



**MANAGEMENT OF DYSMENORRHOEA WITH MATRA VASTI
-A CASE REPORT**

¹S.K.Hemavathi, ²M.R.Amritha, ³S.R.Divya Rani, ⁴S.Deepthy, ⁵J.Divya Sreenath.

¹HOD, Post Graduate Department, Dept. Of Prasutitantra and striroga, ²PG Scholar, Post graduate Department of Prasutitantra and Streeroga, ³PG Scholar, Post graduate Department of Prasutitantra and Streeroga, ⁴PG Scholar, Post graduate Department of Prasutitantra and Streeroga, ⁵PG Scholar, Post graduate Department of Prasutitantra and Streeroga, Amrita School of Ayurveda, Amrita University, Vakkikkavu, Clappana .P.O, Kollam, Kerala, Pin: 690525

ABSTRACT :

Dysmenorrhoea is a common gynaecological disorder among females of reproductive age group, as pain during menstruation may incapacitate even day to day activities. In Ayurveda this condition can be correlated to *udavarta yoni vyapath* with vitiation of *vata dosha*. The present case report documents, a 24 year old unmarried female of primary dysmenorrhoea, managed with *sukumara ghrita matravasti*.

Key words: primary dysmenorrhoea, *udavarta*, *matravasti*, *sukumara ghrita*

INTRODUCTION: Dysmenorrhea is one of the most common and debilitating conditions in women's life, which affect their normal day to day activities. A survey study conducted in India reported that 79.67% of women are affected, of them 37% suffers from severe dysmenorrheaⁱ. Dysmenorrhea literally means painful menstruationⁱⁱ. It can be broadly classified into two- primary and secondary dysmenorrhea.

Primary dysmenorrhea is defined as painful menstrual cramps in the uterine origin, directly linked to menstruation without any visible pelvic pathologyⁱⁱⁱ. It often begins with the onset of ovulatory cycles six months to one year after menarche^{iv} . The pain is usually felt 24 hours before menstruation or over the first 1 or 2 days of menstruation .The pain is characterised by colicky nature and located in the mid line of the lower abdomen but may also be described as dull and may extend to the lower quadrants, lumbar area, and the thighs. Frequently associated symptoms include diarrhoea, nausea, vomiting, fa-

tigue, head ache, dizziness, rarely syncope and fever^v. Primary dysmenorrhea decreases with increasing age. Prevalence is highest in the age group of 20-24 years and decreases progressively thereafter^{vi}. The identified risk factor for dysmenorrhoea includes teenage, nulliparity, heavy menstrual flow, smoking, upper socio-economic status, attempts to lose weight, physical inactivity, disruption of social networks, depression and anxiety^{vii}.

In secondary dysmenorrhoea the pain typically proceeds with the start of the period by several days and may last throughout the period^{viii}. It is an indication of a separate disease which requires treatment other than analgesics by which treatment of the underlying disorder will reduce the pain^{ix}. The real causative mechanism for primary dysmenorrhoea is not known, but it appears that a major role is played by prostaglandins which are present in various body tissues including the uterus^x. The intensity of the menstrual cramps and associated symptoms of dysmenorrhea are directly proportional to the amount of PGF2 re-

leased^{xi}. In conventional system, both medical and surgical mode of treatments are used, Medications includes NSAID, Prostaglandin Synthetase Inhibitors and OCP's used in pain management. Surgery constitutes the final diagnostic and therapeutic option in the management of dysmenorrhea.

According to Ayurveda, without the involvement of *vata dosha*, *yoni rogas* will not occur^{xii}. Ayurvedic *acharyas* specifically mentioned that, in the management of any *yoni roga*, *vata dosha* has to be normalized initially. Here the condition characterised with pain and difficulty in expulsion of menstrual blood, also a *vataja yoni vyapath* known as *udavarta*^{xiii}. The most appropriate treatment modality for *vata dushti*, is *vasti*^{xiv}. Based on the drugs used it is classified into two - *Niruha* or *kashaya vasti* in which decoction is used and *anuvasana* or *sneha vasti* in which oil is used. In *matra vasti*, *hraswamatra* of *sneha* is used, specially indicated in *alpabala* and *alpaagni* conditions. The important privilege is that it can be administered without *pathya* for *dosha samana*, *bala vardhana* and *malapravartana*^{xv}.

CASE REPORT: A 24 year old unmarried female, speech therapist residing at karunagappally attended the OPD of our hospital, with complaints of severe painful menstruation along with reduced bleeding on the first day affecting her daily routine, for the last 6 months. She also complaints of having nausea and constipation 1-2 days prior to menstruation for last 6 months. She attained menarche at the age of 13 and had regular menstrual cycles at an interval of 28- 31 days, duration 4-5 days, with moderate quantity of bleeding associated with mild lower abdominal pain on first day. For last one year she noticed increasing nature of lower abdominal pain during

