A CASE REPORT ON KSHEERABALA TAILA MATRABASTI IN UDAVARTINI YONIVYAPAT (PRIMARY DYSMENORRHEA)

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ABSTRACT

Pain is one among the prime cause for medical intervention as the word ‘Roga’ (disease) indicates its nature. Dysmenorrhea1,2 is an disease entity characterized by painful menstruation which is a common gynecological condition that affects approximately 50% of menstruating women, hindering their daily routines3. The disease pathology may incorporate primary as well as secondary dysmenorrhea. The present case report about an unmarried girl aged 21 years diagnosed as Udavartini Yoniyapat based on clinical symptomatology and VAS scale for objective pain grading was selected and intervened with Matrabasti with Ksheerabala taila. The treatment was selected for the Vatashamaka, Yoni shula Prashaman, properties of the drugs. The dose was 70 ml per day and the duration of treatment was for 7 days each cycle for two consecutive cycles after the cessation of menstrual bleeding. Results were assessed according to a specially prepared grading system for pain and associated symptoms like Praseka, Chardi, Atisara, and Tamodarshana. Significant improvement was seen in symptoms. There was complete remission of symptoms in consideration of the cardinal symptoms of the disease, while there was marked improvement in the associated symptoms. During the follow up of month, there was no recurrence in the symptoms. The study suggests that Matrabasti is a cost effective, simple and less invasive treatment for relieving the symptoms of primary dysmenorrhea. Further observations in this regard will help to develop definitive treatments for Udavartini Yoni Vyapat through Ayurveda and recommending that more research can be done to confirm the findings of this study.

KEYWORDS: Ayurveda, Ksheerabalataila, MatraBasti, primary dysmenorrhea, Udavarthini yoni vyapat.

INTRODUCTION

Dysmenorrhea is a common gynecological problem in women of reproductive age. It causes significant pain, discomfort and anxiety for the woman. A systematic review of studies had revealed that about 25%–50% of adult women and about 75% of adolescents experience pain during menstruation, with 5%–20% reporting as severe dysmenorrhea or pain that is severe enough to prevent them from carrying out their day-to-day activities.1 Primary dysmenorrhea is a condition which causes painful menstruation without any demonstrable pelvic pathology.2 In addition to menstrual pain, many women experience associated symptoms such as headache, constipation, nausea, vomiting, fatigue, and leg pains.

The allopathic treatment usually advocated includes analgesics, antispasmodics, and/or oral contraceptive pills3 etc. These do not provide a long-lasting solution and, further, may lead to serious adverse effects in future. Hence, there is a need to find a safe and long-lasting treatment for the condition.

In Ayurveda, based on the symptomatology and pathophysiology, primary dysmenorrhea may be correlated to Udavartini yoniyapat. Udavartini is formed by 2 words ‘Ud’ and ‘Avarta’, Ud means upward or reverse direction and the Avarta means circular movement i.e. the Udavarta means the Artava moves upward or reverse direction and discharges the Arthava with difficulty or with pain.4

Udavartini Yoniyapat is one among the twenty Yoniyapats dominating with Vatadosha. Vata gets aggravated due to Vagadharana (retention/suppression of natural urges) or Vega udeerana (initiation of natural urges) and moves in reverse direction, then settles in Yoni and produces the pain. Initially Artava gets pushed in upward direction, then discharges it with difficulty.
The woman feels relief immediately after the discharge of menstrual blood. Since in this condition the Artava moves in upward direction, it is termed as Udavartini.[7]

The drug Ksheerabala taila selected for this study is Vatashamaka by virtue of Balamoola (Sida cordifolia) and Ksheera (Cow’s milk) and Tila Taila (Gingley Oil) by Snehana, Brimhana action. Snehana is one of the line of treatment of the Udavartini.14 Taila is the best Snehanadraya in Vatajarogas.15

AIMS AND OBJECTIVES

The aim of the study was to find out the efficacy of MatraBasti on the symptom complex of Udavartini yoniyapat (primary dysmenorrhea).

MATERIALS AND METHODS

Source of drug: Ksheerabala taila manufactured and authenticated from Sri Dharmasthala Manjunatheshawara Research Centre for Ayurveda and Allied Sciences, Udupi was selected for the study.

