

AYURVEDIC INTERVENTION IN KASHTA ARTAVA W.S.R. TO PRIMARY DYSMENORRHOEA: A CASE REPORT

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ABSTRACT

Kashta Artava is characterized by painful menstruation and may significantly affect routine activities and quality of life. Primary dysmenorrhoea refers to menstrual pain occurring in the absence of identifiable pelvic pathology. From an Ayurvedic perspective, vitiation of Vata, particularly ApanaVata, is considered to lead to Kashta Arthava. In this case, a 23-year-old unmarried female presented with painful menstruation for three years, associated with lower abdominal pain, low backache, leg pain, nausea, fatigue, and occasional diarrhea during the first one to two days of menstruation. Pelvic ultrasonography and relevant investigations revealed no significant abnormality. Management was planned based on Vata Shamana and restoration of Apana Vata function. Sthanika Abhyanga and Nadi Swedana followed by Matra Basti with Dashamoola kwatha churna Siddha Ksheera paka were administered. Subsequent courses of Matra Basti were given with Sahacharadi Taila and Ksheerabala Taila. Cap Hinguvachadi taila and Gandharvahasthadi kashaya were administered internally along with dietary and lifestyle modifications. Progressive improvement was observed over three consecutive menstrual cycles. The total assessment score decreased from 18/21 before treatment to 11/21, 5/21, and 2/21 at the first, second, and third month assessments, respectively. Pain intensity decreased from 8/10 to 1/10, with reduction in pain duration, functional interference, and associated symptoms. No adverse events were reported. This case demonstrates the potential application of Ayurvedic management principles in Kashta Artava presenting as primary dysmenorrhoea. Further systematic clinical studies are warranted to evaluate the efficacy and safety of this approach.

KEYWORDS: Kashta Artava; Primary Dysmenorrhea; MatraBasti; ApanaVata.

INTRODUCTION

In Ayurveda, painful menstruation is commonly discussed in relation to Vata disturbance and, depending on the clinical features and interpretive framework, may be correlated with Udavartini Yonivyapad.^[1] The present report uses the term Kashta Artava descriptively for painful menstruation and interprets the clinical presentation predominantly through ApanaVata involvement.^[2] This Ayurvedic correlation should be presented as a clinical interpretive framework rather than as an assertion that primary dysmenorrhea and a classical Ayurvedic diagnosis are identical entities.

Dysmenorrhea refers to pain associated with menstruation.^[3] Primary dysmenorrhea occurs in the

absence of an identifiable pelvic disorder. Typical primary dysmenorrhea is commonly cramp-like, begins shortly before or around the onset of menstrual bleeding, and may be accompanied by symptoms such as nausea, headache, diarrhea, or fatigue.^[4] Prostaglandin-mediated uterine contractions are an important component of the contemporary pathophysiological explanation.^[5] The clinical distinction between primary and secondary dysmenorrhea is important because persistent, atypical, progressively worsening, or treatment-resistant symptoms may warrant evaluation for an underlying disorder.^[6] In the present draft, the patient's cyclical symptom pattern and normal pelvic ultrasonography were used in support of a working diagnosis of primary dysmenorrhea.^[7]

The purpose of this report is to demonstrate how a case of painful menstruation can be documented using both Ayurvedic assessment parameters and contemporary symptom-based outcome measures, while describing the therapeutic sequence used in this case.

CASE PRESENTATION

Patient information

A 23-year old unmarried female college student presented with complaints of painful menstruation for approximately three years.

History of Present Illness

A 23 year old unmarried female patient reported that painful menstruation had been present from the earlier years following menarche and had gradually become more troublesome during late adolescence, approximately from 3 years. She reported that menstrual pain usually began several hours before the onset of menstrual bleeding or within the first few hours after bleeding commenced since three years. The pain was predominantly located in the supra-pubic region and was described as spasmodic and cramping. It radiated to the lower back and upper thighs. Pain was most severe during the first 1-2 days of menstruation and gradually subsided over the following 24-48 hours. The patient reported occasionally missed or avoided routine academic activities during menstrual pain.

