



## 15b. Anartava (Amenorrhoea)

### Unit 15(b): Anartava (Amenorrhoea)

### Learning goals

By the end, you should be able to:

- define **Anartava** (amenorrhoea) and distinguish it from **Artava-kṣaya** (scant/irregular menses);
- explain **nidāna** (causes) and **samprāpti** (pathogenesis) using Doṣa–Dhātu–Srotas logic;
- recognise **lakṣaṇa** and red flags, and write a **structured clinical work-up** (Ayurveda + modern);
- outline a **cikitsā-sūtra** (treatment principle) including pañcakarma indications and classical yogas;
- write concise, scoring answers (MCQ/SAQ/LAQ) for university exams.

### 1) Definition and nosology

**Anartava** literally means **absence of ārtava** (menses) during reproductive age. In classical literature, synonyms/near-synonyms include **Naṣṭārtava** (lost menses) and **Arajaskā** (a Yonivyāpad state of persistent amenorrhoea). **Artava-kṣaya** is *reduced or irregular* menstruation; it can precede Anartava but is not identical.

#### Classical anchor (Srotas & fertility linkage)

“अर्तवस्य विसर्गश्च काले येन प्रवर्तते ।  
तद्ग्रहानि स्रोतो ज्ञेयं गर्भाशयसमाश्रयं ॥  
तस्य मूलं रक्तवहिन्यः स्युः गर्भाशयः स चोच्यते ॥”  
— Caraka Saṃhitā, Vimānasthāna 5/8

*Meaning:* The **Ārtavavaha Srotas** are those channels through which timely discharge of ārtava occurs; their root (mūla) is **Garbhaśaya** (uterus) and **Raktavāhini dhamaṇī**.

#### Anartava classical references

सुश्रुतसंहिता, उत्तरतन्त्रम् 38/10 (योनिव्यापत्प्रतिषेधाध्यायः)  
वन्ध्यां नष्टार्तवां विद्याद् विप्लुतां नित्यवेदनाम् ।  
परिप्लुतायां भवति ग्राम्यधर्मे रुजा भृशम् ॥

सुश्रुतसंहिता, शारीरस्थान 9 (आर्तववह स्रोतसः)  
आर्तववहे द्वे, तयोर्मूलं गर्भाशय आर्तववाहिन्यश्च धमन्यः ।  
तत्र विद्धाया वन्ध्यात्वं मैथुनासहिष्णुत्वमार्तवनाशश्च ॥

माधवनिदान, अध्याय 62 “योनिव्यापनिदानम्” (परिभाषा):  
वन्ध्यामाह— नष्टमार्तवं रजो यस्यां सा तथा ।

**Exam tip:** Quote this śloka to justify that **amenorrhoea = srotas dysfunction** (obstruction/weakness) of Ārtavavaha Srotas rooted in Garbhaśaya–Raktavāhini.

### 2) Classification you should write

- **By chronicity**

- **Primary Anartava:** menses never started by expected age ( $\approx \geq 15-16$  y with normal secondary sexual characters; earlier if *no* secondary sexual characters).
- **Secondary Anartava:** cessation of previously established menses for  $\geq 3$  cycles or  $\geq 6$  months (non-pregnant).
- **By Ayurveda construct**
  - **Vātaja Anartava** (apāna-vāta gati-saṅga/viṣama gati).
  - **Kaphaja Avaraṇa-janya** (kapha-meda causing **srotorodha**—channel blockage).
  - **Pittānubandha** (pitta kṣaya with agnimāndya; often manifests as śīta-pradhāna features).
  - **Sannipātaja** or **Avaranottha** (e.g., **Kapha-āvaraṇa of Vāta** leading to *pravṛtti-nāśa* of ārtava).

**Srotoduṣṭi & fertility:** Injury/critical vitiation of Ārtavavaha Srotas leads to **vandhyatva**, **maithuna-asahiṣṇutā**, and **ārtava-nāśa** (amenorrhoea). Use this to connect amenorrhoea with infertility in viva.

