

## PRIMARY AMENORRHEA: AN INTEGRATIVE REVIEW FROM AYURVEDA AND MODERN PERSPECTIVES

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Article Received on  
20 July 2025,

Revised on 09 August 2025,  
Accepted on 28 August 2025

DOI: 10.20959/wjpr202517-38208



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### ABSTRACT

Primary amenorrhea is defined as the absence of menarche by the age of 15 years with the presence of normal secondary sexual characteristics, or by 13 years in their absence. It is a gynecological and endocrinological condition with multiple etiologies ranging from anatomical defects to hormonal imbalance and genetic abnormalities. Ayurveda describes the absence of menstruation under Anartava, Artava Dushti, Yonivyapad, and Beeja Dushti, attributing it to vitiated Doshas and impaired Dhatu poshana. This review aims to present a comparative analysis of primary amenorrhea from both modern medicine and Ayurveda, highlighting the scope of integrative management.

**KEYWORDS:** Primary amenorrhea, Ayurveda, Anartava, Artava Dushti, Gonadal dysgenesis, Rasayana.

### INTRODUCTION

Menstruation is a biological marker of reproductive maturity and health. The absence of menarche at the expected age raises clinical concern, impacting both physical and psychological well-being. In modern medicine, primary amenorrhea is evaluated through anatomical, endocrinological, and genetic lenses. Ayurveda, however, views delayed or absent menstruation in relation to Dosha vitiation, Beeja Dushti (congenital causes), and improper development of Garbhashaya avayava (reproductive organs).

The aim of this paper is to provide a comprehensive understanding of primary amenorrhea through both perspectives and explore integrative approaches in management.

## MATERIALS AND METHODS

This review is based on classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya) and contemporary literature from modern gynecology, including ACOG guidelines, WHO reports, and standard textbooks. Both systems' definitions, etiologies, pathogenesis, diagnostic approaches, and management strategies were studied and compared.

### Primary Amenorrhea: Modern Perspective

#### Definition

\*Absence of menarche by 15 years with normal secondary sexual characters.

\*Absence of menarche by 13 years without secondary sexual characters.

#### Etiology

1. Anatomical abnormalities – Müllerian agenesis, imperforate hymen, transverse vaginal septum.
2. Gonadal dysgenesis – Turner's syndrome, premature ovarian insufficiency.
3. Hypothalamic-pituitary causes – hypogonadotropic hypogonadism, pituitary adenomas.
4. Endocrine disorders – thyroid dysfunction, congenital adrenal hyperplasia.
5. Constitutional delay of puberty – familial or idiopathic.

#### Diagnostic Evaluation

- Clinical history and physical examination.
- Hormonal profile (FSH, LH, Prolactin, TSH).
- Imaging (USG pelvis, MRI brain).
- Genetic testing (karyotype).

#### Management

- Hormonal therapy: estrogen-progesterone replacement, thyroid treatment.
- Surgical intervention: correction of obstructive anomalies.
- Psychological support: counseling to address emotional stress.
- Fertility assistance: IVF, surrogacy in irreversible cases.

### Primary Amenorrhea: Ayurvedic Perspective

#### Conceptual Correlation

- Anartava (absence of menstruation) and Artava Dushti correspond to amenorrhea.

- Beeja Dushti (defects in ovum or genetic makeup) can be compared with gonadal dysgenesis.
- Garbhashaya Avayava Vikriti correlates with structural anomalies like imperforate hymen.
- Vata dosha vitiation is the primary factor leading to Artava pravritti vighata (obstruction of menstruation).

### **Nidana (Causative Factors)**

- Improper ahara and vihara causing dhatukshaya.
- Mental stress (manasika nidana).
- Congenital anomalies (sahaja beeja dosha).

### **Samprapti (Pathogenesis)**

- Vata (especially Apana vata) gets obstructed or aggravated.
- Association with Kapha causes glandular hypo-function, while Pitta imbalance may cause hormonal disturbances.
- This leads to improper formation and expulsion of Artava.

### **Chikitsa (Management)**

#### **1. Shodhana**

- Virechana for Pitta shodhana.
- Basti for Apana Vata anulomana.

#### **2. Shamana**

- Artava janana dravyas: Phalaghrita, Kumari (Aloe vera), Pushpadhanwa rasa.
- Rasayana: Ashwagandha, Shatavari, Bala for dhatuposhana.

#### **3. Ahara & Vihara**

- Diet rich in madhura rasa (milk, ghee, nourishing foods).
- Stress management with Yoga and Pranayama.

### **RESULTS AND DISCUSSION**

Modern medicine identifies clear structural and functional causes of primary amenorrhea with precise diagnostic tools. Ayurveda, though lacking biochemical tests, offers a holistic view by addressing dosha-dushya samprapti, nutritional deficiencies, and mental health. An

integrative approach combining modern diagnostics and surgical corrections with Ayurvedic rasayana and artava-janana chikitsa may provide superior outcomes, improving reproductive health and overall well-being.

## CONCLUSION

Primary amenorrhea is a multifactorial condition requiring a thorough evaluation. While modern gynecology provides clear etiological categorization and treatment modalities, Ayurveda enriches the management with holistic, preventive, and promotive strategies. Integration of both systems holds promise for comprehensive care, enhancing not only reproductive outcomes but also quality of life.

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