DOI: 10.7860/JCDR/2026/81208.23678

Original Article

Ayurveda Section

Comparative Evaluation of *Kashmarya-Kshudrasaha Ksheerapaka* and *Ashwagandha Ksheerapaka* Combined with Yogic Practices in *Vatika Artava Dushti* (Menstrual disorder): A Single-blind Randomised Clinical Trial

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ABSTRACT

Introduction: Artavadushti is a major cause of Yonivyapad (gynaecological disorders) and can significantly impair female fertility by disrupting normal reproductive functions. Symptoms of *Vatika Artava Dushti* (ayurvedic term for menstrual disorder) diminish women's Quality of Life (QoL). The present study explores safe and affordable Ayurvedic and yogic therapies that target root causes to improve reproductive health.

Aim: To assess the efficacy of *Kashmarya-Kshudrasaha Ksheerapaka* and *Ashwagandha Ksheerapaka* with Yogic practices in treating *Vatika Artava Dushti*.

Materials and Methods: A total of 31 patients clinically diagnosed with *Vatika Artava Dushti* were enrolled for randomised control trial from the Outpatient Department (OPD) and In-patient Department (IPD) of the PrasutiTantra and StriRoga department at the National Institute of Ayurveda, Jaipur, Rajasthan, India, following screening based on inclusion criteria. One participant withdrew due to conception, resulting in 30 patients completing the trial. Written informed consent was obtained from all participants. They were randomly assigned into two groups of 15 each: Group A received Kashmarya-Kshudrasaha Ksheerapaka along with Yogic practices, while Group B received *Ashwagandha Ksheerapaka* with Yogic practices. The complete duration of the study was 60 days. Menstrual blood colour was evaluated using the RH/NIA/VADC Shade Card©, while pain levels and dysmenorrhoea severity were measured with the Visual Analogue Scale (VAS) and the Verbal Multidimensional Scoring System. The present study also assessed participants' QoL and stress using the World Health Organisation-BREF (Brief Version) scale and Perceived Stress Scale (PSS), respectively. Data were recorded throughout the trial to monitor changes. To analyse the results, both within-group and between-group comparisons were made. Subjective improvements were tested using the Wilcoxon Signed Rank Test, and objective data with the paired t-test. For comparing groups, the Mann-Whitney U and Unpaired t-tests were applied based on data type.

Results: Among 30 participants, Group A (*Kashmarya-Kshudrasaha Ksheerapaka* + *Yogic* practices) showed 75.38% overall relief, while Group B (*Ashwagandha Ksheerapaka* + Yogic practices) showed 63.50%. Group A had greater improvement in menstrual flow duration, pad usage, menstrual blood colour ($p=0.0039$), days of discolouration ($p=0.0023$), and pain scores (VAS reduction $p<0.0001$). Intermenstrual intervals improved significantly in both groups. QoL and perceived stress improved in both groups. No adverse effects were reported.

Conclusion: Kashmarya-Kshudrasaha Ksheerapaka combined with Yogic practices showed greater clinical improvement than *Ashwagandha Ksheerapaka* with Yogic practices in managing *Vatika Artava Dushti*, particularly in menstrual blood colour, pain, and days of discolouration. Both interventions significantly improved QoL and stress without adverse effects, suggesting a safe, holistic approach to menstrual disorders.

Keywords: Ayurveda, Female fertility, Stress, Quality of life, Yogic *practices, Yonivyapad*

INTRODUCTION

Woman is the ultimate source of human progeny. Human life is constantly influenced by rhythmic phenomena, and the female menstrual cycle involves monthly hormonal changes that affect a woman's emotional and physical state. The word *Artava* has two meanings: *Antahpushpa* (internal flower) and *Bahirpushpa* (external flower) [1]. *Antahpushpa* refers to the ovum essential for conception, while *Bahirpushpa* refers to the menstrual flow. The present study focuses on *BahirPushpa* or menstrual blood. *ShuddhaArtava* (pure menstrual blood) is essential for producing healthy progeny. AcharyaBhavaprakash has stated that monthly *Rajah Srava* (menstrual discharge) purifies the body from *SharirikaDosha* (bodily impurities), helping to prevent disorders like *Prameha* (diabetes) [2].