Menstrual History

Parameter	Finding
Age at menarche	12 years
Cycle interval	32-35 days
Cycle regularity	Regular
Duration of flow	5-7 days
Amount of bleeding	Moderate
Colour	Predominantly reddish
Clots	Occasional small clots
Pain	Predominantly on day 1 -2
Pain duration	Approximately 24–48 hours
Inter menstrual bleeding	Absent
Post-coital bleeding	Not applicable
Abnormal vaginal discharge	Absent

Past History-The patient had no significant past medical or surgical history.

Family History- There was no significant family history relevant to the present condition.

Personal History- The patient was on a mixed diet and reported irregular meal timings during academic days, with frequent consumption of packaged snacks and occasional skipping of breakfast. Her routine was

predominantly sedentary, with prolonged sitting and limited structured physical activity. Sleep was generally adequate, although occasional disturbance was reported during painful menstruation, particularly during periods of academic stress. Bowel habits were generally normal, with occasional loose stools during menstruation. Micturition was normal.

General Examination

Parameter	Finding
Built	Moderate
Nourishment	Moderate
Height	160 cm
Weight	54 kg
BMI	21.1 kg/m ²
Pulse	78/min
Blood pressure	128/80 mmHg
Respiratory rate	18/min
Temperature	Afebrile
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Edema	Absent

Systemic examinations

- Cardiovascular system- normal
- Respiratory system- normal
- Central nervous system- conscious and alert

Gynecological Assessment

No clinically significant abnormality was identified on examination.

Investigations

Investigation	Result
Hemoglobin	12.4 g/dL
Urine routine	Within normal limits
Thyroid function test	Within reference range
Pelvic Ultrasonography	Normal

Ashta Sthana Pariksha^[2]

Pariksha	Findings
1. Nadi	Vata- pitta, regular
2. Mutra	Prakrutha
3. Mala	Prakrutha, loose stools during menstruation
4. Jihva	Aliptha
5. Shabda	Prakrutha
6. Sparsha	Anushna-sheetha
7. Drik	Prakrutha
8. Akriithi	Madhyama

Dashavidha Pariksha^[1]

Pariksha	Findings
1. Prakrithi	Vata- pitta prakruthi
2. Vikrithi	Vatapradhana (apanavata)
3. Sara	Madhyama
4. Samhanana	Madhyama
5. Pramana	Madhyama
6. Satyma	Madhyama
7. Aharashakthi	Madhyama
8. Vyayamashakthi	Madhyama
9. Vaya	Yuva avastha
10. Bala	Madhyama

Dosha–Dushya Assessment

Component	Assessment
Dosha	Vata predominant
Subtype	Apana Vata predominantly
Dushya	Rasa and Artava-related tissues/functions
Srotas	ArtavavahaSrotas
Srotodushti	Sanga/Avarodha with impaired movement
Sthana	Garbhashaya–pelvic region
Agni	Mild Vishamagni tendency
Ama	Not prominent
Rogamarga	Abhyanantara

NidanaPanchaka

Nidana

Vata-provoking factors identified in this case included:

- Irregular dietary habits
- Skipping meals
- Irregular sleep
- Sedentary routine
- Occasional suppression of natural urges
- Mental stress during academic periods
- Inadequate physical activity

Purvarupa

- Abdominal discomfort before menstruation
- Heaviness
- Fatigue
- Altered bowel tendency- diarrhea

Rupa

- Shoola in the lower abdomen
- Katishoola, urushoola
- Pain associated with onset of Artava

- Nausea
- Fatigue
- Restriction of normal activity
- Diarrhoea

Upashaya

- Rest
 - Warm application over the lower abdomen
 - Gentle movement
 - Passage of menstrual flow
- Anupashaya
- Prolonged sitting
 - Sleep deprivation
 - Irregular food intake
 - Mental stress

Samprapti^[1]

Vata-prakopaka Nidana

↓
VataPrakopa↓
Predominant disturbance of Apana Vata↓
Impairment of normal downward movement of Artava

Functional disturbance in Artavavaha Srotas

↓
Difficulty in normal expulsion/movement of menstrual contents↓
Painful menstruation↓
KashtaArtava / Dysmenorrhoea**Diagnosis**

Based on the clinical features the condition was diagnosed as Kashta arthava^[2] and due to absence of any structural abnormalities it was correlated with primary dysmenorrheal.^[6]

Treatment Principle^[1]

- Prakupitha Vata Shamana
- Restoration of the gathi of Apana Vata
- Lifestyle and diet modification

Treatment Plan

Each treatment course was initiated after completion of the menstrual phases and administered for 7 consecutive days over three consecutive menstrual cycles.

