

“AYURVEDIC MANAGEMENT OF KAṢṬĀRTAVA (DYSMENORRHEA): A REVIEW”

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ABSTRACT:

Introduction: Dysmenorrhea, or painful menstruation, is one of the most common gynecological complaints among women of reproductive age. Ayurveda describes this condition under the term *Kaṣṭārtava*, where menstruation (*ārtava pravṛtti*) occurs with pain. It is primarily considered a disorder of *Apāna Vāta*. Despite being a physiological process, dysmenorrhea significantly affects quality of life, productivity, and mental well-being. **Methods:** Classical Ayurvedic texts (*Charaka Saṃhitā*, *Suśruta Saṃhitā*, *Aṣṭāṅga Hṛdaya*, *Kāśyapa Saṃhitā*) were reviewed to identify references to *Kaṣṭārtava*. Modern databases (PubMed, Scopus, Google Scholar) were searched (2000–2025) with keywords “Ayurveda,” “*Kaṣṭārtava*,” “dysmenorrhea,” “herbal management,” and “*Vāta* disorders.” Clinical studies, case reports, and review articles were included. **Results:** Ayurvedic management of *Kaṣṭārtava* involves three key approaches: (1) *Śodhana cikitsā* (purificatory measures such as *basti* therapy), (2) *Śamana cikitsā* (palliative therapy with herbs like *Aśvagandhā*, *Śatāvarī*, *Hingu*, *Kumārī*, *Eranda*), and (3) *Pathya-Apathya* (dietary and lifestyle regulations). Yoga, *prāṇāyāma*, and stress management are also recommended. Modern studies have shown efficacy of certain Ayurvedic formulations (e.g., *Hingvādi cūrṇa*, *Kumāryāsava*, *Rājapravartinī vaṭī*) and therapies (oil massage, *basti*) in reducing pain intensity, improving blood flow, and regulating hormonal balance. **Discussion:** The Ayurvedic concept of *Vāta śamana* aligns with modern understanding of dysmenorrhea pathophysiology, where prostaglandin-induced uterine contractions cause ischemic pain. Herbal drugs with antispasmodic, anti-inflammatory, and analgesic properties offer promising results. However, large-scale randomized controlled trials are limited. **Conclusion:** Ayurvedic management of *Kaṣṭārtava* provides a holistic approach addressing diet, lifestyle, and psychosomatic factors along with herbal and *panchakarma* interventions. Integrating these modalities with modern evidence may provide safe, effective, and sustainable strategies for dysmenorrhea.

KEYWORDS: Ayurveda, *Basti*, Dysmenorrhea, *Kaṣṭārtava*, Women’s health

INTRODUCTION

Menstruation is a natural cyclical event that reflects a woman's reproductive and hormonal health.^[1] However, for many women, this process is accompanied by severe abdominal or pelvic pain, termed dysmenorrhea.^[2] It is classified as primary (without pelvic pathology) and secondary (associated with pelvic disease such as endometriosis).^[3] Dysmenorrhea affects nearly 50–90% of young women worldwide, with a significant impact on quality of life, productivity, and psychosocial health.^[4-5]

In Ayurveda, this painful menstruation is referred to as *Kaṣṭārtava*. The condition is primarily attributed to *Apāna Vāta vitiation*, which governs downward movement of menstrual blood.^[6-7] Improper diet, lifestyle, suppression of natural urges, stress, and *doṣa* imbalance aggravate *Vāta*, leading to painful, scanty, or obstructed menstruation. Classical texts emphasize both preventive and curative approaches, including *sāmānya cikitsā* (general treatment), *viśeṣa cikitsā* (specific therapy), and lifestyle modifications.^[8-9]

This review aims to compile Ayurvedic principles and management strategies for *Kaṣṭārtava* and evaluate them in the context of modern biomedical understanding. The objectives are: (1) to highlight Ayurvedic concepts and therapeutic modalities, (2) to explore evidence-based validation of Ayurvedic remedies, and (3) to suggest integrative approaches for dysmenorrhea management.^[10]

MATERIALS AND METHODS

- **Classical literature review:** *Charaka Saṃhitā* (*Sūtra & Cikitsā sthāna*), *Suśruta Saṃhitā* (*Śārīra sthāna*), *Aṣṭāṅga Hṛdaya* (*Śārīra & Uttara sthāna*), *Kāśyapa Saṃhitā* (*Strīroga adhyāya*) were analyzed.^[11]
- **Electronic search:** PubMed, Scopus, Web of Science, and Google Scholar were searched (2000–2025) using terms “Ayurveda AND dysmenorrhea,” “*Kaṣṭārtava*,” “Ayurvedic herbs AND menstrual pain,” “*basti* AND women's health.”^[12]
- **Inclusion criteria:** Clinical studies, case reports, review articles, and experimental research on Ayurvedic interventions for dysmenorrhea.^[13]

- **Exclusion criteria:** Studies unrelated to dysmenorrhea, opinion papers without evidence.^[14]

OBSERVATIONS AND RESULTS

1. Ayurvedic Concept of *Kaṣṭārtava*

- *Nidāna* (etiology): *Rūkṣa*, *laghu*, *kaṭu*, *tikta*, *kaṣāya āhāra*, suppression of urges, excessive exertion, psychological stress.
- *Samprāpti* (pathogenesis): *Apāna Vāta* vitiation → constriction of channels → painful expulsion of *ārtava*.
- *Lakṣaṇas*: colicky abdominal pain, backache, fatigue, nausea, scanty flow.