ArtavaDushti (vitiation of menstrual blood) is identified as one of the primary causes of *Yonivyapad* (gynaecological disorders) by *AcharyaCharaka* [3], and it has significant potential to independently affect female fertility. *Vataja Artavadushti* (Vata-dominant menstrual disorder) is characterised by menstrual blood that is dark red or blackish, thin, dry, frothy, and dispersed. It is expelled gradually and often accompanies a distinct, piercing pain. The various attributes associated with *Vata* are reflected in this type of *Artava* [4].

Irregular lifestyles such as night shifts and rising mental and physical stress levels contribute to a wide range of disorders. *Chinta* (anxiety), *Bhaya* (fear), *Shoka* (grief), and *Krodha* (anger) are significant psychological factors that aggravate *VataDosha* [5], leading to both physical and mental health issues. Stress stimulates the Hypothalamic-Pituitary-Adrenal (HPA) axis, increasing cortisol levels, and is known to contribute to menstrual irregularities.

Among these, *Vatika Artava Dushti* which involves changes in menstrual blood colour and intense pain has become a growing concern in women's health. The clinical features described by *VruddhaVagbhata* align with various menstrual disorders

recognised in modern medicine. For instance, *Alpata* (scanty flow) corresponds with hypomenorrhoea, *Saruja Artava* (painful menstruation) with dysmenorrhoea, *Chirat Nishichyate* (delayed ovulation) with oligomenorrhoea, and *Vichchhinata* (interrupted flow) with scattered menstrual bleeding. The present study aimed to evaluate the efficacy of *Kashmarya Kshudrasaha Ksheerapaka* and *Ashwagandha Ksheerapaka* along with yogic practices in the management of *Vatika Artava Dushti*.

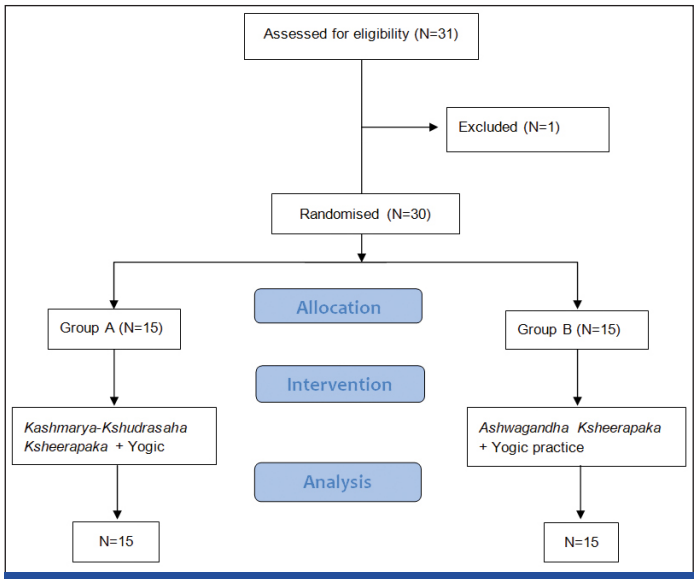
Primary objectives: To evaluate and compare the clinical efficacy of *Kashmarya-Kshudrasaha Ksheerapaka* and *Ashwagandha Ksheerapaka along* with Yogic practices in the management of *Vatika Artava Dushti*.

Secondary objective: To evaluate the effect of Kashmarya-Kshudrasaha Ksheerapaka and *Ashwagandha Ksheerapaka* along with yogic practices on patients' QoL using the WHOQOL-BREF scale [6] and on perceived stress levels using the PSS-10 [7].

MATERIALS AND METHODS

The present interventional, randomised controlled trial enrolled 31 patients clinically diagnosed with *Vatika Artava Dushti* from the OPD and IPD of Prasuti Tantra Evum Stree Roga, at the National Institute of Ayurveda, Jaipur, Rajasthan, India. Ethical clearance for the study was obtained from the Institutional Ethical Committee on 1st October 2021 (Letter Number: IEC/ACA/2022/02-88). The trial was registered with the Clinical Trial Registry of India under registration number CTRI/2023/06/054021, dated 16th June 2023. The sample size was determined based on feasibility, including the availability of eligible patients, study duration, and available resources, with limited prior data to calculate effect size. Patients were selected following screening based on inclusion criteria. One participant withdrew due to conception, resulting in 30 patients completing the present study. Written informed consent was obtained from all participants, and detailed case records were maintained throughout the trial.

