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## Management of Dysmenorrhoea through Ayurveda: A Case Study

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### ABSTRACT

Dysmenorrhoea is pain during menstruation. Sometimes, it is so painful that females are taking analgesic and in some cases even those analgesics are not giving results. Females are no less than a man in this 21<sup>st</sup> century. So, we must find out a proper treatment for the pain and cramps a lady is experiencing during dysmenorrhoea. In *Ayurveda* we can correlate it with *Kashartava*. *Kashtartava* is not itself a disease but it is a symptom found in various yonivyapads. The main symptom a lady is experiencing is pain and in *Ayurveda* the main causative factor behind pain is vitiated *VataDosha*. So, in this case study we will try to manage the vitiated *VataDosha* by *Panchkarma* procedures like *Basti (Yoga Basti)* and by giving various *VataShamak* drugs orally.

### KEYWORDS

*Kashtartava, Vata, Dosha, Panchkarma, Basti, Dysmenorrhoea*



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## INTRODUCTION

We are living in a 21<sup>st</sup> century where woman is considered equally to man. She is doing all the household work as well as going to school or office. In other words we can say that she is managing her personal life as well as professional life very smoothly but there are various factors which are working as hindrance in her path. One such hindrance is dysmenorrhoea. Dysmenorrhoea is painful menstruation. It is of two types one is primary and other one is secondary. Primary dysmenorrhoea is one which is without any pelvic pathology whereas in secondary dysmenorrhoea the cause is pelvic pathology. The treatment in modern revolves around analgesics. In severe cases analgesics are not effective so, modern physician suggests for surgery which in my opinion is not a good option. In *Ayurveda* it is correlated with *Kashtartava*. The main causative factor behind this is vitiated *VataDosha*. So we will manage vitiated *VataDosha* by various *Panchkarma* procedures like *Basti* and by giving various oral *VataShamak* drugs. This case study is about a married female of age 32 years having complaint of severe pain during menstruation. She has taken various analgesics for this but her pain was not relieved. So, she came to CBPACS hospital for the same. We have given her oral

medications for few months and then the patient was admitted for panchkarma procedure of *Bastito* achieve desired results.

### **KASHTARTAVA**

The word *kashtartava* is formed by two words *kashta* and *artava*. *Kashta* means painful, difficult; and *artava* is a substance that flows out of the body at a particular period or specific time. It can also be defined as *Kashtenamuchyatiitikashtartava*, a condition where *skashthapravrutti* of *artava* takes place.

In *ayurvedic* classics *kashtartava* has not been described as a separate disease. Instead, it has been considered a *lakshana* of various *yonivyapada*. Almost all *Ācharyas* have described regarding this symptom but all references are scattered in description of different *Rogas*.

In CharakSamhita:

- a) **Saruka-VātalaYoniyāpada**<sup>1</sup>
- b) **Sashoola-SannipatikaYoniyāpada**<sup>2</sup>
- c) **Sarati- Paripluta and MahayoniVyapada**<sup>3</sup>
- d) **Rajah Krichchha-UdāvartaYoniyāpada**<sup>4</sup>
- e) **Saruja- VatajaAsrigdara**<sup>5</sup>
- f) **MandaRujakarma-KaphajaAsrigdara**<sup>6</sup>

In ShushrutaSamhita:



a) **Rajah Krichchha-**  
*UdāvartaYoniyāpada*<sup>7</sup>

b) **Vedanā- ĀrtavaDushti**<sup>8</sup>

In AsthangSangraha:

a) **Rajah Krichchha-**  
*UdāvartaYoniyāpada*<sup>9</sup>

b) **Sarujam- VatajaĀrtavaDushti**<sup>10</sup>

In AshtangHridya:

a) **Rajah Krichchha-**  
*UdāvartaYoniyāpada*<sup>11</sup>

b) **Sarujam- VatajaĀrtavaDushti**<sup>12</sup>

In *MadhavaNidana*<sup>13</sup>, *Bhavaprakasha*<sup>14</sup>

a) **Rajah Krichchha-**  
*UdāvartaYoniyāpada*

**Nidan** (Causes)

*Ayurveda* has one main basic principle of treatment i.e. *NidanParivarjan*. So, it is essential to know the *Nidan* of *Kashtartava*. As *kashtartava* is described as symptoms of various *Yonivyapads*, So *SamanyaNidana* of *Yonivyapada* and *ArtavaDushti* can be considered as *SamanyaNidana* of *Kashtartava*<sup>15</sup>. In this article as we are mainly focussing on *Pathya* and *Apathya*. So here are various causes mainly related to female's lifestyle<sup>16</sup>:

a) **Mithyachara**: It includes both *mithyaaahara* (abnormal diet) and *mithyavihar* (abnormal mode of life) both.

b) **Abnormal Diet**: Abnormality in diet refers to excessive, mal or inadequate diet along with non congenial, unwholesome, unhygienic and incompatible food.

c) Over eating may cause various gynaecological disorders by producing over body weight, obesity and diabetes etc.

d) Inadequate or mal intake may cause nutritional deficiency like weakness and emaciation resulting into *arajaska* or *lohitaksaya* etc. The diet influences *doshas* and *dushyas* of body, main causes of all the disorders.

