

Ayurvedic Management of Udavarta Yoni Vyapada (Dysmenorrhoea) with Kashtartavahara (KH) compound and Dashmoola-Trivrita Taila Uttara Basti : A Clinical Study

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ABSTRACT

Women have been placed on an extreme worshipping place due to their power of 'Janani'-creation. *Acharya Manu* has stated that, for happiness of the human society, it is needed to give proper care and respect to women. God has blessed the female with the most valuable gift of motherhood.¹ The preparation of motherhood starts with puberty when *Rajah-pravriti* i.e. menstruation begins² and by the age of 16 it is fully completed after which she is capable of childbearing³. *Udavarta Yonivyapada* or painful menstruation (dysmenorrhoea in modern medical terms) is a common problem of the females in the reproductive age group; has got a detailed patho-physiology and treatment in the classical literature of Ayurveda⁴. In the present study KH compound orally and *Dashmoola-Trivrita taila uttar basti* has been tried in 20 patients in two groups for evaluation of its clinical efficacy and adverse / side effects if any. It was observed that in group I, patients wherein KH compound and *Dashmoola-Trivrita taila uttar basti* was given, showed better results (20% cured & 80% markedly improved) in comparison to group II in which only KH compound was given (20% cured, 30% markedly improved & 50% moderately improved). None of the patient reported any adverse effect during or after the treatment.

KEY WORDS: *Udavarta Yonivyapada, Uttarbasti, Kshobha Artava, Vatanulomaka, Menstruation, Dysmenorrhoea*

INTRODUCTION

In Ayurveda, diseases related to the female reproductive system i.e. gynaecological disorders are described under the caption of *Yoni Vyapada* and 20 diseases in toto are there in the classical literature⁵. *Udavarta Yoni Vyapada* (U.Y.) is one of them where in painful menstruation is the cardinal feature of the disease and the discomfort is relieved after establishment of menstruation, which may be foamy in appearance⁶.

Duo patho-physiology of *udvarta yonivyapda* is available in the literature of ayurveda; *Aahara-vihar janita & Vegabarodha janita*⁷. In the former case, due to *Vata* vitiating dietetics & conducts aggravates *Vata* (*Samanavayu*)⁸ leads to the vitiation of *Agni*⁹. Thus the *Vishmagani* generates a vitiated *Aahara Rasa* thus *Rasa* and *Rakta Dhatus* (body tissues). *Raja / Artava* (menstrual blood) being the *updhatu* (by product) of the *Rasa*¹⁰ also gets vitiated.

In later, *Vegavarodha janita* case of its pathophysiology; suppression of urine, stool & flatus like natural urges leads to aggravation of *vata*¹¹ in general and vitiation of *apana & vyana vayu* in particular. They lead to *pratiloma & vishma gati* of *apana and vyana vayu* resulting into *sanga* as well as

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vimarga gamana in *Artva vaha srotas*. All these changes of *rasa - rakta - artava dushti* as well as the *sanga & vimargagamana* of *Artva* get settled into the *garbhashya* (uterus)

In the uterus, the above said changes together cause *kshobha* (Disturbed Physiology) leading to its improper contraction & relaxation and obstruction of the *artava* resulting into *Krishraartava pravritti* – painful menstruation.

Udavarta yoni vyapada vis-a-vis Primary dysmenorrhoea

Owing to reversal of normal course of *vata-* movement there occurs the reversal of the course of uterine contraction; the woman becomes afflicted with pain and discharges the menstrual blood with great difficulty that is tending in a reverse direction¹². Similar view is expressed in modern texts of gynecology¹⁶ that due to hyper tonicity or spasm of isthmus or internal os, the menstrual blood normally going downwards is pushed upwards and causes pain¹³.

Unco-ordinated or irregular contraction of all myometrial muscle fibres can be explained as ‘all around movement of *vayu*’¹⁴ which is characteristic feature of *Apana vayu* in particular along with *Vyana vayu* and their vitiation produce *shoola* (spasmodic pain).¹⁵

Discharge of clotted blood (*Granthi yukta* or *Badha rupa*) can be equated to special form of spasmodic dysmenorrhoea characterized by expulsion of big clots.