Participants were randomly allocated into two groups of 15 each using a computer-generated randomisation sequence. Allocation concealment was maintained through Sequentially Numbered, Opaque Sealed Envelopes (SNOSE) to ensure unbiased group assignment. The present study was conducted in a single-blind manner. The primary endpoint was to evaluate the efficacy of the interventions administered. The complete duration of the study was 60 days [Table/Flg-1].



[Table/Fig-1]: Study flowchart

Inclusion criteria:

- Patients complaining of *Vatika Artava Dushti* with any two of the following manifestations:
  a. *Artavavaivarnya* (Discoloured Menstrual Blood) *-Arunavarna* (Red/Reddish Brown/Tawny) or *Shyavavarna* (Dark Brown) or *Krishna varna* (Black);
  b. *AlpaArtava* (Hypomenorrhoea);
  c. *Vichchhinna*- Interrupted pattern of menstrual cycle;
  d. Consistency of menstrual blood e.g., Disintegrated/flaky;
  e. *SarujaArtava* (Painful Menses);
  f. *ArtavaChiraat Nishichyate* (Oligomenorrhoea).
- Female patients of age group 12-45 years.

Exclusion criteria:

- Pregnant woman;
- Patient having any systemic disease;
- Patient having any type of malignancy;
- Patient having sexually transmitted diseases;
- Patient using oral contraceptive pills and intra uterine contraceptive devices;
- Patient with thyroid hormone abnormalities;
- Patient having any other uterine or pelvic pathology like polyp, endometrial tuberculosis, fibroid, adenomyosis, pelvic inflammatory diseases, etc.,

Study Procedure

Drug intervention: Group A received *Kashmarya-Kshudrasaha Ksheerapaka* (*Ashtanga Samgraha (A.S.), Sharira Sthana (Sha.) 1/30*), and Group B received *Ashwagandha Ksheerapaka* (as per DalhanTika on Sushruta Samhita - Sharira Sthana (Su.Sha.) *2/12–16)* as per shown in [Table/Fig-2].

Groups	Drug description
Group A	*Kashmarya-Kshudrasaha Ksheerapaka* Dose- 40 mL {*Ksheerapaka* was prepared by boiling *Kashmarya Churna* (2.5 gm) + *Kshudrasaha Churna* (2.5 gm) with 40 mL of milk and 160 mL of water} (*Sharangdhar Samhita Madhyam Khanda* 2/161) Drug route: oral Time of administration: twice a day, empty stomach. Treatment period:-60 days/2 Consecutive cycles
Group B	*Ashwagandha Ksheerapaka* Dose- 40 mL {*Ksheerapaka* was prepared by boiling *Ashwagandha Churna* (5 gm) with 40 mL of milk and 160 mL of water} Drug route: oral Time of administration: twice a day, empty stomach. Treatment period:-60 days/2 consecutive cycles

[Table/Fig-2]: Detailed posology of drugs.

Yoga intervention: Both groups were made to perform yoga for 45 minutes under the supervision at morning (empty stomach) for two months (except menstruation period) at National Institute of Ayurveda (NIA) yoga hall. Initially, the duration of yoga practice was 30 minutes later on it was gradually increased upto 45 minutes according the patient capability. Details of practice are as per shown in [Table/Fig-3].

S. No.	Yogic practices	Duration
1.	*Sukshmavyayam*	7-8 minutes
2.	*Suryanamaskar* (2-5 cycles)	5 minutes
3.	*Standingseries-Tadasana, Vrikshasana, Trikonasana, Katichakrasana*	5 minutes
4.	*Sittingseries-Dandasana, Bhadrasana, Baddhakonasana, Upavisthakonasan*	5 minutes
5.	*Supineseries- Ardhahalasana, Pawanmuktasana*	5 minutes
6.	*Relaxation-Shavasana*	10 minutes
7.	*Pranayama-Nadishodhana, Bhramari* (3 cycles)	5 minutes
8.	*Shantimantra*	2 minutes

[Table/Fig-3]: Yogic practices adopted in this trial.

Assessment criteria: The clinical assessment was carried out using the following parameters as per shown in [Table/Fig-4].

