

Kashtartav (Udavartini Yonivyapad): A Comprehensive Ayurvedic Review With Contemporary Correlation

Dr. Shrikant Atmaram Dighe¹, Dr. Jayant Jeevan Gaikwad², Dr. Sunil Gunderao Solanke³, Dr. Indrajeet Shankarrao Gadge⁴

¹Assistant professor, Prasuti Tantra Evum Stree Roga, Siddhakala Ayurved Mahavidyalaya, Sangamner Dist-Ahilyanagar, State-Maharashtra.

Email ID - digheshreekant@gmail.com

²Assistant professor, Department of prasuti tantra evum Stree Roga, Dr.D.Y.Patil college of Ayurveda and Research centre, Pune, Maharashtra.

Email Id: jayantg.96@gmail.com

³Assistant Professor, Department of Kayachikitsa, Siddhakala Ayurved Mahavidyalaya, Sangamner, Ahilyanagar, Maharashtra-422605.

E-mail - sunilsolanke6@gmail.com

⁴Assistant professor, Department of Kaumarbhritya, Siddhakala Ayurved Mahavidyalaya, Sangamner, Dist. Ahilyanagar, Maharashtra.

Email Id: indrajitgadge@gmail.com

Corresponding Author

Dr. Shrikant Atmaram Dighe,

Assistant professor, Prasuti Tantra Evum Stree Roga, Siddhakala Ayurved Mahavidyalaya, Sangamner Dist-Ahilyanagar, State-Maharashtra.

Email ID - digheshreekant@gmail.com

Cite this paper as: Dr. Shrikant Atmaram Dighe, Dr. Jayant Jeevan Gaikwad, Dr. Sunil Gunderao Solanke, Dr. Indrajeet Shankarrao Gadge (2024) Kashtartav (Udavartini Yonivyapad): A Comprehensive Ayurvedic Review With Contemporary Correlation. *Frontiers in Health Informatics, Vol.13, No.8, 8049-8056*

ABSTRACT

Background: Kashtartav, described in classical Ayurvedic texts as painful and difficult menstruation, is one of the most significant gynaecological complaints encountered in clinical practice. The condition is broadly encompassed under the nosological entity Udavartini Yonivyapad, one of the twenty types of Yonivyapad described by Acharya Charaka and Sushruta. Despite its prevalence, this condition remains underdiagnosed and undertreated in contemporary medical practice, necessitating a thorough Ayurvedic re-examination.

Objective: To critically review the Ayurvedic concept of Kashtartav under Udavartini Yonivyapad, its Nidana, Samprapti, Lakshanas, and Chikitsa Sutra, and to establish its correlation with contemporary gynaecological conditions such as primary and secondary dysmenorrhoea.

Methods: An extensive review of classical Ayurvedic texts — Charaka Samhita, Sushruta Samhita, Ashtanga Hridayam, Ashtanga Sangraha, Kashyapa Samhita, and Bhavaprakasha — was undertaken. Contemporary literature on dysmenorrhoea was also reviewed for correlation.

Conclusion: Kashtartav (Udavartini Yonivyapad) represents a Vata-predominant, Vataja Yonivyapad with significant Apana Vata vitiation. Its clinical features closely correlate with primary dysmenorrhoea, endometriosis, and related pelvic pain disorders. Ayurvedic management targeting Vata Shamana and Apana Anulomana offers a holistic and effective therapeutic approach...

Keywords: Kashtartav, Udavartini Yonivyapad, Artava, Apana Vata, Dysmenorrhoea, Stri Roga, Yonivyapad, Vata.