The drugs used for *Udavarta Yoni Vyapada* are *Vatanulomaka* and *Vedana sthapana*. The same action is got by Analgesics e.g. NSAID’S which are active inhibitors of PG synthesis in primary dysmenorrhoea responsible for pain.

The hormonal therapy is given with the aim of improving development and vascularity of myometrium. *Taila* when administered through *uttara basti* acts in the same way and also the dilatation of the cervix suggested in modern treatment which is automatically achieved during the procedure of *Uttara basti*.

Above said causative factors and symptomatology of *Udavarta Yoni Vyapada* are having a very close resemblance with Dysmenorrhoea which literally means painful menstruation of sufficient magnitude as described in modern texts of gynaecology. Dysmenorrhoea is extremely common among women and causing great distress every month which incapacitate day to day activities of a female and is the direct cause of the loss of countless work hours of women and thus is a national loss.

A good account of the treatment / management measures is available in the classical literature of *Ayurveda*; wherein *Vata anulomaka*, *shoola prashmanan (anodyne)* drugs as well as the role of *Basti chikitsa* is highlighted¹⁹. With this background of the disease, its gravity and the hypothesis to treat it with Ayurvedic treatment, the recent trial work on *Udavarta Yoni Vyadada* has been undertaken with following aims and Objectives.

AIMS AND OBJECTIVES

To evaluate the effect of oral drug and *Uttara basti* in the management of the disease *Udavarta Yoni Vyadada*.

To compare the effect of both the formulations in different trial groups.

To study the side effect of formulations if any.

Purpose

The goals of treatment were either to prevent the disease, or to restore woman’s health and to relieve the agony of the patient with the help of a safe, costeffective and easily applicable *Ayurvedic* medicament.

MATERIAL AND METHODS

Study had been carried out in 2 trial groups- TG. I and TG II. Twenty patients were registered, ten in each group from *Stri roga* OPD / IPD of hospital affiliated to R.G.G.P.G. Ayu. College & Hospital, Paprola, Dist. Kangra. (HP) for 3 months study period. Before starting the treatment a preliminary screening of the cases was done by applying proforma prepared on the

basis of standard norms. Written & informed consent was obtained from all subjects.

Drug

1. *Kashatartavahara* (KH)
Compound, a combination of:

- i. *Kalajaji* (*Allium cepa* Seeds) 1 part
- ii. *Shankha bhasma*
(Oxidised conche shell - CaO) 1 / 8th part
- iii. *Parseeka yavani*
(*Hyocymas niger*) 1 / 4th part

2. *Dashmoola-Trivrita Taila Uttara Basti* mentioned in *Ashtanga Samgraha* is selected for the present clinical trial.²⁰ Although KH (*Kashatartavahara* Compound) as such is not mentioned in *Ayurvedic* texts, yet *vata anulomaka*, *shoola prashmanan* drugs are featuring in this formulation which is required to counter the pathogenesis of the *udavarta yonivyapada*.

Uttara Basti has its specific action on *Vata dosha* as well as the *Vatanulomaka* and *Srotoshodhaka* effect of *basti* is well known. Here, *uttara basti* was given by *Dashmoola-Trivrita Taila*²⁰. The *Ruksha*, *Laghu*, *Chala* and *Sheeta guna* of *Vata* are inhibited by *Snigdha*, *Guru*, *Sthira* and *Ushna* properties of *taila*. It alleviates all diseases with the combination of drugs and processing¹⁷. *Dashmoola* and *Trivrita* is also *Vatashamaka*. So *Dashmoola-Trivrita Siddha Taila* is best for *Vataanulomana* in condition of *Pratiloma Apanavayu*. (*Revised movements of pelvic organs*).

Both the drugs were prepared in the college pharmacy under the supervision of the subject expert as per the classical methods.

Selection of patients

Inclusion criteria

Married females of the age group of 20-45 years suffering from symptoms of dysmenorrhoea for last 6 months.

Exclusion criteria

Females having irregular, heavy and excessive periods.

Females having any pelvic pathology or any anatomical anomaly.

Investigations

Routine blood, urine and USG examinations were carried out to rule out any other pathology.

