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Case Report

The Role of Integrated Approach Based on Yoga and Ayurveda in The Treatment of Artavakshaya W.S.R. To Oligo-Hypomenorrhea: A Case Report

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ABSTRACT

Oligo-hypomenorrhea, characterized by infrequent and scanty menstruation, is commonly associated with hormonal imbalance and impaired ovulatory function. In *Ayurveda*, a similar clinical presentation is described under *Artavakshaya*, involving derangement of *dosha*, *dhatu*, and *agni*. The present case report evaluates the therapeutic efficacy of an integrative approach combining Ayurvedic management and *Yoga* therapy in a refractory case of Oligo-hypomenorrhea.

A 25-year-old married female presented with complaints of delayed menstruation, scanty flow, and severe dysmenorrhea, with a history of prolonged allopathic treatment for two years without satisfactory improvement. The patient also had a history of erythema nodosum and was on regular medication. Based on clinical features and *Ayurvedic* principles, a diagnosis of *Artavakshaya* was established. The management protocol included *shamana chikitsa* with *agneya dravya* aimed at correcting *agnimandya*, alleviating *aamotpatti*, and promoting *artava utpatti*, along with the incorporation of specific *yogasana* to regulate neuroendocrine function.

The patient demonstrated significant clinical improvement within two treatment cycles, evidenced by normalization of menstrual interval, duration, and reduction in dysmenorrhea. Subsequently, spontaneous conception was achieved, and the patient is currently under antenatal care.

This case highlights the potential of an integrative *Ayurveda–Yoga* approach in restoring menstrual physiology and improving fertility outcomes in *Artavakshaya*. The findings suggest that such non-hormonal interventions may serve as effective alternatives in the management of menstrual disorders. However, further studies with larger sample sizes are warranted to validate these observations.

Keywords*: Case report, Ayurveda, Artavakshaya, Oligo-hypomenorrhea, Aama.*

INTRODUCTION

Uterus plays a vital role in the survival of all species in mammals. It serves as the site for the implantation of zygote post-fertilization, and eventually for the developing fetus. In case of the failure of fertilization and subsequent absent implantation, human beings shed a significant amount of endometrium cyclically termed as "Menstruation". [1] Menstruation is defined as the visible manifestation of cyclic physiological uterine bleeding due to shedding of the endometrium following invisible interplay of hormones mainly through Hypothalamo-pituitary-ovarian axis.[2] However,

this crucial event may be associated with distressing symptoms such as "Oligo-hypomenorrhea," where in menstrual bleeding occurs more than 35 days apart and is unduly scanty, lasts for less than 2 days, and remains constant at that frequency.[2]

Ayurveda, an ancient health science, is based on its sound knowledge of body physiology and pathology. Ayurveda offers a detailed description regarding menstruation under the term '*Artava*' (menstrual blood). Almost all the Ayurveda literature threw light on *Artava*, the age of menarche, duration and amount of *Artava*, pure form of menstrual blood and its various pathologies.[3] *Artavakshaya* (Oligo-Hypomenorrhea) is one among the abnormalities of menstruation described in Ayurveda classics. As per one of the great triads of Ayurveda compositions, Sushrutasamhita, *Artavakshaya* refers to "absence of menstruation at its proper interval and/or menstruation scanty in amount and/or associated with pain in the genital tract wherein use of *Shodhana* (Purification) and *Agneya dravya* (hot potency drugs) is advocated.[4]
Yoga, an integral component of traditional Indian healthcare, has been increasingly recognized as a therapeutic modality influencing both physiological and psychological domains. The beneficial effects of yoga are primarily mediated through modulation of the autonomic nervous system and stress response pathways, thereby improving neuroendocrine regulation.[5] Dysregulation of the Hypothalamo–Pituitary–Ovarian Axis, often precipitated by stress and lifestyle disturbances, is a key factor in menstrual irregularities such as *Artavakshaya*. Yoga-based practices facilitate self-regulation of stress, improve hormonal balance, and enhance overall reproductive health.[6] Furthermore, yoga is a safe, cost-effective, and easily accessible intervention, with evidence suggesting comparable safety to routine care or physical exercise.[7]

