

Management of Alpa Artava (Oligomenorrhea) with Chitrakadi Vati: A Case Study

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Abstract

Background: Alpa Artava is an Ayurvedic clinical entity characterized by an irregular interval between menstrual cycles, prolonged intermenstrual periods, and scanty or painful bleeding. It closely correlates with modern clinical presentations of oligomenorrhea. In contemporary medicine, hormone therapy is the conventional choice but carries risks of withdrawal dependency and metabolic side effects. This case study evaluates the efficacy of Chitrakadi Vati, an Agni-varadhaka and Vata-Kapha shamaka formulation, in restoring a healthy, regular menstrual cycle.

Case Description: A 26-year-old unmarried female nursing officer presented with a history of regular cycles that became irregular (>45-60 days interval) over the last 6 months, along with scanty bleeding lasting only 1-2 days and associated dysmenorrhea. Evaluation revealed Mandagni (low digestive fire) and a VataKapha clinical picture. Transvaginal ultrasonography confirmed normal pelvic anatomy and an endometrial thickness of 8 mm. Following a brief 5-day course of withdrawal progesterone therapy to induce bleeding, the patient was administered Chitrakadi Vati 250 mg, two tablets twice daily with lukewarm water after food) starting from the 5th day of her cycle for a continuous duration of two months.

Results: Significant therapeutic improvements were observed over two successive menstrual cycles. The intermenstrual interval normalized from 45-60 days to 30-35 days. The duration of menstrual flow increased from 1-2 days to 3 days, bleeding volume improved from scanty to moderate, and associated dysmenorrhea was substantially reduced.

Conclusion: Chitrakadi Vati demonstrated excellent clinical efficacy in managing Alpa Artava (oligomenorrhea). By correcting Mandagni and balancing Vata and Kapha doshas, this safe, cost-effective Ayurvedic oral formulation successfully restored physiological menstrual regularity and volume without any adverse events.

1. INTRODUCTION

Menstrual health serves as a critical biological indicator of a woman's overall metabolic and reproductive well-being. In contemporary gynecology, any deviation from the physiological norm of menstruation—manifesting as prolonged intermenstrual intervals, reduced flow duration, or diminished volume—is classified under clinical entities such as oligomenorrhea or hypomenorrhea¹. The global prevalence of irregular menstruation ranges between 5% and 15% among women of reproductive age², frequently driven by modern lifestyle stressors, nutritional shifts, and complex neuroendocrine disruptions such as Polycystic Ovary Syndrome (PCOS) or hypothalamic-pituitary-ovarian (HPO) axis dysregulation. Conventional medical management predominantly relies on exogenous hormone therapy (e.g., combined oral contraceptive pills or cyclical progestins) to induce withdrawal bleeding. While effective for artificial cycle regulation, these interventions often act as a temporary measure rather than treating the underlying root cause, and they carry a risk of adverse metabolic profiles, mood fluctuations, and a recurrence of symptoms upon discontinuation. Consequently, there is an escalating global demand for safe, sustainable, and integrative therapeutic strategies that restore endogenous endocrine harmony.

In the classical corpus of Ayurveda, normal menstrual blood (Shuddha Artava) is conceptualized not merely as a localized pelvic

phenomenon, but as a direct downstream byproduct of systemic tissue metabolism. According to Acharya Sushruta, the physiological sequence of tissue differentiation begins with the digestion of ingested food by the gastrointestinal fire (Jatharagni), yielding the primary nutritional essence known as Ahara Rasa³. Through the action of tissue-specific enzymes (Dhatvagni), Ahara Rasa metabolizes into the first circulating tissue, Rasa Dhatu. Crucially, Artava (menstrual fluid) is recognized as the secondary tissue (Upadhatu) derived directly from Rasa Dhatu (Rasa to Artava)⁴.

