Kashtartava: A Clinical Study

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ABSTRACT

Dysmenorrhea means painful or difficult menstruation and is the most common gynecological problem commonly prevalent from the age of 16 to 30 years. Kashtartava (Dysmenorrhea) 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 vacala 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 kapra prakopa, kapha obstructs the srotas and this leads to the dosha prakopa along with pratiloma gati of opana vyayu leading to rajakrichita [3]. Kashtartava is one of the artavvaha 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 [4]. 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.
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                                      |
|-----------|--------------------------------------|------------------------------------------------|
| 1         | Pain in lower abdomen                | Criteria | Grade  |
|           |                                      | 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         | Nature of pain                       | 0        | No pain |
|           |                                      | 1        | Occasional |
|           |                                      | 2        | Dull |
|           |                                      | 3        | Intermittent spasmodic |
| 4         | Rajah krucchra munchana              | 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     | <0.05   | NS     |
| BT-DT2     | 0.25  | 0.4  | 0.09 | 2.5     | <0.05   | S      |
| BT-AT      | 0.3   | 0.47 | 0.10 | 2.8     | <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    | <0.05   | NS     |
| BT-DT2     | 0.35  | 0.67 | 0.15 | 2.3     | <0.05   | S      |
| BT-AT      | 0.82  | 0.61 | 0.13 | 5.81    | <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 kruccha vimunchana as observed within the group

| Phase | Present | Absent | \( \chi^2 \) value | p value | Remark |
|-------|---------|--------|---------------------|---------|--------|
| BT    | 16      | 4      | 17.1                | <0.001  | HS     |
| DT1   | 3       | 17     |                     |         |        |
|       |         |        |                     |         |        |
| BT    | 16      | 4      | 24                  | <0.001  | HS     |
| DT2   | 2       | 18     |                     |         |        |
|       |         |        |                     |         |        |
| BT    | 16      | 4      | 22.8                | <0.001  | HS     |
| AT    | 1       | 19     |                     |         |        |

DISCUSSION

Vizhalveradi kashayam \(^7\) - Triphala, chitraka, lohapatra and haridra having ushna veerya, vedanasthapaka and vataharaka. 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 vaya, leading to samyak murchana 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, kaphavatara, dipana pachana karma help in amapachana, agni deepana, Vatanuloma 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 vedanasthaphaka dravyas. No adverse effects were observed during the course of this study.

REFERENCE

1. A dictionary English & Sanskrit by Monier. William, Motilal Banarsidass publishers private limited, 4th edition, reprint 2005, Delhi, pp-859, p-495.
2. A practical Sanskrit Dictionary, By Arthur, Antony Macionell, Published by- Bharatiya granth niketana, New Delhi, edition 2006, Pp- 384.
3. Agnivesha, Caraka samhita, edited by Vaidya Yadavji Trikamji Acharya, Shareera sthana, Chowkambha surabharathi prakashana, varanasi, reprint 2013, Sthana- chikitsa, Chapter 30, Verse 25-26.
4. Speroff L, Glass RH, Kase NG. Menopause and the perimenopausal transition. In:. Clinical Gynecologic Endocrinology and Infertility, 6thed Baltimore: Lippincott Williams & Wilkins, 1999, 643-724.
5. Harel ZA. Contemporary approach to dysmenorrhea inadolescents. Paediatric Drugs 2002; 4:797-805.
6. Jeffcoate’s, Principles of Gynaecology, By Pratap Kumar & Narendra Malhotra, 7th international edition 2008, Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, Pp – 964, p –617, 619.
7. Sahasrayogam, kashaya kalpana.
8. Rastantra sara evam siddha prayoga sangraha.

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