

## A LITERARY REVIEW OF NASHTARTAVA WITH SPECIAL REFERENCE TO POLY CYSTIC OVARIAN SYNDROME (PCOS)

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Article Received on 07 Oct. 2025,  
Article Revised on 27 October 2025,  
Article Published on 01 Nov. 2025,

<https://doi.org/10.5281/zenodo.17539264>

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**How to cite this Article:** \*1Dr. Manisha, 2Dr. Ravi Kumar, 3Dr. Poonam Choudhary (2025) A LITERARY REVIEW OF NASHTARTAVA WITH SPECIAL REFERENCE TO POLY CYSTIC OVARIAN SYNDROME (PCOS)"World Journal of Pharmaceutical Research, 14(21), 1113–1121.

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### ABSTRACT

Poly Cystic Ovarian Syndrome (PCOS), the primary cause of anovulatory infertility, is a disorder that affects women and affects their metabolism, endocrine system, reproductive system, and skin. The little-recognized etiopathogenesis of PCOS, characterized by abnormalities in androgen and estrogen metabolism along with impaired control of androgen production due to hypothalamic–pituitary–ovarian axis dysfunction, plays a detrimental role in women's health. The growing prevalence of PCOS among adolescent and reproductive-age women is largely attributed to westernized lifestyles, unhealthy dietary patterns, rapid urbanization, psychological stress, and excessive workload. Ayurvedic literature does not identify PCOS as an independent disease, however, its clinical features such as irregular cycles, amenorrhea, or delayed menstruation can be correlated with the *Lakshana* and *Samprapti* of *Nashtartava* and *Artavakshaya*.

*Acharya Sushruta* describes *Nashtartava* as the obstruction of *Artava* by vitiated *Doshas*, while *Artavakshaya* presents with delayed and scanty menstruation often associated with vaginal pain. The fundamental pathology lies in the vitiation of the *Rasadi Dhatus*, resulting in defective formation of the *Upadhatu Artava*. Moreover, the clinical manifestations of PCOS can also be correlated with *Pushpaghni Jataharini* described in *Kashyapa Samhita*,

which is characterized by features such as futile ovulation (*Vrutha Pushpa*) and corpulent, hairy cheeks (*Sthula Lomashaganda*). This review aims to elucidate the specific aspects of *Nashtartava* and to explore therapeutic interventions from the fundamental level. The proposed line of management includes *Nidana Parivarjana*, *Shodhana* therapies, and the administration of *Agneya Dravyas* for the effective treatment of PCOS.

**KEYWORDS:** Nashtartava, Sanshodhana, Agneya Dravya, Polycystic Ovarian Syndrome (PCOS), Artava Nasha.

## INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is now recognized as one of the most prevalent health issues affecting adolescent and reproductive-age women. It manifests with a broad range of clinical features involving both endocrine and gynecological systems, including amenorrhea or oligomenorrhea, hirsutism, obesity, acne, androgenic alopecia, and reproductive dysfunctions.<sup>[1]</sup> It is considered a complex endocrine disorder, with ovulatory dysfunction and hyperandrogenism being its hallmark characteristics.<sup>[2]</sup>

In Ayurvedic texts, several terms are used to describe menstruation or menstrual blood, including *Rajah*, *Artava*, *Shonita*, *Rakta*, *Pushpa*, *Lohita*, and *Beeja*. Acharya Sushruta states that in women, it is the *Rasa Dhatu* which undergoes monthly transformation and is discharged in the form of blood, termed *Rajah*.<sup>[3]</sup> He also describes the condition of *Artava Nasha*, in which aggravated *Doshas* obstruct the *Srotas* (channels) carrying *Artava*, resulting in its apparent absence or non-manifestation.<sup>[4]</sup> In such cases, due to *Avarana* (obstruction), *Artava* is not completely destroyed but fails to be expelled during the monthly cycle.

