



**EFFICACY OF VAMANA KARMA WITH MADANAPHALADI YOGA AND VIRECHANA KARMA WITH ICCHABHEDI RASA IN ARTAVA KSHAYA VIS-À-VIS OLIGO-HYPOMENORRHEA- A RANDOMIZED CLINICAL STUDY**

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**ABSTRACT:**

**Background:** *Artava Kshaya* is one of the menstrual disorders, characterized by *Yathochita Kaala Adarshanam*, *Alpartavata & Yonivedana* which indicates delayed menstruation, scanty menstrual discharge both in amount and duration, associated with pain in lower abdomen or vagina. These features resemble the features of Oligo-hypomenorrhea in modern parlance. *Shodhana* plays an important role in correction of *Srotovaigunyata &* maintains equilibrium of *Doshas* by purifying body. **Objectives:** To compare the efficacy of *Vamana Karma* and *Virechana Karma* in management of *Artava Kshaya*. **Method and Materials:** Randomized, open labelled, double arm clinical study. A minimum of 50 patients fulfilling the diagnostic and inclusion criteria were randomly selected for clinical study and they were assigned into 2 group i.e., Group A of *Vamana Karma* with *Madanaphaladi Yoga* and Group B of *Virechana Karma* with *Icchabhedi Rasa* each consisting of 25 patients. **Results:** *Vamana Karma* with *Madanaphaladi Yoga* showed clinically better results in terms of reduction in intermenstrual period, increased duration of menses, increased quantity of blood loss and reduced pain. So, improvement and more relief were observed in this group when compared to *Virechana* with *Icchabhedi Rasa*.

**Key Words:** *Artava Kshaya*, Oligomenorrhea, Hypomenorrhea, *Vamana Karma*, *Virechana Karma*.

## INTRODUCTION:

The woman is said to be a reflection of God blessed with the power of creation. Women's health is the primary factor for the well-being of family, society and culture. The menstrual cycle is an essential physiological state observed in reproductive era of a woman's life. It starts with menarche in puberty followed by conception-pregnancy and lactation in middle age completed with menopause. The basic physiology of menstrual cycle is a complex mechanism. This involves sequence of phases in coordination with hypothalamus, anterior pituitary, ovary, endometrium and associated hormones. Normalcy and rhythmic menstruation are prime factors for normal reproduction.

The quantity of menstrual blood varies from woman to woman. *Charaka* stated that normal menstruation has one-month interval between two menstrual cycles, five days duration of menstrual discharge and not associated with pain or burning sensation. *Artava* should not be very scanty or excessive in amount.<sup>[1]</sup>

*Artava Kshaya* is explained as symptom of many *Yoni Vyapada* and not as a separate disease. Symptoms of a disease themselves also constitute a disease.<sup>[2]</sup> But sometimes, due to their sub-ordinary nature they are merely symptoms rather than disease. This quotation substantiates the stand of taking *Artava Kshaya* as disease in the present study.

correction of *Srotovaigunyata* and maintaining equilibrium of *Doshas* by purifying the body. This

*Artava Kshaya* is characterized by *Yathochita Kaala Adarshanam*, *Alpartavata* and *Yonivedana*, indicating delayed menstruation, scanty menstrual discharge both in amount and duration, associated with pain in lower abdomen or vagina.<sup>[3]</sup>

Based on signs and symptoms it can be compared with oligomenorrhea and hypomenorrhea. Menstrual flow occurring more than 35 days apart and which remains constant at that period of frequency is called oligomenorrhea.<sup>[4]</sup> when menstrual discharge is unduly scanty and lasts for less than 2 days is called hypomenorrhea.<sup>[5]</sup>

The menstrual cycle with all its complexities can be easily perturbed by environmental factors such as stress, altered and sedentary lifestyle, unhealthy dietic habits, metabolic disorders and obesity. In current scenario prevalence of menstrual complexities is high in society. According to different studies, 13.5% and 12.95% of women are suffering from oligomenorrhea and hypomenorrhea respectively.<sup>[6] [7]</sup>

In present scenario, conventional measures like hormone replacement therapy, contraceptive pills are least significant with severe side effects. In classics, *Shodhana* and *Shamana Chikitsa* are mentioned to maintain equilibrium state of *Dosha* and cure diseases. In present study *Shodhana Chikitsa* is selected for clinical study which plays an important role in

also gives better relief with absolute no or fewer side effects.

