

DYSMENORRHEA*¹Dr. Sucheta Ray and ²Dr. Shrikant Patel¹Reader, Department of Prasuti Tantra Evam Stri Roga.²Reader, Department of Shalya Tantra, R.D Memorial P.G Ayurveda College, Bhopal.

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Article Received on 24/05/2019

Article Revised on 14/06/2019

Article Accepted on 04/07/2019

ABSTRACT

Dysmenorrhea is painful menstruation which can be compared to Udavarta Yoni Vyapada in Ayurveda. Main cause of Udavarta Yoni Vyapada is vata. Controlling Vata and change in lifestyle cures the disorder if not pathological.

KEYWORDS: Dysmenorrhea, Udavarta Yoni Vyapada, Vata.**INTRODUCTION**

Dysmenorrhoea literally means painful menstruation. But a more realistic and practical definition includes cases of painful menstruation of sufficient magnitude so as to incapacitate day to day activities.

Dysmenorrhoea is a symptom in Ayurveda which comes under 3 Yonivyapada as follows –

1. Udavarta yoni vyapada.
2. Vatala yoni vyapada.
3. Sannipataki yoni vyapada.

Among these Udavarta yoni vyapada is nearest to dysmenorrhoea symptoms.

Yoni Vyapada bheda

All the classics have given the number of yonivyapada as twenty.

Acharya Charaka says that Vatiki, Paittiki, Sleshmiki and Sannipatiki these four disorders are due to vitiation of respective dosas, remaining sixteen are either due to interaction of dushyas with doshas or are described on the basis of the line of treatment.

Acharya Sushruta has classified four conditions due to vitiation of each dosha.

Udavarta or Udavartini is due to vitiation of Vata according to both Acharyas.

Types of Dysmenorrhoea

1. Primary- The primary dysmenorrhoea is one where there is no identifiable pathology.

2. Secondary- It is normally considered to be menstruation- associated pain occurring in the presence of pelvic pathology.

Yonivyapada Hetu and Samprapti

Abnormal dietetics and mode of life, abnormalities of Artava and Beeja and curses or anger of God are the causative factors of all these twenty disorders of Yoni, is the opinion of Acharya Charaka.

Acharya Sushruta corroborating above views has added that when a woman having Ruksha body or a weak and very young woman does excessive coitus with a man having big size penis then her Vayu gets aggravated. This Vayu with holding pitta and sleshma already vitiated due to their specific causes, reaches the region of Yoni and produces various disorders.

1. Clinical features of Udavarta or Udavartini Yonivyapada

Acharya Charaka says that due to movement of flatus etc. natural urges in reverse direction, the aggravated Apana vata moving in reverse direction fills Yoni. This Yoni seized with pain, initially throws or pushes the Raja upwards, then discharges it with great difficulty. The lady feels relief immediately following discharge of menstrual blood. Since in this condition the Raja moves upwards or in reverse direction, hence, it is termed as Udavartini.

Acharya Sushruta gave very short description says that besides painful, frothy menstruation, there are other pains of Vata (body ache etc.).

Tikakar Indu has added the discharge of clotted blood.

2. Vatala Yonivyapada

Acharya Charaka writes that a woman of Vata, when consumes diet and indulges in other activities capable of aggravating Vayu, then provoked Vayu reaches reproductive system produces pricking and other pain, stiffness, sensation as if creeping of ants, roughness and numbness etc. Local symptoms and fatigue or lethargy etc. other disorders of vata.

Acharya Sushruta has described local symptoms only i.e roughness, stiffness, acute pain and pricking pain.

Both Acharya Vagbhatas have added feeling of stretching, vaginal flatus and displacement in local symptoms and scanty, blackish and pinkish menstruation also. This disorder produces severe pain in groin region and flanks and gulma etc. disorders of Vata.

3. Tridoshaja Yoni Vyapada

Acharya Charaka says that due to consumption of congenial and non congenial both type of rasas together, all the three doshas situated in yoni and uterus get vitiated and produce their specific symptoms. There is burning sensation and pain in vagina yellowish and white unctuous vaginal discharges.

Acharya Sushruta has mentioned the same.

Primary Dysmenorrhea (Spasmodic)

Incidence- 15-20%.

