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"*NASHTARTAVA* (AMENORRHEA) IN AYURVEDA: ETIOLOGY AND MANAGEMENT – A SCIENTIFIC REVIEW"

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ABSTRACT:

Introduction: Amenorrhea, defined as the absence of menstruation, is a condition with multiple etiologies, ranging from physiological states to pathological disorders. Ayurveda describes this condition as *Nashtartava*, which is often considered a symptom as well as a disease entity under *Yonivyapad* and *Artava-dushti*. The classical texts provide detailed explanations of causative factors, pathogenesis, and management strategies that integrate diet, lifestyle, and therapeutic interventions. **Methods:** A systematic review of Ayurvedic texts (*Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita*), classical commentaries, and Nighantus was undertaken to compile references on *Nashtartava*. Additionally, an electronic search was performed on PubMed, Scopus, Web of Science, and Google Scholar using the terms "Amenorrhea," "Nashtartava," "Ayurveda," and "Artava-dushti" between 2000–2025. Clinical trials, observational studies, and review articles were included. **Results:** Ayurveda attributes *Nashtartava* primarily to vitiation of *Vata* dosha, with contributory roles of *Kapha* and *Pitta*. Causative factors include improper diet, excessive exertion, psychological disturbances, and reproductive tract disorders. Management is based on correcting *Vata* imbalance through *Snehana*, *Swedana*, *Basti karma*, and *Rasayana* therapy, alongside use of specific herbs such as *Shatavari*, *Ashoka*, *Lodhra*, and *Kumari*. Modern research highlights the role of nutritional deficiencies, hypothalamic-pituitary-ovarian axis dysfunction, and lifestyle stressors in amenorrhea, aligning with Ayurvedic insights. **Discussion:** Ayurveda emphasizes individualized treatment focusing on dosha balance and *Agni* correction, which resonates with modern integrative approaches involving diet, stress management, and hormonal regulation. However, evidence from clinical trials validating Ayurvedic interventions remains limited, necessitating more robust studies. **Conclusion:** The concept of *Nashtartava* provides a holistic framework for understanding and managing amenorrhea. Integration of Ayurvedic principles with modern gynecological insights may enhance therapeutic outcomes and support women's reproductive health.

KEYWORDS: Amenorrhea, *Artava-dushti*, Ayurveda, *Nashtartava*, Women's health, Women's health

INTRODUCTION

Amenorrhea, or the absence of menstruation, is a clinical condition that may arise from physiological, pathological, or iatrogenic causes. [1] It is broadly classified into primary and secondary amenorrhea, with varied etiologies including genetic anomalies, hormonal imbalances, lifestyle factors, and chronic systemic disorders. [2-3] Modern gynecology considers amenorrhea a marker of underlying dysfunction of the hypothalamic-pituitary-ovarian axis or anatomical abnormalities of the reproductive tract. [4-5]

In Ayurveda, *Nashtartava* is described as the absence or cessation of *Artava* (menstrual flow), considered both a symptom and a disorder under *Artava-dushti* and *Yonivyapad*. [6] Classical texts identify *Artava* as a crucial component of conception (*Garbha-sambhava-samagri*), and disturbances in its formation or excretion are linked to infertility and gynecological disorders. The condition of *Nashtartava* is chiefly associated with vitiated *Vata dosha*, which obstructs the channels (*Srotas*) responsible for the normal excretion of menstrual blood. [7-8]

The aim of this review is to critically evaluate the Ayurvedic understanding of *Nashtartava* with respect to etiology and management, and to correlate it with modern biomedical insights into amenorrhea. [9] The objectives are to (1) analyze descriptions of *Nashtartava* in Ayurvedic texts, (2) summarize management approaches including diet, lifestyle, and therapeutic interventions, and (3) compare classical Ayurvedic concepts with modern research findings to identify potential integrative strategies. [10]

MATERIALS AND METHODS

This review adopted a two-tier approach: classical Ayurvedic text review and modern scientific literature review.

