WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 15, 2090-2103. Review Article ISSN 2277–7105

A COMPREHENSIVE AYURVEDA REVIEW: MANAGEMENT OF *KASHTARTAVA* W.S.R. TO PRIMARY DYSMENORRHEA

***Dr. Garima Chauhan**

P.G. Scholar, Dept. of Prasuti Tantra Evum Stree Roga, Sanskriti Ayurvedic Medical College & Hospital, Mathura, U.P.

Article Received on 05 July 2026,
Article Revised on 25 July 2026,
Article Published on 01 August 2026,

https://doi.org/10.5281/zenodo.21773284

***Corresponding Author**
Dr. Garima Chauhan
P.G. Scholar, Dept. of Prasuti Tantra Evum Stree Roga, Sanskriti Ayurvedic Medical College & Hospital, Mathura, U.P.
garimachauhan018@gmail.com

How to cite this Article: Dr. Garima Chauhan[1]. (2026). A Comprehensive Review: The Management Of Artava Kashaya With Special Reference To Hypomenorrhea. World Journal of Pharmaceutical Research, 15(15), 2090–2103.

ABSTRACT

Background: *Kashtartava*, correlated with primary dysmenorrhea in contemporary medicine, is one of the most prevalent gynecological complaints affecting reproductive-aged women globally. Characterized by painful menstruation sufficient to impair daily activities, it significantly impacts quality of life, academic performance, and work productivity. While modern management primarily employs NSAIDs and hormonal contraceptives, these interventions often provide symptomatic relief with associated adverse effects and do not address the underlying pathogenesis. **Objective:** This comprehensive review aims to elucidate the Ayurvedic understanding of *Kashtartava*, explore its etiopathogenesis through classical textual references, and systematically present the therapeutic approaches including *Shamana* (palliative), *Shodhana* (bio-cleansing), and lifestyle interventions. **Material and Methods:** A systematic review of classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* was undertaken alongside contemporary literature searches using keywords "*Kashtartava*," "dysmenorrhea," "*Udavartini* Yonivyapad," and "Ayurvedic management." Clinical studies, trial registries, and review articles were analyzed to synthesize evidence-based therapeutic protocols. Discussion: *Kashtartava* manifests primarily due to vitiation of *Apana Vayu*, leading to obstruction (*Margavarodha*) or reverse flow (*Pratiloma Gati*) of menstrual blood. The condition finds its classical description predominantly under *Udavartini Yonivyapad*. Therapeutic strategies focus on Vata pacification through *Vatanulomana* (facilitating downward flow), *Snehana* (oleation), and

Swedana (fomentation). Interventions range from oral formulations like *Pippalayadi Phanta*, *Rajapravartini Vati*, and *Kuberaksha Vati* to *Panchakarma* procedures, particularly *Matra Basti* with *Vata-shamaka* oils. **Conclusion:** Ayurveda offers a comprehensive and holistic approach to managing *Kashtartava* by addressing the root pathology—vitiated *Vata Dosha*—rather than merely suppressing pain. Integrating *Shodhana* with *Shamana* therapies, alongside appropriate lifestyle modifications (*Rajaswala Charya*), provides sustainable relief and prevents recurrence. Future large-scale clinical trials are warranted to further validate these classical interventions.

KEYWORDS: *Kashtartava*, Primary Dysmenorrhea, *Udavartini Yonivyapad*, *Apana Vayu*, *Ayurveda*, *Panchakarma*.

