15d. Artava Kshaya (Oligomenorrhoea, Hypomenorrhoea)

Unit 15(d): Ārtava Kṣaya — Oligomenorrhoea & Hypomenorrhoea

Learning Goals

By the end of this chapter, you should be able to:

- define **Ārtava Kṣaya** and map it to modern entities **oligomenorrhoea** (infrequent cycles) and **hypomenorrhoea** (scanty flow);
- explain **nidāna** and **samprāpti** using Doṣa–Dhātu–Srotas logic (especially **Ārtavavaha Srotas**);
- elicit focused history, perform examination, and select **first-line investigations** safely;
- outline **cikitsā-sūtra** (diet–lifestyle, śamana/śodhana, procedures) and integrate modern cause-specific care;
- write high-scoring exam answers and apply red-flag triage.

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1) Definitions & Nosology

1.1 Ayurvedic construct

Ārtava Kṣaya = reduction/attenuation of **ārtava** (menstrual flow/ovulatory essence) manifesting as **alpa-pravṛtti** (scanty) and/or **dīrgha-kāla antara** (prolonged interval). It reflects **Doṣa-duṣṭi** with **Rasa-Rakta kṣaya** and **Ārtavavaha Srotas** dysfunction.

1.2 Modern parallels

- **Oligomenorrhoea:** cycle interval **>35 days** (commonly 35–90 days) and fewer than 8 cycles/year.
- **Hypomenorrhoea: reduced volume** of bleeding (short duration, light flow), even if intervals are normal.
- These may **co-exist** and share causes (anovulation, endocrine disorders, endometrial/uterine factors).

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2) Etiology (Nidāna)

2.1 Doṣa-linked

- **Vāta ↑ (Apāna-vāta viṣama gati):** rukṣa/śīta āhāra, excessive **vyāyāma**, travel, stress, sleep deprivation, postpartum depletion, repeated uterine instrumentation.
- **Kapha–Meda ↑ (āvaraṇa):** guru-snigdha-madhura āhāra, day sleep, sedentary habits, **sthaulya** → **anovulation** phenotype.
- **Pitta-kṣaya/agnimāndya:** chronic under-nutrition, restrictive dieting, eating disorders; low-grade inflammation with poor rasa-raktotpatti.

2.2 Srotas & Dhātu contexts

- **Ārtavavaha Srotas duṣṭi:** obstruction/weakness at **Garbhaśaya–Raktavāhinī** leads to **alpa** or **aprādurbhāva** of ārtava.
- **Rasa–Rakta kṣaya** (Upadhātu dependence) → inadequate endometrial buildup → **hypomenorrhoea**.

2.3 Modern correlates to remember

- **PCOS** (anovulation; oligomenorrhoea ± hypomenorrhoea)
- **Functional hypothalamic** causes (weight loss, excessive exercise, stress)
- **Thyroid** disorders (especially hypothyroidism)
- **Hyperprolactinaemia**

- **Premature ovarian insufficiency (POI)**
- **Uterine/outflow causes**: **Asherman's syndrome** (intrauterine adhesions), cervical stenosis, Müllerian anomalies
- **Genital tuberculosis** (endometrial factor; consider in endemic settings)
- Pharmaceuticals: prolonged progestin/LNG-IUS may cause **hypomenorrhoea** (often physiological); combined OCPs can reduce flow.

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3) Samprāpti (Pathogenesis)

Pathway 1 — Vāta-pradhāna:
Nidāna (rukṣa, atiyoga of vyāyāma, chinta) → **Vāta prakopa** (Apāna gati-saṅga) → **āvaraṇa** of srotas & impaired endometrial shedding → **alpa/viṣama pravṛtti**, cramps.

Pathway 2 — Kapha-Meda āvaraṇa:
Guru-snigdha āhāra, divā-svapna, ālasya → **Kapha-Meda ↑** → **āvaraṇa of Apāna-vāyu** + **insulin resistance** phenotype → **anovulation** → **oligomenorrhoea**.

Pathway 3 — Dhātu-kṣaya/agnimāndya:
Undernutrition/illness → **Rasa-Rakta kṣaya** → inadequate endometrium → **hypomenorrhoea** (short, scant menses), fatigue, coldness.

