



# International Journal of Indian Medicine

[www.ijim.co.in](http://www.ijim.co.in)

**ISSN: 2582-7634**

**Volume - 7 Issue - 04**

**April 2026**

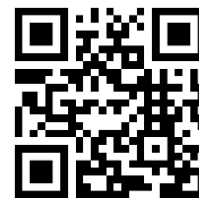


# I J I M

INDEXED



# International Journal of Indian Medicine



International Category Code (ICC): ICC-1702

International Journal Address (IJA): IJA.ZONE/258276217634

## Critical Review on Artava Kshaya and Its Clinical Applications Wandkhade P.G<sup>1</sup>, Gulhane C.M<sup>2</sup>

1. Assistant professor, Kriya sharir Dept. Bharava Ayurved Mahavidyalaya, Anand. Gujarat
2. Professor and HOD, Panchakarma dept. Bharava Ayurved Mahavidyalaya, Anand. Gujarat

### ABSTRACT:

Woman is symbol of beauty. 'Beauty must not be skin deep'. It should be maintained internally also. There are many physiological changes takes place in women's body which is markedly seen in the reproductive life. Menstrual cycle is such a unique phenomenon in the body which includes dramatical monthly change in the hormones, which ends finally with the shedding of endometrium. Artava Kshaya, a condition characterized by deficient menstrual flow and delayed cycles, has emerged as a significant gynecological challenge in contemporary Ayurvedic practice. Often correlated with Oligohypomenorrhea, it stems from a complex interplay of Vata-Kapha imbalance and Rasa-Agnimandya. This review aims to systematically analyze the classical Ayurvedic perspectives on Artava Kshaya alongside modern clinical parameters. The review highlights the necessity of addressing the H-P-O-U (Hypothalamus-Pituitary-Ovarian-Uterine) axis through holistic metabolic correction to restore reproductive health and fertility.

**KEYWORDS:** Artava Kshaya, Oligohypomenorrhea, Hypothalamus-Pituitary-Ovarian-Uterine axis

### CORRESPONDING AUTHOR:

#### Dr. Pratima Wankhede

Assistant professor, Sharirkriya Dept. Bharava Ayurved Mahavidyalaya,  
Anand. Gujarat  
e-mail [\\_dr.pratimawankhede@gmail.com](mailto:_dr.pratimawankhede@gmail.com)

**How to cite this article:** Wandkhade P.G, Gulhane C.M. Critical Review on Artava Kshaya and Its Clinical Applications. Int J Ind Med 2026;7(04):45-52 DOI: <http://doi.org/10.55552/IJIM.2026.7407>

**INTRODUCTION:**

Ayurveda considers the woman as the "root of progeny" (*Apatyamula*), where her health determines the vitality of future generations. A primary indicator of this health is the *Artava Chakra* (menstrual cycle), a rhythmic physiological process governed by the delicate balance of *Tridoshas*. In the modern era, shifts in nutritional standards, sedentary lifestyles, and chronic emotional stress have significantly disrupted this rhythm, leading to a rise in menstrual disorders. Among these, *Artava Kshaya* is frequently encountered, representing a state where the *Artava* (menstrual blood/ovarian hormones) is diminished in quantity or quality.<sup>1</sup>

In classical texts, *Artava Kshaya* is described as a *Lakshana* (symptom) of various *Yonivyapads* (gynecological disorders) or as a consequence of *Dhatu Kshaya* (tissue depletion).<sup>2</sup> Modern medicine typically manages such presentations—Oligomenorrhea and Hypomenorrhea—using Hormonal Replacement Therapy (HRT). However, the potential for side effects and the desire for permanent, holistic cures have led to a resurgence of interest in Ayurvedic *Shamana* (palliative) and *Samshodhana* (purificatory) measures. By utilizing *Agneya* (heat-inducing) drugs to counteract the *Srotorodha* (channel obstruction) caused by *Kapha* and the depletion caused by *Vata*, Ayurveda provides a comprehensive framework for treatment.<sup>3</sup>

**Aims and Objectives:**

1. **To Critically Analyze Pathogenesis:** To review and synthesize the Ayurvedic literature regarding the etiopathogenesis (*Samprapti*) of *Artava Kshaya*, focusing on the roles of *Agni*, *Rasa Dhatu*, and *Apana Vayu*.
2. **To Establish Clinical Correlations:** To correlate the classical symptoms of *Alpata*

(scanty flow), *Yathochita kala adarshanam* (delayed periods), and *Yoni Vedana* (dysmenorrhea) with modern diagnostic criteria for Oligohypomenorrhea.