INTRODUCTION

Menstruation is a natural physiological process unique to women, yet for a significant proportion, it becomes a monthly ordeal marked by debilitating pain. Dysmenorrhea, defined as painful menstruation of sufficient severity to incapacitate routine activities, affects an estimated 50% to 90% of women of reproductive age globally.[1,2] In India, studies indicate that approximately 70% of adolescent and young adult women suffer from this condition, with 10-20% experiencing severe distress.[3,4] Primary dysmenorrhea, the focus of this review, refers to menstrual pain without identifiable pelvic pathology, typically emerging within 1-2 years of menarche when ovulatory cycles are established.[5]

The condition not only imposes physical suffering characterized by suprapubic cramping, lumbosacral backache, and pain radiating to the thighs but is also accompanied by systemic symptoms including nausea, vomiting, diarrhea, headache, and fatigue.[6] Psychologically, it contributes to anxiety, depression, mood swings, and sleep disturbances, significantly affecting academic and workplace performance. Despite its prevalence, dysmenorrhea remains underdiagnosed and inadequately treated, with many women resorting to self-medication.[7]

In the contemporary medical paradigm, primary dysmenorrhea is attributed to increased endometrial prostaglandin production, leading to hypercontractility of uterine myometrium, vasoconstriction, and resultant ischemia and pain.[8] The standard management primarily relies on non-steroidal anti-inflammatory drugs (NSAIDs) and oral contraceptive pills (OCPs). However, NSAIDs are ineffective in approximately 18% of patients and carry risks

of gastrointestinal, renal, and cardiovascular adverse effects with prolonged use.[9] These limitations underscore the need for safe, effective, and holistic therapeutic alternatives.

Ayurveda, the ancient system of Indian medicine, offers a profound understanding of menstrual disorders. The classical texts describe *Kashtartava*—derived from *'Kashta'* (painful/difficult) and *'Artava'* (menstrual blood)—as a condition where menstrual flow is expelled with great difficulty and pain.[10] Acharya Charaka emphatically states that no gynecological disorder can arise without the involvement of vitiated *Vata Dosha,*[11] establishing Vata as the primary pathogenic factor in menstrual pain. The understanding of *Kashtartava* is woven into the descriptions of various *Yonivyapads* (gynecological disorders), particularly *Udavartini*, where *Apana Vayu* becomes obstructed and moves in a reverse direction (*Pratiloma Gati*), forcing menstrual blood upward and causing excruciating pain.[12,13]

This review aims to systematically consolidate the classical Ayurvedic conceptualization of *Kashtartava*, elucidate its etiopathogenesis, and present evidence-based therapeutic protocols—both *Shamana* (palliative) and *Shodhana* (purificatory)—grounded in textual wisdom and contemporary research, thereby providing a comprehensive framework for its holistic management.

AYURVEDIC CONCEPTUALIZATION OF *KASHTARTAVA*

Nirukti (Etymology) and Definition

The term *Kashtartava* is a compound of two words: "*Kashta*" meaning painful, difficult, or troublesome, and "*Artava*" referring to menstrual blood or the menstrual flow. Thus, *Kashtartava* literally translates to "painful or difficult menstruation." Acharya Charaka defines it as "*Kashthena Muchyati Iti Kashtartava*"—the condition in which menstrual blood is expelled or shed with great difficulty and pain.[10] This etymological understanding aligns precisely with the modern definition of dysmenorrhea, which similarly derives from Greek roots: "dys" (difficult/painful), "men" (month), and "rhein" (to flow).[14]

Classification within Ayurvedic Gynecology

Kashtartava is not described as an independent disease entity in classical texts but rather as a prominent symptom of several gynecological disorders categorized under *Yonivyapads* (vaginal/gynecological disorders) and *Artava Dushti* (menstrual disorders).[15]

A. *Yonivyapad* Classification

Among the twenty *Yonivyapads* described by Acharya Charaka, the following present with clinical features resembling primary dysmenorrhea.

***Udavartini Yonivyapad*:** This is the most direct correlate of primary dysmenorrhea. Characterized by aggravated *Apana Vayu*, the menstrual blood (*Raja*) is pushed in an upward direction (*Udavarta*) due to obstruction, leading to severe pain, frothy discharge, and the characteristic relief immediately following menstrual flow. The term *Udavartini* itself signifies 'one that moves upward' (*Ut* + *Avarta*).[12,13]

***Vatiki Yonivyapad*:** Predominantly a Vata disorder, menstrual discharge is frothy, thin, dry (*aruksha*), and associated with sound and severe pain. The pain radiates to the waist, groins, cardiac region, back, and hips. This correlates with dysmenorrhea where pain is the dominant feature with scanty flow.[16]

***Paittiki Yonivyapad*:** When Pitta is dominant, menstrual blood may appear bluish, yellow, or black, hot, and foul-smelling. Pain is frequently associated, accompanied by burning sensation, thirst, fever, and giddiness. This may correlate with dysmenorrhea associated with inflammatory or infective states.

