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Research Article

ASSESSMENT OF *VISHWADI KWATHA* IN THE TREATMENT OF *KASHTARTAVA* (DYSMENORRHEA): AN OPEN-LABEL, SINGLE-GROUP CLINICAL TRIAL

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ABSTRACT

Kashtartava (dysmenorrhea) is a frequently observed menstrual disorder that significantly interferes with a woman's daily activities and overall quality of life. The present study was designed to assess the therapeutic efficacy of *Vishwadi Kwatha,* a relatively underexplored Ayurvedic formulation, in the management of dysmenorrhea. **Materials and Methods:** A total of 18 patients meeting the inclusion criteria were enrolled from the outpatient department of Prasutitantra and Streeroga of the institute, among which 3 participants discontinued the study in table 2. *Vishwadi Kwatha* was administered orally in a dose of 40ml twice daily before meals for a duration of one month. The outcomes were evaluated based on predefined assessment criteria, including the Visual Analogue Scale (VAS) for pain. Patients were followed up for an additional one month. **Results:** The intervention showed statistically highly significant results ($p<0.001$) in reducing both the duration (75.60% improvement) and intensity (73.68% reduction) of menstrual pain. Notable relief was also observed in associated symptoms such as *Aruchi* (93.75% improvement) and *Bala-Bhramsha* (91.17% improvement). The mean VAS score decreased from 7.467±1.407 before treatment to 2.333±0.9 after completion of therapy. **Discussion:** *Vishwadi Kwatha*, described under *Shoola Prakarana* in *Bhaishajyaratnavali* as an effective analgesic formulation (*Sadya Shoolahara*), possesses properties such as *Vatanulomana*, *Dipana-Pachana*, *Artavajanana*, *Kaphahara*, and *Shrotoshodhana*. These pharmacodynamic actions may facilitate the proper flow of *Artava* by normalizing the disturbed movement of *Vata* and clearing obstructions in bodily channels. **Conclusion:** The oral administration of *Vishwadi Kwatha* demonstrated promising efficacy in the management of *Kashtartava*. However, further studies with larger sample sizes are recommended to validate these findings.

INTRODUCTION

Dysmenorrhea is one of the most frequently encountered menstrual disorders and, due to its disabling nature, it significantly impairs a woman's functional capacity and overall quality of life. Its impact extends beyond the individual, contributing to increased absenteeism from school and work, reduced productivity, limitations in daily activities and social interactions, and added financial burden due to medical care and treatment.[1] The global prevalence of dysmenorrhea among women of reproductive age varies widely, ranging from approximately 45% to 95%, with a considerable proportion (about 2%–29%) experiencing severe symptoms.[2,3] The condition is particularly common among younger females, especially those below 24 years of age,[4] where reported prevalence rates are as high as 70%–90%.

Painful menstruation accompanied by symptoms such as abdominal bloating, nausea, vomiting, diarrhoea or constipation, fatigue, and irritability can be correlated with the Ayurvedic concept of *Kashtartava*. This condition requires appropriate clinical attention, as it adversely affects

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the physical, psychological, and social well-being of women.

According to Ayurvedic principles, *Kashtartava* primarily results from improper dietary practices, sedentary lifestyle, and suppression of natural urges, which lead to vitiation of bodily channels (*Srotas*) and abnormal movement (*Vimarga Gamana*) of *Apana Vayu.* These pathological changes ultimately manifest as painful menstruation and associated symptoms.

In contemporary medical practice, dysmenorrhea is commonly managed with non-steroidal anti-inflammatory drugs (NSAIDs), antispasmodics, analgesics, and oral contraceptive pills. While these interventions may offer temporary symptomatic relief, they do not address the underlying cause and may be associated with adverse effects when used over prolonged periods. In conditions dominated by pain, such as dysmenorrhea, patients often seek rapid relief from symptoms.

