

Management of Artava Kshaya (Oligomenorrhea) with Methikadya Churna: A Clinical Case Report

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DOI: <https://doi.org/10.63001/tbs.2026.v21.i03.pp931-933>

KEYWORDS

Artava Kshaya,
Oligomenorrhea,
Methikadya Churna, Bulky
Ovaries, Case Report,
Ayurveda.

Received on: 20/08/2026

Revised on: 10/09/2026

Accepted on: 19/09/2026

Published on: 30/09/2026

Abstract

Background: Artava Kshaya is a commonly encountered clinical condition in gynecological practice, characterized by a reduction in the duration, amount, and regularity of menstrual flow. It closely correlates with Oligomenorrhea and is frequently tied to underlying ovarian dysfunction, such as bulky ovaries. Traditional Ayurvedic texts recommend the use of Artavajanana (menstruation-inducing) and Agneya (fiery/heating) formulations to correct the disrupted Vata-Kapha doshas and Mandagni (sluggish digestive fire) responsible for this pathology.

Case Description: A 27-year-old unmarried female presented with chief complaints of scanty menses for the last 6 cycles and irregular cycles spanning more than 60 days for 1.5 years, accompanied by menstrual pain. Ultrasonography revealed bilaterally bulky ovaries and an endometrial thickness of 5 mm. The clinical presentation indicated an imbalance of Vata and Kapha doshas alongside Mandagni. The patient was managed orally with Methikadya Churna (3 g twice daily) administered with Mrudvika (raisins) and Go-Ghruta (cow's ghee) for a duration of two months.

Outcomes: Significant clinical improvement was noted after the intervention. The inter-menstrual interval normalized from >60 days to 35 days. The duration of menstrual bleeding prolonged from 1-2 days to 3 days, and the amount of blood flow increased from a scanty 1 pad/day to a moderate flow. Additionally, dysmenorrhea (menstrual pain) was substantially reduced. No adverse effects were observed during or after the treatment period.

Conclusion: This case demonstrates that Methikadya Churna is an effective, safe, and non-hormonal Ayurvedic intervention for the management of Artava Kshaya (Oligomenorrhea). Its Agneya and Vata-Kapha-shamaka properties help restore physiological menstrual regularity and optimal bleeding characteristics.

1. INTRODUCTION

Menstruation is a vital indicator of a woman's reproductive and metabolic health. In Ayurveda, healthy menstrual blood (Shuddha Artava) is considered the byproduct of the proper transformation of Rasa Dhatu (plasma tissue)². When this transformative process is impaired, it leads to conditions like Artava Kshaya, which is defined by a prolonged inter-menstrual interval, reduced duration of bleeding, and a scanty amount of menstrual flow³. This clinical entity closely mirrors Oligomenorrhea and hypomenorrhea, conditions frequently associated with modern metabolic and endocrine disturbances such as bulky ovaries and a thin endometrial lining^{5,6}.

According to Ayurvedic pathogenesis (Samprapti), Artava Kshaya is primarily driven by a vitiation of Vata and Kapha doshas along with Mandagni (sluggish metabolic fire) and Srotorodha (obstruction in the reproductive channels)⁴. Kapha and Mandagni cause a qualitative and quantitative decline in Rasa Dhatu, while vitiated Vata disrupts the natural downward physiological movement (Anulomana) of Artava. Modern clinical management for oligomenorrhea typically relies on exogenous hormonal therapies,

which often carry risks of systemic adverse effects and frequently cause a recurrence of symptoms once treatment stops⁷. Consequently, there is an increasing demand for safe, effective, non-hormonal, and holistic alternatives.

Methikadya Churna is a traditional Ayurvedic formulation possessing Agneya (heating), Deepana (digestive-stimulating), and Vata-Kapha-shamaka properties. It is specifically indicated to stimulate the Uterus (Garbhashaya) and regularize menstrual flow. This case report documents the successful clinical management of a 27-year-old female presenting with chronic oligomenorrhea and bulky ovaries using Methikadya Churna as a standalone oral intervention.

2. CASE PRESENTATION

A 27-year-old unmarried Hindu female student from a middle-class background presented on March 19, 2025, with chief complaints of scanty menses persisting for the last 6 cycles and irregular menstrual periods for the past 1.5 years¹⁰. The patient also reported experiencing significant pain during her menstrual cycles (Anubandh Vedana)¹.

History and Lifestyle Assessment

The patient had no significant past medical, surgical, or family history of chronic illness, nor any known drug allergies. Her obstetric history was recorded as nulligravida.

A detailed lifestyle and personal history (Vayaktika Vrittanta) revealed: Diet: Mixed

Agni (Digestive Fire): Mandagni (sluggish/impaired digestion)

Bowel Habits: Irregular

Sleep: Regular day sleeping habits

Physical Exercise: Deficient/Sedentary lifestyle

Menstrual History (Rajo Vrittanta)

The patient attained menarche at the age of 13. Her menstrual cycles had become highly irregular, with an inter-menstrual interval exceeding 60 days¹¹. The duration of menstrual bleeding was severely restricted to just 1-2 days, with an extremely scanty blood flow requiring the use of only 1 sanitary pad per day. Dysmenorrhea was persistently present. Her Last Menstrual Period (LMP) prior to the treatment intervention was recorded on March 15, 2025. No history of contraceptive use was reported.

