



A Clinical Study of Pippalayadi Phanta in Kashtartava (Primary Dysmenorrhea)

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Introduction: Primary Dysmenorrhea, also known as Kashtartava in Ayurveda, is a common gynecological condition characterized by painful menstrual cramps that significantly affect women's quality of life. Traditional Ayurvedic texts, including those by Acharya Charak, attribute Kashtartava to Vata vitiation and emphasize the importance of Vata pacification for its management. This study evaluates the efficacy of Pippalayadi Phanta, a polyherbal formulation consisting of Pippali, Marich, Sunthi, Ajwain, and Hingu, in alleviating the symptoms of Kashtartava.

Methodology: A clinical investigation was conducted to assess the formulation's impact on Shoolprashman (pain relief), Vata-Anuloman (Vata regulation), and Artavajanan (menstrual flow regulation). The preparation was presented as a heat-infused beverage in sachet form, similar to green tea, for enhanced convenience and palatability. Participants diagnosed with Primary Dysmenorrhea were evaluated through a scoring system pre- and post-treatment.

Results: The findings suggest that the traditional herbs in Pippalayadi Phanta, known for their anti-inflammatory, analgesic, and muscle-relaxing properties, effectively alleviate pain and discomfort in individuals with Kashtartava. The heat-infused beverage aids in relaxing uterine muscles, and the synergistic action of the herbal components reduces inflammation and pain. The innovative sachet form of Pippalayadi Phanta ensures therapeutic benefits while offering convenience and portability.

Discussion: This study contributes to the growing body of evidence supporting the use of traditional Ayurvedic formulations in managing gynecological disorders. By presenting Pippalayadi Phanta in a familiar and accessible form, the research bridges traditional Ayurvedic remedies with modern preferences, potentially offering a natural and effective alternative for individuals experiencing Primary Dysmenorrhea.

Keywords: Kashtartava, Primary Dysmenorrhea, Pippalayadi Phanta, Vedanahar

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Introduction

Dysmenorrhea is defined as painful menstruation so as to incapacitated day to day activities. The term "*Kashtartava*" can be implied as the condition where in *Artava* is shed with pain. *Acharya Charak* has mentioned that *Yoniroga* can't occur without vitiation of *Vata*.^[1] As *Vata* is the main causative factor it should be treated first. According to *Ayurveda*, pain is an indication of *Vata Vikriti* - '*Vaatadrite Nasti Ruja*'.^[2]

Pain is the main feature of *Kashtartava*, so it has strong relation with *Vata Dosha*. This research proposal aims to investigate the potential impact of an herbal hot infusion (*Phanta*) in the management of Primary dysmenorrhea. These herbs have been traditionally known for their anti-inflammatory, analgesic, and muscle-relaxing properties. *Pippali*, or Long Pepper, has been traditionally used to alleviate pain and inflammation. *Marich*, or Black pepper, contains Piperine, which can help reduce pain perception. *Sunthi*, or Ginger, possesses anti-inflammatory and muscle-relaxant effects, which may alleviate uterine contractions causing pain.

Ajwain, or Carom seeds are known for their anti-spasmodic properties and may ease muscle cramps. *Hingu*, or Asafoetida, has anti-inflammatory properties that could help in pain reduction. When combined in a hot infusion, these ingredients create a soothing and aromatic beverage that can provide relief to individuals suffering from Primary dysmenorrhea. The heat from the infusion may help relax uterine muscles, while the herbal components work together to reduce pain and inflammation. *Kashtartava* is one of the *Artavaha Strotodushti Vyadhi* in which pain during menstruation is the predominant feature.^[3]

Primary dysmenorrhea classically begins within about 2 years of menarche or once ovulatory cycles have been established. It is more often a diagnosis made in adolescents and young adults. The cyclic pain starts within a few hours of the onset of menses and usually resolves within 72 hours. The pain is located midline in the pelvis and may radiate to the lumbar area of the back or upper legs.^[4] It may be crampy and episodic and is usually similar in each menstrual cycle. Concomitant symptoms may include nausea, vomiting, headaches, dizziness, fatigue, and sleep difficulties.^[5]