***Sannipatiki Yonivyapad*:** Involving all three Doshas, the menstrual discharge is white and slimy, with associated pain.[16]

***Suchimukhi Yonivyapad*:** A congenital condition arising from maternal diet and lifestyle during pregnancy, leading to stenosis or constriction of the cervical opening. This obstructs normal menstrual outflow, causing pain—correlating with dysmenorrhea arising from anatomical anomalies like cervical stenosis or imperforate hymen.[17]

B. *Artava Dushti*

Under the eight types of *Artava Dushti* (menstrual vitiations), *Vataja Artava Dushti* presents with symptoms of dysmenorrhea. The menstrual blood is frothy, devoid of unctuousness, and expelled with pain. The discharge is scanty, appears with difficulty, and the woman experiences piercing or cutting type of pain (*Toda and Bheda*).[18]

Table 1: *Yonivyapad* Correlates of *Dysmenorrhea.*[16,17]

Yonivyapad	Dominant Dosha	Clinical Features	Correlation
Udavartini	*Vata (Apana)*	Severe pain, frothy blood, pain subsides after flow	Primary dysmenorrhea
Vatiki	*Vata*	Frothy, thin discharge, severe radiating pain	Dysmenorrhea with *Vata* features
Paittiki	*Pitta*	Discolored, hot, foul-smelling discharge with burning pain	Dysmenorrhea with inflammatory symptoms
Suchimukhi	*Vata (*Congenital*)*	Cervical stenosis, obstructed flow	Anatomical dysmenorrhea
Vataja Artava Dushti	*Vata*	Frothy, scanty, painful discharge	Dysmenorrhea with scanty menses

Samprapti* (Pathogenesis) of *Kashtartava

The pathogenesis of *Kashtartava* centers on the vitiation of *Apana Vayu*, a subtype of *Vata Dosha* responsible for downward movement—governing menstruation, defecation, urination, and parturition.[19] Acharya Charaka describes that due to *Vegavarodha* (suppression of natural urges) and other *Vata*-aggravating factors, the *Apana Vayu* becomes obstructed (*Margavarodha*) or aggravated, moves in a reverse direction (*Pratiloma Gati),* and forcibly pushes the menstrual blood upward rather than allowing its normal downward expulsion.[20]

The *Samprapti Ghataka* (pathogenic components) are

- *Dosha*: *Vata Pradhana Tridosha* (primarily *Vata*, with associated *Pitta* and *Kapha*)
- *Dushya*: *Rasa Dhatu*, *Rakta Dhatu*, and *Artava*
- *Srotas*: *Artavavaha Srotas* (menstrual channels), *Raktavaha Srotas*, *Rasavaha Srotas*
- *Srotodushti Prakara*: *Sangha* (obstruction), *Vimarga Gamana* (reverse flow)
- *Adhishthana*: *Garbhashaya* (uterus), *Yoni* (vaginal canal)
- *Udbhava Sthana*: *Pakvashaya* (colon) – site of *Apana Vayu*

The Pathogenic Sequence (*Samprapti*)

- *Nidana Sevana:* Consumption of *Vata*-aggravating foods (*Ruksha, Sheeta, Laghu, Katu, Tikta, Kashaya Rasa)* and lifestyle practices (excessive exercise, suppression of urges, late nights, stress, fasting) lead to *Vata Kopa.*[21]
- *Apana Vayu* Vitiation: *Apana Vayu*, located in the pelvic region, becomes aggravated.
- Margavarodha: Obstruction occurs in the *Artavavaha Srotas* due to factors like vitiated *Kapha, Ama,* or anatomical constriction.
- *Pratiloma Gati:* The obstructed *Apana Vayu* adopts a reverse direction (*Pratiloma Gati*).

