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‘‘AYURVEDIC PRINCIPLES IN MANAGING PRIMARY AMENORRHEA: A REVIEW OF ANCIENT AND MODERN PERSPECTIVES”

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ABSTRACT:

If a woman has no menstrual periods by the age of fifteen and no secondary sexual traits, or if she has secondary sexual characteristics by the age of thirteen, she is said to have primary amenorrhea. It is characterized by a failure or delay in the commencement of menstruation, and diagnosing it frequently entails assessing any hormonal, anatomical, or genetic variables that might be responsible for the lack of menstrual cycles in a person who has reached the normal menarche age.

A protracted lack of menstruation may result from this illness, which may have long-term effects like infertility, greater susceptibility to bone loss, hormonal imbalances, and implications for metabolic and reproductive health. This highlights the significance of regular observation and suitable medical treatment. Primary amenorrhea is closely linked to the Ayurvedic ideas of *Vandhya, Varta, Shandhi Yonivyapad,* and others, which stand for illnesses pertaining to irregular menstruation and disturbances in the female reproductive system.

Beeja Dosha (imbalance at the level of reproductive elements) and *Dushtartava* (vitiation of female reproductive tissues or hormones) are considered the causal factors of primary amenorrhea. These Ayurvedic ideas emphasize how primary amenorrhea is caused by imbalances in the reproductive components *(beeja)* and the integrity of the reproductive tissues (artava). Restoring *dosha* balance and encouraging the healthy operation of reproductive components are two ways that the Ayurvedic understanding of primary amenorrhea addresses these variables for the best menstrual health. A thorough assessment of reproductive health is made possible by combining these interrelated elements with contemporary ideas.

KEYWORDS: Ayurveda, *Beeja Dosha*, Hormonal Imbalance, Primary Amenorrhea, Reproductive Health.

INTRODUCTION:

Menarche

Menarche is an important puberty-related milestone. Menarche, which is defined as a female adolescent's first menstrual cycle, usually starts between the ages of 10 and 16, with an average starting age of 12.4 years. Numerous factors, including socioeconomic position, genetics, general health, dietary status, exercise, seasonality, and family genetics, are believed to influence menarche age; these factors are the subject of ongoing research. Normal pituitary and hypothalamic function, normal female reproductive architecture, good nutrition, and the absence of other interfering chronic disorders are all necessary for menarche, which takes place within the context of a maturing hypothalamic-pituitary-ovarian (HPO) axis. Menarche is impacted by intricate hormonal interactions between the hypothalamus, pituitary gland, and ovaries in addition to the female reproductive organs (ovaries, fallopian tubes, uterus, and vagina). Menarche has also been linked to the thyroid, pancreas, and adrenal glands.

A lack or excess of thyroid hormones can prevent menarche or cause irregularities in preexisting menstrual patterns. Thyroid hormones are essential for regular menses. Normal ovarian oestrogen production can be impacted by abnormally high insulin or adrenal androgens, which can also reduce pituitary LH output. Additionally, the hormone leptin seems to contribute to the maintenance of regular menstrual cycles. Primary amenorrhea may result from any structural or functional changes to these elements [1].

The HPO axis

The World Health Organization has divided ovulatory diseases, the primary cause of amenorrhea, into three groups. awareness these disorders requires an awareness of the hypothalamic-pituitary-ovarian axis.

About 10% of ovulation abnormalities fall under group I, which includes hypothalamic failure resulting in hypogonadotropic hypogonadism. Hypogonadotropic hypogonadism, panhypopituitarism, autoimmune or viral hypophysitis, pituitary adenomas, and other disorders fall under this category.

Group II diseases, which account for 85% of ovulation abnormalities, entail disruption of the HPO axis. Endocrinopathies, abnormal body mass index (BMI), and Polycystic Ovary Syndrome (PCOS) are among the diseases that produce this dysfunction. Last but not least, Group III comprises ovarian insufficiency, formerly referred to as ovarian failure, which has serious consequences that result in the loss of oocytes. Premature ovarian insufficiency (or failure) can be caused by a variety of complex etiologies, including acquired, iatrogenic, and hereditary reasons [2,3].

The regular hormonal control necessary for the menstrual cycle might be affected by disturbances at any level of the HPO axis. Therefore, when the HPO axis exhibits the anomalies or failures described above, primary amenorrhea may be a possible outcome.

