

**REVIEW ARTICLE ON NASTARTAVA IN RELATION TO  
SECONDARY AMENORRHEA****<sup>1</sup>\*Dr. Krati Thakur, <sup>2</sup>Dr. Deepika Gupta, <sup>3</sup>Dr. Mamata Kumari Swain**<sup>1</sup>Pg Scholar <sup>2</sup>nd Year.<sup>2</sup>Professor.<sup>3</sup>Professor & HOD.

Article Received on 15 May 2026,  
Article Revised on 05 June 2026,  
Article Published on 16 June 2026,

<https://doi.org/10.5281/zenodo.20730243>

**\*Corresponding Author****Dr. Krati Thakur**

Pg Scholar 2nd Year.



**How to cite this Article:** <sup>1</sup>\*Dr. Krati Thakur, <sup>2</sup>Dr. Deepika Gupta, <sup>3</sup>Dr. Mamata Kumari Swain. (2026). Review Article on Nastartava In Relation To Secondary Amenorrhea. World Journal of Pharmaceutical Research, 15(12), 1580-1589.

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**ABSTRACT**

Nashtartava, a concept described in Ayurveda, refers to the diminished or absent formation of Artava (menstrual blood) in females. It can be correlated with Secondary Amenorrhea in modern medical science, a condition characterized by the cessation of menstrual cycles in women who previously had normal menstruation. This condition may arise due to hormonal imbalances, stress, nutritional deficiencies, polycystic ovarian changes, thyroid disorders, or lifestyle factors. The present review aims to explore Nashtartava from Ayurvedic perspectives and correlate it with Secondary Amenorrhea, focusing on its etiopathogenesis (Nidana), pathophysiology (Samprapti), and management principles. Classical Ayurvedic texts describe involvement of the Vata and Pitta doshas and

vitiation of the Artava vaha srotas, leading to disruption of normal menstrual physiology. Modern understanding highlights the role of hypothalamic-pituitary-ovarian axis dysfunction in the development of amenorrhea. Ayurvedic management emphasizes Shodhana (purificatory therapies), Shamana (palliative treatments), and the use of Artava janaka dravyas, along with lifestyle regulation. This review highlights the integrative approach between Ayurveda and modern medicine for better understanding and management of menstrual disorders, aiming to improve reproductive health and quality of life in affected women.

## INTRODUCTION

Menstrual health is a key indicator of a woman's reproductive and hormonal balance. Secondary Amenorrhea refers to the absence of menstruation for a significant period in a woman who previously had normal cycles. It is commonly linked with conditions such as PCOS, thyroid disorders, stress, weight changes, and dysfunction of the hypothalamic-pituitary-ovarian axis.

In Ayurveda, menstruation is described under the concept of **Artava**, and its absence or disturbance is referred to as **Nashtartava**. This condition is mainly associated with vitiation of Vata dosha, especially Apana Vayu, along with impairment of Artava vaha srotas, leading to irregular or absent menstrual flow.

Modern medicine explains Secondary Amenorrhea mainly through hormonal imbalance affecting ovulation and menstrual regulation. Ayurveda, on the other hand, emphasizes doshic imbalance and lifestyle factors as the root cause.

This review aims to understand Nashtartava in relation to Secondary Amenorrhea and explore its Ayurvedic and modern perspectives for better understanding and management of the condition.

### Conceptual Understanding of Artava

In Ayurveda, **Artava** is a fundamental concept related to female reproductive physiology. It represents the functional essence responsible for menstruation and reproductive capability in women. Acharya Sushruta describes Artava as a vital bodily element derived from Rasa and Rakta dhatu, which plays a key role in the menstrual cycle and fertility.

Artava is considered to have both structural and functional aspects. Structurally, it is associated with the female reproductive tissues, while functionally it is expressed as the monthly menstrual flow. Proper formation and regular cyclic discharge of Artava indicate a healthy reproductive system.

Ayurvedic texts emphasize that the quality and quantity of Artava depend on the balance of Tridosha, particularly Pitta dosha, along with proper nourishment of Rasa and Rakta dhatus. Any disturbance in these factors can lead to disorders such as irregular menstruation, scanty flow, or absence of menstruation.

The normal functioning of **Apana Vayu**, a subtype of Vata dosha, is also essential for the proper expulsion of Artava. When Apana Vayu is vitiated, it disrupts the downward movement required for menstruation, leading to conditions like Nashtartava.

Thus, Artava is not merely menstrual blood but a broader physiological concept that reflects overall reproductive health, hormonal balance, and systemic well-being in Ayurveda.