According to *Sushruta*, *Shodhana Chikitsa* (purifying measures) with *Agneya* substances should be administered to treat *Artava Kshaya*. As per *Dalhana*- only *Vamana Karma* (emetics) should be carried out for purification and as per *Chakrapani Vamana Karma* and *Virechana Karma* both should be used. Considering all the points, this study is undertaken to assess the therapeutic effect of *Vamana Karma* and *Virechana Karma* in the management of *Artava Kshaya*.

**Objectives of the study:**

1. To evaluate the effect of *Vamana Karma* with *Madanaphaladi Yoga* in the management of *Artava Kshaya*.

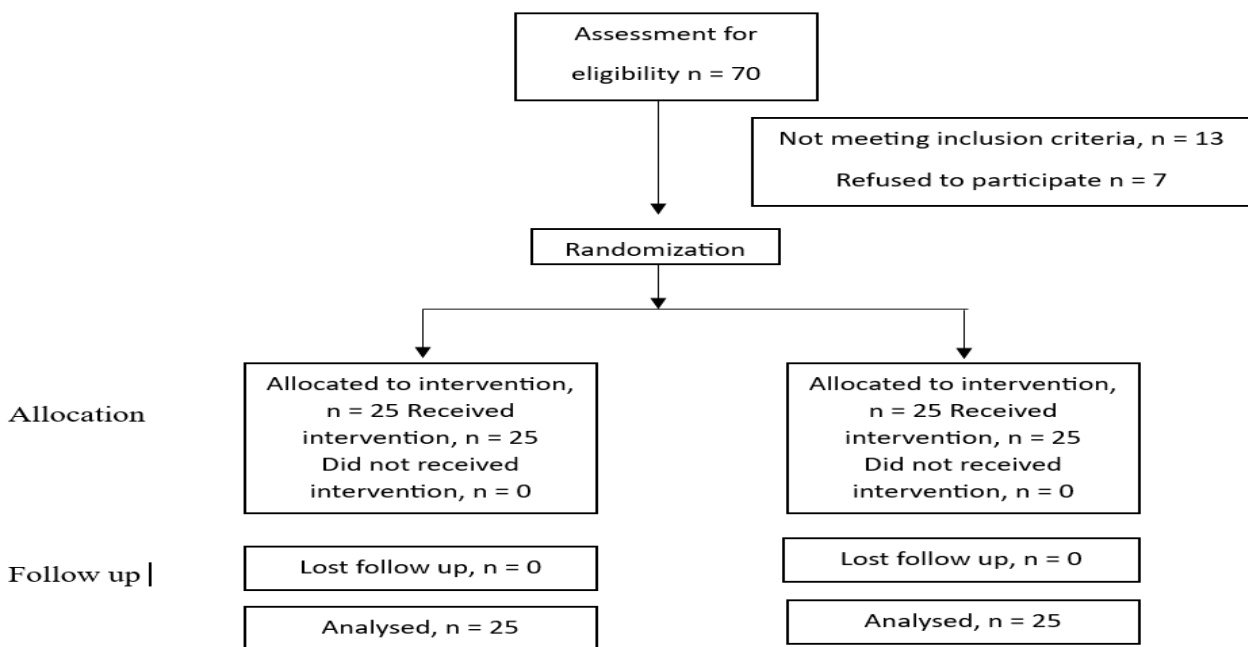
2. To evaluate the effect of *Virechana Karma* with *Icchabhedi Rasa* in the management of *Artava Kshaya*.
3. To compare the efficacy of *Vamana Karma* and *Virechana Karma* in management of *Artava Kshaya*.

**MATERIALS AND METHODS:**

Patients attending the outpatient and inpatient Department *Panchakarma* and Department of *Prasooti Tantra* and *Stree Roga* of Ayurveda Mahavidyalaya, Hubli were enrolled in the study.