First Visit – 1st Month

Therapy / Intervention	Medicine / Material Used	Area / Route	Dose / Quantity	Duration	Anupana	Other Details
Sthanika Abhyanga	Sahacharadi Taila	Lower abdomen, lower back and thighs	As required for local application	7 days	—	Followed by Sthanika Swedana
Sthanika Swedana – NaḍiSweda	Dashamula Kwatha	Lower abdomen, lower back and thighs	As required for fomentation	7 days	—	Administered after Abhyanga
Matra Basti	Dashamula Kwatha Churna Siddha Kṣhira Paka ^[8]	Rectal route	60 mL	7 days	—	Average retention period: 3–4 hours
Internal medication	Capsule Hinguvachadi Taila	Oral	1 capsule, twice daily (1-0-1)	7 days	—	Before food
Internal medication	Gandharvahastadi Kashaya ^[9]	Oral	20 mL, twice daily (1-0-1)	7 days	20 mL water	After food

Second Visit – 2nd Month

Therapy / Intervention	Medicine / Material Used	Area / Route	Dose / Quantity	Duration	Anupana	Other Details
Sthanika Abhyanga	Sahacharadi Taila	Lower abdomen, lower back and thighs	As required for local application	7 days	—	Followed by Sthanika Swedana
Sthanika Swedana – NaḍiSweda	Dashamula Kwatha	Lower abdomen, lower back and thighs	As required for fomentation	7 days	—	Administered after Abhyanga

Matra Basti	Sahacharadi Taila ^[10]	Rectal route	70 mL	7 days	—	Average retention period: approximately 4 hours
Internal medication	Capsule Hinguvachadi Taila	Oral	1 capsule, twice daily (1-0-1)	7 days	—	Before food
Internal medication	Gandharvahastadi Kashaya ^[9]	Oral	20 mL, twice daily (1-0-1)	7 days	20 mL water	After food

Third Visit – 3rd Month

Therapy / Intervention	Medicine / Material Used	Area / Route	Dose / Quantity	Duration	Anupana	Other Details
Sthanika Abhyanga	Sahacharadi Taila	Lower abdomen, lower back and thighs	As required for local application	7 days	—	Followed by Sthanika Swedana
Sthanika Swedana – NādiSweda	Dashamula Kwatha	Lower abdomen, lower back and thighs	As required for fomentation	7 days	—	Administered after Abhyanga
Matra Basti	Ksheerabala Taila	Rectal route	70 mL	7 days	—	Average retention period: approximately 4 hours
Internal medication	Capsule Hinguvachadi Taila	Oral	1 capsule, twice daily (1-0-1)	7 days	—	Before food
Internal medication	Gandharvahastadi Kashaya ^[9]	Oral	20 mL, twice daily (1-0-1)	7 days	20 mL water	After food

Assessment Criteria and Scoring System

Treatment response was assessed using four parameters: pain intensity, duration of significant menstrual pain, functional interference, and associated symptoms. Each parameter was scored using a predefined grading system.

Sl. No.	Assessment Parameter	Score	Interpretation / Scoring Criteria
1	Pain intensity – Numerical Rating Scale (NRS) ^[11,12]	0	No pain
		1–3	Mild pain
		4–6	Moderate pain
		7–10	Severe pain
2	Duration of significant menstrual pain	0	No significant pain
		1	Pain lasting <12 hours
		2	Pain lasting 12–24 hours
		3	Pain lasting >24 hours
3	Functional interference	0	No interference – routine activities, work/studies, and sleep are unaffected by menstrual pain
		1	Mild interference – routine activities performed with minimal discomfort; slight reduction in efficiency
		2	Moderate interference – routine activities/work or studies are noticeably affected, but the individual is still able to perform them
		3	Severe interference – routine activities are markedly restricted or the individual is unable to perform usual activities because of menstrual pain
4	Associated symptoms	0	Absent
		1	Present
	Low backache	0 / 1	Absent / Present
	Nausea	0 / 1	Absent / Present

	Headache	0 / 1	Absent / Present
	Fatigue	0 / 1	Absent / Present
	Bowel disturbance	0 / 1	Absent / Present

Maximum total assessment score = 21

Total score = Pain intensity (0–10) + Duration (0–3) + Functional interference (0–3) + Associated symptoms (0–5).