### **Nashtartava: Ayurvedic Perspective**

In Ayurveda, **Nashtartava** refers to the condition characterized by the absence or severe reduction of Artava (menstrual flow). It is commonly correlated with Secondary Amenorrhea in modern medicine. The condition is primarily described as a disorder of **Artava vaha srotas** resulting from an imbalance in doshas and impairment of reproductive tissue formation.

According to Ayurvedic principles, **Vata dosha**, especially **Apana Vayu**, plays a central role in the regulation of menstruation. When Vata becomes aggravated due to factors such as improper diet, stress, excessive physical exertion, or suppression of natural urges, it disrupts the normal cyclic process of Artava expulsion, leading to Nashtartava. Pitta and Kapha dosha involvement may also contribute by affecting metabolism and tissue nourishment.

Classical texts suggest that **Rasa and Rakta dhatu kshaya (depletion)** is an important pathological basis of this condition. Poor nourishment of these dhatus leads to inadequate formation of Artava. Additionally, obstruction in srotas due to Ama (toxins) or Kapha dominance may further interfere with normal menstrual flow.

The etiological factors (Nidana) include improper food habits, emotional stress, excessive fasting, overexertion, and lifestyle irregularities. These factors disturb the equilibrium of doshas and weaken the reproductive system.

Thus, Nashtartava is understood as a multifactorial disorder involving doshic imbalance, dhatu depletion, and srotas dysfunction, ultimately resulting in the absence of menstruation. Ayurvedic management focuses on restoring doshic balance, improving dhatu quality, and correcting lifestyle factors to re-establish normal menstrual function.

### **Causative Factors**

Classical Ayurvedic interpretation attributes this condition to:

- Excessive intake of dry, light, and cold foods leading to Vata aggravation
- Psychological stress such as anxiety, grief, and emotional suppression
- Physical exhaustion or overexertion
- Inadequate nourishment resulting in tissue depletion
- Obstruction within reproductive channels (Srotas dysfunction)

### Pathogenesis Overview

The pathogenesis of **Nashtartava** begins with the exposure to causative factors such as improper diet, excessive fasting, psychological stress, sedentary lifestyle, overexertion, and suppression of natural urges. These factors primarily vitiate **Vata dosha**, along with the involvement of Pitta and Kapha in varying degrees.

The aggravated Vata, especially **Apana Vayu**, disrupts the normal physiological downward movement required for the formation and expulsion of Artava. This leads to dysfunction in the **Artava vaha srotas**, resulting in irregular or absent menstrual flow.

Simultaneously, impaired digestion and metabolism contribute to the formation of **Ama**, which obstructs the channels and further hampers proper tissue nourishment. Due to this, there is **Rasa and Rakta dhatu kshaya (depletion or poor quality formation)**, which directly affects the production of Artava.

As the pathology progresses, the reproductive system fails to maintain normal cyclic hormonal and tissue activity. This results in either delayed menstruation, scanty flow, or complete absence of menstruation, which is described as Nashtartava.

From a modern perspective, this condition can be correlated with dysfunction of the **hypothalamic-pituitary-ovarian (HPO) axis**, leading to altered secretion of GnRH, FSH, LH, estrogen, and progesterone. These hormonal disturbances disrupt follicular development and ovulation, ultimately resulting in Secondary Amenorrhea.

### Secondary Amenorrhea: Modern Medical Understanding

Secondary Amenorrhea is defined as the absence of menstruation for **three consecutive cycles or six months** in a woman who previously had regular menstrual periods, excluding pregnancy, lactation, or menopause. It is a clinical symptom rather than a disease and indicates an underlying hormonal, structural, or systemic disorder.

The normal menstrual cycle is regulated by the **hypothalamic-pituitary-ovarian (HPO) axis**, where the hypothalamus secretes GnRH, stimulating the pituitary to release FSH and LH, which in turn regulate ovarian follicular development and ovulation. Any disruption in this axis can lead to menstrual irregularities or complete cessation of menstruation.

The causes of Secondary Amenorrhea are broadly classified into:

- **Hypothalamic causes:** stress, weight loss, excessive exercise, chronic illness
- **Pituitary causes:** hyperprolactinemia, pituitary tumors
- **Ovarian causes:** PCOS, premature ovarian failure
- **Uterine causes:** Asherman syndrome (intrauterine adhesions)
- **Endocrine disorders:** thyroid dysfunction, adrenal disorders

Hormonal imbalance plays a central role, particularly alterations in estrogen, progesterone, FSH, LH, and prolactin levels. These changes affect ovulation, endometrial growth, and menstrual shedding.

Clinically, patients may present with associated symptoms such as infertility, weight changes, hirsutism, galactorrhea, or signs of systemic illness depending on the underlying cause.

