

## A CONCEPTUAL STUDY ON *NASHTARTAVA* - A REVIEW

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### ABSTRACT

*Ayurveda* the ancient healing system of medicine aims at maintaining health and prevention of disease. Women are the real architectures of the society. At the same time, multiple roles as a daughter, wife, mother, homemaker, wage earner are physically and mentally quite taxing. Feminity is related with menstruation and reproduction. Menstrual flow is the result of the complex interplay of many factors that arise from the hypothalamus, the pituitary gland, the ovary, the uterus and the outflow tract. Menstrual cycle is a window into the general health and well being of a woman and not just a reproductive event. *Nashtartava* is a symptom and as well as a disease caused due to vitiation of *vata* and *kapha dosha's* as they do *marga-avarodha* to *artavavaha srotas* leading to the absence of flow of *artava*. *Nashtartava* on the basis of *panchanidana* have been described in the present paper.

**Keywords:** *Menstruation, Nashtartava, Artavavaha srotas, Marga-avarodha.*

### INTRODUCTION

Menstruation is among the many physiological changes taking place which is as old as the selfhood of women. Menstruation is defined as periodic and cyclical shedding of progestational endometrium accompanied by loss of blood and is so sometimes described as 'the weeping of a disappointed uterus'. It takes place approximately 28- days intervals between menarche and menopause. If any components of HPO axis are

non-functional, bleeding may not occur<sup>1</sup>. The word *artava* can be taken for ovum, ovarian hormones and menstrual blood in different context. We can interpret 'artava' as menstrual blood following cyclical changes within the female genital make-up. The *shuddha artava lakshana's* explained as the flow of *artava* through the *yoni* once in a month for 3-5days, without any *pichilata, daha, vedana*, neither excess nor

very scanty flow and does not strain the cloth. The colour of *artava* resembles *Gunjaphala*, *Padmalaktaka*, *Indragopa*, *Shashaasruk* and *Laksha rasa*.<sup>2,3</sup>

Gaining or losing a significant amount of weight, disturbances in the intake of diet, changes in life style, travel, illness or other disruptions leads to excessive stress and strain and can have an impact on menstrual cycle. This leads to a decline in health of woman leading to various diseases which inhibit her mentally and physically.

*Artavadushti* is one among the important gynaecological disorders mentioned in our classics. It is very important and difficult to understand the aetiopathology, clinical features and treatment of *nashtartava*.

#### MATERIALS AND METHODS:

Classical text books of *Ayurveda*, Contemporary sciences, Websites etc.

##### *Nidana's:*

When *artavavaha srotases* are injured it effects the formation of the *artava* and the sexual life of the women ending with *vandhyatwa*.<sup>4</sup> The use of *nasya* during menstruation causes *rutuvyapad*, continuous use of *atiushna annapana* effects the *asruk- anda upachaya* and also *mrudu koshta* woman having received *snehana* and *swedana* consumes large quantities of *teekshna dravya's* causes *pushpopaghata* and *bheejopaghata*.<sup>5</sup>

In the concept of *avarana*, the *dosha's* being *vata* and *kapha* obstruct the channels to the flow of *artava* causing *artavanasha*.<sup>6,7</sup>

*Shoshana* of *shareera* results in *shoshana of rakta* subsequently there is no visible *artava* in females.<sup>8</sup>

##### *Purvaroop:*

The *lakshana's* are *yathochitakala adarshana*, *alpata* and *yonivadana* which if left untreated will lead to *artavanasha*. Failure of menses on the expected time and the interval between two menstrual cycles is prolonged (>35 days). *Alpata* means there is scanty flow during menstruation i.e. <3days with reduction in quantity. *Yonivadana* means the *vata dosha* causes pain in the *yonipradesha*.<sup>9</sup>

##### *Roopa:*

In *vandhya yonivyapat*, *nashtartava* is a clinical symptom as there is no flow of *artava*.<sup>10, 11, 12</sup>