- *Artava Urdhwa Gamana:* Menstrual blood is pushed upward instead of downward, causing pressure, distension, and intense pain in the pelvic region.
- Symptom Manifestation: This pathological process results in the characteristic symptoms: severe colicky pain (*Varti Vedana*), piercing pain (*Toda*), excruciating pain (*Bheda*), and systemic symptoms due to associated *Dosha* involvemen.[22]

Acharya Charaka highlights three primary mechanisms by which *Vata* aggravation leads to pain in dysmenorrhea.[23]

- *Margavarodha* (Obstruction): Obstruction to the passage of *Apana Vayu* causes it to build up pressure, leading to colicky pain as it repeatedly tries to clear the passage (*Varti Vedana).*
- *Dhatukshaya* (Tissue Depletion): Depletion of body tissues increases dryness (*Rukshata*), causing breaking or splitting type of pain (*Bheda*).
- *Kopa* (Direct Aggravation): Direct aggravation of *Vata* without obstruction leads to striking or hitting type of pain (*Toda*).

CLINICAL FEATURES AND DIAGNOSTIC FRAMEWORK

Symptomatology

The classical texts describe a constellation of symptoms in *Kashtartava/Udavartini Yonivyapad*

- *Saa Rugarta Rajah Krichrena Udavruttam Vimunchati:* Uterus seized with severe pain, discharges menstrual blood with great difficulty.
- *Saa Phenah Raja:* Discharge of frothy menstrual blood.
- *Aartave Saa Vimukte Tu Tat Kshanam Sukham:* Immediate relief after expulsion of menstrual blood—a key diagnostic feature.
- *Anilah Vedanah:* Painful conditions caused by vitiated *Vata*, including backache, headache, and body ache.
- *Baddha Raktam:* Discharge of clotted blood.
- *Kati, Prishta, Jangha Vedana:* Pain in the waist, back, and thighs (referred pain).[24]

These symptoms closely align with the modern description of primary dysmenorrhea: suprapubic cramping, lower back pain, nausea, vomiting, diarrhea, headache, and pain subsiding within 72 hours of onset.[25]

Diagnostic Tools in Contemporary Research

Clinical studies on Kashtartava utilize validated assessment tools to evaluate therapy outcomes

- WaLIDD Score (Work ability, Location, Intensity, Duration, Days of pain): A comprehensive scoring system for dysmenorrhea assessment.
- Work Ability: 0 (None) to 3 (Always)
- Location: 0 (None) to 3 (4 sites)
- Intensity (Wong-Baker FACES scale): 0 (Does not hurt) to 3 (Hurts worst)
- Duration (Days of pain): 0 (No pain) to 3 (≥5 days)
- Total Score: 0 (No dysmenorrhea), 1-4 (Mild), 5-7 (Moderate), 8-12 (Severe).[26]
- Visual Analog Scale (VAS): Standard 0-10 scale for pain assessment.[27]
- Moos Menstrual Distress Questionnaire (MMDQ): Evaluates psychological and psychosomatic symptoms associated with menstruation.[27]

MANAGEMENT OF *KASHTARTAVA*

Ayurveda offers a comprehensive, multi-modal approach to *Kashtartava*, addressing both acute symptom relief (*Shamana*) and root-cause elimination (*Shodhana*), complemented by lifestyle modifications (*Rajaswala Charya*). The principle of *Samprapti Vighatana*—breaking the pathogenic chain—is central to therapy.