Kashtartava is expressed as "*Kashtenmunchyatiti Kashtartavam*"- *Kashtartava* is the condition where the *Artava* is discharged with great difficulty and pain. It has been compared to dysmenorrhoea based on the symptoms. *Dosha -Vata Pradhana Tridosha*; *Dushya- Rasa, Rakta, Artava Sammurchana* takes place in *Garbhashaya* and due to vitiation of *Vyana* and *Apana Vayu* the *Aakunchana* and *Prasarana Kriya* of *Garbhashaya* does not take place properly, this state resembles with the dysrhythmia of uterine muscles, which will hinder in proper flow of menstrual blood leading to *Kashtartava*.

Materials and Methods

For this study on *Kashtartava*, 32 patients were enrolled from the OPD and IPD of the P.G. Department of Prasuti Tantra & Stri Roga at Sanjeevani Ayurved Hospital, PGIA Jodhpur, following specific criteria. Monitoring occurred every 15 days, with a one-month follow-up post-treatment.

The study obtained Institutional Ethics Committee clearance DSRRAU/PGIA/IEC/2023-24/706 and registered at Clinical Trial Registry of India (CTRI/2024/04/065239)

Study Design

Table 1: Study design of project

Name of Drug	Pippalayadi Phanta
Number of Patients	30
Dose	20 ml BD (7 days prior to menses)
Type of Study	Open label
No of groups	One
Duration of Drug Trial	2 months consecutive cycle
Route	Oral
Purpose	Treatment
End point	Efficacy

Participants Selection Criteria

A. Inclusion Criteria

- Patients coming with chief complaint of *Kashtartava* [Primary dysmenorrhea] with scanty or average amount of menses (both married and unmarried) for more than 2 consecutive cycles.
- Patients in age group 14 to 35 years of age.
- Patient with history of using analgesics.

B. Exclusion Criteria

- Patient with history of any systemic illness.
- Patients with menstrual irregularities.

Assessment criteria**A. Subjective Criteria**

Assessment of Pain: A special scoring pattern is applied:

Table 2: Depicting WALIDD SCORE

Category	0	1	2	3
Wa (work ability)	None	Almost never	Almost always	Always
L (Location)	None	One site	2-3 site	4 sites
I (Intensity) (Wong- Baker)	Dose not hurt	Hurts a little bit	Hurts a little more- hurts even more	Hurts a whole lot - hurts worst
D (duration - days of pain)	0	1-2	3-4	>or=5

Table 3: This result is in a total score between 0 to 12 and further it is assessed as follows-

Score	Term	Grade
0	Without dysmenorrhea	0
1-4	Mild dysmenorrhea	1
5-7	Moderate dysmenorrhea	2
8-12	Severe dysmenorrhea	3

B. Objective Criteria

Assessment of the therapy will be also carried out by comparing the Before Treatment and After Treatment, values of Objective Parameters.

- CBC

Investigations

- USG (Pelvis) - if needed

Observations and Results

The obtained data was analysed by application of statistics by using GraphPad In Stat DATASET3.ISD developed by GraphPad Software Inc. For evaluation of effect of the therapy/ treatment protocol on chief complaints statistical assessment was done using W - Wilcoxon sign rank test as a statistical tool for the available parameters in a sample size of 30.

Table 4: Showing overall assessment

Parameters	% Relief
Work Ability	37.78%
Location	16.67%
Intensity	40%
Duration-days of pain	19.45%
Average % of relief	28.475

Table 5: Depicting overall impact of therapy

Effect of Therapy	% Relief	Number of patients	%
No Relief	0%	3	10%
Mild Relief	Up to 25%	8	26.67%
Moderate Relief	25-50%	16	53.33%
Significant Relief	50-75%	3	10%
Total		30	100%

Overall maximum patients (16) got moderate relief, some (8 patients) got mild relief while few (3 patients) got excellent relief and few (3patients) got no relief as well.

