



Ayurvedic Way Out to Udaavartini (Primary Dysmenorrhoea)

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Abstract

In today's world dysmenorrhoea is emerging as a burning issue as the population of dysmenorrhoeic women is increasing day by day. This is explained as an *udavartini yoni vyapad* in ayurveda. The main clinical feature of *udavartini* is *rajah kricchrata* (painful menstruation). It affects approximately 50-60% of women of reproductive age. But there is lack of effective medicament till date. There is a need to solve this emerging problem. Panchakarma therapy offers a ray of hope for *udavartini*. Also ayurvedic herbals offer potential management which is proved beyond doubt in solving the problem successfully. The aim of the posture is to focus the management of this problem in present scenario.

Keywords: Dysmenorrhoea; Menstruation; Ayurveda; Udaavartini

Introduction

Dysmenorrhoea means painful menstruation. It is medical condition characterized by severe uterine pain during menstruation. While most women experience minor pain during menstruation, dysmenorrhoea is diagnosed when the pain is so severe as to limit normal activities, or require medication. It is one of the most frequent of gynaecological complaints and its incidence becomes higher with the degree of civilization of the community. dysmenorrhoea effects 40-70% of women of reproductive age, and effects daily activities in upto 10% of women [1].

This condition appears similar to the *Udavartini Yoni Vyapad* as described in Ayurveda. Severe dysmenorrhoea is most prevalent in young single women leading sedentary life and its frequency has some economic importance. The incidence of dysmenorrhoea is affected by social status, occupation and age, so groups of college students, high school girls, factory workers and women workers of armed forces each provide different statistics. Its treatment is of great importance to the physician in view of interruption of the patient's economic, social and personal life.

Clinically, Dysmenorrhoea can be classified into primary and secondary according to whether it dates from the menarche or it develops after a phase of painless cycles. A pain which is of uterine origin or directly due to menstruation. This is true dysmenorrhoea and is also described as primary, spasmodic, intrinsic, essential and functional. A pain which arises in an organ or tissue other than the uterus and which is merely associated with menstruation. This includes congestive dysmenorrhoea as well as other types [1].

According to Ayurveda, the clinical entity characterized by pain, difficult expulsion of menstrual blood due to upward movement of *rajah* (menstrual blood) propelled by vitiated *vata*. The upward movement is called as *Udavrittam* [3-5].

Due to movement of flatus etc., natural urges in reverse direction, the aggravated *vayu* (*Apana vayu*) moving in reverse direction fills *yoni* (uterus). This *yoni* seized the pain, initially throws or pushes the *rajah* (menstrual blood) upwards, then discharges it with great difficulty. The lady feels relief immediately following discharge of menstrual blood. Since in this condition *rajah* (menstrual blood) moves upwards or in reverse direction, hence it is termed as *Udavartini* [6]. Besides painful and frothy menstruation, there are other pains of *vata* (body ache, general malaise etc.) [7]. In *madhukosha* commentary all around movement of *vayu* is said to be the cause of pain [8]. The discharge of frothy menstrual blood associated with *kapha* [9].

Mechanism of pain production

1. The Obstructive theory: This theory is that there is obstruction to the outflow of blood by the acute bend in the uterus at the internal os, by stenosis of the internal os, aggravated by premenstrual congestion, and that the retained blood then sets up irregular, spasmodic and painful contractions occurs [10]. As per Ayurveda this obstruction is caused due to *vata*.
2. The Hypoplasia theory: The uterus as remained in the prepubertal state, with a small corpus, relatively long cervix and under developed muscles which is unable to expel the menstrual blood. The retained blood sets up painful contractions [11] (due to *alpa mamsa dathu*).
3. Disturbed Polarity of uterus: If the uterine polarity is disturbed menstrual blood is retained in the uterus and sets up painful irregular contractions [11] (due to *apana vata* which causes *viloma gati* of *Rajas*).
4. Clotting of the menstrual blood: According to this view dysmenorrhoea may be caused by clotting the menstrual blood (*baddha artava*), the clots being then difficult to expel [12] (due to *kapha*).
5. Degenerative changes in the nerves supplying the uterus [13] (due to *vyana vata*).
6. The muscle ischemia theory: It is suggested that the pain is due to ischemia of the uterine muscle during exaggerated uterine contractions [12,13] (due to *vata*).
7. Increased prostaglandins, endoperoxides, and metabolite [14].
8. Excessive decidual formation (due to *kapha*).
9. Uterine mal-formation (*beeja dosha*).
10. Corpus luteum- if there is no corpus luteum no dysmenorrhoea,

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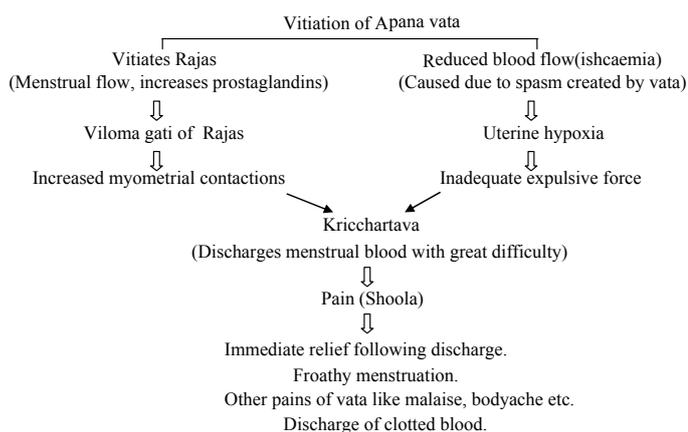
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as is illustrated by the painless bleeding of anovular menstruation [15].