General Principles of Treatment

Acharya Charaka states that the treatment for *Yonivyapads* should follow these guidelines.[28]

- *Nidana Parivarjana*: Avoidance of causative factors (*Vata*-aggravating diet and lifestyle).
- *Mridu Snehana* and *Swedana*: Mild oleation and fomentation as *Purvakarma* (preparatory procedures).
- *Mridu Shodhana*: Gentle bio-cleansing procedures, with *Basti* (medicated enema) being the primary choice for *Vata* disorders.
- *Shamana Chikitsa*: Palliative oral medications to pacify *Vata*.
- *Pathya-Apathya*: Wholesome dietary and lifestyle practices.

***Shodhana Chikitsa* (Bio-Cleansing Therapies)**

Basti (Medicated Enema): As the *Ardha Chikitsa* (half the treatment) for *Vata* disorders, *Basti* is the cornerstone of *Shodhana* in *Kashtartava*.[29] Since the site of *Apana Vayu* is the

Pakvashaya (colon), per-rectal administration of medicated oils or decoctions directly pacifies the vitiated *Vata* and clears the obstruction in the *Artavavaha Srotas*.[30]

Matra Basti (Oil Enema): A daily, low-volume oil enema administered for 7-8 days before the expected menstruation is particularly effective. It provides lubrication, clears blocks, and facilitates the downward flow of *Apana Vayu*.

Types of *Basti*

- *Dashmoola Taila Matra Basti*: Medicated with the ten roots of *Dashmoola* (*Vata-shamaka* herbs), in a dose of 60 ml, administered for 7 days prior to menses for 3 consecutive cycles. A registered clinical trial (CTRI/2025/06/089734) is evaluating this intervention.[31]
- *Shatavaryadi Anuvasana Basti* and *Baladi Anuvasana Basti* are also indicated and have proven beneficial.[32]
- *Niruha Basti* (Decoction Enema): Decoction enemas with *Vata*-pacifying drugs may be administered, followed by *Anuvasana Basti* (oil enema), to achieve synergistic effects.[33]

Other *Shodhana* Therapies

- *Abhyanga* (Massage): Gentle massage of the pelvic region and lower back with *Vata-shamaka* oils like *Mahanarayana Taila* or *Dashmoola Taila*.
- *Swedana* (Fomentation): Local fomentation (*Nadi Sweda*) provides relief from muscle spasm and pain.

***Shamana Chikitsa* (Palliative Therapies)**

Oral medications are the mainstay of *Shamana* therapy, administered daily or 5-7 days prior to the expected menstrual cycle.

Herbal and Herbo Mineral Formulations

Formulation	Ingredients	Properties & Action	Dosage & Timing
Pippalayadi Phanta[34–35]	*Pippali (Piper longum), Marich (Piper nigrum), Sunthi (Zingiber officinale), Ajwain (Trachyspermum ammi), Hingu (Ferula foetida)*	*Ushna Virya* (hot potency), *Katu Rasa*, *Vata-Kapha Shamaka*, *Vatanulomana*, *Shoolaghna* (analgesic). Anti-inflammatory, antispasmodic.	20 ml twice daily, 7 days before menses for 2-3 cycles.
Rajapravartini Vati[36]	herbo-mineral formulation	*Anulomana* (facilitates downward movement)	500 mg twice daily from 7 days

		Artava Janana (induces menstruation), *Shoolahara* (analgesic).	before menses up to 3rd day of menstruation.
Kuberaksha Vati[31]	Contains *seeds of Kuberaksha (Caesalpinia crista)*	*Vata Shamaka*, analgesic, anti-inflammatory.	500 mg twice daily orally for 3 months.
Dashmula Kwath[37]	*Decoction of ten roots of Dashmula*	*Vata* pacifying, analgesic, anti-inflammatory.	As prescribed.
Rasnadi Kwath[37]	Contains *Rasna, Devdaru, etc.*	*Vata Shamaka*, analgesic.	As prescribed.
Hingwadi Vati[37]	Contains *Hingu, Ajwain, etc.*	Carminative, antispasmodic, *Vata Shamaka*	As prescribed.

