



Original Research Article

Volume 14 Issue 01

January 2025

INTEGRATIVE APPROACH TO *KASHTARTAVA* (PRIMARY DYSMENORRHEA): A CLINICAL CASE STUDY ON AYURVEDIC INTERVENTION AND PAIN MANAGEMENT

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Abstract

Background: *Primary Dysmenorrhea (Kashtartava)* is a common gynecological disorder caused by *Vata Dosha vitiation*, leading to **uterine spasms and pain**. Conventional treatments, including NSAIDs and hormonal therapy, may have side effects. *Ayurveda* offers a holistic approach through *Panchakarma*, herbal formulations, and lifestyle modifications. **Case Presentation:** A 20-year-old female with **severe lower abdominal pain** during menstruation (past four years) experienced **fatigue, nausea, and mood swings**. Her **regular menstrual cycle (28-30 days)** showed no structural abnormalities on USG. Previous analgesic use provided only temporary relief. **Intervention: Panchakarma Therapy:** *Abhyanga* with *Dhanvantaram Taila* – 15 min daily *Swedana* with *Dashamoola Kwatha* – 10 min daily. *Basti Karma* (*Dashamoola Niruha Basti, Anuvasana Basti* on alternate days) **Oral Medications:** *Ashwagandha Churna, Shatavari Kalpa, Hingwashtaka Churna, Triphala Guggulu* **Diet & Lifestyle:** *Pathya Ahara (Vata-Pitta pacifying diet)*. **Yoga & Pranayama** (*Baddha Konasana, Supta Baddha Konasana, Anulom-Vilom*) **Outcome:** Pain intensity reduced from **VAS 8/10 to 2/10** by the third cycle, with improved **digestion, energy levels, and emotional well-being**, eliminating the need for analgesics. **Conclusion:** This case highlights the **efficacy of Ayurvedic management** in treating *Kashtartava* by addressing the **root cause** rather than symptomatic relief. A **combination of Panchakarma, herbal therapy, diet, and lifestyle modifications** provides a **safe, holistic, and effective** approach to *Primary Dysmenorrhea*. Further clinical trials are needed to validate these findings.

Keywords: *Primary Dysmenorrhea, Kashtartava, Vata Dosha, Panchakarma, Ayurvedic Treatment, Yonishoola Prashamana*

Introduction

Primary Dysmenorrhea (Kashtartava) is one of the most common gynecological disorders affecting adolescent and reproductive-age women, characterized by painful menstruation without any underlying pathology.¹ It manifests as severe lower abdominal cramps, lower back pain, nausea, fatigue, and mood disturbances, significantly impacting daily activities and quality of life. In modern medicine, Primary Dysmenorrhea is managed using NSAIDs, hormonal therapy, and analgesics, which provide symptomatic relief but may have long-term side effects.²

According to *Ayurveda*, Kashtartava is primarily caused by vitiated Vata Dosha, which leads to uterine spasms, obstruction in the natural flow of menstruation, and aggravated pain. Imbalance in *Apana Vata* disrupts normal uterine contractions, resulting in pain, clot formation, and digestive disturbances.³ Additionally, *Nidana* (causative factors) such as excessive intake of dry, cold, and processed foods, irregular lifestyle, emotional stress, and excessive physical exertion further aggravate *Vata Dosha*, worsening the symptoms.⁴

The Ayurvedic approach to managing *Primary Dysmenorrhea* focuses on balancing Vata Dosha, relieving pain (*Yonishoola Prashamana*), and ensuring the smooth flow of menstruation through *Panchakarma therapies, herbal medications, dietary modifications, and lifestyle changes*. *Panchakarma* procedures like Basti (medicated enema), Abhyanga (therapeutic massage), and Swedana (fomentation) help in pacifying *Vata* and improving uterine health.⁵ Herbal formulations such as *Ashwagandha, Shatavari, and Hingwashtaka Churna* play a significant role in hormonal balance, uterine nourishment, and pain relief.⁶

This case study explores the efficacy of Ayurvedic interventions, including *Panchakarma, herbal formulations, and lifestyle modifications*, in managing Primary Dysmenorrhea (*Kashtartava*). The findings contribute to the scientific validation of Ayurveda in treating menstrual disorders holistically.⁷

Aim and Objectives

Aim: To evaluate the effectiveness of **Ayurvedic management** in *Primary Dysmenorrhea (Kashtartava)* through *Panchakarma therapy, Ayurvedic formulations, and lifestyle modifications*.

