



15e. Artava Vriddhi (Polymenorrhoea)

Unit 15(e): Ārtava Vṛddhi — Polymenorrhoea (Frequent Cycles)

Learning Goals

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

- define **Ārtava Vṛddhi** and correlate it with **polymenorrhoea** in modern terms;
- explain **nidāna** and **samprāpti** using Doṣa-Dhātu-Srotas logic (especially **Ārtavavaha Srotas**);
- elicit focused history, examine, and select **first-line investigations** safely;
- write a crisp **management plan** (Ayurveda + modern), including red-flag triage;
- score full marks in SAQ/LAQ/OSCE with structured answers and documentation.

1) Concept & Definitions

1.1 Ayurvedic construct

Ārtava = menstrual blood/flow (and contextually, female reproductive essence), an **Upadhātu of Rasa** with **Agneya** nature. **Ārtava Vṛddhi** literally means **increase/augmentation of ārtava**, expressed as **increased frequency and/or amount** of bleeding due to **Doṣa** vitiation, chiefly **Pitta-Rakta duṣṭi**, instability of **Kapha** (which normally stabilises the endometrium), and **Apāna-vāta** dysrhythmia.

Classical anchor (quote for Srotas):

“अर्तवस्य विसर्गश्च काले येन प्रवर्तते ।
तद्बहानि स्रोतो ज्ञेयं गर्भाशयसमाश्रयं ॥
तस्य मूलं रक्तवहिन्यः स्युः गर्भाशयः स चोच्यते ॥”

— *Caraka Saṃhitā, Vimānasthāna 5/8*

(Channels causing timely discharge of ārtava are the **Ārtavavaha Srotas**, rooted in the **Garbhaśaya** and **Raktavāhinī**.)

1.2 Modern correlation

- **Polymenorrhoea** = **frequent menstrual cycles**, typically cycle interval **<21 days** (often 15–21 days), with **normal or increased** volume per period.
- When the **volume is excessive**, it overlaps with **AUB-E (endometrial) or AUB-O (ovulatory dysfunction)** patterns; when flow is normal but cycles are **too frequent**, the primary issue is **shortened cycle length** (e.g., short follicular or luteal phase, or anovulatory/immature HPO axis bleeding).

What to write in exams: “Ārtava Vṛddhi ≈ polymenorrhoea (too-frequent menses), commonly **Pitta-Rakta** vitiation with **Apāna-vāta** dysrhythmia.”

2) Nidāna — Aetiological Factors

2.1 Doṣa-specific

- **Pitta-Rakta prakopa** (ushṇa, amla, lavaṇa, katu-rasa ahāra; excessive heat exposure, anger, alcohol, repeated night-wake): leads to **hot, early, profuse** bleeding.
- **Kapha kṣaya** (insufficient stabilising, sheeta-snigdha disruption) → **endometrial instability** and easy shedding.

- **Apāna-vāta viṣama gati** (excessive travel/exertion, sleep loss, stress, post-procedure disturbances): **irregular or shortened cycles.**

2.2 Srotas & Dhātu

- **Ārtavavaha Srotas duṣṭi** at the **Garbhaśaya-Raktavāhinī** root disturbs **periodicity** (kāla) and **quantity** (pramāṇa), producing **frequent onset** and sometimes **excess flow.**
- **Rasa-Rakta dhātu** involvement explains systemic fatigue, pallor, and heat symptoms.

2.3 Modern contributors (remember for viva)

- **Anovulatory cycles** (adolescence, perimenopause, PCOS variants with erratic ovulation).
- **Short luteal phase** / corpus luteum insufficiency.
- **Thyroid dysfunction** (especially hyperthyroid can shorten cycles), **hyperprolactinaemia** (less common for frequency but must be excluded).
- **Pelvic infections, endometrial polyps, submucous fibroids, copper IUCD** (increases volume; cycles may seem closer if prolonged).
- **Medications** (anticoagulants).
- **Systemic:** coagulation disorders (rare but consider if since menarche).