Therefore, any qualitative or quantitative impairment in menstrual flow—described classically as Alpa Artava (characterized by prolonged intermenstrual intervals, scanty bleeding, and dysmenorrhea)⁶—originates fundamentally from a systemic metabolic defect rather than an isolated uterine pathology. The primary initiator of this cascade is Mandagni (hypofunction of the digestive fire)⁵. When Jatharagni is impaired, the initial digestion of food is incomplete, resulting in the formation of Aama (toxic, undigested metabolic byproducts) and a qualitatively deficient Ahara Rasa. This compromised nutritional base directly impairs the formation and replenishment of Rasa Dhatu, leading to a state of Rasa Kshaya (depleted plasma volume and nutrients). Because the Upadhatu depends entirely on its parent tissue, Rasa Kshaya inevitably results in Artava Kshaya or Alpa Artava. Simultaneously, the accumulation of Aama and the morbid increase of Kapha create



an obstructive pathology (Srotoshodhana) within the nutritional and reproductive channels (Rasavaha and Artavaha Srotas). This physical and metabolic obstruction impedes the physiological movement of Apana Vayu—the sub-dosha of Vata responsible for the downward elimination of menstrual blood—thereby causing delayed cycles, scanty flow, and ischemic pelvic pain (dysmenorrhea).

To interrupt this pathophysiological chain (Samprapti Vighatana), standard therapeutic strategies must look beyond the reproductive organs and prioritize the correction of gastrointestinal metabolism. Treatment must center on Deepana (appetizer/stimulant of Agni) and Pachana (carminative/digestive of Aama) agents to re-establish systemic metabolic equilibrium. Chitrakadi Vati is a well-established, classical Ayurvedic formulation explicitly indicated for the management of Mandagni, Aama, and Vata-Kapha disorders⁷. Composed of potent herbs such as Chitraka (*Plumbago zeylanica*), Pippalimoola (*Piper longum* root), the three

pungent carminatives (Trikatu: ginger, black pepper, and long pepper), Hingu (*Asafoetida*), and various mineral salts, this formulation possesses sharp (Teekshna), hot (Ushna), and penetrative properties⁸.

From an integrative pharmacological perspective, the mechanisms of Chitrakadi Vati function along two interdependent axes:

Systemic Metabolic Core (Deepana/Pachana)

The Ushna-Teekshna bio-characteristics of Chitrakadi Vati directly stimulate Jatharagni, thereby eradicating accumulated Aama and halting the generation of metabolic toxins. By optimizing gastrointestinal digestion, it ensures the synthesis of a nutrient-dense Ahara Rasa. This directly replenishes Rasa Dhatu, providing the biological substrate necessary for adequate Artava Utpatti (menstrual fluid formation and volume restoration).

Localized Neuro-Vascular Axis (Srotoshodhana & Vatanulomana)

The formulation's constituent herbs exhibit profound Srotoshodhana (channel-clearing) properties, effectively scraping away Kapha-mediated obstructions within the Artavaha Srotas. Modern phytochemical profiles of ingredients like *Plumbago zeylanica* (containing plumbagin) and *Piper longum* (containing piperine)⁹ demonstrate bio-enhancing, anti-inflammatory, and micro-vascular circulatory improvements. By clearing the micro-channels, the formulation normalizes the bio-motility of Apana Vayu (Vatanulomana). This relieves the pelvic congestion and uterine ischemia responsible for dysmenorrhea, while facilitating the timely, physiological shedding of the endometrium.

While Chitrakadi Vati is extensively utilized in gastroenterology for conditions like malabsorption or dyspepsia, its clinical utility as a primary intervention to reset the neuroendocrine and metabolic pathways of reproduction remains under-reported in indexed literature. This case study documents the clinical efficacy of Chitrakadi Vati in successfully reversing a presentation of Alpa Artava (oligomenorrhea) associated with Mandagni in a 26-year-old female patient, demonstrating the profound therapeutic relevance of the gutgonadal relationship in integrative medicine.

2. CASE DESCRIPTION

2.1. Patient Information and Presenting Complaints

A 26-year-old unmarried female patient, working professionally as a nursing officer, presented to the outpatient department of Prasooti Tantra evum Stree Roga on January 7, 2026¹⁰. She presented with chief complaints of an irregular menstrual cycle characterized by a prolonged intermenstrual interval spanning 45-60 days, which had persisted for the last 6 months. Along with the delayed cycles, she reported significantly

reduced menstrual bleeding (scanty menses) lasting only 1-2 days, a concern she had actively noticed over her last 3 menstrual cycles. The associated complaints (Anubandh Vedana) included distressing pain during menses (dysmenorrhea) and an overarching sense of generalized weakness.