Primary amenorrhoea

If a girl does not menstruate by the age of sixteen without developing secondary sexual characteristics, or if she does not menstruate by the age of fourteen but has secondary sexual traits, this is known as primary amenorrhea. Primary amenorrhea affects between 2 and 5% of teenage girls.

Importance of studying primary amenorrhoea

Because primary amenorrhea can serve as a diagnostic entry point for a number of underlying reproductive health conditions, a thorough investigation of this condition is essential. Given that it can affect fertility, bone health, metabolic balance, and psychological well-being, determining its aetiology is crucial for early detection and customized therapies. Optimizing patient care, avoiding long-term problems, and boosting the general health of those who are affected by primary amenorrhea all depend on an understanding of its complexities [4].

Classification of causes of Primary amenorrhoea

Primary amenorrhea can be classified into physiological and pathological causes based on underlying factors:

(a) Physiological Causes

1. Constitutional Delay: This slower maturation process causes some girls to have a delay in the commencement of their periods. Due to this hereditary disease, menstruation and puberty happen later than usual.

2. Delayed Puberty: Primary amenorrhea can occasionally result from delayed puberty, which can be caused by genetic causes, dietary status, or other developmental issues.

(b)Pathological Causes

1. Chromosomal Abnormalities: Primary amenorrhea may be caused by chromosomal abnormalities such as Androgen Insensitivity Syndrome (AIS), Turner syndrome (45, X), and others.
2. Anatomical Abnormalities: Primary amenorrhea may result from structural problems with the reproductive organs, such as the uterus' absence or deformity (e.g., Mullerian agenesis or imperforate hymen).
3. Hormonal Disorders: Primary amenorrhea may result from conditions that interfere with the normal control of hormones, such as hypothalamic-pituitary dysfunction, polycystic ovarian syndrome (PCOS), or hyperprolactinemia [5].
4. Gonadal Dysfunction: Primary amenorrhea may be a result of ovarian abnormalities, such as ovarian failure brought on by autoimmune diseases, hereditary factors, or other pathological processes.

(b) Pathophysiological attributes of primary amenorrhoea in modern science

According to current scientific knowledge, there are two main causes of delayed puberty. Malnutrition or undernutrition, prolonged periods of vigorous physical activity, etc., are among the first group of causes. 'Athletic' or hypothalamic amenorrhea is more likely to occur in women who exercise regularly and lose a lot of weight. A rise in the hormone ghrelin is linked to this, which inhibits the hypothalamic-pituitary-ovarian axis. Reduced pituitary release of LH and FSH can occur from elevated ghrelin concentrations that alter the amplitude of GnRH pulses. Additionally, studies show that a lack of vitamin A intake contributes to late-adolescent delayed development [6].

A higher chance of a delayed menarche is also linked to iron and protein deficits, which can result in anemia and a lower BMI.

The second group consists of reproductive system disorders, including Asherman syndrome, Kallmann syndrome, Turner syndrome, Mayer-Rokitansky–Küster-Hauser syndrome, and others. These disorders may result from increased testosterone levels, decreased female hormone secretion (hormonal level cause), or a congenital problem in the Mullerian duct's development. Reduced body hair growth, smaller breasts, and changes in general body features are all linked to elevated testosterone levels.

Major Causes of Primary Amenorrhea at Different Levels of HPO axis

Here are some more detailed explanations of primary amenorrhea at various HPO axis levels:

Hypothalamic Dysfunction

(A) Hypothalamus

1. Primary amenorrhea can result from the hypothalamus's insufficient production of gonadotropin-releasing hormone (GnRH), which can interfere with the pulsatile release of luteinizing hormone (LH) and follicle-stimulating hormone (FSH).
2. Stress-Related Amenorrhea: The hypothalamic-pituitary-ovarian axis may be impacted by prolonged stress or intense physical activity, which may decrease GnRH secretion and ultimately stop menstrual periods.

(B)Pituitary

1. Pituitary Tumours

The normal hormonal cascade necessary for menstruation can be disrupted by tumors or anatomical abnormalities in the pituitary gland, which can interfere with the secretion of FSH and LH.

(1) Inadequate Pituitary Hormones

Primary amenorrhea can arise from inadequate stimulation of the ovaries caused by pituitary dysfunction-induced deficiencies in FSH and LH output.

(C) The ovaries' gonads

Ovarian Failure: Primary amenorrhea is caused by premature ovarian failure or dysfunction, which leads to insufficient oestrogen production and failure to release eggs.

