

## KASHTARTAVA: AN AYURVEDIC APPROACH TO UNDERSTANDING AND MANAGING DYSMENORRHEA

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### ABSTRACT

Dysmenorrhea, characterized by painful menstrual cramps, can be severe enough to disrupt daily activities and significantly reduce the quality of life. It is a prevalent health issue among adolescents and is a common gynecological condition affecting women due to factors such as abnormal female reproductive system, psychosomatic influences, the release of prostaglandins, and pelvic congestion. In Ayurveda, dysmenorrhea can be associated with Kashtartava or conditions like Udavartini Yonivyapada. It is a Tridoshaj disorder, primarily driven by Vata dosha, with the involvement of deranged Anulom gati of Apan and Vyana vata along with the vitiation of Rasa dhatu. Modern lifestyles, marked by stress, improper diet, irregular routines, overexertion, and malnutrition, can disturb the natural menstrual cycle (Rutuchakra), leading to various menstrual disorders. Ayurveda emphasizes the importance of following Rutucharya and Dinacharya, along with dietary adjustments, yoga, pranayama, and meditation, to effectively manage dysmenorrhea. Additionally, treatments like Uttarbasti, Garbhashaya-balya aushadhi, and therapies such as Anuvasan or Matra Basti may be employed when necessary.

**KEYWORDS:** Ayurveda, Kashtartava, Menstruation, Dysmenorrhea, Udavartini.

### Nirukti (Etymology)

The term *Dysmenorrhea* originates from Greek, where *Dys* means difficult, painful, or abnormal, *Men* refers to month, and *Orrhoea* indicates flow or discharge.

### INTRODUCTION

In Ayurveda, *Kashtartava* (Painful menstruation) is considered a symptom that appears in many gynecological disorders, corresponding to the condition known as dysmenorrhea in modern medicine.<sup>[1]</sup> Ayurvedic texts describe this condition using terms such as *Kashtartava*, *Adhoudarashoola*, *Vatala Yoni*, and *Udavartini Yonivyapad*, all of which are specific ailments under *Striroga* (Gynecology). According to Ayurvedic principles, an imbalance of *Vata dosha* and *Anulom gati* of *vata dosha* (The bodily humor associated with movement and nerve impulses) is the primary cause of the disease, leading to painful menstruation.<sup>[2]</sup>

The imbalance of *Vata dosha* manifests through physical and emotional symptoms, significantly affecting the quality of life. In contemporary settings, many women self-medicate with over-the-counter (OTC) drugs to alleviate their discomfort, often without seeking professional advice. This can result in improper management of *Kashtartava*, leading to long-term health complications. Studies suggest that mental preparation, along with lifestyle changes such as regular exercise, can significantly reduce the severity of dysmenorrhea.<sup>[3]</sup>

In the modern view, the exact cause of uterine pain in primary dysmenorrhea remains uncertain, though several risk factors have been identified, including young age, early menarche, nulliparity, stress, depression, and smoking.<sup>[4]</sup>

### Risk factors

- Age < 20 years
- Attempts to loose weight
- Depression / Anxiety
- Disruption of social network
- Heavy menstrual flow
- Nulliparity
- Smoking
- Lose weight

**Modern view of dysmenorrhea<sup>[5]</sup>**

Dysmenorrhea refers to painful menstruation, and it is classified into two main types:

- 1. Primary dysmenorrhea:** This type occurs without any identifiable pathology affecting the reproductive organs. The pain is typically associated with ovulatory cycles and is caused by myometrium (uterine muscle) contractions induced by elevated levels of prostaglandins in the secretory endometrium, which results in uterine ischemia (reduced blood flow) and pain. Hormonal imbalances, specifically an excess of prostaglandins due to a drop in progesterone levels, are thought to be the underlying cause.
- 2. Secondary dysmenorrhea:** This type is related to an underlying pathology that affects the reproductive system, such as endometriosis, fibroids, or pelvic inflammatory disease. It often occurs later in life and is typically associated with demonstrable lesions or abnormalities in the reproductive organs. It should be suspected in older women who have not experienced dysmenorrhea previously.

**Ayurvedic view of *kashtartava*<sup>[6]</sup>**

According to *Acharya Charaka*, no gynecological disorder arises without the involvement of aggravated *Vata dosha*. While other *Doshas* (Pitta and Kapha) may play a role, *Vata dosha* remains the primary cause of pain associated with menstruation. In *Kashtartava*, the disturbance in *Apana Vayu* (A subtype of *Vata* responsible for downward movements, including menstruation) leads to painful menstruation. The vitiation of *Vata*, either alone or in combination with other doshas, leads to the production of pain. Proper management of *Vata dosha* through lifestyle modifications, diet, and specific Ayurvedic treatments can alleviate the symptoms of *Kashtartava* effectively.

