

## ORIGINAL RESEARCH ARTICLE - CLINICAL STUDY

## Anatomical study of *artavavaha strotas* with special reference to *nashtartava* and clinical evaluation of *krishna tila kwath*

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### ABSTRACT

Women's hormone cycles are not just a cyclical pain; they are our integral link to all the other cycles in life. These hormone cycles earns her the right to be a healer, a spiritualist, and wise woman respected by all. The present study deals with understanding of *Artava Vaha Strotas* which is very important to understand *Stree Sharir Rachnatmaka* and *kriyatamaka* in normal picture so as to deal with abnormality. *Ashtartavadushti* is one of the major problems in today's gynaecological practice out of which *Nashtartava* is one which is the precursor of problems like infertility consequently, effecting the womanhood. Hence for the present study of *Nashtartava*, *Krishna Tila Kwath* have been selected for oral administration. In this study single group of 30 patients had been registered. Very significant improvement observed in *Nashtartava* symptoms like Intensity, Amount, pain & duration by *Krishna Tila Kwath*.

**Keywords :** *Nashtartava, kriyatamaka, Krishna Tila Kwath*

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### Introduction

Women's hormone cycles are not just a cyclical pain; they are our integral link to all the other cycles in life. They are so much more than hormones "raging" through their bodies. These hormone cycles earns her the right to be a healer, a spiritualist, and wise woman, respected by all.

*Artavadushti* is one of the major problems in today's gynaecological practice which is the precursor of problems like infertility consequently, affecting their womanhood. Menstruation disorders are also responsible for emotional, physical, behavioural and dietary practice changes. These changes affect normal functioning and social life of women. Menstrual disorders like secondary amenorrhoea, oligomenorrhoea etc require counselling with appropriate treatment. Modern medical science advises for hormonal treatment for such disorders which have great response but with a good comeback of long term side effects. So in contemporary era it is very important

to understand about the basic *Sharir Rachnatmaka* and *Kriyatamaka* aspect of *Nashtartava* or *Artavakshaya*. So a detailed knowledge of *ArtavaVaha Strotas* is necessary for knowing about the normalcy of structure and function in order to able to diagnose the abnormality of the body.

There are many processes and methods available in *ayurveda* classics to alleviate *Nashtartava* or *Artavakshaya*. But it is yet an ongoing process of research to find out a drug for *Nashtartava* which would be a permanent cure without any side effects, easily acceptable by class of patients.

Hence for the present study of *Nashtartava*, *Krishna Tila Kwath* have been selected for oral administration.

### Aims & objectives of study:

1. To study about the anatomical i.e. *sharir rachana* aspect of *artavavaha Strotas* and its modern anatomical aspect as well.
2. To study the clinical aspect of *Nashtartava*.
3. To evaluate the efficacy of *Krishna Tila Kwath* in the management of *Nashtartava*.

### Review of literature:

#### 1. Strotas:

*Strotas* word is available in all four *Vedas- Rigveda, Yajurveda, Samaveda* and *Atharvaveda*. According to *Shabdakalpadrum*, the *Strotas* word is derived from "*Sravati Srotah sru*"<sup>[1]</sup> means flow of liquid. According to *Acharya Sushruta Vata* along with sufficient *Pitta* acts in the *Vidirnata*<sup>[2]</sup> or formation (tear) of *Strotas*. *Acharya Charaka* has used the term '*Parinamamapadyamananam*'<sup>[3]</sup> 'for *Strotas* that the channels carry such tissue elements which are undergoing transformation from their previous state, like *Rasa* to its subsequent state *Rakta*, *Rakta* to *Mamsa* and *Mamsa* to *Meda* etc.

According to *Acharya Charaka* many types of *Strotas* are present in the body. But number of *Strotas* as per *Acharya Charaka* has been considered as 13. Further *Sushruta* had also mentioned about the number of

*Strotas* as 11 pairs.<sup>[4]</sup>

Function of *Strotas* is *abhivahana, Spandana, Udvarana, Dharana, Purana* and *Viveka*. The food and conduct which is similar to *Gunas* of *Vatadi Doshas* and opposite to *Gunas* of *Dhatu* are causes of *Srotodushti*.