Although Ayurveda focuses on treating the root cause of disease through a holistic approach, providing prompt symptomatic relief is also clinically important. *Vishwadi Kwatha*,[5] described in classical Ayurvedic texts, is indicated for immediate alleviation of pain (*Sadya Shoolahara*). Despite this, it remains relatively unexplored in the context of *Kashtartava* management. The formulation comprises readily available, cost-effective ingredients with properties that may help correct the underlying pathophysiology. Therefore, the present clinical study was undertaken to evaluate the therapeutic efficacy of *Vishwadi Kwatha* in the management of *Kashtartava*.

Table 1: Observation

1.Distribution of Patients According to Age		
Age Group (Years)	**Number of Patients**	**Percentage (%)**
12–15	2	13.33
16–20	6	40.00
21–25	5	33.33
26–30	2	13.33
Total	15	100
2.Distribution According to Occupation		
Occupation	**Number of Patients**	**Percentage (%)**
Students	9	60.00
Housewives	3	20.00
Working Women	3	20.00
Total	15	100
3.Distribution According to Dietary Habits		
Dietary Pattern	**Number of Patients**	**Percentage (%)**
Vegetarian	10	66.67
Mixed Diet	5	33.33
Total	15	100
4.Distribution According to Marital Status		
Marital Status	**Number of Patients**	**Percentage (%)**
Married	4	26.67
Unmarried	11	73.33
Total	15	100
5.Distribution According to Duration of Illness		
Duration of Dysmenorrhea	**Number of Patients**	**Percentage (%)**
<6 months	3	20.0
6 months–1 year	4	26.67
1–3 years	6	40.00

>3 years	2	13.33
Total	15	100
6.Distribution According to Associated Symptoms		
Associated Symptoms	**Number of Patients**	**Percentage (%)**
Nausea	8	53.33
Vomiting	4	26.67
Constipation	5	33.33
Breast tenderness	6	40.00
Headache	7	46.67
Dizziness	5	33.33
Loss of appetite	4	26.67
Irritability	6	40

Table 2: Screening and Enrolment of Patients

Parameters	Number of Patients
Total patients screened	18
Patients completed the study	15
Dropouts	03

MATERIALS AND METHODS

Selection of Patients

Female patients aged between 12 and 30 years presenting with clinical features of *Kashtartava*, characterized by painful menstruation with or without associated symptoms such as nausea, vomiting, constipation, breast tenderness, headache, dizziness, loss of appetite, and irritability, were screened and recruited from the outpatient department of Prasuti Tantra and Stree Roga at Jeevan Jyoti Ayurvedic Medical College and Hospital, Lodha, Aligarh, Uttar Pradesh India.

Patients with previously diagnosed pelvic conditions including uterine fibroids, adenomyosis, ovarian cysts, congenital or acquired structural abnormalities, and malignancies of the uterus or genital tract were excluded. Additionally, individuals with a history of heavy menstrual bleeding, acid peptic disorders, peptic ulcer disease, gastroesophageal reflux disease, or any known bleeding disorders were not included in the study.

Preparation of the Drug

The herbal ingredients required for the preparation of *Vishwadi Kwatha* were procured from reliable and authenticated sources. Pharmacognostical evaluation and pharmaceutical standardization of the formulation were conducted at the laboratories of Jeevan Jyoti Ayurvedic Medical College and Hospital, Lodha, Aligarh. The raw materials were processed into *Yavakuta* (coarse powder) in the pharmacy unit of Jeevan Jyoti Ayurvedic Medical College and then stored in airtight polythene packaging.

The purification *(Shodhana)* of *Hingu* was carried out in the Department of *Rasashastra* and *Bhaishajya Kalpana* following classical Ayurvedic procedures. The composition of *Vishwadi Kwatha*[5] was prepared according to the classical reference and is detailed in Table 3.

