

# Further Clinical Study on Kastartava W.S.R to Primary Dysmenorrhea & its Management by MatraBasti

Dr. H. L. M. G. Sajeewani

Specialist Medical Officer, Secretary Specialty Board of  
Stree Roga and Prasuti,  
PGIIM, University of Colombo, Sri Lanka

Dr. LaxmiPriya Dei

Professor and former I/C of Head,  
Department of Stree Roga and Prasuti  
Tantra, ITRA, Jamnagar, India

**Abstract:-** Negatively affected quality of life has been observed among women due to Primary dysmenorrhea. Primary dysmenorrhea refers to the occurrence of painful cramps of uterine origin during menstruation in the absence of an identifiable pathologic lesion which is a common gynecologic complaint. *Kashtartava* is not separately described as a disease anywhere in Ayurveda classics. But there are many other diseases in which *Kashtartava* is considered and described as a symptom. Since gravity of burden of primary dysmenorrhea considerably mounts up thus reducing fertility, it is the need of the time to find out the factual causes of primary dysmenorrhea and a more effective and complete cure of this sensitive issue to correct quality of life in women. The present study was an effort to understand the efficacy of *Eranda Brushta Haritaki* with *Shuntichoorna* (EBHS) and *Matra Basti* of *Dashamooltaila* (DTMB) on primary dysmenorrhea. Patients of age between 15-25 years with painful menstruation having no underlying pelvic pathology were randomly selected and divided in two groups A & B adopting the random sampling method. The efficacy was studied in both selected drugs along with etiopathogenesis of primary dysmenorrhea.

*Eranda Brushta Haritaki Chorna* with *Sunthi Choorna* more prolonged and lasting as it compared to *Dashamoola Taila Matra Basti*. Because it is found highly effective in whole the feature complex related to *Kashtartava*(primary dysmenorrhea).

**Keywords:-** *Kashtartava*, *Primary Dysmenorrhea*, *Matra Basti*.

## I. INTRODUCTION

Primary dysmenorrhea indicates to the occurrence of painful menstruation. Dysmenorrhea is a major medical problem not only for women and fertility but also for their families and health services. Once study menstruation, special attention should be paid to pain since menstrual pain greatly affects the quality of life of women and this indirectly affects negatively to the economy.

As the opinion of *brihatrya* and *Laghutrayai*, primary dysmenorrhea (*Kashtartava*) as a disease not mentioned anywhere in the text but there are many other diseases in which *Kashtartava* is considered and described as a symptom. Charaka Acharya clearly noted, symptoms of a disease themselves can constitute a disease but sometimes because of their subordinate nature, they are only symptoms and not a disease while commenting on this Acharya Chakrapani elaborate that any symptoms may manifest as a separate disease<sup>[1]</sup>.

Keeping this entire fact in mind considering *Kashtartava*, where a woman suffers with pain in menstruation, the *Vatadosha* plays a key role. *Basti* is supposed to be the principle of treatment for *Vatik diseases* and *Matra Basti* a type of *Anuwasana Basti* and the simplest type of *Basti* which can be easily administered.

In addition *Agnivikara* induces vitiation of *Apana Vata* since three *Vayus*, *Prana*, *Apana*, *Samana* located in their respective places initiate and preserve Agni of the body<sup>[2]</sup>

Therefore the present study focused to evaluate comparatively, *Matra Basti* and *Eranda Bhrushta Harithaki* with *Shunti Choorna* for the management of Primary Dysmenorrhea.

## II. MATERIALS AND METHODS

24 diagnosed Patients of *Kashtartava* attending the O.P.D. and I.P.D of I.P.G.T. & R.A., G.A.U, Jamnagar were selected; only primary dysmenorrhea is taken as *Kashtartava* to exclude the pathological cases.

The *Dashamoola Taila* and *Er and a Brushta Haritaki Choorna* with *Shunthi Choorna* were prepared in the pharmacy of Gujarat Ayurved University. Patients were registered and randomly divided into two groups. The obtained data was analyzed for statistically significance by using paired and unpaired student's test.

Table 1: Posology

	Group A	Group B
Drug	<i>Eranda Brushta Harithaki Choorna</i> with <i>Sunthi Choorna</i>	<i>Dashamool Taila</i>
Dose	12g twice a day seven days before menstruation and till cessation of menstruation	60 ml per day After cessation of menstruation in morning hours-7days
Rout	Oral	Rectal ( <i>Matra Basti</i> )
Duration	Two consecutive menstrual cycles	Two consecutive menstrual cycles

**A. Criteria of assessment**

The improvements in the patients were assessed mainly on the basis of relief in the signs and symptoms with a

multidimensional scoring system which assess the severity of dysmenorrhea experienced by the patient (Table 1 .2. 3)<sup>[3]</sup>.

