



EFFECT OF PLASHINTHOLADI KASHAYAM IN PRIMARY DYSMENORRHOEA

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ABSTRACT

Dysmenorrhoea is a common gynaecologic disorder which is estimated to occur in 20 - 90% of women of reproductive age. Primary dysmenorrhoea refers to painful periods without pelvic pathology which usually begins around the onset of menstruation & lasts less than three days which is widely prevalent. This situation not only has a significant effect on quality of life and personal health but also results in scholastic backwardness and depression. In Ayurveda *Udavarta yonivyapat* can be considered as Primary dysmenorrhoea explained in modern texts. Considering the above facts *Plashintholadi kashayam* mentioned in sahasrayogam which is specifically indicated for *gulma sula* was selected for the study. The study design was interventional - Pre and Post test with a sample size of 30. Patients with regular cycles, diagnosed as Primary dysmenorrhoea of age group 15-30 years from OPD of Govt. Ayurveda college hospital for women and children, Poojapura, Thiruvananthapuram was selected for the study. Patients were advised to take *kashaya* in the dose of 48ml twice daily 30 minutes before food along with 500mg of *saindhava*. Administration of drug started 7 days before menstruation and continued till 3rd day of menstruation for three consecutive cycles. Follow up was done for the next three cycles. Data obtained was analysed statistically. The study drug *Plashintholadi kashayam* had shown effect in controlling pain in primary dysmenorrhoea and associated complaints such as low back ache, nausea, vomiting etc. On conclusion the study revealed that the research drug *Plashintholadi kashayam* was effective in treating primary dysmenorrhoea.

Keywords: *Udavarta*; Primary dysmenorrhea; *Plashintholadi kashayam*; *saindhava*

INTRODUCTION: Dysmenorrhoea means cramping pain accompanying menstruation¹. Practical definition includes painful menstruation of sufficient magnitude so as to incapacitate day to day activities². Primary dysmenorrhoea refers to painful periods without pelvic pathology which usually begins around the onset of menstruation & lasts less than three days which is widely prevalent. More than 70% of teenagers and 30-50% of menstruating women suffer from varying degrees of discomfort. The severe incapacitating type which interferes with women's daily

activities affects about 5-15% of the population. Women's age, parity, and use of oral contraceptives were inversely associated with dysmenorrhea, and high stress increased the risk of dysmenorrhea³. Among adolescent girls, dysmenorrhoea is the leading cause of recurrent short term school absence. Morbidity due to dysmenorrhea represents a substantial public health burden⁴. So this needs medical attention as it has a significant negative impact on student's academic performance and adversely affects the

personal as well as social life of the individual.

In Ayurveda among *yonirogas*, *udavarta yoni vyapad* is a condition which presents with painful menstruation. *Vata* is responsible for pain and is evident by the saying of *Vaghbhatacarya* in *guhyaroga prathishedam* that no *yonivyapath* occurs without vitiation of *vata*⁵. In *udavarta*, vitiated *vata* obliterates the *gati* of *artava* and expels it with difficulty. While describing the features of *udavarta*, Caraka says that “*artave sa vimukthe tu tat kshanam labhate sukham*” which implies an immediate relief of pain following the discharge of menstrual blood⁶, which clearly denotes spasmodic type of dysmenorrhoea.

Conventional treatment includes counselling, psychotherapy to modify patient's perception of her problem and alter behavioural attitude, medical measures and surgical interventions². Many of these therapies may have side effects, especially hormonal and surgical therapies that could affect future reproductive capacity.

Considering the incidence of the disease *udavartha* and the distress it creates in women, *plashintholadi kashayam* with *saindhavam* mentioned in *sahasrayogam* in *soola chikitsa*⁷ was selected for the study. An attempt has been made to study this *kashaya yoga* scientifically and statistically. If the *yogam* proves to be effective it will scientifically validate the existing knowledge in the classical reference.

METHODOLOGY:

Study design: Interventional study-Pre and Post. The condition of the patient after treatment was compared with the condition before treatment

Inclusion criteria: Females of age 15-30yrs with regular cycles diagnosed as Primary dysmenorrhoea

Exclusion criteria:

- a) Patients with irregular menstruation
- b) Patients diagnosed with structural deformity of the reproductive system or any other pelvic pathology.
- c) Known cases of Dysfunctional uterine bleeding
- d) Patients under any other medication.