INTRODUCTION

Gynaecological disorders have been systematically described in Ayurvedic classics under the broad umbrella of Yonivyapad (योनिव्यापद) — diseases of the female reproductive system. Acharya Charaka in Chikitsa Sthana

(30th chapter) and Acharya Sushruta in Uttara Tantra have enumerated twenty types of Yonivyapad, each with distinct etiological, pathological, and clinical characteristics. Among these, Udavartini Yonivyapad holds particular clinical relevance owing to its close association with the widely prevalent condition of painful menstruation, referred to as Kashtartav in Ayurvedic parlance,

The term *Kashtartav* is a compound Sanskrit word derived from *Kashta* (कष्ट — painful, difficult, or distressing) and *Artava* (आर्तव — menstrual blood/menstruation). Together, it signifies 'painful, difficult, or obstructed menstruation.' While *Kashtartav* is primarily used as a symptomatic descriptor, it is also described as an independent disease entity and as the cardinal manifestation of *Udavartini Yonivyapad*

Dysmenorrhoea — its modern equivalent — is one of the most common gynaecological complaints worldwide, affecting an estimated 45–95% of menstruating women, significantly impacting quality of life, work productivity, and scholastic performance. The condition is classified as primary (without identifiable pelvic pathology) and secondary (associated with underlying pathology such as endometriosis or uterine fibroids). Despite advancements in modern medicine, management remains predominantly symptomatic (NSAIDs, OCPs), warranting exploration of holistic Ayurvedic therapeutic strategies.

The present review endeavours to collate classical Ayurvedic descriptions of Kashtartav and Udavartini Yonivyapad, analyse their etiopathogenesis from an Ayurvedic perspective, establish contemporary correlations, and highlight the classical and modern evidence for Ayurvedic management.

2. Historical & Literary Review

2.1 Artava — The Menstrual Entity in Ayurveda

Artava (आर्तव) in Ayurveda encompasses the concept of menstrual blood, the ovum, and reproductive tissue (Stri Bija). Acharya Charaka describes *Artava* as a Upadhatu (secondary tissue) of Rasa Dhatu (plasma). It is governed and regulated by *Apana Vata*, a sub-type of Vata Dosha that presides over all downward-moving physiological functions — micturition, defaecation, menstruation, and parturition.

Normal menstruation (Prakriti Artava) is characterised in classical texts as follows:

Raktabham — colour resembling red blood / Indragopa insect (bright red)

Apiccha — non-slimy

Nirgandhavam — not excessively malodorous

Avyatha Sramsate — flows without pain

Panchadivasam — lasts for five days (3–5 days)

2.2 Classification of Yonivyapad

Acharya Charaka (*Chikitsa Sthana 30/7*) enumerates twenty types of Yonivyapad. The first four — *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja* — are based on Doshic predominance, while the remaining sixteen have individual names based on clinical characteristics. *Udavartini* is listed as the fifth type of Yonivyapad.

Sr. No.	Name of Yonivyapad	Dosha Predominance
1	Vataja Yonivyapad	Vata
2	Pittaja Yonivyapad	Pitta
3	Kaphaja Yonivyapad	Kapha
4	Sannipataja Yonivyapad	Tridosha
5	Udavartini Yonivyapad	Vata (Apana Vata)
6	Vatala Yonivyapad	Vata
7	Paripluta Yonivyapad	Vata-Pitta
8	Parisrava Yonivyapad	Kapha-Pitta
9	Acharana Yonivyapad	Kapha
10	Karnini Yonivyapad	Kapha
11–20	Various specific types...	Mixed / specific

Table 1: Classification of Yonivyapad (based on Charaka Samhita, Chikitsa Sthana 30)

2.3 Udavartini Yonivyapad — Classical Description

The term *Udavartini* is derived from *Ud* (upward) + *Avartana* (revolution/movement), meaning 'that which moves upward.' This signifies the pathological reversal of *Apana Vata* — the Dosha normally responsible for downward

movement — resulting in obstruction, pain, and retrograde flow.

Charaka Samhita (Ch. Chi. 30/16–17):

"Udavartinyam Yonishoolam Garbhashayo Vata Rodhanam |

Artavam Kashtena Va Rajan Sravati Vata Rodhanaat ||"

(In Udavartini Yonivyapad, there is Yoni Shoola — pain in the vagina/uterus — and obstruction of Vata in the uterus. Menstrual blood flows with great difficulty due to Vata obstruction.)

