

ETIOLOGICAL STUDY OF KASHTARTAVA (PRIMARY DYSMENORRHOEA) IN YOUNG GIRLS

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ABSTRACT

Woman is a unique existence in the universe created by God. Women play an important role in the society for creation, maintenance, development and growth. Her health is the primary factor to be considered for wellbeing of family as well as society. Due to the increase pace of modernization the families are undergoing rapid changes, compelled to adopt sedentary, stressful lifestyle and faulty food habits. With the advancement in IT sector and work opportunity for female in different sectors, the women, which place multiple role goes through job stress, work load, inappropriate dietary habits and sleep etc. resulting adverse effects on women's mental and physical health including *Apana Vayu* menstrual disorders, insomnia, loss of appetite etc. Therefore, to overcome these challenges regarding menstrual disorder, women should follow "*Rajaswala Paricharya*" as mentioned in Ayurveda classics. By following *Rajaswala Paricharya*, there will be no vitiation of. The prevalence of dysmenorrhea is highest in adolescent women, with estimates ranging from 20% to 90%.

Keywords: Dysmenorrhea, *Kashtartava*, Etiological Factors

INTRODUCTION

Dysmenorrhea is painful menstruation of enough magnitude to incapacitate day to day activities. In Ayurvedic literature it is explained in terms of "*Kashtartava*". It is not individual disease, but there are many diseases, in which it is described as a symptom and found in various *Yonivyapad* like *Vatala*, *Udavarta* and *Paripluta Yonivyapad*. Dysmenorrhea is the most common Gynecological problem due to abnormal anatomical and functional aspect of uterus, psychosomatic factors, release of Prostaglandins, etc. ¹

The incidence of dysmenorrhea is affected by social status, occupation and age, so groups of schoolgirls, college students, factory workers, and women members of the armed forces each provide different statistics. Around 60% of girls of 12 – 17 years age group complain of dysmenorrhea; however, only 15% of these seek medical assistance. Girls on average miss out 25% more classes in school compared to boys due to pain during menses.²the prevalence of dysmenorrhea is highest in adolescent women, with estimates ranging

from 20% to 90%. About 15% of adolescent girls report severe dysmenorrhea and it is the leading cause of recurrent short-term school absenteeism in adolescent girls in the United States. A longitudinal study of a representative cohort of Swedish women found a prevalence of dysmenorrhea of 90% in women 19 years of age and 67% in women 24 years of age. The 10% of the 24-year-olds reported pain that interfered with daily function. Most adolescents self-medicate with over the counter medicines, and few consult a physician about dysmenorrhoea.³

Literary Review

The word “dysmenorrhea” is a Greek word Dis-men-o-re-ah which means

Dis: Prefix meaning difficult, bad, painful

Men: Month

Rein: To flow

Thus, Dysmenorrhea – Painful or Difficult menses.⁴

Menstruation:

Menstruation can be defined as a periodic and cyclic shedding of endometrium accompanied by vaginal bleeding. It occurs at approximately at the interval of 28 days between menarche to menopause.⁵

Raja is the most common term used in place of *Artava*, which is very weird for menstrual blood and doesn't contain other meaning like *Artava*.

It flows out from *Apatyamarga* without pain sliminess and burning.⁶

It is produced from *Rasa* and flows every month for 03 days in the female is called *Artava*.⁷

Dysmenorrhea:

The term dysmenorrhea is defined as below:

Dysmenorrhea is painful menstruation of enough magnitude to incapacitate day to day activities.⁸

Classification: Dysmenorrhea is mainly two types:

1. Primary (Idiopathic/ spasmodic/ true Dysmenorrhea): Cyclic menstrual pain without an identifiable associated pathology.⁹
 - ✓ The painful menses in women at the onset of menstruation with normal pelvic anatomy, in the absence of any identifiable pelvic disease.¹⁰
 - ✓ The primary dysmenorrhea is one where there is no identifiable pelvic pathology.¹¹

2. Secondary dysmenorrhea: It is associated with pain in the presence of pelvic pathology.¹²

Aims: Etiological study of *Kashtartava* (primary Dysmenorrhea) in young girls

Material and Methods:

For Etiological study 62 patients having symptoms of (Primary Dysmenorrhea) *Kashtartava* were registered from different Institutions including this Institute. Separate detailed questionnaire was made for etiological study.