Follow-up Assessment and Outcome Scores

Parameter	Before Treatment	1st Month	2nd Month	3rd Month
Pain intensity (NRS)	8/10	5/10	3/10	1/10
Duration of significant menstrual pain	3/3	2/3	1/3	1/3
Functional interference	3/3	2/3	1/3	0/3
Low backache	1	1	0	0
Nausea	1	0	0	0
Headache	0	0	0	0
Fatigue	1	1	0	0
Bowel disturbance	1	0	0	0
Associated-symptom score	4/5	2/5	0/5	0/5
TOTAL SCORE	18/21	11/21	5/21	2/21

Overall Outcome

The patient demonstrated a progressive reduction in dysmenorrhoeal symptoms over the three-month follow-up period. The total assessment score decreased from 18/21 before treatment to 11/21 in the first month, 5/21 in the second month, and 2/21 in the third month. This reduction was accompanied by decreased pain intensity and duration, improvement in functional ability, and gradual resolution of associated symptoms. By the third month, only minimal residual menstrual pain was reported, with no significant functional interference or associated symptoms. No adverse events occurred during the treatment period.

Result

After completion of the treatment, the patient showed marked reduction in intensity and duration of pain. Improvement in daily functioning and an overall reduction in symptomatic burden were observed, without any adverse effects.

DISCUSSION

Kashta Artava, clinically correlated with primary dysmenorrhoea in the present case, can be understood predominantly through the disturbance of Vata Dosha, particularly Apana Vata.^[2] Although Kashta Artava is not described as an independent disease entity in the major Samhitas, painful and difficult menstruation is described in the context of Vata-predominant Yonivyapad, particularly Udavartini Yonivyapad.^[1] In the classical description of Udavartini, vitiated Vata produces pain and difficult expulsion of Artava, with relief following its passage.^[1] This provides an Ayurvedic basis for understanding painful and difficult menstruation in the present case.

Apana Vata is responsible for functions occurring in the pelvic region, including the downward movement and expulsion of Artava.^[2] Disturbance in its normal direction may interfere with the physiological process of

menstruation and manifest as painful or difficult Artava Pravritti. In the present case, lower abdominal pain, low backache and leg pain occurring predominantly during menstruation were considered in relation to Vata predominance and impaired Apana Vata function. Hence, the treatment was planned with emphasis on Vata Shamana and Apana Vata Anulomana.^[1] Contemporary literature also recognizes lower abdominal pain, backache, nausea, fatigue and bowel symptoms as common manifestations of primary dysmenorrhoea;^[7] however, these findings are used here only as supportive clinical correlation, while the therapeutic rationale is primarily Ayurvedic.

Sthanika Abhyanga and Nadi Swedana were employed initially as local Vata-shamana measures. Abhyanga provides Snigdha and Vata-pacifying qualities, while Swedana is traditionally used to alleviate stiffness, obstruction and pain associated with Vata. Their sequential application may facilitate local relaxation and reduction of Vata-related discomfort and prepare the patient for subsequent Basthi therapy. Thus, the initial Snehana and Swedana were directed towards reducing the local Vata component before administration of Matra Basthi.

Matra Basthi constituted an important component of the treatment protocol. Basthi is considered a principal therapeutic modality for Vata disorders, and Matra Basthi provides Sneha in a relatively small dose. Its relevance in this case may be understood particularly through the predominance of Apana Vata in the pelvic region. The Sneha administered through Basthi was intended to promote Vata Shamana and Apana Anulomana, thereby supporting the normal downward movement of Artava. Published Ayurvedic studies and reviews have also evaluated different Sneha Basthi formulations, including Dashamoola, Hingwadi and Sahacharadi Taila, in the management of Udavartini Yonivyapad.^[13]

Dashamoola Siddha Ksheera was used for the initial course of Matra Basthi which is one of the treatment mentioned for Udawarthini Yonivyapath.^[1] Dashamoola is traditionally regarded as a Vata-pacifying group and is widely used in Vata-associated pain and inflammatory conditions.^[14] The use of Ksheera as the vehicle adds a Snigdha and nourishing component, complementing the Vata-shamana approach.^[2] In the present case, Dashamoola Siddha Ksheera Matra Basthi was therefore intended to address Vata-associated pain and support the physiological function of the pelvic region.

