

**AMENORRHOEA – AN AYURVEDA PERSPECTIVE****Prof. Dr. Jasmine Gujarathi<sup>1\*</sup> and Dr. Ritesh Gujarathi<sup>2</sup>**

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**ABSTRACT**

Amenorrhoea or absence of menstruation itself is not a disease but a symptom of an underlying disorder of female reproductive system. Ayurveda refers to menstruation as *Artava* or *Rajah*. The description of amenorrhoea is found under different headings like *Anartava*, *Nashtartava* or *Artavakshaya*. Also physiological and pathological causes of amenorrhoea are available as scattered references. The literary review of all conditions with amenorrhoea in Ayurveda are reviewed with review of research on management of amenorrhoea.

**KEYWORDS:** Anartava, Artavakshaya, Amenorrhoea.

**INTRODUCTION**

Normal menstrual cycle has a length of 21-35 days (mean 28 days). Duration of normal menstruation is for 3 -7 days. The term

amenorrhoea literally means absence of menstruation. Primary amenorrhoea is the term used when a girl has failed to menstruate by the age of 16 years in presence of normal secondary sexual characteristics or by 14 years if absence of signs of puberty such as breast development and growth of pubic and axillary hair. Secondary amenorrhoea is when there is absence of menstruation for three normal cycles or six months in a woman who has previous regular menstrual cycles.

Amenorrhoea is again classified into physiological and pathological according to its etiological factors.

**Primary Physiological amenorrhoea:-** Before puberty i.e. 12 years, because of inadequate gonadotropin releasing factors.

**Secondary Physiological amenorrhoea:-** During pregnancy as a result of production of large quantities of estrogen and progesterone by placenta and during lactation as menstruation is suppressed after labour or abortion because of production of prolactin hormone from posterior pituitary and partial suppression of Luteinizing hormone. This results in anovulation and amenorrhoea. Menopause is complete cessation of menstruation (mean age 51 years) due to exhaustion of supply of ovarian follicles.

**Pathological amenorrhoea:-** Again this can be sub classified as-

- (a) Amenorrhoea without secondary sexual characteristics
- (b) Amenorrhoea with secondary sexual characteristics
- (c) With secondary sexual characteristics and non anatomic causes.

Amenorrhoea is a symptom and not a disease, and can be because of variety of causes. Complete list of causes is impossible here but division of amenorrhoea into primary and secondary has clinical value. Secondary amenorrhoea is less likely to be caused by gross error in development of genital organs and therefore has good prognosis than primary where the causes can be malformation of uterus or ovaries or non anatomic cause as ovarian failure, pituitary or hypothalamic lesions.

### **Classification of Amenorrhoea according to Ayurveda**

As the amenorrhoea is classified according to its origin i.e. primary or secondary and as per its etiology, we will classify the references available according to origin and etiology.

#### **(a) Physiological Amenorrhoea**

##### **1. Primary**

##### **(i) Before puberty**

*Tad Varshad Dwadashad Vartamana Asruka punaha | (Su Sa 3)*

*Hina yonastu Balayam Kayam Gacchati Shonitam |*

*Atha Purna Svabhavaya Kayam Yonim Cha Sarpati || (Ka Khi 9)*

Here, the age for menarche, i.e. the age for initiation of menstruation is given as twelve years. Before puberty because of function of *dhatu paripurnata* and developing genital organs there is absence of menstrual function.

**(ii) Garbhavastha:- During pregnancy**

***Grihata Garbhanam Artavavahanam Srotasam Vartamana Avaruddhyate***

***Tasmat Grihta Garbhanam Artavam Na Drishyate* | (Su. Sa. 4)**

During pregnancy, there is *avarodha* in *artava vaha srotas* and hence there is absence of menstruation. Also *Artava adarshan* – amenorrhoea is said to be a symptom of *Garbhini*. (*Vyakta Garbha Lakshana*).

**2. Secondary**

**(i) Sutikavastha:- Puerperium**

***.....Punahaartavadarshanityeke* | (Su. Sa. 10/16)**

***Tathaiva Garbha Sutaya Sadya Stanyaya Kalpate***

***Shesham tu Rudhirbhutam Kayam Yonim Cha Sarpati***

***Dhatushu Paripurneshu Sharire Samavasthite***

***Sanchitam Rudhiram Yonim Punaha kalen Munchati* (Ka. Khi. 9/21,22)**

While mentioning the period of *Sutika Kala* or puerperium, some Acharyas have opined that, the woman should be called *Sutika* till re appearance of menstruation. The cause of amenorrhoea during this period is mentioned by Acharya *Kashyap*. According to him, soon after labour *Rasa Dhatu* goes for formation of *Stanya* and replenishment of *Yoni* and after *Dhatu Paripurnata*, again it reappears in the form of *Artava* periodically.