In the present case, specific Yogasanas including *Pavanamuktasana* (Gas release posture), *Paschimottanasana* (Seated Forward Bend), and *Hastapadasana* (Standing Forward Bend) along with *Suryanamaskara* (Sun salutation) and *Pranayama* (Breathing techniques) were selected due to their targeted effects on the lower abdomen, pelvic circulation, and neuroendocrine balance. These postures involve controlled stretching and compression of abdominal and pelvic structures, potentially enhancing uterine perfusion and regulating menstrual function.

In this paper, we report the refractory case of Oligo-hypomenorrhea, treated successfully with an integrated approach of Ayurveda regimen including *Nidanaparivarjana* (Avoidance of etiological factors)*, Shamana Chikitsa* (Palliative care) and Yoga. The present case provides supportive evidence of the promising results of integrated therapy combining yoga and Ayurveda in the management of refractory *Artavakshaya* related to Oligo-hypomenorrhea.

CASE REPORT

Patient information:

A 25-year-old patient (Height 5'4'', weight 70kg, BMI- 26.0) visited Prasutitantra and Striroga OPD, with complaints of delayed menses for 2 months, scanty menstruation lasting for only 2 days of the cycle and severe pain in lower abdomen during menstruation since last 4 years. A detailed timeline of patient's progress is mentioned in Table 1.

History of the present illness:

The patient was asymptomatic 3 years before visiting OPD for the first time on June 20, 2021. Later, she started developing symptoms of scanty menstruation with a duration of menstruation gradually decreasing from 5 days of the cycle and pain during menstruation increasing from mild pain to severe pain, making her unable to do her routine work. The patient has been visiting a private allopathic clinic for the same complaints and was being prescribed allopathic medication for 2 years (On and off). Ethinyl estradiol and Levonorgestrel combination pills, and Medroxy progesterone for withdrawal bleeding. However, no significant improvement was felt by the patient in the scanty as well as painful menstruation.

Complaints due to present illness:

The patient reported experiencing scanty menstruation lasting for 2 days of cycle, delayed menstruation with interval of 40-60 days and severe pain in lower abdomen during menstruation since last 4 years.

Associated complaints:

Patient also reported experiencing pain and swelling in bilateral knee joint stiffness all over body, body ache, and backache for last 3 years. She also complained of decreased appetite, disturbed sleep and constipation.

Other Existing Illness:

The patient was found to have following illness co-existing with the present one. She was a known case of erythema nodosum in the last 4 years and had been on allopathy medication (Prednisolone 10 mg, Etoricoxib 90mg). She had hypocalcemia for the past 3 years and was being treated for the same with allopathy medication. However, despite of regular consumption of prescribed medication for above pathologies, patient reported to have pain and swelling in bilateral knee joint. There was no any significant surgical history.

Family and Social History:
The patient had a family history of Type II Diabetes mellitus from mother, grandmother and Hypertension from father. There was no family history of Tuberculosis. The patient had no addiction history. The patient belonged to an upper-middle-class socio-economic background. She was educated till 8th grade and has been working as a housewife. She got married 9 years back with an active married life of 9 years.

Menstrual History:
At the time of the first OPD visit, the patient's last menstrual period (LMP) was on 20/04/2021. She reported oligomenorrhea with a menstrual cycle interval ranging from 40–60 days and a duration of bleeding of 2 days. The menstrual flow was scanty and associated with passage of clots. The patient also complained of severe dysmenorrhea, significantly affecting her daily activities.

Obstetric History:
The obstetric history was G2P2L2A0. The first pregnancy (G1) resulted in a full-term normal delivery (FTND) of a female child 8 years ago at home. The second pregnancy (G2) resulted in a full-term normal delivery of a female child 6 years ago at Fullara Hospital.