Criteria for Selection of Patient:

Inclusion Criteria:

- ✓ Patients who had chief complaint of painful menses for at least 3 or more cycles.
- ✓ Pain along with scanty blood flow.
- ✓ Pain along with average amount of blood flow.
- ✓ Age group between 12 – 30 years.

Exclusion Criteria:

- ✓ Patient not fulfilling the inclusion Criteria.
- ✓ Patients below 12 years and above 30 years.
- ✓ Married woman
- ✓ Patients with chronic illness like Tuberculosis, Hypothyroidism, Hyperthyroidism, Severe Anaemia, Diabetes mellitus, AIDS, Syphilis etc.
- ✓ Patients taking Oral Contraceptive Pills.
- ✓ Urinary Tract Infection (UTI)
- ✓ Any Pelvic pathology – Fibroid, Adenomyosis, PID, Endometriosis, DUB, PCOD, Carcinoma.
- ✓ Patient who refused to give written consent for participation in the research study.

Etiological Study: The word *Nidana* is used in two meanings in Ayurveda. One means of causative factor of a disease and second is final diagnosis of a disease process. The causative factors of a disease are as below: *Dosha*, which undergoes vitiation using unhealthy foods and activities, causes disorder of menstruation, ovum and providential causes give rise to disease of the uterus and vagina.¹³The etiology of *Kashtartava* is not explained separately. It is found as a symptom in various *Yonivyapada* (*Vatala*, *Paripluta*, and *Udavarta*), *ArtavaDushti* and *Asrigdara*. However, the etiological factors responsible for different types of *Yonivyapad* are given below:

Table 1:

<i>Nidan</i>	<i>Charak Samhita</i>	<i>Sushruta Samhita</i>	<i>AstangaHridaya</i>	<i>MadhavNidan</i>	<i>Bhavprakash</i>
<i>MithyaAhara</i>	✓	✓	✓	✓	✓
<i>MithyaVihara</i>	✓	✓	✓	✓	✓
<i>ArtavaDushti</i>	✓	✓	✓	✓	✓
<i>BeejaDosha</i>	✓	✓	✓	✓	✓
<i>Daiva</i>	✓	✓	✓	✓	✓
<i>Vishama Sthana Shayana</i>			✓		
Uses of <i>Apadravyas</i>			✓		

Observations

Aharaja Nidana: Food or diet plays the crucial role in the normal development and maintenance of the different *Dhatu* of body. *Vata* related disorders may be caused due to indulgence of food containing predominating *Katu, Tikta Rasa, Sheeta and RukshaGuna*. Protein in dairy products generally has little effect on Iron absorption. *AsatmayaBhojana* and *Viruddhabhojana* may inhibit normal process and lead to disturbances of the digestive and assimilative process. Abnormality in diet refers to excessive, mal or inadequate diet along with no congenial,

unwholesome, unhygienic and incompatible food. *ViruddhaAhara* leads to *Dosha* aggravation and *Dhatu* aggravation,⁵ but do not eliminate them from the body.¹⁴ So continued intake of *ViruddhaAhara* lead to vitiation of *Agni*,¹⁵ which is root cause of every disease. Because *Agni* is responsible for biotransformation of different materials; so, Vitiation of *Jatharagni* leads to vitiation of *Dhatwagni*. The imbalance in *Agni* can produce *Aam* in the body. This *Aam* can disturb the immune system and vitiate all the *Doshas*. Thus, vitiate the *Srotas*; then by obstructing these *Srotas* can cause various disease.¹⁶

Table 2: Breakfast:

Details	Yes		No	
	No.	Percentage	No.	Percentage
	50	80.64	12	19.35
<i>Poha</i>	19	38		
<i>Mixed</i>	10	20		
<i>Paratha</i>	8	16		
<i>Egg</i>	4	8		
<i>Toast</i>	3	6		
<i>Rice</i>	2	4		
<i>Dalia</i>	2	4		
<i>Roti</i>	1	2		
<i>Sprout</i>	1	2		

Maximum 80.64% patients were having breakfast on regular basis, among which most of the patients were taking 38% Poha, 20% mixed 16% Paratha. Poha is prepared from Rice which possess *Sheetaguna* having *Madhur Rasa* and *MadhurVipaka*. Wheat also has *Madhura, Sheeta, Snigdha* and *Brihana* properties.