Table 3: Purification (*Shodhana*) of *Hingu*

S.No.	Drug Name	Latin Name	Part Used	Quantity
1	*Eranda*	*Ricinus communis*	Root	1 part (≈ 6.67 g)
2	*Shunthi*	*Zingiber officinale*	Rhizome	1 part (≈ 6.67 g)
3	*Yava*	*Hordeum vulgare*	Seed	1 part (≈ 6.67 g)
4	*Hingu* (fried in ghee)	*Ferula asafoetida*	Gum resin	2 Rati (≈ 250 mg)
5	*Sauvarchala Lavana*	—	—	2 Rati (≈ 250 mg)

Method of Preparation of *Vishwadi Kwatha*

Equal quantities of *Erandamoola*, *Shunthi*, and *Yava* were taken and processed into coarse powder *(Yavakuta),* totalling 20gm. This mixture was boiled with 16 times the quantity of potable water (320ml) and reduced to one-eighth of its initial volume (40ml).[6] To the prepared decoction, 250mg of *Hingu* (previously fried in ghee) and 250mg of *Sauvarchala Lavana* were added as *Prakshepa Dravya*. Patients were instructed to prepare the decoction following this method. The freshly prepared *Kwatha* was administered in a dose of 40ml, twice daily before meals, for a duration of one month. Additionally, a *Pathya–Apathya* (dietary and lifestyle guidelines) chart was provided to the participants in the local language.

Collection of Data

The study protocol was initiated after obtaining approval from the Institutional Ethics Committee (IEC). Written informed consent was secured from all participants prior to their inclusion in the study. Patient information was systematically recorded using a structured proforma, both before and after the intervention. The therapeutic outcome was evaluated by comparing pre- and post-treatment scores on the Visual Analogue Scale (VAS)[7] for pain intensity, along with the grading of other subjective parameters based on predefined assessment criteria,[8] as outlined in Table 4.

Table 4: Symptom Assessment Criteria for *Kashtartava*

Parameter	Grade 0	Grade 1	Grade 2	Grade 3
Duration of pain	No pain	Pain lasting up to 24 hours.	Pain lasting up to 48 hours.	Pain lasting up to 72 hours.
Severity of pain	No pain; routine activities unaffected	Pain present but does not disturb daily activities; no medication required Pain interferes with daily work; oral medication needed.	Pain interferes with daily work; oral medication needed.	Severe pain affecting routine; absence from work/school; oral drugs ineffective; requires hospital care or injectable treatment.
Aruchi (loss of appetite)	Normal appetite	Reduced appetite without changes in food intake.	Decreased intake without significant weight loss or dehydration.	Marked reduction in intake requiring medical support (e.g., hospitalization or assisted feeding).
Chardi (vomiting)	No vomiting	1 episode in 24 hours; no treatment required.	2–5 episodes in 24 hours; requires outpatient care or IV fluids.	More than 5 episodes/day; requires hospitalization or intensive management.
Vibandha (constipation)	Normal bowel habits	Hard stools passed once daily.	Bowel movement every 2–3 days; laxatives ineffective.	Severe constipation requiring manual evacuation.
Bala-Bhramsha (fatigue)	No fatigue	Fatigue relieved with rest	Fatigue persists despite rest; affects routine activities.	Severe fatigue affecting self-care and daily functioning.
Shira Shula (headache)	No headache	Mild pain lasting <6 hours	Moderate pain limiting routine activities.	Severe headache affecting self-care.
Bhrama (dizziness)	No dizziness	Mild, occasional episodes (1–2 times during cycle)	Moderate dizziness affecting routine activities.	Severe dizziness significantly impairing daily functioning.
Pindikodveshtana (calf muscle cramps)	No cramps	Mild discomfort lasting <6 hours	Moderate cramps affecting activities.	Severe cramps interfering with self-care.