11. Low pain threshold, General ill health (*alpa sara*).
12. Psychological factors [16] (*manasika karanas*).
13. Environmental factors causing nervous tension (*viharaja*).

All the evidence suggests that vata is the main factor for *Udaavartini yoni vyapad*.

Aetiopathogenesis



Specific treatment [17]

- Sneha karma (oleation) with Traivrita sneha.
- Sweda karma (hot fomentation).
- Oral use of Dashamoola ksheera.
- Vasti(enema) with Dashamoola ksheera.
- Anuvasana vasti (oil enema), Uttara vasti (intra uterine oil instillation) with Traivrita sneha.
- Poultice made of pasted Barley, wheat, kinva, Kusta, Shatapushpa, Priyangu, Bala.
- Intake of sneha in oral form.
- Sweda with milk.
- Sneha in the form of *Anuvasana vasti* & *Uttara vasti*.
- All other measures capable of suppressing the *vata*.

Rajah pravartini vati [18], Kaseesadi vati, Dasha moola Trivritaila [19] for oral vasti.

Vata is responsible for all *yoni rogas* especially of *Udaavartini*. In Ayurveda various treatment modalities are mentioned for the treatment of *vata rogas*. Among them vasti is the better treatment modality for *vata* [20]. Vasti is of two types based on the drug taken. Niruha or kashaya vasti in which decoction is taken, Anuvasana or sneha vasti in which oil is taken as main drug. Matra vasti is a sub-type of Anuvasana vasti.

Probable mode of action of matra vasti

Matra vasti has both local & systemic affects. It causes *Vatanulomana* thereby normalizing *Apana vata*. Gut is a sensory organ consisting of neural, immune & sensory detectors and cells, and provides direct input

to local (intra mural) regulatory systems and information that passes to CNS or other organs. Vasti may stimulate the enteric nervous system and thus it can influence CNS and all bodily organs. Vasti may act on the neurohumoral system of body by stimulating CNS through ENS. It thereby restores the physiology at molecular level. It can also act on the inflammatory substances like prostaglandins and vasopressin etc. vasti may also help to excrete increased prostaglandins. Visceral afferent stimulation may result in activation of the Hypothalamo-pituitary-adrenal axis and Autonomous nervous system, involving the release of neurotransmitters like serotonin and hormones. Thus, it normalizes the neurotransmitters, hormonal and neural pathways and relieves all the symptom complex emerged as a result of neurohormonal imbalances in the patients of dysmenorrhoea. Spasm caused by vitiating *Apana vayu* causing obstruction to the flow of menstrual blood is the general underlying pathology. Taila enters into the srotas and removes the *sankocha* (spasm) by virtue of its *sookshma*, *vyavayi* and *vikasi* i.e., fast spreading nature.

Previous researches done on udavartini yoni vyapad

- Udavartini Yoni Adhyayana at Jamnagar in 1991.
- A Clinical Study of Kastartava and its Management with certain Ayurvedic formulations by Dr. Dhiman Jabir Kaur in 1994 at Jamnagar.
- A Clinical Study of Management of Udavartini Yoni Vyapad by Dr. Patel PB in 1998 at Jamnagar.
- Comparative study of Anuvasana Vasti and Uttara Vasti with Trivritaila in Management of Kastaartava by Dr. Gupta Sangeetha in 2004 at Jamnagar.
- Treatment of Udavarta Yoni Roga with Indegenous drugs by Dr. Sharma M in 1971 at Varanasi.
- Role of Kalajaji in Kricchartava by Dr. Pande Apala in 2004 at Varanasi.
- Effect of certain Indegenous drugs on Udavata by Dr. Sheeba in 1998 at Trivendrum.
- Effect of certain Indegenous drugs on Udavata by Dr. Prasanna VN in 1999 at Trivendrum.
- A Study on Effect of *Abroma angusta* in Udavarta Yoni Vyapad by Dr. Hemalatha in 2002 at Trivendrum.
- Effect of *Pisachakarpara* in Udavartini Yoni Vyapad with or without Anuvasana Vasti by Dr. VNK Usha in 1992 at Hyderabad.
- The clinical management of Vataja Artava Dushti (Dysmenorrhoea) with Ashokadi compound with or without Shara Karma (D & C) by Dr. Norul Shoba in 1994 at Hyderabad.
- Clinical Management of Kastartava by Hingu Triguna Taila Orally with or without D&C by Dr. Pushpa Latha in 1999 at Hyderabad.
- Clinical Management of Udavartini Yoni Vyapad by Rasnada Yoga Orally with or without Tila Taila Pichu locally by Dr. B. Subba Lakshmi in 2003 at Hyderabad.
- Clinical Management of Udavartini by Trikauskadi Yoga by Dr. Gayathri Devi V in 2005 at Hyderabad.
- A Clinical Study on Kastartava and its management with some Herbo-mineral compound by Dr. Basabti Guru in 2002 at Puri.

- A Clinical Study on Kastartava with special reference to DUB by Dr. Gupta Anupama in 2002 at Chitrakoot.

Conclusion

Ayurveda being a holistic medicine offers potential remedies which are proved beyond doubt in solving the problem successfully. *Vasti* is the best treatment for dysmenorrhoea.

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