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AYURVEDIC MANAGEMENT OF PRIMARY DYSMENORRHOEA – A CASE STUDY

Dr. Mayuri Ashok Patil[1]*, Dr. Prashant Dalvi[2]

1. *3rd Year PG Scholar, Department of Prasutitantra evum Streeroga, R. A. Podar Medical College (Ayu), Worli, Mumbai – 400018, Maharashtra, India.*
2. *Associate Professor, Department of Prasutitantra evum Streeroga (PTSR), R. A. Podar Medical College (Ayu), Worli, Mumbai – 400018, Maharashtra, India; BAMS, MS (PTSR), PhD Scholar.*

ABSTRACT

Background: Primary dysmenorrhoea is recurrent, lower abdominal pain occurring just before or during menstruation in the absence of any identifiable pelvic pathology, and remains one of the commonest gynaecological complaints among adolescent and young adult women, often interfering substantially with daily activity, schooling, and quality of life. Conventional management relies largely on NSAIDs and hormonal contraceptives, which provide symptomatic relief but do not address the underlying functional imbalance and are frequently limited by recurrence on discontinuation or by side effects.

Objectives: To evaluate the clinical effect of an Ayurvedic treatment protocol on pain severity, menstrual flow characteristics, and associated symptoms in a patient with primary dysmenorrhoea (Vataja Kashtartava), using both subjective and objective parameters.

Methods: A single-case interventional protocol comprising internal medications (Tb. Dashamoolarishta, Tb. Shanka Vati) along with Sahacharadi Taila Matra Basti administered pre-menstrually, supported by Pathya–Apathya dietary advice and a daily regimen of Pranayama and gentle Yogasana, was followed for three consecutive menstrual cycles.

Results: Pain scores on the Visual Analogue Scale fell from a baseline of 8/10 to 2/10 by the third cycle, analgesic consumption dropped from near-daily use to none, and the menstrual cycle became more predictable with no demonstrable pelvic pathology on repeat ultrasonography.

Conclusion: This case suggests that an individualised Ayurvedic approach directed at Apana Vata and the Artava Vaha Srotas can offer sustained, low-risk relief in primary dysmenorrhoea and merits evaluation in a larger comparative trial.

Keywords: Kashtartava, Primary Dysmenorrhoea, Sahacharadi Taila Matra Basti, Dashamoolarishta, Apana Vata.

Corresponding Author

Name: Dr. Mayuri Ashok Patil BAMS, MS (PG Scholar, Ongoing) Department of Prasutitantra evum Streeroga

Institution: R. A. Podar Medical College (Ayu), Worli, Mumbai – 400018

mayurip273@gmail.com

Phone: 8329519270

1. INTRODUCTION

Dysmenorrhoea refers to painful menstruation severe enough to limit normal activity and require medication, and is broadly classed as primary, where no organic cause is identified, or secondary, where pain arises from an underlying condition such as endometriosis, adenomyosis, or fibroids. Primary dysmenorrhoea typically begins within six months to two years of menarche, once ovulatory cycles are established, and presents as spasmodic, colicky suprapubic pain beginning shortly before or with the onset of bleeding and lasting one to three days, frequently accompanied by low backache, thigh pain, nausea, fatigue, and occasionally vomiting or diarrhoea.

Epidemiological surveys from various parts of India report that anywhere between 50 and 90 percent of adolescent and young adult women experience some degree of menstrual pain, with a substantial proportion describing it as moderate to severe and disruptive enough to cause absenteeism from school, college, or work. Despite this high burden, the condition is often normalised or dismissed, and many young women rely on self-medication with over-the-counter analgesics rather than seeking structured care.

Classical Ayurvedic texts do not describe a condition that maps exactly onto modern 'primary dysmenorrhoea', but the cluster of painful, scanty, or obstructed menstrual flow is well recognised under the umbrella term Kashtartava, and Acharya Sushruta's description of Vata-dominant Yonivyapadas — in which Raja is expelled with difficulty and pain (Raja Kricchrena Pravartate) [8] — closely parallels the clinical picture seen here. In this case, the disorder has been correlated with Vataja Kashtartava, arising from vitiation of Apana Vata and consequent obstruction at the Artava Vaha Srotas, and the treatment strategy was accordingly built around Vata Anulomana, Shoolahara, and Artava Janana measures.