Madhur Rasa is predominantly formed from *Prithavi* and *JalaMahabhuta*, all the above factors result in increased *KaphaDosha* and leads to *Agnimandya*, responsible for production of *Aam* and causes obstruction in *Srotas*.

Table 3: Viruddha Ahara

Details	Yes		No	
	No.	Percentage	No.	Percentage
		20	32.25	0
<i>Food with Tea</i>	7	35		
<i>Kheer with Salt</i>	5	25		
<i>Daal with sugar</i>	3	15		
<i>Madhu, Hot water, Nimbu drop</i>	3	15		
<i>Khichadi with milk</i>	2	10		

In this study, 32.25% patients were taking *Viruddha Ahara*, it leads to impairment in *Agni* and unable to digest even the *Laghu Ahara*, resulting in state of indigestion, this food change in *Amla Rasa* and acts like a poison, which is termed as *Aamvisha*. This *Aamvisha* circulate through the channels and obstructs the *Marga* which results in *Sam Dosha* leading to

Vata Vriddhi. The diet which disturbs the balance among the body elements/ homeostasis is called unbalanced diet. Regular use of *Viruddha Ahara* could induce inflammation at a molecular level, disturbing the eicosanoid pathway creating more arachidonic acid leading to increased prostaglandin-2 and thromboxane. These prostaglandins are responsible for pain.¹⁷

Table 4: Tea/Coffee

Details	Yes		No	
	No.	Percentage	No.	Percentage
		53	85.48	9
Tea	49	92.45		
Coffee	2	3.77		
Tea / Coffee	2	3.77		

Maximum 85.48% patients were taking beverage among which maximum 92.45% patient were taking tea and remaining are taking coffee along with tea or alone coffee. Both beverages contain polyphenol which inhibits Iron absorption and continuation intake of these beverages leads to decrease levels of Iron and

causes anaemic condition. In study it was reported that the female consuming four or more cups of tea in a day was 399 (64.0%). Nearly one-third of the students (30.3%, $n = 189$) reported that they consumed at least three cups of coffee in a day; were having dysmenorrhea.¹⁸

Table 5: Oil

Details	Yes		No	
	No.	Percentage	No.	Percentage
		62	100	0
<i>Soya bean</i>	54	87.09		
<i>Mustard</i>	4	6.45		
<i>Peanut</i>	3	4.83		

In this study, all the patients were taking oil out of which maximum 88.70 % patients were taking Soyabean oil. High level of omega-6 fatty acid and low amount of omega 3 fatty acid are present in Soyabean oil. Omega 6 fatty acid is not good for health.

Reheating of oil creates more oxidation and if consumed may create more oxidative stress creating more free radicals. A recent study found that a toxin called 4- hydroxy-Trans-2- nonenal (HNE) forms when such oils as corn, soyabean, and sunflower oils are

reheated. Consumption of foods containing HNE from cooking oils has been associated with increased risks of several disease.¹⁹

Table 6: Guna:

Details	Yes		No	
	No.	Percentage	No.	Percentage
	62	100	0	0
<i>Guru</i>	40	64.51		
<i>Laghu</i>	32	51.61		
<i>Sheeta</i>	30	48.38		
<i>Ushna</i>	20	32.25		
<i>Ruksha</i>	46	74.19		
<i>Snigdha</i>	18	29.03		

Maximum 74.19% patient were taking diet with dominance of *RukshaGuna* followed by 64.15% *Guru Guna* while 51.61% were taking diet *Laghu*, 48.38% *Sheeta* and 32.25% *UshnaGuna*. Due to excessive intake of *Guru*, *Sheet* and *Snigdha Ahara*, there is

aggravation of *Dosha* due to the Principle of *Samanyam Vriddhikarnam*. Aggravated *KaphaDosha* generates *Margaavrodha* of *Vayu* leading to vitiation of *Vata* and *RukshaGuna* adds up to this vitiation which may be the cause of *Kashtartava*.

