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A CASE STUDY: EFFECT OF HINGU CHURNA IN PRIMARY DYSMENORRHEA WITH SPECIAL REFERENCE TO KASHTARTAVA

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ABSTRACT

In Ayurveda, Primary dysmenorrhoea can be correlated with *Kashtartava*. Pain is an indication of *Vata Vikriti*, in Ayurvdea – *'Na hi vaatadrite Shoolam'*. In gynecological disorders *Apana Vayu* has been given prime importance. Normal menstrual cycle is the function of the *Apanavayu*, painful menstruation is considered as *Apanavatadushti*. *Vyana Vata* controls functions of muscles contraction, flexion , relaxation, extension, etc. According to *Acharya Charaka, Vata* plays An important role in all types of *Yoni Roga*,so it should be treated first. According to *Acharya Vagbhata* all measures capable of suppressing *Vata* are indicated. Till date, no successful management of primary dysmenorrhea have been made by modern science. The best evidence-based treatments are NSAIDs and hormonal contraceptives pills which has lot of side effects. So in need of situation, need is felt for search of more effective, palatable oral dosage forms to reduce menstrual pain. A systematic review of studies in developing countries performed by Harlow and Campbell has revealed that about 25-50% of adult women and about 75% of adolescents experience pain during menstruation. It is a randomized clinical trial with 30 patients fulfilling the inclusion criteria were selected for the trial. The duration of treatment was from 7th day due date of menstrual cycle to next menstrual cycle for 60 days. The assessment was done after each cycle on 5th day of cycle and follow-up for the next menstrual cycle. The test of significance showed that the efficacy of *Hingu churna* is more in *Kashtartava.*

KEYWORDS: *Kashatartava**, Primary Dysmenorrhea*, *Hingu Churna.*

INTRODUCTION

Menstruation is a physiological process which occurs once in a month in reproductive age of women which is controlled by the hormones of the hypothalamo-pituitary axis. In some cases menstruation becomes painful, and the pain is severe and exaggerated, it interferes with her day to day activities and disturbs her physical and mental health of the women. In Ayurveda, Kashtartava is not described as disease but it is mentioned as a symptom of many gynaecological disorders for production of Artava, co-ordinated with functioning of Vyana and Apana vayu. Normal menstruation is the function of Apanavayu, so due to the vitiation (dushti) of Apanavayu , painful menstruation is caused. Vyana vayu controls the function of muscles that brings action such as contraction, relaxation after which artava is expelled out by anulomana kriya of apana vayu. Kashtartava is increasing now a days due to changing and modern lifestyle like sedentary lifestyle, fast food habits and stressful life.

In Ayurveda,Acharyas mentioned various hetus of vayu dushti that causes kashtartava like excessive use of katu, lavana, ushna, tikshna ahara sevana, diwaswapa, chinta and vegdharana. In this article, an attempt has been made to study the mode of action and efficacy hingu churna in case of kashtartava.

AIMS AND OBJECTIVES

1. To understand kashtartava W.S.R. to primary dysmenorrhoea.
2. To analyse the effect of hingu churna in the management of kashtartava.

CASE REPORT

A girl student, 19 years old, visited the Prasuti tantra avum Striroga OPD department of Yashwantrao Chavan Ayurvedic medical college and hospital chh sambhajinagar with complaint of pain in lower abdomen during menstruation since last four-five months.

Patient had menarche at the age of 13 years and her menstrual cycle was normal. The cycle is regular and lasts for 3-4 days with normal bleeding with severe pain in lower abdomen. Pain was severe on first two days and mild on fourth day. Pain was so severe that it was not pacifying by taking rest or with antispasmodic medications and analgesics, and was disturbing her routine activities. So, she visited PTSR department of YCAMC College, Chh Sambhajinagar for further management.

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

Menstrual History

Menarche at: 14 years of age.

Menstrual cycle:3-4 days, Regular

Character: Dark red color Consistency: Clots presents

Dysmenorrhea: Cramp like pain Intermittent site: Lower abdomen and low back.

General Examination

Built: Moderate

Nourishment: Moderate

Temperature: 98.60 F RR: 18/Min Pulse rate: 79/min Blood pressure: 110/70 mm of Hg

Height: 154 cms Weight: 42 Kgs

Systemic examination

RS: AEBE CVS: S1 S2 Normal CNS: Conscious, oriented

P/A: Soft

Gynecological 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: 79/min Mala: Once a day, no constipation Mutra: 4-5 times a day Jihva: Alipta

Shabda: Avishesha Sparsha: Anushna sheeta Druk: Prakruta Akruti: krush

Dashvidha Pariksha

Prakruti: Vatapradhan pitta

Dosha: Vata

Dushya: Rasa, Rakta, Artava

Sara: Hina Samhanana: Hina

Pramana: 154cm

Dehabhara: 42 Kgs

Satmya: Madhyama

Satva: Madhyama

Ahara shakti: Madhyama

Vyayam shakti: hina

INVESTIGATIONS

Uterus: Normal in size. Endometrial echocomplex: Central and cavity empty. No focal mass seen (ET: 6mm) Cervix: Normal B/L Overies: Normal

No any pathology noted.