2. Line of Treatment

a) *Śodhana* (Purification):

- *Basti chikitsā* (medicated enema) – *anuvāsana basti* with *til taila* or *daśamūla taila*, *nīruha basti* with decoctions.
- *Virecana* (purgation) for associated *pitta* involvement.

b) *Śamana* (Palliative therapy):

- **Herbs:**
 - *Hiṅgu* – carminative, antispasmodic.
 - *Śatāvārī* – uterine tonic, adaptogen.
 - *Aśvagandhā* – analgesic, stress reliever.
 - *Kumārī* (*Aloe vera*) – *ārtava janana* (emmenagogue).
 - *Eranda* (*Castor oil*) – mild laxative, *vāta śamana*.
- **Formulations:**
 - *Rājapravartinī vaṭī* – emmenagogue, pain reliever.
 - *Hiṅgvādi cūrṇa* – antispasmodic.
 - *Daśamūla kvātha* – anti-inflammatory.
 - *Kumāryāsava* – regulates flow, reduces spasms.

c) *Pathya-Apathya* (Diet & Lifestyle):

- *Pathya*: warm, light, unctuous foods; milk, ghee, green leafy vegetables; adequate rest; yoga and meditation.
- *Apathya*: cold, dry, spicy foods; excessive exertion; suppression of urges; mental stress.

3. Modern Evidence Supporting Ayurvedic Approaches

- Herbal drugs like *Ashwagandha*, *Shatavari*, and *Aloe vera* exhibit antispasmodic and anti-inflammatory activity.

- Castor oil packs shown to reduce pelvic congestion and dysmenorrhea pain.
- Clinical studies:
 - *Rājapravartinī vaṭī* effective in regulating menstruation and reducing pain.
 - *Basti therapy* reported beneficial in chronic *Kaṣṭārtava*.
- Yoga and relaxation techniques improve pain tolerance and reduce prostaglandin-mediated cramps.

DISCUSSION

Dysmenorrhea, characterized by painful menstruation, is one of the most common gynecological complaints among women of reproductive age. In Ayurveda, dysmenorrhea is primarily considered a *Vata*-predominant disorder, where aggravated *Vata* leads to abnormal uterine contractions, impaired blood flow, and pain. The Ayurvedic approach emphasizes holistic management, not only alleviating symptoms but also addressing underlying *doshic* imbalances, enhancing tissue nourishment (*Dhatu Samya*), and restoring mind-body harmony. Lifestyle and dietary interventions, known as *Pathya-Apathya*, play a crucial role in reducing *Vata* aggravation, while practices such as yoga and meditation promote relaxation, autonomic balance, and stress reduction, which are critical in managing pain perception.^[15]

From a modern biomedical perspective, dysmenorrhea is largely mediated by excessive prostaglandin synthesis in the endometrium, leading to uterine hypercontractility, ischemia, and pain. The mechanistic understanding aligns with Ayurvedic principles to some extent: *Vata* aggravation in the uterus corresponds functionally to hyperactive uterine contractions and impaired circulation. This convergence suggests that traditional interventions targeting *Vata* may have measurable physiological effects.^[16]

Several Ayurvedic herbs and procedures demonstrate potential efficacy. *Hingu* (*Ferula asafoetida*) and *Śatāvarī* (*Asparagus racemosus*) are traditionally used to relieve uterine pain. Modern pharmacological studies indicate that *Hingu* possesses antispasmodic and anti-inflammatory properties, while *Śatāvarī* exerts mild estrogenic and anti-inflammatory effects, which may modulate prostaglandin synthesis and

improve uterine perfusion. *Basti* (medicated enema therapy), another cornerstone of Ayurvedic therapy, is believed to regulate *Vata* in the lower abdomen, and emerging evidence suggests it may influence autonomic tone, enhance pelvic blood flow, and reduce menstrual pain.^[17]

Despite promising results, significant gaps remain. Most clinical trials evaluating Ayurvedic therapies for dysmenorrhea are small-scale, non-randomized, or observational, limiting the generalizability of findings. Variability in formulations, dosages, and intervention protocols further complicates the interpretation of outcomes. Additionally, there is a lack of biochemical validation, such as prostaglandin measurements or imaging studies, to objectively assess the physiological impact of these interventions.^[18]

Future prospects involve the design of integrative, evidence-based protocols. Comparative studies of standardized Ayurvedic formulations versus NSAIDs could clarify relative efficacy and safety profiles. Biochemical and pharmacological analyses could elucidate mechanisms by which Ayurvedic herbs modulate prostaglandin levels, uterine contractility, and inflammatory pathways. Incorporating lifestyle interventions such as yoga, diet, and stress management alongside herbal therapy may offer a multimodal approach, reflecting both traditional wisdom and modern biomedical insights. Furthermore, personalized medicine approaches, considering *doshic* constitution and hormonal profiles, may optimize treatment efficacy while minimizing adverse effects.^[19]

In conclusion, Ayurveda offers a complementary and holistic framework for dysmenorrhea management. Its emphasis on *doshic* balance, lifestyle regulation, and mind-body harmony complements modern pharmacotherapy, and integrative research has the potential to enhance clinical outcomes and patient satisfaction.^[20]

CONCLUSION

Ayurvedic management of *Kaṣṭārtava* (dysmenorrhea) emphasizes holistic interventions targeting diet, lifestyle, and psychosomatic well-being, along with specific herbal and *panchakarma* therapies. Classical approaches such as *basti chikitsā*, *śamana oushadhas*, and *pathya-apathya* offer significant relief and preventive potential.

Modern evidence increasingly validates these principles, demonstrating analgesic, anti-inflammatory, and antispasmodic actions of Ayurvedic herbs and therapies. Integrating Ayurveda with modern gynecology may provide safe, effective, and sustainable strategies for dysmenorrhea management. Large-scale, well-designed clinical trials are essential for validation and global acceptance.

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