

**REVIEWER'S REPORT****Manuscript No.: IJAR-58192****Title: MANAGEMENT OF KASHTARTAVA WITH SPECIAL REFERENCE TO UDAVARTA YONIVYAPADA-CONCEPTUAL STUDY****Recommendation:****Accept after minor revision**

Rating	Excel.	Good	Fair	Poor
Originality			✓	
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

**Reviewer's ID: JPR-Bilqees Hamza*****Detailed Reviewer's Report***

The manuscript titled "Management of Kashtartava with Special Reference to Udavarta Yonivyapada-Conceptual Study" addresses a highly prevalent and clinically significant gynecological issue: dysmenorrhea, or painful menstruation. Globally, dysmenorrhea affects a vast proportion of the female population, often severely disrupting daily activities, productivity, and overall quality of life. In modern medicine, management is frequently restricted to symptomatic relief through non-steroidal anti-inflammatory drugs (NSAIDs) or hormonal therapies, both of which can carry long-term side effects. Recognizing these limitations, the author provides a descriptive conceptual study that maps this condition onto the traditional Ayurvedic framework of *Kashtartava*, drawing direct therapeutic and pathological parallels with *Udavarta Yonivyapada* (also referred to as *Udavartini*). By contextualizing painful menstruation within classical gynecological disorders (*Yonivyapada*), the article attempts to present a holistic, structured treatment protocol that targets the root physiological imbalances rather than just temporary pain suppression.

The core of the paper's conceptual translation rests on the distinct functions of *Apana Vayu* and *Vyana Vayu*. In classical Ayurvedic physiology, *Apana Vayu* governs the downward movement of natural urges, including the normal, painless expulsion of *Artava* (menstrual blood). The author explains that modern etiological triggers—such as sedentary lifestyles, stress, junk food consumption, and the suppression of natural urges (*Vegadharana*)—lead to *Apana Vayu Dushti* (vitiation). This physiological derangement causes *Vayu* to move in a reverse or upward direction, filling the uterus (*Yoni*) and forcing the menstrual blood upward before discharging it with severe difficulty and pain (*Rajahkrichrata*). The paper details



ISSN NO. 2320-5407

ISSN(O): 2320-5407 | ISSN(P): 3107-4928

# International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

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how this painful cycle is immediately, though temporarily, relieved once the clotted or frothy blood is successfully expelled (*Artava vimukte sukham*). By systematically outlining these traditional pathological mechanisms, including *Margavarodha* (channel obstruction) and *Dhatukshaya* (tissue depletion), the manuscript establishes a clear rationale for employing specific *Vata*-pacifying and downward-directing therapies (*Vata anulomak*) to cure the condition.

### Strengths of the Manuscript

The manuscript possesses several distinct academic merits that contribute to the ongoing scholarly discourse surrounding integrative gynecology and traditional medicine. A major strength is the clear, unambiguous translation of a contemporary clinical symptom (dysmenorrhea) into a well-defined classical syndrome (*Udavarta Yonivyapada*). The author effectively utilizes classical authoritative definitions, such as "*Kashtena muchyati iti kashtartava*," to anchor the presentation in traditional textual authenticity while maintaining clinical relevance for modern Ayurvedic practitioners.

Furthermore, the paper provides a very comprehensive and highly valuable compilation of *Chikitsa* (treatment) protocols. By aggregating diverse therapeutic modalities—ranging from heavy internal and external oleation (*Snehana*) and localized fomentation (*Swedana*) to specialized procedures like *Uttarbasti* (intrauterine enema) using milk processed with *Dashmoola* (*Ksheerapaka vidhi*)—the author outlines a multifaceted management strategy. The extensive list of *Shamana aushadhis* (palliative medications), including well-regarded formulations like *Rajah pravartini vati*, *Hinguvachadi churna*, and *Sukumara kashaya*, serves as an excellent reference for clinicians.

