wjpmr, 2020,6(5), 362-369

SJIF Impact Factor: 5.922

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

Review Article

ISSN 2455-3301

WJPMR

A COMPREHENSIVE REVIEW KRUCHCHARTAVA W.S.R. DYSMENORRHOEA

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Article Received on 21/03/2020 **Article Revised on 11/04/2020** **Article Accepted on 01/05/2020**

ABSTRACT

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.[1] Dysmenorrhoea is a very common complains, experienced by 45-95% of woman of reproductive age.[2] In true Dysmenorrhoea the pain sensation arises in the Uterus and is related to muscles contractions. It is experienced a few hours before and after the onset of menstruation and rarely lasts in a severe form longer than 12 hours. It is colicky in type, although the patient does not always recognize. The periodic exacerbation and may describe a constant ache which causes her to 'double up'. The pain is felt mainly in the hypogastrium and is often referred to the inner and front aspect of the thighs it never extends below the level of the knee and is never experienced in the back of the leg. There may be some low backache as well but this is not the dominant sensation. Menstruation is a normal physiological process. Accompanied with pain, it is called as Dysmenorrhoea. In Ayurveda texts, though various conditions are described in which menstruation occurs with pain, Dysmenorrhoea is not mentioned specifically. The terms as Kashtartava or kruchchartava are also for Dysmenorrhoea. Classically defined Udavarta Yoni Vyapat counterparts with the all types of Dysmenorrhoea. Charaka has defined that the Pain symptom is instantly relieved after discharge of menstrual blood in Udavarta Yoni Vyapat which resembles to Spasmodic or true Dysmenorrhoea. Panchakarma Uttar Basti, Aasthapana Basti, Anuvasan Basti & Virechana are best treatment modality of Krucachartava. We can use oral Ayurvedic medicines like Ashokarista, Kaumaryasava, Patrangasava, Kanchanarguggulu, Rajahpravartanivati and Ashoka powder. Yogasanas, meditation, regular exercises help in maintaining weight. Walking for half an hour daily for 5 days is adequate to maintain weight.

KEYWORDS: Kruchchartava, Dysmenorrhoea.

1. INTRODUCTION

The significant factor in Streeshareer which is importantfor the purpose of reproduction is called as Artava. It is consider as streebeeja and in modern science it is called as ovum. In case of women the blood gets collected inside the uterus and flows out for three days every month. This is known as Artava. 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.[1] Dysmenorrhoea is a very common complains, experienced by 45-95% of woman of reproductive age.[2] In true Dysmenorrhoea the pain sensation arises in the Uterus and is related to muscles contractions. It is experienced a few hours before and after the onset of menstruation and rarely lasts in a severe form longer than 12 hours. It is colicky in type, although the patient does not always recognize. The periodic exacerbation and may describe a constant ache which causes her to 'double up'. The pain is felt mainly in the hypogastrium and is often referred to the inner and front aspect of the thighs it never extends below the level of the knee and is never experienced in the back of the leg. There may be some low backache as well but this is not the dominant sensation. Menstruation is a normal physiological process. Accompanied with pain, it is called as Dysmenorrhoea. In Ayurveda texts, though various conditions are described in which menstruation occurs with pain, Dysmenorrhoea is not mentioned specifically. The terms as Kashtartava or kruchchartava are also for Dysmenorrhoea. Chikitsa sutra (General line of Management)[3] Disorders of Yoni never take place without vitiation of Vata, hence first Vata should be regularized then Management for other Dosha should be done. Panchakarma Uttar Basti, Aasthapana Basti, Anuvasan Basti & Virechana are best treatment modality of Krucachartava.

2. ARTAVA

The significant factor in Streeshareer which is important for the purpose of reproduction is called as Artava. It is consider as streebeeja and in modern science it is called as ovum .In case of women the blood gets collected inside the uterus and flows out for three days every month. This is known as Artava.[4] Artava means confirming to the seasons, or period of time, menstrual. It is also consider as rajahsrava and in modern science menstrual flow, menstrual blood.

