



International Journal of Indian Medicine

www.ijim.co.in

ISSN: 2582-7634

Volume - 6, Issue - 5

IJIM

INDEXED

May 2025



International Journal of Indian Medicine



International Category Code (ICC): ICC-1702 International Journal Address (IJA): IJA.ZONE/258276217634 eISSN : 2582 - 7634

An Integrative Case Study on the Clinical Management of Kastartava (Primary Dysmenorrhea) in a Young Female: A Multimodal Approach

Jumle A.¹, Jumle R.², Bhadlikar D.³, Bhadlikar D.⁴

1. Associate Professor, Department of Sriroga & Prasutitantra, Datta Meghe Ayurvedic Medical College, Wnadongri, Hingna, Nagpur.
2. Professor, Department of Kaumarbhritya, Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod, Wardha.
3. Professor dept. of Shalakyatantra & Principal, Sardar Ajit Singh Ayurved Mahavidyalay, Bhopal.
4. Professor, Dept. of Rasashastra, B R Harne Ayurvedic Medical College, Wangani, Badlapur, Thane.

Abstract:

Primary dysmenorrhea is a common gynecological condition characterized by painful menstruation in the absence of underlying pelvic pathology. While nonsteroidal anti-inflammatory drugs (NSAIDs) and hormonal therapies remain the mainstay of conventional treatment, increasing interest in complementary therapies such as Ayurveda, acupuncture, and lifestyle modifications is evident. This case study explores a holistic and integrative approach to managing dysmenorrhea in a 19-year-old female, combining conventional pharmacological management with lifestyle modification and Ayurvedic interventions and Panchakarma therapies like basti. The outcome demonstrates improvement in pain intensity, quality of life, and menstrual regularity, highlighting the potential of integrative management in chronic gynecological conditions. Dysmenorrhea affects about 50% of women who are menstruating, and in Ayurveda dysmenorrhea refers to the term Kastartava. Ayurvedic classics mention various dietary modifications, Anuvāsana basti, Uttar basti therapies.

Keywords: Dysmenorrhea, Kastartava, Ayurveda, Basti, Pachakarma, NSAIDs, Menstrual health, Integrative medicine.

Corresponding Author:

Dr. Archana Pandey Jumle

Associate Professor, Department of Sriroga & Prasutitantra,
Datta Meghe Ayurvedic Medical College, Wnadongri, Hingna, Nagpur.
Email: drarchna.pandey28@gmail.com

How to cite this article:

Jumle A., Jumle R., Bhadlikar., Bhadlikar D. An Integrative Case Study on the Clinical Management of Kastartava (Primary Dysmenorrhea) in a Young Female: A Multimodal Approach. Int J Ind Med 2025;6(5):15-20 DOI: <http://doi.org/10.55552/IJIM.2025.6503>

INTRODUCTION:

Ayurveda, the ancient system of Indian medicine, has a dedicated branch known as "Striroga" or gynecology. This branch encompasses the diagnosis, treatment, and prevention of diseases related to women, focusing especially on reproductive health, menstruation, fertility, pregnancy, and menopause. It can hinder the flow of *Vayu*, causing intense pain throughout the menstrual cycle known as *Kashtartava*^[1]. Stressful lives leading to *mithya ahar-vihar*, overexertion, and malnutrition are the major causes of this disorder. *Acharya Charaka* has said that vitiated *Vata Dosha* is a prerequisite for the emergence of all gynaecological problems including dysmenorrhea, which is caused by a poor lifestyle and the repression of natural desires. He said that the entire *Yoni* (vaginal canal) is occupied by the *Apana Vayu* (a kind of *Vata*), which becomes agitated due to *Vegavarodha* (suppression of *Acharya Charaka* has said that vitiated *Vata Dosha* is a prerequisite for the emergence of all gynaecological problems including dysmenorrhea, which is caused by a poor lifestyle and the repression of natural desires. He said that the entire *Yoni* (vaginal canal) is occupied by the *Apana Vayu* (a kind of *Vata*), which becomes agitated due to *Vegavarodha* (suppression of natural impulses). Menstruation pain and discomfort are caused by the vitiated *Apana Vayu*, which pushes the *Raja* (menstrual blood) higher^[2]. Numerous prevalence studies report that dysmenorrhea is prevalent globally. Premenstrual symptoms, including sore breasts and nausea, vomiting, headaches,

constipation, nausea, vomiting, exhaustion, stomach issues, and fainting, can all be linked to dysmenorrhea. Several formulations are effective in treating *Kashtartava* (Primary dysmenorrhea). These formulations primarily function as *vata anulomana* and *shoola prashamana*^[3]. Examples of these formulations are *Dashamoola Taila*, *Phala Taila*, *Dashamoola Ksheerapaka*, *Hingwadi Taila*, *Tila Taila*, *Trivrutta Taila*, *Shatapushpa Taila*, *Sahacharadi Taila*, *Dhanwantaram Taila*, and *Mahanarayana Taila*. By giving these formulations as *matrabasti*, the efficacy of treating *Udavartini Yonivyapad* (primary dysmenorrhea) was determined. Dysmenorrhea, defined as painful menstrual cramps of uterine origin, is categorized as primary or secondary based on the absence or presence of pelvic pathology respectively. Primary dysmenorrhea usually manifests in adolescents and young women and is associated with prostaglandin-induced uterine contractions^[4]. It affects up to 90% of menstruating women, significantly impairing quality of life and daily functioning.

