



Clinical Study

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Kashtartava: A Clinical Study

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ABSTRACT

Dysmenorrhoea means painful or difficult menstruation and is the most common gynecological problem commonly prevalent from the age of 16 to 30 years. *Kashtartava* (Dysmenorrhoea) is a common ailment having a major impact on both physical and mental status, thereby affecting a woman's daily routine activities, characterized by painful menstruation. In Ayurvedic classics there are many disorder like *vatala yoni vyapad*, *paripluta yoni vyapad*, *udavarta yoni vyapad*, *mahayoni yoni vyapad*, *vataja artava dushti* in which *Kashtartava* is considered and described as a symptom. Hence an attempt to evaluate the efficacy of *Vizhalveradi kashayam* and *Soubhagyadi Vati* in *Kashtartava*.

Keywords: *Kashtartava*, Dysmenorrhea, *Vizhalveradi kashayam* and *Soubhagyadi Vati*.

INTRODUCTION

The term "*Kashtartava*"^[1, 2] can be implied as *the condition where in Artava is shed with pain*. *Kashtartava* it has been compared to primary dysmenorrhea based on the symptoms. *Kashtartava* is a *vata* and *kapha pradhan vyadhi* and mainly predominant of *vata dosha*. Due to *kapha prakopa*, *kapha* obstructs the *srotas* and this leads to the *dosha prakopa* along with *pratiloma gati* of *apana vayu* leading to *rajakrichrita*^[3]. *Kashtartava* is one of the *artavavaha srotodusti vyadhi* in which pain during menstruation is the predominant feature.

It can be compared with all the types of dysmenorrhea, but when it is due to only Vata it comes with the picture same as primary dysmenorrhea. Primary dysmenorrhoea is the pain associated to ovulation cycles, without demonstrable lesions that affect the reproductive organs. Primary dysmenorrhea is related to myometrial contractions induced by prostaglandins originating in secretory endometrium, thereby causing endometrial ischemia and pain (Dysmenorrhea)^[4, 5].

The pain is with suprapubic cramping and may be accompanied by lumbosacral backache, pain radiating down the anterior thigh^[6]. *Kashtartava* is a type of *artava vikriti* and it occurs during the formation of *artava* or *artava vimunchana*. *chikitsa* for *kashtartava* is not mentioned specifically. The general principles of treatment found scattered in ayurvedic classics. As in all cases of dysmenorrhoea, *vataprakopa* is the main cause, the treatment should be directed to the treatment of vitiated *vata* and eradication of the cause. Hence an attempt made to treat with *vatahara*, *vataanulomana* and *vedanasthapana dravyas*.

METHODOLOGY

The present study was carried out on 20 patients attending OPD of Prasooti Tantra Evam Stree Roga Department, SKAMCH & RC Bangalore.

OBJECTIVE OF THE STUDY

To evaluate the efficacy of *Vizhalveradi kashayam* and *Soubhagyadi Vati* in *Kashtartava*.

SOURCE OF DATA

20 patients with clinical features of *Kashtartava* coming under the inclusion criteria approaching the OPD of Prasooti Tantra Evam Stree Roga Department, SKAMCH & RC, Bangalore was selected for the study, the sample collection was initiated post approval, from the Institutional Ethical Committee.

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Sampling Technique

The subjects who fulfill the inclusion and exclusion criteria and complying with the informed consent (IC) were selected for the study.

METHOD OF COLLECTION OF DATA

- 20 Patients diagnosed as *Kashtartava* were selected for this study.
- A case proforma containing all the necessary details pertaining to the study was prepared.
- The data obtained in both groups was recorded, tabulated and statistically analysed using suitable statistical methods.

DIAGNOSTIC CRITERIA

Inclusion Criteria

- Unmarried female patients between 16 and 30 years of age.
- Patients suffering from pain during menstruation for more than 2 consecutive menstrual cycles.

Exclusion Criteria

- Female patients with any identifiable pelvic pathology and menstrual irregularities.
- Patients with history of any other systemic illnesses that may interfere with the course of treatment.

INTERVENTION

A clinical study with pre test and post test was conducted on 20 selected patients. Patients were given *Vizhalveradi kashayam*- 15ml with 30ml water before food and *Soubhagyadi Vati* 1 BD after food for a period of 3 consecutive menstrual cycles

Study Duration

Study was conducted for 4 consecutive menstrual cycles.
 Before Treatment (BT) - First day of menstrual cycle
 During Treatment 1 (DT1) - First day of 2nd menstrual cycle
 During Treatment 2 (DT2) - First day of 3rd menstrual cycle
 After Treatment (AT) - First day of 4th menstrual cycle

