A CONCEPTUAL STUDY ON NASHTARTAVA - A REVIEW

Noor Fathima¹, Ramadevi G², Vidhya K³

Assistant professor, Department of Prasuti tantra and Stree roga
Ashwini Ayurvedic College, Tumkur, Karnataka, India
Professor, Department of Prasuti Tantra and Stree Roga
Associate professor, Department of Prasuti Tantra and Stree Roga.
S.D.M. College of Ayurveda, Kuthpady, Udupi, Karnataka, India

Email: dr.nooramina@gmail.com

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 self-hood 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 occur¹. 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.\(^2,3\)

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 gynecological 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.\(^4\) The use of nasya during menstruation causes rutuvya-pad, 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.\(^5\)

In the concept of avarana, the dosha’s being vata and kapha obstruct the channels to the flow of artava causing artavanasha.\(^6,7\)

Shoshana of shareera results in shoshana of raka subsequently there is no visible artava in females.\(^8\)

**Roopa:**
In vandhya yoni vyapat, nashtartava is a clinical symptom as there is no flow of artava.\(^10, 11, 12\) The term nir-artava refers to artava having been never manifested.\(^13\) Absence of artava is one of the symptoms in shandi yoni vyapat and shushka yoni vyapat.\(^14, 15\) Anartava is also a symptom in arajaska yoni vyapat because the garbhashaya gata pitta vitiates rakta causing anartava.\(^16\) The term rajoanasha is one among the eighty vata vyadhi’s.\(^17\)

**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 margavarodha 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.\(^18\)
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*.  

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 *avara*, *agni deepana*, *sanyata* 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 *vruddhi* 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*, *Kulaththa*, *Kanji*, *Tila*, *Masha*, *Sura*, *Gomutra*, *Takra* mixed with half part of *Jala*, *Dadhi*, *Shukta* and also *Lashuna*, *Shatapushpa* and *Shatavari*.  
- *Jyothishmati patra*, *Rajika*, *Ugra* and *Asana* *dravya’s churna* is prepared and given with *sheeta* *payasa* for 3 days, use of *Krishna tila*, *Shehu* 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 *yoni* helps in the production of *artava*.  
- Reference regarding *nashtartave yogatrayam* which includes *Japa pushpa* mixed with *Amla kanji* or *Jyothishmati patra*, both fried, and rice cake of *Durva*.  
- *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 *urdhwbhaga dosahara* feature, it removes *soumya dhatu’s* resulting in increasing *agneyatwa* of the *shareera* which in turn increases *artava* meanwhile *virechana* decreases *pitta* which inturn decreases *artava*. But, we also get suggestion regarding *virechana*, can also be adopted because of its *adhobhaga dosahara karma* and it strengthens *pitta dosha*. So, both the measures can be adopted for *samshodana* followed by using *agneya dravya’s* can be beneficial.  

- Among all *panchakarmas*, *basti chikitsa* is *pradhana* and specially indicated here.  
- 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.\textsuperscript{27}

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 yoni vyapat’s. They have mentioned different dravya’s like tila, masha, dadhi etc. and pittala upachara 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, Rahjonasha, Artava kshaya and Artava viddhi 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 vruddhi 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 vyapat, 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 inhibin. Disturbed adrenal function is also implicated in androgen excess. A state of hyperandrogenism produces amenorrhea by its antiestrogenic 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 adrenohypophysis 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 rakt 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 artava vavaha 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.

REFERENCES

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