**(ii) Jarawastha**

***Jara Pakva Shariranam Yati Panchashata Kshayam* | (Su. Sa. 3)**

The age of menopause i.e. permanent cessation of menstruation is given as 50 years and the cause is *Dhatu Kshaya*. As *Artava* is considered as *Updhatu* of *Rasa Dhatu*, in *Jarawastha* there is *Kshaya* of all *Dhatu*s physiologically. *Rasa Kshaya* in turn leads to *Kshaya* of its *Updhatu* i.e. *Artava* which is clinically seen as menopause.

These are the references of physiological amenorrhoea described in Ayurveda classics.

**(b) Pathological Amenorrhoea**

Anatomical, functional and all other disorders of female reproductive system are described under *Yoni vyapad* in ayurveda classics. Apart from this, *Artava kshaya*, *Nashtartava* are other disorders mentioned separately because of different etiology.

**1. Primary****(i) Shandhi Yonivyapad**

*Anartava Astana Shandhi Kharsparsha Cha Maithune* (Su. Ut. 38)

*Bijadoshattu Garbhasthamarutaopahatashaya*

*Nadweshaniya Astani Chaiva Shandhi Syadanupakrama* (Ch. Chi. 30)

A female child born from mother afflicted with *Vata*, suffers from *Shandhi Yonivyapad*. According to Acharya Charak, such female child born will have under developed breast and will dislike coitus; Whereas Sushrut has clearly mentioned *Anartava* and *Astana* i.e. no breast development as symptoms of *Shandhi Yonivyapad*. This seems to be genetic abnormality as in Turner's syndrome (45 X0).

**(ii) Vandhya Yonivyapad**

*Vandhya Nashtartavam Vidyat* (Su. U. 38/10)

In *Vandhya Yoni*, the *Artava* is destroyed. Commentator *Dalhana* mentions here that the only difference between *Vandhya* and *Shandhi* is presence and absence of breast development respectively.

In *Charaka Samhita*, *Vandhya* is mentioned under *bija*, *bijabhaga* disorders.

*Yada Hiasya Shonite Garbhashaya Beejabhaga Pradosham Apadyate, Tada Vandhya Janayati* (Ch. Sa. 4/30)

In this verse, Acharya Charak explains that if the *Bija bhaga* (Chromosome) responsible for the development of uterus is defective, then female child born will be *Vandhya*. Commentator Chakrapani further clarifies that as the *Bija* responsible for *Garbhashaya* and *Artava* are same, so here is absence of *Garbhashaya* and *Artava* both.

*Shandhi* and *Vandhya* yonivyapad and Charaka's description of *Vandhya* signifies Primary pathological amenorrhoea because of congenital abnormalities of female reproductive system.

## 2. Secondary

### (i) Arajaska Yonivyapad

*Yonigarbhashayastham Cheta Pittam Sandushayet Asruka |*

*Sa Arajaska Mata Karshya Vaivarnya Janani Bhrisham ||(Ch. Chi. 30)*

*Arjaska iti Anartava | Chakrapani*

Elevated *Pitta* when reaches *Yoni* and *Garbhashaya* vititates *Asrika*, the woman becomes emaciated and creates symptoms like pallor. Chakrapani further adds *Anartava* as symptom.

This description seems to be of amenorrhoea because of systemic disorders or due to anorexia and athlete's amenorrhoea, where absence of menstruation is because of decreased body fat which is necessary for normal menstrual function.

### (ii) Nashtartava

*Doshaiaavrutta Margatvat Artavam Nashyati Striya | (Su. Sa. 2/22)*

Absence of *Artava* in female is because of *Avarana* of *Dosha*. Here also Commentator Dalhana clarifies that *Avarak Doshas* are *Vata* and *Kapha*; as the treatment of *Nashtartava* mentioned here is *Vata Kapha Hara*. He also states that increased *pitta* will lead to excessive menstruation, so here *Vata* and *Kapha* should be considered as responsible *Doshas*. Further he says that here 'Nashta' means which is forming but not seen.

*Atra Doshaha Kapho VayuAvrutta Kaphao Cha, Na Tu Pittam, Pittavriddha Tasyatipravrittivridhayoraktavada, Nashyati iti Pravartamanam Na Drishyate || Dalhana*

This condition is seen in cases of obesity where excess of fat leads to disruption in hormones especially estrogen and in turn suppression of pituitary and hence amenorrhoea.