RESULTS

Effect of Therapy on Pain Based on Visual Analogue Scale (VAS)

The average VAS score prior to intervention was 7.467±1.407, indicating moderate to severe pain intensity among the participants. Following completion of the treatment, the mean score significantly decreased to 2.333±0.9, reflecting substantial relief in pain. The comparative distribution of VAS scores among the 15 patients before and after treatment is illustrated in Graph 1

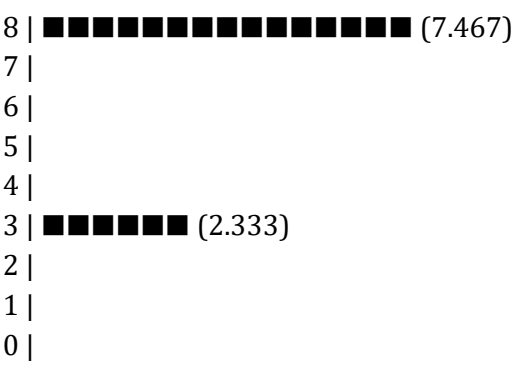

Table 5: Effect of Therapy on VAS Scores

Assessment	Mean ± SD
Before Treatment (BT)	7.467 ± 1.407
After Treatment (AT)	2.333 ± 0.900

The comparison of pre- and post-treatment VAS scores demonstrated a statistically significant improvement ($p<0.001$), as shown in VAS scores was observed after treatment. The mean score decreased from 7.467±1.407 before intervention to 2.333±0.900 after intervention, with a mean difference of 5.133±1.060. Statistical analysis revealed this change to be highly significant ($t = 18.754$, $p<0.001$).

The extent of improvement observed in various symptoms of *Kashtartava* is presented in Table 6.

Table 6: Effect of Therapy on Primary and Associated Symptoms (n = 15)

N*	Assessment Parameter	BT (Mean Score)	AT (Mean Score)	Mean Difference	Percentage of Relief
15	Duration of pain	2.73	0.67	2.06	75.60%
15	Severity of pain	2.53	0.67	1.86	73.68%
11	*Aruchi* (loss of appetite)	1.06	0.06	1.00	93.75%
6	*Chardi* (vomiting)	0.73	0.20	0.53	72.72%
9	*Vibandha* (constipation)	0.66	0.13	0.53	80.00%
14	*Bala-Bhramsha* (fatigue)	2.26	0.20	2.06	91.17%
8	*Shirashoola* (headache)	1.00	0.13	0.86	86.67%
4	*Bhrama* (dizziness)	0.40	0.00	0.40	100%
8	*Pindikodweshtana* (calf muscle cramps)	1.07	0.20	0.86	81.25%

***N**= Number of patients presenting with the symptom

The Wilcoxon Signed Rank test was employed to evaluate the statistical significance of changes in symptom scores before treatment (BT) and after treatment (AT), based on the defined assessment criteria. A highly significant difference ($p<0.001$) was observed in the parameters of duration of pain, severity of pain, *Aruchi*, and *Bala-Bhramsha*. Statistically significant improvement ($p<0.05$) was noted in *Chardi*, *Shirashoola*, and *Pindikodweshtana*. However, the changes in *Vibandha* and *Bhrama* were not found to be statistically significant.

DISCUSSION

The Ayurvedic perspective on dysmenorrhea differs fundamentally from that of modern medicine. While conventional management primarily focuses on symptomatic relief- either by inhibiting prostaglandin synthesis through nonsteroidal anti-inflammatory drugs or by suppressing ovarian function using oral contraceptives- Ayurveda adopts a more comprehensive and holistic approach. It emphasizes the interrelated processes of digestion (*Agni*), metabolism, formation of menstrual blood (*Artava*), and its proper elimination. Disturbances at any stage of these processes may create a pathological state that manifests predominantly as pain, referred to as *Kashtartava*.

