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Management of Kashtartava Through *Yonishoolahar Kashaya* and *Trivrita Tail Matra Basti*: A Case Study

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Abstract

Because women in that age had access to sufficient *Ritucharya* and *Rajasvalacharya, Kashtartava* is not mentioned as a distinct ailment in the classics of *Ayurveda*. A symptom of *vataja Artavadushti* and other *Yonivyapada,* such as *Vatala yonivyapad*, *Udavarta yonivyapad*, and *Antarmukhi yonivyapad*, is *Kashtartava*. According to *Acharya Charaka, Yoniroga* cannot happen unless *Vata* is vitiated. Since pain is the primary characteristic of *Kashtartava*, it has a significant correlation with *Vata*. Ordinary *Anuloma Gati* of *Apana Vayu* transforms into *Pratiloma Gati*, and this vitiated *Vata* hinders *Raja's* regular functioning, causing *Raja* to emerge with intense *Shoola* and difficulty. Presented here a case report of girl aged 23 years with Chief complaint of painful menses suffering from primary dysmenorrhea more than 3 cycles with scanty bleeding (1-2 pads/day) presented on OPD of PRASUTI TANTRA AND STRI ROGA department of PGIA DSRRAU Jodhpur. After her consent, "*Yonishoolahar Kashaya*" 25 ml for 7 days and *Trivrita Tail Matra Basti* for 7 days was given for consecutive 2 cycles. As a result, her menstrual cycle became regular without any complaint. In this case study concept of Kashtartava and treatment course along with mode of action of drugs is mentioned.

Keyword: *Yonivyapad; Ritucharya; Rajasvalacharya; Yonishoolahar Kashaya*

INTRODUCTION

Dysmenorrhea, defined as painful menstruation, represents a prevalent gynaecological concern among adolescent females and is often associated with considerable physical discomfort and psychological distress, affecting not only

the individuals but also their families. A cross-sectional study conducted by Omidvar, Bakouei, and Begum among Indian female students reported a **prevalence rate of primary dysmenorrhea at 70.2%**. Most participants experienced menstrual pain lasting between **one to two days**, while **23.2% reported pain persisting for two to three days**. The study further identified **tiredness** as the most commonly reported symptom among both dysmenorrheic and non-dysmenorrheic individuals, followed by back pain. In terms of **academic absenteeism**, participants experiencing mild pain were absent for an average of **1.5 days per month**, whereas those with **moderate and severe pain** missed **2.1 ± 1.2** and **2.5 ± 1.3 days**, respectively.[i] Ayurveda recommends specific practices to alleviate dysmenorrhea, including *Ritucharya* (seasonal routines*), Dincharya* (daily routines), diet modifications, and regular *yoga* practices such as *asanas, pranayama*, and meditation. Additionally, treatments like *Uttarbasti, Garbhashaya Balyaushadhi.*[ii] "Dysmenorrhea is the cyclical pain associated with menstrual cycle so as to incapacitate day to day activities." It is of two type's primary & secondary dysmenorrhea. Primary dysmenorrhea usually begins a few hours before or just after the onset of a menstruation period and may last 48-72 hrs. In primary dysmenorrhea pain is associated to ovulatory menstrual cycles without any demonstrable pelvic pathology[iiiivv]. It is related to myometrium contraction induced by prostaglandins originating in secretory endometrium, thereby causing endometrial ischemia and pain (dysmenorrhea). The pain is spasmodic and confined to lower abdomen may radiate to the back & medial aspect of thighs, systemic discomforts like nausea, vomiting, fatigue, diarrhoea, headache, sometimes fainting may be associated.[viviiviiiix] Several changes given on menstrual flow as *Phenilata, Tanu, Alpa*, and color changes as *Shava, Aruna, Krishna Varna* can well explain with aggravation of *Vata* but need more studies to correlate them with modern explanation.[x]

Aim's & Objective

Primary objective:

1. To evaluate the efficacy of "*Yoni Shoolahar Kshaya*" in the management of "*Kashtartava*" (Primary Dysmenorrhoea).

Secondary objective:

1.To identify adverse effects of drugs, if any and it will be recorded in ADR (Adverse drug reactions) Performa.

Case Report

An unmarried girl aged 23 years who is a college student from middle socio-economic status visited OPD of PRASUTI TANTRA AND STRI ROGA department of PGIA DSRRAU Jodhpur. Chief complaint with duration- pain in lower abdomen during menstruation with scanty bleeding (1-2 pads/day, not completely soaked) since menarche. Patient had menarche at the age of 14 years and menstrual cycle was regular but pain in lower abdomen with cramps. Pain was severe on first two days and mild on third day. She also having complains of occasionally *Shrama, Shirahshula*, *Aruchi* & Constipation. She was getting little relief with modern medicine after that she started *Ayurveda* medication but, as the pain was so severe, it wasn't reducing after taking rest and analgesic and was disturbing her daily activities. So, she visited OPD of PRASUTI TANTRA AND STRI ROGA department of PGIA DSRRAU Jodhpur for permanent relief and better treatment.