Data from Diagnostic Tests:
Ultrasonography:
Ultrasonography dated 20/04/2021 revealed no detectable pathology, with normal uterine size and endometrial thickness measuring 6 mm.

Hematological Investigations:
Laboratory investigations dated 23/02/2018 showed: Serum calcium – 7.4 mg/dL (low), erythrocyte sedimentation rate (ESR) – 30 mm/hr (elevated), rheumatoid factor – negative, and C-reactive protein (CRP) – negative.

Biochemistry report:
Biochemical analysis dated 22/02/2018 revealed mildly elevated liver enzymes: serum glutamic-pyruvic transaminase (SGPT) – 49 IU/L and serum glutamic-oxaloacetic transaminase (SGOT) – 66 IU/L.

Table No. 01: Timeline of patient's progress and modification of treatment plan.

Day	Date	Observations Subjective parameters	Treatment Plan and follow-up details	Advice
0	20/06/2021	Delayed menses in the last 2 months Scanty menses with duration of 2 days and painful menses Loss of appetite Disturbed sleep Constipation Swelling in B/L knee joint LMP- 20/04/2021 UPT done at 20/06/21 Result: Negative	Ayurveda treatment plan initiated with *Deepana chikitsa* for 7 days	1. *Ushna jala pana* 2. *Nidana parivarjana*
7	26/06/2021	Enhancement of appetite Bowel-clear	Assessment of *agni* done on basis of *jaranashakti* Deepana chikitsa discontinued and *shamana chikitsa* initiated further as mentioned in table no 01.	1. *Yogasana* 2. Exercise 3. *Ushna jala pana* 4. *Nidana parivarjana*
29	18/07/2021	LMP- 15/05/2021 Duration – 3days Interval- 57 days Clots- + Pain- ++	Same treatment as mentioned in table no. 01 from 2 to 5.	Same regime was continued.
50	08/08/2021	LMP - 15/05/2021 B/L leg swelling- reduced	Same treatment as mentioned in table no. 01 from 2 to 5.	Same regime was continued.

70	28/08/2021	LMP- 25/06/2021 Duration – 3 days and bleeding still on Interval- 40 days Moderate relief in pain in lower abdomen Pain- +	Same treatment as mentioned in table no. 01 from 2 to 5.	Same regime was continued.
126	24/10/2021	Complete relief in previous complaints of scanty menstruation, delayed menses, pain in lower abdomen during menses and swelling in lower limbs. LMP – 26/07/2021 Duration – 5 Days Interval- 31 days Clots- absent Pain – absent Color- red P/H App- normal Sleep – sound Bowel – clear Bladder – clear	Same treatment as mentioned in table no. 01 from 2 to 5 continued except no. 4 *Rajahpravartava* yoga *Ajamodadi churna* and *tankana* that was discontinued.	Same regime was continued.
166	3/12/2021	Delayed menses in the last 1 month LMP- 1/11/2021 -UPT done at 20/06/21 Result: Negative	Patient conceived. All the above treatment discontinued.	Above regime was completely stopped.

CLINICAL DIAGNOSIS

Based on detailed analysis of history as well as subjective and objective parameters of the patient, the case was diagnosed as Oligo-hypomenorrhea from modern perspective and '*Artavakshaya'* from Ayurveda point of view.

Etiopathology:

A detailed assessment of etiological factors revealed the involvement of multiple *nidana* (causative factors) contributing to the pathogenesis of the condition.

- *Aharaja nidana* (dietary factors): Regular intake of one glass of milk daily at night and consumption of two eggs at night thrice weekly indicate *Guru bhojana* (heavy diet) and *Ati madhura rasa sevana* (excessive intake of sweet taste).
- *Viharaja nidana* (lifestyle factors): The patient reported *Atichankramana* (excessive walking), *Vega avarodha* (suppression of natural urges), *Diwaswapna* (day sleeping), and *Prajagarana* (night awakening).
- *Manasika nidana* (psychological factors): Presence of *Shoka* (stress/grief).