3) Samprāpti — Pathogenesis (Ayurveda)

1. **Nidāna** (ushṇa-amla-lavaaṇa, rūkṣa-atiyoga, rātribhojana, stress, coitus/instrumentation in *rājasrava* period) →
2. **Doṣa prakopa:** chiefly **Pitta-Rakta** (heat, vasodilatation, bleeding tendency) ± **Apāna-vāta** dysrhythmia (timing) ± **Kapha kṣaya** (lack of containment).
3. **Ārtavavaha Srotas duṣṭi** at **Garbhaśaya-Raktavāhinī** → **kālavatyāsa** (short interval) ± **pramāṇa vṛddhi** (excess).
4. **Lakṣaṇa:** frequent onset, possible heaviness/heat/burning, fatigue; in chronicity → **Rasa-Rakta kṣaya.**

Verbal diagram you can draw in OSCE:

Nidāna → *Pitta-Rakta* ↑ & *Apāna-vāta viṣama gati* → *Srotoduṣṭi* (*Garbhaśaya-Raktavāhinī*) → *Ārtava Vṛddhi* (*polymenorrhoea*) ± *pramāṇa vṛddhi* (*HMB*).

4) Lakṣaṇa — Clinical Features

- **Cardinal: frequent periods** (<21-day interval). Duration may be normal or **prolonged**; volume may be normal or **increased** (then overlaps with HMB).
- **Pitta-Rakta cues:** warm body sensation, **dāha** (burning), thirst, irritability, bright/dark-red bleed, sometimes offensive odour if infection coexists.
- **Apāna-vāta cues:** lower abdominal dragging pain, backache, **irregularity**, spasmodic cramps.
- **Systemic:** fatigue, **pallor** (if chronic), reduced exercise tolerance.
- **Reproductive:** subfertility (due to ovulatory dysfunction or **short luteal phase**), sexual dysfunction if pain prominent.

Red flags (same-day action):

- Post-coital bleeding, **post-menopausal bleeding**, intermenstrual bleeding with contact bleeding cervix; heavy bleeding with syncope; suspected pregnancy-related bleeding; fever with pelvic pain (PID).

5) Parīkṣaṇa — Assessment

5.1 Focused History

- **Cycle diary** (length, duration, volume using pad count/PBAC), clot passage, flooding, dysmenorrhoea.
- **Triggers:** heat, spices, exertion; prior **procedures** (D&C, IUCD insertion), coitus timing.
- **Systemic:** thyroid symptoms, weight change, medications (anticoagulants), easy bruising (coagulopathy).
- **Reproductive goals** and contraception.

5.2 Examination

- **General:** BMI, pallor, pulse/BP; signs of **thyroid** disease; acanthosis (insulin resistance).
- **Abdomen:** uterine size (fibroids?), tenderness (PID?).
- **Per speculum:** cervical lesions/polyp/contact bleeding; character of discharge.
- **Bimanual:** uterine enlargement/irregularity (fibroids/adenomyosis); cervical motion tenderness.

5.3 Investigations (stepwise)

1. **Pregnancy test** (where relevant).
2. **CBC** (anaemia), **TSH, prolactin**.
3. **Pelvic USG** (polyp, fibroid, endometrial thickness, ovarian morphology).
4. **STI screen** if cervicitis/PID suspected.
5. **Coagulation screen** if history suggests bleeding diathesis (since menarche).
6. **Endometrial sampling:** if ≥45 y or younger with risk factors/persistent AUB.

Modern classification help: Sort causes with **PALM-COEIN** (Polyp, Adenomyosis, Leiomyoma, Malignancy/Hyperplasia | Coagulopathy, Ovulatory, Endometrial, Iatrogenic, Not classified).

6) Cikitsā-Sūtra — Management (Ayurveda + Modern)

Goals: Restore **periodicity** (kāla), reduce **excess** (pramāṇa), preserve **Rasa-Rakta**, correct **Doṣa** and **Srotas**, and rule out emergencies/structurals.

6.1 Nidāna-parivarjana & Pathya

- Avoid **uṣhṇa, amla, lavaṇa, katu** excess; limit alcohol, very hot environments.
- Prefer **śīta-la-madhura-tikta** dominant, light, freshly cooked diet; pomegranate, cooked rice (*śāli*), green gram, bottle gourd, coriander-cumin water.
- Regular sleep; stress management; moderate exercise (avoid **over-exertion** during/around flow).