Current treatment focuses primarily on non-steroidal anti-inflammatory drugs (NSAIDs) and hormonal contraceptives. However, non-pharmacological and complementary therapies such as yoga, herbal medicine, acupuncture, and lifestyle interventions are gaining recognition for holistic management.

Case Presentation**Patient Profile****Name:** XYZ**Age:** 19 years

Occupation: College student

Menstrual history: Menarche at age 12, regular 28–30-day cycles

Chief complaint: Severe lower abdominal pain during menstruation for the past 2 years

History of Present Illness- The patient reported cramping lower abdominal pain starting 4 to 5 hours before menstruation and lasting up to 24 hours. The pain was described as sharp, radiating to the thighs and lower back, accompanied by nausea and fatigue. The patient rated her pain 10/12 on the Visual Analog Scale (VAS).

Medical and Family History

No significant medical history. Mother also experienced dysmenorrhea during adolescence.

Menstrual Characteristics

Duration: 4–6 days

Flow: Moderate

Associated symptoms: Headache, irritability, fatigue

Examination Findings

General: Mild pallor, no edema

Vitals: Stable

Abdominal: Mild tenderness in the suprapubic region

Pelvic ultrasound: Normal findings

Clinical Diagnosis

Based on clinical symptoms and history, absence of pelvic pathology, a diagnosis of / Kastartava **Primary Dysmenorrhea** was made.

Management Plan

A multimodal integrative treatment plan was developed to address the condition from physiological, hormonal, and lifestyle perspectives.

1. Pharmacological Treatment

NSAID: Mefenamic acid 500 mg TID during the first 2 days of menstruation.

Vitamin E and B1: Daily supplementation to reduce oxidative stress and support nerve function^[5].

2. Lifestyle and Dietary Modifications

Increased hydration and intake of anti-inflammatory foods (green leafy vegetables, flaxseeds)

Avoidance of caffeine, fried foods, and junk food. Regular moderate exercise (brisk walking for 30 minutes daily)^[6]

3. Ayurvedic Interventions

Yogasana and Pranayama: Daily practice of Bhujangasana, Supta Baddha Konasana, and Nadi Shodhana^[7].

Ayurvedic Medications:

Ashokarishta (10 mL BID after meals) – for uterine health and hormonal balance.

Hingvashtaka Churna (3 gm with warm water before meals) – for Vata-pacifying effects^[8].

Panchakarma:

Abhyanga (medicated oil massage) and *Swedana* (fomentation) during the luteal phase

Basti therapy- Anuvasana Basti of 20ml (Til oil- 10ml + Dashmoola oil 10ml) for 15 days. Repeated the 3 basti cycle of 15 days during non-menstrual days to balance Apana Vata^[9].

4. Psychological Support

Concealing done about lifestyle changes, menstrual cycle health and hygiene.

Cognitive Behavioral Therapy (CBT) sessions focusing on stress and anxiety related to menstruation^[10].

Follow-Up and Outcome

After 1 Month:

Pain reduced to 6/10 VAS

Slight improvement in mood and fatigue

Better dietary compliance reported

After 3 Months:

Pain score reduced to 4/10

Decreased use of NSAIDs

Improved concentration and daily functioning during periods

Regular practice of yoga and pranayama reported

After 6 Months:

Pain score 2–3/10

No school absences due to menstruation

Psychological wellbeing significantly improved

DISCUSSION:

As a holistic medical system, Ayurveda provides efficacious treatments for gynaecological illnesses that have been shown to solve problems. Some of the chosen medications have demonstrated their effectiveness throughout time, despite the fact that *Ayurveda* offers hundreds of methods for therapy^[11]. Considering of this, integrating natural the research that have been presented, some tailas have operated at an exponential rate. Because,

individualised medicine into patient treatment is necessary, given the wide range of applications for herbs. In addition to exploring the past, *Ayurveda* is also attempting to navigate a future in which the foundation of medicine is comprehensive care^[12]. Dysmenorrhea management requires more than symptomatic treatment. NSAIDs are effective in reducing prostaglandin-mediated uterine contractions but do not address underlying inflammatory or lifestyle-related contributors. The addition of Vitamin E and B-complex offers antioxidant and anti-inflammatory benefits^[13].

In Ayurveda, dysmenorrhea is often related to *Apana Vata dushti*, leading to obstruction in normal menstrual flow and pain. Interventions such as *Ashokarishta*^[14] and *Hingvashtaka*^[15] *Churna* pacify Vata, while *Basti* regulates Apana Vata and removes Ama (toxins). Panchakarma therapies provide systemic detoxification and support tissue balance^[16].