Sample size & Sampling technique:

Sample size was 30 and consecutive cases satisfying inclusion criteria till attaining sample size. Primary data was collected through clinical case proforma, verbal descriptive scale and USG.

PROCEDURE: Patients were selected from study setting as per inclusion and exclusion criteria. Their primary data was collected through clinical case proforma. An informed consent was taken from the patient prior to the study. The three ingredients of *plashintholadi kashayam* were purchased, coarsely powdered in the ratio of *palasatvak: punarnava: sunti* = 3:2:1 and made into packets of 48 grams. The patient was instructed to prepare *kashaya* by boiling 1 packet (48g) of *kashaya churna* with a written advice. Study drug was started 7 days before menstruation and continued till 3rd day of periods for three consecutive cycles. Follow up was done in the next three cycles without administration of drug.

Assessment: Patients were advised to report on the fourth day of menstrual cycle. They were assessed on fourth day of the menstruation in each three cycles during study period and follow up period.

Outcome variable:

- a) Pain- change in the mean score value assessed by verbal descriptive scale.

b) Change in associated symptoms- nausea, vomiting, diarrhoea, low back ache, headache and giddiness as per verbal descriptive scale.

OBSERVATION & RESULTS: For the statistical assessment verbal descriptive

scale was used for lower abdominal pain and associated symptoms, as per the grades 0-no symptom, 1-mild degree of symptom, 2-moderate degree of symptom and 3-severe degree of symptom.

Table 1: Percentage distribution of associated symptoms Before Treatment (BT), After Treatment (AT) and After Follow up (AF)

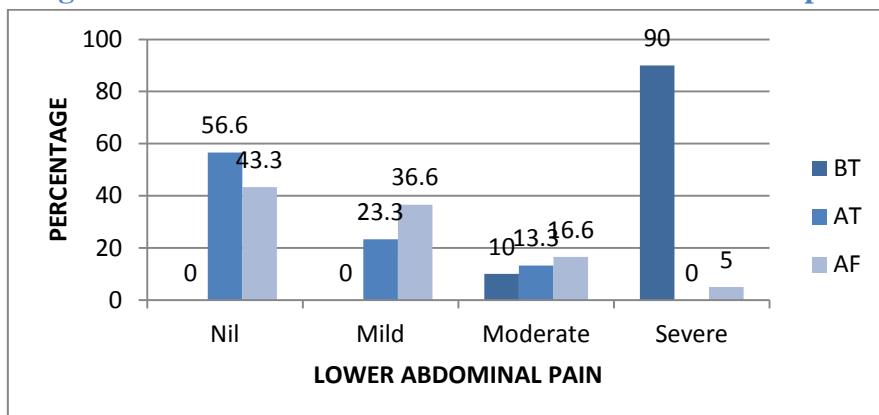
Low back ache	BT		AT		AF	
	N	%	N	%	N	%
Nil	10	33.3	26	86.6	20	66.66
Mild	2	6.66	4	13.3	9	30
Moderate	13	43.3	0	0	1	3.33
Severe	5	16.6	0	0	0	0
Nausea						
Nil	15	50	27	90	25	83.3
Mild	6	20	3	10	5	16.6
Moderate	9	30	0	0	0	0
Severe	0	0	0	0	0	0
Vomiting						
Nil	20	66.6	28	93.3	27	90
Mild	2	6.6	2	6.6	3	10
Moderate	6	20	0	0	0	0
Severe	2	6.6	0	0	0	0
Headache						
Nil	23	76.6	27	90	27	90
Mild	3	10	3	10	3	10
Moderate	4	13.3	0	0	0	0
Severe	0	0	0	0	0	0
Diarrhoea						
Nil	23	76.6	27	90	27	90
Mild	3	10	3	10	3	10
Moderate	4	13.3	0	0	0	0
Severe	0	0	0	0	0	0
Giddiness						
Nil	18	60	29	96.6	26	86.6
Mild	7	23.3	1	3.3	4	13.3
Moderate	5	16.6	0	0	0	0
Severe	0	0	0	0	0	0