**Conceptual Study: Ayurvedic Perspective Artava Nirmana and Swarupa:**

*Artava* is primarily considered an *Upadhatu* of *Rasa Dhatu* by the majority of Acharyas (Sushruta, Charaka, Vagbhata), while Bhavaprakasha and Sharangadhara classify it as an *Upadhatu* of *Rakta*. According to the *Dhatu Poshana Siddhanta*, ingested *Ahara* is converted into *Ahara Rasa* by *Pachaka Pitta* and *Jataragni*. The *Prasada* (pure) portion of *Rasa Dhatu* undergoes further transformation via *Rasa Dhatvagni* into a *Sukshma bhaga* (subtle part) which forms *Artava* and *Stanya*.<sup>4</sup>

While *Artava* is *Soumya* (cool) at its origin from *Rasa*, it acquires *Agneya* (fiery) properties during its expulsion, similar to how *Ikshu Rasa* (sugarcane juice) changes its nature when processed into *Phanita*. Acharyas provide synonyms such as *Shonita*, *Asruk*, *Raja*, and *Pushpa*. The normal *Pramana* (quantity) is 4 *Anjali*, and *Suddha Artava* is characterized by a color resembling *Gunjaphala* or *Indragopa*, a non-slimy texture, and an absence of pain or burning during flow.<sup>5</sup>

**Artava Chakra (Menstrual Cycle)<sup>6,7</sup>**

The cycle is divided into three distinct phases:

- **Rajasrava Kala (3–7 days):** The phase of active bleeding where *Vata* (specifically *Apana*) is predominant to facilitate expulsion.
- **Rutukala (12–16 days):** The fertile period where the *Yoni* is receptive. This phase is dominated by *Kapha* to assist in the proliferation of the endometrium (*Dhatuparipurnata*).

- **Rutuvyatitakala (9–13 days):** The post-ovulatory phase where the *Yoni* constricts (like a closing lotus). This is dominated by *Pitta*, correlating with the thermogenic effect of progesterone.

### Rajaswala Paricharya<sup>8</sup>

Traditional protocols for the menstruating woman include *Brahmacharya*, sleeping on the ground (*Darbha* bed), and consuming *Havisya* or *Yavaka* in small quantities to preserve *Agni*. Contraindications include day-sleeping (*Diwaswapana*), excessive exercise, and the use of *Nasya* or *Vamana*, as these may disturb the natural downward flow of *Apana Vayu*.

### ARTAVA KSHAYA

Artava Kshaya is a significant gynecological condition in Ayurveda, primarily characterized by a reduction in the normal quantity or duration of menstrual flow. The term Kshaya originates from the '*Kshi*' dhatu, meaning "to diminish" or "to cease." While often described as a symptom of broader menstrual disorders (*Ashta Artava Dushti*), its clinical presentation and distinct *Samprapti* (pathogenesis) allow it to be treated as a definitive disease entity within the Ayurvedic framework.

**Definition and Etymology:** According to Acharya Caraka, *Kshaya* denotes *Hrasa* (reduction) or *Nyunata* (scarcity). In the context of *Artava* (menstrual fluid), it refers to a state where the flow is significantly less than the physiological norm (4 *Anjali* or approximately 35ml). Shabad Kalpadruma further clarifies the term *Alpa* as *Kshrudra pramana*, reinforcing the concept of quantitative reduction.<sup>9</sup>

**Etiology (Nidana):**<sup>10</sup> The causes of Artava Kshaya are categorized into *Samanya*

(general) and *Vishesha* (specific) factors. Since Artava is the *Upadhatu* (secondary tissue) of *Rasa Dhatu*, any factor leading to *Rasa Kshaya* directly impacts the production of Artava.