Nirukti: The word Artava denotes details about cyclical reproductive changes in streesharir, with regular interval is called as Artava.[5]

Shudh Artava Lakshana: Thatartava is praised, which resembles the blood of rabbit or the liquefied lac. And which does not leave the stain on cloth (after washing). According to Charak the menstrual discharge which is of the colour of gunja fruits or of lotus or of the lac or of indra-gopa should be considered as unpolluted.

Duration of cycle: It has been given one month, but there may be variation in individuals.

Duration of flow: Duration of flow or Artavasrava has been given three days by some acharya and five nights by some acharya, but there may be variation in individuals.[21]

Artavapraman: Praman of Artava is of four anjali. It may vary for individuals.

3. MODERN LITERATUREOF MENSTRUATION

Definition: Menstruation is visible manifestation of cycle Physiologic uterine bleeding due to shedding of the endometrium as a result of invisible interplay of hormones mainly through hypothalamo-pituitary-ovarian axis.[2]

Anatomical aspect: Menstruation is the cyclical uterine bleeding occurring during the reproductive age between menarche to menopause. The first menstrual period, menarche, generally occurs between 10-16year (13 year average). Menopause is the complete cessation of menses (average age 48year).

Uterine changes during menstrual cycle: Under the influence of monthly cyclic production of estrogen and progesterone by ovaries, endometrium undergoes cyclic change divide into **three phases:**

1. Proliferative phase
2. Secretory phase
3. Menstrual phase

Menstrual cycle: The menstrual cycle is the set of recurring physiological changes in a female's body that are under the control of the reproductive hormone system and necessary for reproduction. In women, menstrual cycles occur typically on a monthly basis between puberty and menopause.

Menstrual symptoms[1]In many women, various unpleasant symptoms caused by the involved hormones and by cramping of the uterus can precede or accompany menstruation. More severe symptoms may include significant menstrual pain (dysmenorrhea), abdominal pain, migraine headaches, depression and irritability. Some women encounter premenstrual stress syndrome (PMS or premenstrual syndrome), a cyclic clinical entity. Breast discomfort caused by premenstrual water retention is very common. The list of symptoms experienced varies from person to person. Furthermore, within an individual, the severity of the symptoms may vary from cycle to cycle.

Criteria for normal menstrual cycle: Three Clinical parameter cycle length, duration of bleeding and amount of blood loss.

1. **Duration of flow:** Usually three to five days, but anywhere from two to seven days is considered normal.
2. **Duration of cycle:** Normal duration of cycle is 21 to 35 days with average of 28 days.
3. **Amount of bleeding:** The average blood loss during menstruation is 35ml while 10–80 ml considered as normal.

Other: Colour of menstrual blood: The colour of menstrual blood depends on bleeding rate. Slow bleeding results in darker menstrual blood Bright Red, Dark Red, Brown/Black:

Physiology of Menstruation

- Proliferative phase in the menstrual cycle corresponds to the follicular phase of the ovarian cycle and concludes at ovulation.
- In the follicular phase estrogen from the growing follicle causes endometrial regeneration and growth.
- Aim of the follicular phase is to produce a mature ovum capable of fertilization.
- Secretory phase is the Progestational phase of the menstrual cycle and corresponds with the luteal phase of the ovarian cycle.
- The aim of the secretory phase is to produce appropriate environment for the implantation of the fertilized ovum.
- In the absence of fertilization, menstrual bleeding starts due to progesterone withdrawal.
- As a result of coiling of the spiral arterioles, the endometrial tissue suffers hypoxia, undergoes necrosis and is thrown out.
- Prostaglandins play a major role in the menstrual physiology.