> **Exam diagram (verbal):** *Nidāna → Doṣa (V/K) ± Agnimāndya → Ārtavavaha Srotas duṣṭi (Garbhaśaya–Raktavāhinī) → Ārtava Kṣaya (alpa + dīrgha-antara) → Vandhyatva risk.*

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4) Lakṣaṇa (Clinical Features)

- **Core:** scanty flow (**alpa/kshīṇa**), shortened duration (1–2 days), and/or long intervals (**oligo-**).
- **Vātaja cues:** spasmodic **dysmenorrhoea**, back/loin pain, constipation, dryness, anxiety, low BMI/cold extremities.
- **Kaphaja cues:** weight gain, **acanthosis**, acne/hirsutism, lethargy, mucoid leucorrhoea—**PCOS phenotype**.
- **Kṣaya cues:** fatigue, pallor, low appetite, brittle hair/nails.
- **Reproductive:** subfertility/infertility; **luteal insufficiency** symptoms in some.

Red flags: secondary amenorrhoea >3 months; **galactorrhoea + headache/visual blurring**; hot flushes <40 y (POI); **post-procedure hypomenorrhoea** (consider **Asherman's**); TB risk with chronic pelvic pain/weight loss.

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5) Parīkṣaṇa (Assessment)

5.1 Focused history

- Age at menarche; cycle pattern (length, duration, **PBAC** if available), LMP.
- Weight change, exercise, **dietary restriction**; stress, sleep.
- Symptoms of **thyroid**, **hyperprolactinaemia** (galactorrhoea), **hyperandrogenism** (acne/hirsutism).
- Obstetric/gynecologic procedures (D&C, MTP), IUCD/OCP use.
- TB exposure, pelvic infection history; infertility duration and goals.

5.2 Examination

- **Anthropometry:** BMI; **waist circumference** (≥80 cm central obesity in South Asians).

- **Skin/hair:** acanthosis, acne, alopecia, **mFG** score for hirsutism.
- **Thyroid & breast:** goitre, galactorrhoea.
- **Abdomen/PV/PS:** uterine size/position; tenderness; cervical stenosis; scant endocervical mucus; rule out masses. (Use PR in virginal patients.)

5.3 Investigations (stepwise)

1. **Urine pregnancy test** (in reproductive age).
2. **TSH, Prolactin** (universal first line).
3. **FSH/LH, Estradiol** if POI/central causes suspected; **AMH** and **USG** for ovarian reserve and PCOM phenotype where appropriate.
4. **OGTT/fasting glucose, lipids, ALT** (metabolic screen in PCOS features).
5. **Pelvic USG:** endometrial thickness (phase-appropriate), PCOM, adhesions suggestion (thin line in Asherman's).
6. **Hysteroscopy/HSG/MRI** when **Asherman's** or anomalies suspected.
7. **17-OHP** (rule out non-classic CAH) if severe hyperandrogenism/early onset.
8. **TB** work-up where indicated (endometrial biopsy/CBNAAT as per protocol).

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6) Differential Diagnosis

Feature cluster	Likely condition	Key tests
Oligo-/amenorrhoea + hirsutism/acanthosis	**PCOS**	OGTT, lipids, USG (PCOM), androgens
Low BMI, stress/exercise excess	**Functional hypothalamic**	LH/FSH low-normal, E2 low; history
Galactorrhoea ± headache	**Hyperprolactinaemia**	Prolactin; pituitary MRI if high
Fatigue, weight gain/cold intolerance	**Hypothyroid**	TSH/FT4
Age <40 with hot flushes	**POI**	FSH elevated ×2, low E2
Post-procedure scant menses/infertility	**Asherman's**	Hysteroscopy/HSG
Chronic pelvic pain/weight loss	**Genital TB**	Endometrial biopsy/CBNAAT

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7) Cikitsā-Sūtra (Management Principles)

Aim: Restore **Apāna-vāta gati**, remove **Kapha–Meda āvaraṇa**, rekindle **Agni**, **nourish Rasa–Rakta** and clear **Ārtavavaha Srotas**—while addressing modern etiologies and safety.