## **DYSMENORRHOEA**

Painful menstruation of sufficient magnitude so as to incapacitate day-to-day activities is known as dysmenorrhoea. There are two types of dysmenorrhoea- primary or spasmodic dysmenorrhoea and secondary or congestive dysmenorrhoea.

**PRIMARY DYSMENORRHEA**- Pain during menstruation without any pelvic pathology is known as primary dysmenorrhoea<sup>17</sup>.

### **1. Causes of Primary Dysmenorrhoea**<sup>18</sup>

a) It is considered to be due to high endometrial prostaglandin F<sub>2α</sub> production which is potent myometrial stimulant and vasoconstrictor.

b) Psychological and behaviour factors may be responsible.

c) Lower consumption of fish, eggs and fruits are believed to increase the incidence of dysmenorrhoea but the association is not clearly established<sup>19</sup>.

### **2. Symptoms**<sup>20</sup>



- a) Pain begins a few hours or just after the onset of menstrual period and may last up to 48-72 hrs.
- b) Suprapubic cramping, lumbosacral backache, pain radiating down to anterior aspect of thigh.
- c) Colicky in nature.

### **Secondary dysmenorrhoea<sup>21</sup>**

Secondary dysmenorrhea is normally considered to be menstruation — associated pain occurring in the presence of pelvic pathology.

#### **Causes of pain:**

The pain may be related to increasing tension in the pelvic tissues due to pre-menstrual pelvic congestion or increased vascularity in the pelvic organs.

#### **Common causes of secondary dysmenorrhoea:**

Cervical stenosis, chronic pelvic infection, pelvic endometriosis, pelvic adhesions, adenomyosis, uterine fibroid, endometrial polyp, IUCD *in utero* and pelvic congestion. Obstruction due to müllerian malformations are the other causes.

#### **Clinical features**

The pain is dull, situated in the back and in front without any radiation. It usually appears 3–5 days prior to the period and relieves with the start of bleeding. The onset and duration of pain depends on the pathology producing the pain. There is no

systemic discomfort unlike primary dysmenorrhoea. The patients may have got some discomfort even in between periods. There are symptoms of associated pelvic pathology. Abdominal and vaginal examinations usually reveal the offending lesion. At times, the lesion is revealed by laparoscopy, hysteroscopy or laparotomy.

#### **Case Report**

A 32 year old married female patient, presented with chief complaint of painful menstruation and heavy menstrual bleeding since last eight years. According to her, she was asymptomatic 8 years back then after delivery of her 2<sup>nd</sup> child she started having painful menstruation and excessive menstrual bleeding during her menstruation cycle. She has taken allopathic treatment for the same but was not relieved. So, she came to CBPACS hospital for the treatment.

#### **Menstrual history**

Severe pain present during menses in hypogastric region and lower back region. Heavy menstrual flow which is bright red in colour with clots during menstrual cycle

LMP- 14 June' 2019

Duration/interval = 6 days/ 28-30 days

Total no. Of pads used- 7-8/day

#### **Obstetric history**

G<sub>4</sub> P<sub>2</sub> A<sub>1</sub> L<sub>2</sub> D<sub>0</sub>

1<sup>st</sup> male child – 12 years – FTNVD



2<sup>nd</sup> female child – 8 years – FTNVD

### Contraceptive history

Barrier method

### History of past illness

Known case of hypothyroidism.

### Family history

No specific history present

### Personal history

Bowel: regular, 1time/day

Bladder: 4-5times/day, 1time/night

Sleep: adequate, sound sleep

Appetite: good

Addiction: nil

Diet: vegetarian

### *AshavidhaPariksha*

*Nadi: Prakrit*, 80/min, regular

*Mala: Prakrit*, regular, 1time/day

*Mutra: Prakrit*, 4-5times/day

*Jihva: Niram*

*Shabda: Spashta, Prakrit*

*Sparsha: Samsheetoushna*

*Driku: Prakrit*

*Aakruti: Madhyam*

### Systemic examination:

On examination, patient was well oriented to time, place and person. Assessment of CNS, Respiratory system, GIT, Musculoskeletal system of patient was found to be normal. No clinical abnormality was detected.