The monthly ovarian cycle function of the gonadotropic hormones

About every 28 days, gonadotropic hormones from the anterior pituitary gland cause about 8 to 12 new follicles

to begin to grow in the ovaries. One of these follicles finally becomes mature and ovulates on the 14th day of the cycle. During growth of the follicles, mainly estrogen is secreted.After ovulation, the secretory cells of the ovulating follicle develop into a corpus luteum that secretes large quantities of both the major female hormones, progesterone and estrogen. After another 2 weeks, the corpus luteum degenerates, whereupon the ovarian hormones estrogen and progesterone decrease greatly and menstruation begins. A new ovarian cycle then follows.

Regulation of menstrual cycle (endocrine control)

- The hypothalamus secretes GnRH which acts on anterior pituitary gland and causes release of FSH and LH.
- FSH cause many follicles to grow, with maturation of one of them, having high estrogen receptor concentration and high intrafollicular estrogen levels.
- Two cell system of theca and granulosa cell is responsible for the production of steroids.
- As the follicle grows, it secretes inhibin and causes suppression of FSH.
- Antral follicle with highest estrogen and lowest androgen content, houses a healthy oocyte.
- High estrogen exerts a positive feedback on LH release responsible for LH-surge at midcycle.
- Ovum is released as a result of breach in the capsular wall by proteolytic enzyme, collagenase.
- After ovulation, follicle collapses to form a yellow colored body 'corpus luteum'.
- Withdrawal of hormones, essentially progesterone, leads to visible loss of endometrial tissue called as menstruation.

Causes of change in menstrual blood

- **Narrow cervical opening:** may cause change in menstrual blood colour. However, if associated with severe cramping, this brown / black blood may be a sign that the cervical opening is too narrow, preventing free flow of menstrual blood. In this case the blood stays in the uterus for a while, until contractions of the uterus push it out.
- **Endometriosis**: If the women experiencing pain in pelvis, painful periods and pain during intercourse, she may be suffering from endometriosis. The tissue lining the uterus grows outside of the uterus instead of growing inside, causing discomfort and a darker discharge during periods.
- **Infection** may cause change in menstrual blood colour darker menstrual can also be a result of an infection or a sexually transmitted disease. If the unusual abdominal tenderness and fever along with dark blood discharge with a foul smell, it must be consulted to a gynaecologist.

Components of Menstrual Blood

Menstrual blood is not composed of blood only. There are three qualitative components found in menstrual blood.

1. **Blood**
2. **Endometrium**
3. **The unfertilized egg**

4. Dysmenorrhoea

Definition: 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.[1]

Prevalence: Dysmenorrhoea is a very common complains, experienced by 45-95% of woman of reproductive age.[2]

Frequency: Not less than 50 % of woman are said to experience some discomfort in relation to menstruation, and 5-10 % of girls in their late teens and early twenties are incapacitated for several hours each month. The incidence of Dysmenorrhoea is affected by schoolgirls, college student, factory workers and women members of the armed forces each provide different statistic. The no. of girls complaining of incapacitating true Dysmenorrhoea has decreased considerably during the last 20-30 years. Indeed, it is rare to see them in a hospital out door Patient department. This may reflect a more sensible outlook and upbringing of the modern generation.

General Etiology[2]

These patients can be divided into groups for understanding the pathogenesis of this distressing condition.

1. Faulty outlook: During and just before menstruation most women are less efficient physically and more unstable emotionally these factors alone lower the pain threshold and lead to exaggeration of minor discomfort.
2. Environmental factors causing nervous tension: Circumstances which lead to nervous tension may make Dysmenorrhoea worse even if they do not cause it, these include unhappiness at home or at work, fear or loss of employment, and anxiety over examination.
3. General health: the inherent pain threshold varies from one individual to another. It is lowered by ill health of any kind, so general debilitating disease may be association with Dysmenorrhoea, and even an acute illness can cause periods to be painful temporarily.

True Dysmenorrhoea

Clinical feature

In true Dysmenorrhoea the pain sensation arises in the Uterus and is related to muscles contractions. It is experienced a few hours before and after the onset of

menstruation and rarely lasts in a severe form longer than 12 hours. It is colicky in type, although the patient does not always recognize. The periodic exacerbation and may describe a constant ache which causes her to 'double up'. The pain is felt mainly in the hypogastrium and is often referred to the inner and front aspect of the thighs it never extends below the level of the knee and is never experienced in the back of the leg. There may be some low backache as well but this is not the dominant sensation.During a severe attack the patient looks down and pale and may sweat, nausea and vomiting are common, there may be diarrhea and rectal and bladder tenesmus. All these features suggest an upset in the autonomic nervous system.

