

SECONDARY AMENORRHOEA - A COMMON MENSTRUAL DISORDER

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ABSTRACT

Now a days approximately 10- 15% of couple are impacted by infertility. Because of changing life style. Women are the primary caretaker of family and health of women greatly affected in day to day life. Many lifestyle factor such as the age at which to start family, nutrition, weight, sleeping time, lack of exercise, psychological stress, environmental and occupational exposures can have substantial effect on female menstrual cycl. primary and Secondary amenorrhoea are common problems presented to clinicians.

KEYWORDS: Because of changing life style.

INTRODUCTION

Secondary amenorrhoea is defined as the abrupt loss of three consecutive menstrual cycle after regular cycle Or no menses for 6 month in female with irregular cycle. It is associated with hormonal imbalance. Secondary amenorrhoea is correlated with Nashtartava literary means the absence of artava. In ayurveda classic aacharya have mentioned various terms for absence of artava. Nashtartava by Sushrut, anartava by vaghabhat, absence of raja by bhela and rajonash by bhavprakash. Aggravated vata and kapha obstruct the passage of artavavaha strotas, thus menstrual blood is not discharge every month due to the block of channels by morbid doshas.

Dosha - kapha, vata

Dushya- rasa, rakta, mansa, meda,

Strotas- rasavaha, raktavaha, mansavaha, medovaha

Adhishthana- garbhashay, phalakosh

Classification

A) physiological amenorrhoea -

- a) before puberty
- b) garbhavastha
- c) sutikavastha
- d) jaravastha

B) pathological amenorrhoea-

- a) primary amenorrhoea- due to congenital abnormalities
- b) secondary amenorrhoea -
 - 1) About 20 % of cases of secondary amenorrhoea are caused by hyperprolactemia.
 - 2) there is disturbance in hypothalamo pituitary ovarian pathway.

Etiology

There are three general causes of secondary amenorrhoea. Harmonal disturbance leading to a lack of a normal menstrual cycle, physical damage to the endometrium, which prevents it's growth, or obstruction of the outflow path of menstrual cycle.

Epidemiology

Pregnancy, lactation and menopause are common, physiologic cause of secondary amenorrhoea. The prevalence of secondary amenorrhoea due to all other causes is approximately 2% to 5%.

Pathophysiology

There are many causes of secondary amenorrhoea. Harmonal causes included pregnancy, lactation, thyroid dysfunction, hyperprolactemia, hyperandrogenism(pcos), hypogonadotropic hypogonadism, suppression of the endometrium by oral contraceptives pills, structural causes like asherman syndrome, cervical stenosis.

Treatment

It depends on cause -

- 1) oral contraceptives pills increase SHBG level, which in turn low free testosterone level, which inhibit LH production, leads to decrease androgen level in blood.
- 2) hypothyroidism is treated with thyroxine replacement.
- 3) hyperthyroidism is treated with thioamides

- 4) hyperprolactemia is treated with bromocriptine, cabergolin.
- 5) pcos is treated with weight loss, metformin for insulin resistance and cycle control with oral contraceptives pills.
- 6) ovarian failure treated with hormonal replacement.
- 7) asherman syndrome is treated with hysteroscopic lysis of adhesions.
- 8) cervical stenosis - is treated with cervical dilation
- 9) In ayurveda, utarbasti is best treatment for all gynecological problem.

Pathya

Sushrut describe below pathya in nashtartava-

Mastyā, kulātha, kanjika, tila, masha, sura, gomutra, udaswit, dadhi, and shukra are indicated as bhojana in nashtartava.

DISCUSSION

Secondary amenorrhoea have many causes including pregnancy (which is most common cause of secondary amenorrhoea), breastfeeding, menopause, some birth control methods, stress, poor nutrition, weight changes (extreme weight loss or obesity) hypothalamus disorders, such as functional hypothalamic amenorrhoea. Hypothalamus disorders such as functional hypothalamic amenorrhoea. It is associated with stress or weight loss, pituitary disorders such as benign pituitary tumor or excessive production of prolactine. Other hormone problem such as pcos, adrenal disorders or hypothyroidism. Prolactinoma is most common anterior pituitary tumor which leads to hyperprolactemia. And tumour mass Effect cause suppression of GnRH leads to FSH and LH disturbance which may cause amenorrhoea. In Hypothyroidism increase TSH level, leads to hyperprolactemia which cause amenorrhoea. In hyperthyroidism It is assumed that increase sex hormone binding globulin(SHBGs) leads to increase level of estrogen and androgen, conclusively LH surge absent, and amenorrhoea happen. Ovarian pathogenesis consist of PCOS. In pcos insulin resistance leads to increase androgen production (insulin reduces the SHBG circulating in plasma, causing increase testosterone. In ovaries increase stimulation from GnRH leads to increase production of 17 - hydroxy progesterone and cytochrom p450c17 which promotes androgen biosynthesis. Finally the pulsatility of GnRH will be disrupted leading to amenorrhoea. Primary ovarian insufficiency is multifactoral and leads to ovarian failure and decrease in estrogen which leads to amenorrhoea.

CONCLUSION

Secondary amenorrhoea is not harmful to your health, but it affect female fertility, leads to psychological disturbance in family. To avoid its further complications need to treat it as early as possible. Most imp factor for infertility is stress, and to reduce it we need to change your lifestyle. Ayurveda classic describe "Rajswala Paricharya". It helps women adapt to good psychological changes, and it leads to regular menstrual cycle. Yogas and pathyas play very important role to regular menstrual cycle.

REFERENCES

1. Text book of gynecology by D. C datta 12th edition 2004.
2. ayurvedic prasutitantra evum stri roga by P. V. Tiwari part 1 and part 2.
3. howkins and bourne, shaw's Text book of gynecology, 16th edition by VG padubidri, SN Daftary.
4. sushrut samhita sharirsthan adhyay no 2, shlok no23, chaukhamba surbharti prakashan, varanasi by priyvat sharma.
5. Gynecology and Obstetrics edition by Carl Henry Devis and Reyard Carter.