- **Aharaja (Dietary):** Excessive intake of dry (*Ruksha*), light (*Laghu*), or cold (*Sheeta*) foods; fasting (*Abhojana*); or consuming pungent and bitter tastes in excess.
- **Viharaja (Lifestyle):** Over-exertion (*Ativyayama*), excessive sexual indulgence (*Ativyavaya*), and suppression of natural urges (*Vegadharana*).
- **Vishesha (Specific):** Vitiating of *Vata* and *Kapha* leads to *Margavarana* (obstruction of channels). As Artava is *Agneya* (fiery) in nature, a decrease in *Pitta* or an increase in its opposing qualities (cold/damp) leads to its depletion.

### Pathogenesis (Samprapti):<sup>11</sup>

The pathogenesis of Artava Kshaya involves a complex interplay of *Dosha* and *Dhatu*s. Vitiating *Vata* (specifically *Apana Vata*) and *Kapha* create an obstruction (*Sanga*) in the *Artavavaha Srotas* (menstrual channels). This results in *Khavaigunya* (structural or functional abnormality) in the uterus (*Garbhasaya*).

Furthermore, *Jataragni mandya* (diminished digestive fire) leads to the formation of *Ama* (toxins) and poor-quality *Ahara Rasa*. This subsequently fails to nourish the *Rasa Dhatu*, leading to a deficiency in its *Upadhatu*, Artava.

**Clinical Features (Roopa):** Acharya **Sushruta** identifies three cardinal features of Artava Kshaya:

1. **Yathochittakala Adarshana:** Delayed menstruation or irregular cycles where the interval exceeds the standard one-month duration.

2. **Alpata:** Scanty flow, where both the quantity and the duration (normally 3–5 days) are reduced.
3. **Yoni Vedana:** Pain in the vaginal region, primarily due to the difficult expulsion of blood through obstructed channels by *Apana Vata*.

**Management (Chikitsa):**<sup>12</sup> The primary goal is *Samprapti Vighatana* (breaking the pathogenesis). This is achieved through:

- **Shodhana (Purification):** Specifically, *Vamana* (therapeutic emesis). As *Dalhana*

explains, *Vamana* removes *Saumya* (cool) elements, thereby relatively increasing the *Agneya* (fiery) nature of the body, which aids *Artava* production.

- **Shamana (Pacification):** Use of *Agneya dravyas* (herbs with heating properties) like *Krishna Tila* (black sesame), *Kulattha* (horse gram), and *Lasuna* (garlic).
- **Specific Formulations:** *Krishna Tila Kashaya* and *Lasunadi Vati* are highly effective in stimulating the flow and balancing the *Vata-Kapha* obstruction.

### Differential Diagnosis (Sapeeksha Nidana):<sup>13</sup>

It is crucial to differentiate *Artava Kshaya* from other *Yonivyapad* (gynecological disorders):

Condition	Distinguishing Features
<b>Vatala Yonivyapad</b>	Includes numbness ( <i>Suptata</i> ) and stiffness, which are absent in simple <i>Artava Kshaya</i> .
<b>Lohitakshaya</b>	Characterized by burning sensation ( <i>Daha</i> ) and emaciation ( <i>Karshya</i> ).
<b>Shandi Yonivyapad</b>	A congenital condition featuring absence of breasts and rough vaginal touch.

### Modern Perspective<sup>14</sup>

**The Ovarian Cycle:** The ovarian cycle involves the development and maturation of follicles, ovulation, and the subsequent formation and degeneration of the corpus luteum.

- **Follicular Phase:** Initial recruitment of primordial follicles occurs over 85 days. FSH action becomes critical at a follicular size of 2.5mm; without it, atresia occurs. A dominant follicle is selected by day 5–7, characterized by maximum FSH receptors.
- **Ovulation:** Triggered by an LH surge (following a 24–48hr estrogen peak) and an FSH surge facilitated by 17-alpha hydroxy progesterone. This combined effect induces the maturation and rupture of the follicle, expelling the oocyte.
- **Luteal Phase:** The ruptured follicle becomes the corpus luteum, which has a lifespan of 12–14 days. It secretes progesterone and

estrogen to maintain the endometrium for a potential fertilized ovum.