### (iii) Artavavaha srotas vedha

Acharya Sushruta has mentioned a pair of *Artava Vaha Srotas* in *Sharirsthana*.

*Artava vaha Strotasa Dwe |*

*Tada Viddhaya Vandhyatvam Maithuna Asahishnutvam Artavanashascha| (Su. Sa. 9)*

Here *Artavanasha* is a complication of *Vedha*(trauma) in *Artava Vaha Srotas*.

This can be the description of Amenorrhoea due to Asherman's syndrome (Vigorous curetting of Endometrium).

*(iv) Artava kshaya**Artavakshaye Yathochitakale Adarshanam Alpata Yonivedahana Cha | (Su. Su. 15)*

Sushruta describes absence of menstruation, scanty menstruation and pain as symptoms of *Artavakshaya*.

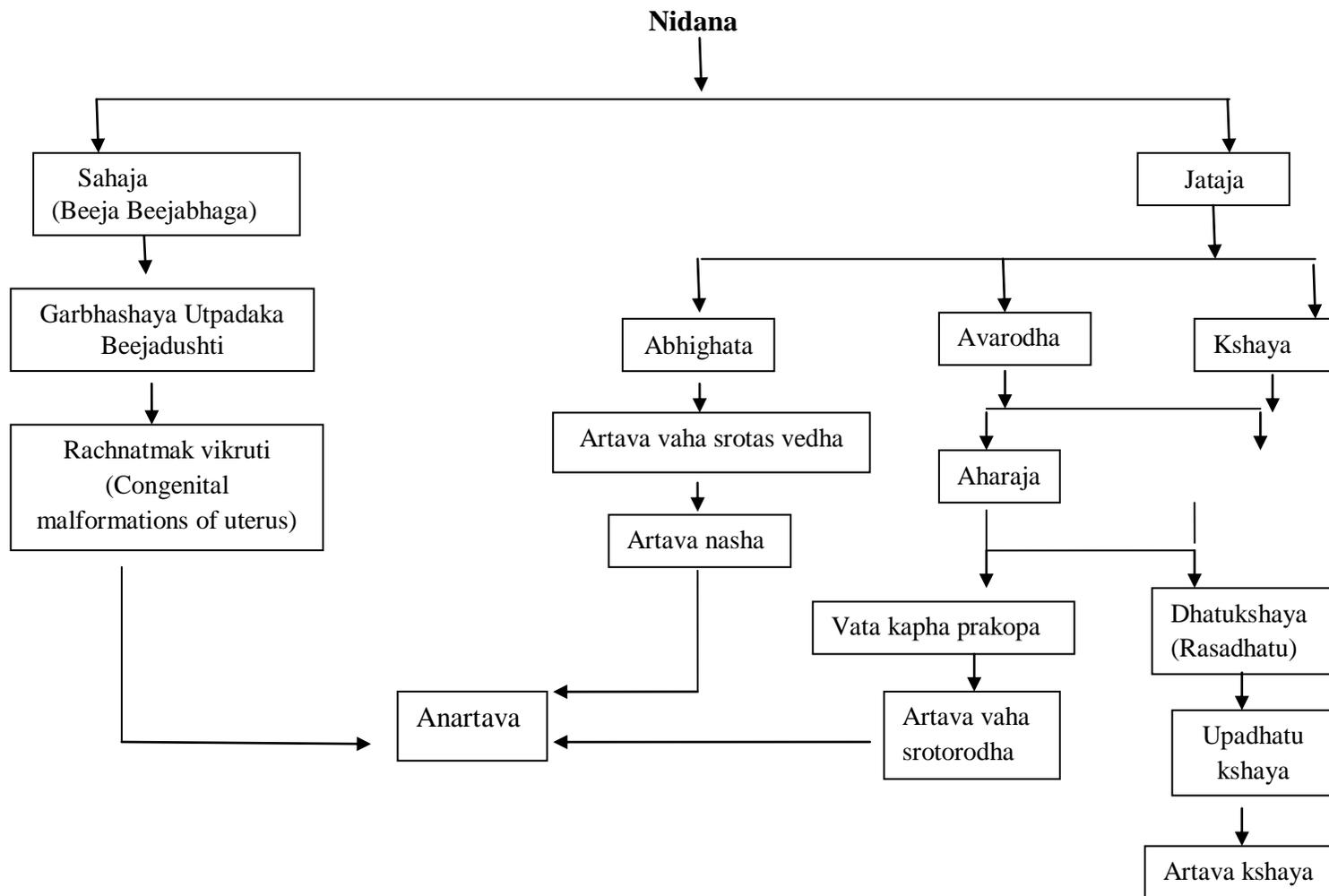
*Punahaesham Atisamshodhanam Vegadharanam Asatymayannam..... (Su.Su.15/7 – Dalhana)*