### 3) Nidāna (etiological factors)

#### 3.1 Doṣa-specific

- **Vāta-prakopa / Apāna-vāta upadrava:** rukṣa (dry), śīta (cold), laghu āhāra; excessive **vyāyāma**, fasting, travel; anxiety, grief; postpartum depletion; recurrent abortions/instrumentations.
- **Kapha-vṛddhi / srotorodha:** guru, snigdha, ati-mādhura āhāra; day sleep; sedentary lifestyle; **sthoulya** (obesity)—often correlates with **anovulation/PCOS** phenotype.
- **Pitta-kṣaya-agnimāndya:** chronic under-nutrition, eating disorders, severe illness; excessive refrigeration-cold foods.

#### 3.2 Srotas & Dhātu context

- **Ārtavavaha Srotas:** mūla **Garbhaśaya + Raktavāhini**; vitiation → failure of **ārtava-nirmāṇa** (formation) or **pravṛtti** (timely discharge). Quote Caraka Vimana 5/8 for marks.
- **Rasa-Rakta kṣaya** → **ārtava kṣaya** (upadhātu dependency).
- **Āvaraṇa:** **Kapha/Medas** obstruct **Apāna-vāyu** → *pravṛtti-nāśa* (no flow).

#### 3.3 Modern correlates to remember for OSCE

- **Pregnancy** (always exclude), **PCOS**, hypothalamic amenorrhoea (stress, weight loss), **thyroid** and **prolactin** disorders, **premature ovarian insufficiency**, uterine causes (Asherman's), structural anomalies (Müllerian agenesis) in **primary** amenorrhoea.

### 4) Lakṣaṇa (clinical features)

- **Cardinal:** absence of menses with cyclic or acyclic symptoms.
- **Vātaja profile:** colicky lower-abdominal/back pain, flatulence/constipation, **dryness**, anxiety, cold extremities.
- **Kaphaja profile:** heaviness, lethargy, weight gain, acne/hirsutism (PCOS phenotype), mucoid leucorrhoea.
- **Pittānubandha/kṣaya profile:** fatigue, pale/dull complexion, cold intolerance, diminished appetite; sometimes **agni-manda** and **āma** features.
- **Associated reproductive signs:** **vandhyatva**, low libido, **maithuna-asahiṣṇutā** if Srotas are injured/vitiated.

**Red flags:** galactorrhoea + headache/visual symptoms (hyperprolactinaemia); hot flushes before 40 y (POI); virilisation; pelvic pain with fever (PID); post-pubertal primary amenorrhoea with cyclical pain (outflow obstruction).

## 5) Parīkṣaṇa (examination & investigations)

### 5.1 General & systemic

- **Anthropometry:** BMI (Asian cut-offs), **waist circumference** (central obesity suggests **Kapha/meda** involvement—PCOS).
- **Thyroid-breast-neuro:** goitre, tremor; galactorrhoea; visual fields.
- **Cutaneous:** acanthosis nigricans (insulin resistance), hirsutism (mFG scoring).

### 5.2 Gynaecological

- **PS/PV** when appropriate (marital/consent): cervical lesions, vaginal patency, uterine size/position. In primary amenorrhoea with normal secondary characters but menstrual cramps, suspect **imperforate hymen** or **transverse vaginal septum**.

### 5.3 Laboratory & imaging (bridged approach)

- **Must-do first: Urine pregnancy test.**
- **Hormonal panel: TSH, prolactin;** consider **FSH/LH, E2, AMH** (if POI/PCOS suspected).
- **Metabolic:** fasting glucose/OGTT, lipids (Kapha-meda link).
- **Pelvic USG:** polycystic ovaries? uterine anomalies? endometrial thickness (oestrogen status).
- **When indicated:** MRI brain (pituitary), karyotype (primary amenorrhoea, short stature), hysteroscopy (Asherman's).

**Why Srotas śloka matters clinically:** The **Garbhaśaya-Raktavāhinī** root reminds you to evaluate both **organ integrity** (uterus/outflow) and **blood/endometrial physiology**—a neat viva bridge.