### **Comparative Interpretation**

Nashtartava in Ayurveda and Secondary Amenorrhea in modern medicine represent two descriptions of a similar clinical presentation—absence of menstruation in a previously menstruating woman—but they differ in their conceptual framework and pathophysiological interpretation.

In Ayurveda, Nashtartava is understood as a disorder of **dosha imbalance**, primarily involving aggravated **Vata (Apana Vayu)** along with impaired **Rasa and Rakta dhatu formation** and obstruction of **Artava vaha srotas**. The focus is on functional disturbance at the level of doshas, dhatus, and srotas, influenced by diet, lifestyle, and psychological factors.

In contrast, modern medicine explains Secondary Amenorrhea as a result of dysfunction in the **hypothalamic-pituitary-ovarian (HPO) axis**, leading to altered secretion of reproductive hormones such as GnRH, FSH, LH, estrogen, and progesterone. The emphasis is on endocrine regulation, ovarian function, and anatomical or biochemical abnormalities.

Despite differences in terminology, both systems recognize common contributing factors

such as stress, nutritional imbalance, excessive physical exertion, systemic illness, and metabolic or endocrine disorders. Both also agree that the condition is not a disease in itself but a symptom of underlying dysfunction.

Therapeutically, Ayurveda focuses on restoring doshic balance through **Shodhana, Shamana, and lifestyle regulation**, while modern medicine targets the underlying cause using hormonal therapy, surgical correction, or disease-specific treatment.

### **Pathophysiological Framework in Ayurvedic Terms**

The pathophysiology of **Nashtartava** is understood through the disturbance of **Dosha, Dhatu, and Srotas** involved in female reproductive physiology. The process begins with the intake of **Nidana (etiological factors)** such as improper diet, excessive fasting, stress, sedentary habits, overexertion, and suppression of natural urges, which collectively disturb the equilibrium of the body.

Initially, these factors aggravate **Vata dosha**, particularly **Apana Vayu**, which is responsible for the regulation of downward bodily functions including menstruation. Aggravated Vata leads to improper functioning of the reproductive system and disruption of the normal cyclical process of Artava formation and expulsion.

Simultaneously, impaired **Agni (digestive and metabolic fire)** results in the formation of **Ama**, which circulates and obstructs the **Artava vaha srotas**. This obstruction prevents proper nourishment and transport of reproductive tissue precursors.

Due to prolonged impairment of metabolism and srotas blockage, there is **Rasa dhatu and Rakta dhatu kshaya or dushti**, which directly affects the formation of **Artava**, as it is considered a by-product of these dhatus. This leads to either poor-quality Artava or the complete absence of its formation.

As the disease progresses, the combined effect of **Vata aggravation, Ama accumulation, srotas obstruction, and dhatu depletion** results in disruption of the menstrual cycle, manifesting clinically as Nashtartava.

### **Management Principles in Ayurveda**

The management of **Nashtartava** in Ayurveda is based on restoring the balance of **Doshas**, improving **Agni**, clearing **Srotas obstruction**, and promoting proper **Artava formation**.

Since the condition is primarily a result of Vata predominance along with Rasa and Rakta dhatu impairment, treatment is aimed at correcting these fundamental disturbances rather than only addressing symptom absence.

A key principle is **Nidana Parivarjana**, which involves avoiding causative factors such as irregular diet, excessive fasting, stress, overexertion, and suppression of natural urges. Lifestyle correction is considered essential for long-term recovery.

- **Shodhana Chikitsa (Purification therapy)** is recommended in cases where Dosha accumulation and Ama are significant. Procedures such as **Virechana (purgation)** and **Basti (medicated enema)** are particularly effective in balancing Vata and clearing srotas obstruction, especially in chronic or resistant cases.
- **Shamana Chikitsa (Palliative therapy)** includes the use of Ayurvedic formulations that help in Vata pacification, improve Agni, and support reproductive tissue nourishment. Drugs with **Ushna (hot)**, **Snigdha (unctuous)**, and **Vata-anulomana properties** are commonly indicated.
- **Artava Janana (emmenagogue therapy)** is a specific therapeutic approach aimed at stimulating menstrual function. Various classical herbs such as **Shatavari**, **Ashoka**, **Lodhra**, **Kumari (Aloe vera)**, and **Dashamoola formulations** are traditionally used for their reproductive health-supporting properties.
- **Rasayana therapy** is also important in improving overall dhatu quality and restoring hormonal and tissue balance over time.
- In addition to pharmacological treatment, **Pathya-Apathya (diet and lifestyle regulation)** plays a crucial role. A nourishing diet, adequate sleep, stress management, and regular physical activity are advised, while processed food, excessive fasting, and psychological stress are discouraged.