(D) Genetic Conditions

Chromosomal Abnormalities: Primary amenorrhea can result from disorders that impact gonadal development and function, such as Turner syndrome or Androgen Insensitivity Syndrome.

(A) Reproductive Tract

1. Agenesis Mullerian

Primary amenorrhea may be structurally caused by Mullerian agenesis, which is the absence or underdevelopment of the uterus and upper vagina.

2. Hymen Imperforate

Primary amenorrhea can result from a congenital disorder in which the hymen completely covers the vaginal opening, obstructing menstrual blood flow.

(1) Defects in Structure

Normal menstruation can be hampered by abnormalities in the reproductive tract's structure, such as a clogged outflow route or the lack of a cervix.

(B) Conditions of the Thyroid

Primary amenorrhea may result from hypothyroid retinism. An organized method of identifying and treating primary amenorrhea based on the particular underlying causes requires an understanding of these main causes at the hypothalamus, pituitary, gonadal, and reproductive tract levels [7].

Issues or the outlook for primary amenorrhea. The underlying cause of primary amenorrhea can affect the prognosis or consequences. Possible health consequences could include:

(a) Risk of Infertility

Primary amenorrhea may put people at risk for infertility because of hormone imbalances, anatomical abnormalities that affect reproductive capacity, or disturbed ovarian function, depending on the etiology.

(b) Effects on Metabolism

Metabolic abnormalities, such as insulin resistance, obesity, and an elevated risk of cardiovascular problems, may accompany certain primary amenorrhea cases, such as polycystic ovarian syndrome (PCOS) [8].

(d) Propensity for osteoporosis

Reduced bone mineral density brought on by a protracted oestrogen shortage brought on by primary amenorrhea may raise the risk of osteoporosis and related fractures.

(e) Effect on the Mind

Chronic amenorrhea may have long-term effects on mental health by causing psychological distress, such as worry and sadness.

(f) Aspects of Cardiovascular Health

Certain primary amenorrhea causes are linked to hormonal imbalances that may have an impact on cardiovascular health and raise the risk of heart disease, among other negative consequences.

(g) Hormonal dysfunction

The hypothalamic-pituitary axis, peripheral glands, and other systems may be affected by disorders that cause primary amenorrhea, which can upset the normal endocrine milieu and have multi-systemic effects.

(h) Issues Associated with Underlying Syndromes

People may be at risk for additional health issues and systemic abnormalities that are typical of certain syndromes if primary amenorrhea is linked to them (such as Turner syndrome).

(i) Concerns About Malignancy

Rarely, primary amenorrhea may be associated with factors that make people more susceptible to cancers of the reproductive organs, which calls for close observation.

Mitigating these possible problems requires an understanding of and attention to the underlying causes of primary amenorrhea. Customized medical care, such as lifestyle changes, hormonal treatments, and psychological support, can be very important in reducing the long-term health hazards related to this illness.

Co-relation of menarche with reference to Ayurveda

"Rutou bhavam artavam" is the *Nirukti*, or derivation, of *artava*, which means a substance that flows forth at a certain period. *Anartava,* on the other hand, is explained as "*Ayogya rutushu utpannah,"* signifying a state that might not appear at the appropriate time or be unseasonable. According to Ayurveda, menarche happens after the age of twelve. *Dhatu aparipurnatva*, or underdeveloped body tissues, is said to be the cause of the absence of menstruation or delayed puberty before this age [9].

Various conditions of physiological amenorrhoea in Ayurveda

Ayurvedic physiological amenorrhea is associated with the pre-puberty phase, *Jaravastha* (due to all dhatu kshaya), *sutikavastha* (due to aparipurnatva of dhatus and use of rasa dhatu for formation of *stanya* leading to *anartava*), and g*arbhavastha* (during pregnancy due to *Avrodha* in artava vaha srotas).

Various co-relations of Primary amenorrhoea in *Ayurveda*

(a) Shandhi Yonivyapad

According to *Charak Acharya,* female children born to a mother who is *Vata* unbalanced may have Shandhi Yonivyapad in medical terminology. According to *Acharya Charak*, a girl of this type is expected to have underdeveloped breasts and be uninterested in having sex. On the other side, Sushruta Acharya clearly describes the lack of menstruation and breast development (called *Anartava* and *Astana*) as signs of *Shandhi Yonivyapad*. According to contemporary theories, this disorder results from hypoactivity of the adeno-hypophysis, congenital hyperplasia of the adrenal cortex, or problems in embryological development. As a result, ovarian hormones are secreted abnormally, which interferes with normal menstruation and breast growth.

