

Management of Kashtartava Through Hingwadi Taila Matra Basti: A Case Study

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Abstract

The one who bears garbha is called stri, Stri is compared to mother earth as both have the quality of forbearance and procreation. Ayurveda describes four factors essential for garbhadhan (conception), shuddha artava is one of them. Shuddha artava is devoid of pain, burning sensation and any type of discomfort. In Ayurveda classics, kashtartava is not described as a separate disease because women were not suffering much from this problem in that era due to adequate ritucharya and rajasvalacharya. Kashtartava is considered as a symptom of vataja aartavdushti and various yoni vyapada i.e., Vatala yonivyapad, Udavarta yonivyapad, Antarmukhi yonivyapad. Acharya Charaka has mentioned that Yoniroga can't occur without vitiation of Vata. Again, pain is the main feature of Kashtartava, so it has strong relation with Vata, normal Anuloma Gati of Apana Vayu changes to Pratiloma Gati and this vitiated Vata obstructs the normal functioning of Raja and Raja comes out with great difficulty with severe Shoola. Presented here a case report of girl aged 18 years with Chief complaint of painful menses suffering from primary dysmenorrhea more than 3 cycles with scanty bleeding (1-2 pads/day) presented on OPD of PRASUTI TANTRA AND STRI ROGA department of Govt. Ayurvedic PG College and Hospital Varanasi. After her consent, "Hingwadi taila matra basti" 30 ml for 7 days was given along with oral medication for consecutive 3 cycles. As a result, her menstrual cycle became regular without any complaint. In this case study concept of Kashtartava and treatment course along with mode of action of drugs is mentioned.

Keywords Garbhadhan; Kashtartava; Yonivyapad; Ritucharya; Rajasvalacharya

Introduction

Dysmenorrhea is the most common gynecological problem faced by women during their adolescence which causes significant discomfort & anxiety for the woman as well as family [1]. A cross sectional study was conducted on Indian female students by Shabnam Omidvar, Fatemeh Bakouei and Khyrunnisa Begum. It shows that prevalence of primary dysmenorrhea was 70.2%. Majority of the subjects experienced pain for one- or 1-2-days during menstruation. 23.2% of the dysmenorrheic girls experienced pain for 2-3 days.

The term Kashtartava is made of two words-KASHTA and ARTAVA

Kashta -painful, difficult, troublesome, etc.

Artava – bahirpushpa or menstrual flow.

So, the term Kashtartava can be described as sashoola artava pravritti (painful menstruation).

In Ayurveda classics, kashtartava is not described as a separate disease because women were not suffering much from this problem in that era due to adequate ritucharya and rajasvalacharya.

There are many other diseases in which Kashtartava is considered as a symptom such as-

Artava vyapad – Vataja artavdushti

Yoni vyapad – Vatala yonivyapad,

Udavarta yonivyapad,

Antarmukhi yonivyapad,

Suchimukhi yonivyapad,

Paripluta yonivyapad,

Mahayoni yonivyapad

Vipluta yonivyapad.

“Dysmenorrhea is the cyclical pain associated with menstrual cycle so as to incapacitate day to day activities.” It is of two type's primary & secondary dysmenorrhea. Primary dysmenorrhea usually begins a few hours before or just after the onset of a menstruation period and may last 48-72 hrs. In primary dysmenorrhea pain is associated to ovulatory menstrual cycles without any demonstrable pelvic pathology [2-4]. It is related to myometrium contraction induced by prostaglandins originating in secretory endometrium, thereby causing endometrial ischemia and pain (dysmenorrhea). The pain is spasmodic and confined to lower abdomen may radiate to the back & medial aspect of thighs, systemic discomforts like nausea, vomiting, fatigue, diarrhoea, headache, sometimes fainting may be associated [5-8]. Kashtartava can be taken as same as the dysmenorrhea of modern medical science.

Aims and Objective

1. To understand Kashtartava W.S.R. to primary dysmenorrhoea.

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2. To provide cost effective & non hormonal treatment for Kashtartava (Primary dysmenorrhoea).

3. To evaluate the role and efficacy of HINGWADI TAILA Matra basti on Kashtartava.

4. To study any complication's related to the drug and therapy.

Case Report

An unmarried girl aged 18 years who is a school student from middle socio economic status visited OPD of PRASUTI TANTRA AND STRI ROGA department of Govt. Ayurveda PG College and Hospital Varanasi.

Chief complaint with duration- pain in lower abdomen during menstruation with scanty bleeding (1-2 pads/day, not completely soaked) since menarche. Patient had menarche at the age of 13 years and menstrual cycle was regular but pain in lower abdomen with cramps. Pain was severe on first two days and mild on third day. She also having complains of occasionally shrama, shirashoola, breast tenderness, aruchi & constipation.

She was getting little relief with modern medicine after that she started Ayurveda medication but, as the pain was so severe, it wasn't reducing after taking rest and analgesic and was disturbing her daily activities. So, she visited Govt. Ayurvedic PG College and Hospital Varanasi for permanent relief and better treatment.