Ghrita and Taila Preparations

- *Phala Ghrita*: Medicated ghee, indicated for *Vataja Yonivyapad* and dysmenorrhea.[32]
- *Jeerakadi Modaka*: Useful in *Udavartini Yonivyapad*.[32]
- *Maharasnadi Kwath*: *Vata* pacifying formulation.[32]

Associated Therapies

Saraswatarishta: An Ayurvedic fermented formulation with *Manasdosha-hara* (psychotropic) and *Vedanasthapana* (analgesic) properties. A study protocol evaluating its role, combined with *Rajapravartini Vati*, in addressing physical and psychosomatic aspects of dysmenorrhea is underway. Dose: 10 ml with 20 ml lukewarm water at bedtime for 84 days.[27,36]

Probable Mode of Action of Key Formulations

- *Pippalayadi Phanta*: The *Ushna Virya* and *Katu Rasa* of its ingredients counter *Vata* and *Kapha*, promoting *Agni Deepana* (digestive fire), *Srotovivarana* (clearing channels), and *Vatanulomana*. This clears *Margavarodha* in the *Artavavaha Srotas*, correcting the path of *Apana Vayu* and facilitating normal *Artava Nishkramana* (expulsion), thus relieving pain.[38]
- *Rajapravartini Vati*: Its *Anulomana* property directly addresses the *Pratiloma Gati* of *Apana Vayu*, while its *Shoolahara* effect provides analgesia.[36]

Lifestyle Management: _Rajaswala Charya_

Classical texts describe a code of conduct (*Rajaswala Charya*) for menstruating women to prevent the aggravation of *Vata* and ensure a comfortable menstrual experience.[39]

- Avoid: Excessive physical exertion, suppression of natural urges (especially urine and feces), day-sleep, exposure to cold wind, heavy or indigestible foods, and sexual intercourse.
- Adopt: Light, warm, and easily digestible foods, adequate rest, maintenance of personal hygiene, and a calm mental state.

DISCUSSION

The integration of classical Ayurvedic wisdom with contemporary biomedical understanding reveals that *Kashtartava*/Primary Dysmenorrhea is a condition deeply rooted in Vata pathology, specifically the dysfunction of *Apana Vayu*. The modern concept of increased endometrial prostaglandins leading to uterine hypercontractility, ischemia, and pain can be viewed as the physiological correlate of *Vata* vitiation causing *Aakunchana* (contraction) and *Prasarana* (relaxation) abnormalities in the *Garbhashaya*.[19] The *Margavarodha* or *Sanga* (obstruction) described in Ayurveda aligns with the vasospasm and impaired blood flow (ischemia) that contribute to pain.

What distinguishes the Ayurvedic approach is its multi-dimensional, etiologically-rooted perspective. Unlike NSAIDs, which primarily inhibit prostaglandin synthesis and provide only symptomatic relief, Ayurvedic therapies aim to correct the fundamental *Dosha* imbalance, improve the quality of *Artava*, and ensure its smooth expulsion. The *Nidana Parivarjana* principle addresses lifestyle factors—suppression of urges, improper diet, stress—that are now widely recognized as contributors to dysmenorrhea in epidemiological studies.[3]

The therapeutic arsenal of Ayurveda offers diverse, patient-centric options.

- For Acute Pain: *Pippalayadi Phanta*, with its *Ushna*, *Katu*, and *Vata-Kapha Shamaka* properties, provides rapid pain relief through vasodilation, antispasmodic action, and anti-inflammatory effects. Its presentation as an herbal tea sachet enhances patient compliance.[38]
- For Recurring Severe Cases: *Rajapravartini Vati* and *Kuberaksha Vati*, with their *Anulomana* and *Shoolaghna* properties, offer systemic *Vata* pacification and menstrual regulation.[27,31]
- For Root-Cause Correction: *Matra Basti*, particularly with *Vata-shamaka* oils like *Dashmoola Taila*, is unparalleled in its ability to access the pelvic region, lubricate the

channels, and correct the *Pratiloma Gati* (reverse flow) of *Apana Vayu*, thereby preventing recurrence.[31,33]