(b) Vandhya Yonivyapad

According to *Sushruta Acharya, Vandhya Yonivyapad* is distinguished by the phrase "*Vandhya Nashtartavam Vidyat,"* which denotes the loss of Artava in *Vandhya Yoni*. The only difference between *Vandhya* and *Shandhi,* according to analyst *Dalhana,* is whether or not breast growth is present. *Vandhya* is classified as a beeja or *beejabhaga* disease in the *Charaka Samhita.* According to Charak Acharya, the verse "*Yada Hiasya Shonite Garbhashaya Beejabhaga Pradosham Apadyate, Tada Vandhya Janayati"* explains that a female child with Vandhya traits is born if there is a deficiency in the *beeja bhaga* (chromosome) that governs uterine development.

Commentator *Chakrapani* goes on to explain that the absence of both *Garbhashaya* and *Artava* occurs in this circumstance because the *Beeja* that is accountable for both is the same. According to *Acharya Charaka, beeja dosha* is responsible for the occurrence of *Varta* (an imperfect female) and *Vandhya* (a sterile child). The ensuing infant may have defective parts of the corresponding reproductive organs or parts if the *beeja* or *beejabhagavayava* responsible for their development is negatively impacted by a number of causes. *Vandhya* is born when the mother's beejabhaga, which is in charge of *Garbhashaya's* development, becomes overly vitiated.

Similarly, when the *Beejabhagavayava* of the mother, responsible for producing organs that characterize a female, is excessively vitiated, the outcome is Varta (not a complete female).

Similar co-relations of amenorrhoea

a. Arajaska Yonivyapad

According to Charak Chikitsa Sthana Chapter 30, it is described in the verse "Arajaska Yonivyapad Yonigarbhashayastham Cheta Pittam Sandushayet Asruka Sa Arajaska Mata Karshya Vaivarnya Janani Bhrisham." It involves the elevation of Pitta, which affects the Yoni and Garbhashaya and causes symptoms like pallor and emaciation. Anartava, which is similar to amenorrhea due to systemic diseases, anorexia, or athlete's amenorrhea where the lack of menstruation is linked to decreased body fat essential for regular menstrual function is another symptom added by Chakrapani. Amenorrhea may result from this, which may be connected to dhatu aparipurnatva. Arajska may be associated with primary amenorrhea in young females prior to menarche, as neither age nor pubertal factors are specifically mentioned in this context.

b. Nashtartava

In *Sushruta Shareer sthana*, it is referred to as "*Doshatiaavrutta Margatvat Artavam Nashyati Striya,"* which implies that females lack *Artava* because to Dosha blockage. According to commentator *Dalhana, Nashtartava* is treated by reducing *Vata* and *Kapha,* which are the obstructive *Doshas.* He attributes the *Doshas* to *Vata* and *Kapha* and highlights that elevated Pitta may result in heavy menstruation. The word *'Nashta'* also suggests invisible formation, he adds. This disorder is seen in cases of obesity, when too much fat interferes with hormones, especially oestrogen, causing pituitary suppression and amenorrhea. This condition may be associated with primary amenorrhea if it is observed before to menarche.

c. Shushka Yonivyapat

Adhamalla, Sharangdhar's commentator, clarifies this and compares it to *Vandhya Yonivyapat* as others have described it. At first glance, *Vandhya* and *Shushka* appear to be interchangeable, even though both illnesses solely cause amenorrhea as a symptom. While amenorrhea is tied to sterility in *Vandhya Yonivyapad*, it is linked to dryness, oliguria, constipation, and pain in Shushka Yoni. The suppression of bowel and bladder reflexes is

thought to be the cause of this disorder, which may be a sign of hypothalamic amenorrhea.

The role of hypothalamus, is well-established in the aetiology and treatment of amenorrhea. Although amenorrhea may be a sign of various illnesses mentioned in Ayurvedic writings, this symptom is not particularly mentioned in these texts. Since *Rasa* and *Rakta* are involved in this kind of amenorrhea, it falls under the primary amenorrhea category.