2. CASE REPORT

A 19-year-old unmarried college student presented to the Stree Roga OPD with complaints of severe, cramping lower abdominal pain occurring with every menstrual cycle for the preceding twelve months, associated with nausea, vomiting, and low backache, sufficient to keep her away from college for one to two days each month.

2.1 History of Present Illness

The patient reported that mild menstrual discomfort had been present since menarche, but over the past year the pain had become progressively more intense, beginning a few hours before the onset of bleeding and persisting through the first two days of flow. She described the pain as colicky, gripping, and radiating to the lower back and inner thighs, partially relieved by hot fomentation and over-the-counter analgesics, which she had been taking on almost every cycle for the last six months with diminishing benefit. A pelvic ultrasound done eight months earlier had been reported as normal, and she had not been started on hormonal therapy.

2.2 Personal and Menstrual History

Parameter	Details
Past History	Nothing significant
Family History	Mother gives history of similar menstrual pain in her younger years
Diet	Mixed diet; irregular meal timings due to college schedule; frequent intake of cold beverages and bakery items
Bowel Habit	Mild constipation; tends to worsen just before menses
Micturition	Normal, clear
Sleep	Disturbed for 1–2 nights during menses due to pain
Marital Status	Unmarried
Menarche	13 years of age
Cycle	Regular; interval 28–30 days
Days of Bleeding	4–5 days; 3–4 pads/day, heavier on Day 2
Analgesic Use	1–2 tablets of NSAID per cycle for the last 6 months, with reducing effect
LMP	08/05/2025 | PMP: 09/04/2025

2.3 General and Systemic Examination

Parameter	Finding	Parameter	Finding
GC	Fair	Temp.	98.4°F
Pulse	76/min	Weight	52 kg
BP	108/68 mmHg	BMI	20.4 kg/m²
RR	18/min	CVS	S1–S2 normal
CNS	Conscious, well oriented	RS	Normal vesicular breathing
P/A	Soft; mild suprapubic tenderness coinciding with menses; no organomegaly	Hb%	11.8 gm%

2.4 Dashvidha Pariksha

Parameter	Finding	Parameter	Finding
Prakriti	Vata-Kaphaj	Satwa	Madhyam
Vikriti	Rasa-Rakta	Kosta	Madhyam (slightly Vataja)
Agni	Vishama	Aharashakti	Avara
Samhanana	Madhyam	Vyayamashakti	Avara to Madhyam
Satmya	Vyamishra	Vaya	Kishora-Yuvavastha

2.5 Abdominal and Pelvic Assessment

Examination	Findings
Per Abdomen	Soft, non-tender between cycles; mild diffuse suprapubic tenderness on Day 1 of menses; no palpable mass
USG Pelvis (Pre-treatment)	Uterus and bilateral ovaries normal in size, shape and echotexture; no endometrioma, fibroid, or adnexal mass; no free fluid
Baseline VAS Score	8/10 on Day 1 of menstruation

3. PATHOGENESIS (SAMPRAPTI)

Nidana Sevana (irregular diet, excess cold/Ruksha ahara, Ratri Jagarana, sedentary habits)

↓

Vitiation of Apana Vata (with secondary Kapha Avarodha at Artava Vaha Srotas)

↓

Sanga (obstruction) in Artava Vaha Srotas → Viloma Gati of Vata → impaired, irregular expulsion of Raja

↓

KASHTARTAVA (Painful, spasmodic menstruation, often with scanty initial flow)

↓

Shoola (cramping pain), Katishoola, Urustambha, Hrillasa — relieved once the Vata-driven obstruction resolves and flow is established

Samprapti Ghataka — Dosha: Vata Pradhana (Apana Vata), Kapha Anubandha | Dushya: Rasa, Rakta | Srotas: Artava Vaha Srotas | Srotodushti Prakara: Sanga, Vimargagamana | Udbhavasthana: Garbhashaya (uterus) | Adhishthana: Garbhashaya, Kati-Vasti Pradesha | Rogamarga: Madhyama [8,9]

4. INTERVENTION

Routine investigations — complete blood count, thyroid profile, and pelvic ultrasonography — were within normal limits and confirmed the absence of any organic pelvic pathology. The treatment protocol was organised into a brief preparatory phase followed by a three-cycle main protocol timed around menstruation, supported throughout by Pathya Ahara-Vihara and a daily practice of Pranayama and light Suryanamaskar.