The inclusion of psychological components in treatment, as seen in the use of *Saraswatarishta* alongside *Rajapravartini Vati*, acknowledges the bidirectional link between menstrual pain and mental health—a factor gaining increasing recognition in modern medicine.[27]

However, while classical texts provide a robust theoretical framework, the translation to standardized, reproducible clinical protocols requires rigorous contemporary research. The ongoing clinical trials on *Rajapravartini Vati*, *Kuberaksha Vati*, and *Pippalayadi Phanta* are welcome steps towards evidence-based integration of Ayurveda into mainstream gynecological care.[27,31,34]

The path to sustainable relief in *Kashtartava* lies in a holistic approach. As Acharya Charaka emphasized, "No gynecological disorder is possible without the affliction of *Vata*".[11] Therefore, *Vata Anulomana*—facilitating the normal, downward flow of *Vata*—is the cornerstone of therapy. This cannot be achieved through medication alone; it demands a comprehensive approach encompassing diet, lifestyle, and mental well-being, as outlined in the *Rajaswala Charya*. By addressing the root cause through *Shodhana*, providing symptomatic relief through *Shamana*, and supporting the body's natural physiology through lifestyle, Ayurveda offers a complete and sustainable solution for the millions of women suffering from this debilitating condition.

CONCLUSION

Kashtartava, correlating with primary dysmenorrhea, is a condition of significant global prevalence and impact, rooted in the vitiation of *Apana Vayu* leading to obstruction and reverse movement of menstrual blood. Its management in Ayurveda transcends symptomatic pain relief, offering a comprehensive system that addresses the etiopathogenesis at its core. The twin strategies of *Shodhana* (especially *Matra Basti* with *Vata-shamaka* oils) and *Shamana* (employing formulations like *Pippalayadi Phanta*, *Rajapravartini Vati*, and *Kuberaksha Vati*), coupled with lifestyle interventions (*Rajaswala Charya*) and management of associated psychosomatic symptoms, provide a robust, holistic, and sustainable therapeutic model.

The integration of classical Ayurvedic principles with contemporary diagnostic tools and research methodologies holds immense promise. As the body of clinical evidence grows through well-designed trials, Ayurveda's unique and patient-centric approach to *Kashtartava* can be offered as a safe, effective, and enduring solution—one that not only alleviates pain but restores the natural balance of the female reproductive system, thereby enhancing quality of life.

REFERENCES

1. Proctor M, Farquhar C. Diagnosis and management of dysmenorrhoea. BMJ., 2006; 332(7550): 1134-8.
2. Iacovides S, Avidon I, Baker FC. What we know about primary dysmenorrhea today: a critical review. Hum Reprod Update, 2015; 21(6): 762-78.
3. Agarwal AK, Agarwal A. A study of dysmenorrhea during menstruation in adolescent girls. Indian J Community Med., 2010; 35(1): 159-60.
4. Sharma P, Malhotra C, Taneja DK, et al. Prevalence and risk factors for dysmenorrhea among young girls. Indian J Community Med., 2013; 38(1): 43-8.
5. Dawood MY. Primary dysmenorrhea: advances in pathogenesis and management. Obstet Gynecol., 2006; 108(2): 428-41.
6. Burnett MA, Antao V, Black A, et al. Prevalence of primary dysmenorrhea in Canada. J Obstet Gynaecol Can., 2005; 27(8): 765-70.
7. Chawla A, Swami A, Verma S. A cross-sectional study on prevalence and management of dysmenorrhea among adolescent girls. J Clin Diagn Res., 2014; 8(6): IC01-4.
8. Coco AS. Primary dysmenorrhea. Am Fam Physician., 1999; 60(2): 489-96.
9. Marjoribanks J, Ayeleke RO, Farquhar C, et al. Nonsteroidal anti-inflammatory drugs for dysmenorrhoea. Cochrane Database Syst Rev., 2015; (7): CD001751.
10. Charaka Samhita. Chikitsa Sthana. 30/34. Commentary by Chakrapani Datta.
11. Charaka Samhita. Chikitsa Sthana. 30/29.
12. Charaka Samhita. Chikitsa Sthana. 30/32-33.
13. Sushruta Samhita. Uttara Tantra. 38/31-34.
14. Dorland's Illustrated Medical Dictionary. 32nd ed. Philadelphia: Elsevier Saunders, 2012.
15. Vagbhata. Ashtanga Hridaya. Uttara Sthana. 34/1-10.
16. Charaka Samhita. Chikitsa Sthana. 30/6-15.
17. Charaka Samhita. Chikitsa Sthana. 30/39-40.

