



UNIQUE JOURNAL OF AYURVEDIC AND HERBAL MEDICINES

Available online: www.ujconline.net

Review Article

THE CONCEPT OF ANARTAV (AMENORRHEA)

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Received 09-12-2015; Revised 07-01-2016; Accepted 05-02-2016

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ABSTRACT

Amenorrhea is a condition in which there is an absence of or abnormal cessation of menses. Primary and secondary amenorrhea describes the occurrence of amenorrhea before and after menarche respectively. The Sanskrit term for primary amenorrhea from the *Charak Samhita* is 'nashta rakta' and for secondary amenorrhea *nashtartav* according to *Sushrut Samhita* and *anartav* described by *Acharya Vagabhat*. Western medicine and ayurved both offer option for the treatment of amenorrhea. In the most cases, western medicine encourages the return of menses through the use of artificial hormonal therapy. Ayurved offers more options and avenues for treatment that allow women to bring awareness to their own cycle.

Keywords: Amenorrhea, Primary, Secondary, Causes, Ayurvedic Management, Menstruation, Anartav.

INTRODUCTION

Amenorrhea is a condition in which there is an absence or abnormal cessation of menses.¹ The prevalence of amenorrhea not due to pregnancy, lactation or menopause is approximately 3-4%.^{2,3} Although the list of potential causes of amenorrhea is long, the majority of causes are accounted for by four conditions; polycystic ovarian syndrome, hypothalamic amenorrhea, hyperprolactinemia and ovarian failure. Other causes are seldom, encounter in a typical reproductive medicine practice. In highly specialized referral centres, only 10-15 patients per annum were seen with primary amenorrhea and a similar number with secondary amenorrhea^{4,6}.

The World Health Organisation (WHO) has summarized the causes. In the WHO group I, there is no evidence of endogenous estrogen production, normal or low FSH levels, normal prolactin levels, no evidence of a lesion in the hypothalamic pituitary region. In WHO group II is associated with the incidence of estrogen production, a normal levels of prolactin & FSH. In WHO group III involves elevated serum FSH levels indicating gonadal failure⁷.

Types of Amenorrhea:

1. Primary Amenorrhea:

Primary amenorrhea is defined as the absence of menarche by the age of fourteen in the absence of growth or development of secondary sexual characteristics or sixteen in the presence of normal growth or development of secondary sexual

characteristics⁸. Sanskrit term for primary amenorrhea from the *Charak Samhita* is *nashtrakta* with *nasht* meaning lost, destroyed or missing & *rakta* meaning blood⁹.

Common Causes of Primary Amenorrhea^{3,5}:

Table: 1

Category	Approximate frequency (%)
A. Breast development	30
-Mullerian agenesis	10
-Androgen insensitivity	9
-Vaginal septum	2
-Imperforate hymen	1
-Constitutional delay	8
B. No breast development: high FSH	40
-46 XX	15
-46XY	5
-Abnormal	20
C. No breast development: low FSH	30
-Constitutional delay	10
-Prolactinomas	5
-Kallman syndrome	2
-Other CNS	3
-Stress, weight loss, anorexia	3
-PCOS	3
-Congenital adrenal hyperplasia	3
-Other	1

2. Secondary Amenorrhea:

Secondary Amenorrhea is defined as absence of menses for more than three months in girls or women who previously had regular menstrual cycles or six months in girls or women who had irregular menses. According to *Acharya Sushrut*, secondary amenorrhea is described as distraction of *artav* (*Nashtarav*) as well as one of the symptoms of *artavahasrotas viddha lakshan*¹⁰. According *Acharya Vaghat*, it is described as nonappearance of *artav* (*Anartav*)¹¹. *Acharya Bhel* has described it as absence of 'raj'¹². *Acharya Bhavprakash* has mentioned 'rajonash'¹³.