**The Endometrial Cycle:** The endometrium undergoes four distinct stages: Regeneration, Proliferation, Secretory, and Menstruation.

- **Regeneration & Proliferation:** Regeneration begins before menses ends. Proliferation (days 5–14) is dominated by estrogen, leading to the thickening of the superficial functional zone.
- **Secretory Phase:** Beginning at day 15, progesterone acts on the estrogen-primed endometrium. If fertilization does not occur, hormone withdrawal leads to the next stage.
- **Menstruation:** Often described as the "weeping of the disappointed uterus," this stage is marked by endometrial ischemia due to spiral artery vasospasm. This spasm is driven by hormone withdrawal and the release of  $\text{PGF2}\alpha$ , leading to the shedding of the functional layer.

**Mechanism of Menstrual Bleeding:**

Menstrual bleeding is a complex vascular event. Withdrawal of estrogen and progesterone leads to a breakdown of lysosomes and the release of proteolytic enzymes, causing local tissue destruction. The functional layer is shed while the *decidua basalis* remains as the source for future growth. PGF2 $\alpha$  acts as a potent vasoconstrictor, causing vasospasm and myometrial contractions to physically expel the sloughing tissue. Fibrinolysis occurs within the uterine cavity, liquefying coagulated blood through activators of plasminogen.

**DISCUSSION:**

Artava Kshaya represents a complex metabolic and endocrine dysfunction that transcends simple menstrual irregularity. In Ayurveda, the condition is rooted in the failure of Ahara Rasa to properly transform into Rasa Dhatu and subsequently its Upadhatu, Artava. This is primarily driven by Jataragni mandya (diminished digestive fire), which leads to the production of Ama (toxins). From a modern physiological perspective, this correlates with the disruption of the H-P-O-U axis (Hypothalamus-Pituitary-Ovarian-

Uterine), where nutritional deficiencies or metabolic stress impair the hormonal surges required for ovulation and endometrial thickening.

The clinical features described by Acharya Sushruta—Alpata (scanty flow) and Yathochittakala Adarshana (delayed cycles)—find a direct modern correlation in Oligohypomenorrhea. The presence of Yoni Vedana (pain) further suggests a state of Vata vitiation, where Apana Vayu is unable to facilitate a smooth flow due to Srotorodha (channel obstruction) caused by Kapha. This mirrors the modern understanding of endometrial ischemia and spiral artery vasospasms driven by PGF2 $\alpha$ , which causes myometrial contractions and pain.<sup>15</sup>

The treatment strategy of Samprapti Vighatana emphasizes restoring the body's Agneya (fiery) nature. Vamana (therapeutic emesis) is uniquely indicated because it removes the Saumya (cool/damp) elements of Kapha, thereby clearing the path for the naturally Agneya Artava to be expelled. Use of herbs like Krishna Tila, Kulattha, and Lasuna serves a dual purpose: they act as Pachana to clear Ama and as Vatanulomana to ensure the proper downward movement of Apana Vayu.

**Table: Ayurvedic Management of Artava Kshaya<sup>16</sup>**

Drug / Formulation	Primary Ingredients	Mode of Action (Ayurvedic & Modern)	Clinical Application
<b>Rajapravartani Vati</b>	Kanya (Aloe), Kaseesa, Tankana, Ramatha	<b>Artavajanana &amp; Vatanulomana:</b> Potent emmenagogue that clears <i>Srotorodha</i> (obstruction) and induces uterine contractions.	Primary/Secondary Amenorrhea, Scanty flow with clots.
<b>Nashta-pushpantaka Rasa</b>	Kajjali, Lauha Bhasma, Abhraka Bhasma	<b>Hormonal Regulator:</b> Balances the H-P-O-U axis and improves the quality of <i>Rakta Dhatu</i> (blood).	Infertility, follicular growth issues, and hormonal imbalance.