#### 2. Artava:

The word *Ritu*<sup>[5]</sup> means Particular or specific time and *bhavam* means Occurrence. Thus, the whole term denotes a substance of the body, which flows out at a specific time, or period is called as "*Artava*". *Artava* represents two concepts-*Bahirpushpa* and *Antah pushpa*. *Bahir Pushpa* is that which appears externally and is responsible for the cleaning of the *yoni* and *garbhashaya* so that *artava* and *shukra* will find some "healthy" and suitable conditions there, before reproduction and for the birth of a new baby.

*Artava* is an indicator of the puberty. Different words used to denote menstrual blood in classics like *artava, shonita, asrik, raja, rakta, lohita, rudhira, pushpa* etc. *Artava* is represented in the body in the form of *dhatu, updhatu* and *mala*. All the *Acharyas* have mentioned 12 years as the age for *artavadarshana* and 50 years as the age of female for *artavanivrittikala*. *Artava chakra* has been divided into *rajasrava kala, ritukala* and *rituvyateeta kala*. *Rajasrava kala* is influenced mainly by *Vata*. *Ritukala* is influenced mainly by *Kapha* and *rituvyateeta kala* is influenced by *pitta*.

#### 3. Artavavaha strotas:

Indirect or direct references about the *artava vaha Strotas* have been found in *Vedas* like *riga veda, atharva veda*, in *Upanishads* like *bruhadaarankya, kaushik sutra*, in *puranas* like *garuda purana* and *padma purana* etc. *Acharya Charaka* has not counted the *Artava Vaha Strotas* in list of the *Strotas* while discussing the *Strotas* in *Vimana Sthana* but has given some references about the *Rajovahi Siras*<sup>[6]</sup> in the thirtieth chapter of *Chikitsa sthana*. *Sushruta* has counted the *Artava Vaha Strotas*<sup>[7]</sup> as a different entity while counting the eleven pairs of *Yoga vahi Strotas*. *Acharya Vagbhatta* is also of the same opinion of the *Charaka Samhita*.

The word yoni is formed of yuj misharne *dhatu+vah-in shri sutra+Ni Pratyaya*. Yuj means to join or to unite. Its synonyms are *Apatyapath*<sup>[8]</sup>, *Yonimukh*<sup>[9]</sup>, *Visshikhantar*<sup>[10]</sup>, *RaktaPatha*<sup>[11]</sup>, *GarbhVartm*<sup>[12]</sup>, *Randhara*<sup>[13]</sup>. The word yoni in *ayurveda* classics refers to entire reproductive system and also to individual organs. According to *Acharya Sushruta Yoni*<sup>[14]</sup> shapes like a conch shell it is broader at start, kinked at middle and again broader at end. There are circular striae seen on its wall. It is described to be composed of three avarta. In the third avarta of yoni, *garbhashaya* is situated.

It consists of two words *Garbha+ ashaya*<sup>[15]</sup> means the organ that holds the *Garbha* (the fetus) called *Garbhashaya*. In *ashayas garbhashaya*<sup>[16]</sup> position is eight and has a shape like a fish namely rohit. The *Antarphala* has synonyms like *Phala*, *Andah* etc. There is no description of ovary in old texts. *Acharya Sushruta* had described while talking about peshis, that there are peshis surrounding testis in a male. Just in the same way, there are peshis surrounding ovary which is called as "*Antarphala*".

### **Nashtartava or artavakshaya:**

*Acharyas* have described most of the menstrual disorders under the heading name *ashtartavadushti* out of which *Nashtartava* or *artavakshaya* has been described under the name *kshirnantava*. The term "*Artavakshaya*" consists of two words viz. "*Artava*" and "*Kshaya*". Similarly the word "*Nashtartava*" is formed of two words "*Nashta*" and "*Artava*". Here the word "*Kshaya*" as well as "*Nashta*" means one and the same thing. The word "*Kshaya*" has been derived from "*Kshi*" *dhatu* which means "to cease" or to get reduced. The causes of *Artavakshaya* or *Nashtartava* have been divided into *Samanya Nidana* and *Vishesh nidana*. There are *Ativyayam*, *Anashana*, *Atichinta*, *Asatmya Ahara Sevana*, *Atapsevana*, *Bhaya*, *Manahsantapa*, *Atimadirapana*, *Prajagaran*, *Atisamsodhana*, *Vegavidharana*, *Vridhdhavastha*, *Adanakala* and *Bhutopghata*.