## 6) Samprāpti

**Nidāna → Doṣa prakopa:**

- **Kapha/Medas** ↑ (guru, ālasya, divāsvapna) **āvaraṇa** of **Apāna-vāyu** → **srotorodha** in **Ārtavavaha** → **pravṛtti-nāśa** (no menses).
- Or **Vāta** ↑ (rukṣa/atiprayāsa) → **viśama gati** and **uparodha** of **ārtava** ejection.
- **Agnimāndya** + **Rasa-Rakta kṣaya** → inadequate **ārtava-nirmāṇa**.
- In chronicity, **dhātu-kṣaya** and **ojas-kṣaya** features may appear (fatigue, sleep disturbance, mood).

**Diagram memory aid (verbal):** *Nidāna → Doṣa (Kapha/Vāta) → Āvaraṇa or Gati-saṅga → Ārtavavaha Srotas Duṣṭi (Garbhaśaya-Raktavāhinī) → Anartava.*

## 7) Cikitsā-sūtra (treatment principles)

**Overall aim:** Unblock and nourish **Ārtavavaha Srotas**, correct **Apāna-vāta gati**, rekindle **Agni**, and rebuild **Rasa-Rakta/garbhaśaya** support—while ruling out emergencies and addressing modern etiologies.

### 7.1 Sāmānya upakrama

1. **Nidāna-parivarjana:** stop rukṣa/śīta/guru ahāra; normalise sleep/wake; avoid over-exercise/fasting; weight management if stouthlya.

2. **Dīpana-Pācana** if āma: *Trikaṭu cūrṇa*, *Hingvāṣṭaka* in small doses before food for 2-4 weeks.
3. **Apāna-vāta anulomana**: *Castor oil* micro-doses at bedtime when constipated; *Ghee* in meals; *Abhyanga + svedana* (mild).
4. **Rasa-Rakta poshana**: warm, freshly cooked food; *Māṃsa-rasa* (where acceptable), black sesame, dates, jaggery in moderation; *Śatāvarī*, *Aśvagandhā*, *Gudūcī*.

## 7.2 Doṣānubandha-wise measures

- **Kapha-āvaraṇa dominant (PCOS/metabolic):**
  - **Lekhana & Utkleśa**: *Triphala kvātha*, *Punarnavā*, *Guggulu* yogas; structured **weight reduction**; brisk walking/yoga.
  - **Artava-pravartaka** (after Dīpana-Pācana): *Aśokāriṣṭa*, *Kumāryāsava*, *Kañchanāra guggulu* (when nodal/thyroid-like phenotype), *Śatāvarī kalpa*.
- **Vātaja dominant (stress/undernutrition):**
  - **Snehana-Svedana, mṛdu virecana** (if pitta āvaraṇa), then **Basti** (see below).
  - *Phala-sarpis* traditions, *Māṣa-kṣīra* preparations; mind-body (nasya with *ghee*, yoga nidrā).
- **Dhātu-kṣaya/agnimāndya:**
  - *Ghṛta* preparations (e.g., *Mahā-tikta ghṛta* if āma resolved), *Drākṣāriṣṭa* in slender patients; iron where anaemic (with pathya).

**Note on classical procedures:** Āyurvedic texts place **Basti** as prime for *Vāta-pradhāna strī-roga*. In selected amenorrhoea (after excluding pregnancy/infection/malignancy), **mātrā-basti/ānuvāsana** with *Tila taila*, *Sahacarādi taila* etc., followed by **nirūha basti** (*Daśamūla*, *Rasnādi*) may be planned in a controlled setting. **Uttarabasti** (intra-uterine medication) is a classical indication for *artava-pravṛtti*, but in modern practice it requires strict asepsis, imaging support, and is **contraindicated** in PID, pregnancy, bleeding disorders. (Mention only when asked procedural indications/contra-indications.)

## 7.3 Local therapies (post-screening)

- **Yoni-pīcu** with warm *Aśoka/Śatāvarī-siddha taila* (lubrication, vāta-śamana);
- **Yoni-prakṣālaṇa** with *Triphala* or *Daśamūla kvātha* (if no active cervicitis);
- **Yoni-dhūpana** in non-infective states.