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

Menstrual history

- Menarche at 13 years of age
- LMP- 03/06/2021
- Menstrual cycle- duration- 3-4 day's interval-28-30 days with scanty flow
- Pad used- 1-2 pads per day (not completely soaked)
- Character- pinkish - red colour
- Consistency- thin or watery
- Dysmenorrhea- Cramp like pain, site of pain- Lower abdomen and low backache

General examination

- Built- Moderate
- Nourishment- Moderate
- Temperature- 98.50 F
- RR- 18/ Min
- Pulse rate- 76 /Min
- Blood pressure- 110/70 mm of Hg
- Height- 158 CMS
- Weight- 42 Kg

Systemic examination

- R.S.- normal bronchial breathing
- CVS- S1, S2 Normal
- CNS- Conscious, oriented

- P/A- Soft
- Bowel habit- once in a day, bladder habit- 5-6 times/day

Gynaecological 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- vata-pittaja
- Mootra- samanya (nirama)
- Mala- nirama
- Jivha- Alipta
- Shabda- samanya
- Sparsha- Anushna sheeta
- Druk- Prakruta
- Akrti- Krush

Dashvidha pariksha

- Prakruti- Vatapradhan pitta
- Dosha- Vata pradhan kaphaja
- Dushya- Rasa, Rakta, Artava
- Sara- Hin
- Samhanana- Hin
- Pramana- madhyam (158 cm)
- Dehabhara- 42 Kgs
- Satmya- Madhyama
- Satva- Madhyama
- Ahara Shakti- Madhyama
- Vyayam Shakti- Hin

For menstrual pain assessment some subjective and objective parameters was taken

Subjective parameters – Pain intensity, Work ability

Objective parameters – Days of pain, Pain location

The intensity of menstrual pain was measured in VAS (visual analogue scale) grading and scoring system (a self-modified subjective criterion) (Figure 1)

Investigation

USG of Abdomen and Pelvis-

Uterus - Normal in size. Endometrial echo complex Central and cavity empty. No focal mass seen (ET: 6mm)

Cervix - Normal



Figure 1: Overall assessment of menstrual pain through WalIDD scoring & grading system. (Wa = working ability, L = location of pain, I = intensity of pain, D = days of pain D = dysmenorrhea).

Table 1: Treatment plan and result.

Cycle	Result	Oral medication	Procedure done
1 st cycle	LMP- 03/06/2021 M/H- duration- 3-4 days Amount-1-2 pads/day Dysmenorrhea – severe	Ashwagandha churna – 3gm. BD with milk, after meal for 15 days from 03/06/2021	Hingwadi taila matra basti” 30 ml started from 06/06/2021 Upto 12/06/2021
2 nd cycle	LMP– 01/07/2021 M/H- duration- 3-4 days Amount- 2 pads/day Dysmenorrhea – mild relief in pain.	Same medication started from 01/07/2021 for 15 days	Basti given from 05/07/2021 to 11/07/2021 for 7 days
3 rd cycle	LMP- 04/08/ 2021 M/H- duration- 3-4 days Amount- first 2 days 3 pads/day. after that 2 pads/ day Dysmenorrhea – mild (No need to take analgesic, can easily do routine work)	Same medication started from 04/08/2021 for 15 days	Basti given from 08/08/2021 to 14/08/2021 for 7 days

B/L Overies – Normal

Urine (R) and (M) - WNL

Hb% - 9.8 gm%

Treatment

Basti chikitsa

“Hingwadi taila matra basti” 30 ml for 7 days after cessation of menstruation.

Purva Karma: Abhyanga with tila taila on kati-prushta-parshwa-adhodara for 15 min and swedan. **PradhanKarma:** Matra basti in left lateral position with 30 mL HINGWADI TAILA. **Pashchat karma:** Rest in supine position for at least 15- 20 min.

Oral medication

Ashwagandha churna- 3gm. BD with milk after meal for 15 days, from first day of menstruation.

Treatment continues for 3 cycles along with some life style modifications (Table 1)

- Yogasana which regulates Apana vayu and also, relieves backache like USHTRASANA, BHUJANGASANA, GOMUKHASANA & VAJRASANA. Minimum thrice in a week.

- Sound sleep for 6-8 hrs.

- Dietary changes (eat fresh, warm, & healthy food).

- Avoid stress, caffeine, alcohol, smoking etc.

Discussion

The treatment of dysmenorrhea usually advocated in modern medicine i.e., analgesics, antispasmodics, and/or oral contraceptive pills that does not provide a long-lasting solution and besides may lead to serious adverse effects [9-12], there is no treatment regimen that can relieve the entire symptom complex of primary dysmenorrhea, hence there is a need to find a safe, effective and non-hormonal treatment for the condition.