When we go for *Vishesha Nidana* of *Artavakshaya* or *Nashtartava*, we found that *Artava* is an *Agneya* and *Pittapradhana* substance. So its opposite means

*Vata Kaphavardhaka Ahara Vihara* have been taken as *Vishesha Nidana* of *Artavakshaya* or *Nashtartava*. *Vishesha nidana* has been broadly divided into *Aharajanya Hetu*, *Viharajanya Hetu*, *Manasika Hetu*, *Anya Hetu* and *Abhighata Janya hetu*. *Purvarupa* of *Artavakshaya* or *nashtartava* is not described anywhere in *samhitas*. According to *Acharya Sushruta* classification, the *Lakshanas* of *Artavakshaya* have been enumerated as *yathochitakala adarshanam* i.e. the *Artava* does not appear at the appropriate time or at present, it would be *Alpa* in *Pramana* and associated with *Yonivedana*.

### **Samprapti ghataka:**

- *Dosha : Vata (Apana and Vyana)*  
*Pitta (Pachaka)*  
*Kapha (Kledaka)*
- *Dushya : Rasa, Rakta*
- *Updhatu : Artava*
- *Agni : Jatharagnimandhya; Dhatvagnimandhya, Artavagni (Sthanika) Mandhya*
- *Strotas : Rasavaha, Artavavaha*

### **Material & methods:**

**Selection Of Cases:** Total 30 patients were randomly selected and registered from the *Sharira Rachana* Dept OPD of NIA, Jaipur on the basis of history of *Nashtartava* (oligomenorrhoea, hypomenorrhoea and secondary amenorrhoea) and those fulfilling the inclusion criteria were enrolled for the clinical trial. Detailed history was taken and a special research case performa was prepared and all the relevant points from both the *Ayurveda* and modern aspects were incorporated in it.

### **Inclusion criteria:**

- Nashtartava/* Secondary amenorrhoea/  
Oligomenorrhoea, Hypomenorrhoea.
- Patient aged between 15yrs to 45 yrs.
- Patients willing to participate in the clinical trial.
- Patients not taking any other medicine for the disease.

### **Exclusion criteria:**

- Patients below age 15 yrs & above 45 yrs.
- Pregnancy.
- Patients with structural and congenital abnormalities.
- Patients suffering from primary amenorrhoea.
- Patients suffering from chronic systemic diseases.
- Patients with systemic infectious diseases like TB, HIV, STDs etc.
- Patients suffering from secondary amenorrhoea due to premature ovarian failure, pituitary factors and genetic causes.

#### **Criteria for withdrawal:**

- Intolerance to therapy
- Unwillingness to continue with the study.
- Irregular patients.
- Development of condition which may require other treatment.

#### **Criteria for diagnosis:**

- A. Subjective parameters.
- B. Objective parameters.

#### **A. Subjective parameters:**

If any one of the below condition is fulfilled:

1. If the interval between two cycles exceed more than 35 days and amount is also less as described in our ayurveda classics.
2. If the duration of the menstrual flow is 2 days or less.
3. The quantity of menses is very less.
4. Painful menstruation along with these symptoms.

#### **B. Objective parameters:**

#### **Lab investigations**

1. CBC, RBS.
2. USG (if required).
3. Thyroid profile (T3, T4, TSH) (if required)

4. Serum FSH, LH, Prolactin (if required)
5. Serum Testosterone (if required)

**Study drug:** A classical drug “*Krishna Tila Kwath*” has been taken as a trial drug in the present study. (*Yogratnakara Yonivyapad Chikitsa/3*)<sup>[17]</sup>

**Procurement of the drug:** *Raw Krishna Tila* and *Guda* was provided by the *Rasa Shashtra Pharmacy, NIA Jaipur*. *Tila* and *Guda* were packed in polythene packets and given to patients. Patients then prepare the *kwath* by themselves by the “*chaturavsheshansha* method” as explained to them.