menstruation. For last 6 months pain became intolerable, lasting for 12-14 hours along with reduced bleeding on first day. The pain was felt over lower abdomen and low back region which was radiating to both lower limbs. Pain gradually reduces and subsides by second day of cycle. Due to this intense pain she was unable to attend her office on the first day of menstruation and this forced her to resign the job. For this she consulted a gynaecologist and had undergone USG, which reported that both her ovaries were close to the uterus, and she was advised to take analgesic drugs. The patient continued those medicines and hot water bag application for 6 months, by which she was unable to get considerable relief, so she approached our OPD for better management. There was no significant past history of any other chronic illness, no history of any kind of allergy or addictions. Her personal history revealed constipated bowel habit and disturbed sleep. She is the second child in her family and no similar complaints were reported among her siblings. All the vitals were within the normal limits. Abdominal examination revealed no tenderness or masses. Blood investigations like Hb, ESR were carried out and found to be normal. After doing *roga rogi pareeksha*, it was found that her food habit was irregular, which lead to *alpagni* and *kapha dosha dushti*. Thus *rasa vaha* and *artavavavaha srotodushti* takes place along with *apana vata vaigunya*, and resulted in severe pain during first day of menstruation with reduced bleeding. As she was characterized with pain and reduced *raja*, the condition was diagnosed as *udavarta yonivyapath*. Pain intensity assessment was done using Visual Analogue Scale (VAS) on the initial day of treatment 25th may 2015. Her baseline VAS grading was 10. Bleeding

quantity on first day was assessed by PBAC (Pictorial Blood Loss Assessment Chart) with a baseline score of 3 points.

Management and Outcome: Therapeutic plan was initially to correct her agni by *dīpana pāchana* with *Ashta cūrṇa* 6gm along with 1 teaspoon of *ghrita* twice daily for 5 days. Followed by administration of *Sukumara kashaya* 50 ml before food and *Abhayarista* 30 ml after food twice daily till the next cycle. A 100 ml of *Sukumara Ghrita* was administered as *matravasti* for 7 days on OPD basis, 10 days prior to the

expected date of menstruation. For the consecutive 3 menstrual cycles this treatment protocol was followed.

After 3 months of treatment, there have been no episodes of menstrual pain and the follow up assessment were done in 4th, 5th and 6th menstrual cycles. After the follow up period also the patient got marked relief from the pain and was not using any analgesics even now, the patient uses *abhayarishtam* 5 days prior to expected date of menstruation and she got relief from menstrual pain.

Table No.1: showing various symptoms in BT, AT and follow up period

Variables	BT	AT 1	AT 2	AT 3	FU 1	FU 2	FU 3
Pain	10	0	1	0	1	1	1
Nausea	present	Absent	absent	absent	absent	absent	absent
Constipation	present	Absent	absent	absent	absent	absent	absent
Bleeding quantity on 1 st day	3 points	15 points					

BT- before treatment, AT- after treatment, FU- follow up

The main presenting clinical feature of the patient was pain and by the due course of administration of *matra vasti* with *sukumara ghrita* the patient got symptomatic relief and was able to effortlessly follow her daily routines.

DISCUSSION AND CONCLUSION: The clinical condition of present case was considered as *udavarta yonivyapath^{xvi}*, which is one among the *vimshati yonivyapath*. It is caused by *vata vaigunya*. *Acharya charaka* says that during normal menstruation pain will not be present, so the pain during menstruation is abnormal and hence it requires therapeutic management^{xvii}. In the present clinical case, the patient's *agni* is in a depleted condition causing *dosha* imbalance, especially *adhogamana* of *apana vata* will be disturbed by which it moves in upward direction (*urdhwa gamana*) in the *yoni*. This

causes spasm of uterine muscles leading to severe pain during menstrual shedding. Spasm caused by vitiated *apana vayu* results in obstruction to the flow of menstrual blood is the general underlying pathology. So in this case treatment mainly aims in correction of *agni* followed with *anuloma gati* of *apana vata*. Here the main treatment plan should be aimed towards correction of *agni* supporting *anuloma gati* of *vata*. We used *Ashta choorna^{xviii}* in the initial 5 days as it has *deepana, pachana, ruchya* properties. *Prakruta apana vayu* is responsible for the proper *nishkramana* of *sukra, artava, sakrut, mootra and garbha*^{xix}. Hence in this case, *vata dosha* especially *apana* may be vitiated leading to difficulty in menstrual flow along with pain. In both *kevala vata dushti* and *vata ulbana samsarga sannipata doshas*, *vasti*^{xx} is the main line of treatment. On considering the

roga rogibala, matravasti is suitable here as patient is *alpa bala* with *mandagni* were a heavy dose of *sneha vasti* may not be suitable. It can also be administered easily in an OP basis mode of treatment without any special *pathyacharanas* or physical and mental strain. *Matra vasti* has both local & systemic effects. It causes *vatanulomana* there by normalizing *apana vata*. As the patient is of young age and psychologically afflicted with the present situation, *ghrita* is found to be a better option as it is *brihmana* and *medhya*^{xxi}. The formulation of *sukumara ghrita*^{xxii} and *kashaya* is selected here, as the ingredients are mainly of *madhura rasa*, *madhura vipaka* and *snigdha guna*, with the action of *kapha vata samana*, *anulomana*, *sroto rodha nivarana* and *garbhasaya shodhana*. The formulation *Abhayarishta*^{xxiii} with *abhaya* as main ingredient in this context is *aruchihara*, *balaagni vardhaka*, *vataanulomana* and *vibandhanut*. It is mentioned as *pathya*^{xxiv} in all *yonirogas* so that it maintains *prakrtavastha* of *apana vata*. In this present case report, the treatment plan was opted under OPD basis and was found to be very effective in symptomatic relief and improvement of general conditions of the patient. This treatment is very safe and economic with no adverse effects or complications

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Corresponding Author: Dr.Amrita.M.R.
PG Scholar, Post graduate Department of
Prasutitantra and Streeroga, Amrita School
of Ayurveda, Amrita University
Email: dr.amritha@yahoo.com

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