According to *Acharya Sushruta*, *Rasakshaya* (depletion of *Rasa dhatu*) is an important causative factor for *Dhatukshaya* (depletion of *Dhatu*). *Acharya Vagbhata* has described that depletion of *Dhatu* (body tissues) subsequently leads to depletion of its corresponding *Upadhatu* (secondary tissues).[8] In this context, *Acharya Charaka* has enumerated several factors responsible for depletion of *Dosha*, *Dhatu*, and *Upadhatu*, which can be considered as *nidana* for *Artavakshaya*. Among these, the patient exhibited *Asatmya ahara sevana* (intake of incompatible food), *Atichintana* (excessive thinking), *Atapsevana* (excessive exposure to sunlight), *Prajagarana* (night awakening), and *Vega vidharana* (suppression of natural urges), which serve as *samanya nidana* (general etiological factors) in this case.

These factors collectively lead to *Rasakshaya*, which subsequently affects its *Upadhatu Artava*, ultimately resulting in *Artavakshaya*.

Pathophysiology

As per Ayurveda principles, since *Artava alpata* (scanty menses), *Yathochita kala Adarshanam*(delayed menses) and painful menses are the main features of this disease, the *roga marga* (disease pathway) can be considered to be *Abhyantara* (internal origin). Because the major symptoms are concerned with menstruation, the *srotasa dushti* (impaired channel)

involved is *rasavaha srotasa* and *artavavaha srotasa*. And the primary seat of this disease is *Tryavarta Yoni* (reproductive tract). Based on the origin of the disease, the disease can be categorized as *Nija roga* (internal) since *dosha* vitiation has caused the disease. Since all three *dosha* are involved in the disease manifestation, it could be termed as "*Sannipataja roga*".

THERAPEUTIC INETRVENTION

This part comprises of detailed treatment protocol and guidelines which includes:

1. *Ayurveda Shamana*: The set of medicine prescribed for three-month course was as mentioned in Table 2. The treatment plan included I. *Deepana- pachana* (digestive power enhancement) with *Ajamodadi churna* for 7 days following which II. Ayurveda *Shamana* was initiated.
2. *Yogasana*: Including *Suryanamaskara*, *Pavanamuktasana*, *Paschimottanasana*, *Hastapadasana*, and *Pranayama*, performed as per standard guidelines under the supervision of a qualified yoga expert in the hospital, as detailed in Table 3 and Figure 1.
3. Exercises: Brisk walking and squatting daily for 15 minutes.
4. Lifestyle modification: comprising Meditation, stress management and enhancing spirituality. Avoidance of *Divaswapna*, and *Ratrijagarana*.
5. Dietary modification: Avoiding *Adhyashana* (overeating).

Table no. 2: Therapeutic Intervention

Sr. No.	Therapeutic approach	Medicines	Doses	Specific instructions
I. *Deepana Pachana*				
1.	*Deepana* (Carminative)	*Ajamodadi churna*	3gm before meal empty stomach twice a day	With luke warm Advised to take for the initial 7 days of the treatment and then withheld after assessment of *agni* and The following medications were started further.
II. Ayurveda *Shamana*				
1	*Aamapachana* (digestive)	*Simhanada guggulu*	500 mg after meal twice a day	With luke warm water
2.	*Rasayana* (Stress reliever) *Brimhana* (nourishing endometrium)	*Ashwagandha*	3 gm in a *ksheerpaka* twice a day morning at 9 am and evening at 5 pm	Empty stomach before breakfast or meal
3.	*Rajahpravartana* (inducing menstruation)	*Ajamodadi churna* + *Tankana bhasma*	3gm 500 mg Twice a day	5 minutes before meal with luke warm water
4.	*Shothahara* (Anti-inflammatory)	*Punarnavashtaka kwatha*	20 ml 45 minutes Twice a day	30 minutes After food

Table No. 03 Yoga Intervention Protocol:

Sr. No.	***Yogasana* (Yogic exercise)**	**Time duration**
1.	*Pranayama*	5 min
2.	*Pavanamuktasana*	5 min
3.	*Paschimottanasana*	5 min
4.	*Hastapadasana*	5 min
5.	Meditation	5 min