### Modern Therapeutic Approach (Brief Overview)

The management of **Secondary Amenorrhea** in modern medicine is primarily based on identifying and treating the underlying cause rather than the symptom of absent menstruation itself. A systematic clinical and laboratory evaluation is essential before initiating therapy.

The diagnostic approach typically includes **pregnancy testing, hormonal profiling (FSH, LH, prolactin, TSH, estrogen levels), pelvic ultrasound, and sometimes MRI of the pituitary gland**, depending on clinical suspicion. Treatment is then individualized according

to the identified etiology.

- In cases of **hypothalamic amenorrhea** (due to stress, weight loss, or excessive exercise), management focuses on lifestyle modification, nutritional rehabilitation, stress reduction, and restoration of normal energy balance.
- For **PCOS-related amenorrhea**, treatment may include weight management, insulin-sensitizing agents, and hormonal regulation using oral contraceptive pills to restore menstrual cyclicity and reduce androgen excess.
- In **hyperprolactinemia**, dopamine agonists such as bromocriptine or cabergoline are used to reduce prolactin levels and restore ovulation. Thyroid disorders, if present, are corrected with appropriate thyroid hormone replacement.
- In cases of **premature ovarian insufficiency**, hormone replacement therapy may be required to manage estrogen deficiency and prevent long-term complications such as osteoporosis.

## DISCUSSION

Nashtartava in Ayurveda and Secondary Amenorrhea in modern medicine represent a common clinical condition of menstrual cessation, yet both systems explain it through different but partially overlapping frameworks. Ayurveda interprets the condition as a functional disorder arising from **Vata predominance (especially Apana Vayu), impaired Agni, Ama formation, and disturbance of Artava vaha srotas**, leading to deranged Rasa and Rakta dhatu and ultimately reduced or absent Artava formation. Modern medicine, on the other hand, describes it as a consequence of dysfunction in the **hypothalamic-pituitary-ovarian (HPO) axis**, resulting in altered hormonal secretion and disruption of ovulation.

A key similarity between both perspectives is the recognition of **systemic influence on reproductive health**. Factors such as stress, nutritional deficiency, excessive physical exertion, psychological disturbances, and chronic illness are acknowledged in both systems as important contributors. This highlights that menstrual health is not an isolated reproductive process but is closely linked with overall metabolic and neuroendocrine balance.

The Ayurvedic concept of Nashtartava provides a broader functional and systemic interpretation by integrating digestion (Agni), tissue metabolism (Dhatu), and channel systems (Srotas). This allows a more holistic understanding of disease progression, where early metabolic imbalance may eventually manifest as reproductive dysfunction. In contrast,

modern medicine provides a more precise anatomical and hormonal explanation, enabling targeted diagnostic and therapeutic interventions.

From a therapeutic standpoint, Ayurveda emphasizes **restoration of internal balance through Shodhana, Shamana, Rasayana, and lifestyle modification**, aiming at root-cause correction. Modern management focuses on **etiology-specific treatment**, such as hormonal therapy, ovulation induction, and correction of endocrine disorders. Both approaches aim to restore menstrual function, although their methods differ in principle and execution.

The comparative evaluation suggests that integration of both systems may provide a more comprehensive approach. While modern medicine offers accurate diagnostic tools and rapid correction of hormonal imbalance, Ayurveda contributes long-term regulation of metabolism, stress reduction, and tissue nourishment. Together, they may enhance outcomes in resistant or multifactorial cases of Secondary Amenorrhea.

## CONCLUSION

Nashtartava in Ayurveda and Secondary Amenorrhea in modern medicine represent a common clinical condition characterized by the absence of menstruation in previously menstruating women. Although described through different theoretical frameworks, both systems acknowledge it as a manifestation of underlying systemic dysfunction rather than a standalone disease.

Ayurveda explains Nashtartava through the disturbance of **Vata dosha (especially Apana Vayu)**, impaired **Agni**, formation of **Ama**, and vitiation of **Artava vaha srotas**, leading to improper nourishment and formation of Artava. Modern medicine attributes Secondary Amenorrhea primarily to dysfunction of the **hypothalamic-pituitary-ovarian axis**, resulting in hormonal imbalance and disruption of ovulation.

The comparative understanding highlights that both approaches recognize the role of **stress, nutritional imbalance, lifestyle factors, and systemic disorders** in the pathogenesis of menstrual disturbances. While modern medicine provides precise diagnostic and hormonal treatment strategies, Ayurveda offers a holistic approach aimed at restoring overall physiological balance through detoxification, rejuvenation, and lifestyle regulation.

Thus, an integrative perspective combining Ayurvedic principles and modern medical knowledge may provide a more comprehensive and effective approach to the understanding

and management of menstrual disorders like Nashtartava/Secondary Amenorrhea.