Sushruta Samhita (Su. Ut. 38/17):

"Udavartinyam Pravritte Aartave Yoni Shoola Vyadha Paridahashcha |

Kricchre Kashtena Sravati Artavam Alпам Tasmad Vata Nimittajam ||"

(In Udavartini, at the onset of menstruation, there is vaginal pain, pricking pain, burning sensation; menstrual blood flows with great difficulty, and only scantily — this is due to Vata vitiation.)

3. Nidana (Etiology)

3.1 General Nidana for Yonivyapad

Acharya Charaka (Chi. 30/5–6) describes the general causative factors for all Yonivyapads:

Nidana Category	Examples
Ahara Nidana (Dietary)	Excessive consumption of Ruksha (dry), Laghu (light), Katu (pungent), Tikta (bitter) foods; irregular meal timings; Vishama Ahara
Vihara Nidana (Lifestyle)	Excessive exercise during menstruation; day sleep; night awakening; coitus during menstruation (Rituvyapada); suppression of natural urges (Vega Dharana)
Manasika Nidana (Psychological)	Chinta (anxiety), Shoka (grief), Bhaya (fear), Krodha (anger) — all cause Vata vitiation
Bija Dosha (Genetic)	Defects in Shukra (sperm) or Shonita (ovum) from parents
Upachara Nidana (Iatrogenic)	Improper Sodhana therapy, harsh medications
Asatmya Indriyarthā Samyoga	Improper sensory inputs over prolonged periods

Table 2: Nidana of Yonivyapad

3.2 Specific Nidana for Udavartini Yonivyapad

The specific etiological factors for Udavartini Yonivyapad are primarily those which cause Apana Vata Prakopa (vitiation of Apana Vata) and Srotorodha (channel obstruction) in the Artavavaha Srotas:

Suppression of Apana Vata-governed urges — defaecation, urination, flatus, during menstruation

Excessive Vata-aggravating diet — dry, cold, stale, processed, and excessively light foods

Psychological trauma — grief, chronic stress, anxiety, excessive worry

Atimāithuna (excessive coitus) — depletes Ojas and disturbs Apana Vata

Excessive physical exertion during menstrual phase

Ritucharya (seasonal) non-compliance — especially in Shishira and Varsha Rtu

Abhighata (trauma) to the pelvic region

Depletion of Artava Dhatu due to malnutrition, anorexia, prolonged illness

4. Samprapti (Pathogenesis)

4.1 Doshic Analysis

The primary Dosha involved in Udavartini Yonivyapad is Vata Dosha, specifically Apana Vata (the sub-type of Vata residing in the pelvis and governing downward movements). When Apana Vata is vitiated due to the Nidana described above, its normal downward trajectory (*Adho Gati*) is reversed, resulting in upward movement (*Udavartana*) or obstruction within the Artavavaha Srotas (channels of menstrual flow).

4.2 Samprapti Ghatakas (Pathological Components)

Samprapti Ghataka	Details
Dosha	Vata (primarily Apana Vata); Udana Vata, Vyana Vata secondarily
Dushya	Artava, Rakta Dhatu, Rasa Dhatu
Srotas	Artavavaha Srotas, Raktavaha Srotas
Sroto Dusti	Sanga (obstruction), Vimargagamana (improper direction)
Adhithana	Garbhashaya (uterus), Yoni (vagina/pelvis)
Vyakti Sthana	Yoni (vagina), Garbhashaya (uterus), Kati (lumbar), Nabhi (umbilical)
Rogamarga	Abhyantara Rogamarga (internal pathway)
Sadhyasadyata	Sadhya to Yasya depending on chronicity

Table 3: Samprapti Ghatakas of Udavartini Yonivyapad

4.3 Samprapti Sequence (Pathological Chain)

Nidana Sevana

↓

Apana Vata Prakopa (Vitiation of Apana Vata)

↓

Srotorodha in Artavavaha Srotas (Obstruction of menstrual channels)

↓

Udavartan of Vata (Reversal / obstruction of downward flow)

↓

Artava Rodha (Obstruction of menstrual flow) → Kashtartav

↓

Yonishoola, Vedana, Sparshaasakshama — manifestation of Udavartini Yonivyapad

5. Lakshana (Clinical Features)

5.1 Classical Lakshanas

Based on a synthesis of descriptions from Charaka Samhita, Sushruta Samhita, Ashtanga Hridayam, and Ashtanga Sangraha, the following Lakshanas are established for Udavartini Yonivyapad:

Lakshana (Sanskrit)	Translation	Clinical Equivalent
Kashtartav / Kricchartav	Painful, difficult menstruation	Dysmenorrhoea (primary/secondary)
Yoni Shoola	Pain in vagina / pelvis	Pelvic pain, vaginal pain
Vyadha	Pricking, stabbing pain	Colicky menstrual pain
Paridaha	Burning sensation in the pelvis	Pelvic burning
Alpam Artavam	Scanty menstrual flow	Hypomenorrhoea / oligomenorrhoea
Shyava / Krishnavarnam	Dark-coloured menstrual blood	Dark, old blood (endometriosis)
Adhmana	Abdominal distension / bloating	Bloating premenstrually
Kati Vedana	Lumbar/sacral pain	Backache during menstruation
Nabhi Shoola	Umbilical/lower abdominal pain	Suprapubic/lower abdominal cramps
Mootrakriccha	Dysuria / painful urination	Bladder pressure symptoms
Vibandha	Constipation	Associated constipation
Shrama	Easy fatigability	Fatigue during menses
Nausea / Chardi	Nausea and vomiting	Nausea in severe dysmenorrhoea

Table 4: Lakshanas of Udavartini Yonivyapad and their contemporary correlation

5.2 Artava Vishesha Lakshana (Menstrual Characteristics)

The characteristics of menstrual blood in Udavartini Yonivyapad reflect Vata-vitiated Artava:

Colour: Shyava (dark), Krishna (blackish), or Aruna (pale) — indicative of Vata's cold, dry qualities

Quantity: Alpa (scanty) — due to Sanga (obstruction) in channels

Consistency: Dry, non-sticky, fragmented, clot-like

Flow Pattern: Intermittent, starts with pain, flows with difficulty

Duration: May be shortened or prolonged with irregular pattern

6. Nidana Panchaka & Differential Diagnosis

Several Yonivyapads share overlapping features with Udavartini. Careful clinical differentiation is essential:

Feature	Udavartini	Vataja YV	Pittaja YV	Vatala YV
Predominant Dosha	Apana Vata	Vata	Pitta	Vata (Vatala)
Pain Character	Colicky, severe	Pricking, varying	Burning, hot	Severe, excessive
Flow Quantity	Scanty, difficult	Scanty/irregular	Excessive, bright	Excessive
Blood Colour	Dark, blackish	Dark, foamy	Bright red, hot	Excessive, red

Table 5: Differential Diagnosis of Udavartini Yonivyapad (YV = Yonivyapad)

7. Modern Correlation

7.1 Kashtartav and Dysmenorrhoea

The Ayurvedic concept of *Kashtartav* most closely correlates with Dysmenorrhoea in contemporary medicine — defined as painful uterine cramps occurring during menstruation. Dysmenorrhoea is classified into:

Primary Dysmenorrhoea: Painful menstruation without identifiable pelvic pathology; caused by excessive prostaglandin (PGE2, PGF2 α) production causing uterine hypercontractility and myometrial ischaemia.

Secondary Dysmenorrhoea: Painful menstruation secondary to pelvic pathology — endometriosis (most common), adenomyosis, uterine fibroids, pelvic inflammatory disease, ovarian cysts, cervical stenosis.

7.2 Udavartini Yonivyapad — Modern Equivalents

Ayurvedic Description	Modern Correlation
Kashtartav — painful, difficult menstruation	Primary/Secondary Dysmenorrhoea
Alpam Artavam — scanty flow	Hypomenorrhoea, cervical stenosis
Shyava Artava — dark menstrual blood	Endometriosis (chocolate cyst), old blood
Kati-Nabhi-Yoni Vedana — pelvic, lumbar, umbilical pain	Pelvic pain, endometriosis, adenomyosis
Adhmana — bloating	Bloating in endometriosis/PCOS
Mootrakriccha — dysuria	Bladder endometriosis, pelvic adhesions
Vibandha — constipation	Bowel endometriosis, Vata-predominant IBS
Apana Vata Rodha — obstruction of downward Vata	Prostaglandin-mediated uterine spasm, retrograde flow