Table 7: Rasa:

Details	Yes		No	
	No.	Percentage	No.	Percentage
	62	100	0	0
<i>Madhur</i>	36	58		
<i>Amla</i>	22	35.48		
<i>Lavana</i>	28	45.16		
<i>Katu</i>	38	61.29		
<i>Tikta</i>	15	24.19		
<i>Kashaya</i>	30	48.38		

Maximum patients were taking 61.29% *Katu Rasa*, 58% were taking *MadhurRasa* followed by 48.38% *Kashaya Rasa* predominant diet. *Katu Rasa* is *Vata – Vardhak* in nature due to the virtue of its *Ruksha* and *Laghu* properties, *Katu Rasa* also possess qualities of

Teekshna and *VishadaGuna*. *MadhuraRasa* increases the *Kapha* which is responsible for *Margavrodhajanya VataPrakopa* which results in the form of *Aruchi* and ultimately leads to *Kashtartava*.

Table 8: Crave

Details	Yes		No	
	No.	Percentage	No.	Percentage
	43	69.35	19	30.65
Fried food	15	34.88		
Chocolate	8	18.60		
Dessert	8	18.60		
Meat	7	16.27		
Bread	2	4.65		
Panipuri	2	4.65		
Pastry	1	2.32		

In this study maximum 69.35 % patients were craving for certain type of food in which 34.88% were of fried food, 18.60% were of chocolate and dessert each and 16.27% patient were of meat.

Tikshna, Ushna, Katu and *Ruksha* properties of fried food increase *Pitta* and *VataDosh*a leading to malfunctioning of *SamanaVayu* and *Pachaka Pitta* which leads to impairment of *Agni*. Those people eat at least 2 bars of chocolate in a day (150 cc × 3) as those consuming chocolate. 361 students (57.9%) reported

consuming at least two bars of chocolate a day.¹³ Meat is said to increase prostaglandin levels which results in increased myometrial contractions thus creating hypoxia in uterine muscles which causes pain. It has found Arachidonic acid (a type of omega 6 fatty acid) which is found in dairy products, meat, egg yolk, liver and kidneys transfer in to PGE2 and PGF2 α in the body thus increase the chances of dysmenorrhoea. So nonveg food can be considered as one of the risk factors for dysmenorrhoea.²⁰

Table 9: Junk Food

Details	Yes		No	
	No.	Percentage	No.	Percentage
		49	79.03	13
Noodles	16	32.65		
Samosa	10	20.40		
Pizza, Sandwich	5-5 each	10.20		
Panipuri	4	8.16		
Maggie, Manchurian, Mommos	2-2each	4.08		
Burger, Chips, Pettis,	1-1each	2.04		

In this study, maximum 79.03 % of patients was habit of consuming junk food regularly in which maximum 32.65% of noodles and 20.40% were of samosa while 10.20% were of taking pizza sandwich etc. All Junk food are high in calories and low in nutrients. Ajinomoto is also harmful chemical for the health but good in taste if patients having junk food on regular basis are less likely to take healthy diet thus having poor nutritional condition and obese body. Ability to counter the hormonal disturbances is also reduced.

ViruddhaAhara taken regularly could induce inflammation at a molecular level, disturbing the eicosanoid pathway creating more arachidonic acid leading to increased prostaglandin-2 and thromboxane. These prostaglandins are responsible for pain.²¹ Excess intake of *Amla, Lavana, Katu Rasa, UshnaVeerya, SnigdhaGuna* and *Vidahi* as well as colour and flavor used in junk food causes serious injury to intestinal mucosa and hamper the absorption of nutrients.²²

Table 10: Pulses

Details	Yes		No	
	No.	Percentage	No.	Percentage
		58	93.54	4
<i>Tuar</i>	37	63.79		
<i>Moonga</i>	2	3.4		
<i>Mixed</i>	19	32.75		

Almost all 93.54% patients were taking pulses in which maximum 63.79 % patients were taking only pigeon pear (*TurDaal*) and remaining patients were taking *MoongaDaal* or mixed pulses. *TuarDaal* is *Ruksha,*

Kashaya and *Vishtambhi* in nature. Thus, aggravates *VataDosh*a, which hinders the normal function of *Apana Vayu*; and result in form of *Malbadhhata*.