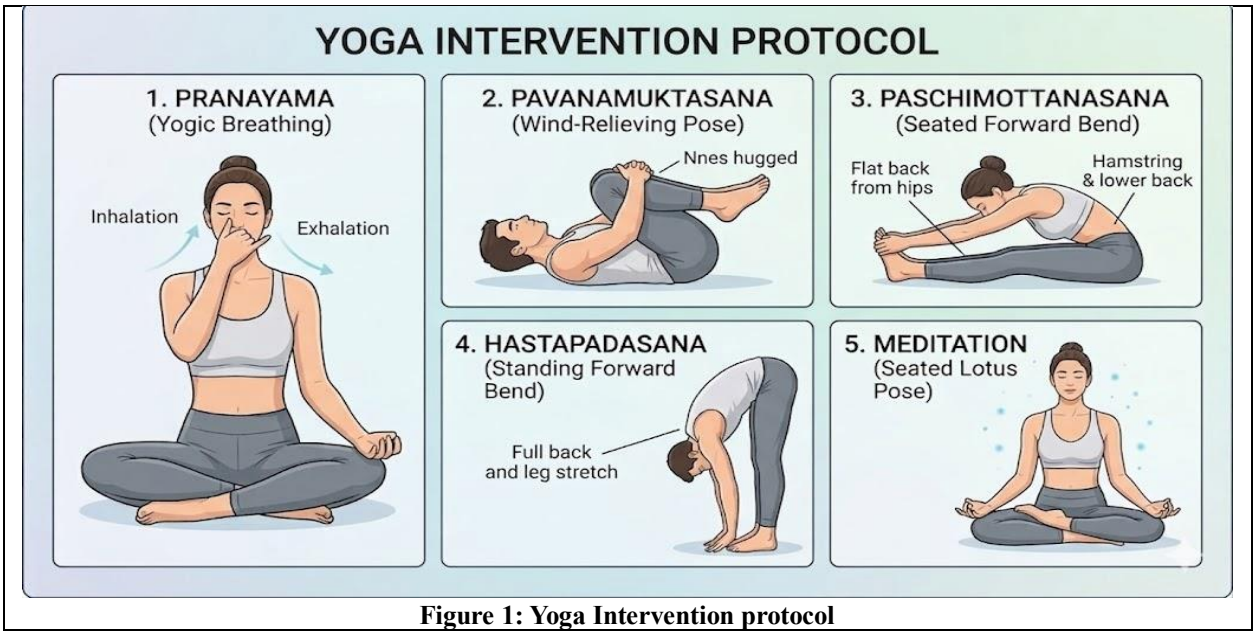

Figure 1: Yoga Intervention protocol

RESULTS

Following treatment course, patient had her menstrual cycles regular a month apart and duration and amount of bleeding was improved from 2 days before treatment to 4-5 days following treatment. Intense pain during menstruation before was relieved completely. Patient got conceived in next cycle following complete treatment course. Patient lost 7 kg of weight and BMI was reduced from 26 to 23.4.

DISCUSSION

Considering the chief complaints of the patient that is delayed menses, scanty menses, and painful menses, a diagnosis of *Artavakshaya* was made based on the diagnostic features of *Artavakshaya* stated by Acharya Sushruta. From a contemporary perspective, the presentation fulfilled the diagnostic criteria of Oligo-hypomenorrhea, characterized by intermenstrual intervals exceeding 35 days and reduced duration of menstrual bleeding (<2 days).[9]

A detailed assessment of *nidana* revealed multiple contributory factors such as *asatmya ahara sevana*, *atimadhura sevana*, *prajagarana*, *divaswapna*, *vegavidharana*, and *shoka*. These factors are known to induce *aamotpatti*, leading to *jatharagni mandya* and impaired *rasadhatu* formation. Consequently, *rasakshaya* leads to *artavakshaya* due to *upadhatu kshaya*, while *srotorodha* at the level of *rasavaha* and *artavavaha srotasa* further impairs tissue nourishment and menstrual physiology. Based on this integrative pathophysiology, a multimodal therapeutic approach was adopted which is discussed in Table 4.