Family history- No similar history of same complaints in family.

Menstrual history • Menarche at 14 years of age

- LMP- 27/04/2025
- Menstrual cycle- duration- 2 day's interval-28-30 days with scanty flow
- Pad used- 1-2 pads per day (not completely soaked)
- Character- pinkish - red colour • Consistency- thin or watery
- Dysmenorrhea- Cramp like pain, site of pain- Lower abdomen and low backache

General examination

- Built- Moderate
- Nourishment- Moderate
- Temperature- 98.50 F
- RR- 18/ Min
- Pulse rate- 76 /Min
- Blood pressure- 110/70 mm of Hg
- Height- 158 CMS
- Weight- 52 Kg

Systemic examination

- R.S.- normal bronchial breathing
- CVS- S1, S2 Normal
- CNS- Conscious, oriented

- Bowel habit- once in a day, bladder habit- 5-6 times/day

Gynaecological examination

- Bilateral breasts: Soft, NAD
- Inspection of Vulva
- Pubic hair- Moderate
- Redness, ulceration and swelling- Absent
- External urethral meatus- Normal
- Evidence of pruritus- No

Ashtavidha pariksha

- *Nadi- vata-pittaja*
- *Mootra- samanya (nirama)*
- *Mala- nirama*
- *Jihva- Alipta*
- *Shabda- samanya*
- *Sparsha- Anushna sheeta*
- *Druk- Prakruta*
- *Akruti- Madhyam*

Dashvidha pariksha

- *Prakruti- Vatapradhan pitta*
- *Dosha- Vata pradhan kaphaja*
- *Dushya- Rasa, Rakta, Artava*
- *Sara- Hin*
- *Samhanana- Madhyama*
- *Pramana- madhyam (*158 cm)
- *Dehabhara-* 52 Kgs
- *Satmya- Madhyama*
- *Satva- Madhyama*
- *Ahara Shakti- Madhyama*
- *Vyayam Shakti- Hin*

For menstrual pain assessment some subjective and objective parameters was taken

Subjective parameters – Pain intensity, Work ability

Objective parameters – Days of pain, Pain location

Investigation

USG of Abdomen and Pelvis

Uterus - Normal in size. Endometrial echo complex Central and cavity empty.

No focal mass seen (ET: 6mm)

Cervix – Normal

Assessment Parameters:

Verbal Multidimensional Scoring System for assessment of Dysmenorrhea

Grade	Working ability	Systemic symptoms	Analgesics
Grade 0: Menstruation is not painful and daily activity is unaffected	Unaffected	None	Non required
Grade 1: Menstruation is painful but seldom inhibits normal activity; analgesics are seldom required; mild pain	Rarely affected	None	Rarely required
Grade 2: Daily activity is affected; analgesics required and give sufficient relief so that absence from school is unusual; moderate pain	Moderately affected	Few	Required

Grade 3: Activity clearly inhibited; poor effect of analgesics; vegetative symptoms (headache, fatigue, vomiting, and diarrhoea); severe pain	Clearly inhibited	Apparent	Poor effect

According to assessment parameter patient comes under Grade 3 Activity clearly inhibited; poor effect of analgesics; vegetative symptoms (headache, fatigue, vomiting, and diarrhoea) and severe pain.

OVERALL RESULTS: -

Good Response – VMSS comes under Grade-0 then that will be considered under good response

Fair Response- VMSS comes under Grade-1 then that will be considered under fair response

Poor Response- VMSS comes under Grade-2 then that will be considered under poor response

No Response-- VMSS comes under Grade-3 then that will be considered under no response

Table 1: Treatment plan and result

Cycle	Result	Oral medication	Procedure done
1st cycle	LMP- 27/04/2025 M/H- duration- 2 days Amount-1-2 pads/day Dysmenorrhea – severe	Yonishoolahar Kashaya 25 ml BD after meal for 7 days, before onset of menstruation	Trivrita taila matra basti" 60 ml for 7 days before onset of menstruation
2nd cycle	LMP– 25/05/2025 M/H- duration- 3-4 days Amount- 2 pads/day Dysmenorrhea – 50% relief in pain.	Yonishoolahar Kashaya 25 ml BD after meal for 7 days, before onset of menstruation	Trivrita taila matra basti" 60 ml for 7 days before onset of menstruation

	Grade	Working ability	Systemic symptoms	Analgesics
Before treatment	Grade 3	Clearly inhibited	Headache, Vomiting	Poor effect
After treatment	Grade 1	Mild affected	none	Rarely required

Description

Menstruation is painful but seldom inhibits normal activity; analgesics are seldom required.

Treatment

Basti chikitsa

"*Trivrita taila matra basti*" 60 ml for 7 days before onset of menstruation.