Acharya Sushruta has also elaborated on *Artavakshaya* in relation to *Nashtartava*. This condition is characterized by *Alpa Artava* (scanty menstruation), *Yathochitta Kāla Adarshanam* (delayed or absent menstruation), and *Yoni Vedana* (pain in the vagina).<sup>[5]</sup> These clinical features resemble oligomenorrhea and amenorrhea commonly observed in PCOS. Hence, *Artavakshaya* may also be considered alongside the *Samprapti* of *Nashtartava* due to similarities in disease progression and therapeutic considerations.

Acharya Bhela noted that scanty or abnormal blood fails to reach the reproductive system, causing *Artava* depletion and amenorrhea. *Bhavaprakasha* similarly lists *Rajonasha* (amenorrhea) among disorders arising from *Vata* vitiation.

In PCOS, the primary pathology occurs in the ovaries. Although classical Ayurvedic texts do not describe the ovaries as a distinct organ, the term *Beeja Granthi* can be correlated with them. *Acharya Sushruta* describes *Artavavaha Srotas* as a vital system in the female body,<sup>[6]</sup> with its *Mūla* at the *Garbhashaya* and *Artavavaha Dhamanis*. Any dysfunction in this system can lead to infertility, dyspareunia, and amenorrhea, making *Nashtartava* comparable to the amenorrhea seen in PCOS. Additionally, the cystic changes in PCOS ovaries may be conceptually related to *Beejagranthi* in Ayurveda.

In a healthy *Beeja Granthi* (ovary) or *Artavavaha Srotas*, ovulation (*Beejotsarga*) is regulated by *Apana Vata* in coordination with *Pitta*, which oversees follicular maturation (*Pachana Karma*) and supports ovulation (*Antah Pushpa/Beejotsarga*) as well as menstruation (*Bahir Pushpa Pravartana*). When *Kapha Prakopaka Nidanas* (Kapha-aggravating factors) occur, they cause *Avarana* (obstruction) of both *Vata* and *Pitta*, preventing follicular maturation and ovulation. This leads to ovarian cyst formation, infertility, and menstrual irregularities, resulting in delayed or absent cycles, analogous to dysfunction of the hypothalamic–pituitary–ovarian (HPO) axis in modern physiology.

*Apana Vayu* governs the expulsion of *Artava* (menstrual blood), *Shukra* (semen), *Mutra* (urine), *Mala* (feces), and the *Garbha*(fetus),<sup>[7]</sup> while *Vyana Vayu* manages circulation of *Rasa Dhatu* (blood and nutrients) throughout the body.<sup>[8]</sup> Thus, *Apana Vayu* drives *Artava Pravartana* (menstrual flow), and *Vyana Vayu* ensures adequate uterine and pelvic blood supply.

*Avritta Apana Vata* hinders the expulsive activity necessary for *Artava Pravartana*, while obstruction (*Sanga/Mārga Avarana*) in the functioning of *Vyana Vayu* limits the blood flow to the uterus in the *Samprapti* (pathogenesis) of *Artavakshaya* and *Nashtartava*. When combined, these disruptions result in menstruation that is missing, sparse, or delayed, which closely resembles the pathophysiology seen in PCOS.

According to *Acharya Sushruta*, vitiated *Vata* and *Kapha* are important factors in *Nashtartava* disease. *Agneya Dravya* (substances that enhance digestive fire), *Agnideepaka* (digestive stimulants), *Srotoshodhana* (channel cleaning), *Vatanulomaka* (control of *Vata*), and *Pakvashaya Shodhana* with *Basti* therapy are among the treatments used in situations of *Kapha-Avrita Apana Vayu*.

## AIM AND OBJECTIVES

- To investigate the *aetiopathogenesis* of *Nashtartava* and PCOS in Ayurveda.
- To investigate potential *Nashtartava* therapy modalities.

## Nidana (Etiological Factors)

According to Ayurveda, every Yonivyapad's Nidanas is relevant to any gynecological condition. Given that Artava is considered an Upadhatu of Rasa Dhatu<sup>[9]</sup>, any element that vitiates the Rasavaha Srotas leads to Nashtartava, which is a defective form of Artava. Among the Nidanas of this situation, the Ashta Artava Dushti should also be considered.