**Form of trial drug:** *Kwath* with *Guda* as a *prakshepa*.

**Schedule of treatment:** *Kwath* was prepared by the patient in the morning and taken empty stomach from day 6 to day 24 of the menstrual cycle. The *kwath* was not taken prior to and during the menstrual bleeding phase.

**Dose of trial drug:** *Yavakuta* of *Krishna Tila* was taken in quantity of 10 gm and then *kwath* was made of it.

**Dose:** 20 ml.

**Route of administration:** Oral

**Time of administration:** Once a day in morning empty stomach.

**Prakshepa:** *Guda* as according to taste.

**Diet:** Normal home diet

**Follow up:** All patients were followed on an interval of 15 days i.e. on day 15, day 30, day 45, day 60, day 75, and day 90 after registration. A window period of  $\pm 3$  days was given to allow for holidays and weekends.

**Duration of clinical trial:** 3 Months or 90 days.

**Criteria for assessment:** The result of the clinical study was assessed on the basis of observation of subjective parameters and laboratory findings i.e. objective parameters only if required. Following parameters were mainly adopted for assessing the response of treatment.

#### **Grading of subjective parameters:**

After 3 months of treatment, disease was assessed on the

basis of improvement in cardinal symptoms like quantity of menstrual flow, duration of menstrual cycle, interval between two cycles (inter menstrual period) and pain during menses.

On the basis of the severity and intensity of the above given symptoms, these were graded on the basis of the score system as below.

a) Duration of Menstrual Cycle

- 0 - 4-7 days
- 1 - 3 days
- 2 - 2 days
- 3 - 1 day

b) Interval between two cycles

- 0 - 20 to 24 days
- 1 - 24 to 34 day
- 2 - 35 to 39 days
- 3 - 40 to 45 days
- 4 - above 45 days

c) Quantity of menstrual blood

- 0 - 4 or more than 4 pad use / cycle
- 1 - 3 pad use / cycle
- 2 - 2 pad use / cycle
- 3 - 1 pad use / cycle
- 4 - Spotting without pads.

d) Pain during menses (Yonivedana)

- 0 - No pain
- 1 - Mild pain
- 2 - Moderate pain
- 3 - Severe pain

- Pain is difficult to measure so here it was assessed by the verbal multidimensional scoring system.

0 - Menstruation is not painful and daily activity is

unaffected.

1 - Menstruation is painful but seldom inhibits the normal activity analgesic are not required – Mild pain.

2 - Daily activity affected. Analgesic drugs or therapies were needed but not as routine – Moderate pain.

3 - Activity clearly inhibited. Poor effect of analgesic. She cannot do even here normal routine work .

**Overall effect of therapy**

It was assessed in terms of cured, markedly improved, improved and unchanged on the following grounds.

**Percentage of Relief Effect**

76 - 100 % Cured, 51 - 75 % markedly improved, 26 - 50 % Improved, 0 - 25 % Unchanged.

**Statistical analysis:**

The information gathered on the basis of observation made about various parameters was subjected to statistical analysis in terms of Mean, Standard Deviation and Standard error (SE). **In Stat Graph Pad 3** software was used & For Nonparametric Data **Wilcoxon matched-pairs signed ranks test** was used While for Parametric Data **Paired 't' Test** was used and results Calculated .

**Interpretation of 'p' value**

>0.05 – Not significant (NS)

<0.05 - Significant (S)\*

<0.01- Very significant (VS) \*\*

<0.0001 – Extremely significant (ES) \*\*

**Observations:**

- Most of the patients 60% were in the age group of 25-35 yrs, 76.66% were unmarried, 93.33% were hindus and belong to middle income group, 70% were vegetarians, 50% were having difficulty in sleep, 70% were having addiction of tea,40% were having irregular bowel habit.
- Mostly patients were having chief complaint of scanty menses (36.66%) and prolonged IMP (30%) or both complaints together and were having interval of 2-6

- months 56.66%, 50% were having menarche age of 13 yrs.
- Around 40% patients were having menstrual period of 3-4 days and 33.33% of 1-2 days. Around 36.66% were having intermenstrual period of 24-34 days and 30% above 45 days.
- Mostly patients 53.33% were having scanty amount of menstrual bleeding and 60% were having irregular history of menstrual cycle and maximum number of patients 70% were experiencing pain during menstruation.