S. No.	Parameters	Details
1.	Colour (RH/NIA/VADC Shade Card)	Colour of menstrual blood Day of discolouration of menstrual blood
2.	Amount of menstrual blood	Menstrual flow duration. Number of pads used per day
3.	Pattern of menstrual flow	Continuous/Interrupted
4.	Pain	Onset, Duration, Location, Nature of pain VAS scale grading (Visual Analog Scale) Verbal Multidimensional Scoring System for assessment of Dysmenorrhoea
5.	Intermenstrual days	
6.	Improvement in QoL -It will be assessed by using WHOQOL-BREF	
7.	Stress assessment scale- Perceived Stress Scale (PSS-10)	

[Table/Fig-4]: Assessment criteria.

RH/NIA/VADC Shade Card (Rozina, Hetal/National Institute of Ayurveda/*Vatika Aqrtava Dushti* colour): The RH/NIA/VADC Shade Card was created using the Red, Green, and Blue (RGB) colour model in Microsoft Word 2013 to assist in identifying the colour of menstrual blood as reported by patients. Permission to use the RH/NIA/VADC scale was obtained from the original author. The RH/NIA/VADC Shade Card was applied on Day 1 of the intervention to record the baseline menstrual blood colour before starting the medication.

STATISTICAL ANALYSIS

All clinical data were compiled into a master chart and analysed using GraphPad Prism version 10.0.2. For within-group (intragroup) comparisons, subjective parameters were analysed using the Wilcoxon Signed-Rank Test, while objective parameters with normal distribution were evaluated using the *Paired t-test*. For between-group (intergroup) comparisons, non-parametric data were analysed using the Mann-Whitney U Test, whereas parametric data were analysed using the Unpaired t-test. Statistical significance was defined as $p>0.05$ (not significant), $p<0.05$ (significant), $p<0.01$ (highly significant), and $p<0.001$ (extremely significant).

RESULTS

The inter-group comparison of various parameters associated with *VatikaArtavdushti* (N=30) was assessed as per shown in [Table/Fig-5].

The inter-group comparison of different parameters of *VatikaArtava Dushti* (N=30) was carried out as shown in [Table/Fig-6].

The WHOQOL-BREF score and PSS Score in patient of *Vatika Artavdushti* (N=30) as shown in [Table/Fig-7].

Average Percentage of Relief: The percentage of relief was calculated by subtracting the post-treatment score from the baseline score, dividing the difference by the baseline score, and multiplying by 100, reflecting the improvement in symptoms within each group. The percentage of relief observed in various parameters for both Group A and Group B was presented as per shown in [Table/Fig-8].

The average percentage of relief across all parameters was 75.38% in Group A and 63.50% in Group B, indicating that Group A experienced a slightly greater overall therapeutic benefit, though inter-group statistical differences were not significant.

Adverse drug reactions: Both interventions were well-tolerated, with no clinically significant adverse drug reactions, such as nausea, abdominal discomfort, or dizziness, reported during or following the treatment period in either group.

Follow-up: A follow-up conducted one month after completion of the treatment showed no recurrence of the previously reported symptoms in any of the participants.

DISCUSSION

Vatika Artava Dushti results from vitiation of *Vatadosha*, with *Samana Vata* disturbing *Agni*, *Vyana Vata* disrupting *Rasa Dhatu* flow and *Artava* formation, and *Apana Vata* causing delayed or scanty expulsion. Delayed expulsion oxidises menstrual blood, leading to

S. No.	*Lakshana* of *VatikaArtava-dushti*	Symptoms	Mean		SD±		SE±		p-value	Sig.
			A	B	A	B	A	B		
1.	*Alpa*	Menstrual flow duration	0.4000	0.4667	0.6325	0.8338	0.1633	0.2153	>0.9999	NS
2.	*Aruna*	Colour of Menstrual blood	0.1333	0.3333	0.3519	0.6172	0.09085	0.1594	0.4904	NS
3.	*Vichchhinna*	Pattern of Menstrual flow	0.000	0.000	0.000	0.000	0.000	0.000	>0.9999	NS
4.	*Saruja*	Onset of pain	0.333	0.6667	0.6172	0.8165	0.1594	0.2108	0.2987	NS
		Location of Pain	0.2667	0.6000	0.4577	0.7368	0.1182	0.1902	0.2509	NS
		VAS Score	0.2667	0.6000	0.4577	0.7368	0.1182	0.1902	0.2509	NS
		Verbal Multi Directional Scoring System (VMSS)	0.5333	0.4667	0.6399	0.6399	0.1652	0.1652	0.8966	NS
5.	*Chiratnishichyate*	Intermenstrual days	0.3333	0.7333	0.6172	0.9612	0.1594	0.2482	0.2646	NS