Nashtartava is caused by Rasavaha Srotodushti Nidanas, including eating heavy (Guru), cold (Sheeta), overly unctuous (Ati Snigdha), and over-quantitative food (Ati Matra Ahara). It is also caused by mental elements, such as excessive concern (Achintya) and anxiety (Ati Chintana).

Furthermore, Kapha Prakopaka Nidanas like excessive Atimatra Ashana, Divaswapna, Avyayama, Alasya, and a propensity for heavy and greasy foods exacerbate Kapha, leading to Srotorodha and Jatharagni Mandya. Sanga Srotodushti is the result of Ama, which is produced by this compromised Agni. Rasadhatvagni is therefore disrupted, which results in insufficient production of its Upadhatu, or Artava.

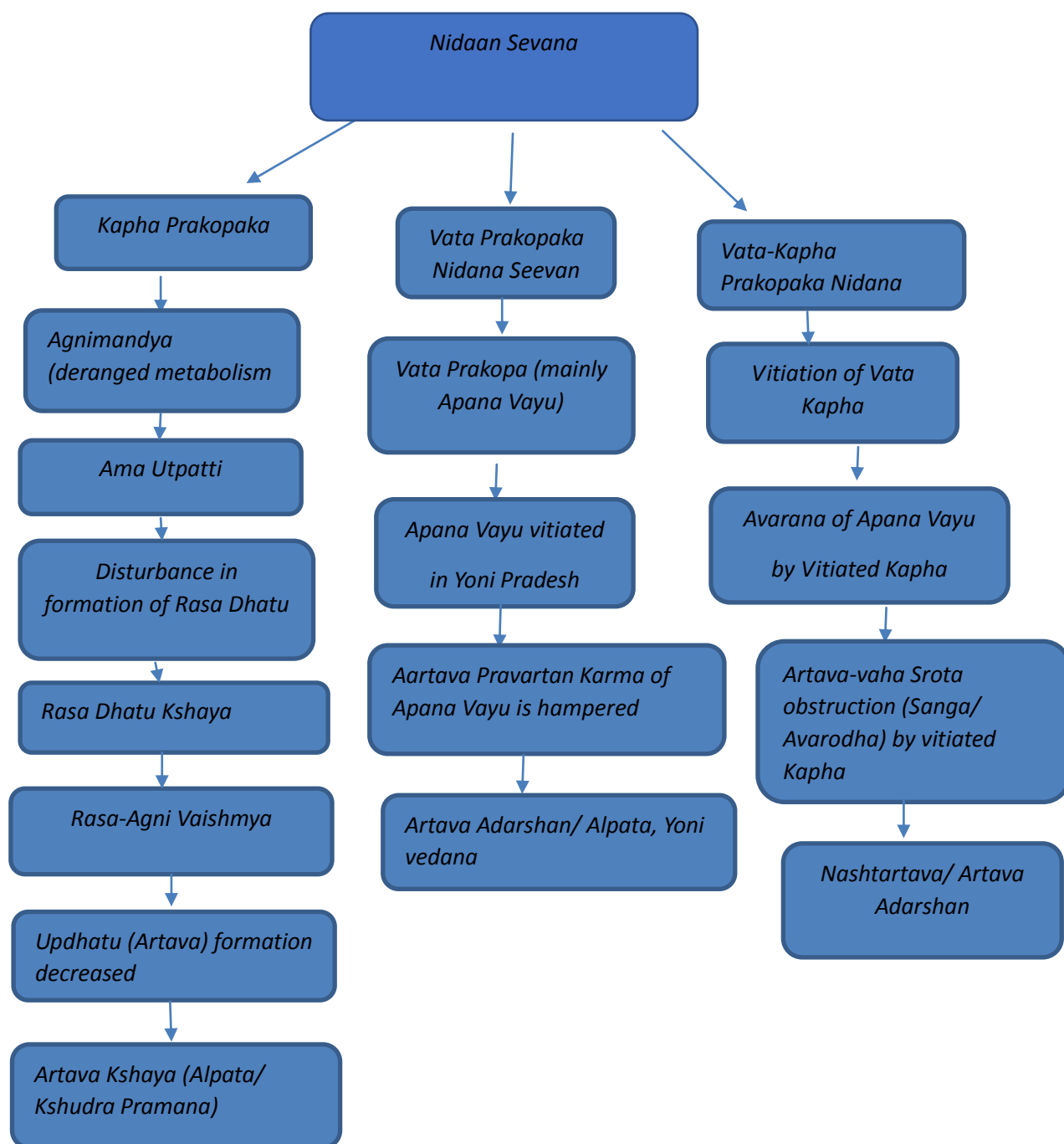
According to Ayurveda, PCOS is a Santarpanajanya Vyadhi. The Nidanas of Atisthoulya (obesity) are therefore also relevant. Avarana (obstruction) of the Srotas is the outcome of intensified Kapha and Meda Dhatu in Atisthoola Purusha, which leads to Nashtartava.