Physical and Clinical Examination

General physical examination revealed a steady patient with the following anthropometric and vital parameters

Height: 5'2"

Weight: 65 kgs

Blood Pressure: 110/60 mmHg Pulse Rate: 98 bpm

Respiratory Rate: 18/min Temperature: 98° F (Afebrile) Pallor: Absent

Systemic examination of the cardiovascular (CVS), respiratory (RS), and central nervous systems (CNS) revealed no abnormalities.

Ayurvedic Clinical Assessment (Dashvidha Pareeksha) Prakruti (Physical Constitution): Vata-Kapha

Vikruti (Morbidity): Vata and Kapha dominance Satva (Mental Strength): Avara (low)

Satmya (Homologation) & Sara (Tissue Excellence): Madhyam (medium)

Table 1: Comparative Assessment of Clinical Parameters Before and After Treatment

Clinical Para	Before Tre	After Treatment
Interval between	>60 da	35 days
Duration of b	1 day	3 days
Amount of b	Scant	Moderate
Pain (Dysmen	Presen	Reduced

4. DISCUSSION

The clinical presentation of the patient, characterized by an increased inter-menstrual interval, scanty bleeding, and abbreviated menstrual duration, directly aligns with the classical description of Artava Kshaya in Ayurvedic literature³. This condition exhibits a strong pathophysiological overlap with modern clinical diagnoses of Oligomenorrhea and hypomenorrhea. The patient's sedentary lifestyle, daytime sleeping habits, and Mandagni (sluggish metabolic fire) served as prime etiological factors (Nidana) that triggered the vitiation of Vata and Kapha doshas^{4,10}. This led to Srotorodha (obstruction) within the Artavavaha Srotas (the reproductive channels) and disrupted the tissue metabolism (Dhatvagni manda) of Rasa Dhatu, ultimately resulting in the quantitative and qualitative depletion of its

Samhanana (Compactness) & Ahar Shakti (Digestive Capacity): Madhyam (medium) Vyayam Shakti (Physical Capacity): Avara (low)

Vaya (Age): 27 years (Yuvati)

Objective Investigations

An ultrasonography (USG) of the abdomen and pelvis was performed before beginning treatment. The scan revealed an anteverted uterus with an endometrial thickness (ET) measuring 5 mm. Both the right and left ovaries were found to be just bulky.

3. INTERVENTION AND OUTCOMES

Treatment Plan

The patient was prescribed oral Ayurvedic management starting on March 19, 2025. The specific intervention details are outlined below:

Formulation: Methikadya Churna Dosage: 3 gms

Frequency: BD (Twice daily)

Anupana (Vehicle): Administered along with Mrudvika (raisins) and Go-Ghruta (cow's ghee) Duration: Total treatment span of 2 months

Clinical Follow-up

The patient was closely monitored through scheduled follow-up visits to track changes in her menstrual patterns:

First Follow-up (02/05/2025): Attended on the 5th day of her menstrual cycle, marking the first successful menstruation cycle post-initiation of the treatment.

Second Follow-up (07/06/2025): Attended on the 5th day of her subsequent menstrual cycle, confirming the second consecutive menses following the therapeutic intervention.

Results and Assessment

A comparative analysis of clinical parameters before and after the two-month intervention demonstrated marked therapeutic efficacy. The specific changes are summarized in Table 1.

byproduct, Artava. This pathology is objectively mirrored by the ultrasonography findings of bilaterally bulky ovaries and a thin endometrial lining (5 mm).

To break this pathogenesis (Samprapti Vighatana), an intervention possessing Agneya (heating), Deepana (digestive), Pachana (carminative), and Vata-Kapha-shamaka properties is required to restore metabolic flow and stimulate the Uterus (Garbhashaya). Methikadya Churna serves this therapeutic purpose efficiently.

Methika (Trigonella foenum-graecum): The primary ingredient is well-known for its Vata-Kaphashamaka, Uterine stimulant, and Artavajanana (menstruation-inducing) actions^{9,12}. It helps in clearing channel obstructions (Srotorodha) and promoting a healthy endometrial response. Modern pharmacology also suggests that fenugreek seeds possess phytoestrogenic properties that aid in modulating ovarian function⁸.

Go-Ghruta & Mrudvika (Vehicles): Administered as Anupana, Go-Ghruta acts as a bio-enhancer (Sanskaranuvartana), carrying the active properties of the herbs deep into the tissues without losing its own qualities, while balancing any excess heat (Teekshna property) of the formulation. Mrudvika (raisins) provides Anulomana properties to ensure the smooth downward movement of Vata and supports Rasa Dhatu nourishment.

The combined action of the formulation successfully restored the inter-menstrual interval from over 60 days back to a normal 35-day cycle. It also enhanced the duration of flow to 3 days and increased the bleeding volume from a scanty 1 pad per day to a moderate, healthy flow, alongside a significant reduction in menstrual pain.

5. CONCLUSION

This case report highlights the clinical efficacy of Methikadya Churna as a safe, effective, and nonhormonal Ayurvedic treatment strategy for managing Artava Kshaya (Oligomenorrhea) associated with bulky ovaries. By addressing the root cause—correcting Mandagni, balancing Vata-Kapha doshas, and clearing reproductive channel obstructions—the formulation restored regular physiological ovulatory cycles and normalized menstrual flow features without causing any adverse effects. These promising clinical outcomes support the need for further larger-scale clinical trials to establish standardized protocols for traditional management in contemporary gynecological care.

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