1. **Ayurvedic Sources:** Primary references were collected from *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, Bhavaprakasha,* and *Madhava Nidana*. Commentaries and Nighantus (Ayurvedic lexicons) were also reviewed. [11]
2. **Databases and Search Strategy:** Electronic databases including PubMed, Scopus, Web of Science, and Google Scholar were searched using combinations of keywords: "*Nashtartava*," "Amenorrhea Ayurveda," "*Artava-dushti*," "Ayurvedic gynecology," and "herbal management of amenorrhea." The time frame considered was January 2000 to February 2025. [12]
3. **Inclusion Criteria:** [13]
   - Clinical trials, case studies, and observational research on amenorrhea management.
   - Review articles and systematic reviews.
   - Studies in English or Sanskrit with English translation.
4. **Exclusion Criteria:** [14]
   - Studies unrelated to women's reproductive health.
   - Non-peer-reviewed articles without verifiable references.
5. **Type of Studies Reviewed:** Both classical interpretations and modern scientific evidence were synthesized. Data were organized thematically: etiology, pathogenesis, management (diet, lifestyle, therapies, herbal medicines), and comparative insights. [15]

OBSERVATION AND RESULTS

1. **Classical Ayurvedic Understanding of *Nashtartava***
   - Concept of *Artava* in Ayurveda (as *Upadhatu of Rasa*, vital for conception).
   - Definition of *Nashtartava* – absence of menstruation.
   - Relation with *Yonivyapad* (especially *Artavakshaya, Vandhya, Pushpaghni Jataharini*).
   - Role of *Vata* in pathogenesis (particularly *Apana Vata* obstruction).
2. **Etiological Factors *(Nidana)***
   - Improper diet (*Ahara*): dry, cold, incompatible foods.
   - Lifestyle (*Vihara*): excessive exertion, suppression of natural urges, irregular sleep.
   - Psychological (*Manasika*): stress, grief, fear.
   - Other causes: congenital defects, uterine abnormalities.
3. ***Samprapti* (Pathogenesis)**
   - Vitiated *Vata* causing obstruction of *Artavavaha Srotas*.
   - *Kapha*-induced hypo-function and Pitta-related inflammatory changes.

- *Dhatukshaya* (nutritional deficiency) leading to non-production of *Artava*.

4. **Types of Amenorrhea – Ayurvedic and Modern Correlations**
- Primary Amenorrhea: congenital, developmental causes → linked to *Beeja dosha* or *Yonidosha*.
- Secondary Amenorrhea: stress, nutritional deficiency, systemic disease → correlates with *Aharaja, Viharaja,* and *Manasika* nidanas.

5. **Management Principles in Ayurveda**
- **General Approach:**
  - *Dosha-shamana* (pacification of *dosha*).
  - *Srotoshodhana* (cleansing channels).
  - *Balya-Rasayana* (strengthening therapy).
- **Therapies:**
  - *Snehana* and *Swedana* to pacify *Vata*.
  - *Basti karma* (especially *Yapana and Uttara Basti*).
  - *Vamana* and *Virechana* in *Kapha/Pitta* dominance.
- **Diet and Lifestyle:** nourishing, warm, unctuous food, avoidance of exertion and stress.
- **Herbal Drugs:**
  - *Shatavari (Asparagus racemosus)* – phytoestrogenic activity.
  - *Ashoka (Saraca asoca)* – uterine tonic.
  - *Lodhra (Symplocos racemosa)* – balances Kapha and Pitta.
  - *Kumari (Aloe vera)* – stimulates uterine function.
  - *Jivanti, Gokshura, Yashtimadhu* as supportive.