*Dalhana* has mentioned further causes of *Kshaya* such as *Ati Samshodhana* (e.g. *Virechana – Pitta kshaya – Artava kshaya*, Vigorous curettage – Asherman's syndrome- secondary amenorrhoea), *Ati samshamana* (excessive use of pitta *shamaka dravya – artava kshaya*), *Ati vyayama* (excessive exercise – less BMI- athletic amenorrhoea), *Anashana* (nutritional amenorrhoea – *dhatu kshaya – artava kshaya*) *Manastapajanya* ( Psycho – neurogenic cause – affect hypothalamus – decreased gonadotropins – amenorrhea).

After viewing all the references in classics regarding Anartava, following is the probable nidana and samprapti of Anartava.

**Nidana**

- (a) *Sahaja – Beeja, Beejabhaga, Beejabhagavayava dushti* – Abnormal or absent *Beejabhaga* related to formation of *Garbhashaya* will lead to congenital structural abnormalities of uterus or absence of uterus causing *Anartava*.
- (b) *Jataja:- Vata kaphaja ahara vihara* in *kapha* dominant *prakriti* woman may lead to *Nashtartava* because of *avarana*. *Ahara* and *vihara* leading to vitiation of *doshas* and *kshaya* of all *dhatu*s can become a factor for *anartava*. *Abhighata, Vyayama* and *ativyavaya* can be taken as *viharaja nidana*.



**PROBABLE SAMPRAPTI OF ANARTAVA****Chikitsa siddhanta***Sarva Vyapanna Yonim Tu Karmabhi Vamanadibhi**Mridubhi Panchabhi Naari Snigdham Svinnam Upacharet (Ch Chi 30)*

*Vata* is considered to be the main *Dosha* in all *Yoni Vyapada*. So the general principle of treatment for all disorders is *Vata shaman* followed by other procedures.

**Shodhana**

*Mridu panchakarma* is indicated for all *Yoni vyapada*. In *Anartava* according to *dosha* and *Nidana*, *panchakarma* can be done.

*Vamana* - In cases of *kapha prakopa* as in *Nashta artava*, where *anartava* is because of obstruction due to aggravated *kapha* and *vayu*. *Vamana* can be indicated in PCOD cases with obesity.

*Virechana* – In *Pittaja* cases, where *anartava* is because of increased *pitta* & *vata*, *Virechana* helps to restore normal hypothalamo pituitary ovarian axis. Proper assessment of patient's *prakriti*, *agni* etc should be done before prescribing *Vamana* and *Virechana*.

***Tatra Samshodhanam Agenyanam Cha Dravyanam Vidhivatupyogaha (Su Su 15/12)***

While mentioning the treatment of *Artava kshaya*, Sushrut has mentioned *Shodhana* and use of *Agneya dravya* as general principle of treatment. *Dalhana* while commentating on the above principle states that here *Vamana* should be applied for *shodhana* not *Virechana* because *virechana* causes *kshaya* of *pitta* which will further lead to *artava kshaya* as *artava* is considered to be *agneya* and as other principle states that –

***Tatra Svayonivardhanaiva Pratikara (Su Su 15)***

So, here *Vamana karma* which will decrease *Saumya dhatu* in body and increase *Agneya guna* – should be applied.

*Basti* – As previously mentioned, *Vata* is the main *dosha* involving any disorders of *yonim*, *basti* will be the best treatment for restoring normal menstrual function.

As *Artava Pravritti* is the function of *Apana Vayu*, its dysfunction is considered as main factor in any *Artava Vyapada*. In practice, many *Vaidyas* extensively use *Basti* as first line of

treatment for all the cases of Anartava. *Yoga basti* followed by *Matra basti* have shown excellent results in cases of secondary pathological amenorrhoea.

*Uttarbasti* – *Uttarbasti* of *Shatpushpa tail* (Reference Kashyap Samhita Shatpushpa Shatavari Kalpadhyaya) have shown encouraging results in *Anartava* or *Artava Kshaya* because of ovarian factor. *Uttarbasti* of Phalaghrita improves endometrial thickness. Apart from these, *Uttarbasti* of *Dashmoola* tail can be given in *Vataja* conditions.

*Nasya* – *Nasya* of *Shatpushpa tail* is indicated in *Anartava* in Kashyap Samhita.