In at least 50% of cases the pain does not arise until 2-4 years after the menarche, in other close inquiry usually reveals that even though the initial periods were painful, severe Dysmenorrhoea only appeared later.

A description of intense pain dating from the menarche should raise doubts about its reality. True Dysmenorrhoea reaches a maximum between the age of 18 and 24 years and thereafter diminishes. It is exceptional for it to begin after the age of 25 years and it rarely persists beyond the thirtieth year. Moreover it is nearly always cured by pregnancy, labour at term being more certain to have this effect than early abortion. One explanation is that pregnancy improves the vascularity and development of the uterus, but the dilatation of the cervix associated with delivery is probably the more important factor. Previous spasmodic Dysmenorrhoea is not related to abdominal uterine action in labour.

Varieties

Dysmenorrhoea has also been described under three clinical varieties.

1. Spasmodic Dysmenorrhoea is the most prevalent and manifests as cramping pain, generally most pronounced on the first and second day of menstruation.
2. Congestive Dysmenorrhoea manifests as increasing pelvic discomfort and pelvic pain a few days before menses begin. Thereafter the patient rapidly experience relief in her symptoms. This variety is commonly seen in pelvic inflammatory disease or pelvic endometriosis.
3. Membranous Dysmenorrhoea is a special group in which the endometrium is shed as a cast at the time of menstruation. The passage of the cast is accompanied by painful uterine cramps.

Types: Primary and Secondary

1. Primary(Spasmodic)

The primary Dysmenorrhoea is one where there is no identifiable pelvic pathology. It is now clear that the pathogenesis of pain is attributable to a biochemical derangement. It affects more than 50% of post pubescent women in the age groups of 18to 25 years.

Incidence

The incidence of primary Dysmenorrhoea of sufficient magnitude with incapacitation is about 5-10 per cent with the advent of oral contraceptives and non-steroidal anti-inflammatory drugs, there is marked relief of the symptom.

Causes of pain

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

- Mostly confined to adolescents.
- Almost always confined to ovulatory cycles.
- The pain is usually cured following pregnancy and vaginal delivery.
- The pain is related to dysrhythmia uterine contraction and uterine hypoxia.

Psychosomatic factor: 1. Tension,
2. Anxiety,

Abnormal anatomical and functional aspect of uterus

- stenosis at the internal os or narrowing of the cervical canal
- Unequal development of mullerian duct
- Inappropriate law of polarity
- Uterine hypoxia

Imbalance in the Autonomic nervous control of uterine muscle

- Role of vasopressin
- Role of prostaglandin
- Hormone imbalance
- Muscular incoordination
- Others: endothelins and leukotrienes are vasoconstrictors and stimulate myometrium contraction.

Special form of spasmodic Dysmenorrhoea

- ❖ Dysmenorrhoea associated with the passage of clots
- ❖ Dysmenorrhoea associated with foreign bodies in the uterus
- ❖ Membranous Dysmenorrhoea
- ❖ Dysmenorrhoea associated with gross malformation of the uterus
- ❖ Dysmenorrhoea due to endometriosis adenomyosis and myomas.

Patient profile

Primary Dysmenorrhoea is predominantly confined to adolescent girls. It usually appears within 2 years of menarche. The mother or her sister may be dysmenorrhea. It is more common amongst girls from affluent society.

Clinical features

- Pain begins a few hours before or just with the onset of menstruation.

- The severity of pain usually lasts for few hours, may extend to 24 hours but seldom persists beyond 48 hours.
- The pain is spasmodic and confined to lower abdomen.
- Radiate to the back and medial aspect of thighs.
- Systemic discomforts like nausea, vomiting, fatigue, diarrhea and headache may be associated.
- Vasomotor change causing pallor, cold sweat and occasional fainting.
- Rarely, syncope and collapse in severe cases may be associated.