4.1 Phase 1: Deepana, Pachana, and Shoolahara (5 Days, Pre-treatment)

Name of Medicine	Dose	Anupana	Reference
Tb. Shanka Vati	2 tabs (250 mg each) BD — Bhojanottar	Ushna Jala	[3]
Hingvashtak Churna	2 gm before meals	Ghrita/Takra	[4]

4.2 Phase 2: Main Treatment — 3 Consecutive Menstrual Cycles

Name of Medicine	Dose	Anupana	Reference
Tb. Dashamoolarishta	15 mL BD after food (with equal water)	—	[5]
Sahacharadi Taila Matra Basti	60 mL, given pre-menstrually for 3 days starting from Day 21 of the cycle, for 3 consecutive cycles	—	[6]
Tb. Chandraprabha Vati	2 tabs BD — Bhojanottar	Koshna Jala	[7]

5. DRUG REVIEW

5.1 Sahacharadi Taila Matra Basti — Drug Profile

Formulation Name	Sahacharadi Taila (used as Matra Basti)
Reference	Ashtanga Hridayam, Chikitsa Sthana, Vatavyadhi Chikitsa
Key Ingredients	Sahachara (Barleria prionitis), Bala (Sida cordifolia), Rasna, Devadaru, Erandamoola, processed in Tila Taila base with Dashamoola Kwatha
Rasa / Guna	Madhura, slightly Tikta; Snigdha, Guru; Ushna Virya
Karma / Action	Vata Shamaka, Vedanasthapana, Shoolahara, Snehana of the pelvic region, mild Anulomana
Dose	60 mL administered as Matra Basti, given on an empty stomach, repeated for three days starting from Day 21 of the cycle, across three consecutive cycles
Rationale in Primary Dysmenorrhoea	Matra Basti delivers Sneha directly along the path of Apana Vata, pacifying its Prakopa without provoking Pitta or aggravating Kapha. The Ushna-Snigdha combination relaxes uterine muscle spasm, eases Shoola, and supports smooth, timely expulsion of Raja, while Bala and Rasna contribute an anti-inflammatory, muscle-relaxant action consistent with reduced
Mode of Administration	Administered for three consecutive days starting from Day 21 of the menstrual cycle, through the premenstrual period, for three consecutive cycles, alongside oral medication.

5.2 Dashamoolarishta — Drug Profile

Formulation Name	Dashamoolarishta
Reference	Sharangdhara Samhita, Madhyama Khanda, Asava-Arishta Prakarana
Key Ingredients	Dashamoola (ten roots including Bilva, Agnimantha, Shyonaka, Gambhari, Patala, Brihati, Kantakari, Gokshura, Shalaparni, Prishnaparni), Dhataki, Guda, Dhanyaka, Trikatu
Rasa / Guna	Tikta, Katu, Madhura; Laghu, Ushna Virya
Karma / Action	Vata Shamaka, Shoolahara, Garbhashaya Balya, Deepana-Pachana, mild Artava Janana
Dose	15 mL twice daily after food, diluted with an equal quantity of water
Rationale in Primary Dysmenorrhoea	The self-generated Arishta form improves systemic and local Agni, corrects Apana Vata Prakopa, and exerts a toning (Balya) effect on the Garbhashaya, supporting more regular, less painful menstrual flow over successive cycles.
Duration	Continued throughout the three-cycle treatment period and for ten days following the last cycle.