**B. Assessment of Pain (Dysmenorrhea):**

Table 2: Severity of pain (Multidimensional scoring pattern)

0	Menstruation is not painful and daily activity unaffected
1	Menstruation is painful and daily activity not affected. No analgesic required.
2	Menstruation is painful and daily activity affected. Analgesic drug were needed.
3	Menstruation is painful, she cannot do even her normal routine work and has to absent from class / office during menses. Had to take analgesic but poor effect.

Table 3: Duration

0	No pain in menstruation
1	Pain persist less than 12 hours
2	Pain continue for 12 -24 hours
3	Pain continue more than 24 hours

Table 4: General Evaluating Scale

0	Absence of symptoms
1	Mild
2	Moderate
3	Severe

**III. RESULTS**

**A. Effect of therapy**

Significant results of both the comparative arms *Eranda Brushta Harithaki Choorna* with *Shunthi Choorna* and

*Dashamoola Taila* were found in relieving the pain during menstruation hence due to *Agni* normalizing properties of drugs as well as *Vata* normalizing effect of *MatraBasti*.

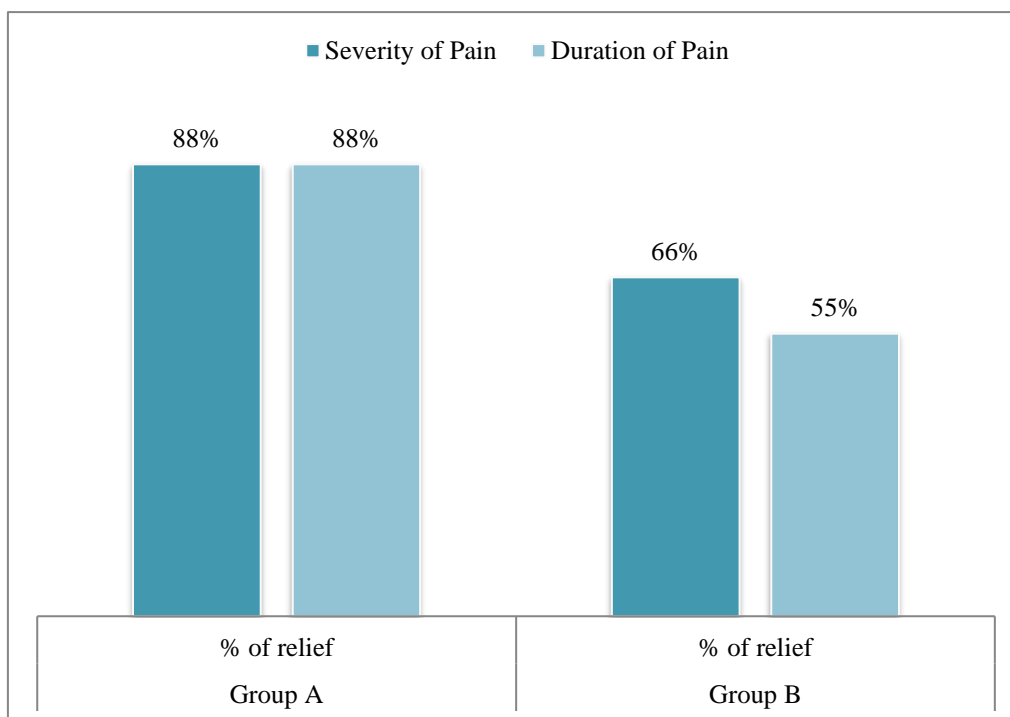


Table 1: (% of relief of cardinal symptoms)

### B. Overall effect of therapy

There is good percentage of patients, who got complete remission in the features of *Kashtartava*. It was 75% in

group A and 33.3% in group B and no patient in any group with unchanged features of *Kashtartava* after therapy.