Objectives:

1. **Assess the impact of Panchakarma** (*Basti, Abhyanga, Swedana*) in relieving menstrual pain.
2. **Evaluate Ayurvedic formulations** in regulating the menstrual cycle and reducing pain.
3. **Determine the effect of diet and lifestyle modifications** in balancing *Vata Dosha*.
4. **Measure reduction in pain intensity (VAS Score)** and improvements in overall well-being.
5. **Explore the feasibility of Ayurvedic treatment** as an alternative to conventional therapy.

Materials and Methods

Study Design: This is a **single-case study** evaluating the effectiveness of **Ayurvedic management** in a patient diagnosed with **Primary Dysmenorrhea (*Kashtartava*)** through *Panchakarma therapy, herbal formulations, and lifestyle modifications* over a period of **three menstrual cycles**.

Participant Details:

- **Age/Sex:** 20-year-old female
- **Diagnosis:** *Primary Dysmenorrhea (Kashtartava)*
- **Inclusion Criteria:**
 - Regular menstrual cycle with **painful menstruation (VAS $\geq 6/10$)**
 - No underlying pathology (confirmed by **USG**)
 - No history of **PCOS, endometriosis, or pelvic infections**
 - Willingness to follow **Ayurvedic treatment regimen**
- **Exclusion Criteria:**
 - Structural abnormalities causing **secondary dysmenorrhea**
 - Patients on **hormonal therapy or NSAIDs** for the last 3 months
 - Known **contraindications to Panchakarma therapy**

Intervention Plan

Category	Intervention	Dosage/Duration
Panchakarma Therapy	<i>Abhyanga</i> (Therapeutic oil massage) with <i>Dhanvantaram Taila</i>	15 min daily
	<i>Swedana</i> (Fomentation) with <i>Dashamoola Kwatha</i>	10 min daily
	<i>Basti Karma</i> (Medicated enema) – <i>Dashamoola Niruha Basti</i> (Decoction enema)	Alternate days
	<i>Anuvasana Basti</i> (Oil enema)	Alternate days
Oral Medications	<i>Ashwagandha Churna</i>	3g twice daily with warm milk
	<i>Shatavari Kalpa</i>	5g twice daily
	<i>Hingwashtaka Churna</i>	2g before meals
	<i>Triphala Guggulu</i>	1 tablet twice daily
	Diet & Lifestyle	<i>Pathya Ahara</i> (Vata-Pitta pacifying diet – warm, light, and digestible foods)
	Yoga and Pranayama	Daily
	<i>Baddha Konasana</i> (Butterfly Pose)	5 min
	<i>Supta Baddha Konasana</i> (Reclined Bound Angle Pose)	5 min
	<i>Anulom-Vilom Pranayama</i>	5 min

Outcome Measures:

- Pain intensity (VAS Score) reduction**
- Improvement in associated symptoms** (fatigue, nausea, mood swings)
- Menstrual cycle regulation** (duration, flow consistency)
- Overall well-being and energy levels**

Data Collection & Analysis:

- **Baseline assessment** before starting the intervention
- **Follow-up assessments after each menstrual cycle** (pain, cycle regularity, symptom relief)
- **Qualitative feedback** from the patient regarding comfort, adherence, and effectiveness

Ethical Considerations:

- Informed consent was obtained from the patient.
- The intervention was conducted following **ethical guidelines** for Ayurvedic treatments.