**Study design:** randomized, open labelled, double arm clinical study.

**Randomization method** – Simple random sampling



**Fig 1: Consort flow Diagram**

**Sample size:**

A minimum of 50 patients fulfilling the diagnostic and inclusion criteria were

randomly selected for clinical study and they were assigned into 2 group i.e., Group A of *Vamana Karma* with *Madanaphaladi Yoga* and

Group B of *Virechana Karma* with *Ichhabhedi Rasa* each consisting of 25 patients.

**Diagnostic criteria:**

- Patient presenting with *Pratyatma Lakshana* of *Artava Kshaya* i.e *Yathochita Kala Adarshanam, Atyalpatha, Yonivedana.*
- Regular or irregular menstruation with scanty bleeding.
- Menstrual flow lasts for less than three days.
- Number of pads used during menstruation is <1 pad /day

**Inclusion Criteria:**

- Patients fulfilling diagnostic criteria.
- Between 18 - 40 years.
- *Vamana Yogya* patients according to classics.
- *Virechana Yogya* patients according to classics.

**Exclusion criteria:**

- *Vamana Ayogya* patients.
- *Virechana Ayogya* patients.
- Patient with congenital anomalies, Systemic disease, Malignancy, Tuberculosis of reproductive organs.
- Patients having Hb% <6 g/dl

1. Intermenstrual period

**Interventions:**

50 subjects who fulfil inclusion criteria and willing to participate for study were assigned in two groups randomly.

1. *Vamana Karma* with *Madanapahaldi Yoga* in group A
2. *Virechana Karma* with *Ichhabhedi Rasa* in group B

**Source of Drug:**

- *Trikatu Choorna* – for *Amapachana*
- *Tiktashatapala Ghrita* – for *Snehapana*
- *Shatapushpadi Taila* – for *Snehapana*
- *Murchita Tila Taila* – For *Sarvanga Abhyanga.*
- *Bashpa Sweda (Sarvanga)*
- *Madanaphaladi Yoga* - Made by adding *Choorna* of *Madanaphala Pippali, Yasthimadhu, Saindhava Lavana, Pippali, Vacha* and mixed with honey for *Vamana.*
- *Ichhabhedi Rasa* –for *Virechana Karma.*

**Criteria for assessment of the effect of therapy:**

	Grade
Normal 28 days interval between two menstrual cycles.	0
29-32 days interval between two menstrual cycles.	1
33- 45 days interval between two menstrual cycles.	2
More than 45 days interval between two menstrual cycles.	3

## 2. Duration of menstrual Flow

	Grade
Menstrual flow lasts for 5 days.	0
Menstrual flow lasts for 3 to 4 days.	1
Menstrual flow lasts for 1 to 2 days.	2
Menstrual flow lasts for less than 1 day	3

## 3. Quantity of Blood loss

	Grade
Normal flow, required 2 to 3 large sized pads/day	0
Scanty flow, required 1 to 2 Regular pads / day	1
Spotting, required <1 regular sized pad / day	2
Only Spotting, no requirement of pad.	3

## 4. Pain in lower abdomen or pelvic region

	Grade
No pain	0
Mild (having pain, can do routine work)	1
Moderate (unable to do work needs some rest)	2
Severe (needs complete bedrest)	3

### OBSERVATIONS:

50 subjects between the age group of 18 years to 40 years were selected for the study. It was found that the incidence was highest in age

group between 21-25 years (38%) and most of them were unmarried (64%), belonging to Hindu religion (88%) and middle class (86% each). Most of the patients were having

*Kapha Pittaja Prakruti* (36%), *Madhyama Agni* (66%), and *Madhyama Koshta* (64%).

In Group- A

Out of 25 subjects, 07 subjects (28%) reported as PCOD, 08 subjects (32%) reported as PCOD associated with *Sthoulya* (Obesity), 04 subjects (16%) reported as PCOD associated with *Sthoulya* and Infertility, 02 subjects (8%) reported as *Artava Kshaya* associated with *Sthoulya*, 01 subject (4%) reported as *Artava Kshaya* associated with infertility and *Sthoulya*, 02 subjects (8%) reported as PCOD associated with *Sthoulya* and hypothyroidism, 01 subject (4%) reported as PCOD associated with *Pandu*.

