

## An Evaluation of *Artavajanana* Properties of KusumSanjanana Yoga with Special Reference to Serum FSH and Oestradiol in the Management of Secondary Amenorrhoea – A Short Communication

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### Abstract

Secondary amenorrhoea is a common gynecological problem affecting women of reproductive age and is frequently associated with hormonal imbalance involving gonadotropins and ovarian steroids. Epidemiological data indicate considerable variation in its incidence and prevalence across populations. In Ayurveda, secondary amenorrhoea can be correlated with *Anartava* and *Artavakshaya*, described under *Yonivyapad* and disorders of *Artavavaha srotas*. KusumSanjanana Yoga is a classical formulation traditionally used for its *Artavajanana* (menstruation-inducing) and *Yonidosha-shamaka* properties. The present short communication aims to highlight the potential role of KusumSanjanana Yoga in secondary amenorrhoea with special reference to changes in serum follicle-stimulating hormone (FSH) and oestradiol levels.

**Keywords:** Secondary amenorrhoea, KusumSanjanana Yoga, Artavajanana, FSH, oestradiol, Ayurveda

### Introduction

Secondary amenorrhoea is defined as the absence of menstruation for three consecutive cycles or for six months in a previously menstruating woman<sup>(3)</sup>. It represents a significant proportion of gynecological outpatient visits and contributes substantially to reproductive morbidity. Epidemiological studies have demonstrated wide variations in incidence and prevalence<sup>(1,2)</sup>.

From the modern biomedical perspective, disturbances in the hypothalamic–pituitary–ovarian axis, altered folliculogenesis and impaired ovarian steroidogenesis are key contributors, commonly reflected by altered serum FSH and oestradiol levels<sup>(6)</sup>.

In Ayurveda, cessation or irregularity of menstruation is described under *Anartava* and *Artavakshaya*, caused mainly by vitiation of *Vata* and *Kapha*, obstruction of *Artavavaha srotas* and impairment of *Agni*<sup>(4, 5)</sup>. Therapeutic measures possessing *Artavajanana*, *Srotoshodhana* and *Dosha-shamana* properties are therefore advocated.

### Classical Perspective of Artava and Secondary Amenorrhoea

Acharya Sushruta describes the physiological basis of *Artava* and its dependence on proper tissue nourishment and unobstructed channels<sup>(4)</sup>. Yogaratnakara describes *Anartava* under *Yonivyapad* and recommends formulations having *Ushna*, *Tikshna* and *Srotovishodhana* attributes for the restoration of menstrual flow<sup>(5)</sup>.

On this basis, KusumSanjanana Yoga has traditionally been employed in clinical practice for disorders characterized by delayed or absent menstruation.

### KusumSanjanana Yoga and Its Artavajanana Rationale

KusumSanjanana Yoga is considered to possess *Artavajanana* and *Yonidosha-hara* actions. Its pharmacodynamic basis can be explained through:

- stimulation of *Apana Vata* for initiation of menstruation,
- removal of *Kapha-avarana* in *Artavavaha srotas*,
- correction of *Agni* and improvement of tissue metabolism.

Experimental and clinical observations on various *Artavajanaka* formulations support their regulatory influence on the female reproductive system<sup>(11)</sup>.

### Relevance of Serum FSH and Oestradiol in Secondary Amenorrhoea

Serum FSH and oestradiol serve as important biochemical markers reflecting ovarian function, follicular activity and estrogenic status in women with secondary amenorrhoea<sup>(6)</sup>. Altered levels of these hormones are commonly observed in functional ovarian disorders and endocrine-related amenorrhoea<sup>(3,6)</sup>.

An improvement in menstrual cyclicity following Ayurvedic interventions may therefore be objectively correlated with normalization of serum FSH and oestradiol levels.

### Probable Mode of Action

The probable mechanism of KusumSanjanana Yoga in secondary amenorrhoea can be conceptualized as follows:

#### 1. Regulation of Dosha and Apana Vata

The formulation helps normalize deranged *Vata* and *Kapha*, facilitating the downward physiological movement necessary for menstrual flow<sup>(4,5)</sup>.

#### 2. Srotoshodhana Effect

Removal of functional obstruction in *Artavavaha srotas* enables proper delivery of nourishment to the reproductive tissues<sup>(4)</sup>.

#### 3. Artavajanana Activity

Classical and experimental studies on *Artavajanana yogas* demonstrate their potential role in restoring menstrual physiology<sup>(11)</sup>.

#### 4. Possible Endocrine Modulation

Clinical studies on Ayurvedic formulations used in *Anartava* and *Artavakshaya* have reported improvement in menstrual regularity, indirectly suggesting their influence on ovarian hormones<sup>(7-9,12,13)</sup>.