ASSESSMENT CRITERIA

Table 1: Showing the Assessment Criteria and Gradations

Serial No	Assessment Criteria	Gradations	
		Criteria	Grade
1	Pain in lower abdomen	0	No pain in lower abdomen during menstruation and daily activity is not affected.
		1	Pain in lower abdomen is present but daily activity is not affected. No analgesic is required.
		2	Pain in lower abdomen is present and daily activity is affected. Analgesics required.
		3	Pain in lower abdomen is present, she is not able to do her routine work and cause for absenteeism at classes/office, has to take analgesics but poor effect.
2	Duration of pain	0	No pain during menstruation.
		1	Pain persists for less than 12 hours
		2	Pain persists for 12-24 hours
		3	Pain persists for more than 24 hours
3	<i>Nature of pain</i>	0	No pain
		1	Occasional
		2	Dull
		3	Intermittent spasmodic
4	<i>Rajah kručhra munchana</i>	Present	Absent

OBSERVATION AND RESULT

Table 2: Showing the effect of treatment on Pain in lower abdomen as observed within the group

Phase	Mean	SD	SE	t value	p value	Remark
BT-DT1	0.3	0.65	0.14	2.04	p >0.05	NS
BT-DT2	1.25	0.96	0.21	5.87	p <0.001	HS
BT-AT	1.75	1.11	0.25	6.99	p <0.001	HS

On Pain in lower abdomen, within the group analysis, Before treatment to During treatment 1, the p value (>0.05) was statistically non significant result. Before treatment to During treatment 2 and Before treatment to After treatment, the p value (<0.001) revealed statistically highly significant results.

Table 3: Showing the effect of treatment on Duration of pain as observed within the group

Phase	Mean	SD	SE	t value	p value	Remark
BT-DT1	0.15	0.36	0.08	1.8	p >0.05	NS
BT-DT2	0.25	0.4	0.09	2.5	p <0.05	S
BT-AT	0.3	0.47	0.10	2.8	p <0.05	S

On Duration of Pain, within the group analysis, Before treatment to During treatment 1, the p value (>0.05) was statistically non significant result. Before treatment to During treatment 2 and Before treatment to After treatment, the p value (<0.05) revealed statistically significant results.

Table 4: Showing the effect of treatment on Nature of Pain as observed within the group

Phase	Mean	SD	SE	t value	p value	Remark
BT-DT1	0.15	0.48	0.10	1.37	p >0.05	NS
BT-DT2	0.35	0.67	0.15	2.3	p <0.05	S
BT-AT	0.82	0.61	0.13	5.81	p <0.001	HS

On Nature of Pain, within the group analysis, Before treatment to During treatment 1, the p value (>0.05) was statistically non significant result. Before treatment to During treatment 2, the p value (<0.05) revealed statistically significant results and Before treatment to After treatment, the p value (<0.05) revealed statistically highly significant results.

Table 5: Showing the effect of treatment on *Rajah krucchra vimunchana* as observed within the group

BEFORE TREATMENT - DURING TREATMENT 1					
Phase	Present	Absent	χ^2 value	p value	Remark
BT	16	4	17.1	p <0.001	HS
DT1	3	17			
BEFORE TREATMENT - DURING TREATMENT 2					
Phase	Present	Absent	χ^2 value	p value	Remark
BT	16	4	24	p <0.001	HS
DT2	2	18			
BEFORE TREATMENT - AFTER TREATMENT					
Phase	Present	Absent	χ^2 value	p value	Remark
BT	16	4	22.8	p <0.001	HS
AT	1	19			

On *Rajah krucchra vimunchana*, within the group analysis, Before treatment to During treatment 1, Before treatment to During treatment 2 and Before treatment to After treatment, the p-value (<0.001) revealed statistically highly significant.

DISCUSSION

Vizhalveradi kashayam [7]- *Triphala, chitraka, lohapatra and haridra* having *ushna veerya, vedanasthapaka* and *vatahara*. Hence, it helps in regularising the *gati* of *vata dosha*, facilitating the *pravrutti* of *artava*, thereby reducing the pain during menstruation and also tones uterine muscles and soothes nerves and is helpful in relieving the symptoms.

Soubhagyadi Vati [8] -*Tankana* is having *ushna veerya, stree-pushpa janaka karma, balya* and *vata amaya nashaka karma*. Thus, it helps in normal functioning of *apana vayu*, leading to *samyak munchana* of *artava*. *Kaseesa* is having *guru, snigdha guna, ushna veerya* thereby alleviating *vata dosha*. In addition, it also has *raja pravartaka karma* which helps in directing the flow of *artava* in downward direction. The ingredients such as *hingu, kumara, mareecha, ajamoda* have *katu rasa, snigdha guna, ushna veerya, kaphavatahara, dipana pachana karma* help in *amapachana, agni deepana, Vatanulomana* thus relieve pain. Due to its *anulomaka* property, the *urdhwa gati* of *vata* is channelized to *adhogati* and due to *artava janaka* property, there is proper menstrual flow relieving dysmenorrhoea.

CONCLUSION

From result it can be concluded that all patients has showed significant and highly significant results in all the parameters. Overall study concludes that *Kashtartava*, occurring as a result of *vata prakopa* and *pratilomagati* of *artava*. It can be managed effectively and safely by *vatahara, vatanuloma* and *vedanasthapana dravyas*. No adverse effects were observed during the course of this study.

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