The term *nir-artava* refers to *artava* having been never manifested.<sup>13</sup> Absence of *artava* is one of the symptoms in *shandi yonivyapat* and *shushka yonivyapat*.<sup>14, 15</sup> *Anartava* is also a symptom in *arajaska yonivyapat* because the *garbhashaya gata pitta* vitiates *rakta* causing *anartava*.<sup>16</sup> The term *rajoanasha* is one among the eighty *vata vyadhi's*.<sup>17</sup>

##### *Samprapti:*

If the women indulges in *vata* and *kapha prakopaka nidana's* their *vikruti* causes *avarana* of *marga* i.e. *artavavaha srotases*, obstructing to the flow of the *artava* leading to *nashtartava*. *Acharya Vagbhata* is also of the same opinion that *vata* and *kapha dosha* does *margaavarodha* to *artavavaha srotas*. So, there is no flow of *artava*.

The use of *kulatthadi agneya dravyas* in the form of treatment has *vata* and *kaphahara* properties which indirectly recall the *doshas* involved. The word '*Nashyati*' means there is absence of visible *artava* i.e. complete cessation in the flow of *artava*. This does not mean that the *artava* is destroyed completely but there is suppression of *artava* leading to the nonexistence of the flow of *artava*.<sup>18</sup>

The two factors responsible for the aggravation of *vata dosha* are namely *dhatukshaya* and *marga-avarodha*. The type of *khavaigunya* manifested is *sangha*. Because of obstruction in the *artavavaha srotas*, there is no flow of *artava*.<sup>19</sup>

**Samprapti ghataka's:**

- *Dosha: Vata- Apaana vata, samaana vata*  
*Kapha- Kledaka kapha.*
- *Dushya: Rasa, rakta and artava*
- *Agni : Jataragni, dhatavagni.*
- *Srotas : Rasavaha, raktavaha, artavavaha*
- *Srotodushti: Sanga*
- *Udbhavasthana: Amashaya, Pakwashaya*
- *Adhishtana: Garbhashaya .*
- *Sanchara sthana: Sarvashareera.*
- *Vyakta sthana: Yoni, garbhashaya.*

**Chikitsa:**

The main aim of *chikitsa* is removing the *avarana*, *agni deepana*, *samyata* of *dhatu's* along with *nidana parivarjana*.

Based on the concept of *samanya vishesha siddhanta*, *artava* is *agneya* in nature and *dravyas* which are used for the *chikitsa* are also *agneya* in nature. *Samanyam ekatwakaram* i.e. intake of *dravyas* having *samana gunas* helps in *vrudhhi* of the same *guna* in the *shareera*. So the *agneya dravya's* helps in the formation of *artava* with *amapachana* and *dhatuposhana*.

*Agneya dravya's* having *ushna virya* pacifies the *guru*, *snigdha*, *sthira* and *pichila guna* of *kapha* and *sheeta guna* of *vata dosha*, increases the *pitta* in the body.

- Different types of *dravya's* which are beneficial for *artava janaka* are *Matsya, Kulatha, Kanji, Tila, Masha, Sura, Gomutra, Takra* mixed with half part of *Jala, Dadhi,*