Table 11: Besan/Maida

Details	Yes		No	
	No.	Percentage	No.	Percentage
	62	100	0	0
Besan	20	32.25		
Maida	34	54.83		
Mixed	8	12.90		

All the patients were taking products made of *Besan* or *Maida* are both among which, maximum 54.83% were taking Maida and 32.25% patient were taking *Besan* and 12.90% patient were taking both. Due to very less or low quantity of fiber present in these flours. They are not easy to digest; hence fibre is essential supplementation in obese individuals which enhances

weight loss. The dishes prepared from *Besan* and *Maida* are generally are deep fried which makes them harder to digest. According to classics *Pishtana* is *Guru* in nature, it's vitiated the *Kapha* and it is responsible for production of *Aam*.

Table 12: Spicy Food

Details	Yes		No	
	No.	Percentage	No.	Percentage
	53	85.48	9	14.51
Spicy	33	62.26		
Medium	16	30.18		
Normal	4	7.5		

Spicy food was taken by 85.48% patients. Spicy food is always known as harmful for the health as it contains *Katu rasa* dominant property. The *Katu Rasa* is formed by the combination of *Vayu* and *Agni Mahabhuta*, and having properties of *Ruksha*, *Ushna* and *Laghu* apart from thus it has got *Tikshna* and *Vishhada* properties, therefore it increases *Pitta Dosha*. *Vata Dosha* is increased by *Ruksha* and *Laghu* properties and results in the form of dysmenorrhea.

Viharaja Nidana: It includes incompatible and more strenuous activities like excessive exercise, less exercise, suppression of natural urges, sitting, standing,

and sleeping on uneven places or in abnormal postures, *Ratrijagrana*, *Diwaswapana*, excessive uses of electronic gadgets like computer, smart phone, TV and excessive fasting etc., daily disturbed normal regular physical activity of a person altered unusual physical activity results in the form of vitiation of different *Dosha* which causes disequilibrium in the physiological state of *Dosha* and respective other elements. The physical activities like *Ratrijagrana* and *Diwaswapna* are responsible for vitiation of *Vata* and *Kapha Dosha* respectively.

Table 13: Wake-Up Time

Wake – up time	No.	Percentage
	62	100.00
Before 6 AM	1	1.60
6AM – <7AM	8	12
7AM – <8AM	38	61.29
8AM – <9AM	14	22.58
>9AM	1	1.60

Maximum 61.29% patients were habit of wake up between 7 – 8 AM followed 22.58% patients were of 8 – 9 AM. This shows that 83.87% patients were awaking between 7 – 9 AM, which is unusual as per the biological clock because time duration from 6 – 9 AM

is noted *KaphaPrakopaKala* and this aggravated *Kapha* may leads to malfunctioning of *Vayu* through *Avarana* and responsible for *Kashtartva* as etiological factor.

Table 14: *Vyayama*

<i>Vyayama</i>	Yes		No	
	No.	Percentage	No.	Percentage
	16	25.80	46	74.19

In this study, it was found that maximum 74.19% patients were not doing any physical exercise; it is a type of physical activity which is planned structured and involving repetitive body movement to maintain physical fitness. Exercise cause weight loss which

reduces the hormone to release. *Avyayama* is responsible for *Agni Dushti*, *KaphaVridhhi* leads to *Aam* formation, which may result in the form of *Avaranajanya Kashtartava*.