Subsequent MatraBasthi was administered with Sahacharadi Taila and Ksheerabala Taila. Both are Sneha-based formulations traditionally employed in Vata-predominant conditions. Their use provided continued oleation and Vata-shamana therapy during the subsequent treatment courses. Sahacharadi Taila has also been specifically studied as MatraBasti in Udavartini Yonivyapad, providing clinical literature relevant to its use in the present therapeutic context.^[10]

The internal medication prescribed were Cap.Hinguvachadi Taila and Gandharvahastadi kashaya Hinguvachadi-based formulations are traditionally characterised by Deepana, Pachana and Vata-oriented actions. The presence of Hingu and other aromatic, digestive and Vata-regulating ingredients provides a rationale for its use where Vata aggravation is associated with abdominal discomfort and impaired gastrointestinal function. Direct evidence for the specific capsule formulation used in the present case remains limited.

Gandharvahastadi Kashaya was selected primarily for its Vata-anulomana and digestive-supportive properties. Classical and formulary-based sources describe its use in Vataroga, Agnimandya and Malabandha, while an Ayurvedic standard-treatment document specifically identifies Gandharvahastadi Kashaya when Apana Vata Anulomana is required.^[9] Its Eranda-based composition, together with other Deepana-Pachana and Vata-regulating drugs, provides a rationale for supporting downward movement and relieving Vata-associated abdominal and bowel disturbances.^[15] In the present case, its use was considered in relation to the Vata-predominant clinical presentation and occasional bowel disturbance reported during menstruation.

The combined use of local Snehana and Swedana, Matra Basthi and internal Vata-oriented medicines can therefore be understood as a multimodal approach directed towards Vata Shamana, Apana Vata Anulomana, Shoola Prashamana and maintenance of normal Artava Pravritti.^[1] The different interventions were complementary rather than directed at a single isolated mechanism. Therefore, the clinical response observed in the present case cannot be attributed to any one formulation or procedure independently.

The progressive reduction in the assessment score from 18/21 before treatment to 11/21, 5/21 and 2/21 at the first, second and third month assessments respectively indicates improvement in pain intensity, duration of significant pain, functional interference and associated symptoms. The NRS pain score decreased from 8/10 to 1/10, accompanied by reduction in the duration of significant menstrual pain and resolution of most associated symptoms. The gradual improvement across successive menstrual cycles provides a quantitative representation of the clinical response.

From a contemporary perspective, primary dysmenorrhoea is commonly associated with increased uterine contractility and prostaglandin-mediated pain, which may explain symptoms such as lower abdominal pain, backache, nausea, fatigue and bowel disturbance.^[3] In the present case, this modern understanding provides clinical context for the observed symptom complex, whereas the selection of treatment was based predominantly on the Ayurvedic interpretation of Vata and Apana Vata dysfunction.

As this is a single case involving multiple therapeutic components, without a comparator group, the observed improvement cannot establish causal efficacy of any individual intervention. The numerical improvement should therefore be considered as a clinical observation supporting further systematic evaluation rather than definitive evidence of treatment efficacy.

CONCLUSION

Kashta Artava and primary dysmenorrhoea represent an important clinical problem because recurrent menstrual pain can affect physical comfort, academic or occupational functioning and quality of life. In this case, the clinical pattern was compatible with primary dysmenorrhoea after consideration of secondary causes.^[5,6] Ayurvedic assessment identified predominant Vata involvement, particularly disturbance of Apana Vata, and provided a framework for therapeutic planning keeping in mind the treatment principles of Udawarthini yoni vyapath.^[1] The Ayurvedic treatment protocol comprising snehana swedana matra basthi and internal medications was associated with progressive improvement in the clinical manifestation of Kashta Arthav. Pain intensity, symptom duration and functional interference were selected as measurable outcomes and significant clinical improvement was observed. The findings suggest that a properly designed individualized approach in addressing vata predominance and functional impairment may provide meaningful clinical benefit in Kashta Arthava. Nevertheless, further controlled clinical studies with larger sample sizes are necessary to substantiate these observations.

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