Kashyapa Acharya mentions two Ayurvedic illnesses that are directly linked to primary amenorrhea: *Katambhara* and *Jataharini.*

d. Katambhara

A structural blockage in the genital system, namely the cervical canal, causes *Katambhara,* which is characterized by the absence of menstruation *(Yonimukha*). The regular flow of menstrual blood is hampered by this obstruction. In addition to primary *amenorrhea*, females with *Katambhara* may also have pelvic pain, discomfort, or a feeling of fullness in the lower abdomen. The primary reason of *Katambhara*, according to *Kashyapa Acharya*, is an imbalance in the *Vata dosha*, which obstructs the physiological processes involved in menstruation.

e. Jataharini

Primary amenorrhea results from jataharini, which is the expulsion or destruction of the ovum or seed (Beeja). The recurrent loss of embryos or fetuses at different gestational phases is a characteristic of this disorder. It can be difficult for women with Jataharini to bring a pregnancy to term because they frequently miscarry. Factors influencing the reproductive tissues and processes are linked to the disorder.

Jataharini is frequently linked to a Tridosha imbalance, specifically a *Pitta dosha* vitiation. The development and survival of the embryo are impacted by this doshic imbalance, and primary amenorrhea may result from ovum loss prior to fetilization or anovulation.

f. Shushka Revati

"Ashodhasa Varshapraptha Y*a Stree Pushpam Na Pasyathi Pramlan Bahurakucha Thamahu Sushkarevatheem,"* according to *Kashyapa Acharya,* indicates that menarche has not yet occurred by the age of sixteen and that the arms, hips, and breasts are underdeveloped. Primary amenorrhea has a minor correlation with this.

Nidana

(a) Deviations in the development of the *Garbhashaya* because of problems with *Beeja* (germ cell), *Beejabhaga* (zygote), or *Beejabhagavayava* (embryonic components) are included in *Sahaja Nidana. Anartava* is a disorder that can arise from an abnormality or absence of Beejabhaga associated to the creation of the uterus. This can lead to congenital structural abnormalities of the uterus or complete absence.

(b) *Jataja Nidana* includes elements derived from a person's constitution and place of birth. Unbalances in *Vata* and *Kapha* brought on by improper Ahara (diet) and *Vihara* (lifestyle) decisions may result in Nashtartava in a Kapha-dominant Prakriti lady because of *avarana* (obstruction). *Anartava* may be significantly influenced by inappropriate Ahara and Vihara practices that vitiate *doshas* and induce *kshaya* (depletion) of all *dhatus*. Furthermore, extrinsic elements that might be regarded as viharaja (lifestyle-related) nidana for the development of *Anartava* include *Abhighata* (trauma), *Vyayama* (excessive physical activity), and *Ativyavaya* (overindulgence).

(c) Ovarian hormone imbalances are a hallmark of *Dushtartava*. As channels in charge of delivering nutrients or hormones to the female reproductive organs, the Artavavaha srotas are essential to the development and maintenance of the menstrual cycle. *Artava Nasha* (menstrual absence) can arise from impairment of the Artava (menstrual blood) caused by disruptions or trauma to the *Artavavaha srotas.*

Samprapti

The Sushruta Samhita describes the Ayurvedic aetiopathogenesis of *Nashtartava. Srotorodha* (obstruction) is implied by the term *"Avrutta,"* and the entire chapter in the *Samhita* suggests that *Srotorodha* in the *Artavavaha* Srotas is the reason why the *Artava* ceases or completely stops.

Samprapti ghataka

Dosha	*Vata (Apana and Vyana), Pitta (Pachaka), Kapha (Kledaka)*
Dushya	*Rasa, Rakta*
Updhatu	*Artava*
Srotas involved	*Rasavaha, Artavavaha*
Nature of	*Sanga*

Srotodushti	
Adhisthana	*Artava vaha Srotas*

Ayurvedic Approaches to Prevent Primary Amenorrhea

(a) Care Prior to Conception

In accordance with Ayurvedic beliefs, it is imperative to prioritize the improvement of *Ritu, kshetra, Ambu,* and beeja qualities in order to prevent *vikrutha Garbha* (fetal abnormalities) and maintain genetic and chromosomal integrity. By purifying *beeja, beejabhaga, and beejabhaga avayava,* the use of *Garbha Sambhava Samagri* creates the ideal conditions for the conception of healthy offspring.