CASE REPORT

Patient History and Information

A 20-year-old female presented with complaints of severe lower abdominal pain during menstruation for the past four years. The pain typically started 1-2 days before menstruation and lasted up to 48 hours, significantly affecting her daily activities. The pain was accompanied by fatigue, nausea, mood swings, and occasional constipation. Her menstrual cycle was regular (28-30 days) with moderate flow, and no structural abnormalities were found on ultrasonography (USG). The patient had a history of NSAID and analgesic use, which provided only temporary relief without addressing the root cause. She had no history of PCOS, endometriosis, uterine fibroids, or pelvic infections. Her dietary habits consisted of Vata-aggravating foods, including cold, dry, and processed foods, and she often had irregular meal timings. She led a sedentary lifestyle with irregular sleep patterns, contributing to her increased stress levels due to academic workload. From an *Ayurvedic perspective*, the symptoms indicated Kashtartava (Primary Dysmenorrhea) due to Vata Dosha vitiation, causing Yonishoola (uterine pain) and Apana Vata dysfunction. The patient also reported increased irritability and mood fluctuations before and during menstruation. Based on her clinical history, she was advised a comprehensive Ayurvedic treatment plan focusing on Vata Dosha pacification, pain management, digestive health, and emotional well-being through *Panchakarma therapy, herbal formulations, dietary modifications, and yoga practices*.

Chief Complaint:

- Severe **lower abdominal pain** during menstruation for the past **four years**.
- Pain starts **1-2 days before menstruation** and lasts **up to 48 hours**.
- Associated symptoms: **fatigue, nausea, mood swings, occasional constipation**.
- Pain significantly affects **daily activities and academic performance**.

Past Medical History:

- No history of **PCOS, endometriosis, uterine fibroids, or pelvic infections**.
- No known history of **chronic illnesses like diabetes, hypertension, or thyroid disorders**.
- No history of **severe allergies or autoimmune conditions**.

Gynecological and Obstetric History:

- **Menarche:** At age **13 years**.
- **Marital Status:** Unmarried.
- **Obstetric History:** Not applicable.
- **History of White Discharge:** No abnormal white discharge or infections reported.

Menstrual History:

- **Cycle Regularity:** Regular **28-30 day cycle**.
- **Flow:** Moderate, lasting **4-5 days**.
- **Dysmenorrhea:** Present, **VAS Score 8/10** before intervention.
- **Clots:** Occasional small clots, but no excessive bleeding.
- **Menstrual Symptoms:** Severe pain, **bloating, fatigue, mood swings, irritability**.

Surgical History:

- No history of **pelvic surgeries, laparoscopy, or gynecological procedures**.
- No history of **any major surgeries or hospitalizations**.

Clinical Examination**Vital Examination:**

Parameter	Findings	Normal Range
Pulse Rate	78 bpm	60-100 bpm
Blood Pressure	110/70 mmHg	90/60 - 120/80 mmHg
Respiratory Rate	18 breaths/min	12-20 breaths/min
Temperature	98.4°F	97.8 - 99.1°F
SpO ₂ (Oxygen Saturation)	98%	>95%

Systemic Examination:

System	Findings	Remarks
Central Nervous System (CNS)	Conscious, alert, oriented	No neurological deficits
Cardiovascular System (CVS)	Normal heart sounds (S1, S2 heard clearly), no murmurs	No abnormalities detected
Respiratory System	Lungs clear to auscultation bilaterally	No wheezing, rales, or respiratory distress
Gastrointestinal System (GI)	Mild bloating, occasional constipation	No organomegaly or tenderness
Genitourinary System	No urinary complaints	No abnormal vaginal discharge
Musculoskeletal System	Slightly imbalanced posture, mild lower back discomfort	No joint deformities, swelling, or muscle wasting