### Investigations

Done on 17/6/2019

TSH – 14.8 ng/dl

Hb – 8.5 gm/dl

CBC, LFT, KFT – WNL

BT – 2-3 Min

CT – 5- 6Min

HbsAg, HIV – Negative

Blood sugar fasting – 88gm/dl

pp-133gm/dl

USG done on 19/04/2019

Uterus is anteverted and homogeneous in echotexture. Size is 8.9×4.0×4.5cm. Lumen is empty. Fibroid is not seen.both ovaries are normal in size and homogenous in echotexture. Cyst or tubo ovarian mass is not seen. Pouch of douglas is free from fluid.

Impression is bulky uterus.

### Treatment

Patient was initially given treatment in the form of oral medication for two months.

1. *TryodashangGuggulu* 2BD
2. *AjmodadiChurna* 3grm BD
3. *VataVidhvansak Rasa* 2tab BD
4. *DashmoolKwath* 40 ml BD
5. *GandhakVati* 2 BD
6. *SphatikaChuran* L/W BD

Then after this patient was given *YogaBasti* for eight days.

*Yoga Basti*

*AnuvasanBasti* – *Maha Narayan oil* given after lunch.

*AasthapanBasti* – *Makshik* (honey), *Saindhav*, *Mahanarayan oil*, *Soya Kalk*,





*DashmoolKwath* given early morning before breakfast

1<sup>st</sup> day – *AnuvasanBasti*

2<sup>nd</sup> day – *AasthapanBasti*

3<sup>rd</sup> day – *AnuvasanBasti*

4<sup>th</sup> day- *AnuvasanBasti*

5<sup>th</sup> day- *AnuvasanBasti*

6<sup>th</sup> day – *AasthapanBasti*

7<sup>th</sup> day- *AnuvasanBasti*

8<sup>th</sup> day- *AnuvasanBasti*

*BastiPratyagaman Kala*

*AnuvasanBasti* – 1 hr, *AasthapanBasti* – 2 hr

## OBSERVATIONS AND RESULTS (Table no.1)

Before treatment	After treatment
<ul style="list-style-type: none"> <li>Severe pain during menstrual cycle which is associated with heavy menstrual flow which is bright red in colour with clots.</li> <li>Lethargy during menstruation.</li> <li>Unable to do physical activity during menstruation.</li> <li>Duration/in terval = 6 days/ 28-30 days</li> <li>Total no. Of pads used- 7-8/day</li> <li>She was taking analgesics during her menses.</li> </ul>	<ul style="list-style-type: none"> <li>Pain in lower abdomen subsides. Flow is normal.</li> <li>Lethargy was almost gone</li> <li>She was able to do her day to day activity during menstrual cycle.</li> <li>Duration/in terval = 4 days/ 28-30 days</li> <li>Total no. Of pads used- 2-3/day</li> <li>There was no need of analgesics during menses.</li> </ul>

## DISCUSSION

Dysmenorrhoea is an alarming condition as well as it is highly stress causing condition. It can be related with *kashtaratava* in *Ayurveda*. In modern medicine, they mainly prescribe analgesics drugs, in severe cases these drugs are not successful. So, in *Ayurveda* we provide complete cure and prevention of the disease. According to *Ayurveda*, vitiated *Dosha* is mainly responsible for causing any kind of pathogenesis or disease. As per pathogenesis of *kashtartava* out of the three *Dosha*, *Vata* was mainly vitiated and results in the Dysmenorrhoea. *Basti* is the main treatment for vitiated *VataDosha*. So, *Sanshaman* and *BastiChikitsa* was planned for the patient. In *SanshamanChikitsa*, various oral medications were given to the patient. Then after this *Basti karma* was planned. *Yoga basti* was given to the patients. In table No. 1 we can already see that patient has got maximum relief. This is how we were able to manage the vitiated *VataDosha* and therefore dysmenorrhoea and provide patient relief up to maximum extent.

## CONCLUSION

Dysmenorrhoea which is also known as painful menstruation is an adverse situation which is faced by mostly all the women The



pain is of high grade and due to the same women are not able to go to her work place. So, here they start depending upon analgesics. Continuous use of analgesics mostly affects the menstrual cycle and in some cases continuous use of analgesics may also results in gastritis. *Ayurveda* have got a good and possible cure for the disease. In above case we have presented the best possible management of dysmenorrhoea by giving *Panchkarma* procedure i.e. *Yoga Bast iand* by giving oral medications to the patient.





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