Therefore, the primary aim of Ayurvedic management is to restore *Agni* and prevent the accumulation of *Ama* (metabolic toxins). This facilitates the formation of healthy (*Shuddha*) *Artava*, ensuring its smooth and unobstructed expulsion. The pathogenesis (*Samprapti*) of *Kashtartava* is mainly attributed to the aggravation of *Vata Dosha*, often accompanied by the involvement of *Kapha Dosha.* Accordingly, the therapeutic approach includes *Dipana-Pachana* (enhancement of digestion and metabolism), *Artavajanana* (promotion of menstrual flow), *Kaphahara* (reduction of *Kapha*), *Shrotoshodhana* (cleansing of bodily channels), and *Vatanulomana* (normalization of *Vata* function). These interventions collectively facilitate the proper expulsion of *Artava* through unobstructed channels under the coordinated action of *Vayu*.

The etiological factors responsible for *Vata* aggravation play a significant role in the development of *Kashtartava*. In the present study, excessive consumption of *Katu* (pungent) and *Madhura* (sweet) tastes, improper dietary practices such as *Samashana* (incompatible food combinations), irregular sleep patterns, and lack of physical activity (*Vyayama*) were identified as major contributing factors. Additionally, individuals with *Vata-Pitta Prakriti* (constitutional type) appeared to be more susceptible. Overconsumption of *Katu Rasa* may lead to aggravation of *Vata* and *Pitta*, while excessive intake of *Madhura Rasa* may increase *Kapha*, ultimately resulting in *Avarana* (obstruction) in the pathogenesis of *Kashtartava*.

These findings are consistent with earlier studies. Previous research has reported that a majority of patients (74.19%) had inadequate physical activity,[9] highlighting the role of sedentary lifestyle in the development of the condition. Another study[10] observed that 66.6% of patients belonged to the *Vata-Pitta Prakriti*, which aligns with the observations of the current study.

Among the associated symptoms, *Bala-Bhramsha* (fatigue) was the most frequently reported, affecting 94.44% of patients. *Aruchi* (loss of appetite) was noted in 77.77% of cases, followed by *Pindikodweshtana* (calf muscle cramps) in 61.11% and *Vibandha* (constipation) in 50% of participants during menstruation. Additionally, 44.44% of patients experienced *Shirashoola* (headache) and *Chardi* (vomiting), while *Bhrama* (giddiness) was reported by 22.22% of the participants. Earlier studies have also documented nausea as the most common associated complaint, with prevalence rates of 58.3% and 33.1%, followed by vomiting in a considerable proportion of cases[11]. These observations suggest a significant involvement of *Kapha Dosha* in the pathogenesis of *Kashtartava*, along with *Vata Dosha.*

Probable Mode of Action of *Vishwadi Kwatha* in *Kashtartava*

The therapeutic effect of *Vishwadi Kwatha* in the management of *Kashtartava* can be understood based on the pharmacodynamic properties of its constituent drugs. Most of the ingredients possess *Ushna Veerya* (hot potency) and are predominantly characterized by *Katu* (pungent), *Kashaya* (astringent), and *Madhura* (sweet) *Rasa*. *Eranda* and *Shunthi* exhibit *Madhura Vipaka,* whereas the remaining ingredients, including the *Prakshepa Dravya*, predominantly show *Katu Vipaka.* In terms of *Guna, Eranda, Hingu*, and *Sauvarchala Lavana* are *Snigdha* (unctuous), while *Shunthi* and *Yava* are *Ruksha* (dry). Collectively, these properties contribute to a *Vata-Kapha Shamana* effect, thereby balancing the aggravated *doshas* involved in the pathogenesis of *Kashtartava*.