Additionally, the presence of bilateral knee joint pain and swelling, backache, and generalized body ache, along with *agnimandya* and *jivha samata*, indicates systemic involvement of *aamotpatti* with predominant *vata–kapha dushti*. The accumulation of *ama* leads to *srotorodha* and derangement of tissue metabolism, thereby contributing to both musculoskeletal manifestations and reproductive dysfunction.

In accordance with classical principles, correction of *agni* and elimination of *aama* constitute the initial therapeutic priority before instituting *agneya dravya* for *artavakshaya*. Hence, *ama pachana* was undertaken as a preparatory intervention. *Ajamodadi churna*, indicated in *aamavata* and *kapha–vataja vyadhi*, was administered for its *deepana–pachana* properties for a duration of 7 days. Restoration of *agni* was confirmed clinically, following which the planned therapeutic regimen was initiated. The administration of *Ajamodadi churna* facilitated *agni deepana* and *ama pachana*, thereby improving metabolic function and relieving systemic symptoms. Pharmacologically, its ingredients such as *Trachyspermum ammi* possess carminative, digestive, antioxidant, and anti-inflammatory properties, which contribute to enhanced gastrointestinal function and reduction of metabolic stress.

Simhanada Guggulu was prescribed for its *aamapachana* and anti-inflammatory actions. The presence of *Commiphora mukul* confers significant anti-inflammatory, anti-arthritic, hypolipidemic, and immunomodulatory effects through modulation of inflammatory mediators and signaling pathways. This explains the observed reduction in joint pain and swelling and improvement in systemic inflammatory status.

Since sex hormones undergo conjugation and metabolism in the liver[10], the presence of mildly deranged liver enzymes in this patient indicated impaired hepatic function, which could contribute to hormonal imbalance. Therefore, correction

of hepatic metabolism was considered essential. *Punarnavashtaka kwatha*, indicated in *yakrit vikara*, was prescribed in view of its hepatoprotective, anti-inflammatory, and antioxidant properties.[11] The presence of *Boerhavia diffusa* in the formulation is known to enhance liver function and facilitate detoxification processes, thereby supporting endocrine homeostasis and menstrual regulation.

On evaluation of personal history, the patient was found to have significant psychological stress along with disturbed sleep patterns characterized by *ratrijagarana* and *divaswapna*. Such disturbances are known to disrupt circadian rhythm and alter nocturnal hormone secretion. Evidence suggests that sleep dysregulation adversely affects the hypothalamo–pituitary–ovarian axis, which plays a central role in the regulation of the menstrual cycle.

In this context, *Ashwagandha ksheerapaka*, containing *Withania somnifera*, was administered considering its adaptogenic and neuroendocrine-modulating properties. The presence of bioactive constituents such as somniferin contributes to anxiolytic and sleep-inducing effects, thereby reducing stress and restoring physiological sleep patterns. Additionally, its *rasayana* and *brimhana (*nourishing*)* properties promote tissue nourishment and support endometrial proliferation, which is essential in the management of *artavakshaya*.

Following correction of *agni*, metabolic status, hepatic function, and neuroendocrine balance, induction of menstruation using *ushna dravya* was undertaken. A combination of *Ajamodadi churna* and *Tankana bhasma* was prescribed for *rajahpravartana*.[12] *Tankana bhasma*, characterized by *ushna virya* and *streepushpa janana* properties, facilitates both ovulatory processes (*antahpushpa*) and menstrual flow (*bahirpushpa*).[13] Its addition to *Ajamodadi churna* potentiates uterine stimulation and improves pelvic circulation, thereby aiding in normalization of menstrual cyclicity and flow.