Treatment Schedule

Table 1: Panchakarma Treatment Schedule

Therapy	Procedure	Duration/Frequency
Abhyanga (Therapeutic Oil Massage)	Application of <i>Dhanvantaram Taila</i> followed by gentle circular massage on the lower abdomen, back, and thighs to improve circulation and relax muscles.	15 min daily
Swedana (Fomentation Therapy)	Steam application using Dashamoola Kwatha on the lower abdomen and back, ensuring mild perspiration without excessive heat exposure.	10 min daily
Basti Karma (Medicated Enema)	<i>Dashamoola Niruha Basti</i> (Decoction enema) administered under supervision using a lukewarm herbal decoction, ensuring slow administration to allow retention for a prescribed time.	Alternate days
Basti Karma (Medicated Enema)	<i>Anuvasana Basti</i> (Oil enema) using medicated oils to nourish the uterus and pelvic region, administered in a comfortable, relaxed position.	Alternate days

Table 2: Oral Medications Schedule

Ayurvedic Formulation	Dosage & Frequency
<i>Ashwagandha Churna</i>	3g twice daily with warm milk
<i>Shatavari Kalpa</i>	5g twice daily
<i>Hingwashtaka Churna</i>	2g before meals
<i>Triphala Guggulu</i>	1 tablet twice daily

Table 3: Dietary and Lifestyle Modifications

Intervention	Details
Pathya Ahara (<i>Dietary Modifications</i>)	<i>Vata-Pitta pacifying diet</i> (warm, light, and easily digestible foods)
Restricted Foods	Avoid cold, dry, processed, and spicy foods
Hydration	Drink warm herbal teas (<i>Ajwain, Ginger, Dashamoola Kwath</i>)
Yoga & Pranayama	<i>Baddha Konasana</i> (Butterfly Pose)
	<i>Supta Baddha Konasana</i> (Reclined Bound Angle Pose)
	<i>Anulom-Vilom Pranayama</i>

VAS Scoring and Patient Monitoring Schedule

Time Frame	VAS Score (Pre-Treatment)	VAS Score (Post-Treatment)	Percentage Reduction	Pain Interpretation
Baseline (Before Treatment)	8/10	-	-	Severe pain, daily activities affected
After 1st Menstrual Cycle	6/10	↓ 25% improvement	Mild improvement	Pain reduced, still requires therapy
After 2nd Menstrual Cycle	4/10	↓ 50% improvement	Moderate improvement	Patient needs less analgesic support
After 3rd Menstrual Cycle	2/10	↓ 75% improvement	Significant improvement	Minimal pain, no analgesics required

Table 4: Follow-up & Monitoring Schedule

Time Frame	Assessment Method	Parameters Evaluated	Expected Outcome
Baseline (Week 0)	<ul style="list-style-type: none"> - VAS Score (Pre-Treatment) - Menstrual History - Systemic Examination - Dietary & Lifestyle Assessment 	<ul style="list-style-type: none"> - Pain intensity (VAS Scale, initial score) - Cycle regularity, duration, and associated symptoms - Vital signs, digestive health, emotional stability 	<ul style="list-style-type: none"> - Establish initial pain severity - Identify root cause (Vata vitiation, Apana Vata dysfunction) - Plan customized Ayurvedic intervention
Month 1 (First Cycle Post-Treatment)	<ul style="list-style-type: none"> - VAS Score (First Follow-up) - Patient Feedback (Pain Relief, Symptom Changes) - Menstrual Flow Observation 	<ul style="list-style-type: none"> - Reduction in pain intensity - Improvement in digestion, mood swings, and fatigue 	<ul style="list-style-type: none"> - Pain relief (VAS Score ↓25%) - Patient adherence to therapy, ease of treatment acceptance
Month 2 (Second Cycle Post-Treatment)	<ul style="list-style-type: none"> - VAS Score (Mid-Treatment Assessment) - Clinical Examination (Vital Signs, Menstrual Flow) - Gastrointestinal Function Assessment (Digestion, Constipation) - Emotional Well-being Evaluation 	<ul style="list-style-type: none"> - Further reduction in pain intensity - Better digestion, reduced bloating - Improvement in mental calmness, reduced PMS symptoms 	<ul style="list-style-type: none"> - Pain relief (VAS Score ↓50%) - Less reliance on painkillers - Improvement in hormonal balance & Apana Vata function
Month 3 (Final Assessment)	<ul style="list-style-type: none"> - VAS Score (Final Assessment) - Systemic Examination (CNS, CVS, GI, Musculoskeletal Health) - Menstrual Cycle Regularity & Symptom Review - Long-term Sustainability of Treatment Benefits 	<ul style="list-style-type: none"> - Sustained pain relief - Improved cycle regularity & hormonal balance - Minimal or no need for analgesics 	<ul style="list-style-type: none"> - Pain relief (VAS Score ↓75-80%) - No or minimal pain without NSAIDs - Improved quality of life, emotional balance, and well-being