Additionally, the integration of holistic lifestyle interventions, such as specific sleep recommendations and targeted yogic postures (*Matsyasana*, *Dhanurasana*, *Bhujangasana*), elevates the paper by emphasizing the multidimensional nature of patient recovery. Finally, the warning regarding the systemic risks of leaving this condition untreated—such as secondary risks of infertility, *Gulma* (abdominal tumors), and *Pradara* (menorrhagia)—is an astute observation that correctly elevates the clinical importance of treating *Kashtartava* early.

### Improvements and Critical Refinements

Despite the sound conceptual basis of this narrative study, several critical improvements must be made to enhance the manuscript's academic rigor, technical accuracy, and structural polish.

- **Rectify Extensive Typographical and Formatting Errors:** The manuscript contains an unacceptably high density of typographical errors, omitted spaces, and repeated words that severely undermine its professional quality. Examples include "*inability to grt out of the bed*" in the abstract, "*not not mentioned*," "*blavana*," and duplicated commas in the introduction, as well as concatenated strings like "*yonivyapad.Its*," "*Udavartiniin*," and "*shouldbe*". In the yoga section,



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the words "*Dhanurasana, Bhujangasana, Ustrasana, Gomukhasana*" are duplicated back-to-back in a disruptive rendering error. The entire text must be thoroughly copyedited.

- **Clarify and Correct Contradictory Ayurvedic Terminology:** In the abstract, the author states that the management includes "*ushna, guru and anigdha aushadhis*". The term "*anigdha*" appears to be a major typographical error for *Snigdha* (unctuous). Since *Udavarta* is driven by aggravated *Vata*, which is inherently *Ruksha* (dry), using *Asnigdha* or *Anigdha* (non-unctuous) drugs would further exacerbate the condition. This directly contradicts line 62, where the author correctly advocates for the internal and external use of *Ghrita, Taila, and Vasa* for oleation. This critical theoretical contradiction must be rectified.
- **Elaborate on Specific Pathological Mechanisms:** The section on *Causes of Udavartini Yonivyapada* is overly brief. Under *Margavarodha*, the author states that *Apana Vayu* gets obstructed but fails to explain *what* causes the obstruction (e.g., *Kapha, Amanand*, or anatomical displacements). Under *Dhatukshaya*, sub-point A cuts off awkwardly, stating "*sarva of kapha causes pain,*" which is grammatically incoherent and conceptually vague. The specific interactions between *Dhatukshaya, Vata Vriddhi*, and pain thresholds need to be expanded into full, scientifically cohesive paragraphs.
- **Address Methodological Lacunae:** As a conceptual study, the paper lacks a described methodology. The author should include a brief section detailing how the relevant classical references were gathered, which specific editions of the *Brihatrayi* (Charaka, Sushruta, Vagbhata) were consulted, and how modern literature regarding dysmenorrhea was selected for comparison.
- **Expand and Modernize the Discussion:** The discussion section states that *Manda* (thin rice gruel) is contraindicated in *Yoni Rogas*, but it provides no explanation as to *why*. This traditional dietary restriction should be explained conceptually. Furthermore, the discussion would be vastly improved by incorporating a paragraph that connects Ayurvedic pathophysiological concepts to contemporary medical phenomena—such as linking *Vyana Vayu* anomalies to abnormal myometrial hypercontractility and prostaglandins, or mapping *Dhatukshaya* to low pain tolerance and nutritional deficiencies.

### Final Recommendation

This manuscript provides a highly valuable, textually grounded overview of the Ayurvedic management of dysmenorrhea through the lens of *Udavarta Yonivyapada*. It successfully compiles a wide array of traditional therapeutic options, cleansing procedures, and lifestyle modifications that are highly relevant to contemporary clinical practice. However, the paper is currently held back by pervasive typographical defects, structural fragmentation in the etiology section, and a critical terminological contradiction in the



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abstract. Therefore, I recommend this article for publication, subject to minor revision. Addressing these specific concerns—particularly correcting the formatting errors, clarifying the *Snigdha* vs. *Anigdha* contradiction, and expanding the pathological discussions—will significantly elevate the scholarly quality, readability, and authority of this article.