In Group-B

Out of 25 subjects, 04 subjects (16%) reported as PCOD, 09 subjects (36%) reported as PCOD associated with *Sthoulya*, 05 subjects (20%) reported as PCOD associated with infertility and *Sthoulya*, 04 subjects (16%) reported as PCOD associated with infertility, 01 subject (04%) reported as PCOD associated with Hypothyroidism, 01

subject (4%) reported as PCOD associated with Infertility and Mild Hepatomegaly, 01 subject (4%) reported as PCOD associated with *Sthoulya* and Varicosity.

Out of 50 subjects, maximum 49 subjects (98%) presented grade 3 prolonged inter-menstrual period i.e. interval above 45 days, menstrual flow lasted for 1 day in 36 subjects (72%), 80% subjects reported only spotting and 20% patients required <1 pad per day and maximum 32 subjects (64%) presented with grade 2 *Yoni Vedana*.

#### RESULTS:

The percentage of improvement in each parameter was calculated.

Paired T-test was used to find out “t” and “p” value.

To compare the effect of therapy between the groups Mann Whitney U test was used.

#### Comparative effect of both treatments on signs and symptoms:

There is no statistically significant difference in all signs and symptoms between group A and group B (BT-AT) as shown in the table

**Table No: 1 Statistical analysis table of comparison between Group-A and Group-B for BT and AT.**

Parameter	Sum of ranks	Mean of ranks	SD	U-value	Z-value	p-value	Remarks

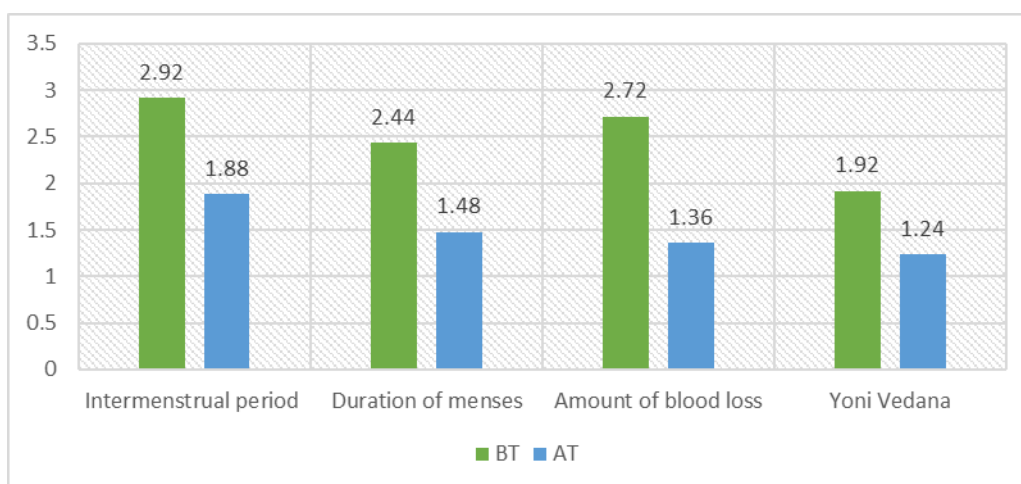
Intermenstrual period	1275	25.5	51.53	260	1.008	0.312	N.S
Duration of menses	1275	25.5	51.53	219.5	1.794	0.073	N.S
Quantity of blood flow	1275	25.5	51.53	188	2.409	0.015	S
<i>Yoni Vedana</i>	1275	25.5	51.53	304	0.152	0.872	N.S

**Table No: 2 Effect of therapy on total symptoms score of 25 subjects of**

**Group A.**

Sl. No	SYMPTOMS	BT	AT	% Of Relief
1.	Inter menstrual period	2.92	1.88	37.33%
2.	Duration of menses	2.44	1.48	36.66%
3.	Quantity of blood flow	2.72	1.36	48.66%
4.	<i>Yoni Vedana</i>	1.92	1.24	33.99%