2. Secondary(congestive)

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

Cause 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 offending lesions are

- chronic pelvic infection
- Pelvic endometriosis
- Adenomyosis
- Uterine fibroid
- Endometrial polyp
- IUCD in utero etc.

Patient profile

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

Clinical features

- The pain is dull, situated in the back and on 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 production 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 examination usually reveals the offending lesion.

Investigations

- A history alone is usually sufficient to make the diagnosis of dysmenorrhoea.
- The symptoms persist, it is appropriate to examine the patient to exclude other possible pathologies.
- Pelvic ultrasound
- Laparoscopy
- In the absence of abnormal finding on examination, it is reasonable to try to treat the patient symptomatically without further investigation.

Treatment

- General measures include improvement of general heath.[1]
- Psychotherapy in term of explanation and assurance.
- Usual activities including to be continue.

5. KRACACHARTAVA

Menstruation is a normal physiological process. Accompanied with pain, it is called as Dysmenorrhoea. In Ayurveda texts, though various conditions are described in which menstruation occurs with pain, Dysmenorrhoea is not mentioned specifically. The terms as Kashtartava or kruchchartava are also for Dysmenorrhoea.

Etiology and pathology of pain

The disorder vata causes pain. The main two reasons of disorder of vata are. As per Ayurvedic classics, pain occurred in the any part of the body due to aggravation of Vatadosha and the main two reasons for it are obstruction in the passage (Margavarodha) or loss of body tissues (Dhatukshaya).

1. Margavarodha i.e. obstruction either physiological or anatomical.
2. Dhatukshaya i.e. low pain threshold or lack of the product concerned.

Applying these principles to the process of menstruation, it will be seen that Dysmenorrhoea arises from the following etiology and pathology.

Margavrodha: Apanvayu is said to be the governing force of the menstrual flow. If there is any sort of obstruction to this Apan, pain is produced. Apan can be obstructed from a block in the passage itself (Anatomical) or due to certain things which hamper the working capacity of Apan as described in Avrutavata. When Apanvata is surrounded by kapha, it causes pain.

Dhatukshaya: This causes pain in two ways

1. Dhatukshaya, turns a woman to be heenasatwa, where by pain threshold is lowered and pain is felt for even the slightest disorder.
2. The Dhatukshaya may cause vatavrudhi especially of its Ruksha and Khara characteristics. This Rukshata and kharata is responsible for producing pain. Besides Dhatukshaya may indicate hypoplastic uterus and the scantiness of raja and Artava too.

Another reason of vataprakope is vatakaraharavihara. In this condition also the increased Vata is responsible for pain.

Certain conditions or gynecological disorders (Yonivyapad) like VatajRajodushti, Udavartaor Udavartini, Antarmukhiand

SuchirmukhiYonivyapadpain occurred during menstruation. According toCharaka, in Udavartiniyonivyapad, menstrual blood is pushed in upward direction by the aggravated Apanavayu(the governing force of menstrual force) due to obstruction in its normal flow in Pakwashaya(peri colon and pelvic region). On the basis of the symptom 'immediate relief of pain following dischargeof menstrual blood' mentioned by Charaka, it appears to be the nearer to primary or spasmodic dysmenorrhoea.

Characteristics of pain

Pain is a very vague term and it does not enable us to understand the evict discomfort from which the patient is suffering. Hence, it is necessary to ask about the characteristic of pain. The nature of pain not only signifies the intensity but suggests the pathology behind its origin, also. As far as Dysmenorrhoea is concerned, the following types of vatavedana are complained of. The words describing the characteristic are significant themselves.

1. Varti
2. Toda
3. Bheda

Various Conditions

VataRajodushti, Rajaksheenata, Rajovrudhi, VataYonivyapat, SannipatikYonivyapta, UdavartaYonivyapat, AntarmukhiYonivyapat, SoochimukhiYonivyapat, Vandhya, Paripluta & Vipluta.