Purva Karma: Abhyanga with *tila taila* on *kati-prushta parshwa-adhodara* for 15 min and *swedan.*

PradhanKarma: *Matra basti* in left lateral position with 60 ml *Trivrita Taila.*

Pashchat karma: Rest in supine position for at least 15- 20 min.

Oral medication

Yonishoolahar Kashaya 25 ml BD after meal for 7 days, before onset of menstruation. Treatment continues for 2 cycles along with some life style modifications

Yogasana which regulates *Apana vayu* and also, relieves backache like *USHTRASANA, BHUJANGASANA, GOMUKHASANA* & minimum thrice in a week.

Dietary changes (eat fresh, warm, & healthy food).

Avoid stress, caffeine, alcohol, smoking etc.

Discussion

Modern medicine typically recommends analgesics, antispasmodics, and/or oral contraceptive pills to treat dysmenorrhea, but these treatments don't work long-term and can have major negative effects.[xi] Finding a safe, efficient, and non-hormonal treatment for primary dysmenorrhea is necessary because there is currently no treatment plan that can alleviate the full symptom complex. The trial drug *Yonishoolahar Kashaya* contains *Rasna, Devdaru, Bala, Darbh, Musta, Ushir, Punarnawa.Vatashamak, Vednasthapak, Garbhashyashodhak, Kapha-Vata Shamak, Deepan-pachan, Mutrala, Anuloman, Raktavardhak, Lekhana dravya* if given to the patients suffering from *Kashtartava* is said to give ultimate effect on *Artava vaha srotasa*. Hence it will directly act on *Kashtartava* and also regularise the menstrual cycle. *Artava* is said to be *agneya*, hence the drugs need to be attributed with *Tikshna, Ushna Gunas* to be called as *Artavajanaka Dravyas*. Use of *Agneya Dravyas* relieves the *Kapha* which has done the *Avarana* of the *Apana Vayu* by blocking the *Artava Vaha Srotasa* and thereby removes the *Margavarodha* and also increase the quantity of *Artava*. These Dravyas increase the amount of menstrual flow by improving the vascular supply or by increasing the thickness of endometrium. trial drug

Trivrita tail Sukhavirechaka, Rechana, Bhedana and *Shothahara* properties thereby removes the *margavarodha* and relieves pain.

The drug's likely mode of action

Properties such as *Vatanulomana, Vata Kapha Shamak, Vedanasthapana*, and *Shoolnashak* are found in *Yonishoolahar Kashaya*. It is also referred to as a Pushpa as *Rajakrichhahara, Yonishoolahar*, and *Samjanana*. Since it is *Pittavardhaka* and *Kapha Vata Shamaka*, it aids in reducing the *Avarana* of *Apana Vayu* and will raise *Artava* due to *Agneya Guna*.

These techniques will aid in *Agni Deepana* and *Amapachana*, which will enhance *Agni* and *Amapachana.* This will lead to the development of healthy *Ahara Rasa* and *Rasa Dhatu*, which will enhance the quantity and quality of Artava.[xii] Since *Rasna* is also *Shulaprashamana Dravya*, its *Vatanulomana* property will aid in the *Anulomana* of *Apana Vayu* and the painless evacuation of *Artava.*

Mode of Action According to Modern Science

- Drugs with antibacterial, antiviral, and antifungal qualities lessen infection and support healthy menstrual period cyclic phenomena.
- Drugs have anti-carcinogenic and immune-modulating qualities. Antioxidants also increase the body's anabolic activity, which causes the endometrium to thicken and increase blood loss. These properties of the drugs also helped maintain proper ovulation, estrogenic production, and the luteal phase, which resulted in a normal level of progesterone and helped to regulate the HPO axis.

In conclusion

Balance and health are produced by the *Tridosha* of *Pitta, Kapha*, and

Vata. An imbalance can appear as a sign or symptom of a sickness and can be either an excess (*Vriddhi*) or a deficiency (*Kshay)*. One of the five *Vata Dosha* types is *Apan*. It may be found in *Uru, Basti,* and *Shroni.* Painful menstruation might be regarded as *Apanavayudushti* as one of *Apanavata's* functions is a normal one.

Correcting the pathology, or adopting *Samprapti Vighatana Chikitsa,* should be the management approach. By breaking the *Avarana* and *Agni Deepana*, the correction should be made in a way that eliminates the *Margavarodha* from the *Artava Vaha Srotasa*. This will allow the *Rasa* and *Rakta Dhatu* to work properly and result in the production of Shuddha Artava.

The three primary tenets of kashtartava management are *Vata-Kaphashamaka, Vatanulomaka Chikitsa*, and *Agnivardhaka*.

a) Following the intervention, it was found that *Trivrita taila* works well for treating *Kashtartava*.

b) As a result, the drug's impact on Kashtartava was noteworthy.

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