6.2 Doṣa-wise śamana / śodhana

- **Pitta-Rakta dominant (early/hot/profuse):**
 - **Dīpana-pācana** (mild) followed by **Pitta-śamana:** *Śatāvārī, Amalaki, Gudūcī, Musta, Yashtimadhu.*
 - **Rakta-prasadana / stambhana** supports: *Aśoka, Lodhra, Nagakesara, Udumbara, Padmaka, Durvā.*
 - **Mṛdu virecana** where indicated; **coolant kashāyas;** local **yonī-piṅgu** with *Lodhra-Aśoka siddha* taila if non-infective.
 - Classical preparations (choose per patient after āma is handled): **Aśokāriṣṭa, Lodhra cūrṇa, Pravāla/Mukta-based śītalī** (as per institutional practice).
- **Apāna-vāta dysrhythmia (short/erratic cycles with cramps):**
 - **Snehana-svedana, vāta-anulomana** (warm water, ghṛta), **mṛdu virecana** if needed; **Basti** (*mātrā/anuvāsana* with *Tila taila*, then *Daśamūla*-based nirūha) under supervision.
 - *Daśamūla kvātha, Hingvāṣṭaka* in micro-doses (if no Pitta flare), gentle restorative yoga.



- **Kapha kṣaya (endometrial fragility):** combine **rasāyana** for endometrial strength (e.g., *Śatāvārī ghr̥ta*) with Pitta control; avoid harsh **lekhana** here.

Note: Uttarabasti is *not* a first-line in polymenorrhoea; consider only in select non-infective, structural-free cases and **never** in active PID/pregnancy/unexplained heavy bleeding. Strict asepsis and institutional protocols apply.

6.3 Modern integration (cause-specific)

- **Anovulatory/adolescent cycles:** reassurance + **cycle regulation** with **combined oral contraceptive (COCP)** if not seeking pregnancy; or **cyclic progestin** to lengthen cycles and protect endometrium.
- **Short luteal phase:** clinician-guided **luteal progesterone**.
- **Thyroid disease/prolactin disorder:** correct the primary endocrine cause.
- **Structural** (polyp/submucous fibroid): **hysteroscopic removal**.
- **Heavy flow component:** **NSAIDs** (reduce prostaglandins) or **tranexamic acid** (antifibrinolytic) if no contraindications; **LNG-IUS** for long-term control when appropriate.
- **Infection:** treat PID/cervicitis per guideline before any intrauterine procedure.

6.4 Endometrial safety

Frequent/irregular bleeding can still culminate in **unopposed oestrogen exposure** in some anovulatory phenotypes. Ensure **scheduled progestin exposure** (COCP/cyclic progestin/LNG-IUS) to protect against **hyperplasia**.

7) Patient Education (what you should say)

- Keep a **cycle diary/app**; bring it to visits.
- Follow **cooling, light diet** around menses; avoid sauna/over-exercise those days.
- Seek care **urgently** for soaking ≥ 1 pad/hour for >2 hours, syncope, fever with pelvic pain, or **post-coital/PMB**.
- Preconception: optimise weight, screen thyroid, start **folate**, and normalise cycles before trying.

8) Documentation Templates (copy-ready)

Focused OPD Note

- **CC:** Frequent periods every 18–20 days for 5 months; moderate cramps.
- **HOPI:** Flow 3–4 days; occasional clots; no post-coital bleed; no IUCD.
- **General:** BMI 22; pallor +; vitals stable; thyroid N.
- **PS:** Cervix healthy; no contact bleeding. **PV:** Uterus normal size; no CMT.
- **Plan:** UPT negative; CBC/TSH/prolactin; pelvic USG. **Provisional:** Ārtava Vṛddhi (Pitta–Rakta pradhāna). **Advice:** Pathya; Pitta–śamana + Rakta-prasadana; iron therapy; consider COCP/cyclic progestin for cycle regulation after labs.

9) High-Yield Tables

A. Quick differential map

Feature cluster	Likely cause	Clue/Next step
Frequent, irregular cycles in adolescent	Anovulatory immaturity	Observe/COCP if symptomatic; rule out pregnancy

Feature cluster	Likely cause	Clue/Next step
Frequent with hot flush, weight loss, tremor	Hyperthyroid	TSH/FT4
Frequent with intermenstrual spotting/contact bleed	Cervical pathology	PS exam, Pap/HPV, colposcopy if suspicious
Frequent + heavy with clots, bulk symptoms	Polyp/Submucous fibroid/Adenomyosis	TVS; hysteroscopy
Frequent with pelvic pain, fever	PID	STI screen, antibiotics
Frequent with luteal spotting, infertility	Luteal insufficiency	Mid-luteal progesterone; luteal support

B. “What to write in two lines”

“**Ārtava Vṛddhi** = polymenorrhoea (<21-day cycles), usually **Pitta-Rakta** vitiation ± **Apāna-vāta** dysrhythmia. Evaluate with **CBC, TSH, prolactin, USG**; manage by **Pitta-śamana/Rakta-prasadana** and **cycle regulation** (COCP/cyclic progestin) after excluding red flags.”