<b>Arogyavardhini Vati</b>	Shuddha Shilajatu, Katuki, Triphala	<b>Deepana-Pachana:</b> Clears <i>Ama</i> and improves metabolic fire ( <i>Dhatvagni</i> ).	Artava Kshaya associated with PCOS and obesity.
<b>Kumaryasava</b>	Kumari (Aloe vera), Loha Bhasma, Ginger	<b>Rakta Prasadaka:</b> Purifies blood and acts as a digestive stimulant to ensure proper <i>Rasa-to-Artava</i> conversion.	Sluggish cycles, digestive disturbances, and anemia.
<b>Lohasava</b>	Iron, Triphala, Trikatu	<b>Dhatu Vardhaka:</b> Increases hemoglobin and nourishes the <i>Artavavaha Srotas</i> .	Artava Kshaya caused by nutritional anemia.
<b>Phala Ghrita</b>	Shatavari, Ashwagandha, Triphala	<b>Rasayana:</b> Nourishes the endometrium and supports follicular development.	Thin endometrium and habitual delayed cycles.
<b>Shatavari Ghrita</b>	Asparagus racemosus, Milk, Ghee	<b>Estrogenic Effect:</b> Rich in phytoestrogens that support the proliferative phase of the cycle.	Menopause-like symptoms in young women, hormonal deficiency.
<b>Shatapushpa (Dill)</b>	Anethum sowa	<b>Pitta-Vardhaka:</b> Increases the <i>Agneya</i> (fiery) nature of Artava; clinically proven to improve follicle size.	Delayed ovulation and scanty flow.
<b>Krishna Tila (Black Sesame)</b>	Sesamum indicum	<b>Ushna &amp; Teekshna:</b> Its hot potency stimulates the uterus and clears channel blockages.	Improving flow quantity and duration.
<b>Lasuna (Garlic)</b>	Allium sativum	<b>Sroto-shodhana:</b> Clears <i>Kapha-Vata</i> obstruction and improves pelvic circulation.	Chronic oligomenorrhea and blocked channels.

### Recent Advancements in Artava Kshaya Management:

Recent clinical research and academic discussions have integrated traditional wisdom with modern diagnostic tools to refine the management of Artava Kshaya:

- **Integrative Protocols:** Emerging research focuses on the use of Standard Operating Procedures (SOPs) for Panchakarma departments to ensure procedural consistency when treating menstrual disorders.
- **Phytoestrogen Research:** Modern pharmacological studies on Lasuna (Garlic) and Shatavari have highlighted their roles as natural selective estrogen receptor

modulators (SERMs), which can stimulate the endometrial lining without the systemic side effects of synthetic Hormone Replacement Therapy (HRT).

- **Metabolic Syndrome Correlation:** Recent advancements have linked Artava Kshaya with early-stage PCOS (Polycystic Ovary Syndrome). Treatment now often includes Deepana-Pachana (digestive stimulants) to address insulin resistance, which Ayurveda views as a form of Agnimandya.
- **Imaging & Hormonal Profiling:** The use of follicular tracking via ultrasonography (USG) is now frequently used to validate the efficacy of Ayurvedic Uttarabasti in improving

endometrial thickness and follicular maturation.

### CONCLUSION:

Artava Kshaya is more than a quantitative reduction in menstrual flow; it is a vital indicator of a woman's underlying metabolic and reproductive health. By addressing the root causes—Agnimandya and Srotorodha—Ayurvedic therapies offer a holistic alternative to purely hormonal interventions. The systematic application of Shodhana followed by Agneya Shamana drugs provides a robust framework for restoring the rhythm of the Artava Chakra. Integrating these classical approaches with modern diagnostic advancements ensures a comprehensive, patient-centered path toward hormonal balance and fertility.