Common Causes of Secondary Amenorrhea⁴:

Table: 2

Category	Approximate Frequency (%)
A. Low or normal FSH	66
-Weight loss /anorexia	
-Non specific hypothalamic	
-Chronic anovulation including PCOS	
-Hypothyroidism	
-Cushing syndrome	
-Pituitary tumour	
B. Gonadal failure : high FSH	12
- 46 XX	
-Abnormal Carotype	
C. Hypoprolactin	13
D. Anatomic	7
-Asherman syndrome	
E. Hyperendrogenic states	2
-Ovarian tumour	
- Undiagnosed	

Nashtartav or Anartav:

कवत्त्वांतःसंहःअंज.डअड दैलपज पेलरु ३१ नण्डेण २६२१
अंजाअतःसंहःछड :अचूअंज.उदंडड३५ णेडणैण१६१३

The *doshas* obstruct the passage or orifices of channels carrying *artav* (*artavavaha srotas*), thus *artav* is destroyed. Though *artav* is not finished completely yet it is not discharged monthly. Here with *doshas* the *vata* & *kapha* are referred because aggravated *pitta* increases *rakta* thus produces excessive bleeding. In other words aggravated *vata*, *kapha* obstruct the passage of *artav*, thus menstrual blood is not discharged. *Acharya Bhel* opines that though blood circulates (in whole body) for seven nights (day and night) yet being scanty and abnormal does not circulate (in reproductive system) and definitely desiccation of *artav* as well as body occurs in women, resulting into absence of menstruation. *Acharya Bhavprakash* has included *rajonash* among eighty specific disorders of *vata*. Though in *nashtartav*, the *artav* is not totally destroyed, yet it is not evident due to obstruction of orifices of its channels i.e *artavavaha srotas*. The roots of *artavavaha srotas* are in uterus and uterine arteries. Thus in this condition though *artav* or estrogen etc. ovarian hormones are normal, yet blood is not properly accumulated in endometrium, nourished by uterine arteries, naturally menstruation does not occur. In other words, this condition

appears to be description of amenorrhea caused by endometrial abnormalities.

Investigations¹⁴:

- Pregnancy test (if appropriate)
- Level of testosterone, estrogen in blood
- Other hormones in blood UHCG, prolactin, TSH, FSH, LH.
- Pelvic ultrasound, MRI and CT scan.

Management¹⁴:

According to modern science, management depends upon the nature of problem. In all cases of primary amenorrhea treatment is directed by the diagnosis. Women with secondary amenorrhea should still be offered contraception is still a risk of pregnancy. Hormonal replacement therapy is indicated for women with premature ovarian failure (< 40yrs). Structural abnormalities may be amenable to surgery. Amenorrhea associated with hormonal, genetic, and psychiatric or immunodeficiency disorders may require a variety of different medication & other treatment administered by specialists.

-Obesity also requires dietary modification.

-If PRL elevated due to drugs they should be reviewed.

-Pituitary tumours might require transphenoidal surgery whereas most women with prolactinomas are treated with dopamine agonists.

-Thyroid abnormalities should be managed appropriately.

-Women with amenorrhea associated with low estrogen levels will need to be assessed for their risk of osteoporosis ,these women have an adequate calcium & vit D intake.

Ayurvedic Chikitsa:

Chikitsa mainly divided into two segments.

1. *Samshodhan*
2. *Shaman*

Both these types of *chikitsa* works on vitiated *dosha*, *dhatu* and established physiology of *sharir*. Here '*Nashtarav*' has vitiation of *vata*, *kapha* *pitta doshas* and can consider *kshya* of *rasa* and *rakta dhatu*. Vitiation of *dosha* & *dhatu* is also depends upon *agnimandya*. All above points do have effect on *Chikitsa* of '*Nashtartav*.' *Acharya Charak* described all gynecological disorder in *chikitsasthan* in the form of '*Yonivyapad*'.

