

FROM PAIN TO POSSIBILITY: A CASE STUDY ON THE EFFICACY OF MURCHITA TILA TAILA MATRA BASTI IN KASHTARTAVA WITH NATURAL CONCEPTION OUTCOME

Dr. Veena G. Jawale, Dr. Pournima S. Hiremath, Dr. Ashvini Zore*

PG Scholar, At Post Kingaonraja Tal Sindkhedraj Dist. Buldhana Raheri Road Shree Trailor

Opposite to Shyam Sundar Hotel, Kingaonraja, Maharashtra, India.

Article Received on 05 Jan. 2026,

Article Revised on 25 Jan. 2026,

Article Published on 01 Feb. 2026,

<https://doi.org/10.5281/zenodo.18481665>

ABSTRACT

This case study explores the efficacy of Murchita Tila Taila Matra Basti in managing Kashtartava (primary dysmenorrhea), with modern correlation to primary dysmenorrhea and dyspareunia. The condition, affecting 45–93% of menstruating women globally, is linked to Apana Vata dysfunction. A 28-year-old woman presenting with Kashtartava and dyspareunia was treated with three consecutive cycles of Murchita Tila Taila Matra Basti. Notable improvements in pain, mood, and overall reproductive health were observed. Remarkably, the patient conceived naturally following the therapy.

KEYWORDS: Kashtartava, Murchita Tila Taila, Matra Basti, Primary Dysmenorrhea, Dyspareunia, Apana Vata, Ayurvedic Panchakarma, Natural Conception.

INTRODUCTION

Kashtartava (painful menstruation) is one of the most common gynecological complaints encountered in reproductive-age women and is described in Ayurvedic literature as a

manifestation of Apana Vata vitiation affecting the Artavavaha Srotas. Classical texts emphasize that unobstructed and well-directed Apana Vata is essential for normal menstruation, ovulation, and conception. Any disturbance in its gati results in shoola (pain), kampa (spasm), and pravritti bheda of Artava.

From a modern perspective, Kashtartava closely correlates with primary dysmenorrhea, a condition characterized by excessive production of uterine prostaglandins (PGF2 α and PGE2), leading to hypercontractility of the myometrium, uterine ischemia, and pelvic pain. Epidemiological studies report a prevalence ranging from 45% to 93% worldwide, making it a significant public health concern affecting academic performance, work productivity, and psychosocial well-being. Persistent dysmenorrhea is also increasingly recognized as a contributing factor to sexual dysfunction such as dyspareunia and may indirectly influence fertility by causing pelvic floor spasm and stress-related hormonal imbalance.

Ayurveda offers a root-cause-based approach by addressing the fundamental Dosha imbalance rather than merely suppressing symptoms. Among Panchakarma therapies, Basti is regarded as the prime treatment for Vata disorders due to its direct action on Pakwashaya, the main seat of Vata. Matra Basti, a gentle and nourishing form of Anuvasana Basti, is particularly suitable for women of reproductive age as it can be safely administered without prior extensive purification.

Murchita Tila Taila, a samskarita form of sesame oil processed with Vata-Pitta pacifying herbs, enhances the therapeutic efficacy of Basti by improving oil stability, bioavailability, and tissue affinity. Its snigdha, sukshma, and vyavayi properties facilitate deeper penetration into subtle channels, promoting Artava pravritti, relieving shoola, and strengthening Garbhashaya. When administered with Yukti Pramana—considering kala, bala, dosha, and vyadhi avastha—even a single formulation can provide multidimensional benefits. Thus, this case study aims to highlight that rational application of Murchita Tila Taila Matra Basti can effectively manage dysmenorrhea, dyspareunia, and support natural conception without polypharmacy.

Objective

To evaluate the effectiveness of Murchita Tila Taila Matra Basti in relieving symptoms of Kashtartava, improving reproductive health, and facilitating natural conception.

Clinical Findings

Patient Age: 28 years

Marital Status: Married, nulliparous

Presenting Complaints: Severe dysmenorrhea, dyspareunia, mood swings, fatigue

Duration of Symptoms: Over 3 years

Menstrual History: Regular cycle, painful menstruation.

Radiological Report

Transvaginal sonography (TVS): Normal uterine and ovarian morphology

No evidence of endometriosis, fibroids, or PCOS.

Modern Correlation

Kashtartava aligns with primary dysmenorrhea and dyspareunia in modern medicine. The pain results from excessive prostaglandin production, causing uterine contractions and reduced uterine blood flow.