Discussion

In Primary Dysmenorrhea all aspects of pain (pain intensity, duration of pain, nature of pain) and incidence of associated complaints are affected and we can correlate this disease with *Kashtartava*. In this, *Skashta Aartava Pravritti* can be correlate to painful menstruation, *Kati Prista Jangha Vedana* with presence of referred pain at lower abdomen, lower back and radiating to thighs, *Aartave Sa Vimukte Tu Tat Kshanam Sukham* with pain subside after expulsion of menstrual blood, *Granthibhuta Aartava Dushti (Vata Kapha Dushit Aartava)* with presence of clots and *Dhatvaagnijanya Vikara* with associated systemic complaints.

Primary dysmenorrhea usually begins a few hours before or just after the onset of menstruation. The cramp is commonly accompanied by one or more systemic symptoms, including nausea and vomiting (89%), fatigue (85%), diarrhoea (60%), lower backache (60%), and headache (45%). Nervousness, dizziness, and in some severe cases, syncope and collapse can be associated with primary dysmenorrhea. Lasting a few hours to 1 day, the symptoms seldom persist for more than 2-3 days.[6]

Probable Mode of Action

Pippalayadi Phanta is a *Kalpita Yoga*, so no research work was available on this polyherbal drug combination named as *Pippalayadi*. In this present study, it has been considered a trial drug. As all the 5 ingredients *Pippali*, *Marich*, *Sunthi*, *Ajwain*, *Hingu* are *Ushna Virya* and *Katu*, *Tikta Guna* possess the property of *Kapha Vatahara*. *Katu Ras* is having properties like *Kaphashamak* acts *Agni Deepana*, *Srotovivarana* property acts as vasodilation which in turn reduces the pain.

Ushna Virya possess *Vatahar* and *Kaphahar* properties acts *Deepan*, *Pachan Karma*. All these properties help to alleviate vitiated *Vata Dosha* and clears the *Margavrodh* (obstructed path) thereby it avoids *Sangh* and *Vimarga* of *Artavavaha Srotas*, by *Vataghnata* and *Shoolaghnata* effect it directly acts on pain.

The property of *Vatanuloman* corrects the path of *Apan Vata* and help in *Artava Nishkraman Kriya* thus relieving the pain. *Acharya Charak* stated that because of [7] *Vegavarodha* (suppression of natural urges), the *Apana Vayu* (a type of *Vata*) gets aggravated and moves in the reverse direction and occupies the entire *Yoni* (vaginal canal).

This *Apana Vayu* forces the *Raja* (menstrual blood) upward and leads to pain and discomfort in menstruation. It is observed in various prevalence studies that the dysmenorrheal condition is present throughout the world. To work on *Apan Vayu* the medicine is administered at least half hour before meal (*Pragbhakt*).

Conclusion

The present research work entitled A Clinical Study on *Pippalayadi Phanta* on *Kashtartava* (Primary Dysmenorrhea) completed on 30 patients and following conclusions have been drawn. Primary Dysmenorrhea is a most common menstrual problem in India that affects 50% to 87.87% [8] of adolescence and college going girls.

Due to alteration of food habits, sleep pattern and stressful lifestyle women have higher level of prostaglandins and inflammatory mediators which leads hyper contractibility of uterine muscles and hypoxia. A special *WalIDD* Score was used for the assessment before and after treatment.

These herbs used in present study have been traditionally known for their anti-inflammatory, analgesic, and muscle-relaxing properties. Drugs selected for the present study are *Vatanulomak*, *Vedanashamak*, *Shoolprashman* and *Vatahara* may effectively bring down the *Pratilom Gati Vata* which is mentioned for *Udavartini Yonivyapad* which is one of the main disease conditions compare with *Kashtartava*. Highlighting the novel approach towards making herbal sachet resembling green tea catering to modern generation's interest, ease of consumption and portability.

Overall % of relief based on *WalIDD* Score parameters 28.475%. Overall result on objective parameters is found to be significant. This innovative method integrates traditional herbal benefits with contemporary preferences, providing a convenient and portable option for health-conscious individuals seeking natural alternatives.

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