The integration of **Yoga therapy** provided an additional neurophysiological dimension to the treatment. Yoga has been shown to modulate autonomic balance, reduce sympathetic overactivity, and regulate the hypothalamic–pituitary–adrenal axis, thereby indirectly influencing the hypothalamo–pituitary–ovarian axis.[14,15] Reduction in cortisol levels and improvement in vagal tone contribute to normalization of hormonal rhythms and menstrual cyclicity.

The selected *yogasanas* exert specific physiological effects. **Pavanamuktasana** enhances abdominal and pelvic circulation through rhythmic compression, improving perfusion and metabolic activity of reproductive organs.[16] **Paschimottanasana** induces parasympathetic dominance and reduces stress, thereby improving neuroendocrine regulation. [17] **Hastapadasana** supports these effects by improving circulation and flexibility, contributing to overall pelvic health.

Lifestyle modifications and **Pranayama** further supported autonomic regulation and circadian rhythm alignment. Disturbed sleep patterns are known to alter GnRH pulsatility and downstream gonadotropin secretion; hence, correction of these factors is essential for restoring ovulatory cycles. **Physical exercise**, including brisk walking and squatting, contributed to weight reduction and improved insulin sensitivity. Adiposity and metabolic dysfunction are closely linked with menstrual irregularities; thus, reduction in BMI likely contributed to improved endocrine function and ovulation. Lifestyle modifications, including correction of sleep disturbances and incorporation of physical activity, further supported metabolic and hormonal balance. Improvement in body weight and BMI indicates enhanced insulin sensitivity and overall metabolic regulation, which are critical determinants of ovulatory function.

The overall clinical outcome, characterized by normalization of menstrual interval, duration, and flow, relief from dysmenorrhea, and subsequent conception, indicates effective restoration of *artava dushti* and reproductive physiology. The integrative approach demonstrates a synergistic effect, wherein Ayurvedic interventions corrected *dosha–dhatu* imbalance, improved hepatic and metabolic function, and restored *agni*, while *Yoga* contributed to neuroendocrine regulation and systemic homeostasis.

CONCLUSION:

This case report reflects an insight in the learning principles of Ayurveda and yoga therapy in management of a refractory Oligo-hypomenorrhea case. The success of the therapy is evident in that the patient not only got relief in all the symptoms but also got conceived after treatment. To improve the quality of evidence provided by this study, the same treatment protocol may be subjected to large size sample in the same issue.

Patient's Perspective on Treatment

After a four months therapy, subjective feedback taken from the patient revealed that the patient was immensely satisfied with being relieved from all the symptoms. Apart from that, patient expressed that it was like a cherry on the cake being conceived immediately following the treatment plan. Additionally, her faith in Ayurveda and yoga was doubled than before.

Declaration of Patient Consent

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Authors' contribution

- Conceptualization and clinical management: AZ, DR
- Data collection and literature search: AZ, DR, SJ
- Writing – original draft: SJ, AM, PG, DS
- Reviewing & Editing: AZ, PG, DS, AM
- Approval of final manuscript: All authors

Conflicts of Interest

Authors declare that there are no conflicts of interest.

Source of Support

The authors declare no source of support

Table no 04. – Description and indications of medicines used.

Sr. No.	Medicines	Indication	Description /Purpose
1.	*Ajamodadi churna*	*Kaphavata roga, aamavata* [18]	To correct vitiated *kapha vata dosha,* and to increase the amount of menstrual flow since *agneya dravya prayoga* is indicated in *artavakshaya* and swelling in B/L lower extremities.
2.	*Simhanada guggulu*	*Aamavata*[19]	To correct *aama lakshana* ie. *agnimandya, sama jivha* and body ache
3.	*Ashwagandha*	*Rasayana* *Nidrajanana*	To promote the endometrium generation and thereby thickness To correct hypothalamo-pitutary ovarian axis dysfunction by regulating sleep cycle
4.	*Punarnavashtaka kwatha*	*Shothahara* *Yakrud vikara*[20]	To correct *pittakshaya* with its *pittasaraka* action To correct conjugation of hormones in liver
5.	*Tankana bhasma*	*Stripushpajanana*[21]	To induce menstruation

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