Table no 1: Differential Diagnosis of Dysmenorrhoea.

Dosh-Lakshan	Vyadhi- Lakshan	Upadrava-Lakshan	Arishta-Lakshan	Heenasatva-Lakshan
VataRajodushti	VataYonivyapat	Udvruttaphal yoni	SannipatikYonivyapat	Pandu
Rajovrudhi	UdavrutaYonivyapat	Upvruttaphal yoni		Rajyakshmashosha
Rajaksheenata	Anatarmukhi			
Soochimukhiyoni				
Vipluta				
Vandhya				
Paripluta				

Table no. 2: Differentiation according to etiology.

Margavarodhajanya	Apan-Pratilomata	Ruksha-Khara-GunatmakVrudhi	Dhatukshayajanya	Sahaja
Soochi-mukhi Antarmukhi	Udavarta Paripluta	Vata- Rajodushti Vandhya Vata- Yonivyapat Vipluta	Pandu Rajyakshma Shosha Rajksheenata	Rajovrudhi Udvrutta Upvrutta Sannipatik Yonivyapat

Somatic sensation of pain[6]

The purpose of pain: pain isa protective mechanism for the body it occurs whenever any tissues are being damaged, and it causes the individual to react to remove the pain stimulus. Even such due to lack of blood flow cause ischaemia tissue destruction.

Pain receptor: pain receptors are free nerve ending. They are widespread in the superficial layers of the skin as well as in certain internal tissues, such as the periosteum, the arterial walls, the joint surfaces and the falx and tentorium of the cranial vault.

Stimulation: Three types of stimuli excite pain receptors: mechanical, thermal, and chemical pain can be elicited by multiple types of stimuli.

Cause

- Tissue ischemia: when blood flow to a tissue is blocked the tissue often becomes very painful within a few minutes.
- Chemical stimuli
- Muscle spasm: it is also a common cause of pain, and it is the basis of many clinical pain syndromes. This pain probably result partially from the direct effect of muscle spasm in stimulating mechanosensitive pain receptors.
- Overdistension of a hollow viscus
- Pain pathways on entering the spinal cord the pain signals take two pathways to the brain.

1. The neospinothalamic tract
2. The paleospinothalamic tract

Visceral pain the viscera have sensory receptors for no other visceral ailment. In general viscera have sensory receptors for no other modalities of sensation besides pain. Also visceral pain is that highly localized types as damage to the viscera seldom cause severe pain. Instance, ischemia caused by occluding the blood supply.

Mechanism of pain production

The pain coincides with uterine contractions but does not depend merely on the intensity of muscle activity. In Dysmenorrhoea subjects, but not in others, it can be include with oxytocic and by local electrical, physical and chemical stimulation of the endocervix and the body of the uterus. The pain is best explained by some sort of incoordinate muscle activity and there may even be hypertonus between contractions which leads to muscle ischaemia. So Dysmenorrhoea may be comparable to angina pectoris in so far as the pain mechanism is concerned.Another view is that the pain arises from tension in the cervix, in support of this it is stated that it can be reproduction by dilatation of the cervix, even after subtotal hysterectomy. It is sometime suggested that the constant pelvic ache, as distinct from the uterine colic, may be caused by associated retrograde menstruation. It is more likely, however, that the former reflects muscle ischaemia and the latter spasmodic contractions.Some authorities allege that Dysmenorrhoea is not due to a peculiar behavior of the uterus but rather to a wrong interpretation by the brain of normal stimuli received from the uterus. Clinical observations are opposed to this view. While over anxiety and an unduly sensitive nervous system serve to exaggerate symptoms, they cannot be held to cause them. Otherwise the spontaneous cure with advancing age and with pregnancy, which characterizes spasmodic Dysmenorrhoea, would not occur.