Method of study

Trial Group I

In this group KH compound and *Dashmoola-Trivrita taila Uttara basti* was taken as trial drug and 10 patients were treated with this drug used orally and locally.

Trial Group II

In this group, KH compound was given orally and 10 patients were treated with this drug.

Posology & Mode of drug Administration

KH compound orally with Luke warm water in a dose of 2 capsules (687.5 mg. each) thrice a day at fixed interval was given 1 week before the expected menstrual cycle till 3rd day of cycle for three cycles.

Dashmoola Trivrita Taila Uttara basti was given in the dose of 10 ml/day on the stoppage of the menses for three consecutive days for three cycles.

Duration of trial -3 months

Follow up: After completion of trial every month for consecutive three months.

Criteria for assessment of results

Assessment was made on the basis of subjective criteria. Parameters evaluated were Intensity of pain, duration of pain, nausea, vomiting, fever, breast tenderness, headache, vertigo, diarrhoea, anorexia and nervousness. These parameters were graded from 0-3 according to severity as given below.

Statistical analysis

The information gathered regarding demographic data was given in percentage.

Table 1: Subjective Grading

Habitat	Treated Group	Control Group	Total
Urban	13 (43.34%)	13 (43.34%)	26
Rural	17 (56.00%)	17 (56.00%)	34
Total	30 (100.00%)	30 (100.00%)	60

The scoring of assessment was analyzed statistically.

Overall results were depicted in terms of percentage relief obtained in symptoms:

Cured	100% relief
Markedly improved	> 75 % relief
Moderately improved	50% relief
Improved	>25% <50% relief
Unimproved	<25 % relief

OBSERVATIONS AND RESULTS

A total of 20 subjects were registered in the present study, and all the patients completed the trial. 55% patients had duration of above 5 years, 25% with duration of 1-3 years and 20% had duration

of 3-5 years which suggests that this affliction definitely requires medical attention for its cure. 75% patients experienced pain during menstruation, 25% patients during and before menses also. 45% patients had pain up to 48 hours, 30% patients had up to 72 hours and remaining 25% patients had pain up to 24 hours. No one has given a history of pain after menses. 55% patients had pain in hypogastrium, 25% patients had pain in umbilical region and remaining 20% had pain in inguinal region. 60% patients had radiation of pain to thighs and remaining 40% patients had radiation of pain to back.

75% patients had spasmodic pain, 25% patients had diffuse dull ache. 50% patients had severe pain, 35% patients had moderate

and remaining 15% had mild pain during periods. In the present study 70% patients had Anorexia, 65% patients had Nausea, 60% patients had Headache, 55% patients had Vertigo, 50% patients had Diarrhoea, 30% patients had Nervousness, 20% patients had Vomiting and 10% patients had Fever.

50% patients had as positive family history in the mother and 30% patients had Sister as positive family history and remaining 20% patients had no family history.

DISCUSSION

Every woman suffers with one or the other disease related to her reproductive system

Table 2. Effect of therapy in Gr. I

Type of work	Treated Group	Control Group	Total
Strenuous work	24 (80.00%)	23 (76.66%)	37
Non strenuous work	16 (20.00%)	07 (23.34%)	23
Total	30 (100.00%)	30 (100.00%)	60

Table 3. Effect of therapy in Gr. II

Affected side	Treated Group	Control Group	Total
Right	12 (40.00%)	10 (33.34)	22
Left	18 (60.00%)	20 (66.66)	38
Total	30 (100.00%)	30 (100.00%)	60

Overall results in Gr. I

Out of 10 patients, 2 patients were cured and 8 patients were markedly improved.

In Gr. II, out of 10 patients, 2 patients were cured, 3 patients were markedly

improved and 5 patients were moderately improved.

No adverse effect was seen in either group during trial. It proves that drug is safe from unwanted effects.

