

Original Research Article

A physioclinical study of artava with special reference to Artava Kshaya (PreMenopausal symptoms)

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Abstract

Artava, a vital reproductive element in women, is intricately described in Ayurvedic literature. Disturbance or diminution of Artava, termed Artava Kshaya, manifests with various gynecological symptoms including oligomenorrhea, dysmenorrhea, or amenorrhea. This study investigates the physiological and clinical aspects of Artava in premenopausal women, focusing on the incidence, etiology, and symptomatology of Artava Kshaya. The findings emphasize the correlation between lifestyle, stress, hormonal imbalance, and the clinical presentation of Artava Kshaya.

Keywords: Artava, Artava kshaya, Ayurveda, Premenopausal, Menstrual Disorders, Reproductive Health**Received:** 10-06-2024; **Accepted:** 21-08-2025; **Available Online:** 04-09-2025

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1. Introduction

Ayurveda defines Artava as the menstrual blood and ovum essential for proliferation. Charaka and Sushruta categorize Artava among the Upadhatu of Rasa Dhatu, emphasizing its importance in the reproductive system.¹⁻² In the context of premenopausal women (typically aged 35–50 years), Artava Kshaya represents a declining reproductive phase marked by menstrual.

This study explores the clinical patterns of Artava in premenopausal women and identifies contributing factors to Artava Kshaya through both Ayurvedic and modern clinical parameters:

1. To assess the physiological state of Artava in premenopausal women.
2. To clinically evaluate signs and symptoms of Artava Kshaya.
3. To correlate lifestyle factors, mental health, and nutrition with Artava Kshaya.

1.1. Study design

It is an observational clinical study.

Sample size: 60 premenopausal women aged 35-50 years

1.2. Inclusion criteria

1. Women aged 35–50 years
2. Experiencing menstrual irregularities (scanty bleeding, delayed cycles, etc.)

1.3. Exclusion criteria

1. Menopause/postmenopausal.
2. Patients with PCOD, fibroids, or other organic pelvic pathologies.

1.4. Parameters

Duration and interval of menstrual cycles

2. Quantity of menstrual flow
3. Associated symptom: fatigue, anxiety, dryness, mood swings
4. Hormonal assays (FSH, LH, Estrogens)

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2. Observations

Table 1: Hormonal profile distribution among patients:

Hormone	Normal Range	Mean ± SD	Participants with Abnormal Levels (%)
FSH	3–10 IU/L	18.2 ± 5.4	40 (66.7%)
LH	2–12 IU/L	15.5 ± 4.8	35 (58.3%)
Estrogen	50–400 pg/ml	42.3 ± 10.2	36 (60%)

Table 2: Distribution of clinical symptoms in Artava Kshaya

Symptom	Number of Participants (n=60)	Percentage (%)
Scanty Bleeding	42	70%
Delayed Menstruation	38	63.3%
Mood Swings	30	50%
Fatigue	34	56.7%
Insomnia	26	43.3%
Anxiety/Stress	45	75%

3. Results

Parameters	Observations (n=60)
Scanty menstrual flow	42 patients (70%)
Cycle length > 40 days	38 patients (63%)
Dysmenorrhea	24 patients (40%)
Anxiety and mental stress	45 patients (75%)
Low estrogen levels (<50 pg/ml)	36 patients (60%)
Poor dietary habits	30 patients (50%)
Sedentary lifestyle	33 patients (55%)

Statistical analysis (Chi-square test) showed a significant association ($p < 0.05$) between mental stress, low estrogen, and Artava Kshaya symptoms.

4. Discussion

The findings validate the Ayurvedic concept that Artava is influenced by Rasa, Mansa and Agni.³ In premenopausal women, artava kshaya seems to reflect both natural decline and lifestyle induced pathologies:

Role of vata: Dominance of vata in Ageing leads to dryness, irregular cycles and scanty flow.⁴

Low estrogen and high FSH are biochemical counterparts of Artava kshaya.⁴

Psychological influences: Mental stress and Anxiety impair Rasa dhatu production leading to poor Artava formation.⁵

A study by Kameshwaran (2020) also supports that midlife women often face menstrual irregularities due to both hormonal and psychological transitions.⁶

5. Conclusion

Artava Kshaya in premenopausal women is a multifactorial condition influenced by age, hormonal decline, stress, and poor diet. Understanding its Ayurvedic basis can aid in early interventions with lifestyle correction, Rasayana therapy, and supportive herbal treatments such as Ashokarishta, Shatavari, and Jeevaniya gana dravyas.

6. Source of Funding

None.

7. Conflict of Interest

None.

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Cite this article: Pandey S, Gupta B. A physioclinical study of artava with special reference to Artava Kshaya (PreMenopausal symptoms). *Southeast Asian J Health Prof.* 2025;8(3):69-70.