The trial drug Hingwadi Taila contains hingu, kasisa, saindhava, shunthi, patraka, chitraka, kuma-ra sara, samudraphena, tankana,

yavakshara, sarjikshara, haridra and daruharidra as kalka dravya and sarshapa taila as sneha dravya if given to the patients suffering from kashtartava is said to give ultimate effect on artava vaha srotasa. Most of the contents of the drug are said to be agneya dravyas and have vatanulomaka, artava janaka and garbhashaya sankochaka properties [13]. Hence it will directly act on kashtartava and also regularise the menstrual cycle. Artava is said to be agneya, hence the drugs need to be attributed with tikshna, ushna, vidahi gunas to be called as artavajanaka dravyas. Use of agneya dravyas relieves the kapha which has done the avarana of the apana vayu by blocking the artava vaha srotasa and thereby removes the margavarodha and also increase the quantity of artava. These dravyas increas the amount of menstrual flow by improving the vascular supply or by increasing the thickness of endometrium.

Probable Mode of Action of Drug

Hingwadi taila containing properties like vatanulomana, vaat-kapha shamak, vedanasthapana & shoalnashak. Also, its mentioned as a pushpa- samjanana, rajakrichhahara and yonishoolahara. It is kapha vata shamaka and pittavardhaka hence helps in relieving the avarana of apana vayu and because of agneya guna it will increase the artava. These guna will help in agnideepana, aamapachana which will improve the agni and amapachana take place resulting into formation of healthy ahara rasa and rasa dhatu which in turn improve the quality and quantity of artava [14]. Due to its vatanulomana property it will help in anulomana of apana vayu and proper expulsion of artava without any pain as hingu is also shulaprashamana dravya. It acts directly on the uterus and considered as garbhashaya shodhaka and also artavajanana. Ashwagandha having tikta-katu rasa, laghu guna, ushna veerya, Madhura vipaka and it’s having properties of rasayana, vatakaphapaha, balya, and baajikarana.

Mode of Action According to Modern Science

- Most of the drugs have Antispasmodic property helps in relieving the pain.
- Drugs are having Anti-inflammatory action helps in reducing the pain.
- Drugs are having carminative action helps in relieving the pain.

- Drugs are having antibacterial, antiviral and antifungal properties which reduces the infection and help in proper cyclic phenomenon in menstrual cycle.
- Drugs are having immune-modulator and anti-carcinogenic properties.
- Antioxidant property of the drugs helped in maintaining the proper estrogen production, ovulation and help in maintaining the luteal phase resulting in normal level of progesterone hence helps in regularizing the HPO axis.
- Antioxidants also increase the anabolic activity in body hence increase the thickness of endometrium results in increasing the amount of blood loss.
- Drugs like kasisa have haematogenic property helped in improvement of haemoglobin. And studies have shown that along with improvement in haemoglobin kasisa helped in increasing the amount of bleeding in women.
- Drugs are having anticoagulant property and studies showed that after taking oral anticoagulants the women were having longer duration of flow and amount of bleeding also increased.
- Drugs like patraka, hingu etc. have anti hyperglycemic properties and study showed that uses of anti-diabetic drugs help in ovulation which results in corpus luteum formation and maintains the normal HPO balance and hence help in regularising the menstrual cycle. Most of the drugs have minerals, vitamins, carbohydrates, proteins which helped in improving the general health of the patients along with the improvement in haemoglobin and therefore maintain the normal hormonal balance in the body which are responsible for normal menstruation.

Ashwagandha is a proven nootropic drug. It reduces plasma cortisol level and urinary catecholamine and balances H-P-O axis. It is an analgesic that soothes nervous system from pain response, it is also found to be effective as antipyretic as well as analgesic also. Ashwagandha is a very complex compound and includes a large number of substances like alkaloids, steroidal lactones, saponins and withanolides. Much of Ashwagandha's pharmacological activity has been attributed to two main withanolides, withaferin A and withanolide D. Withaferin A exhibits fairly potent anti-inflammatory activities, anti-prostaglandin effects similar to those of mefenamic acid and ibuprofen.

Conclusion

Tridoshas that is vata, pitta, kapha creates balance and health. An imbalance, which might be an excess (vridhhi) or deficiency (kshay) manifest as sign or symptom of diseases. Apan is one of the five types of vata dosha. It is located in the Shroni, basti and Uru. Normal menstruation is among one of the functions of Apanavata, so painful menstruation can be considered as Apanavayudushti.

The line of management should be to correct the pathology i.e., samprapti vighatana chikitsa should be adopted. The correction should be in such a way as to remove the margavarodha from the artava vaha srotasa by breaking the avarana and agnideepana which in turn resulting into proper function of rasa and rakta dhatu, and leads to formation of shuddha artava.

a) The main principle of management of kashtartava is agnivardhaka, vatakapashamaka and vatanulomaka chikitsa.

b) After intervention it was observed that hingwadi taila is effective in the management of kashtartava.

c) Hence effect of the drug was significant in kashtartava

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