doṣa-śamana/śodhana, restore *Ārtavavaha Srotas* patency, correct Agni, and support endometrial physiology—while ruling out surgical/oncologic emergencies.

#### 7.1 Saṃyama (Nidāna-parivarjana & lifestyle)

- **Rajaswalā Paricharyā:** avoid excessive exertion/coitus, day sleep, spicy-sour-salty hot foods; favor light, warm, digestible diet; adequate rest.
- **Pathya:** rice (*śāli*), green gram, pomegranate, cooked vegetables; warm water; limit caffeine/alcohol; correct bowel habits (*Vātānulomana*).

## 7.2 Doṣa-anubandha wise measures (outline for exams)

- **Vātaja:** *Snehana-Svedana*, **Basti** (if indicated); *Hingvāṣṭaka cūrṇa*, *Daśamūla kvātha*; *Kumāryāsava*; local heat; yoga (gentle asanas).
- **Pittaja:** **Virecana** (mild to moderate), *Pravāla/Godanti*, *Śatāvarī*, *Amalaka*, *Gudūcī*; cooling *sītalāhāra*.
- **Kaphaja:** **Udvardana**, light diet, *Trikaṭu*, *Lodhra-piṣṭi*, *Kañcanāra guggulu* (if glandular feel), supervised weight reduction.
- **Granthi-bhūta:** Kapha-Vāta targeting; hemostatics (*Nāgabala*, *Lodhra*, *Aśoka preparations*); consider hormonal evaluation and myoma pathway when indicated.
- **Pūti-pūya:** **Infection protocol first** (antimicrobials per modern guideline); then *Rakta-śodhaka* and *Lekhana dravyas*; avoid invasive procedures until sepsis controlled.
- **Kṣīṇa:** *Rasāyana/Bṛmhaṇa—Ghṛta* preparations (e.g., *Phala-sarpiḥ* tradition), *Śatāvarī*, *Aśvagandhā*, iron if anemic; address HPO-axis stressors; ovulation evaluation.
- **Kuṇapa / Mūtra-purīṣa-gandhi:** **Emergency/oncology-urology referral**; local debridement/fistula management; Ayurveda supportive care only after stabilization.

**Prognosis (Suśruta)** to quote: Kuṇapa-Granthi-Pūti-pūya-Kṣīṇa are **kṛcchra-sādhya**; **Mūtra-purīṣa-gandhi** is **asādhya**. Write this line in answers.

## 8) Differential diagnosis map (fast recall)

- **Scant + painful + dark** → Vātaja ↔ primary dysmenorrhoea/oligo.
- **Profuse + hot/burning** → Pittaja ↔ AUB (screen for structural/endometrial).
- **Thick, slimy, heavy** → Kaphaja ↔ anovulation/estrogen dominance.
- **Foul necrotic smell** → Kuṇapa ↔ tissue necrosis/RPOC—**urgent**.
- **Clots/lumps** → Granthi ↔ fibroids/adenomyosis.
- **Pus-like + fever** → Pūti-pūya ↔ PID/cervicitis.
- **Very scant/irregular** → Kṣīṇa ↔ PCOS/hypothalamic; also consider Asherman's.
- **Urine/fecal odor** → Mūtra-purīṣa-gandhi ↔ fistula/malignancy—**asādhya** set.

## 9) How to write a 10-marker on Aṣṭārtava Duṣṭi

1. Definition & śloka (Suśruta Śārīra 2/3-5).
2. Etiology & samprāpti (Doṣa-Srotas-Agni; *Ārtavavaha Srotas* mūla).
3. Eight types with 1-2 lakṣaṇa each + 1 modern correlate.
4. Prognosis line (kṛcchra-sādhya/asādhya).
5. Chikitsā-sūtra: general + doṣa-wise bullets and red-flag referrals.

## Assessment

### A) MCQs (one best answer)

1. According to Suśruta, which *ārtava duṣṭi* carries **asādhya** prognosis?  
A. Granthi-bhūta B. Kṣīṇa C. **Mūtra-purīṣa-gandhi** D. Kuṇapagandhi  
**Answer:** C.
2. Scanty, dark, intermittent menstruation with severe cramps is most consistent with:  
A. **Vātaja Ārtava Duṣṭi** B. Pittaja C. Kaphaja D. Kuṇapagandhi  
**Answer:** A.



3. Thick, slimy, pale menstrual flow with heaviness suggests:  
A. Vātaja B. **Kaphaja** C. Kṣīṇa D. Granthi-bhūta  
**Answer: B.**
4. Passage of many clots with heaviness corresponds to:  
A. Kuṇapagandhi B. **Granthi-bhūta** C. Pūti-pūya D. Kṣīṇa  
**Answer: B.**
5. Pus-like, offensive, yellow-green bleed with fever best maps to:  
A. **Pūti-pūya Ārtava Duṣṭi** B. Kaphaja C. Kṣīṇa D. Vātaja  
**Answer: A.**

### B) Short Answer Questions (3-5 lines each)

1. Write the Suśruta verse classifying the eight vitiations of *śoṇita/ārtava* and explain its prognostic note.
2. Enumerate *Ārtavavaha Srotas* mūla and discuss how Srotoduṣṭi leads to Aṣṭārtava Duṣṭi.
3. Tabulate three distinguishing lakṣaṇas each for Vātaja, Pittaja and Kaphaja Ārtava Duṣṭi.
4. Define Kṣīṇa Ārtava; list two common modern correlates and one Rasāyana you would consider.
5. Justify emergency referral in Kuṇapagandhi and Mūtra-purīṣa-gandhi presentations.

### C) Long Answer Questions

1. **Describe Aṣṭārtava Duṣṭi in detail**—definition, classical śloka with reference, samprāpti, lakṣaṇa of each type, prognosis, and a doṣa-wise *cikitsā-sūtra*, integrating red-flag modern workup.
2. A 32-year-old presents with heavy menses and clots for 8 months. Construct a case answer mapping **Granthi-bhūta Ārtava Duṣṭi** to modern evaluation (USG, CBC, endocrine screen), and outline combined management (hemostatics, Kapha-Vāta śamana, when to consider surgery).

### Quick Revision (10 bullets)

1. *Ārtava* = Upadhātu of Rasa; Agneya; Pitta-led color/flow; Vāta=timing/expulsion; Kapha=repair.
2. **Eight** duṣṭi: Vāta, Pitta, Kapha, **Kuṇapa-gandhi**, **Granthi-bhūta**, **Pūti-pūya**, **Kṣīṇa**, **Mūtra-purīṣa-gandhi**.
3. Suśruta Śārīra 2/3-5 is your quoting anchor in exams.
4. *Ārtavavaha Srotas* mūla: **Garbhāśaya & Ārtavavāhinyaḥ**.
5. Vātaja = scant, dark, painful; Pittaja = hot, red, profuse; Kaphaja = thick, slimy, pale.
6. **Granthi** → clots; **Pūti-pūya** → pus-like infected; **Kuṇapa** → necrotic fetor; **Mūtra-purīṣa-gandhi** → fistula-like fetor.
7. Prognosis: **kṛcchra-sādhya** (Kuṇapa, Granthi, Pūti-pūya, Kṣīṇa); **asādhya** (Mūtra-purīṣa-gandhi).
8. Rajaswalā Paricharyā observance prevents many duṣṭi states.
9. Always rule out **pregnancy, PID, malignancy** in heavy/foul/irregular bleeding.
10. Integrate **doṣa-wise śamana/śodhana** with modern diagnostics for safe outcomes.