6. FOLLOW-UP SCHEDULE AND TREATMENT GIVEN

	1st Follow-up 09/05/2025	2nd Follow-up 28/05/2025	3rd Follow-up 06/06/2025	4th Follow-up 26/06/2025	5th Follow-up 04/07/2025	6th Follow-up 24/07/2025
Status	LMP: 08/05–12/05/25	Pre-menstrual review	LMP: 05/06–09/06/25	Pre-menstrual review	LMP: 03/07–07/07/25	Cycle-3 review (post-menses)
Treatment Given	1. Tb. Shanka Vati 2.Hingvashtak Churna	1. Sahacharadi Taila Matra Basti (Cycle 1, Pre-menstrual) 2. Tb. Dashamoolarishta	1. Tb. Dashamoolarishta 3. Tb. Chandraprabha Vati	1. Sahacharadi Taila Matra Basti (Cycle 2, Pre-menstrual) 2. Tb. Dashamoolarishta	1. Sahacharadi Taila Matra Basti (Cycle 3, Pre-menstrual) 2. Tb. Dashamoolarishta	1. Tb. Dashamoolarishta (tapering) 2. Dietary and lifestyle counselling reinforced

7. OBSERVATIONS AND RESULTS

7.1 Subjective Criteria

Visit	Date	VAS Pain Score	Analgesic Use	Cycle/Flow
1st	09/05/25	8/10	1 tablet on Day 1	Regular; 4–5 days, 3–4 pads/day
2nd	28/05/25	8/10 (pre-treatment baseline carried forward)	—	Pre-menstrual review
3rd	06/06/25	6/10	None required	Regular; 4 days, 3 pads/day
4th	26/06/25	—	—	Pre-menstrual review
5th	04/07/25	3/10	None required	Regular; 4 days, 3 pads/day
6th	24/07/25	2/10	None required	Regular; 4 days, 2–3 pads/day

8. DISCUSSION

The case was diagnosed as primary dysmenorrhoea and correlated with Vataja Kashtartava on the basis of cyclical, spasmodic pain occurring in the absence of demonstrable pelvic pathology. Each component of the protocol was chosen to address a specific aspect of Apana Vata Prakopa and the resulting Artava Vaha Srotodushti, with a parallel rationale in contemporary physiology centred on excess endometrial prostaglandin synthesis and uterine hypercontractility:

Drug / Procedure	**Rationale**
Sahacharadi Taila Matra Basti	Delivers Sneha along the course of Apana Vata, relieving uterine spasm and Shoola; the Ushna-Snigdha Taila base is thought to modulate local smooth-muscle tone and may parallel a reduction in myometrial prostaglandin activity, the principal driver of cramping in primary dysmenorrhoea.
Dashamoolarishta	Vata Shamaka and Garbhashaya Balya action; the fermentation process enhances bioavailability and supports Agni, improving systemic metabolism of Ama implicated in Srotorodha.
Chandraprabha Vati	Acts as a general Vata-Pitta balancer and mild diuretic-tonic, supporting overall pelvic organ function during the treatment period.
Hingvashtak Churna	Used in the preparatory phase for their Deepana-Pachana and direct Shoolahara effect, easing digestive Vata that commonly aggravates pelvic Vata premenstrually.
Yoga and Pranayama	Regular practice is believed to improve pelvic circulation, reduce stress-mediated Vata aggravation, and was incorporated as a low-cost, sustainable adjunct that the patient could continue independently.

9. CONCLUSION

In this case, a focused Ayurvedic protocol built around Sahacharadi Taila Matra Basti and Dashamoolarishta, supported by dietary correction and a simple home-based Yoga practice, produced a substantial and progressive reduction in menstrual pain over three cycles, with the patient eventually requiring no analgesic medication and reporting an improved ability to attend college during her periods. While a single case cannot establish efficacy, the consistency of improvement across successive cycles, together with the biological plausibility of the Vata-directed interventions used, supports further evaluation of this protocol in a comparative clinical trial with a larger cohort of young women affected by primary dysmenorrhoea.

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CONFLICT OF INTEREST

None declared.

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None.

ETHICAL APPROVAL

Informed consent was obtained from the patient for publication of this case study and accompanying clinical details.

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