### Results

**Table no. I Showing effect of Therapy on subjective parameters) in group n (Wilcoxon Matched Paired signed ranked test)**

C.F	B.T	A.T	Mean Diff	% Imp	SD±	SE±	P value	Remarks
1. Duration	1.100	0.7667	0.3333	30.3	0.4795	0.08754	0.0020	V.S
2. IMP	1.733	1.667	0.06667	3.84	0.2537	0.04632	0.500	N.S
3. Amount	1.933	1.100	0.8333	43.10	0.4611	0.08419	<0.0001	E.S
4. Pain	1.133	0.6000	0.5333	47.06	0.5074	0.0926	<0.0001	E.S

**Table no. II Showing effect of Therapy on Lab Investigations (Objectives parameters) in group n : (Paired 't' Test)**

Lab. findings	Mean		MeanDiff.	% Relief	SD±	SE±	t	P	Interpretation
	BT	AT							
Haemoglobin Level (gm/dl) (n=30)	10.627	11.557	0.9300	8.75%	0.7429	0.1356	6.857	<0.0001	E.S
Sr. Testosterone (n=30)	5.340	4.620	0.7200	13.48	0.2683	0.1200	6.00	0.2683	V.S
Sr. LH (n=30)	8.997	9.453	0.4567	5.07	0.5716	0.1044	4.376	0.0001	E.S
Sr. FSH (n=30)	3.920	4.157	0.2367	6.02	0.3917	0.07152	3.309	0.0025	V.S
ESR (mm 1 <sup>st</sup> hour) (n=30)	23.167	18.267	4.900	21.15	2.695	0.4921	9.957	<0.0001	E.S

**Table no.III Overall effect of therapy or percentage of relief effect:**

S.No	Percentage Relief/Overall Effect	No. Of Patients	%
1.	Completely Cured	2	6.67%
2.	Markedly Improved	5	16.67%
3.	Improved	13	43.33%
4.	Unchanged	10	33.33%

### Discussion:

After studying about the different thoughts said by the Acharyas, we can broadly come to the conclusion that first of all there are two things described in our *samhitas*—*Strotas* and *Strotas moola*. These two are two different entities.

*Strotas moolas* are the regions from where *Strotas* originates. *Artava Vaha Strotas Moolas* are considered as *Garbhashaya* and *Artavavahi Dhamnis* i.e. Uterus and Blood Vessels.

So it can be said that *Artava Vaha Strotas* are the finest blood capillaries originating from Uterine and Ovarian Arteries which supplies to the female reproductive system mainly the uterus and fallopian tubes because uterine arteries also end up forming anastomosis with ovarian arteries.

In the present study in the review of disease we have observed that the word *nashtartava* was primarily mentioned in *Sushruta samhita* and its symptoms and the treatment were similar to *artavakshaya*. So it can be said that *nashtartava* is the progressive condition of *Artavakshaya*. In modern science *nashtartava* is correlated with amenorrhoea and *artavakshaya* with oligomenorrhoea and hypomenorrhoea. Though *Artavakshaya* is described as a symptom in classics but in present scenario it appears like a disease by *Nidana*, *Lakshana* and *Chikitsa* base. In *ayurveda* drug acts by the virtue of its *rasa*, *virya*, *vipaka*, *prabhava* etc. *Krishna Tila* is *madhura rasa*, *snigdha*, *guru*, *ushna virya*,

*madhura vipaka* in properties. So it is *vatashamaka*, *ushna virya* is directly responsible for its *artavajanana* property, removing the *avarana* of *kapha* in overweight ladies and decreasing its *picchilata*.