18. Charaka Samhita. Sutra Sthana. 24/12.
19. Charaka Samhita. Chikitsa Sthana. 28/9-12.
20. Charaka Samhita. Chikitsa Sthana. 30/10.
21. Charaka Samhita. Sutra Sthana. 20/11-18.
22. Goel M, Singh R, Bidhoodi U. Therapeutic aspects of Kashtartava (dysmenorrhea) in Ayurveda: a review. J Indian Syst Med., 2022; 10(2): 111-9.
23. Charaka Samhita. Sutra Sthana. 12/12-14.
24. Sushruta Samhita. Uttara Tantra. 38/31-34.
25. Osayande AS, Mehulic S. Diagnosis and initial management of dysmenorrhea. Am Fam Physician., 2014; 89(5): 341-6.
26. Teherán AA, Piñeros LG, Pulido F, et al. WaLIDD score: a new instrument for the diagnosis and severity of dysmenorrhea. J Pain Res., 2018; 11: 2775-85.
27. Mata S, Makhija D, Manathottathil A, et al. Evaluation of Rajapravartani Vati and Saraswatarishta in dysmenorrhea: A study protocol for a single-arm, multicenter, and community-based study. J Res Ayurvedic Sci., 2024; 8(4): 193-200.
28. Charaka Samhita. Chikitsa Sthana, 30/108-111.
29. Charaka Samhita. Sutra Sthana, 25/40.
30. Charaka Samhita. Siddhi Sthana, 1/2-3.
31. Mishra S. A comparative clinical study to evaluate the efficacy of Kuberaksha vati and Dashmoola Taila Matra Basti in the management of Udavartini yonivyapad with special reference to primary dysmenorrhea. Clinical Trials Registry - India. CTRI/2025/06/089734. [cited 2026 Apr 20].
32. Goel M, Singh R, Bidhoodi U. Therapeutic aspects of Kashtartava (dysmenorrhea) in Ayurveda: a review. J Indian Syst Med., 2022; 10(2): 111-9.
33. Mamgain N, Anupam A. Classical Review on Kashtartava. J Ayurveda Integr Med Sci., 2024; 9(8).
34. Pariyani D, Sharma R. A Clinical Study of Pippalayadi Phanta in Kashtartava (Primary Dysmenorrhea). J Ayurveda Integr Med Sci., 2025; 10(2): 4-8.
35. Pariyani D, Sharma R. Clinical Study of Pippalayadi Phanta in Kashtartava. J Ayu Int Med Sci., 2025; 10(2).
36. Mata S, Makhija D, Manathottathil A, et al. Evaluation of Rajapravartani Vati and Saraswatarishta in dysmenorrhea: A study protocol. J Res Ayurvedic Sci., 2024; 8(4): 193-20

37. Mamgain N, Anupam A. Classical Review on Kashtartava. J Ayurveda Integr Med Sci., 2024; 9(8).
38. Pariyani D, Sharma R. Clinical Study of Pippalayadi Phanta in Kashtartava. J Ayu Int Med Sci., 2025; 10(2).
39. Charaka Samhita. Sharir Sthana. 8/18-20.
40. Silwal K, et al. Efficacy of Arogya Rakshak Panchatantra on Heart Rate Variability and Menstrual Symptoms in Primary Dysmenorrhea: A Randomized Controlled Trial. J Integr Complement Med., 2025; 31(5).