Table 15: *Diwaswapana*

<i>Diwaswapana</i>	Yes		No	
	No.	Percentage	No.	Percentage
	45	72.58	17	27.41

Diwaswapana were reported by maximum 72.58% patients among them, majority of the patients were sleeping during daytime on regular basis and few were doing it irregularly. In Ayurveda classics it is clearly mentioned that *Diwaswapana* is contraindicated for a person except few conditions like children, and elder persons and disease individuals however day hour sleeping is indicated only in summer season for the healthy individual. During day hour sleeping vitiation

of *KaphaDosha* take place which leads to formation of the *Aam* in the body which results in the form of different clinical conditions viz. heaviness, headache, indigestion, anorexia, etc. on the basis of regular day hour sleeping initiate continuous production of *Aam* which finally leads to *Srotoavrodha* in different pathway and manifest many disease including *Kashtartava*.

Table 16: *Ratrijagrana*: In this study, maximum 90.31% patients were awaking after 11 o'clock in night.

<i>Ratrijagaran</i>	No.	Percentage
>10 – 11PM	6	9.67
>11– 12AM	15	24.19
>12– 1AM	23	37.09
>1AM	18	29.03

Night sleeping is essential component of healthy life in recently few eras become fashion of nocturnal activities which is always injurious to health and causing so many disease conditions. In Ayurvedic classics *Ratricharya* is well explained for the healthy life by the over ruling of this rule results in the form of vitiation of

Vata and *Pitta Dosha* which leads to hamper physiological state of the different *Dosha* and *Dhatu* and continuous *Ratrijagrana* leads to several disease condition including constipation, weakness and loss of concentration.

Table 17: Mansika Nidana:

In this study maximum 74.19% patients were having *chinta*, 62.90% patients were having *krodha*, 45.16%

patients were having *shoka*, 40.32 % patients were having *bhaya* and 16.12% patients were having anxiety.

Detail	No.	Percentage
<i>Bhaya</i>	25	40.32
<i>Chinta</i>	46	74.19
<i>Shoka</i>	28	45.16
<i>Krodha</i>	39	62.90
<i>Anxiety</i>	10	16.12

Chinta, *Shoka*, *Bhaya* and anxiety are counted as main cause of vitiation of *VataDosha* among the *Mansika Nidana* while *Krodha* is responsible for vitiation of *Pitta*. Dysmenorrhoea becomes common in young girls because of changing lifestyle and stress is one of the risk factors for this condition. In the ancient era females are only limited to home responsibilities but now a days due to the era of competition and ladies are facing more responsibilities along with responsibility of home. It is leading to improper formation of *Dhatu* and *Updhatu*.

affecting their mental health and ultimately leading pacification of *Vata*. Most of the risk factors described in treatises and found during study supports the strong relation of *Vatavardhaka* factors with the condition of *Kashtartava*. Psychological factors affect the digestion, metabolism and assimilation processes occurring within the body. If person takes balanced diet with worries even at proper time the digestive function is disturbed and food would not properly digested,

Table 18: Artava Dusti

Colour	No.	Percentage
Red	19	30.64
Brick red	19	30.64
Blackish red	24	38.70

Clot	Yes		No	
	No.	Percentage	No.	Percentage
	34	54.83	28	45.16

Days	No.	Percentage
5 –7days	15	24.19
3 –5days	35	56.45
1 – 3days	11	17.74
Spotting	1	1.61

Consistency	Thick		Thin	
	No.	Percentage	No.	Percentage
	46	74.19	16	25.80

In this study, Colour blackish red (38.70%), clot (54.83%), 3 – 5 days (56.45%), consistency thick (74.19%), smell, burning and *Kandu* were taken into consideration among which, smell, burning and itching

were found in least patients. It may be due to the lack of awareness regarding menstrual hygiene, whereas clot, thick consistency and blackish in colour were seen maximum patients, which may be due to uneven uterine

contraction and hampers or effects the normal shedding of endometrium.

Table 19: Beeja Dosha: In this study, maximum 58.06% patients were having positive history of

Detail	No.	Percentage
Grand mother	8	12.90
Mother	24	38.70
Sister	36	58.06
Close blood relative	15	24.19

Concept of *Beeja Dosha* given as the *Nidana* of *Yonivyapada* in classics was supported by the data obtained in this study, as positive family history was found in lots of patients, which suggests the role of genetic predisposition in case of *Kashtartava*.