Comparison of effectiveness of treatment in lower abdominal pain

Lower abdominal pain, being the classical symptom of primary dysmenorrhoea was taken as the most important parameter. As per Wilcoxon signed rank test, while comparing effectiveness before treatment –

after treatment, before treatment – after follow up P value of .001 shows the treatment is highly significant. While comparing the effectiveness after treatment-after follow up period there is no statistically significant change. (Pvalue - .248)

Fig 1: Effectiveness of the treatment in lower abdominal pain



DISCUSSION: Dysmenorrhoea is the term used to describe incapacitating pain during periods. Painful menstruation that happens without any detectable pelvic pathology is known as primary dysmenorrhoea. Studies from India reported the prevalence range between 50 to 87.8%.

The mechanism of pain in primary dysmenorrhoea is often related to psychosomatic factors, abnormal anatomical and functional aspect of uterus, increased vasopressin release, endothelins and leukotrienes

Among the *vimsathi yoni rogas*, *udavarta yonivyapath* is the one disease entity with painful menstruation devoid of any other pelvic pathology. In *udavarta* there is discharge of *vedanayukta saphenila artava* with great difficulty and immediate relief of pain following the expulsion of menstrual blood. This clearly denotes the spasmody dysmenorrhoea. Other clinical features like *Badha raja*, *Yonim udavarthyate* [dysperistalsis and retrograde flow of menstruation],

Samanthatvarthanam vayo [irregular uterine contraction due to obstructed *vayu*], *Kaphenaivam artavam cha munchyati* shows its similarity with Primary dysmenorrhoea.

Discussion on data related to response of treatment: The classical symptom of primary dysmenorrhoea being lower abdominal pain, was taken as the most important parameter for assessing the effect of the drug. About 90% and 10% of the cases were having severe and moderate pain respectively. After treatment 56.6% got complete relief from pain and the patient satisfaction was high. After the follow up period of 3 months there was gradual recurrence of pain in some patients i.e. 43.3% patients had complete relief of pain. On statistical evaluation before and after treatment Wilcoxon signed rank test showed the drug is highly significant in curing lower abdominal pain.

Mode of action of drug: *Plashintholadi kashayam* explained in *sahasrayogam* in *soola chikitsa* was the study drug in which *Palasa tvak*, *punarnava* and *sunti* were

taken in the quantity of 6 parts, 4 parts and 2 parts with *saindhavam* as the *praksheda dravya*. This *kashaya* was specifically indicated for *gulma*.

Palasa tvak by its *deepana* and *sara guna*, *ushna virya* and *vatakaphahara* property helps in the proper expulsion of menstrual blood. *Susruta* included *palasa* in *nyagrodhadi ganam* and *lodhradi ganam* which are *yonidoshahara* and *medokaphahara*. *Punarnava* is *soolanut*, *sophaharam*, *panduharam* with *ushna virya* and *kaphavatahara* property. *Susruta* explained *punarnava* as ‘*visheshath sophanasanam*’ and ‘*vata prasamanam*’, thus it alleviates the pain in dysmenorrhoea. *Sunti* is *deepanam*, *soolaharam*, *sophaharam* and *vrishya*, which is useful in colicky pains and *Carakacarya* included it in *soolaprasamanani gana*. The *vatakapha hara* property and srotoshodhana properties of the drugs may have relieved the *margavarodha* and the *katu vipaka*, *ushna virya* and *teekshna gunas*, helped in *arthava janana* thereby facilitating normal menstrual flow and menstrual regularity. *Vatanulomana* property of *sunti* will help in the easy expulsion of *artava*. So it can be concluded that the study drug by its *deepana*, *bhedana*, *anulomana*, *sulahara*, *sophahara*, *rasayana*, *vata hara* properties will act in the *samprapti vighatana* of *udavartha* in respective stages and relieves the pain.

CONCLUSION: Based on the results of this study, it has been found that the study drug *plashintholadi kashayam* is effective in reducing the lower abdominal pain in primary dysmenorrhoea and associated symptoms without any side effects.

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