Causes of Pain

The mechanism of initiation of uterine pain in primary dysmenorrhoea is difficult to establish. But the following are too often related.

- Psychosomatic factors of tension and anxiety during adolescence, lower the pain threshold.

Abnormal anatomical and functional aspect of myometrium

- The subendometrial layer of myometrium is known as Junctional Zone (JZ). If this junctional zone goes for hyperplasia then that is known as Junctional Zone hyperplasia.
- Dysperistalsis and hyperactivity of the uterine JZ are the important mechanism of primary dysmenorrhea.

Imbalance in the autonomic nervous control of uterine muscle

- There is overactivity of the sympathetic nerves- hypertonicity of the circular fibers of the isthmus and internal os. The relief of pain following dilatation of cervix is due to damage of the adrenergic nervous which fail to regenerate.

Role of prostaglandins

- In ovulatory cycles, under the action of Progesterone, prostaglandins (PGF_{2a}, PGE₂) are synthesized from the secretory endometrium. PGF_{2a} is a strong vasoconstrictor, which causes ischemia

(angina) of the myometrium. Either due to increased production of the prostaglandins or increased sensitivity of the myometrium to the normal production of prostaglandins, there is increased myometrial contraction with or without dysrhythmia.

Role of Vasopressin

- There is increased vasopressin release during menstruation in women with primary dysmenorrhea. Vasopressin increases prostaglandin synthesis and also increases myometrial activity directly. It causes uterine hyperactivity and dysrhythmic contractions- ischemia and hypoxia with which causes pain.

Endothelins

- They cause myometrial smooth muscle contractions, specially in the endomyometrial Junctional zone (JZ). Endothelins induce PGF_{2a} aggravate uterine dysperistalsis and hyperactivity.
- Platelet activity factor (PAF) is also associated with the etiology of dysmenorrhea as its concentration is found high. Leukotrienes and PAF_S are vasoconstrictors and stimulate myometrial contractions.

Clinical features

- The pain begins few hours before or just with onset of menstruation.
- The severity of pain usually last for few hours, may extent to 24 hours but rarely persists beyond 48 hours.
- The pain is spasmodic and confined to lower abdomen, may radiate to the back and medial aspect of thighs.
- Systemic discomforts like nausea, vomiting, fatigue, diarrhea, headache and tachycardia may be associated. It may be accompanied by vasomotor changes causing pallor, cold sweats and occasional fainting. Rarely, syncope and collapse in severe cases may be associated.

Examination

- Abdominal or pelvic examination does not reveal any abnormal findings.
- USG Pelvis is very useful.

Secondary Dysmenorrhea (Congestive)

Causes of Pain

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

Common Causes Of Secondary Dysmenorrhea

1. Endometriosis
2. Adenomyosis
3. IUCD in utero
4. Obstruction due to mullerian anomalies
5. Cervical stenosis
6. Pelvic adhesions

7. Uterine fibroid
8. Pelvic congestion
9. Endometrial polyp
10. Chronic pelvic infection

Causes of unilateral dysmenorrhea

1. Ovarian dysmenorrhea
2. Bicornuate uterus
3. Unilateral location of pelvis endometriosis
4. Small fibroid polyp near one cornu
5. Right ovarian vein syndrome
6. Colonic or cecal spasm

Patient Profile

The patients are usually in their thirties, more often parous and unrelated to any social status.

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 onset of bleeding.
- There is no systemic discomfort unlike primary dysmenorrhea.
- The patients may have got some discomfort even in between periods.

Investigations

1. Transvaginal Sonography
2. Saline infusion sonography
3. Laparoscopy
4. Hysteroscopy

Ovarian Dysmenorrhea

- Right ovarian vein syndrome: Right ovarian vein crosses the ureter at right angle. During premenstrual period, due to pelvic congestion or increased blood flow, there may be marked engorgement in the vein pressure on ureter stasis infection pyelonephritis pain.

Treatment

Primary Dysmenorrhea

General Measures

- Improve general health.
- Psychotherapy in terms of explanation and assurance.
- Activities like sports are included.
- During menses, bowel should be kept empty.
- Mild analgesics and antispasmodics may be prescribed.
- Habit forming drugs like pethidine or morphine must not be prescribed.
- With these simple measures, the pain is relieved in majority.