In conclusion, both Ayurveda and modern science emphasize lifestyle modifications and specific treatments to manage dysmenorrhea, though their approaches differ based on underlying concepts of health and disease.<sup>[7]</sup>

**Differential diagnosis of dysmenorrhea<sup>[8]</sup>****Primary dysmenorrhea**

Primary dysmenorrhea is characterized by cramping pain in the suprapubic region occurring just before or during menstruation. This pain typically lasts for two to three days and may radiate to the lower back and thighs. Associated symptoms often include nausea, fatigue, bloating, and general discomfort, although pelvic examination findings are normal.

**Endometriosis**

Endometriosis involves cyclic pelvic pain that can also occur outside of menstruation. Other associated symptoms include deep dyspareunia (Pain during intercourse), dysuria (Painful urination), and subfertility. Physical examination may reveal a fixed or retroverted uterus with reduced mobility, adnexal masses, or uterosacral nodularity, indicating the presence of endometrial tissue outside the uterus.

**Adenomyosis**

Adenomyosis often presents with menorrhagia (Heavy menstrual bleeding) and intermenstrual spotting. The physical examination usually reveals an enlarged, tender, and boggy uterus, which is characteristic of this condition where the inner lining of the uterus breaks through the muscular wall.

**Leiomyomata (Uterine fibroids)**

Cyclic pelvic pain, along with menorrhagia, is often associated with uterine fibroids. Dyspareunia may also be present, especially in cases of anterior and fundal fibroids. These benign tumors can distort the normal uterine structure, causing discomfort and abnormal bleeding.

**Pelvic Inflammatory Disease (PID)**

PID is typically seen in sexually active women and is characterized by lower abdominal pain, cervical motion tenderness, and uterine or adnexal tenderness. Accompanying symptoms may include fever (oral temperature  $>101^{\circ}\text{F}$ ) and abnormal muco-purulent vaginal discharge, indicating infection.

**Ectopic pregnancy**

Ectopic pregnancy is a medical emergency that involves the implantation of the embryo outside the uterus, typically in the fallopian tubes. Symptoms include amenorrhea (missed periods), abnormal uterine bleeding, severe, sharp lower abdominal pain, and/or cramping on one side of the pelvis. Complications such as hypotension or shock may occur if left untreated.

**Management****Prevention**

Educating young women about menstruation, sexual health, and personal care can reduce the severity and incapacitation caused by dysmenorrhea. Teaching about healthy lifestyle choices can also promote better long-term health outcomes.

**General recommendations**

Address environmental factors, malnutrition, and general ill-health.

Adequate sleep for 7-8 Hours

Encourage physical activities such as open-air exercises, games, and gymnastics.

Treat constipation with simple laxatives.

Anemia should be managed with appropriate iron supplements.

Provide reassurance and empirical relief of pain. Sensible parenting and guidance can help reduce a girl's anxiety about her menstrual cycle.

**Nutritional support<sup>[9]</sup>**

A nutritional supplement program is recommended for at least three months to achieve optimal results. Key supplements include:

Vitamin E (300 IU/day)

Zinc citrate (15 mg/day)

Vitamin C with bioflavonoids (1000 mg twice daily)

B-Complex vitamins (100 mg/day)

Magnesium (300 mg/day)

**Ayurvedic perspective on dysmenorrhea (Kashtartava)<sup>[10]</sup>**

According to Ayurveda, all gynecological disorders, including Kashtartava (painful menstruation), are primarily caused by the vitiation of Vata dosha. As such, the first step in treatment is to pacify Vata before addressing the involvement of other doshas.

**Panchakarma (Five purifying therapies)<sup>[11]</sup>**

In severe cases, after the patient undergoes oleation and sudation, the five purifying measures of Panchakarma like Vamana, Virechana, Basti, Nasya (Emesis, Purgation and Enemas) can be employed to eliminate vitiated doshas. These therapies help cleanse the system and are known to provide relief from gynecological disorders as they do for diseases in other systems of the body.

### Specific Treatments for Vata-Induced Disorders<sup>[12]</sup>

In cases where Vata dosha is dominant, specific treatments for suppressing Vata are indicated. Therapies such as Yoni Rogas and Uttarbasti are recommended, and other medicines should be prescribed based on the dominant dosha. For relief from Vata-related menstrual disorders, unctuous, hot, sour, and salty foods are recommended. For Pitta-related conditions, sweet, cold, and astringent substances are beneficial, while for Kapha disorders, hot, dry, and astringent items should be consumed.