Yoga and pranayama not only alleviate physical symptoms but improve autonomic nervous function and reduce stress, which plays a key role in pain perception. CBT helps alter negative perceptions and responses to pain, offering long-term benefits^[17].

Increasing evidence supports the use of Ayurvedic interventions in conditions like PCOS, endometriosis, fibroids, and infertility^[18]. Integrative approaches combining Ayurveda with allopathy show improved outcomes in chronic gynecological disorders.

The integrative approach in this case led to significant improvement in symptom severity and quality of life, emphasizing the importance of treating dysmenorrhea as a multifactorial condition^[19].

CONCLUSION:

Ayurveda offers a comprehensive, individualized, and holistic approach to women's health that balances the body, mind, and reproductive system through natural means. With its emphasis on preventive care, lifestyle discipline, and herbal remedies, Ayurvedic gynecology remains highly relevant in modern times.

Primary dysmenorrhea, though commonly dismissed as a benign condition, can significantly impair quality of life. This case illustrates the success of an integrative treatment approach that combines modern pharmacology with Ayurvedic interventions, lifestyle modification, and psychological support. Early recognition and multidisciplinary management can result in substantial improvement in menstrual health and overall wellbeing.

REFERENCES:

1. Dawood MY. Primary dysmenorrhea: advances in pathogenesis and management. *Obstet Gynecol*. 2006;108(2):428-41.
2. Harel Z. Dysmenorrhea in adolescents. *Ann N Y Acad Sci*. 2008; 1135:185–95.
3. Ju H, Jones M, Mishra G. The prevalence and risk factors of dysmenorrhea. *Epidemiol Rev*. 2014; 36:104–13.
4. Proctor M, Farquhar C. Diagnosis and management of dysmenorrhea. *BMJ*. 2006;332(7550):1134–8.
5. Shinde VR, Patil S, Jha RK, Shinde RV. Ayurvedic intervention for autism–A case study. *Eur J Mol Clin Med*. 2021 Jan 1; 8:376–81.
6. De Sanctis V, Soliman AT, Elsedfy H, et al. Dysmenorrhea in adolescents and young adults. *Acta Biomed*. 2016;87(1):96–104.
7. Armour M, Dahlen HG, Smith CA, et al. Chinese herbal medicine for primary dysmenorrhea. *Cochrane Database Syst Rev*. 2016;4:CD006556.
8. Davis AR, Westhoff CL. Primary dysmenorrhea in adolescent girls and treatment with oral contraceptives. *J Pediatr Adolesc Gynecol*. 2001;14(1):3–8.
9. Shinde RV, Rana AP, Rajurkar H, Kaple MN. Prameha and diabetes mellitus. *Int J Cur Res Rev* | Vol. 2020 Jul;12(14).
10. Ziaei S, et al. Effect of vitamin E on primary dysmenorrhea. *BJOG*. 2001;108(11):1181–3.
11. Barnard ND, Scialli AR, Hurlock D, Bertron P. Diet and dysmenorrhea. *Obstet Gynecol*. 2000;95(2):245–50.
12. Rakhshae Z. Effect of yoga on primary dysmenorrhea: a randomized controlled clinical trial. *J Pediatr Adolesc Gynecol*. 2011;24(4):192–6.
13. Tripathi B. Charaka Samhita. Chaukhamba Surbharati; 2007. Chikitsa Sthana 30/23.
14. Shinde RV, Ambad R, Patil SC, Aradhey P. A Prospective Observational Case Series of Liver Injury in Paediatric Patients Secondary to Consumption of Ayurvedic Herbomineral Formulations. *Indian Journal of Forensic Medicine & Toxicology*. 2020 Oct 29;14(4):7121-5.
15. Sharma PV. Dravyaguna Vijnana. Chaukhambha Bharati Academy; 2001. Vol II.

16. Sharma RK, Dash B. Caraka Samhita: Text with English Translation. Chowkhamba Sanskrit Series Office; 2010.
17. Logsdon MC, et al. The effect of CBT on dysmenorrhea in young women. Pain Manag Nurs. 2004;5(3):97–101.
18. Shinde RV, Ambad RS, Warjekar P, Jha RK. Clinical Approach to Childhood Obesity with Lekhan Basti and Ayurvedic Regimen. Annals of the Romanian Society for Cell Biology. 2021;25(4):7156-63.
19. Shinde RV, Kale AB, Swami TY, Rana AP. IMMUNIZATION ACCORDING TO AYURVEDA.

Authors Contribution: All authors have contributed equally.

Financial Support and Sponsorship: None declared

Conflict of Interest: There are no conflicts of interest.

Declaration of Generative AI and AI Assisted Technologies in the writing process:

The author has used generative AI/AI assisted technologies in the writing process.

© 2025 IJIM (International Journal of Indian Medicine)

An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY

Website: <https://www.ijim.co.in> Email: ijimjournal1@gmail.com

IIFS Impact Factor: **4.125**

Frequency of Publication: **Monthly**