b. Diet and Activities

In Ayurveda, maintaining a healthy femininity is based on adopting a well-balanced *Ahara* before conception, during pregnancy, and after birth. Adherence to dinacharya and ritucharya is ensured by *vyayama,* a prescribed exercise regimen, and avoiding sedentary influences. This promotes hormonal balance and reproductive health.

a. **Mental Health (Psychological and Psychosomatic wellbeing**

The significance of sattvic mental states during intrauterine and reproductive age periods is highlighted by the realization that *manas* (mind) and *sharira* (body) are interrelated. Maintaining the balance of doshas and general well-being is in line with Ayurvedic principles when structural abnormalities and hormonal imbalances are identified early and treated with appropriate medical assistance.

b. Management of Structural and Functional Defects

To treat structural and functional problems and guarantee a healthy conception, it becomes essential to correct *Artava dosha* through *shodhana* therapy and adherence to *Garbhini Charya* principles.

Ayurvedic knowledge places a strong emphasis on the evaluation of family inclinations as well as the application of particular medications and treatments described in *Garbhinicharya.*

c. Improvement of Quality of Life

Correcting genetic and epigenetic variables is facilitated by incorporating the principles of *Ritumaticharya, Garbhini charya*, and *Sutika paricharya* into daily living, with a focus on seasonal routines and purifying techniques.

In line with Ayurvedic principles, sex education, reproductive health awareness, and the significance of mental health should be taught in schools. This would promote a healthy lifestyle and guarantee women's wellbeing for future generations.

DISCUSSION

With its notions of *Vandhya Yonivyapad, Shandhi Yonivyapad, Shushka Yonivyapad, Jataharini, Katambhara, Arajaska,* and *Shushka Revati,* the Ayurvedic approach to primary amenorrhea explores the complex interactions between *doshas, dhatus*, and *srotas.* Primary amenorrhea is closely related to *Vandhya Yonivyapad*, which is characterized by infertility and reproductive abnormalities. The disturbance of the physiological cycles controlling the female reproductive system is clarified by *Shandhi Yonivyapad*. In order to address primary amenorrhea, *Shushka Yonivyapad* discusses the dryness or atrophy of reproductive organs, a concept that is essential to comprehending the physical factors impacting regular menstrual function.

According to the Kashyap Samhita, Jataharini, Katambhara, gives the Ayurvedic investigation of primary amenorrhea more depth. Similar to *Shushka Yonivyapad*, *Shushka Revati* is linked to dryness or atrophy of the reproductive system. To fully understand the nuances of these terminologies and how they relate to the lack of menstruation associated with primary amenorrhea, specific references in Ayurvedic scriptures are necessary. The absence of menstrual blood, or *rajaska*, is also associated with primary amenorrhea.

The focus of the Ayurvedic treatment of primary amenorrhea is on customized treatments that target the underlying cause, which may include atrophy, blockages, or *doshic* imbalances. A holistic view of women's reproductive health is provided by the use of dietary recommendations, herbal remedies, and lifestyle changes to balance the doshas, feed the *dhatus,* and enhance general wellbeing.

The idea of *Beejabhagavayava Dushti*, which leads to *Putipraja,* where the female has difficulties bearing children, is part of the Ayurvedic theory of female reproductive health. This is supported by contemporary scientific parameters, which attribute fetal anatomical abnormalities to genetic mutations,

frequently brought on by consanguineous marriages that result in gene deletions. Ayurvedic *Yonivyapats* like *Vandhya, Shandi,* and *Jataharinis* like Shuskarevati are in line with conditions like Mayer Rokitansky Kuster Hauser syndrome, which is characterized by undeveloped reproductive systems.

Mithya Ahara and *Vihara* are the origins of both *Yonivyapat* and *Jataharini*, which emphasize the connection between reproductive diseases and poor lifestyle and nutrition. Beejadosha is caused by factors such as *Tulya Gotra Vivaha* (consanguineous marriage), which affects the developing female embryo.

Sufficient *Sadvritta Palana* and *Garbhini Paricharya* are essential for avoiding *Tridosha Dushti* and protecting the fetus. The management strategy includes *Beeja Samskara* for favorable offspring and preconception genetic counseling to prevent congenital abnormalities. Given that *Matrajadi Shad Bhava* has a major impact on fetal development, *Garbhini Paricharya*, who focuses on maternal care, becomes crucial. According to *Acharya Sushruta*, a healthy conception requires four key components. For *Beejotsarga* and *Garbhadhana,* the most fertile time is during *Ritu,* which signifies the ovulation phase. The uterus should facilitate implantation, and *Kshetra*, which stands for the female reproductive system, should be in good health. Ambu, which denotes balanced hormone levels and appropriate Rasa nutrition, is essential. *Artava* and *Beeja* both need regular ovum.