[Table/Fig-5]: Intergroup comparisons of various parameters associated with Vatika Artava dushti.
A statistically non-significant result ($p>0.05$) was observed in all parameters evaluated

S. No.	*Lakshana* of *VatikaArtava-dushti*	Symptoms	Mean		SD±		SE±		p-value	Sig.
			A	B	A	B	A	B		
1.	*Aruna*	Day/s of discolouration of menstrual blood	0.2000	0.6000	0.5606	1.056	0.1447	0.2726	0.2055	NS
2.	*Alpa*	Total No. of Pads per cycle	4.467	4.733	1.302	1.624	0.3362	0.4194	0.6237	NS

[Table/Fig-6]: Intergroup comparison of days of menstrual blood discolouration and total number of pads used per cycle in patients with *Vataja Artava Dushti* (N=30).
A statistically non-significant result ($p>0.05$) was observed in both parameters

S. No.	Scale	Mean		SD±		SE±		p-value
		A	B	A	B	A	B	
1.	WHOQOL-BREF score	213.8	242.5	30.44	38.47	7.860	9.932	0.0316
2.	PSS SCORE	15.07	12.27	3.494	1.710	0.9022	0.4415	0.0094

[Table/Fig-7]: WHOQOL-BREF score , PSS score - Comparison between both the groups
Both groups showed statistically significant improvement in secondary outcomes, including QoL (WHOQOL-BREF) and perceived stress (PSS-10)

S. No.	Parameters	Percentage of Relief	
		Group A (n=15)	Group B (n=15)
1.	Menstrual flow duration	72.73%	61.10%
2.	Colour of menstrual blood	86.67%	61.53%
3.	Day/s of discolouration of menstrual blood	88.46%	57.14%
4.	Total no. of pads per cycle.	63.41%	33.96%
5.	Pattern of menstrual flow	100%	100%
6.	Onset of pain	84.38%	70.57%
7.	Location of pain	86.23%	73.53%
8.	VAS Score	89.98%	75.00%
9.	Verbal Multidimensional Scoring System (VMSS)	78.35%	79.40%
10.	Intermenstrual days	66.7%	55.98%
11.	WHO-QOL BREF Score	40.03%	33.46%
12.	PSS Score	47.67%	60.41%
Average percentage of relief		75.38%	63.50%

[Table/Fig-8]: Comparison of the Percentage of relief across all parameters in both the groups.

colour changes like *aruna* and *shyava*. Beyond *vata*, other factors that contribute to the pathogenesis of *Vatika Artava Dushti* include *Vikrutaagni*, *Vikrutaahara rasa*, *Rasa dhatu*, and *Raktadhatu*. Considering the pathogenesis of *Vatika Artava Dushti*, the primary treatment approach focused on *Vatashamaka*, *Agnideepaka*, and *Rasayana* [8].

Trial drug: *Kashmarya-Kshudrasaha Ksheerapaka* is advised as a treatment for *Vatika Artava Dushti*, as mentioned in the first chapter of *ShariraSthana* of *AshtangSangraha*. *Kashmarya*has*tikta,katu*, and *madhura rasa*. *Kashmarya* acts through *deepana*, *pachana*, *anulomana*, *vedanasthapana*, *medhya*, and *rasayanakarma*, balancing *agni*, pacifying *vata* and *pitta*, stabilising *rakta* and *artava*. Its *ushnavirya* and *madhura rasa* aid proper *artava* expulsion, relieving dysmenorrhoea. *Kashmarya* roots contain benzoic acid, whereas fruits primarily contain butyric acid and tartaric acid. Its antioxidant, analgesic, anti-inflammatory, and diuretic activities [9], supporting its effectiveness in managing menstrual disorders like *Vatika Artava Dushti*.

Kshudrasaha is characterised by its *laghu* and *ruksha* qualities, with a *madhura rasa*, *madhuravipaka,* and *shitavirya*. *Kshudrasaha* helps manage *Vatika Artava Dushti* by improving digestion, promoting healthy artavaand ease menstrual painthrough its *deepana*, *vedanasthapana, medhya* actions. It has *Rasayana* activity due to the presence of phenol compounds, flavonoids, triterpenoids, gallic acid, and other phenolic compounds. It has anti-inflammatory, analgesic, hepatoprotective, anti-microbial, and antioxidant properties [10] which makes it a natural ally for better cycles, reduced cramps, and overall reproductive wellness.