10) Ten-Point Quick Revision

- Polymenorrhoea** = cycle interval <21 days.
- Ārtavavaha Srotas mūla: Garbhaśaya + Raktavāhinī** (quote Ca. Vi. 5/8).
- Pitta-Rakta** drives early/profuse; **Apāna-vāta** sets the (short) rhythm.
- Always **exclude pregnancy** and **thyroid** disease.
- Use **PALM-COEIN** to think structural vs functional.
- CBC** for anaemia; **USG** for polyp/fibroid/endometrium.
- Pitta-śamana + Rakta-prasadana** herbs: **Aśoka, Lodhra, Nagakesar, Śatāvārī, Amalaki, Gudūcī**.
- Mṛdu virecana** helps Pitta states; **Basti** helps Apāna-vāta dysrhythmia.
- Modern cycle control: **COCP** or **cyclic progestin**; **LNG-IUS** for heavy component.
- Red flags: **PCB/PMB**, hemodynamic instability, fever with pelvic pain—**same-day pathway**.

Assessment

A) MCQs (one best answer)

- Ārtava Vṛddhi most closely correlates with:
A. Oligomenorrhoea B. **Polymenorrhoea** C. Amenorrhoea D. Dysmenorrhoea
- The **mūla** of Ārtavavaha Srotas is:
A. Hṛdaya-Dhamānī B. Yakṛt-Pliha C. **Garbhaśaya-Raktavāhinī** D. Basti-Vṛkka
- A 19-year-old with cycles every 18–20 days, normal Hb, normal exam. Most likely mechanism:
A. POI B. **Anovulatory immature HPO axis** C. Endometrial cancer D. Cervical stenosis
- Polymenorrhoea with **dāha** and bright-red bleed points to predominance of:
A. **Pitta-Rakta** B. Kapha only C. Vāta only D. Sannipāta
- First-line investigations after pregnancy exclusion in frequent cycles include:
A. CT abdomen B. **CBC, TSH, prolactin, pelvic USG** C. Colonoscopy D. Karyotype
- Short luteal phase causing frequent cycles is best addressed (modern) by:
A. Antibiotics B. **Luteal progesterone (clinician-guided)** C. Diuretics D. Antacids
- In Pitta-dominant Ārtava Vṛddhi, a suitable classical herb pair is:
A. Haridra + Pippalī B. **Aśoka + Lodhra** C. Eranda + Nirgundī D. Śunṭhī + Marica
- A copper IUCD user with closer cycles and heavier flow likely has:
A. Cervical cancer B. **Iatrogenic volume increase** C. Hypothyroidism D. POI
- Uttarabasti** is **contraindicated** in:
A. Vāta dysrhythmia only B. Mild Pitta state C. **PID/Unexplained heavy bleeding** D. Kapha kṣaya



10. Key endometrial safety principle in frequent irregular bleeding is:

- A. Ignore unless severe B. **Ensure progestin exposure** (COCP/cyclic/LNG-IUS) C. Only iron therapy D. Bed rest

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

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

1. Define **Ārtava Vṛddhi** and correlate with polymenorrhoea; list two common causes in adolescents and perimenopause.
2. Write the **Caraka Vimāna 5/8** śloka on Ārtavavaha Srotas and explain how it frames assessment in frequent cycles.
3. Tabulate three **Pitta-Rakta** lakṣaṇas vs three **Apāna-vāta** lakṣaṇas in polymenorrhoea.
4. Outline a **stepwise investigation plan** for a 32-year-old with cycles every 18 days and heavy flow.
5. Give four **Ayurvedic dravyas** for Pitta-śamana/Rakta-prasadana and two **modern** options for cycle regulation.

C) Long Answer Questions

1. **Discuss Ārtava Vṛddhi (polymenorrhoea)** under: definition, nidāna, **samprāpti** (Pitta-Rakta, Apāna-vāta, Kapha kṣaya), lakṣaṇa, differential diagnosis (PALM-COEIN), investigations, and integrated management (Ayurveda + modern), including endometrial safety and red-flag triage. Quote **Ārtavavaha Srotas** śloka.
2. A 28-year-old presents with cycles every 19-20 days, moderate cramps, Hb 9.2 g/dL, USG shows 1.5-cm endometrial polyp. Write a **comprehensive plan**: pre-procedure correction (iron, Pitta-śamana), **hysteroscopic polypectomy**, and post-procedure cycle regulation with both **Ayurvedic supports** and **modern** options.