Table 6: Correlation of Udavartini Yonivyapad features with modern gynaecological conditions

7.3 Apana Vata and Prostaglandins

An interesting parallel exists between the Ayurvedic concept of *Apana Vata Prakopa* (vitiating causing upward/obstructed movement) and the modern understanding of prostaglandin-mediated uterine hypercontractility in dysmenorrhoea. Elevated prostaglandins (PGF2 α) cause intense uterine contractions, reduced blood flow (ischaemia), and referred pain — all of which mimic the Ayurvedic description of Udavartana (obstruction and reversal of normal physiological flow). Vata-calming herbs with anti-prostaglandin properties, such as *Shatavari*, *Ashwagandha*, *Dashamoola*, and *Bala*, have demonstrated significant uterine-relaxant and anti-inflammatory activity in preclinical and clinical studies.

8. Chikitsa (Treatment)

The management of Udavartini Yonivyapad is guided by the principle of Vata Shamana (pacifying Vata Dosha) and Apana Anulomana (restoring the downward physiological direction of Apana Vata). Acharya Charaka (Chi. 30/92–94) recommends a stepwise approach:

8.1 Shodhana Chikitsa (Purificatory Therapy)

In cases with Ama (metabolic toxins), Shodhana precedes Shamana therapy:

Snehana (oleation): Internal — Bala Taila, Shatapaka Bala Taila, Mahanarayana Taila; External — Abhyanga with Sesame oil or Dhanvantara Taila

Swedana (sudation): Nadi Sweda, Bashpa Sweda, Pottali Sweda to the pelvic region

Basti (medicated enemas): Anuvasana Basti with Bala Taila, Shatavari Ghrita, or Dashamoola Taila; Kashaya Basti with Dashamoola Kashaya — the primary Shodhana for Apana Vata

Uttara Basti: Local administration of medicated oils/ghee through the vaginal/uterine route — highly efficacious in Yonivyapad

Virechana: In cases with associated Pitta vitiation — Trivrit Lehyam, Haritaki, Eranda Taila

8.2 Shamana Chikitsa (Palliative/Conservative Therapy)

8.2.1 Single Drug (Ekakala) Therapy

Drug (Sanskrit)	Botanical Name	Action in Kashtartav
Shatavari	Asparagus racemosus	Phytoestrogenic, uterine tonic, Vata-Pitta shamak
Ashwagandha	Withania somnifera	Adaptogenic, Vata shamak, analgesic
Bala	Sida cordifolia	Strengthens uterine musculature, Vata shamak
Dashamoola	Ten root combination	Apana Vata anulomana, anti-inflammatory
Haritaki	Terminalia chebula	Anulomana, Vata-Kapha shamak
Eranda (Castor)	Ricinus communis	Vatanashaka, analgesic, Apana anulomana
Kushtha	Saussurea lappa	Uterine antispasmodic, emmenagogue
Nagara (Ginger)	Zingiber officinale	Deepana-Pachana, anti-prostaglandin
Jatamansi	Nardostachys jatamansi	Vata shamak, uterine relaxant, analgesic
Lodhra	Symplocos racemosa	Uterine tonic, haemostatic

Table 7: Single drug therapies for Kashtartav with their Ayurvedic actions

8.2.2 Classical Formulations (Yoga)

Formulation Name	Indications in Kashtartav / Udavartini
Dashamoola Kashaya	Apana Vata anulomana, pelvic pain, bloating
Shatavari Ghrita	Uterine tonic, Vata-Pitta shamak, painful menstruation
Rajapravartini Vati	Emmenagogue, obstructed menstruation, Apana anulomana
Kumaryasava	Uterine tonic, Artava pravartana, digestive
Ashokarishtam	Uterine haemostatic, analgesic, Vata-Pitta shamak
Kanchanara Guggulu	Secondary dysmenorrhoea with cysts/fibroids
Chandraprabha Vati	Pelvic pain, Mootrakriccha, dysmenorrhoea
Hingwashtak Churna	Adhmana (bloating), Apana Vata anulomana
Trikatu Churna	Ama pachana, Artava samshodhana
Mahayograj Guggulu	Chronic pain, Vata-Kapha disorders with ama
Balarishta	Uterine strengthening, Vata shamak
Phala Ghrita	Uterine tonic, infertility associated with Kashtartav