Ashwagandha Ksheerpaka: *AcharyaDalhan*, in his commentary on *SushrutaSamhitaShariraSthana* recommends *rasayana* drugs for addressing *vatadidoshadushtaartava* [11]. Consequently, *AshwagandhaKsheerpaka* with its *rasayana* properties was selected for another study group to explore its effectiveness in comparison. *Ashwagandha* has *rasayana* properties with *laghu*, *snigdhaguna* and *ushnavirya*, pacifies *vata* and supports *artava* by *deepana*, *raktashodhana*, *brimhana*, and *vedanasthapana* actions [12]. Withaferin A has anti-inflammatory, immunomodulating properties. Sitoindosides and acylsterylglucosides are anti-stress agents. As an analgesic, *Ashwagandha* also help reduce stress due to adaptogenic properties and soothes the nervous system from pain responses [13] *Ashwagandha* enhances ovum quality, regulates the Hypothalamic-Pituitary-Ovarian axis (H-P-O) axis, and improves menstrual health.

Go-ksheera (cow's milk) pacifies *vatadosha*, nourishes *rasa dhatu*, and supports healthy menstrual flow. Its *rasayana, medhya*, and antioxidant properties alleviate menstrual pain, regulate the H-P-O axis, and improve menstrual health.

Yogic practices: Ayurveda emphasises balancing *Vatadosha* and supporting menstrual health with practices like *Ritucharya, Dinacharya*, and *Yoga*. *Yoga*, through *Asanas, Pranayama*, and meditation, offers a natural, cost-effective, non-pharmacological solution to manage *Vatika Artava Dushti*. The multifaceted effects of Yogic practices on *Vatika Artava Dushti*, encompassing both physiological and psychological dimensions, are clearly demonstrated, as shown in [Table/Fig-9] [14].

S. No.	Effect of yogic practices	Description
1.	Reduce *MansikaNidana* related symptoms	Meditation and mantra increase serotonin and GABA levels, improving mood and reducing anxiety [14].
2.	Balance *Agni* and correct *Rasavahasrotodushti*	*Yogasanas* stimulate Agni, aiding digestion and improving *Rasa dhatu* for *Artavanirmana*.
3.	Balance *Vatadosha*	Yoga calms the nervous system, reducing stress and vitiated *Vata.*
4.	Regulate HPO and HPA axis by reduce Cortisol level (Stress hormone)	Yoga significantly relieving pain, reducing menstrual distress, and improving QoL.

[Table/Fig-9]: Effects of yogic practices on *Vatika Artava Dushti* [14].

The clinical observations provide valuable insight into *Vatika Artava Dushti*, aligning classical Ayurvedic symptoms with modern physiological findings, as per shown in [Table/Fig-10].

S. No.	Parameter of *Vatika Artava Dushti*	Observation
1.	Colour	51.61% had dark-coloured menstrual blood (*shyava/aruna*), indicating delayed expulsion and oxidation due to impaired *ApanaVayu*.
2.	Menstrual flow duration	70.97% had menstruation lasting less than 4 days, indicating *ArtavaAlpata* caused by Vata-induced hormonal imbalance.
3.	Flow character	93.55% showed continuous flow; *VichchhinnaArtava* (intermittent flow) was rarely observed. No patient reported gritty or disintegrated blood.
4.	Pain (VAS Score)	Most (29.03%) had moderate pain (VAS 4-6), followed by severe pain in 25.80% (VAS 7-9), and 22.58% had maximum pain (VAS 10). Pain is linked to stress, prostaglandins, and uterine hypoxia.
5.	Cycle interval	67.75% experienced delayed cycles (>35 days), which aligns with *ChiratNishichyate*, a feature of *Vatika Artava Dushti.*

[Table/Fig-10]: Observation on parameter of *Vatika Artava Dushti.*

Effect on *Alpa Artava* (Hypomenorrhoea): Both groups showed significant improvement in menstrual flow duration and reduction in total pads used per cycle. Group A (*Kashmarya-Kshudrasaha Ksheerapaka*) showed greater improvement in menstrual flow (p=0.0010) compared to Group B (p=0.0078), though inter-group differences were not significant. Similarly, pad usage reduced significantly in both groups, with Group A showing a greater percentage change. The enhanced effect of *Kashmarya-Kshudrasaha Ksheerapaka* may be attributed to its *deepana*, *rasayana*, and *anulomana* properties, supporting better *ahara rasa* formation and *artava* excretion.