**Graph No: 1 Effect of therapy on total symptoms score of 25 subjects of Group A.**

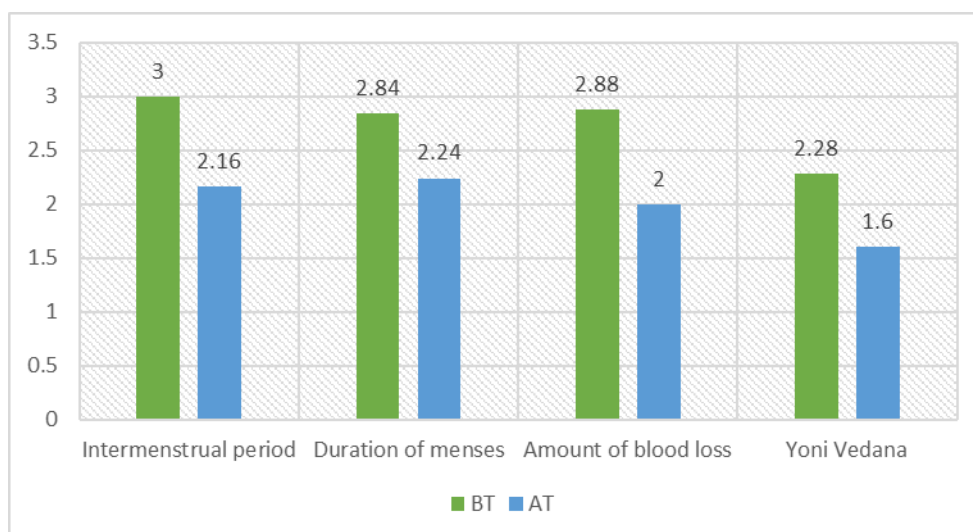


**Table No: 3 Effect of therapy on total symptoms score of 25 subjects of Group B.**

SI No	SYMPTOMS	BT	AT	% Of Relief
1.	Intermenstrual period	3	2.16	27.99%
2.	Duration of menses	2.84	2.24	19.99%

3.	Quantity of blood flow	2.88	2	29.99%
4.	<i>Yoni Vedana</i>	2.28	1.6	27.99%

**Graph No: 2 Effect of therapy on total symptoms score of 25 subjects of Group B**



**Table No: 4 Mean effect of therapy on individual symptoms total score of 25 subjects of Group A.**

BT	AT	BT-AT	%Of Relief
248	148	100	40.32%

**Table No: 5 Mean effect of therapy on individual symptoms total score of 25 subjects of Group B.**

BT	AT	BT-AT	%Of Relief
274	202	72	26.27%

The therapies under Group A and B provided 37.33%, 27.99 %, relief respectively which were statistically Highly significant on Inter-menstrual period; 36.66%, 19.99 % respectively which were statistically Highly significant on Duration of Menses; 48.66%, 29.99 % relief respectively which were

statistically Highly significant on quantity of blood flow and 33.99%, 27.99 % relief respectively which were statistically Highly significant on Yoni Vedana.

Group A had provided 40.32%, relief after treatment. Group B had provided 26.27%,

relief after treatment on all parameters of *Artava Kshaya*.

## DISCUSSION:

Discussion on results

### Inter-menstrual period:

**Effect within the Group- Group A:** The mean score of symptoms was 2.92 before treatment reduced to 1.88 after treatment. The change that occurred with treatment is greater than would be expected by chance, there is a statistically significant change ( $P = < 0.00001$ )

**Group B:** The mean score of symptoms was 3 before treatment reduced to 2.16 after treatment. The change that occurred with treatment is greater than would be expected by chance, there is statistically significant change ( $P = < 0.00001$ )

**Effect between Group A and Group B -** The effect of *Vamana Karma* was 37.33% and *Virechana Karma* was 27.99 %. The difference in mean values of two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input groups ( $P = 0.312$ ).

### Duration of Menstruation:

**Effect within the Group - Group A:** The mean score of symptoms was 2.44 before treatment reduced to 1.48 after treatment. The change

that occurred with the treatment is greater than would be expected by chance, there is statistically highly significant change ( $P = < 0.00001$ ) **Group B:** The mean score of the symptom which was 2.84 before treatment reduced to 2.24 after treatment. The change that occurred with the treatment is greater than would be expected by chance, there is statistically significant change ( $P = < 0.00001$ )

**Effect between Group A and Group B -** The effect of *Vamana Karma* was 36.66 % and *Virechana Karma* was 19.99 %. The difference in mean values of two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input groups ( $P = 0.073$ ).