MATERIALS AND METHODS

Study Design: Single case observational study

Inclusion Criteria: Female, age 20–35, regular menstruation, diagnosed with primary dysmenorrhea and dyspareunia

Exclusion Criteria: Secondary dysmenorrhea, structural abnormalities, PCOS, PID

Treatment Pattern & Plan:

Duration: 3 consecutive menstrual cycles

Panchakarma Chikitsa: Matra Basti with Murchita Tila Taila

Dose: 60 ml once daily, per rectum

Time of Administration: Morning, empty stomach (post-menstrual phase for 7 days each cycle)

Standard Operating Procedure (SOP) for Matra Basti (As per Ayurvedic Classics):

The SOP of Matra Basti is followed according to classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, ensuring safety, efficacy, and standardization of the procedure.

1. Purva Karma (Pre-procedural Measures)

Proper assessment of Rogi Bala, Vyadhi Bala, Dosha predominance, and Kala.

Patient advised light, warm, and easily digestible diet on the previous night.

Natural evacuation of bowel ensured; mild Abhyanga and Swedana over abdomen and lower back may be done to facilitate Vata anulomana.

Matra Basti is ideally administered in the post-menstrual phase (Ritukala) in gynecological disorders.

2. Pradhana Karma (Main Procedure)

Drug: Murchita Tila Taila

Dose: 60 ml (as Matra Basti dose mentioned for Sneha Basti in classics)

Temperature: Sukhoshna (lukewarm)

Position: Left lateral position with right knee flexed (Sim's position)

Method: The lubricated nozzle is gently introduced into the rectum, and the oil is administered slowly without force, ensuring patient comfort.

Time of administration: Morning hours, empty stomach or after light food, as per patient strength.

3. Paschat Karma (Post-procedural Measures)

Patient advised to rest in supine position for 15–30 minutes.

Observation for Samyaka Lakshana of Matra Basti such as lightness of body, smooth evacuation, relief in pain, and sense of comfort.

Warm water bath after some time if required.

Dietary advice: Ushna, laghu, and Vata-shamaka ahara; avoidance of cold, dry, and heavy food items.

Lifestyle advice: Avoid strenuous activity, stress, exposure to cold, and suppression of natural urges.

Classical References

Charaka Samhita, Siddhi Sthana 1 & 4 – Basti Vidhi Adhyaya

Sushruta Samhita, Chikitsa Sthana 35 – Basti Chikitsa

Ashtanga Hridaya, Sutrasthana 19 – Basti Vidhi

Murchita Tila Taila Shloka (भावप्रकाश निघण्टु, तैलवर्ग):

"यष्टिमधुहरिद्रार्ककुष्ठमञ्जिष्ठपद्मकान्।

लोदरं च सवेतस्यमूर्च्छनार्थे प्रकल्पयेत्॥"

Characteristics of Ingredients in Murchita Tila Taila

Herb Properties & Actions

यष्टिमधु (Yashtimadhu) Madhura, Sheetala – Anti-inflammatory, soothing
हरिद्रा (Haridra) Katu, Tikta – Anti-inflammatory, antiseptic
अर्क (Arka) Ushna, Tikshna – Vatahara, Deepana

कुष्ट (Kushta) Tikta, Ruksha – Antipruritic, Vata-Kapha shamana
मञ्जिष्ठा (Manjishtha) Rakta shodhaka, anti-inflammatory
पद्मक (Padmaka) Sheeta, Pittahara, varnya
लोध्र (Lodhra) Raktasthambhak, wound healer
वेतस (Vetasa) Pittahara, anti-inflammatory

Assessment Criteria

Parameter Before Treatment After 3 Cycles

Menstrual Pain (VAS Scale) 8/10 2/10

Dyspareunia Severe (Grade 3) Mild (Grade 1)

Mood Disturbance Present Resolved

Sleep Disturbance Present Absent

Conception Not achieved Naturally conceived

Samprapti of Kashtartava (Pathogenesis)

Nidana: Ahita ahar-vihar, rajaswala paricharya avamana

Dosha: Vata (Apana predominant)