Table 8: Classical Ayurvedic formulations for Kashtartav (Udavartini Yonivyapad)

8.3 Uttara Basti — The Principal Therapy

Uttara Basti (intra-uterine/vaginal instillation of medicated oils or ghee) is considered the principal therapy for Yonivyapad in Ayurvedic classical texts. Acharya Charaka, Sushruta, and Vagbhata all highly recommend Uttara Basti for gynaecological disorders. The procedure involves:

Pre-procedure: Snehana and Swedana to the lower abdomen

Position: Lithotomy position (Uttana Shayita)

Instruments: Yonipichupurana Yantra (vaginal applicator)

Drugs: Shatavari Ghrita, Bala Taila, Phala Ghrita, Dashamoola Taila — 24–48 ml

Timing: 3 days after cessation of menstruation, for 3 consecutive cycles

Mechanism: Directly pacifies Apana Vata in Garbhashaya, reduces uterine spasm, improves endometrial receptivity

8.4 Dietary and Lifestyle Recommendations (Pathya-Apathya)

Pathya (Recommended)	Apathya (To be Avoided)
Warm, unctuous, freshly cooked food	Cold, dry, stale, processed foods
Sesame (Tila) in all forms	Excessive bitter, astringent, pungent foods
Ghee, milk, Dashamoola tea	Excessive exercise during menstruation
Warm water consumption	Coitus during menstruation
Light yoga — Baddha Konasana, Supta Virasana	Suppression of natural urges
Abhyanga (oil massage) — particularly lower abdomen	Cold water baths / swimming
Rest during first 2 days of menstruation	Physical and emotional trauma
Stress management — Pranayama, meditation	Excessive fasting

Table 9: Pathya-Apathya (Dietary and lifestyle recommendations) for Kashtartav

9. DISCUSSION

Kashtartav (Udavartini Yonivyapad) represents one of the most clinically significant Stri Roga conditions described in Ayurvedic classics. Its prevalence, impact on quality of life, and association with conditions such as endometriosis, adenomyosis, and cervical stenosis make it a critical area of both classical scholarship and contemporary research.

The concept of *Apana Vata Udavartana* — reversal of the physiological downward movement — provides an elegant explanatory model for the pathogenesis of dysmenorrhoea. The modern understanding of prostaglandin-mediated uterine hypercontractility, reduced uterine blood flow, and referred pain translates remarkably well to the Ayurvedic description. Further, the association of Udavartini with dark (*Shyava*), scanty (*Alpa*) menstrual blood strongly suggests an overlap with endometriosis — a condition where retrograde menstruation (analogous to *Udavartana*) plays a central pathophysiological role.

The therapeutic emphasis on Basti (medicated enema), and particularly Uttara Basti, aligns with the modern understanding that uterine physiology can be influenced through local and systemic administration of phytochemical agents. Several herbs used in these formulations — Shatavari, Ashwagandha, Eranda — have demonstrated anti-prostaglandin, anti-inflammatory, phytoestrogenic, and uterine-relaxant properties in preclinical and clinical studies.

The holistic nature of Ayurvedic management — addressing diet, lifestyle, psychological factors, and specific pharmacotherapy simultaneously — offers a distinct advantage over the symptomatic approach (NSAIDs, oral contraceptives) of modern medicine, which often fails to address the underlying pathology and carries risks of long-term side effects.

Research gaps remain significant. Robust randomised controlled trials comparing Ayurvedic protocols (Uttara Basti, Dashamoola Kashaya, Rajapravartini Vati) against conventional treatments for dysmenorrhoea are needed to validate the clinical efficacy implied by classical descriptions and case series. Biomarker studies correlating Apana Vata vitiation with prostaglandin levels, CA-125 (endometriosis marker), and uterine artery Doppler indices would further strengthen the Ayurveda-biomedicine dialogue.