Effect on *vata* vitiated menstrual colour: Group A showed highly significant improvement in menstrual blood colour (86.67%, p=0.0039) and days of discolouration (88.46%, p=0.0023), compared to Group B (61.53%, p=0.0313; 57.14%, p=0.0086). The results suggest better *Vata* pacification, enhanced *Ranjaka Pitta* activity, and improved *ApanaVayu* function contributed to normalisation of menstrual colour.

Effect on *Vichchhinna Lakshana* (interrupted flow): Statistically non-significant in both groups. Larger samples with this complaint needed for better assessment.

Effect on *Saruja Lakshana* (painful menses): Both groups showed significant relief in all pain-related parameters, with Group A showing greater improvement overall. Onset of pain reduced by 84.38% in Group A and 70.57% in Group B (p=0.0001). Pain location improved by 86.23% (Group A) vs. 73.53% (Group B), and VAS scores reduced by 89.98% and 75.00% respectively (p<0.0001). VMSS scores showed similar relief in both groups. The pain relief in Group A may be attributed to *vatanulomana*, *vednasthapana*, and *medhya* properties of *Kashmarya-Kshudrasaha*.

Effect on *ArtavaChiraatNishichyate* (delayed menses): Both groups showed highly significant improvement in intermenstrual period (Group A: p=0.0078; Group B: p=0.0039). The effects are attributed to the *deepana*, *rasayana*, and *anulomana* properties that promote timely formation and expulsion of *Artava*.

Effect on haemoglobin: No significant changes (p>0.05) in either group.

Effect on hormonal parameters: Both groups showed significant improvement in serum FSH (Group A: p=0.0380; Group B: p=0.0052), while serum LH and LH: FSH ratio showed no significant changes. The FSH improvement suggests a possible hormonal regulatory effect, though longer treatment may be needed for conclusive results.

QoL (WHOQOL-BREF): Both groups showed significant improvement in QoL (Group A p<0.0001; Group B: p=0.0001). Painful and irregular menses negatively impact QoL, which was improved by the trial therapies.

Perceived Stress Scale (PSS): Both groups showed significant stress reduction (Group A: 47.67%, Group B: 60.41%). *Ashwagandha*'sadaptogenic properties likely contributed to greater stress relief, with *yoga* providing a synergistic effect.

Overall effect of therapy: Group A (*Kashmarya-Kshudrasaha Ksheerapaka*+Yogic practices) showed 75.38% relief, outperforming Group B (*Ashwagandha Ksheerapaka*+Yogic practices) with 63.50% relief, indicating greater efficacy in managing *Vatika Artava Dushti*. *Although Group A showed higher percentages of symptomatic relief across most parameters, inter-group comparisons were not statistically significant. Therefore, the apparent superiority of Kashmarya–Kshudrasaha Ksheerapaka should be interpreted as clinically favourable rather than statistically conclusive*. One patient in Group B conceived, suggesting restoration of *ShuddhaArtavas*.

Limitation(s)

The present study's small sample size and short duration limit its findings. Future research with larger samples and longer follow-up is needed for better reliability and generalisability.

CONCLUSION(S)

KashmaryaKshudrasaha Ksheerapaka with Yogic practices demonstrated comparatively better clinical improvement efficacy over *Ashwagandha Ksheerapaka* with *Yogic* practices. Both treatments improved menstrual symptoms, QoL, and stress without adverse effects. Combining Ayurvedic treatments with *yoga* is a promising holistic approach for menstrual disorders caused by vitiated *Vata*.

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PLAGIARISM CHECKING METHODS: [Jain H et al.]
- Plagiarism X-checker: Jul 07, 2025
- Manual Googling: Feb 14, 2026
- iThenticate Software: Feb 16, 2026 (1%)

ETYMOLOGY: Author Origin

EMENDATIONS: 7

AUTHOR DECLARATION:
- Financial or Other Competing Interests: None
- Was Ethics Committee Approval obtained for this study? Yes
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. Yes

Date of Submission: **Jul 04, 2025**
Date of Peer Review: **Sep 03, 2025**
Date of Acceptance: **Feb 19, 2026**
Date of Publishing: **Jul 01, 2026**