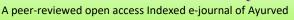


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# Critical analysis of *Anartav* (Amenorrhea) Jangate Surabhi Sukumar<sup>\*1</sup>, T. Vishala<sup>2</sup>

<sup>1</sup>Final year PG Scholar,

<sup>2</sup> Guide and HOD

Prasuti Tantra Evum Stree Roga Department, Yashwant Ayurvedic College, Post Graduation Training & Research Centre, Kodoli, 416114. Maharashtra, India. \*Corresponding author: surabhijangate1993@gmail.com

#### **ABSTRACT:**

Anartav means absence of anartav. In Ayurvedic classics, various terms for Anartav are Nashtarva by Sushruta, Anartav by Vagbhat, absence of Raja by Bhel and Rajonash by Bhavprakash.Also, Anartav is one of the manifestations of vonivyapad like Arajaska/ Lohitkshaya vonivvapad, Shushka yonivyapad, Shandhi yonivyapad and Vandhya yonivyapad. For treatment of Anartav, in modern science, there are very little options like HRT. But, in Ayurveda, various modalities include in Amapachan, Strotoshodhan and Vatashamak treatment. Thus. this attempt is made for understanding of for Anartav its etiopathology and management by Ayurveda with modern correlation.

**Keyswords**: Anartav, Amenorrhea, Yonivyapad, Ayurvedic management.

# **INTRODUCTION :**

Anartav means absence of Artava I.e absence of menstruation(Amenorrhea).As on young or aged plants flowers or fruit the fragrance is not explicit, similarly in Males shukra before 16 and after 70 years of age and in females raja(menstrual blood) and stanya(milk)before 12 and after 50 years of age are not seen. <sup>1</sup>The prevalence of amenorrhea that is not due to pregnancy, lactation. or menopause is 3 to  $4\%^2$ . Amenorrhea indicates failure of the hypothalamic-pituitary-gonadal axis to induce cyclic changes in the endometrium that normally result in menses and also may result from the absence of end organs or from obstruction of the outflow tract. It is important to remember that amenorrhea may result from an abnormality at any level of the reproductive tract.

#### AIM :

To compile literary review on Anartav(Amenorrhea) in both Ayurvedic and Modern reviews.

#### **OBJECTIVE :**

To analyse the compile literature.

#### **MATERIALS :**

Classical texts of Ayurveda and modern texts, various articles related to Anartav.

#### **REVIEWS-**

#### ANARTAV:

The dosha (vata and kaph) obstruct the passage of orifice of channels carrying artava, thus artava isn't discharged or artava is destroyed I.e Anartav <sup>3 4</sup>.Thus,

- According to Sushrut, the condition is termed as Nashtartava <sup>3</sup>and Anartav by Vagbhat<sup>4</sup>.
- According to Bhel, through blood circulated for seven nights (day and night in whole day), yet, being scanty and abnormal, does not circulate (in reproductive system) and definitely desiccation of artava as well as body occurs in women resulting into absence of menstruation<sup>5</sup>.
- According to Bhavparkash, it is Rajonash among 80 specific disorder of vata<sup>6</sup>.

- According to Chakrapani, Amenorrhea described as Arajska yonivyapad<sup>7</sup>.
- According to Aaddhamala, Nashtarva as Sushka yonivyapad<sup>8</sup>.
- Madhavnidan, Bhavprakash, Yogratnakara and Sushrut said that in Shandhi yonivyapad, women doesn't have menstruation <sup>9</sup> 1<sup>0</sup> 11 12. In Vandhya yonivyapad, artava is destroyed and presence of vatiki type of pain<sup>13</sup> 1<sup>4</sup> 1<sup>5</sup> 1<sup>6</sup>.

Normally, Amenorrhea has due to before puberty, pregnancy, lactation and menopause. According to modern science, it may be primary or secondary <sup>17</sup>.

#### PRIMARY AMENORRHEA-

A young girl who has not yet menstruate by her 16 year of age<sup>17</sup>. Causes<sup>17</sup>-

1. Hypogonadotropic hypogonadism-

-Central nervous system tumors -Kallamann's syndrome

- 2. Hypergonadotropic hypogonadism-
  - Primary ovarian failure
  - Enzyme deficiency
- 3. Abnormal chromosomal pattern -
  - Turner syndrome (45×)
  - Various mosaics state ( $45 \times /46 \times$ )

- Pure gonadal dysgenesis (45×× /46×y )

4. Development defect of genital tract -

- Mullerian agenesis/dysgenesis

- Imperforate hymen
- Transverse vaginal septum (TVS)

- Atresia upper-third of vagina and cervix

- Complete absence of vagina

- Absence of uterus in MRKH syndrome

5. Developmental of thyroid and adrenal cortex-

- Adrenogenital syndrome
- Cretinism
- 6. Metabolic disorders-
  - Juvenile diabetes
- 7. Systemic illness-
  - Malnutrition, acne, weight loss
  - Tuberculosis
- 8. Unresponsive endometrium-

- Congenital: Uterine synechiae (tubercular).