Expected Outcomes:

1. Short-Term (1-2 Months):

- Reduced **pain intensity** and **menstrual cramps**.
- Improved **digestion and energy levels**.
- Better **emotional stability** and reduced **mood swings**.

2. Long-Term (3+ Months):

- Regulated **Apana Vata** leading to **smoother menstrual flow**.
- Minimal or no requirement for **analgesics**.
- Sustained **menstrual cycle regularity and symptom relief**.

Results and Findings

The Ayurvedic intervention demonstrated **progressive and sustained relief** in managing *Primary Dysmenorrhea (Kashtartava)* over three menstrual cycles. The structured treatment plan, which included **Panchakarma therapy, herbal formulations, dietary modifications, and yoga**, significantly improved **pain intensity, menstrual cycle regularity, digestion, and emotional well-being**.

1. Pain Reduction (VAS Score Improvement):

- **Baseline (Before Treatment): VAS Score - 8/10 (Severe pain, requiring analgesics).**
- **After 1st Cycle: VAS Score - 6/10 (Mild improvement, reduced reliance on analgesics).**
- **After 2nd Cycle: VAS Score - 4/10 (Moderate pain, no need for analgesics).**
- **After 3rd Cycle: VAS Score - 2/10 (Minimal discomfort, no need for medication).**
- **Overall Pain Reduction: 75% decrease in pain intensity** by the third cycle.

2. Improvement in Menstrual Cycle and Flow:

- Menstrual cycles remained **regular (28-30 days)** throughout the treatment.
- **Clot formation reduced**, and menstrual flow became **smoother and pain-free**.

- **Apana Vata balance improved**, resulting in **less bloating and fatigue during menstruation**.

3. Digestive Health Improvement:

- Before treatment, the patient reported **bloating, indigestion, and occasional constipation**.
- After the **introduction of Hingwashtaka Churna and dietary modifications**, digestion improved significantly.
- The patient experienced **regular bowel movements and reduced gastrointestinal discomfort**.

4. Emotional Well-Being and Stress Reduction:

- Initially, the patient experienced **mood swings, irritability, and fatigue** during menstruation.
- With the integration of **yoga and pranayama (Baddha Konasana, Supta Baddha Konasana, Anulom-Vilom)**, emotional stability improved.
- The patient reported **better sleep quality, reduced stress, and increased energy levels**.

5. Long-Term Impact and Sustainability:

- The patient **no longer required analgesics** by the third cycle.
- The combined effect of **Panchakarma, herbal therapy, and lifestyle modifications** led to **sustained relief and menstrual health improvement**.
- No **adverse effects** were reported during or after the treatment.

Discussion

Primary Dysmenorrhea (*Kashtartava*) is a common gynecological disorder that significantly affects women's quality of life, often leading to discomfort, emotional distress, and disruption of daily activities. Conventional management primarily relies on NSAIDs and hormonal therapy, which provide symptomatic relief but do not address the underlying cause.⁸ Prolonged use of these medications can lead to gastrointestinal disturbances, hormonal imbalances, and dependency. In contrast, Ayurvedic management offers a holistic approach by targeting *Apana Vata* vitiation, which is considered the root cause of menstrual pain, and

by incorporating *Panchakarma*, herbal medications, dietary modifications, and lifestyle adjustments to restore balance and improve reproductive health.⁹