### Treatment for avrita apana vayu<sup>[13]</sup>

In cases of obstructed Apana Vayu, treatments aimed at enhancing digestion (Agnideepaka), promoting absorption (Grahi), and facilitating the downward movement of Vata (Vata Anulomana) are recommended, along with therapies for purifying the lower gastrointestinal tract (Pakvashaya Shuddhikara).

### Role of yoga in dysmenorrhea management<sup>[14]</sup>

Yoga is a natural, drug-free method that can help reduce and prevent the severity of conditions affecting women's health. It increases pain threshold capacity, promotes flexibility, and enhances mental stability. The following yoga poses (asanas) are known to provide relief from dysmenorrhea:

Ushtrasana (Camel Pose)

Bhadrasana (Gracious Pose)

Gomukhasana (Cow Face Pose)

Vajrasana (Thunderbolt Pose)

These asanas promote relaxation, alleviate cramps, and improve blood circulation, contributing to overall relief from menstrual pain.<sup>[15]</sup>

## CONCLUSION

Dysmenorrhea, or painful menstruation, is a prevalent condition affecting many women. From an Ayurvedic perspective, it is primarily seen as a manifestation of *Vata* imbalance, with potential involvement of *Pitta* and *Kapha* doshas. Ayurveda offers a holistic approach to managing dysmenorrhea through the balancing of doshas via diet, lifestyle modifications, herbal supplements, and therapeutic interventions.

Ayurvedic management emphasizes the importance of aligning daily routines with natural rhythms, incorporating *Rutucharya* (Seasonal regimen) and *Dinacharya* (Daily regimen) to

restore balance. Specific remedies include Panchakarma therapies like *Uttarbasti* and *Basti* (Enemas) to cleanse and support the reproductive system, as well as herbal treatments to calm aggravated *Vata*. Additionally, the use of *Agnideepaka* (Digestive stimulants) and *Vata Anulomana* (Restorative therapies) can relieve symptoms and promote proper uterine function.

Yoga and meditation also play a crucial role in alleviating dysmenorrhea by increasing pain tolerance, improving circulation, and reducing stress, which is known to ameliorate menstrual pain (Reduces the pain). Incorporating specific asanas such as *Ushtrasana* and *Bhadrasana* enhances physical and mental well-being, further supporting balanced menstrual cycles.

In conclusion, Ayurveda provides an effective, natural approach to managing dysmenorrhea by addressing its root cause, promoting long-term relief, and improving overall quality of life. With its comprehensive focus on balanced living, Ayurveda offers a sustainable path to menstrual health and wellness.

## REFERENCES

1. Usha VNK. A Text Book of Gynaecology Stree Roga-vijnan. Chapter, 4: 1-118.
2. Tiwari P. Ayurvediya Prasutitantra Evam Stiroga, Artavavyapada. Varanasi: Chaukhambha Orientalia, 2000; 139: 2-2.
3. Acharya JT. Charaka Samhita with Ayurveda Deepika commentary, Chikitsasthana Reprint ed. Varanasi: Chaukhambha Surabharati Prakashan, 2000; 356: 30-115.
4. Rao KA. Textbook of Gynaecology. India: Elsevier, 2008; 38.
5. Kapoorchand H. A Comprehensive Treatise on Stiroga (Gynaecology), 1, 5: 250.
6. Sharma RK, Dash B. Charaka Samhita. Varanasi: Chowkhamba Sanskrit Series Office, 2001; 5: 158.
7. Kapoorchand H. A Comprehensive Treatise on Stiroga (Gynaecology), 1, 5: 250.
8. Usha VNK. A Text Book of Gynaecology Stree Roga-vijnan. Chapter, 4, 1: 125.
9. Usha VNK. A Text Book of Gynaecology Stree Roga-vijnan. Chapter, 4, 1: 126-127.
10. Srikantamurthy KB. Bhavaprakasa. Varanasi: Krishnadas Academy, 1998; 2: 782.
11. Sharma RK, Dash B. Charaka Samhita. Varanasi: Chowkhamba Sanskrit Series Office, 2003; 5: 135.
12. Srikantamurthy KB. Ashtanga Hrdayam. Varanasi: Krishnadas Academy, 2001; 1: 361.
13. Srikantamurthy KB. Ashtanga Hrdayam. Varanasi: Krishnadas Academy, 2001; 1: 361.

14. Sharma RK, Dash B. Charaka Samhita. Varanasi: Chowkhamba Sanskrit Series Office, 2004; 5: 84.
15. Salunkhe PL, et al. An Ayurvedic and Modern View of Dysmenorrhoea (Kashtartava), 2016; 25.