

15e. Artava Vruddhi (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 Doşa-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 । तद्वहानि स्रोतो ज्ञेयं गर्भाश्यसमाश्रयं ॥ तस्य मूलं रक्तविहन्यः स्युः गर्भाश्रयः 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 Doşa-specific

- Pitta-Rakta prakopa (ushna, amla, lavana, 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.

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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** (ushņa-amla-lavaaṇa, rūkṣa-atiyoga, rātribhojana, stress, coitus/instrumentation in *rājasrava* period) →
- 2. **Doşa prakopa**: chiefly **Pitta-Rakta** (heat, vasodilatation, bleeding tendency) ± **Apāna-vāta** dysrhythmia (timing) ± **Kapha kṣaya** (lack of containment).
- 3. Ārtavavaha Srotas duṣṭi at Garbhaśaya-Raktavāhinī → kālavyatyāsa (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:

 $Nid\bar{a}na \rightarrow Pitta-Rakta \uparrow \& Ap\bar{a}na-v\bar{a}ta vişama gati \rightarrow Srotoduşţi (Garbhaśaya-Raktavāhinī) \rightarrow \bar{A}rtava Vṛddhi (polymenorrhoea) <math>\pm$ 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).

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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, latrogenic, 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 **ushṇa, amla, lavaṇa, katu** excess; limit alcohol, very hot environments.
- Prefer śītala-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 Doșa-wise śamana / śodhana

- Pitta-Rakta dominant (early/hot/profuse):
 - o **Dīpana-pācana** (mild) followed by **Pitta-śamana**: Śatāvarī, Amalaki, Gudūcī, Musta, Yashtimadhu.
 - o Rakta-prasadana / stambhana supports: Aśoka, Lodhra, Nagakesara, Udumbara, Padmaka, Durvā.
 - Mrdu virecana where indicated; coolant kashāyas; local yoni-piču 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.
 - o Daśamūla kvātha, Hingvāṣṭaka in micro-doses (if no Pitta flare), gentle restorative yoga.

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• Kapha kṣaya (endometrial fragility): combine rasāyana for endometrial strength (e.g., Śatāvarī ghṛta) 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.

9) High-Yield Tables

A. Quick differential map

Feature cluster Likely cause Clue/Next step

 Observe/COCP if symptomatic; rule out pregnancy

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

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

Assessment

A) MCQs (one best answer)

- 1. Ārtava Vṛddhi most closely correlates with:
 - A. Oligomenorrhoea B. **Polymenorrhoea** C. Amenorrhoea D. Dysmenorrhoea
- 2. The **mūla** of Ārtavavaha Srotas is:
 - A. Hṛdaya-Dhamanī B. Yakṛt-Pliha C. **Garbhaśaya-Raktavāhinī** D. Basti-Vṛkka
- 3. 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
- 4. Polymenorrhoea with **dāha** and bright-red bleed points to predominance of:
 - A. Pitta-Rakta B. Kapha only C. Vāta only D. Sannipāta
- 5. First-line investigations after pregnancy exclusion in frequent cycles include:
 - A. CT abdomen B. CBC, TSH, prolactin, pelvic USG C. Colonoscopy D. Karyotype
- 6. Short luteal phase causing frequent cycles is best addressed (modern) by:
 - A. Antibiotics B. Luteal progesterone (clinician-guided) C. Diuretics D. Antacids
- 7. In Pitta-dominant Ārtava Vṛddhi, a suitable classical herb pair is:
 - A. Haridra + Pippalī B. **Aśoka + Lodhra** C. Eranda + Nirgundī D. Śunṭhī + Marica
- 8. A copper IUCD user with closer cycles and heavier flow likely has:
 - A. Cervical cancer B. latrogenic volume increase C. Hypothyroidism D. POI
- 9. Uttarabasti is contraindicated in:
 - A. Vāta dysrhythmia only B. Mild Pitta state C. PID/Unexplained heavy bleeding D. Kapha kṣaya

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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.

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