The present case study demonstrated significant improvement in pain intensity, menstrual flow regulation, and overall well-being following Ayurvedic intervention. *Panchakarma* therapies such as *Abhyanga* and *Swedana* helped in relieving uterine spasms, improving pelvic circulation, and reducing muscle tension.¹⁰ *Basti Karma*, particularly *Dashamoola Niruha Basti* and *Anuvasana Basti*, played a crucial role in detoxification, pacifying *Vata Dosh*, and ensuring smooth menstrual flow.¹¹ Herbal formulations like *Shatavari Kalpa* and *Ashwagandha Churna* strengthened the uterine muscles, regulated hormonal function, and enhanced reproductive health. Furthermore, dietary corrections, including a *Vata-Pitta pacifying diet*, and the integration of yoga and pranayama practices contributed to emotional stability, stress reduction, and improved digestion.¹²

One of the most notable findings of this case study was the steady reduction in pain intensity from a **VAS score of 8/10 to 2/10** over three menstrual cycles. Unlike NSAID-based treatment, which provides immediate but temporary relief, the Ayurvedic approach resulted in **gradual but sustained pain reduction without any adverse effects**. The patient reported an overall improvement in energy levels, emotional well-being, and digestion, eliminating the need for analgesics by the third cycle. Additionally, yoga and pranayama practices helped in stress management and hormonal regulation, which further supported menstrual health.¹³

While the results of this case study are promising, some challenges remain in the widespread implementation of Ayurvedic therapies for dysmenorrhea. Patient compliance is crucial, as Ayurvedic treatment requires long-term adherence to lifestyle modifications and dietary regulations. The availability of trained practitioners and *Panchakarma* facilities, particularly for *Basti Karma*, can be a limiting factor in certain regions. Additionally, while clinical outcomes indicate the effectiveness of Ayurveda in dysmenorrhea management, large-scale studies and randomized controlled trials (RCTs) are required to establish standardized treatment protocols and validate these findings in the scientific community.¹⁴

In comparison to conventional management, which primarily suppresses symptoms, the Ayurvedic approach provides **long-term benefits by correcting physiological imbalances and addressing the root cause of the disorder**. The findings suggest that Ayurveda offers a **safe, sustainable, and effective alternative to NSAIDs and hormonal therapy** for

managing Primary Dysmenorrhea. Future research should focus on evaluating the long-term effects of Ayurvedic interventions on hormonal balance and menstrual health, as well as conducting comparative studies with conventional treatment methods to further establish Ayurveda's role in evidence-based gynecological care.¹⁵

Mode of Action

1. Shatavari Kalpa (*Asparagus racemosus*)¹⁶

Pharmacological Actions:

- **Rasayana (Rejuvenator):** Nourishes the reproductive system and improves ovarian function.
- **Stanya Janana (Galactagogue):** Regulates female hormones, supporting menstrual health.
- **Balya (Strengthening):** Enhances uterine tone and prevents excessive contractions.

Mode of Action:

- Regulates **estrogen levels**, balances **hormonal fluctuations**, and **reduces menstrual cramps** by soothing the uterine muscles.
- Acts as a **uterine tonic**, improving **endometrial health and menstrual flow**.
- Its **cooling effect** pacifies **Pitta and Vata**, reducing **inflammation and pain**.

2. Ashwagandha Churna (*Withania somnifera*)¹⁷

Pharmacological Actions:

- **Balya (Strength-promoting):** Enhances overall stamina and energy levels.
- **Vatahara (Pacifies Vata):** Reduces menstrual pain by relaxing uterine muscles.
- **Medhya (Nervine tonic):** Supports mental health and reduces stress.

Mode of Action:

- Reduces **cortisol levels**, relieving **stress-induced menstrual irregularities**.
- Promotes **muscle relaxation**, reducing **uterine spasms and pain intensity**.
- Improves **blood circulation**, aiding in **hormonal balance and ovulatory function**.

3. Hingwashtaka Churna-¹⁸

Pharmacological Actions:

- **Deepana (Appetizer) & Pachana (Digestive stimulant):** Improves digestion, reducing bloating and constipation.
- **Vata-Kapha Hara:** Reduces gas accumulation and abdominal discomfort.
- **Shoolahara (Analgesic):** Relieves colicky pain and muscle cramps.