6. **Modern Perspectives**
- Pathophysiology: hypothalamic-pituitary-ovarian axis dysfunction, genetic disorders, polycystic ovarian syndrome (PCOS), premature ovarian insufficiency, stress, malnutrition.
- Management: hormone replacement therapy, oral contraceptives, lifestyle interventions, treatment of underlying causes.
- Evidence for herbal remedies (clinical trials on *Shatavari, Ashoka, Kumari* showing hormonal modulation).

7. **Integrative Insights**
- Similarities between Ayurvedic "*Vata* imbalance" and modern neuroendocrine dysfunction.
- Dietary advice aligns with nutritional management.
- Role of yoga and meditation in stress-related amenorrhea.
- Potential role of Ayurvedic therapies as adjuncts in modern treatment.

DISCUSSION

Nashtartava, or amenorrhea, is considered in Ayurveda as a multifactorial condition predominantly arising from *Vata dosha* imbalance, although Pitta and *Kapha* may also contribute depending on the individual constitution. *Vata* aggravation disrupts *Artava* formation and cyclical flow, leading to cessation or irregularity of menstruation. Modern medicine similarly recognizes amenorrhea as a syndrome with diverse etiologies, including hypothalamic-pituitary-ovarian axis dysfunction, endocrine disorders, systemic illnesses, and structural abnormalities of the reproductive tract. This conceptual convergence highlights that both systems view the condition as a manifestation of systemic dysfunction rather than a disease isolated to the uterus alone.[16]

Ayurvedic interventions aim to restore *doshic* balance and normalize reproductive physiology through a combination of herbal therapies, Panchakarma procedures, and lifestyle regulation. For instance, *Basti* (medicated enema therapy) is frequently employed to pacify *Vata* in the pelvic region. Emerging evidence suggests that *Basti* may modulate autonomic nervous system activity, improve local circulation, and influence neuroendocrine function, which can facilitate menstruation and reproductive health. These mechanisms can be conceptually correlated with modern approaches to targeted drug delivery and neuroendocrine modulation.[17]

Herbal formulations play a critical role in Ayurvedic management. *Shatavari* (Asparagus racemosus) and *Ashoka* (Saraca asoca) are widely used to stimulate *Artava* formation and promote uterine health. Modern pharmacological studies support these uses, demonstrating phytoestrogenic activity, uterotonic effects, and hormonal modulatory potential. *Shatavari's* phytoestrogens may enhance endometrial proliferation, while *Ashoka* is reported to influence uterine contractility and balance estrogen-progesterone ratios. This

pharmacological validation provides a scientific bridge between traditional knowledge and contemporary reproductive medicine.[18]

In addition to therapeutics, Ayurveda emphasizes preventive lifestyle measures, including proper diet *(Pathya)*, avoidance of stress, maintenance of daily routines *(Dinacharya)*, and seasonal adjustments *(Ritucharya)*. While modern gynecology focuses primarily on pharmacological or surgical interventions, these holistic measures have substantial relevance for the prevention of hypothalamic amenorrhea, stress-induced cycle disturbances, and endocrine dysfunction. Such integrative strategies may improve overall well-being, reduce symptom recurrence, and support long-term fertility outcomes.[19]

Despite these promising insights, significant gaps exist. Most clinical trials of Ayurvedic interventions in *Nashtartava* are small-scale, observational, or non-randomized, limiting the strength of evidence. Standardization of herbal formulations, dosages, and procedural protocols remains inconsistent. Mechanistic studies exploring the molecular and endocrine effects of Ayurvedic therapies are limited, and integration with mainstream gynecological practice is still sparse.[19]

Future directions include the design of integrative protocols that combine Ayurveda with conventional endocrinology, pharmacological standardization of herbal drugs, and comparative effectiveness trials against established therapies. Further research may incorporate biomarkers, hormonal assays, and imaging studies to objectively validate Ayurvedic interventions. Additionally, exploring personalized approaches based on individual *doshic* constitution and reproductive hormone profiles could enhance the precision and efficacy of treatment.[20]