2.2. Clinical History

The patient's past medical history revealed no chronic systemic illnesses, metabolic disorders, or longterm medication use, and she had no documented history of drug allergies. Her surgical history was noncontributory. Family history (Kula Vrittant) did not reveal any hereditary endocrine disorders, premature ovarian failure, or metabolic syndromes among close relatives.

2.3. Menstrual and Obstetric History

The patient experienced menarche at the age of 14 years, after which her menstrual cycles were characteristically regular with moderate flow. However, a distinct onset of secondary irregularity began 6 months prior to presentation. Her Last Menstrual Period (LMP) was recorded on November 10, 2025. The bleeding pattern during her irregular phases was sparse, requiring the use of only 1 sanitary pad per day for a duration of 1-2 days. She was nulligravida and reported no history of contraceptive use.

2.4. Personal History and Lifestyle Factors (Vayaktika Vrittanta)

A review of the patient's lifestyle habits revealed an irregular bowel habit and an overtly sedentary routine with minimal to no regular physical exercise. Her diet was strictly vegetarian. While her sleep patterns were normal and restorative, a critical assessment of her metabolic fire revealed Mandagni (diminished digestive capacity). Sociodemographically, she belonged to an upper-middle-class family structure.

3. CLINICAL EXAMINATION AND INVESTIGATIONS

3.1. General Physical Examination

On physical assessment, the patient was found to be lean-built but stable, conscious, and well-oriented to time, place, and person. Her vital signs and anthropometric measurements were documented as follows:

Height: 5.2 feet

Weight: 40 kg

Blood Pressure: 110/70 mmHg Pulse Rate: 85 bpm

Respiratory Rate: 18 pm

Body Temperature: 98°F (Afebrile)

Concomitant signs: Clinical examination indicated the absence of severe pallor, icterus, cyanosis, clubbing, or generalized edema.

3.2. Ayurvedic Diagnostic Examination (Dashvidha Pareeksha)

A systemic Dashvidha Pareeksha was conducted to ascertain the precise Dosha-Dushya dynamics: Prakruti (Physical Constitution): Vata-Pitta

Vikruti (Pathological Manifestation): Vata-Kapha dominance Satva (Mental Strength): Avara (Low/Mild)

Satmya (Homologation): Madhyam (Medium) Sara (Tissue Excellence): Madhyam

Samhanana (Body Compactness): Madhyam

Ahar shakti (Digestive & Ingestive Capacity): Madhyam Vyayam shakti (Exercise Tolerance): Avara (Low)

Vaya (Age Category): Yuwati (26 years, reproductive phase)

3.3. Systemic Examination
Cardiovascular System (CVS): S1 and S2 heart sounds heard clearly; no organic murmurs detected.

Respiratory System (RS): Air entry bilaterally equal (AEBE); chest fields clear with no adventitious sounds.

Central Nervous System (CNS): Patient was fully conscious, cooperative, and cognitively intact.

3.4. Diagnostic Objective Investigations

To rule out structural pathologies or advanced endometrial anomalies, an ultrasonography (USG) of the abdomen and pelvis was conducted before starting the treatment.

Uterus: Anteverted, presenting normal physiological dimensions and echo-texturing.

Ovaries: Bilateral ovaries appeared normal in volume and stromal density; no signs of polycystic morphology or dominant cystic masses were visible.

Endometrial Thickness (ET): Measured at 8 mm during the premenstrual assessment window, validating adequate endometrial proliferation capability.

4. THERAPEUTIC INTERVENTION

The clinical management strategy was divided into an initial modern withdrawal protocol followed by targeted classical Ayurvedic therapeutics to completely break the Mandagni-induced Samprapti (pathogenesis):

4.1. Step 1: Acute Induction of Menstruation

To address the long-standing amenorrheic phase (LMP: 10.11.2025), a short course of conventional progestin was utilized to trigger an initial endometrial shedding.

Medication: Tablet Deviry (Medroxyprogesterone acetate), 10 mg.

Posology: 1 tablet twice daily (BD) orally for 5 consecutive days

Outcome: The withdrawal response was successful, resulting in the onset of induced menstruation on January 17, 2026.

4.2. Step 2: Classical Ayurvedic Management

Following the cessation of the induced bleed, standard oral administration of Chitrakadi Vati was initiated on the 5th day of the menstrual cycle to rectify the deep-seated metabolic errors (Mandagni and Aama) hindering endogenous cycle regularity.