The fact that family history was shown to be a risk factor for dysmenorrhea may be related to the risk for related conditions such as endometriosis, which has already been shown to have a familiar pattern.²³

In another study, about 50% of students (47.4%) reported having a family history of dysmenorrhea. The presence of dysmenorrhea in an adolescent's mother or sister was accepted as a positive family history of dysmenorrhoea.²⁴

Daivya: It is another etiological factor explained in the context of *Yonivyapada* but in this study no patient were found suffering from this type of factor, so it is difficult to say anything on this regard it is responsible for *Kashtartava* or not.

DISCUSSION

While describing *Nidana Aharaja*, *Viharaja* and *Mansika Nidana* gains equal importance in causing a disease. Any of the above factors can also be responsible for disease causation. Despite following proper diet and physical activities, psychological factors alone may also hamper the physiological process e.g. If we take proper balanced diet, *Pathya-Apathya* even follow *Dincharya*, *Ratricharya* properly, then the disease may develop due to some *Mansika Nidana* like anger, anxiety, fear, depression, etc. may cause *Mandagni* and a person will not be able to digest *LaghuAahar* resulting in the formation of *Aam* which is responsible for *Margaavrodha*. Due to impairment

Kashtartava (dysmenorrhoea) is found to be sister, 38.70% mother, 24.19% close blood relation and 12.90% grandmother was suffering from this condition.

of *Agni VataPrakopa* occurs and *Sudha Rasa Dhatu* is not formed, Hence *Rasa Dhatu* and *RaktaKshaya*.

- ✓ In this study, among the vegetarian diet – 72.58%, Breakfast like Poha has been taken by 38 % patients, 32.25% *ViruddhaAhara*, tea – 92.45% , soya bean oil – 88.70%, patients who have been taken *RukshaGuna* – 74.19%, *Guru Guna* – 64.51%, *LaghuGuna* – 51.61% dominant *Aahara*, *Sheet Guna* – 48.38% [Table No. 11], *Samashana* Dietary habits – 75.08%, *Vishmashan* dietary habits found in – 35.48 % patients, *Katu Rasa*– 61.29%, *Kashaya Rasa*– 48.38% and *Madhur Rasa*–58%, fried food Craving in 34.88% patients, Junk foods – 79.03%, Biscuit/Toast/Bread – 77.41%, Pulses – 93.54%, *Besan* and *Maida* – 100%, Spicy food – 85.48%
- ✓ Patients who woke up after 7 am were found to be – 97.47% [Table No. 26], *Vegadharna* was done by – 100% patients, *Avyayam* – 74.19%, *Ratrijagrana* after 11 pm – 90.19% and *Diwaswapna*– 72.58%.
- ✓ In *mansika Nidana*, *Chinta* – 74.19%, *Krodha* – 62.90%, *Shoka* – 45.16% and *Bhaya* – 40.32% was also seen.
- ✓ In *ArtavaDusti*, clot – 54.83%
- ✓ and thick consistency of menses was found to be – 74.19% In *BeejaDoshaj*, patients were having positive family history i.e. 58% sisters were suffering from dysmenorrhoea

CONCLUSION

Etiological study initially was registered 62 patients completed this study. The conclusion drawn on the basis of observations were observed, mostly there were patients who taking excess and frequent tea, taking

Viruddha Ahara, fried food and junk food like noodles, *Panipuri*, Maida product like Samosa, biscuits, refine oil like Soya bean oil, curd at night, and taking most of the time spicy food Excessive use of *Madhur*, *Katu*, *Tikta* and *Lavana* dominant *Rasa Aahara* and *Ruksha*, *Snigdha*, *Guru* and *Sheeta Aahara* counted as important etiological factor under *Aaharaja Nidana* category. *Ratrijagrana*, *Diwaswapna*, *Bharavahana* and *Avyayama* recognized as *Viharaja Nidana* and *Chinta*, *Shoka*, *Bhaya* and *Krodha* as *Mansika Nidana*.

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