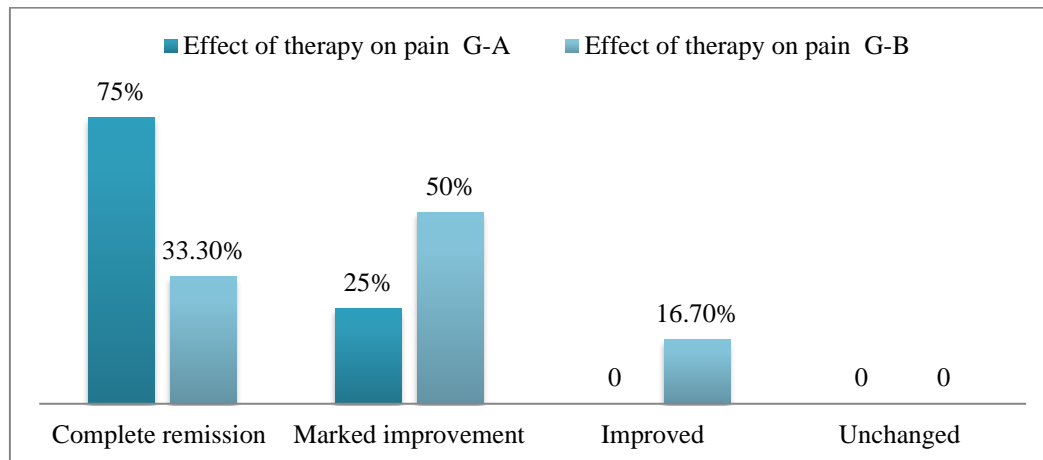


Table 3: (Overall effect of therapy)

## IV. DISCUSSION

Significant results were observed on cardinal symptom both the groups. The pain of primary dysmenorrhea is caused by excessive prostaglandin (PG) production within secretory endometrial cells. This PG release, in turn, causes uterine contractions, uterine muscle ischemia, and increased peripheral nerve sensitivity. *Kashtartava* is mainly due to vitiation of *Apanavata* either by obstruction of channels or due to *Dhatukshaya* (decrease in *Dhatu*).<sup>[4]</sup>

According to *SusrutaAcharya*, the various etiological factors disturb the vital balance of the *Tridosha* and with the absence of *Vikara Vighatabhavavitiated Dosh* circulate throughout the body and localizes in the area of the *Srotas* where there is anatomical or functional defect (preexisting organ defect or weakness-*Kha Vaigunya*) resulting in the initiation of the disease process<sup>[5]</sup>. Therefore obstruction of channels can happen due to *Kha Vaigunya* which related to *Ahitakara Ahara Vihara* (Diets which promotes *Vata Dosh*) during the formation time of reproductive system of foetus. Already existing defect in Reproductive channel may create the opportunity to amalgamation of *Vitiated Dosh* which initiates obstruction of the channel.

Diminution of female reproductive element (*ArtavaDhatuKshya*) may occur in delayed and scanty menstruation with dysmenorrhea.<sup>[6]</sup> Here the treatment would be the application of elimination therapy and *Dravyas* which is predominant of *AgneyaGuna*. Therefore patient with Primary dysmenorrhea may present with two types of etiopathogenes is if its due to obstruction of channel can treat by using elimination therapy (*Samshodana*) or diminution of *ArtavaDhatu* should manage with *Dravyas* which is predominant of *AgneyaGuna* by enhancing metabolic power.

## V. CONCLUSION

*Eranda Brushta Harithaki Choorna* with *Sunthi Choorna* and *Dashamoola Taila Matra Basti* both are effective to relieve *Kashtartava*. According to this study the effect of *Eranda Brushta Harithaki Choorna* with *Sunthi Choorna* more prolonged and lasting as it compared to *Dashamoola Taila Matra Basti*.

## ACKNOWLEDGEMENTS

I am grateful to Prof. LaxmiPriya Dei from the bottom of my heart for her encouragement, and Former Vice Chancellor Dr. Rajesh Kotecha; Registrar GAU, Shri R. M Jhala; and Asst. Registrar, Dr. A. K. Jadeja for their institutional support.

## CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

## REFERENCES

- [1]. Dr Ram Karan Sharma and VaidyaBhagwan Dash CarakaSamhita, Nidanasthana 8/40 Chaukhamba Sanskrit Series; 2010. p. 110,
- [2]. Prof. G D Shingal and Colleagues Sushruta, , SusrutaSamhita Sutrasthanam,35/28 Chaukhamba Sanskrit Pratishthan; 2nd ed. 2007.p.291
- [3]. WewersME, Lowe NK. A critical review of visual analogue scales in themeasurement of clinical phenomena. Res Nurs Health 1990;13(4):227–36
- [4]. Dr Ram Karan Sharma and VaidyaBhagwan Dash CarakaSamhita, Chikithsasthana28/59Chaukhamba Sanskrit Series; 2010. p. 36,
- [5]. Prof. G D Shingal and Colleagues Sushruta, , SusrutaSamhita Sutrasthanam,24/10 Chaukhamba Sanskrit Pratishthan; 2nd ed. 2007.p.219
- [6]. Prof. G D Shingal and Colleagues Sushruta, , SusrutaSamhita Sutrasthanam,15/12 Chaukhamba Sanskrit Pratishthan; 2nd ed. 2007.p.132.