Shunthi exhibits multiple therapeutic actions such as *Deepana* (enhancing digestion), *Rochana* (improving appetite), *Vrishya* (strengthening), *Vibandhanut* (relieving constipation), and *Shophahara* (anti-inflammatory), which help in interrupting the disease process. It has a well-established role in gynecological conditions[12]. Bioactive compounds of ginger, including gingerol, shogaol, paradol, zingerone, and gingerdione, have demonstrated significant anti-inflammatory effects by inhibiting cyclooxygenase (COX-2), thereby reducing the synthesis of prostaglandins and leukotrienes.[13] Recent evidence suggests that ginger, when used in appropriate doses, is safe and effective in managing primary dysmenorrhea and may exhibit hall efficacy comparable to commonly used nonsteroidal anti-inflammatory drugs, with a more favorable safety profile.[14]

Eranda Moola is recognized for its potent *Vata-shamaka* action, particularly at the sites governed by *Apana Vayu*, such as *Pakwashaya, Kati, Shroni, Vasti,* and *Garbhashaya*. It is traditionally indicated in conditions like *Udavarta, Gulma, Anaha*, and various pain syndromes.[15] Its role in facilitating *Anulomana* (proper downward movement of *Vata*) is crucial for the smooth expulsion of menstrual blood. Previous clinical studies on formulations containing *Erandamoola* have demonstrated beneficial effects in dysmenorrhea.[16,17]]

Yava is advocated as a wholesome dietary component, particularly in *Rajaswala Paricharya,* for maintaining menstrual health. It is considered suitable in various *Yoni Vyapad*. Its *Laghu*, *Ruksha*, and *Lekhana* properties assist in reducing excess *Kleda* (fluid accumulation), thereby aiding the elimination of menstrual flow. Additionally, its *Madhura Rasa* and *Sheeta Veerya* contribute to nourishment and strengthening of body tissues.[18]

Hingu possesses properties such as *Deepana, Rochana, Chedana,* and *Anulomana*, making it especially useful in conditions characterized by pain, abdominal distension, and obstruction, which are commonly seen in *Kashtartava*. Phytochemical constituents like azulene, ferulic acid, luteolin, and umbelliferone are known to exert antispasmodic and anti-prostaglandin effects.[20] Its pharmacological actions, including anti-inflammatory, analgesic, and antispasmodic effects, suggest a mechanism similar to NSAIDs. Clinical studies have also indicated its effectiveness in reducing menstrual pain.[21]

Sauvarchala Lavana contributes through its *Deepana-Pachana, Rochana,* and *Vatanulomana* actions, supporting digestion and correcting the movement of *Vata*. The predominance of *Katu Rasa* in the formulation enhances digestive fire (*Jatharagni*), thereby preventing the formation of *Ama* and promoting the formation of healthy *Artava*.

Furthermore, the *Tikshna Guna* of *Eranda*, *Shunthi*, and *Hingu* facilitates deeper penetration into bodily channels (*Srotas*), while the *Lekhana* property of *Yava* helps in clearing obstructions (*Sanga*). The combined *Vatanulomana* action of the formulation corrects the abnormal movement of *Vata* (*Vimarga Gati)*, ultimately ensuring the unobstructed flow and expulsion of menstrual blood. Through these mechanisms, *Vishwadi Kwatha* effectively alleviates the symptoms of *Kashtartava*.

CONCLUSION

Kashtartava may be understood as a cluster of symptoms arising primarily due to impairment of *Agni (Agnidushti)*, leading to the formation of *Ama*. This, in turn, results in obstruction (*Sanga*) within the *Srotas* and abnormal movement (*Vimarga Gamana*) of *Vata*, ultimately manifesting as painful menstruation. The Ayurvedic management of *Kashtartava* should focus on *Dipana-Pachana* (enhancement of digestion and metabolism), *Artavajanana* (promotion of menstrual flow), *Kaphahara* (reduction of *Kapha*), *Shroto-shodhana* (clearing of channels), and *Vatanulomana* (normalization of *Vata*), along with *Nidana Parivarjana* (elimination of causative factors). Therapeutic agents possessing *Shoolaprashamana* and *Vedanasthapana* properties play an important role in alleviating symptoms.

The administration of *Vishwadi Kwatha* in a dose of 40 ml, twice daily before meals for a period of one month, was found to be both safe and effective in reducing the symptoms of *Kashtartava*. However, further validation through large-scale, multicentric clinical studies is recommended to substantiate these findings.

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