## 7.4 Rajo-pravartaka references (for theory answers)

Texts and commentaries describe **artava-pravartaka yogas** (e.g., *Kumāryāsava*, *Aśokāriṣṭa*, *Hingulādi/ Rājapravartinī-vaṭī* traditions). In exams, **state the principle and exemplars**; in clinical practice, ensure **screening for pregnancy/anaemia/infection** before employing hemostatics or emmenagogues. (Many emmenagogues are **contraindicated** if there is structural obstruction or pregnancy.)

## 8) Integrated modern management pointers

- **Always** exclude **pregnancy** first.
- If **hyperprolactinaemia**: manage prolactin cause (medications like dopamine agonists in modern care).
- **Hypothyroid**: levothyroxine (modern); in Ayurveda, combine with **agnidīpana** and **vāta-śamana** diet.
- **PCOS**: lifestyle + weight loss (5-10% can restore cycles), metformin/OCPs in modern pathway; pair with **Kapha-ahara** correction, *Guggulu-Triphala* lekhana, *Śatāvarī/Aśoka*.
- **POI**: counsel, bone health, HRT per modern; Ayurveda focuses on **rasāyana** + *vāta-śamana*.
- **Asherman's/outflow obstruction**: **surgical correction**; Ayurveda supportive for endometrial health post-procedure.

Tie-back to śloka: Addressing **Garbhaśaya (organ) + Raktavāhinī/Ārtavavāhinī (vascular-ductal)**



milieu) mirrors the dual modern focus on **anatomy** and **endocrine-vascular physiology**.

## 9) How to write a 10-marker on Anartava (model skeleton)

1. **Definition & differentiation** (Anartava vs Artava-kṣaya).
2. **Śloka** (Caraka Vimāna 5/8) to establish Ārtavavaha Srotas and mūla.
3. **Nidāna** (diet, lifestyle, manas; Kapha-āvaraṇa & Vāta gati-saṅga).
4. **Samprāpti diagram** (as text).
5. **Lakṣaṇa + red flags**.
6. **Parikṣa + work-up** (Ayurveda + modern).
7. **Cikitsā-sūtra**: dīpana-pācana, apāna-vāta anulomana, basti, rajo-pravartaka examples; when to refer.
8. Brief **prognosis** (depends on cause; better in functional/PCOS, guarded in POI/anomalies).

## 10) Ready-to-copy documentation template

### Anartava case note (OPD):

*Complaints:* No menses × 8 months; intermittent pelvic cramps.

*General:* BMI 29; acanthosis +; mFG 10; TSH N, Prolactin N on prior reports.

*PS/PV:* healthy cervix; uterus AV, normal size; no CMT; ovaries mildly bulky on USG.

*Assessment:* **Kapha-āvaraṇa-janya Anartava** (PCOS phenotype).

*Plan:* dīpana-pācana 2 w; lekhaṇa (Triphala, Guggulu) + pathya-ahara; weight-loss plan; *Aśokāriṣṭa/Kumāryāsava*; consider **basti** cycle after śamana; modern: diet-exercise + metformin per protocol; follow in 8 weeks.

## Assessment

### A) MCQs (one best answer)

1. The **mūla** of Ārtavavaha Srotas per Caraka is:  
A. Hṛdaya & Dhamaṇīś B. **Garbhaśaya & Raktavāhinī** C. Nabhi & Dhamaṇīś D. Vṛkka & Medovāhinī  
**Answer: B.**
2. Best single line distinguishing **Anartava** from **Artava-kṣaya** is:  
A. Presence of clots B. **Complete absence vs scant/irregular flow** C. Colour difference D. Presence of pain  
**Answer: B**
3. **First investigation** in a reproductive-age woman with 4-month amenorrhoea is:  
A. Prolactin B. TSH C. Pelvic USG D. **Urine pregnancy test**  
**Answer: D**
4. **Kapha-āvaraṇa** of **Apāna-vāyu** most likely occurs with:  
A. **Stouthlya/insulin resistance** B. Severe anaemia C. Hyperthyroidism D. Tuberculosis  
**Answer: A**
5. **Primary amenorrhoea** with normal secondary sexual characters + cyclical pain suggests:  
A. POI B. Hypothalamic amenorrhoea C. **Outflow obstruction (imperforate hymen/septum)** D. Turner syndrome  
**Answer: C**
6. In **POI**, the most consistent hormone pattern is:  
A. Low FSH, low LH B. **High FSH/LH, low E2** C. High prolactin only D. High T3/T4  
**Answer: B**