Genetic variables can also be taken into account under Beeja-Dushti and Garbhopaghatakara Bhava, where anomalies in Beejagranthi (ovary) and Garbhashaya (uterus) are caused by aggravated Vata, which interferes with regular Artava Pravartana Karma.

Additionally, the hypothalamic–pituitary–ovarian (HPO) axis is significantly impacted by psychological elements like Chinta (anxiety), Bhaya (fear), Krodha (anger), Shoka (grief), and Dainya (depression), which interfere with its regular function. Both indoor and outdoor working women nowadays frequently suffer from stress, sadness, mood swings, and other mental strains that might change the pulsatile secretion of GnRH and cause amenorrhea or oligomenorrhea. Furthermore, outward symptoms including hirsutism, acne, alopecia, obesity, and infertility can exacerbate the stress related to PCOS.

**Samprapati Ghatak**

<i>Dosha</i>	<i>Avarita –Vata (Apana and Vyana), Avaraka –Kapha</i>
<i>Dushya</i>	<i>Rasa, Rakta</i>
<i>Srotas</i>	<i>Rasavaha, Artavavaha</i>
<i>Srotodusti</i>	<i>Sanga</i>
<i>Updhatu</i>	<i>Artava</i>
<i>Agni</i>	<i>Jathragnimandhya, Dhatvagnimandhya</i>
<i>Adhisthana</i>	<i>Garbhashaya, Beejagranthi</i>



**Flowchart No. 1: Showing Samprapti of Nashtartava/Artavanasha in context to Ayurveda.**

## Management

The first step in managing Nashtartava is Nidana Parivarjana,<sup>[10]</sup> i.e., avoiding all causative factors related to diet (Ahara) and lifestyle (Vihara) to correct the underlying pathology. According to Acharya Charaka, most gynecological disorders fall under Yoni Vyapada, with Vata Dosha being the primary cause.<sup>[11]</sup> Therefore, treatment focuses on Vatashamana (pacification of Vata). Since Vayu also facilitates the activity of other Doshas, regulating Vata can indirectly help in balancing them.

Acharya Sushruta recommends treating Nashtartava with Sanshodhana therapy and Agneya Dravya.<sup>[12]</sup> Obstructions caused by vitiated Kapha are addressed through cleansing (Sanshodhana), while Agneya Dravya increases both Pitta and Artava due to the shared Agneya properties and the principle of Samanyam Vriddhikaranam (enhancing similar qualities). Additionally, Agneya Dravya stimulates Agni, aiding in the digestion of Ama and promoting proper formation of Rasa Dhatu, which in turn helps normalize subsequent Dhatus and Upadhatus.

Artava Shuddi Chikitsa was also mentioned by Acharya Sushruta. Raktavriddhikara Chikitsa and Pitta Vriddhikara are suggested by Acharya Vagabhata I and II. According to Acharya Charaka, Tikshna Svedana, Niruha Basti, Vaman, and Virechana should be utilized in Kaphavritta Vata. According to Acharya Kashyap, the finest cure is basti. Apana Vayu governs both male and female reproductive systems. When Apana Vayu impediment is eliminated, Artava's Anulomana and ovulation begin as intended. Basti controls Apana Vayu.