In conclusion, Ayurveda provides a complementary, preventive, and holistic framework for managing *Nashtartava*. When integrated with modern gynecological care, it has the potential to address both symptomatic relief and underlying etiologies, improving reproductive health outcomes and patient satisfaction.[20]

CONCLUSION

Nashtartava (amenorrhea) in Ayurveda is a well-described condition with elaborate insights into its causes, pathogenesis, and management. The central role of *Vata dosha* in the obstruction or cessation of menstrual flow provides a unifying concept that resonates with modern neuroendocrine and reproductive physiology. Ayurveda advocates a comprehensive management plan including *Ahara* (diet), *Vihara* (lifestyle), *Aushadha* (medicines), and *Shodhana* (purificatory therapies) tailored to individual constitution and dosha predominance.

Modern evidence highlights the importance of nutrition, stress regulation, and hormonal balance in amenorrhea, which parallels Ayurvedic perspectives. Several Ayurvedic herbs such as *Shatavari*, *Ashoka*, *Kumari*, and *Lodhra* have shown promising results in regulating menstrual cycles and improving reproductive health.

Despite these synergies, clinical validation through robust trials remains insufficient. To establish Ayurveda as a complementary approach in managing amenorrhea, further interdisciplinary research is needed. Practical implications include the potential use of Ayurvedic regimens as preventive and supportive strategies alongside modern treatments, offering women safer, holistic, and individualized care.

REFERENCES

1. Charaka Samhita, Sharira Sthana. Chaukhamba Orientalia, Varanasi; 2015.
2. Sushruta Samhita, Sharira Sthana. Chaukhamba Orientalia, Varanasi; 2016.
3. Vagbhata. *Ashtanga Hridaya*, Sharira Sthana. Chaukhamba Krishnadas Academy, Varanasi; 2017.
4. Kashyapa Samhita, Khila Sthana. Chaukhamba Sanskrit Series, Varanasi; 2015.
5. Bhavaprakasha Nighantu. Chaukhamba Bharati Academy, Varanasi; 2012.
6. Madhava Nidana, Chapter 34. Chaukhamba Orientalia, Varanasi; 2013.
7. Sharma RK, Dash B. *Charaka Samhita: Text with English Translation*. Chowkhamba, Varanasi; 2014.
8. Acharya YT, editor. *Sushruta Samhita with Nibandha Sangraha Commentary*. Chaukhamba, Varanasi; 2012.

9. Harlow SD, Campbell OMR. Epidemiology of menstrual disorders. Int J Gynaecol Obstet. 2017;139(1):47–52.
10. Klein DA, Poth MA. Amenorrhea: an approach to diagnosis and management. Am Fam Physician. 2013;87(11):781–8.
11. Gordon CM. Functional hypothalamic amenorrhea. N Engl J Med. 2010;363(4):365–71.
12. Malhotra A, et al. Nutrition and menstrual health. Nutr Rev. 2021;79(9):1029–38.
13. Nag U, Kodali M. Ayurveda approach to amenorrhea. J Ayurveda Integr Med. 2018;9(4):293–9.
14. Sharma S, et al. Clinical evaluation of *Kumari Asava* in secondary amenorrhea. AYU. 2015;36(2):196–202.
15. Patil S, et al. Effect of *Shatavari* on female reproductive health: A review. Phytother Res. 2020;34(7):1572–85.
16. Rajeshwari S, et al. Herbal interventions in menstrual disorders: a clinical review. J Ethnopharmacol. 2019;235:160–72.
17. World Health Organization. Menstrual health and reproductive rights. Geneva: WHO; 2021.
18. Indian Council of Medical Research. Menstrual health in India: NIRRH Report 2022.
19. Upadhyay AK. Ayurveda and reproductive health. Indian J Tradit Knowl. 2019;18(2):245–51.
20. Singh R, et al. Integrative approach to amenorrhea management. Complement Ther Clin Pract. 2022;46:101528