7.1 Sāmānya (for all phenotypes)

- **Nidāna-parivarjana:** correct sleep/wake, reduce stress, avoid **rukṣa/ati-śīta** or **ati-guru** patterns per doṣa.
- **Dīpana–Pācana** (if āma): *Trikaṭu cūrṇa*, *Hingvāṣṭaka* (small doses before food, 2–4 weeks).
- **Apāna-vāta anulomana:** warm water, **ghee** in meals, gentle **abhyanga** and **svedana**, bowel regularisation (castor oil micro-dose when constipated).
- **Rasa–Rakta poshana:** freshly cooked warm diet; black sesame, dates, drākṣā; **Śatāvarī**, **Aśvagandhā**, **Gudūcī**; iron if deficient.

7.2 Doṣānubandha-wise śamana

- **Vātaja Ārtava Kṣaya (lean/stressed):** *Snehana–Svedana*, **mṛdu virecana** if needed, then **Basti** (mātrā/anuvāsana with *Tila taila*, followed by nirūha with *Daśamūla*). *Phala-sarpis*, *Kṣīra-pakas*; yoga-nidrā, restorative asanas.
- **Kapha–Meda āvaraṇa (PCOS phenotype): Lekhana** focus—*Triphala*, *Guggulu* yogas; structured **weight reduction** (diet + resistance training). **Artava-pravartaka** supports such as *Aśokāriṣṭa*, *Kumāryāsava*, *Śatāvarī kalpa* after āma mitigation.

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- **Dhātu-kṣaya/agnimāndya:** *Rasāyana* approach—*Mahā-tikta ghṛta* (post-āma), *Drākṣāriṣṭa* in slender patients; counsel on caloric adequacy.

Procedures: Basti is principal for Vāta; **Uttarabasti** (intra-uterine medication) is a classical *artava-pravartaka* but **contraindicated** in pregnancy, active PID, and unexplained bleeding; if practiced, use strict asepsis and modern imaging support.

7.3 Modern cause-specific care (integration)

- **PCOS:** lifestyle first; **COCPs** for cycle regulation/endometrial protection; **cyclic progestin** if COCP contraindicated; **metformin** for IR; **letrozole** first-line for infertility.
- **Functional hypothalamic: nutrition restoration**, reduce exercise load, address stress; avoid precipitants.
- **Hypothyroidism: levothyroxine** replacement.
- **Hyperprolactinaemia:** dopamine agonists as indicated (specialist care).
- **POI:** counselling; bone and cardiovascular protection; **HRT** per guidelines; fertility options.
- **Asherman's: hysteroscopic adhesiolysis**; postoperative **oestrogen therapy** and uterine stenting per protocol; Ayurveda supports endometrial health (rasāyana) post-repair.
- **Genital TB:** full anti-tubercular therapy (ATT) as per national protocol; fertility counselling.

7.4 Endometrial protection rule

Chronic anovulation → risk of **endometrial hyperplasia**; ensure **regular withdrawal bleeds** (COCPs, cyclic progestin) or **LNG-IUS** where appropriate.

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8) Patient Education (what you should say)

- Track cycles (calendar/app); record **duration, flow, clots, pain**.
- Maintain **balanced nutrition**, regular **physical activity** (≥150 min/week + 2–3 resistance sessions).
- Seek care for: **>90 days** without menses (non-pregnant), **new galactorrhoea**, **severe pain/fever**, **post-procedure scant menses**, or **PMB**.
- Pre-conception: optimise weight, glucose, thyroid; start **folate**.

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9) Documentation Template (copy-ready)

ID: 24F, married, G0P0.
CC: Scanty menses (1–2 days) with 45–60-day intervals × 10 months.
HOPI: No clots; mild cramps; weight gain +5 kg; acne; no galactorrhoea/headache.
Exam: BMI 28; waist 90 cm; acanthosis +; mFG 10; thyroid N.
PS/PV: Cervix healthy; uterus AV, normal size, non-tender.
Plan: UPT negative; TSH/Prolactin/OGTT/lipids; pelvic USG. Provisional: **Kapha-Meda āvaraṇa (PCOS)** with Ārtava Kṣaya. Lifestyle + lekhana śamana; COCP/cyclic progestin for endometrium; consider metformin per metabolic results.

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10) High-Yield Revision (10 bullets)

1. **Ārtava Kṣaya** = scanty flow and/or prolonged interval; maps to **hypo-/oligomenorrhoea**.
2. Anchor śloka: **Ārtavavaha Srotas mūla = Garbhaśaya + Raktavāhinī** (Ca. Vi. 5/8).