Dushya: Artava, Rasa

Srotas: Artavavaha

Udbhavasthana: Pakwashaya

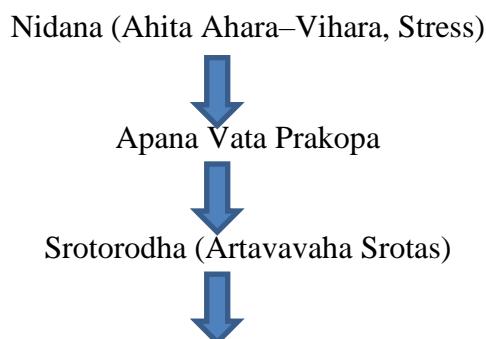
Vyaktisthana: Uterus

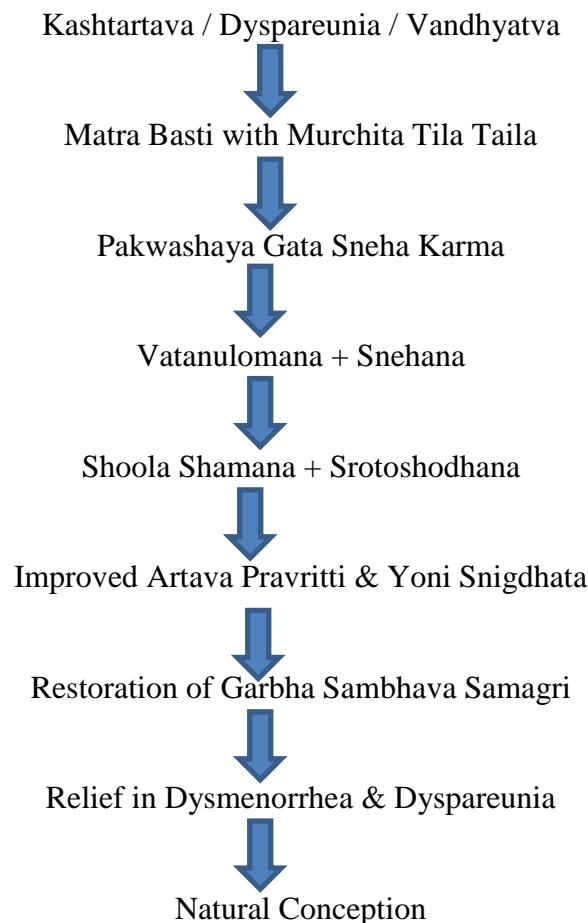
Samprapti Bhang: Achieved via Basti which normalizes Apana Vata

Mode of Action of Basti in Dysmenorrhea, Dyspareunia, and Infertility

Basti is regarded as Ardha Chikitsa in Ayurveda due to its systemic action on Vata Dosha, particularly Apana Vata, which governs menstruation, coitus, ovulation, and conception. Dysmenorrhea, dyspareunia, and functional infertility share a common pathological basis—Apana Vata dushti with srotorodha—making Basti the most rational therapeutic intervention.

Flow Chart: Mechanism of Action of Matra Basti





Condition-wise Action

- Dysmenorrhea → Reduced uterine spasm, improved pelvic circulation
- Dyspareunia → Improved lubrication, reduced pelvic floor spasm
- Infertility → Enhanced uterine receptivity, hormonal balance

DISCUSSION

The use of Matra Basti with Murchita Tila Taila directly addresses the vitiation of Apana Vata, restoring balance in the pelvic region. The unctuous, Vata-pacifying properties of Murchita Taila relieve pain and enhance tissue nourishment. Improvement in dyspareunia may be attributed to better lubrication and elasticity of reproductive tissues. This intervention also supports Garbha Sambhava Samagri by optimizing yoni shuddhi and ritu kala. The natural conception outcome post-treatment underscores the holistic efficacy of Panchakarma in reproductive disorders.

Outcome

Marked reduction in menstrual pain and dyspareunia

Regularization of menstruation

Patient conceived naturally after third cycle.

CONCLUSION

Murchita Tila Taila Matra Basti demonstrates significant therapeutic benefits in managing Kashtartava and dyspareunia. The therapy improved Apana Vata functioning and reproductive health, culminating in a natural conception. This highlights the potential of classical Ayurvedic interventions for modern gynecological conditions.

REFERENCES

1. Charaka Samhita, Siddhi Sthana 1/39. Edited with Charaka Chandrika Hindi commentary by Dr. Brahmanand Tripathi. Chaukhambha Surbharati Prakashan, Varanasi, 2016.
2. Bhavaprakasha Nighantu, Taila Varga. Commentary by Chunekar KC, Chaukhambha Bharati Academy, Varanasi, 2010.
3. Ashtanga Hridaya of Vaghbata, Sutrasthana, edited by Kaviraj Atridev Gupta, Chaukhambha Sanskrit Sansthan, Varanasi, 2011.
4. Ayurvedic Pharmacopoeia of India, Part I, Vol I. Ministry of AYUSH, Government of India.
5. D.C. Dutta's Textbook of Gynecology. 8th Edition. Edited by Hiralal Konar. Jaypee Brothers Medical Publishers, New Delhi, 2016.
6. Tripathi KD. Essentials of Medical Pharmacology. 8th Edition. Jaypee Brothers Medical Publishers, New Delhi, 2018.
7. Harel Z. Dysmenorrhea in adolescents and young adults: from pathophysiology to pharmacological treatments and management strategies. Journal of Pediatric and Adolescent Gynecology. 2006; 19(6): 363-371.
8. Ju H, Jones M, Mishra G. The prevalence and risk factors of dysmenorrhea. Epidemiologic Reviews. 2014; 36(1): 104–113.
9. Proctor ML, Farquhar CM. Diagnosis and management of dysmenorrhoea. BMJ. 2006; 332(7550): 1134–1138.
10. WHO. Adolescent Health Fact Sheet. World Health Organization, 2020.