*Shukta* and also *Lashuna, Shatapushpa* and *Shatavari*.<sup>20, 21</sup>

- *Jyothishmati patra, Rajika, Ugra* and *Asana dravya's churna* is prepared and given with *sheeta payasa* for 3 days, use of *Krishna tila, Shelu* and *Karavi* mixed with *Guda* and only decoction of *Krishna tila* mixed with *Guda*.
- For local preparation, *Varti* prepared from *Ikshuvakubheeja, Danti, Chapala, Guda, Madanaphala, Kinva, Yava, Shuka* and *Snuhiksheera* and is kept in *yonis* helps in the production of *artava*.<sup>22, 23</sup>
- Reference regarding *nashtartave yogatrayam* which includes *Japa pushpa* mixed with *Amla kanji* or *Jyothishmati patra*, both fried, and rice cake of *Durva*.<sup>24</sup>
- *Shodana* which is the classical treatment for *shrotoshuddhata* mentioned in *artava kshaya* can be applied in this condition also. *Vamana karma* is preferable because with *urdhwabhaga doshahara* feature, it removes *soumya dhatu's* resulting in increasing *agneyatwa* of the *shareera* which in turn increases *artava* meanwhile *virechana* decreases *pitta* which in turn decreases *artava*. But, we also get suggestion regarding *virechana*, can also be adopted because of its *adhobhaga doshahara karma* and it strengthens *pitta dosha*. So, both the measures can be adopted for *samshodana* followed by using *agneya dravya's* can be beneficial.<sup>25</sup>
- Among all *panchakarmas*, *basti chikitsa* is *pradhana* and specially indicated here.<sup>26</sup>
- The *samanya chikitsa* for *vata vyadhi's* can also be considered here because *rajonasha* is one amongst the 80 *vatavyadhi's*. So intake

of *rasa's* like *madhura, amla, lavana, ush-naveerya dravyas, snigdha guna, agni deepaka, amapachaka dravyas*, proper sleeping pattern, exposure to sun rays, resorting to procedures like *basti, svedana, abhyanga, santapa, dahana kriya, santarpana, mardana* and *jalasechana*.<sup>27</sup>

### **Sadhyasadhyata:**

As seen in the classics there is no description about the prognosis of the disease. *Nashtartava* has been mentioned as a symptom in different *yoniviyapat's*. They have mentioned different *dravya's* like *tila, masha, dadhi* etc. and *pittalupachara* along with *samshodahana* like *vamana, virechana* and *basti*. By this we can infer that it is a *sadhya vyadhi*.

## **DISCUSSION**

'*Stree*' being the root cause of progeny, maximum care should be given to protect her from diseases. There are specific anatomical, physiological and psychological changes taking place in woman especially during her reproductive period and menstruation is one such essential process that requires proper thought and apprehension to remain healthy.

So, in this regard different *paricharyas* have been mentioned by our *Acharya's* like *rajaswala, rutumaticharya, garbhini* and *soothika* with the general inclusion of *dinacharya, rutucharya* and *shodasha samskara*. The woman should follow *rajaswala paricharya* compulsorily during *rutusrava kala* to stay away from menstrual disorders.

In our classics most of the menstrual disorders have been described under the title of *Ashta artava dushti* and *Asrigdara*. A very minimum explanation of *Nashtartava, Anartava, Ra-*

*jonasha, Artava kshaya* and *Artava vriddhi* also exists.

*Artavanasha* can be interpreted as any injury to *garbhashaya* and *artavavaha dhamini's* part of *artavavaha srotas*.

*Nasya* should be avoided during menstruation because there will not be proper absorption of *aoushada* because hormonal changes taking place during this period may influence drug absorption, distribution, metabolism or excretion and again menstruation is seen when there is withdrawal of hormones oestrogen and progesterone, administration of *nasya* stimulates hypothalamus leading to stimulation of gonadotropin releasing hormone (GnRH) neurons leading to GnRH secretion which in turn stimulates release of LH and FSH from anterior pituitary which again stimulate the ovaries to secrete estrogens which may lead to menstrual abnormalities.

Use of *nasya* during *rajahsrava kala* causes *rutuvyapad*, continuous use of *atiushna annapana* effects the formation of menstrual blood and ovum and in turn vitiates the same and after having received *snehana* and *swedana* if woman consumes *teeksha dravya's* with *mrudu koshta* leads to *pushpoghata* and *bheejophagata*.

The above said *nidana's* also do *jataragni mandyata* with vitiation of *samana vata, paachaka pitta* and *kledaka kapha* leading to production of *ama* which affect formation of *rasadhatu* by *dhatvagni mandyata* leading to under nourishment of *uttarottara dhatu's* resulting in *dhatu kshaya* which is the cause for *vata vriddhi* and *artava nasha*.