दं पी अंजकत्त्व लवपददं.तफंडे उचूकनल्लंजवी बण्पबण्३० }११५

It means *yoni* does not spoiled without *vata*, so first of all the treatment must be '*vatashamak*'¹⁵. *Vayu* is also *pravartak* of other *doshas*. So regulation of *vata dosha* may have indirect effect on other *dosha*. So the use of *basti* (enema) is beneficial. *Shatavaryadi anuwasana basti*¹⁶ is useful. *Acharya Dalhan* says that for purification only emetics should be used not the purgatives, because purgation reduces *pitta*, which in turn decreases '*Artav*' ,while emesis removes *saumya* substances, resulting into relative increase in *agny* constituents of the body consequently ,*artav* also increases. Commentator *Acharya Chakrapani* says that by use of purifying measures *srotas* are cleared. Emesis and puragation clear upward and downward direct *srotas* respectively. Thus both should be used. *Acharya Sushrut* also described *artav shudhi chikitsa* in *sharirasthan 2*; *Shukra shonit shuddhi sharir* which is also useful in the treatment of *nashtarav*.

Shaman Chikitsa:

- *Shatapushapa churna*¹⁷.
- *Shatavari churna*, *yashtimadhu churna*¹⁷.
- Use of powdered leaves of *vyotishamati*, *swarjikaksara* or *rajika*, *ugra* and stem bark of *asana* with cold water for three days include menstruation positively¹⁸.
- Use of properly prepared decoction of *black til* mixed with jaggery in the morning, induces menstruation to a woman having amenorrhea for a very long time¹⁸.
- Use of cooled decoction made with *black til*, *selu* & *karavi* mixed with jaggery positively induces menstruation¹⁸.
- Use of *japapushpa* mixed with *kanji*¹⁹.
- Use of *ghritbharjit* leaves of *vyotishmati* with *durva swaras*¹⁹.
- Use of white *durva swaras* or *dadimkalika swaras*²⁰.
- Use of decoction of *manjishtha* and *lavang*²⁰.
- Use of *kumari swaras* with sugar²⁰.
- *Phalaghrut* and *bruhat shatavari ghrut* described under *yoni rogas* are also beneficial^{21,22}.
- *Rajapravartini vati*, *kanyalohadi vati*, *vijayadi vati*, *kumarika vati*, *vrushyavati*, *nashtapushpanka ras* are useful.
- *Dashamularista*, *draksharishtha*, *ashokarishtha* are also useful.
- A pessary made with powdered seeds of *ikshawaka*, *danti*, *chapala*, jaggery, *madanphala*, *kinva* and *yavashuka* triturated with latex of *shunthi* should be placed in *yoni* (cervix).¹⁸ This induces menstruation.

Life style changes and Yoga therapies:

- Fish, *kulattha*, sour substances (*kanji*) *til*, *mash*, cow urine, butter milk mixed with half water, curd and *shukt* should be used in diet & drinks¹⁸.
- Articles capable of increasing *pitta* are beneficial²².
- Yogic management of amenorrhea are very important for women experiencing amenorrhea. Most importantly this includes rest and minimizes the amount of things or stresses that are apart of their everyday lives.

1. *Padmasan*
2. *Halasan*
3. *Dhanurasan*
4. *Saravangasan*
5. *Shalabhasan*
6. *Bhujangasan*
7. *Paschimottanasan*

CONCLUSION

- Amenorrhea is an uncommon presentation in reproductive medicine.
- The four most common causes are polycystic ovary syndrome, hypothalamic amenorrhea, ovarian failure, hyperprolactinemia.
- The initial useful laboratory tests are FSH, TSH and prolactin.
- Amenorrhea can be treated with medical intervention.
- In sum *ayurved* offers treatment for amenorrhea that beyond what allopathy medicine allows. It is clear from allopathy that nutritional deficiency is the greatest cause of amenorrhea. That nutritional deficiency comes from great stress not only to the body physically but mentally also. *Ayurved* can not only offer the nutritional counseling for treatment of amenorrhea but it can offer much greater option for dealing with the root of the

problem which lies in mind. *Pranayam*, *yoga*, *shirodhara* and more can thus leading to strength of *ojas* and balance of hormones.

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Source of support: Nil, Conflict of interest: None Declared