### Quantity of Blood flow:

**Effect within the Group - Group A:** The mean score of the symptom which was 2.72 before treatment reduced to 1.36 after treatment. The change that occurred with the treatment is greater than would be expected by chance, there is statistically highly significant change ( $P = < 0.00001$ ) **Group B:** The mean score of the symptom which was 2.88 before treatment reduced to 2 after treatment. The change that occurred with the treatment is greater than would be expected by chance, there is

statistically highly significant change ( $P = < 0.00001$ )

#### **Effect between Group A and Group B**

The effect of *Vamana Karma* was 48.66 % and *Virechana Karma* was 29.99 %. There is a statistically significant difference between the two groups ( $P = 0.064$ ).

#### **Yoni Vedana:**

**Effect within the Group - Group A:** The mean score of the symptom was 1.92 before treatment reduced to 1.24 after treatment. The change that occurred with the treatment is greater than would be expected by chance, there is statistically highly significant change ( $P = < 0.00001$ ) **Group B:** The mean score of the symptom was 2.28 before treatment reduced to 1.6 after treatment. The change that occurred with the treatment is greater than would be expected by chance, there is statistically highly significant change ( $P = < 0.00001$ )

#### **Effect between Group A and Group B**

The effect of *Vamana Karma* was 33.99 % and *Virechana Karma* was 27.99 %. The difference in the mean values of the two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input groups ( $P = 0.968$ ).

#### **Mode of action of Vamana Karma in Artava**

**Kshaya** – *Artava Kshaya* can be considered as *Agni Vaishamyajanya Vikara* in general and *Rasagni* and *Medodhatvagni Mandya* deficient in particular with *Bahu Dosha Avastha* (vitiated Dosha). As *Artava Kshaya* is a metabolic disorder, *Vamana* helps to increase body metabolism, thereby reducing weight and specifically acting on liver metabolism, which is the main site of hormone formation. Furthermore, there is a direct relation between estrogen and obesity. Weight loss can improve not thus increased only circulating androgen and glucose levels but also help ovulation and thus increase pregnancy rate in obese women with *Artava Kshaya*. *Ushna, Tikshna* and *Vyavayi Vikasi Guna* of *Madanaphaladi Yoga* normalize *Kapha* vitiation and *Vatavaigunya*, reduces excess *Meda*, removes *Srotorodha/Sanga* and creates normal functioning of *Apana Vata* thereby regularizing the function of *Aartavavaha Srotas* as *Prakrita Vata* is responsible for proper menstrual flow

#### **Mode of action of Virechana Karma in Artava**

**Kshaya-** *Virechana* is bio-cleansing in nature. It removes the metabolic waste, accumulated toxins and vitiated *Dosha* from the body. It also helps in regularizing the disturbed hormonal levels in the body as it works on

liver metabolism thus correcting disturbed lipid levels.

#### **CONCLUSION:**

Menstrual irregularities have an adverse impact on women if not diagnosed and treated properly. Aetio-pathology of *Artava Kshaya* is often associated with one or more combined metabolic disorders like PCOD, PCOS, Hypothyroidism, Diabetes. This ends with primary or secondary Infertility which cause emotional stress, social stigma, financial burden and affect dearly with womanhood.

In *Artava Kshaya*, there is vitiation and *Vruddhi* of *Vata - Kapha* along with *Pitta Kshaya* leading to *Agnimandya* which further leads to vitiation of *Rasa Dhatu* and *Rakta Dhatu*. Hence, all *Samprapti Ghataka* are considered to treat *Artava Kshaya*. *Sanshodhana* works on correcting the internal pathology. After Shodhana the changes in parameters include reduction in intermenstrual period, increase duration of menses, increased quantity of blood flow and reduction in Yoni Vedana and also reduction in body weight. This shows that there is correction at hormonal level after Shodhana.

In group A therapy provided 40.32% relief in total symptoms score and in group B therapy provided 26.27% relief in total symptoms score. Statistically, there is significant effect of both *Vamana Karma* and *Virechana Karma* in

management of *Artava Kshaya*. *Vamana Karma* with *Madanaphaladi Yoga* (Group A) showed clinically better results in terms of reduction in intermenstrual period, increased duration of menses, increased quantity of blood flow and reduced pain. So, improvement and more relief were observed in Group B when compared to *Virechana* with *Icchabhedi Rasa*.

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**Conflict of interest:** None