Formulation: Chitrakadi Vati.

Dosage: 250 mg per tablet (administered as 2 tablets, totaling 500 mg per dose). Frequency: Twice daily (BD), administered after meals.

Anupana (Vehicle): Sukoshna Jala (Lukewarm water) to augment its Ushna and Srotoshodhana capabilities.

Total Duration of Therapy: 2 months continuously.

5. RESULTS AND OBSERVATIONS

The patient demonstrated significant clinical improvement over the course of the two-month therapeutic intervention. The observational outcomes, structured chronologically based on the patient's follow-up visits, are detailed below.

5.1. Clinical Timeline and Follow-ups

Initial Baseline (07/01/2026): The patient presented with a long-standing amenorrheic phase (LMP: 10/11/2025). Withdrawal bleeding was successfully induced using oral progestin therapy, appearing on January 17, 2026. Classical intervention with Chitrakadi Vati commenced on the 5th day of this cycle (21/01/2026).

First Follow-up (24/02/2026): Visited the outpatient clinic on the 5th day of her first post-treatment menstruation (LMP: 20/02/2026). The intermenstrual interval effectively shortened to 34 days. The patient reported a noticeable reduction in menstrual pain and an upward trend in general energy levels.

Second Follow-up (29/03/2026): Visited on the 5th day of her second consecutive post-treatment menstruation (LMP: 25/03/2026). The intermenstrual interval stabilized at 33 days. The duration of bleeding increased from her historic baseline, the flow volume normalized to a moderate level, and her associated dysmenorrhea was completely resolved.

5.2. Comparative Assessment of Objective and Subjective Parameters

To objectively map the therapeutic efficacy of Chitrakadi Vati, specific clinical markers—including intermenstrual cycle intervals, flow duration, quantitative bleeding volume, and subjective pain scores—were analyzed before and after the treatment regime.

Table 1: Clinical Outcomes of the Patient Before and After Treatment

Parameter	Before Treatment (Baseline)	After Treatment (Post Intervention)
Interval between the cycle	45-60 days	30-35 days
Duration of bleeding	1-2 days	3 days
Amount of bleeding	Scanty (1 pad/day)	Moderate (2-3 pads/day)
Pain (Dysmenorrhea)	Present	Reduced / Resolved

6. DISCUSSION

The clinical presentation of Alpa Artava (oligomenorrhea) in this 26-year-old female patient highlights a classic pathophysiological cascade where gastrointestinal dysfunction directly compromises reproductive endocrinology. In Ayurveda, the physiologic integrity of menstruation relies entirely on the structural and

functional quality of Rasa Dhatu¹¹, the primary circulating tissue formed post-digestion. In this case, the patient's sedentary lifestyle and irregular bowel habits directly contributed to Mandagni (hypofunction of the digestive fire). This compromised metabolic state leads to the incomplete digestion of Ahara Rasa and the subsequent generation of Aama (undigested metabolic toxins). This dual defect compromises the qualitative formation of Rasa Dhatu, leading to Rasa Kshaya and subsequently causing a

depleted status of its Upadhatu, Artava. Simultaneously, the Vata-Kapha pathological dominance (Vikruti) produces a state of Srotorodha (micro-channel obstruction) within the Artavaha Srotas, physically impeding the downward, physiologic movement of Apana Vayu, resulting in delayed cycles, scanty volume, and dysmenorrhea.

The selection of Chitrakadi Vati as the primary therapeutic agent targets the very root of this pathogenesis (Samprapti Vighatana). Composed of Chitraka (Plumbago zeylanica), Pippalimoola, Trikatu, Hingu, and Lavana Panchaka (five mineral salts), the formulation is fundamentally characterized by KatuTikta Rasa, Ushna Veerya, and Teekshna-Guna.