Urine (R) and (M): WNLHb%: 10.7gm%.

TREATMENT

The patient was reassured about the fact that there was no structural gynecologic pathology

Time period: 2 menstrual cycles

Time: 4 days prior to next menstrual cycle.

Drug: Hingu churna

Route: oral

Dose:125mg

Anupana: lukewarm water

OBSERVATION

After treatment - The menstrual periods were started on or before 28th day. There was slight pain at lower abdomen(grade I,VAS 4/10). Low back ache got (grade I, VAS 1/10).

After follow up -Menstruation began on or before 28th day. There was a mild lower abdominal pain (grade I, VAS 5/10) and low back ache (grade I, VAS 2/10).

Mode of action of Hingu Churna- Hingu is having katu rasa laghu Snigdha tikshn Guna Ushna virya due to this it perform various karmas such as vatanuloman shoolprashamanam deepan, pachan,artavajan which is useful in reliving the symptoms of Kashtartava

Drug details

Drug- Hingu

Latin name- Ferula narthex

Family – Umbelliferae

Rasa - Katu Guna – Laghu, Snigdha , Tikshna

Virya - Ushna Vipaka - Katu

Doshaghnata - Vatapitta

DISCUSSION

Primary dysmenorrhea is the most common problem in adolescent age group characterized by severe cramping pain associated with menstruation which incapacitates a woman from her daily routine activities. Primary dysmenorrhea can be correlated with Udavarta yonivyapat mentioned in Ayurveda which is included under Vataja yonivyapatby all Acharyas.In Ayurveda,Vatiki yoniroga chikitsa can be applicable in Udavarta chikitsa as both of them are Vata predominant Yoniroga. Vatika yoniroga chikitsa include Snehana, Swedana, Vasti along with Samana oushadha which can alleviate Vata.

REFERENCES

1. Dutta DC. In: Text book of gynaecology. 7th edition. (New Delhi:Jaypee Brothers Medical publishers (p) Ltd., 2016; 146.
2. Berek SJ. Berek and Novaks Gynaecology. 15th Edition. New Delhi; Wolters Kluwer India (p) Ltd., 2016; 481.
3. Prof KR Srikantha Murti(last) Susruta samhita 2012 thed. Varanasi, Chaukamba orientalia 171 p (Jai Krishnadas Ayurveda Series; Vol 3)
4. R K Sharama, Bagwan dash (last) Caraka samhita 2016thed. Varanasi, Chowkamba Krishnadas academy;135 p (Chaukambha Sanskrit series, vol XCIV, volume V).
5. Prof KR Srikantha Murti(last) Ashtangahrudaya 2013thed, Varanasi, Chaukambha Krishnadas Academy, 167, (Krishna das Ayurveda series, 27(1):).
6. R K Sharama, Bagwan dash (last) Caraka samhita 2013thed. Varanasi; Chowkamba Krishnadas academy, 158, (Chaukambha Sanskritseries.
7. R K Sharama, Bagwan dash (last) Caraka samhita 2013thed. Varanasi; Chowkamba Krishnadas academy, 141, (Chaukambha Sanskritseries; vol XCIV, volume V).
8. Parasher R., Sharangdhara samhita, Shri Baidyanatha Ayurveda bhavana, Kalkata, Patana, Zansi, Nagpur, 1994; Madhyam Khanda, 6(1-2): 238.
9. Shri Brahmashankar Mishra, Shri Ruplalji vaishya, Bhavaprakasha Nighantu, Vol.1, Nighantu varga, Chaukhambha Sanskrit Bhawan, Varanasi, 12th edition, 2016.
10. Shri Brahmashankar Mishra, Shri Ruplalji vaishya, Bhavaprakasha Nighantu, Vol.1, Nighantu varga, Chaukhambha Sanskrit Bhawan, Varanasi, 12th edition, 2016.

11. Vagbhatta, Kaviraj A.Gupta, Rajvaidya P. Sharma, Ashtang [Page : 24] Sangraha, Vol. 1, Choukhambha Krishnadas Academy, Varanasi, Sutrasthana, 23(14): reprint 2011; 180.
12. The ayurved pharmacopeia of India part-1, volume-1, GOI, Ministry of health and family welfare department of Ayush, P-64.
13. Dr Kamini Dhiman, a clinical study to evaluate the efficacy of Kanyalauhadi Vati and Manjishta Churna in the treatment of Kashtartava, journal of ayurveda april-june 2011; 5(2).
14. Shubha M. Effect of Shoditha Hingu (Ferula Asafoetida Linn) Prayoga in the Management of Kastarthava (Primary Dysmenorrhea) - A Case Report. ayush [Internet], 2022 Jan. 15; 8(6): 3657-61. Available from: https://ayushdhara.in/index.php/ayushdhara/article/view/847 21)Shri Vaidyanath Ayurved Bhavan Limited ,Ayurved Sarsangraha page no -164 22)The ayurved pharmacopeia of India part-1, volume-1, GOI, Ministry of health and family welfare department of Ayush, P-117