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3. Three samprāpti tracks: **Vāta** (gati-saṅga), **Kapha-Meda āvaraṇa** (anovulation), **Dhātu-kṣaya** (poor endometrium).
4. Always **exclude pregnancy**, then check **TSH & Prolactin**.
5. Think **PCOS** if oligo + HA/IR signs; **FHA** if stress/low BMI/exercise excess.
6. Post-procedure hypomenorrhoea → **Asherman's** until proven otherwise.
7. Chronic anovulation needs **endometrial protection**.
8. **Basti** leads Vāta management; **Uttarabasti** only with strict indications and asepsis.
9. Lifestyle (diet + resistance training) benefits **irrespective of weight loss**; aim 5–10% if overweight.
10. Prognosis is **good** in functional causes; **guarded** in **POI/Asherman/TB**.

Assessment

A) MCQs (one best answer)

1. Ārtavavaha Srotas **mūla** per Caraka is:
   A. Yakṛt–Pliha B. **Garbhaśaya-Raktavāhinī** C. Hṛdaya–Dhamanī D. Basti–Vṛkka
2. Cycle interval >35 days with reduced bleed volume corresponds to:
   A. Menorrhagia B. Metrorrhagia C. **Oligo- with hypomenorrhoea** D. Polymenorrhoea
3. Post-D&C persistent scant menses with infertility suggests:
   A. PCOS B. **Asherman's syndrome** C. Hypothyroidism D. Prolactinoma
4. First-line screening labs (after UPT) in Ārtava Kṣaya are:
   A. FSH, AMH only B. **TSH and Prolactin** C. Cortisol D. Karyotype
5. Kapha–Meda āvaraṇa phenotype is best initial lifestyle focus on:
   A. Salt restriction only B. **Calorie deficit + resistance activity** C. High-fat ketogenic diet for all D. Bed rest
6. In chronic anovulation, the key preventive measure is:
   A. Monthly antibiotics B. **Endometrial protection** (COCP/cyclic progestin/LNG-IUS) C. Only iron therapy D. Observation alone
7. Amenorrhoea with low BMI, stress, and excessive exercise most likely is:
   A. PCOS B. **Functional hypothalamic** C. POI D. Thyroiditis
8. A 28-year-old with oligomenorrhoea, hirsutism, and acanthosis—next best test set:
   A. Only CBC B. **OGTT, lipids, androgens, USG** C. ESR only D. Karyotype
9. Which is **contraindicated** for Uttarabasti?
   A. Secondary dysmenorrhoea B. **Pelvic inflammatory disease** C. Non-specific leucorrhoea D. PCOS
10. Vāta-pradhāna Ārtava Kṣaya—principal pañcakarma is:
    A. Vamana B. Virecana only C. **Basti** D. Raktamokṣaṇa

Answer key: 1-B, 2-C, 3-B, 4-B, 5-B, 6-B, 7-B, 8-B, 9-B, 10-C.

B) Short Answer Questions (3–5 lines each)

1. Define **Ārtava Kṣaya** and correlate with oligomenorrhoea/hypomenorrhoea.
2. Write the **Caraka Vimāna 5/8** śloka and explain its diagnostic relevance to amenorrhoea/oligomenorrhoea.
3. Tabulate differences between **PCOS-related oligomenorrhoea** and **Functional hypothalamic** oligomenorrhoea (two points each).
4. Outline the **initial laboratory panel** and **when** to add FSH/LH/E2/AMH.
5. Enumerate **indications and contraindications** of **Uttarabasti** in Ārtava Kṣaya.

C) Long Answer Questions

1. **Describe Ārtava Kṣaya** in detail—definition, nidāna, **samprāpti** (Vāta, Kapha–Meda āvaraṇa, Dhātu-kṣaya), lakṣaṇa, parīkṣaṇa, differential diagnosis, and **cikitsā-sūtra** including diet–lifestyle, śamana/śodhana, procedures,

and modern integration. Quote the **Ārtavavaha Srotas** śloka.

2. A 25-year-old presents with 45–60 day cycles and 1-day scant bleeding, acne, BMI 29, acanthosis. Construct a **comprehensive plan**: history–exam–investigations, integrative management (pathya, lekhana śamana, endometrial protection), and fertility counselling.