In diseases like *pandu* and *rajayakshma* there is *shoshana* of *shonita* leading to *shoshana* of *shareera* resulting in the absence of flow of *artava*. In contemporary sciences, there is reference that any disease which cause substantial

weight loss and is associated with systemic inflammatory response and cachexia can cause amenorrhea. The advanced stages of tuberculosis affect adrenal gland, pituitary gland and ovaries resulting in disordered menstruation particularly amenorrhea is a distinct possibility. Hypomenorrhea and amenorrhea has been described in a substantial number of patients with pulmonary tuberculosis.

The *guna's* like *chala* and *sukshma* which are the unique quality of *vata dosha* carries the *doshas kapha* and *pitta* which are *pangu* in *svabhava* to different parts of the *shareera* which enters the *srotases* manifesting in *rasadi dhatu dusti* and favouring *dosha dushya sammurchana*. If we interpret this concept, the *prakupita vata dosha* and *kapha dosha* enters *garbhashaya* causing *sroto-avarodha*, favouring *dosha dushya sammurchana* resulting in *nashtarava*.

In *vandhya yoni vaypat*, if *artava* is considered as ovum then in anovulatory cycles, the follicles grow without selection of dominant follicle. The oestrogen is secreted in increasing amount so there is imbalance between oestrogen and FSH or because of temporary responsiveness of hypothalamus to the rising estrogens, gonadotropin releasing hormone is suppressed → no follicle stimulating hormone & luteinising hormone → no ovulation.

If *artava* is considered as menstrual blood and in polycystic ovarian disease, tonically elevated luteinising hormone → increased androgen production from the theca cells and stromal cells of the ovaries → decrease Sex hormone binding globulin → increased unbound estrogens and androgens → pituitary insensitivity to GnRH is increased → preferential increased production of LH, decreased production of FSH due to inhi-

bin. Disturbed adrenal function is also implicated in androgen excess. A state of hyperandrogenism produces amenorrhea by its anti-estrogenic action.

If *artava* is considered as hormones, the ovarian activity is totally dependent on the gonadotrophins depends on the pulsatile release of GnRH from hypothalamus. Ovarian dysfunctions are likely to be linked with disturbed hypothalamo-pituitary ovarian axis either primary or secondary from thyroid or adrenal dysfunctions. This disturbance leads to infertility with anovulation and amenorrhea.

*Vandhya yoni vyapat* can also be interpreted as secondary amenorrhoea with well developed secondary sexual characteristics.

*Shandi yonivyapat* can be correlated to congenital absence of gonadotrophic hormones from anterior pituitary i.e. LH and FSH which in turn leads to hypoestrogenic condition. Some interpret this with congenital absence of estrogens and progesterones but this can be particularly attributed to hypofunctioning of adenohipophysis because if pituitary is normally functioning adrenal cortex takes the load of secretion of estrogens in the quantity sufficient for the development of breast which are absent in this condition. So it is due to gonadotrophic hormones absence leading to absence of menstruation. Estrogen in particular with progesterone is also responsible for proliferation of ducts and stromal tissues with increased vascularity, hypertrophy and growth of acinar structures, accumulation of fat and pigmentation of areola.

*Anartava* has a clinical feature in *arajaska* because the name itself suggests *arajaska* is loss of *rakta* or *rajas*. There is marked emaciation and discoloration which can be compared with



secondary amenorrhea due to general debility seen in anaemia.

## CONCLUSION

*Nashtartava* (secondary amenorrhoea) is defined as absence of visible *artava* due to the *marga-avarodha* of *vata* and *kapha* to the *artavavaha srotas*. It has become a most common menstrual disorder in present era which is affecting her fertility. The *nashtartava* is a symptom, not a disease in itself. The prime importance should be focussed on removing the *marga-avarodha* with alleviation of *vata* and *kapha doshas*. *Shodana* and *shamana* both line of treatment can be given. *Shodana* includes *basti*, *vamana* and *virechana* and *shamana chikitsa* includes use of *agneya dravya*'s.

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