Selection of patient: The subject for the study were selected from among the outpatient department of Prasuthi Tantra and Sri Roga, Sri Dharmasthala Manjunatheshawara College of Ayurveda and Hospital, Hassan. Unmarried female patient aged 21years, with the chief complaint of painful menses since past 6years, with regular menstrual cycle of 28 days, with optimum amount of bleeding for 5days was taken up for the study.

Investigations

Routine hematological and urine examinations were done before and after treatment. Abdominal sonography was carried out before the commencement of treatment to rule out uterine and adnexal pathology.

Method of administration of MatraBasti

The patient was advised to have a light meal in the afternoon on the day of treatment. Before administration of Basti, Abhyanga (massage) with Ksheerabala Taila was done of the back and lower abdomen. Thereafter, NadiSweda (sudation) was performed over the local area. After this Purvakarma, the patient was asked to lie down in the left lateral position with the left lower extremity extended and the right lower extremity flexed at the knees and the hips. Then 70 ml of lukewarm oil was loaded in an enema syringe. A red rubber catheter oleated with oil was attached to the enema syringe. After expelling the air in the enema syringe, the rubber catheter was passed through the anus of the patient up to a length of 4 inches and the drug was administered. The patient was asked to take deep breaths during the administration of the drug. The entire oil in the syringe was not administered in order to avoid entrance of Vayu into the Pakvashaya as it may produce pain after the administration of Basti. Later the patient was advised assume the supine position. While in this position, the patient’s buttocks were gently tapped and the legs were raised for a few minutes so as to raise the waist. These measures were intended to prevent the administered oil from flowing out too soon. After a short time the patient was allowed to get up from the bed and she was then advised to rest for at least half an hour.

Follow-up

After completion of the treatment course the patients were requested to report for follow-up during the next cycle of menstruation.

Assessment

Scoring for different parameters was done as follows:

Pain (dysmenorrhea)

Intensity of Pain: Based on VAS Scale and is assessed as follows:

- No Pain
- Very Mild Pain
- Mild Pain
- Moderate Pain
- Severe Pain
- Very Severe Pain
- Worst Pain

Duration of Pain

Grade 0: No pain during Menstruation
Grade 1: Pain persists for less than 12 hours
Grade 2: Pain continues for 12-24 hours.
Grade 3: Pain continues for 24-48 hours.
Grade 4: Pain continues more than 2 days

Multi Dimensional Scoring Pattern

0-menstruation is not painful and daily activity unaffected
1-Menstruation is painful and daily activity not affected, No analgesics required.
2-Menstruation is painful and daily activity affected, Analgesics were needed.
3-Menstruation is painful, cannot do routine work and has to be absent from class or office during mensus. Need for analgesics with poor effect

Location of Pain

Grade 0: No pain during Menstruation.
Grade 1: Pain involving one site
Grade 2: Pain involving two sites
Grade 3: Pain involving three sites
Grade 4: Pain involving more than three sites.
Location/ sites are Lower abdomen, Lowback and pain radiating to thighs

CHARDI (Vomiting)

Grade 0: No chardi
Grade 1: Occasionally
Grade 2: 1-2times/day
Grade 3: More than 2times/day
**PRASEKA (Nausea)**
Grade 0: No Praseka
Grade 1: 1-2 times/day
Grade 2: 3-5 times/day
Grade 3: More than 5 times/day

**ATISARA (episodes of loose stools)**
Grade 0: No Atisara
Grade 1: Occasionally
Grade 2: 1-3 times/day
Grade 3: More than 3 times/day

**Bhrama (Giddiness)**
0-no bhrama,
1-occasionally,
2-two to three times in day 1 and day 2,
3-more than 4 times in third and fourth day.

**OBSERVATIONS**
The scoring was given on the cardinal features and associated symptoms.

**RESULTS AND DISCUSSION**
Yonivyapat explains several conditions for the disease-dysmenorrhoea. Further diseases such as Asrigdara, and KshinaArtavaDushti etc. also portray pain during menstruation. These clinical conditions show specific menstrual irregularities, i.e., heavy bleeding, intermenstrual bleeding, yellow or green colored discharge, yellow or green discoloration, or abnormal odor, etc., along with dysmenorrhea. Some are also associated with fever. Thus, these conditions can be classified as secondary dysmenorrhoea. Udavartini yonivyapat suggests conditions of primary dysmenorrhea.