Fish, Kulattha, sour things (Kanji), wine, Tila, Masa, cow urine, butter milk with half water, curd, jaggery, and Sukta (Chukra) are all recommended foods and beverages.<sup>[14]</sup>

Acharya Dalhana states that for purification (Sanshodhana) in Nashtartava, only Vamana Karma (therapeutic emesis) should be employed. Virechana (purgation) is not recommended, as it decreases Pitta, which may in turn reduce Artava. Vamana, on the other hand, eliminates Saumya substances or Kapha, thereby relatively increasing the Agneya constituents of the body and consequently enhancing Artava.<sup>[13]</sup>

In his commentary, Chakrapani explains that Sanshodhana Karma clears the Srotas (**channels**). Specifically, Vamana clears the upward channels, while Virechana clears the

downward channels, so both therapies can be used complementarily to ensure complete cleansing of the body.

## DISCUSSION

The pathophysiology of PCOS and Nashtartava is multifactorial, involving imbalances in Doshas, Dushyas, Agni, and Srotas. Although classical Ayurvedic texts do not describe PCOS explicitly, its etiopathogenesis can be understood by analyzing the symptoms and the status of Artavavaha, Rasavaha, and Medovaha Srotas. Vitiating of Kapha leads to obstruction of these channels (Srotorodha) and subsequently causes Vata vaigunya, resulting in menstrual irregularities such as oligomenorrhea or amenorrhea. PCOS is often associated with lifestyle factors—excessive diet, sedentary habits, stress, and environmental influences—which affect metabolism and correspond to the concept of Agni in Ayurveda. Previous studies equate PCOS with conditions like Granthibhuta Artava, Pradushtartava, and Pushpaghni Jataharini, with the predominant involvement of Vata-Kapha in Artava Dushti. Other etiological factors include Mithya Achara (faulty lifestyle), Pradushta Artava (menstrual disorders), Beejdosha (genetic factors), and Daiva Prakopa (idiopathic causes). According to Ayurvedic principles, Agni Mandya and accumulation of Ama impair Dhatu formation, weaken Rogi bala, and obstruct Srotas. Therefore, management focuses on Sanshodhana, Vata anulomaka, Pitta vardhaka, Deepan-Pachana therapies, which enhance Agni, digest Ama, remove Srotic obstruction, and restore normal menstruation. Since Artava Pravritti is governed by Apana Vayu, dysfunction of this Vayu leads to Nashtartava, and therapies such as Basti can be employed to regulate Apana Vayu and support normal reproductive function.

## CONCLUSION

PCOS is considered a Vyadhi Sankara, with symptoms varying among women depending on severity and life stage. Although not directly described in classical Ayurveda, it can be correlated with Vata-Kaphaja Artava Dushti (Granthibhuta Artava), involving Kapha-Vata Vaigunya with suppressed Pitta. The pathology primarily affects Rasa and other Dhatus, resulting in improper formation of the Upadhatu, i.e., Artava, accompanied by both Pachak Agnimandya and Dhatvagni Mandya. Both Raja Rupa Artava and Stree Beeja Rupa Artava are vitiated, and the disorder is more prevalent in Vata-Kapha predominant Prakriti individuals with sedentary lifestyles. Ayurvedic interventions that possess Ushna Veerya, Katu Rasa, Ama Pachana, Agni Deepana, Srotoshodhana, Vatanuloma, and Artava



Pravartana properties have shown efficacy in correcting Artava Dushti. PCOS can also be correlated with conditions like Nashtartava, Artavakshaya, and Pushpaghni Jatharini. Despite advances in understanding PCOS, its etiology and primary mechanisms remain unclear, highlighting the need to explore its Samprapti and Vighatana (therapeutic management). Restoration of Avaran-mukta Prakrita Vayu, normal functioning of Pitta and Kapha, and the integrity of Rasavaha and Artavavaha Srotas are key to managing Nashtartava effectively.

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