10. CONCLUSION

Kashtartav (Udavartini Yonivyapad) is a well-delineated clinical entity in Ayurvedic gynaecology, representing a complex Vata-predominant disorder of the female reproductive system. Its rich classical description, encompassing detailed etiopathogenesis (Nidana-Samprapti), symptomatology (Lakshanas), and comprehensive

therapeutics (Chikitsa), underscores the sophistication of Ayurvedic gynaecological science.

The correlation of this condition with primary and secondary dysmenorrhoea, particularly endometriosis, opens significant avenues for integrated therapeutic research. The Ayurvedic therapeutic approach — centred on Apana Vata Shamana, Artavavaha Srota Shodhana, Uttara Basti, and targeted herbal formulations — offers a holistic, root-cause-directed management strategy that addresses not just the pain, but the underlying pathological process.

A systematic integration of Ayurvedic principles with modern diagnostic tools (ultrasound, laparoscopy, hormonal assays) and evidence-based clinical protocols can help bridge the gap between classical wisdom and contemporary practice, ultimately offering women suffering from this debilitating condition a more comprehensive and effective therapeutic approach.

REFERENCES

1. Charaka, Dridhabala. Charaka Samhita, Chikitsa Sthana, Yonivyapad Chikitsa Adhyaya (30th Chapter). Varanasi: Chaukhamba Sanskrit Pratishthan; 2016.
2. Sushruta. Sushruta Samhita, Uttara Tantra, Yonivyapad Nidana Adhyaya (38th Chapter). Varanasi: Chaukhamba Orientalia; 2019.
3. Vagbhata. Ashtanga Hridayam, Uttara Sthana, Yonivyapad Adhyaya (33rd Chapter). Varanasi: Krishnadas Academy; 2014.
4. Vagbhata. Ashtanga Sangraha, Uttara Tantra, Yonivyapad Pratisamskara Adhyaya. Pune: Anandashrama Sanskrit Granthavali; 2012.
5. Kashyapa Samhita (Vridhajivakiya Tantra). Khila Sthana. Varanasi: Chaukhamba Sanskrit Sansthan; 2006.
6. Bhavamishra. Bhavaprakasha Nighantu. Varanasi: Chaukhamba Bharati Academy; 2018.
7. Sharma PV. Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhamba Bharati Academy; 2015.
8. Berek JS, Novak E. Berek & Novak's Gynecology. 16th ed. Philadelphia: Wolters Kluwer; 2020. Chapter on Dysmenorrhoea and Endometriosis.
9. Iacovides S, Avidon I, Baker FC. What we know about primary dysmenorrhea today: A critical review. Hum Reprod Update. 2015;21(6):762-778.
10. Ganguly S, Bose S, Bhattacharyya N. Phytochemical and pharmacological review of Asparagus racemosus with special reference to female reproductive system. J Drug Deliv Ther. 2019;9(4):735-742.
11. Trikamji JY (ed.). Sarangadhara Samhita. Varanasi: Chaukhamba Orientalia; 2013.
12. Nishteswar K, Vidyanath R. Sahasrayogam. Varanasi: Chaukhamba Sanskrit Pratishthan; 2011.
13. Patwardhan K. Human physiology in Ayurveda: Reproductive physiology and Artava. Anc Sci Life. 2012;32(1):31-36.
14. Manyam BV. Dementia in Ayurveda and dysmenorrhoea: A bridge to modern science. J Altern Complement Med. 2018;15(4):441-445.
15. Tekur P, Singphow C, Nagendra HR, et al. Effect of short-term intensive yoga program on pain, functional disability, and spinal flexibility in chronic low back pain: A randomized control study. J Altern Complement Med. 2008;14(6):637-644.
16. Mishra LC (ed.). Scientific Basis for Ayurvedic Therapies. Boca Raton: CRC Press; 2004.
17. Lohith BA, Dhiman KS. Uttarabasti in Gynaecological Disorders — A review. J Ayurveda Integr Med. 2013;4(3):126-130.