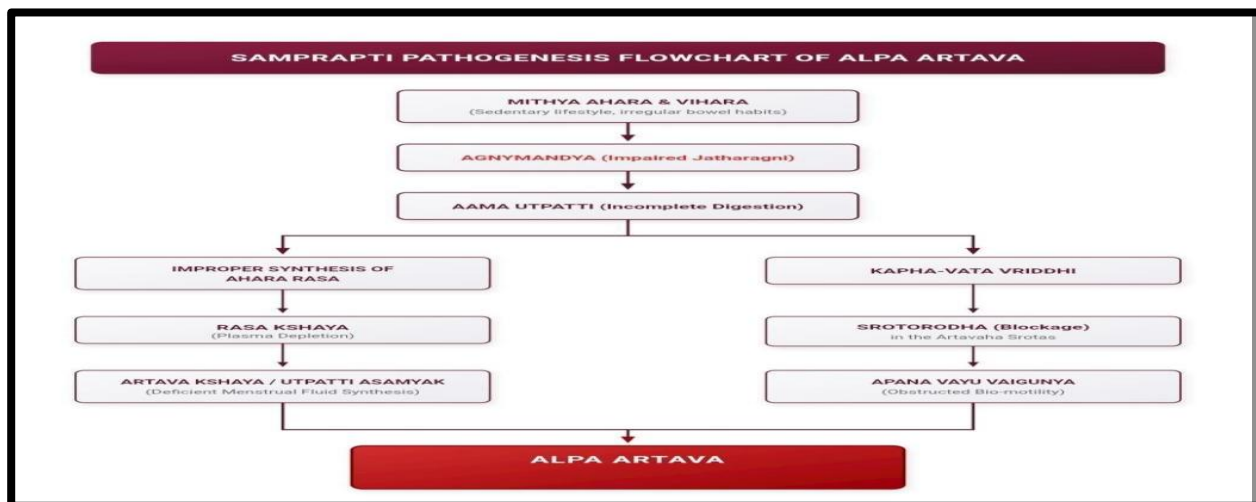


Figure 1: Samprapti (Pathogenesis) of Alpa Artava

The clinical recovery witnessed across two successive follow-up cycles can be decoded through a dualaxis pharmacological framework:

1. Correction of Gastrointestinal Metabolism (The Systemic Axis)

The potent Deepana (appetizer) and Pachana (carminative) properties of Chitraka and Trikatu stimulate the functional capacity of Jatharagni, successfully digesting the circulating Aama. By restoring optimal digestion, the quality of the primary nutritional substrate (Ahara Rasa) improves significantly. This directly replenishes Rasa Dhatu, providing the essential bio-mimetic building blocks required for adequate Artava Utpatti (menstrual fluid formation), clinically manifesting as an increase in flow duration from 1-2 days to 3 days and an upgrade in volume from scanty to moderate.

2. Clearing Pelvic Obstruction and Resetting Motility (The Localized Axis)

The Teekshna (penetrative) and Srotoshodhana (channel-clearing) attributes of the formulation dissolve the Kapha-mediated thickening and physical obstructions within the micro-vessels of the Artavaha Srotas. Modern phytochemical profiling indicates that ingredients like Plumbago zeylanica possess antiinflammatory and vascular-modulating capabilities, while the piperine in Trikatu enhances systemic bioavailability. By clearing these channels, the biological motility of Apana Vayu is normalized (Vatanulomana). This effectively eliminated the pelvic congestion and ischemic uterine contractions responsible for the patient's dysmenorrhea, while facilitating a predictable, regular endometrial shedding cycle every 30-35 days.

The brief utilization of conventional progesterone therapy (Tablet Deviry) acted purely as an acute catalyst to resolve the 6-month amenorrheic window, whereas the subsequent sustaining of regular, pain-free, and quantitatively adequate cycles over two months was driven entirely by the systemic metabolic correction achieved via Chitrakadi Vati. This case provides robust proof of concept for treating reproductive disorders by correcting central metabolic pathways rather than relying solely on localized organ-specific therapies.

7. CONCLUSION

This case study demonstrates that Chitrakadi Vati is an exceptionally effective, safe, and cost-effective oral formulation for managing Alpa Artava (oligomenorrhea). By systematically targeting Mandagni and eliminating Aama, the treatment addresses the upstream metabolic causes of menstrual irregularities rather than just forcing a topical hormonal withdrawal. The therapy successfully restored a regular 30-35 day menstrual cycle, normalized bleeding volume and duration, and significantly relieved associated dysmenorrhea without causing any adverse drug reactions. These encouraging clinical results support the need for further large-scale, randomized controlled clinical trials to fully validate the role of Deepana-Pachana therapeutics in managing metabolic and neuroendocrine-driven gynecological disorders¹²

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