Severe cases

Drugs

1. Prostaglandin synthetase inhibitors

These drugs reduce the prostaglandin synthesis (by inhibition of cyclo-oxygenase enzyme) and also have a direct analgesic effect. Intrauterine pressure is reduced significantly.

Eg.

- Mefenamic acid: 250-500 mg 8 hourly.
- Ibuprofen 400mg 8 hourly.
- Naproxen 250mg 6 hourly.
- COX-2 inhibitors: Celecoxib 00mg twice daily.

Suitable for medical therapy- Young age and having contraindication to "pill".

Contraindication- Allergy to aspirin, gastric ulceration and history of asthma.

2. Oral contraceptive pills

- These pills should be used for 3-6 cycles.
- Suitable candidates are patients wanting contraceptive precaution, with heavy periods and unresponsive or contraindications to anti-prostaglandin drugs.
- Dydrogesterone (progestagen): It does not inhibit ovulation but probably interferes with ovarian steroidogenesis. The drug should be taken from day 5 of a cycle for 20 days. It should be continued for 3-6 cycles.
- LNG-IUS is very effective (50%) in reducing pain. It is used in women who desire contraception and where estrogen is contraindicated.

Eg.

- Combined oral contraceptive pills 1 tab daily.
- Oral progestins (Dydrogesterone): D₅-D₂₅.
- LNG-IUS.

Surgery

1. Transcutaneous electrical nerve stimulation (TENS).
2. LUNA (Laparoscopic uterine nerve ablation).
3. Laparoscopic presacral neurectomy is done to cut down the sensory pathways (via T₁₁-T₁₂) from the uterus.

It is not helpful for adnexal pain (T₉-T₁₀) as it is carried out by thoracic autonomous nerves along the ovarian vessels.

4. Dilatation of cervical canal

It is done under anesthesia for slow dilatation of the cervix to relieve pain by damaging the sensory nerve endings. It is not commonly done. Late sequel may be cervical incompetence.

ii. Secondary Dysmenorrhea

The treatment aims at the cause rather than the symptoms. The type of treatment depends on the severity, age and parity of the patients.

**Yonivyapada Chikitsa
Samanya Chikitsa
Chikitsa Siddhant**

1. In all Yonivyapada after Snehana and Swedana, Vamana, Virechana, Asthapana Vasti, Annuvasana Vasti, Rakta mokshana and Nasya should be done.
2. Without Vata prakopa, Yonivyapada never occurs, so first we should treat Vata.
3. In all Yoni roga Virechana can be done.
4. Dugdha is best for Yoni rogas.

Abhyantara Aushadhis

1. Pushyanug Churna
2. Brihat Shatavari Ghrita
3. Phala Ghrita
4. Nyagrodhadi Kwatha
5. Maharasanadi Kwatha
6. Jirakadi Modaka

Bahaya Aushadi

1. Mushakadi Tail Picchu
2. Palash Niruha Vasti
3. Shatavari adi Anuvasana Vasti
4. Baladi Yamaka Anuvasana Vasti

Pathya

Sura, Aristha, Aasava, Lasuna Swarasa, Kshira and Mansa Rasa.

Apathya

Manda

Vishesha Chikitsa

1. Vatala Yonivyapada
Same as Samanya Chikitsa

2. Sannipataki Yonivyapada
Same as Samanya Chikitsa and Virechana specially is useful.

3. Udavarta Yonivyapada Chikitsa

- Ghrita, Tail, Vasa (Trivrita Sneha) are used for Snehana, Anuvasana and Uttar Vasti.
- Swedan
- Gramya, Aanupa and Audaka Mansa Rasa.
- Yava, Godum, Kinav, Kustha, Satpushpa, Bala Kalka Utkarika Dharan.

Anubhuta Yoga

1. Vansha patra Kwatha 50ml in morning empty stomach.
2. Kalongi Churna 3gm after food two times.

CONCLUSION

Pain during menses is a very burning problem for the working woman today. This hampers her day to day life and takes her off the world for 2-3 days every month.

Ayurveda has a harmless cure for this burning problem. Care for Nature with nature.

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