Table 4: Inter group comparison over criterion of assessment

Symptoms	Treated Group	Control Group	P
Pain in leg	30	30	P>0.05
Tingling sensation	23	21	P>0.05
Loss of sensation	06	06	P>0.05
Pain in lumbar region	10	08	P>0.05
SLR test +ve	30	30	P>0.05

Inter group comparison over total criterion

Comparison	% age relief diff.	S.E.±	t	P
Gr. I vs. Gr. II	6.88	0.22	0.59	> 0.05

all of which are collectively grouped under the heading of *Yoni Vyapada* in Ayurveda. *Udavarta Yoni Vyapada* is one of them in which *Vegavrodha* and *Mithyaachara* are the main causative factors which aggravates the *Vata dosha* and get accumulated in *Artava vaha Srotasa* leading to *Sanga* and *Vimargagamana*. Thus the vitiated *Apana* and *Vyana Vayu* in the *pratiloma* direction produces *asamyaka akunchana* and *prasarana* in the *garbhashaya* which expels the *Artava* with pain associated with other *Vatika vedanas*. The treatment for this *Yoni Vyapada* is mainly *Vatanulomaka* and *Vedana sthapana*. So, *Vatahara* drugs are used in oral form and in local procedures such as *Snehana*, *Swedana*, *Anuvasana Basti*, *Niruha Basti* and *Uttara Basti*. On the basis of the critical review of the literature, it is inferred upon that *Udavarta Yonivyapada* mentioned in the ancient literature of *Ayurveda* closely

resembles to primary dysmenorrhoea in modern medical literature.

KH compound and *Uttara basti* in trial group I was more effective and according to the parameters used; results of both the groups were highly significant. The statistically significant improvement was probably because of *Shoola hara*, *Garbhashaya shodhaka*²⁰ and *Sankochakaproperty of Kalajaji* and *Shoolahara*, *Vataanulomana*, *Agnideepana* and *Pachaka property of Shankha bhasma*^{24,25} & *Parseeka Yavani*^{22,23}. This formulation pacified the vitiated *vata dosha* mainly due to its *Ushna virya* and above mentioned actions of the drugs.

Whereas in *Dashmoola-Trivrita taila*²⁶⁻²⁷, *Dashmoola* is *Shothahara*, *Vedanasthapana*, *Vataanulomaka*, *Garbhashaya sankochaka* and *Rakta shodhaka* and *Trivrita* is *Shothahara* and having anti bacterial properties. *Til Taila* is

*Vata hara*²¹, *Balya*, *Sthira kara*, *Yonishoola hara* and *Garbhashaya shodhaka*. All these actions might have improved the vitiated *Vayu* there by helping the *Apana vayu* to make the *akunchana prasarana and nihsarana property of garbhashaya properly*, thus relieving painful menstruation.

Thus it can be concluded that cost effective treatment modalities of *Ayurveda* can be developed for treating this common problem which needs medications in each cycle and sometimes lifelong and disturbs the day to day life of a female.

During course of therapy and after withdrawal no adverse effect was noted.

But to establish the effect of these *Ayurvedic* formulations, further studies are required with following modifications and additions.

Ø The combined therapy gave good results in this study, so the therapy is suggestive of exploration of the efficacy of *Uttara Basti* procedure on modern parameters.

Ø A larger sample with longer trial duration is needed.

Ø Drug analysis could be a further ameliorative step.

Ø Prostaglandin estimation and other objective criterion should adopted in further studies.

Ø *Shodhana* therapy recommended before *Uttara Basti* in texts needs to be followed in further studies.

CONCLUSION

Udavarta Yonivyapada (Dysmenorrhoea) affects the majority of women every month disrupting their normal functioning, quality of life and interpersonal relationship. According to *Acharya Charaka*, these *Yoni Vyapada* do not occur without vitiation of *Vata*, thus first of all *Vata* should be normalized and only then treatment for other *Doshas* should be done. Oleation, Sudation and *Basti* including *Uttara Basti* with the drugs capable of suppressing *Vata* should be done. *Pratiloma Apana Vayu* produces *Yoni shoola* during menstruation.

So, *Vatanulomaka* treatment is very effective in *Udavarta Yoni Vyapada*. The trial drug also showed its potential in relieving pain as well as other symptoms presenting during menstrual cycle. Based on the clinical observations, the formulations as well as the procedure of *Uttarabasti* have been found to be safe.

Thus *Ayurvedic* formulation and procedure like *Uttarabasti* is a cost effective & safe medicine in the treatment of *Udavarta Yonivyapada*.

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