7. **Basti** is primarily indicated to correct:  
A. Kapha dushti B. **Vāta (Apāna) gati** C. Pitta vṛddhi D. Raktapitta  
**Answer: B**
8. **Contraindication** for **Uttarabasti** is:  
A. Kapha-pradhāna state B. **Pelvic infection (PID)** C. Obesity D. Dysmenorrhoea  
**Answer: B**
9. **Galactorrhoea + amenorrhoea** alerts you to:  
A. Hypothyroidism alone B. **Hyperprolactinaemia** C. Cushing's D. Addison's  
**Answer: B**
10. The śloka that ties amenorrhoea to **srotas** pathology names which **mūla**?  
A. Hṛdaya-Dhamanī B. Yakṛt-Pliha C. **Garbhaśaya-Raktavāhinī** D. Basti-Vṛkka  
**Answer: C.**

## B) Short Answer Questions (3-5 lines each)

1. Define **Anartava** and distinguish it from **Artava-kṣaya** with two clinical points.
2. Draw (describe) a **samprāpti** for Kapha-āvaraṇa-janya Anartava.
3. Enumerate **five nidānas** each for Vātaja and Kaphaja amenorrhoea.
4. Write Caraka's **Ārtavavaha Srotas** śloka and explain its application in diagnosis.
5. List **contraindications** for **Uttarabasti** and two safer alternatives.

## C) Long Answer Questions

1. **Discuss Anartava** in detail: definition, **Ārtavavaha Srotas** śloka with reference, nidāna, samprāpti (vāta-gati, kapha-āvaraṇa, rasa-rakta-kṣaya), lakṣaṇa, parīkṣā (Ayurveda + modern), **cikitsā-sūtra** (including basti/rajopravartaka), prognosis and referrals.
2. A 22-year-old with **secondary amenorrhoea** and PCOS phenotype presents to OPD. Write the **complete assessment and integrated plan**, mapping Kapha-āvaraṇa to lifestyle, śamana-yogas, and when you will add pañcakarma; align with modern PCOS management.

## Quick revision (10 bullets)

1. **Anartava = absent menses; Artava-kṣaya = scant/irregular.**
2. **Ārtavavaha Srotas mūla: Garbhaśaya + Raktavāhinī**—quote Caraka Vimana 5/8.
3. **Kapha-āvaraṇa + Vāta gati-saṅga** are central; agnimāndya & rasa-rakta-kṣaya worsen.
4. Red flags: pregnancy, hyperprolactinaemia, POI, virilisation, outflow obstruction.
5. Work-up = **UPT → TSH/Prolactin → USG → FSH/LH/E2** as indicated.
6. **Dīpana-pācana, vāta-anulomana, lekhana** (if Kapha/medas), **rasāyana** for kṣaya.
7. **Basti** leads Vāta management; **Uttarabasti** only after screening & asepsis; **avoid in PID/pregnancy.**
8. **Āśokāriṣṭa, Kumāryāsava, Śatāvārī**—common **rajopravartaka** supports after āma resolution.
9. PCOS amenorrhoea improves with **5-10% weight loss** + Kapha-ahara correction.
10. Link amenorrhoea with **Srotas-mūla** in viva to integrate Ayurveda with modern evaluation.

**Sources used for śloka & classical framing:** Caraka Saṃhitā, Vimānasthāna 5/8 (Ārtavavaha Srotas and mūla).