Vandhyatwa may result from abnormalities in any of these causes. Destructive forces called *jataharinis* can result in primary amenorrhea by causing fetuses to be repeatedly expelled at different gestational stages or by preventing menarche or menses. The intricacy of the variables affecting reproductive health in Ayurveda is highlighted by *Acharya Kashyapa's* identification of several *Jataharinis* marked by such expulsions [10].

CONCLUSION

To sum up, the Ayurvedic approach to primary amenorrhea offers a deep comprehension of concepts such as *Vandhya Yonivyapad, Shandhi Yonivyapad, Shushka Yonivyapad*, *Jataharini, Katambhara, Arajaska*, and *Shushka Revati*. This demonstrates a comprehensive approach to treating primary amenorrhea and a holistic understanding of the complex balance necessary for the female reproductive system to function properly.

With its focus on dosha balance, Ayurveda highlights the importance of customized treatments, dietary changes, herbal remedies, and lifestyle modifications in treating primary amenorrhea. The eternal relevance and adaptability of Ayurvedic principles are demonstrated by the link between these Ayurvedic notions and contemporary genetic markers and reproductive problems. The etiological elements, which include *Adharma, Vihara,* and *Mithya Ahara*, emphasize the significance of a healthy diet, balanced lifestyle, and moral behavior in preserving reproductive health. Consanguineous marriages can result in *Tulya Gotra Vivaha* and *Beejadosha*, which emphasize how important it is to take hereditary variables into account when performing Ayurvedic diagnostics.

Preventive interventions and comprehensive treatment throughout the reproductive journey are the main focuses of the management line, which includes preconception genetic counseling, *Garbhini Paricharya,* and *Sadvritta Palana*. A thorough grasp of the requirements for a healthy menstrual cycle is provided by the in-depth investigation of elements such as Ritu, Kshetra, Ambu, and Beeja. Fundamentally, Ayurveda provides a timeless and all-encompassing method of treating primary amenorrhea, taking into account a woman's mental, emotional, and spiritual well-being in addition to her physical health. This allows practitioners to offer top-notch medical care and serve as a ray of hope for a variety of patients who present with primary amenorrhea.

REFERENCES

1. Singh AS, Mule KC. AYURVEDIC INSIGHTS INTO PRIMARY AMENORRHEA: CONCEPTUAL UNDERSTANDING AND HOLISTIC APPROACHES.
2. Annapurna R, Thankachan S, Kulkarni BG, Devi MG. An Ayurvedic Perception of Primary Amenorrhea for a Blissful Womanhood. Journal of Pharmaceutical Research International. 2021 Oct 30;33(47):68-75.
3. Jaiswal T, Patil J. Role of Ayurveda Therapy in the Management of Amenorrhea WSR to

Painful and Irregular Menstrual Cycle.

4. Sunil S, Warriar RR. A CASE REPORT ON AYURVEDIC MANAGEMENT OF SECONDARY AMENORRHEA DUE TO POLYCYSTIC OVARIAN SYNDROME. Kerala Journal of Ayurveda. 2023 Sep 30;2(3).
5. Kumari S, Singh SK, Rajoria K, Kumar A. An Ayurvedic Approach in Management of Polycystic Ovarian Syndrome. International Journal of Ayurvedic Medicine. 2020;11(4):644-9.
6. Vitello J. Functional Hypothalamic Amenorrhea in Women.
7. Krishnarajabhatt HS. Ayurvedic management of hyperprolactinemia secondary to pituitary microadenoma: A case report. Altern Ther Health Med. 2021;27(5):78-80.
8. Bashir A, Guha L, Bhat IA. Comprehension, management, and treatment of polycystic ovarian syndrome via allopathic, Unani and ayurvedic perspectives. J. Gynecol. Wom. Health. 2021;21(1):1-9.
9. Jain H, Pandey D, Nama N, Kaushik P, Chaturvedi S. A Review on Herbal Management of PCOS (polycystic ovarian syndrome).
10. Kapoorchand H. Prevalence of dysmenorrhea and Ayurveda Treatment: a cross-sectional survey. Journal of Indian System of Medicine. 2023 Apr 1;11(2):85-9.