#### 5. Phyto-constituent Support

Certain drugs commonly employed in *Artavajanana* therapy, including sesame-based formulations, contain lignans with documented biological activity, which may contribute to hormonal modulation<sup>(14)</sup>.

### Clinical Significance

Kusum Sanjanana Yoga may be clinically useful in women presenting with:

- secondary amenorrhoea of functional origin,
- oligomenorrhoea progressing towards amenorrhoea,
- secondary amenorrhoea associated with polycystic ovarian changes,
- absence of gross structural pelvic pathology.

Clinical evidence from randomized and observational studies on related formulations has demonstrated improvement in menstrual regularity in conditions such as *Anartava*, *Artavakshaya* and PCOS<sup>(7-9,12,13)</sup>.

### Discussion

Conventional management of secondary amenorrhoea focuses on correction of endocrine dysfunction, often employing hormonal therapy<sup>(6)</sup>. Although effective in many cases, long-term dependence and adverse effects remain important concerns.

Ayurvedic management emphasizes restoration of physiological balance through *Dosha*, *Agni* and *Srotas* correction. Classical descriptions of *Anartava* highlight

obstruction and tissue depletion as central factors, thereby justifying the use of *Artavajanana* formulations<sup>(4,5)</sup>.

Studies evaluating different Ayurvedic formulations in amenorrhoea and oligomenorrhoea have shown encouraging clinical outcomes<sup>(7-9,11-13)</sup>. These findings support the rationale of evaluating KusumSanjanana Yoga with objective hormonal parameters such as serum FSH and oestradiol.

### Conclusion

KusumSanjanana Yoga possesses strong classical justification as an *Artavajanana* formulation for the management of secondary amenorrhoea. Its probable action through *Apana Vata* regulation, *Srotoshodhana* and reproductive tissue support provides a sound conceptual basis for its use. Evaluation of therapeutic response using serum FSH and oestradiol offers an objective approach to validate its clinical utility. Well-designed controlled clinical trials are warranted to establish its efficacy and endocrine correlates.

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### References

1. Petterson F. Epidemiology of secondary amenorrhoea: incidence and prevalence rates. *Am J Obstet Gynecol.* 1973;117(1):80-86.
2. Federation of Obstetric and Gynaecological Societies of India. *FOGSI Focus: Amenorrhoea.* Mumbai: FOGSI; 2021.
3. National Library of Medicine (US). Secondary amenorrhoea [Internet]. Bethesda (MD): National Library of Medicine (US); updated 2022; cited 2025 Oct 15.
4. Sushruta. *Sushruta Samhita.* Sharirasthana 2. Nibandha Sangraha commentary by Dalhanacharya. Edited by Jadavji Trikamji Acharya. Reprint ed. Varanasi: Chaukhamba Orientalia; 2021. p. 348.
5. Yogaratnakar. *Yonivyapad roga chikitsa adhyaya.* Vidyotini Hindi tika by Vaidya Sri Laxmipati Shastri. Varanasi: Chaukhamba Prakashan; 2015. p. 406.
6. Dutta DC. *Textbook of Gynaecology.* 8th ed. New Delhi: Jaypee Brothers Medical Publishers; 2015.
7. Devi B, Asokan V. Randomized controlled study on Kumaryasava and Tanka Bhasma in Anartava in polycystic ovary disease. *Glob J Res Anal.* 2022;11(6):1-5.

8. Kinage P. Management of Arthavakshaya w.r.t. oligomenorrhea. *World J Pharm Res.* 2017;6(6): 850-858.
9. Archana AV, Mamatha KV, Sandesh S. The effect of Jeeraka and Krishna Jeeraka Choorna in the induction of menstruation. *Int J Ayurveda Pharma Res.* 2022;10(11):27-31.
10. Agnivesa, Charaka, Dridhabala. *Charaka Samhita. Chikitsasthana 30.* Edited by Yadavji Trikamji Acharya. Varanasi: Chaukhamba Surbharati Prakashan; 2020.
11. Yadav K. An experimental evaluation of Artavanaka yoga on female reproductive system w.s.r. to amenorrhoea. *Int J Ayurvedic Res.* 2019;5(2):78-85.
12. Bomshete P. A randomized single blind controlled clinical study of Tilashelukarvi Kwath in the management of Lohitakshaya Yonivyapad w.s.r. hypomenorrhoea. *Int J Ayurveda Med.* 2023;14(7):1-7.
13. Dodamani R. A study on aetiopathogenesis of Anartava w.s.r. to PCOS and its upashayatmaka adhyayana with Tila Kwatha. *Int J Ayurveda Pharm Chem.* 2021;15(1):115-122.
14. Andargie M, Vinas M, Rathgeb A, et al. Lignans of sesame (*Sesamum indicum* L.): a comprehensive review. *Molecules.* 2021;26(3):883.