**Effect of therapy**
Effect of therapy on cardinal symptoms table 1:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before treatment</th>
<th>First month of treatment</th>
<th>Second month of treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAS Scale Score</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Duration of pain</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Multi Dimensional Scoring Pattern</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Location of pain</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Effect of therapy on associated symptoms table 2:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before treatment</th>
<th>First month of treatment</th>
<th>Second month of treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Praseka</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chardi</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Atisara</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bhrama</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The effect of therapy was seen on the severity and duration of pain. Encouraging results were found in the associated features of disease also, with improvement in the symptoms. It denotes that this therapy is effective for relief of pain as well as of the associated symptoms. Thus, the results suggest that MatraBasti can be established as an effective treatment for most of the complaints related to painful menstruation. It supports to fulfill the main objective of the study.

**Probable mode of action of Ksheerabalalatail**

**BALA**
- The root posses Madhura Rasa,Guru,Snigha Guna,Sheeta Veerya and Madhura Vipaka. It posses Vata Pitta Balya, Pitula, Khabakopaka properties. TilaTaila is of Madhura Rasa and Vipaka, Balya, and Rasayana in Karma; it nourishes and strengthens all the Dhatus, checks Dhatukshaya,and thus alleviates Vata. Snigdha and Guru Guna decreases Rukshata of Vata and with the help of Ushna, Guna, and Veerya it alleviates Vata; the Vikasi property reduces the spasms. Sukskshmata dilates the channels and Vishada prevents stickiness of the channels and thus helps in normal flow of menstrual blood. Garbhashaya Shodhishana, Artavajanana properties of TilaTaila indicates its specific action on genital tract and regulates function of ApanaVayu on particular system. Especially when administered in the form of Basti, TilaTaila directly works on ApanaVata, and by its YonishulaNashana action it works upon Kashtartava.

**TILA**
- The seeds are Madhura-Thukta-Kashaya-Katu Rasa,with Guru, Snigdha, Sukshma, Vyavayi Guna,Usna Veerya and Madhura Vipaka. It posses vata Samana, Balya, Snehana, Rasayana, Pittula, Khabakopaka properties. TilaTaila is of Madhura Rasa and Vipaka, Balya, and Rasayana in Karma; it nourishes and strengthens all the Dhatus, checks Dhatukshaya,and thus alleviates Vata. Snigdha and Guru Guna decreases Rukshata of Vata and with the help of Ushna, Guna, and Veerya it alleviates Vata; the Vikasi property reduces the spasms. Sukskshmata dilates the channels and Vishada prevents stickiness of the channels and thus helps in normal flow of menstrual blood. Garbhashaya Shodhishana, Artavajanana properties of TilaTaila indicates its specific action on genital tract and regulates function of ApanaVayu on particular system. Especially when administered in the form of Basti, TilaTaila directly works on ApanaVata, and by its YonishulaNashana action it works upon Kashtartava.

Sesame oil (TilaTaila) is a good source of vitamin E (1.4 mg/100 g) and it also contains magnesium, copper, calcium, iron, zinc, and vitamin B6, all of which have
being reported as having beneficial effects in dysmenorrhea\textsuperscript{11} by pharmacological and clinical trials.

**Goksheera**\textsuperscript{12} (Cow’s Milk)-It is Madhura in taste, Snigdha, Guru Guna property, Sheeta Veerya and Madhura Vipaka. It allivates Vata Dosha.

MatraBasti on Kashtartava deals mainly with the Apana Vayu as the organs situated nearby are its seat. Snehana and Svedana prior to MatraBasti does its Anulomana and thus MatraBasti becomes more efficacious. Modern science too has recognized that local heat has a good effect on primary dysmenorrhea.\textsuperscript{13}

**CONCLUSION**

Udavarthini yoniyapat depicts symptamatology of primary dysmenorrhoea. MatraBasti is found to be efficacious in the whole symptom complex of painful menstruation. Ksherabala Taila Matra basti also helps to prevent recurrence of dysmenorrhea. With further research, Matra basti can be established as the preferred line of treatment in painful menstruation in association with primary dysmenorrhea.

**REFERENCES**