### REFERENCES:

- Banu, Murshida, and Waheeda Banu. "An Ayurvedic Management of Artava Kshaya WSR to PCOD: A Case Study." (2024).
- Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya . Introduced by Prof. P.V. Sharma, 9th edition 2007, published by, Chaukhambha orientalia Varanasi. Pp 824,
- Ranade A, Acharya R. Ayurvedic management of aartava kshaya wsr polycystic ovarian syndrome—A critical review. *Ayurpharm Int J Ayur Alli Sci.* 2017;6(4):69-82.
- Astangahrdayam composed by Vagbhata with the Commentary (Sarvangasundari ) of Arunadutta. Introduced by Prof. P. V. Sharma. Reprint 9th edition 2005, Published by Chaukhambha Orientalia Pp. 956, page no. 361
- Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya . Introduced by Prof. P.V. Sharma, 9th edition 2007, published by, Chaukhambha orientalia Varanasi. Pp 824
- Astangahrdayam composed by Vagbhata with the Commentaries (Sarvangasundari ) of Arunadutta Introduced by Prof. P. V. Sharma. Reprint 9th edition 2005, Published by Chaukhambha Orientalia Varanasi Pp. 956
- Caraka Samhita by Agnivesha Revisedby Charaka & Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, reprint in 2007 Published by Choukhambha Orientalia, Varanasi Pp 738
- Caraka Samhita by Agnivesha Revisedby Charaka & Dridhabala with the Ayurveda Dipika commentary of chakrapani datta, edited by Vaidya Jadavaji Trikamji Acharya, reprint in 2007 Published by Choukhambha Orientalia, Varanasi Pp 738, pg no. 643
- Astanga Samgraha of Vahata or Vruddha Vagabhata with the Sasilekha Sanskrit commentary by Indu, by Prof. Jyotir Mitra. Edited by Dr. Shivaprasad Sharma, Published by Choukhambha Sanskrit series office Varanasi Pp. 965
- Kasyapa Samhita or Vruddha Jivakiya tantra by Vruddha Jivaka revised by Vatsy with Sanskrit introduction by Nepal Rajaguru Pandit Hemaraja Sarma with Vidyotini hindi commentary and hindi translation of sanskrit introduction by Ayurvedalankar Sri Satyapala Bhisagacharya , edition 7th 2000. Published by Chaukhambha Sankrit Sansthan Varanasi. Pp364,
- Astanga Samgraha of Vahata or Vruddha Vagabhata with the Sasilekha Sanskrit commentary by Indu, by Prof. Jyotir Mitra. Edited by Dr. Shivaprasad Sharma, Published by Choukhambha Sanskrit series office Varanasi Pp. 965,
- Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya. Introduced by Prof. P.V. Sharma, 9th edition 2007,

- published by, Chaukhambha orientalia Varanasi. Pp 824
13. Sushruta Samhita with nibandhasangraha commentary of Sri Dalhanacharya edited by Vaidya Jadavaji Trikamjiacharya . Introduced by Prof. P.V. Sharma, 9th edition 2007, published by, Chaukhambha orientalia Varanasi. Pp 824, Pg no 103
  14. Dever J. The female reproductive cycle: ovarian cycle, menstruation cycle, and estrus. *Female Biology*. 2023:184.
  15. Divya D, Kumari S. Critical Understanding of Agni and Artavakshaya in Women's Health from Ayurveda Perspective. *International Journal of Ayurveda* 2024 Dec 15;1(3):134-46.
  16. Divya D, Kumari S. Critical Understanding of Agni and Artavakshaya in Women's Health from Ayurveda Perspective. *International Journal of Ayurveda* 2024 Dec 15;1(3):134-46.

**Authors Contribution:** All authors have contributed equally.

**Financial Support and Sponsorship:** None declared

**Conflict of Interest:** There are no conflicts of interest.

**Declaration of Generative AI and AI Assisted Technologies in the writing process:**

The author has used generative AI/AI assisted technologies in the writing process.

---

© 2026 IJIM (International Journal of Indian Medicine)

An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY

Website: <https://www.ijim.co.in> Email: [ijimjournal1@gmail.com](mailto:ijimjournal1@gmail.com)

IIFS Impact Factor: **4.125**

Frequency of Publication: **Monthly**