#### SECONDARY AMENORRHEA-

Absence of menstruation for 6 months or more in women in whom normal menstruation has been established<sup>17</sup>.

Cause17 -

- 1.Systemic
  - -Malnutrition
  - -Hypothyroid state
  - Diabetis Malletus
- 2. Uterine-
  - Synechiae

3.Ovary -

-PCOS (Polycystic Ovarian

syndrome)

-Premature ovarian failure

4. Pitutory –

- Adenoma
- Sheehan's
- 5. Hypothalamus -
  - Stress
  - Post pills

- Sudden change in weight -either too much loss or too much gain

- Psychotropic and antihypertensive drugs.

#### CHIKITSA-

According to modern, management depend on nature of problem. i.e. structural abnormalities may be amenable to surgery. Women with secondary amenorrhea should still offered contraception or HRT (above 40 years). Amenorrhea associated with hormonal, genetic, psychiatric or immunodeficiency disorders may require a variety of different medications and other treatment administered by specialist<sup>18</sup>.

According to Ayurveda, Nashtarva has vitiation of dosha and dhatu. Acharya charak described all gynaecological disorders in chikitsashan in the form of yonivyapad. Firstly, all the treatment must be vatashamak. So, the use of basti is more beneficial. Because, regulations of vata dosha may have indirect effects on other dosha. It means yoni doesn't affected without vata.

Chikitsa mainly divided into two segments. <sup>19</sup>

## A.Shodhan

#### B.Shaman

1. Shodhan :

Specifically, use of shatavaryadi anuwasan basti is be beneficial<sup>20</sup>.Also, Baladi Yamaka Anuwasana Basti, Palash Niruha Basti & Dashamuladi Niruha Basti is beneficial. Uttarbasti of jivaniya gana<sup>21</sup>.

Vamana and Virechana clear upward and downward directed Strotasas respectively. Thus both should be used according to patient condition.

2.Shaman :

1. Lahsun, Shatpushpa and Shatavari is beneficial in all disorders of artava.<sup>22</sup>

2. Use of powered leaves of Jyotishmati, Swarjika kshar or Rajika, ugra and stem bark of Asana with cold water for 3 days<sup>23</sup>.

3. Use of decoction of black tilas mixed with jaggery in morning<sup>23</sup>.

 Use of cooled decoction of black tila, Shelu, Karavi mixed with jaggery<sup>23</sup>.

5. A pessary made with powdered seeds of ikshawaku, danti, chapala, gud, madanphal, kinva, yavashuk titrated with latex of shunthi should be placed in yoni ( cervix).<sup>23</sup>.

6. Fish, kulttha, kanji, tila, mash, cow urine, danti, shukta should be used in drinks and diet.<sup>23</sup>

Phalghruta, Bruhat shatavari ghruta<sup>24</sup>

- Kanyalohadi vati, rajpravartini vati, vijayadi vati, vrushyadi vati, kumarika vati, nashtpushpantka ras. Dashamoolarishta, draksharishta, ashokarishta, maharasnadi kwath

8.- Use of japapushpa with kanji<sup>25</sup>

- White durva swaras or decoction of manjishta and lavang.<sup>26</sup>

- Use of kumari swaras with sugar<sup>26</sup>

9. Articles capable of increasing of pitta<sup>27</sup>

10. Mike medicated with drugs of jivaniya gana.<sup>28</sup>

#### **Discussion**:

Anartav may be correlate with Artav Dushti.Due to Ahitakar Aahar, Vihar, Jatharagnimandya take place which leads production of Aam and causes to Rasadhatu dushti, it turns into Dushta Artava utpatti which leads to menstrual abnormalities. Vitiation of dosha (specially vata and kapha) leading to Avaran of Artava resulting in Nashtarva (No proper growth of follicles and chronic anovulation) can be consider as main pathology. Thus, Aampachan, Strotoshodhan and Vatashamak treatment should be considered as principle of treatment which help in proper ovulation and menstruation. So, as per patient complaints, chronicity, shodhan, shaman treatment can be given.

# **CONCLUSION** :

- Correcting Agnimandya and Dhatvagnimandya, also promoting Dhatavgni pachan by Dipan, pachan dravyas will correct the rasdhatukshay and simultaneously artavakshay.
- Jivaniya gana dravyas , agney dravyas which correct Hypothalamic-Pitutary-Ovarian axis defect.

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