Innervation of pain sensation from uterus

All the internal organs of Reproduction, including Upper vagina together with the urinary apparatus, rectum and colon, have only an cutaneous innervation the Autonomic nerve to these carry both sensory and motor fibres, adrenergic and cholinergic. Nerve supply to the uterus is derived principally from sympathetic or Parasympathetic nervous system.

Sympathetic: Sympathetic nerve, arising from segment T-5 and T-6 in motor nerve and T-10 to L-1 in the sensory nerve. nerve lying Retroperitoneal on the front of abdominal aorta.

Parasympathetic: Parasympathetic nerve is represented on either side by the pelvic nerve which consists both motor or sensory fibres from S-2 to S-4 and ends in the ganglia of frankenhauser which lies on either side of cervix, but still there is a doubt whether the uterus, except in its lower part receive parasympathetic nerves.

6. TREATMENT OF KRUCHCHARTAVA

Chikitsa sutra (General line of Management)

Disorders of Yoni not ever take place without vitiation of Vata, hence first Vata should be normalised then Management for other Dosha should be done Ayurvedic Treatment. Our Ancient Acharayas has revealed Several Classical Ayurvedic Formulations for the cure of Dysmenorrhoea. Ayurvedic herbal, classical time established medicines cures by establishing the symmetry of Tridosha (vatta, Pitta, kapha) and Saptdhatus. In Treatment of Dysmenorrhoea harmonious of Vata is most important. The treatment Modalities consist ofPanchakarma, exterior therapies, interior medication, and activities advice of food and lifestyle changes. Panchkarma- Sneha karma (Oleation) with Traivritasneha., SwedanKarma (Hot fomentation), Anuvasanabasti (oil enema), Uttar basti (Intra uterine oil instillation) with TraivritaSneha, Swedan with Milk, Intake of sneha in oral form. Sneha is in the form of Anuvasan and Uttarbasti. Anuvasanbasti (Oil enema) is helpful in regularizing the flow and direction of ApanaVayu (vata). A series of oil and decoction enema are directed to patients, due to which there is a significant lessening in pain and discomfort. Therapy containing massage is used to release any obstructions in the passage, release any spasm, assist free movement of vata in the Proper direction, and boost a proper menstrual flow. Uttar basti is a technique where in medicines are administered inside uterus. This helps in elimination of blockages of channels (which provides nutrition to uterus) also it helps to give more nourishment (Poshan) to the Garbhashay (Uterus) Helpful therapy. Basti, Uttar basti, Virechan& Picchu a Sympathetic method to the patient including deliberation of Psychological and Behavioural elements will help in aoptimistic outcome.Oral use of Dashamoolaksheera is also helpful in the disease.

Oral Ayurvedic medicines for Dysmenorrhoea: Ashokarista, Kaumaryasava, Patrangasava, Kanchanarguggulu, Rajahpravartanivati and Ashoka powder.

Critical environmental factors, malnutrition, General unkind health and any errors in the patient's mode of life should be corrected.Steady Physical activity is to be fortified. In the majority of cases nothing is more important than the general advice, reassurance and empirical relief of pain are necessary. As mentioned earlier, aappropriate diet is very significant for maintaining a healthy menstrual cycle. Yogasanas, meditation, regular exercises help in maintaining weight. Walking for half an hour daily for 5 days isadequate to maintain weight.

7. CONCLUSION

Classically defined Udavarta Yoni Vyapat counterparts with the all types of Dysmenorrhoea. Charaka has defined that the Pain symptom is instantly relieved after discharge of menstrual blood in Udavarta Yoni Vyapat which resembles to Spasmodic or true Dysmenorrhoea. Panchakarma Uttar Basti, AasthapanaBasti, AnuvasanBasti & Virechana are best treatment modality of Krucachartava. We can use oral Ayurvedic medicines like Ashokarista, Kaumaryasava, Patrangasava, Kanchanarguggulu, Rajahpravartanivati and Ashoka powder. Yogasanas, meditation, regular exercises help in maintaining weight. Walking for half an hour daily for 5 days is adequate to maintain weight.

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