*Guda* is also having similar properties as *Krishna Tila*. It is *Madhura rasa*, *Natishita*, *Snigdha guna*, *Ushna Virya* and *Madhura Vipaka*, *Vatapittashamaka*.

On the clinical perspective incidence in particular age, marital status, education, occupation, bowel and sleeping habits may be due to stressful time period of life. Religion and addiction of tea does not have any relation with the disease but vegetarian diet women and overweight women were found to be more affected with the disease. *Tila* is a very good source of vitamins and minerals especially folic acid, niacin etc and folic acid is required in the formation of haemoglobin. In addition it is also a great antioxidant and hepatoprotective. The *prakshepa* used in the *kwath* i.e jaggery is also a very rich source of iron which is the main constituent of haemoglobin. All these reasons show an increase in haemoglobin level. ESR level decreased after treatment which may be due to *vranaropana*, *jwarhara* properties of *tila*. *Tila* is *deepaniya*, *pachniya* as well as *amahara* which eventually work at the level of *dhatvagni* which may be the reason for improvement in hormonal levels.

### Conclusion:

- Strotas* are some channels which are capable to carry something which are involved in the transportation ranging from movement of the food in the intestines

to diffusion of some of the nutrients from the extra cellular fluid.

- *Artava Vaha Strotas moolas* are the regions from where *Artava Vaha Strotas* originates which means that *Artava Vaha Strotas* have got their origin either in *garbhashaya* and *Artava Vahi dhamnis*. *Artava Vaha Strotas* are the finest blood capillaries originating from Uterine and Ovarian Arteries which supplies to the female reproductive system.
- A normal phenomenon of *Artava* reflects the general health as well as the pelvic organs of the female body. *Artava pravritti* depends upon proper function of *Apana* and *Vyana Vayu*.
- *Artavakshaya* or *Nashtartava* is described as a symptom in *Ayurveda* classics but nowadays it is considered as a disease.
- The effect of *Krishna Tila Kwath* on cardinal symptoms, on 30 patients is that Group n showed that maximum relief was achieved in pain or *Yonivedana* (47%), Amount of Menstrual blood (43%), Duration of menstrual cycle (30.3%) and in Interval between two cycles is only (3.84%).
- If we see Overall effect of Therapy we find maximum number of patients i.e 13(43.33%) improved, 5(16.67%) patients were markedly improved, 2(6.67%) patients were completely cured and 10(33.33%) patients remain unchanged.
- Finally the conclusion can be drawn that the *Krishna Tila Kwath* Therapy was found to be effective in treatment of *Artavakshaya* or *Nashtartava*.

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### सारांशः

महिलाओं की मासिक धर्म की होने वाली प्रक्रिया केवल नियमित रूप से होने वाली दर्द की अनुभूति ही नहीं है परन्तु ये प्रक्रिया संसार में चलने वाली समस्त प्राकृतिक प्रक्रियाओं से जुड़ी हुई है जो नारी को कल्याणकारी, आध्यात्मिक और बुद्धिमान होने का हक और उसे समाज में सम्मान प्रदान करती है। वर्तमान शोध में आर्तववह स्रोतस का अध्ययन किया गया है जो स्त्री शरीर के प्रजननांगों की सामान्य जानकारी हेतु अत्यावश्यक है और इससे हमें असामान्य का भी ज्ञान होता है। वर्तमान के परिप्रेक्ष्य में अष्टार्तव दुष्टि एक महत्पूर्ण समस्या है जिसमें नष्टार्तव एक श्रेणी में आता है नष्टार्तव बन्ध्यत्व जैसी समस्याओं की पूर्ववर्ती स्थिति है जो उसके नारीत्व पर दुष्प्रभाव डालती है। अतः वर्तमान शोध में नष्टार्तव हेतु कृष्ण तिल क्वाथ को चिकित्सा के लिये चयनित किया गया है वर्तमान शोध में 30 रोगियों के समूह को शोध हेतु पंजीयन किया गया है और नष्टार्तव के लक्षणों जैसे प्रबलता, मात्रा, दर्द और अवधि में सार्थक परिणाम उपलब्ध हुए।