## Shamana

### 1. Use of Agneya dravyas

Tila, Masha, Sura, Shukta, Dadhi, Matsya, Kulattha, Amla kanji, Gomutra are agneya dravyas used in Anartava. These dravyas should be used when there is anartava because of Avarodha (Vata kapha janya) and Kshaya. (Su Sha 2/22, Bhavprakasha Yoniroga).

### 2. Shatpushpa and Shatavari

Orally, in basti, nasya, abhyanga as mentioned in Shatpushpa Shatavari Kalpadhaya of Kashyap Samhita. (Ka Kalpa 10/13).

### 3. Internal medications

- (A) Krishna tila kwath with guda.
- (B) Krishna tila. Krishna jeeraka with guda.
- (C) Japa kusum with kanji.

### 4. Varti

- (A) Yoni varti (Vaginal suppository) prepared with ikshvaku beeja, danti mula, madanphala kinva, yavashuka.
- (B) Apamargadi varti.
- (C) Varti prepared with bhusa patra pestled with taila.

### 5. Pichu

- (A) Yoni pichu (vaginal tampon) of karpasa beeja taila, haridra and saindhava lavana.

## 6. Yogas

Rajapravartini vati, Kanyalohadi vati, Dashmoolarishta, Dashmoola kwath, Kumariasava, Nashtapushpanta rasa, Phala ghrita, Phala kalyanaka ghrita, Sheeta kalyanaka ghrita, Shatavari ghrita.

Apart from these classical treatments, researches on *Rasona*, *Kuberaksha*, *Guduchi*, *Rasa Pachak* and *Rakta Pachak yoga* (Vagbhat – Dhatu gata Jwara chikitsa) improves Rasa dhatu and Rasa dhatvagni especially in malnourished conditions with Anartava.

### Review of Postgraduate Thesis on Artavakshaya at IPGT & RA., Jamnagar\*

YEAR	NAME OF SCHOLAR	TITLE
1990	Dr. Madhavi Andharia	A study of Artavakshaya and its management with special reference to Uttarbasti
1999	Dr. Shilpa Donga	Role of Shatpushpadi vati and Shatpushpa tail uttarbasti in management of Artavakshaya
2002	Dr. Der Chhaya	A Comparitive and clinical study of Shatpushpadi Vati and Krishna Tila kwath on Artavakshaya
2003	Dr. Nipa Dobaria	Role of Krishna Tila Kwath and Uttarbasti of Guduchyadi Tail in management of Artavakshaya
2005	Dr. Rujuta Trivedi	Role of Krishna tila and Arka pushpa taila uttarbasti in management of Artava kshaya
2007	Dr. Rashmi Sharma	A Comparitive study on Phalakalyanaka ghrita by oral route and matra basti in the management of Alpartava
2011	Dr Krupa Patel	A clinical study of polycystic ovarian disease and its management by Shatpushpa tail matra basti and Pathadi kwath

## DISCUSSION

*Uttarbasti* with oral *Ushna dravya* or *Rajah pravartaka dravya* administration has shown better results in *Artava Kshaya*. Practically, in the patients of long term amenorrhoea, i.e. ranging from 2 months to 5 -6 months amenorrhoea responded immediately on *Yoga basti* with *Shatpushpa tail* and *Dashmoola* as main ingredients. Also the flow increased with administration of *Uttarbasti* of *Shatpushpa tail*. In cases with less Endometrial thickness *Phalaghrita* should be used in *Uttarbasti*. Amenorrhoea because of loss of ovarian function also responds to *Yoga basti* and *Uttarbasti*. The mode of action *Yoga basti* can be thought as *Apana vayu anulomana* and hence leading to *Rajah pravartana* which is the *Karma* of *Apana vayu*. Also the *dravyas* used in *Uttarbasti* acts on receptors present in endometrium. Improving *Rasa dhatu* and *Rasa dhatvagni* has also given good results in improving *Rajah pravritti* as it is considered *updhatu* of *Rasa*.

Apart from these, new formulations have evolved during various researches on treatment of infertility with ovarian factor. *Matra basti* of *Hingutriguna* oil, *Pippalyadi* oil, Oral use of *Pathadi kwath*, *Shaddharana yoga* have been used in the management of infertility shows regularization of menstrual function.

## CONCLUSION

Ayurvedic treatment modalities has shown promising results in all cases of oligomenorrhoea, hypomenorrhoea and amenorrhoea. More research using different *panchakarma* and *shamana* treatment with objective analysis in cases of *amenorrhoea* because of different pathological causes should be done.