Mode of Action:

- Stimulates **digestive fire (Agni)**, preventing **gas buildup and bloating**, which often worsen menstrual pain.
- Relieves **uterine spasms and abdominal cramps** by balancing **Vata Dosha**.
- Enhances **blood circulation**, ensuring a **smooth menstrual flow** and reducing clot formation.

4. Triphala Guggulu -19

Pharmacological Actions:

- **Shodhana (Detoxifier):** Clears Ama (toxins) from the body.
- **Vata-Kapha Hara:** Balances Apana Vata and prevents excessive clotting.
- **Lekhana (Scraping action):** Regulates metabolism and hormonal balance.

Mode of Action:

- Detoxifies the **reproductive system**, improving **uterine function and reducing congestion**.
- **Regulates bowel movements**, preventing **constipation, which can worsen dysmenorrhea**.
- Improves **uterine blood circulation**, ensuring a **smoother menstrual cycle with minimal pain**.

Pain Management in Primary Dysmenorrhea (Kashtartava)

- The first step in Ayurvedic pain management is identifying the root cause, which is usually the vitiation of Apana Vata, leading to severe cramps, lower abdominal pain, and associated symptoms like bloating, fatigue, and irritability. Basti Karma (medicated enema) is the most effective Panchakarma therapy in regulating Apana Vata, as it helps in detoxification, uterine nourishment, and pain relief. *Dashamoola Niruha Basti* reduces uterine spasms, while *Anuvasana Basti* nourishes the

reproductive organs and promotes smooth menstrual flow. Additionally, Abhyanga (therapeutic oil massage) with *Dhanvantaram Taila* and Swedana (fomentation therapy) with *Dashamoola Kwatha* help in relieving muscle tension and improving blood circulation in the pelvic region.

- Ayurvedic formulations such as *Ashwagandha Churna*, *Shatavari Kalpa*, and *Hingwashtaka Churna* play a crucial role in hormonal balance, stress reduction, and digestion improvement, which further helps in pain reduction and overall well-being. *Triphala Guggulu* aids in detoxification and regulates metabolism, ensuring better hormonal and reproductive health.
- In addition to therapies and medications, diet and lifestyle modifications are essential in pain management. A Vata-Pitta pacifying diet, which includes warm, easily digestible foods, helps in reducing bloating and inflammation. The restriction of cold, dry, and processed foods prevents further aggravation of Vata Dosha. Regular yoga and pranayama practices, such as *Baddha Konasana (Butterfly Pose)* and *Supta Baddha Konasana (Reclined Bound Angle Pose)*, enhance pelvic flexibility and reduce stress-related pain, while *Anulom-Vilom Pranayama* promotes mental relaxation and hormonal stability.

Role of Basti Karma



Conclusion

This case study highlights the effectiveness of Ayurvedic management in Primary Dysmenorrhea (*Kashtartava*), offering a holistic, safe, and sustainable alternative to conventional NSAID-based treatments. The integration of Panchakarma therapies (Abhyanga, Swedana, Basti Karma), herbal formulations (Shatavari Kalpa, Ashwagandha Churna, Hingwashtaka Churna), dietary modifications, and yoga practices resulted in progressive pain reduction, improved menstrual cycle regulation, enhanced digestive health, and emotional well-being. The VAS score decreased from 8/10 to 2/10, indicating a 75% reduction in pain intensity within three cycles, eliminating the need for analgesics. Menstrual flow became smoother, with reduced clotting and bloating, while digestive health and energy levels significantly improved. Emotional stability and stress levels were also well-managed through yoga and pranayama, reducing mood swings and fatigue. Unlike conventional painkillers that provide only temporary relief, this Ayurvedic approach addressed the root cause by balancing Apana Vata, ensuring long-term benefits without side effects. The findings support Ayurvedic interventions as a viable, evidence-based approach for managing Primary Dysmenorrhea, emphasizing the need for further clinical trials and large-scale studies to establish standardized treatment protocols.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT –NONE

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