

## REVIEW ARTICLE: AYURVEDIC PERSPECTIVE OF PRIMARY DYSMENORRHOEA

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### ABSTRACT

Dysmenorrhoea is a gynaecological disorder where there is cramping pain associated with menstruation. This 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. Among *yonirogas* pain associated with menstruation is considered as a symptom in many diseases like *vatiki*, *udavarta*, *paripluta*, *sannipathiki yoni vyapath* etc. In this article, by referring available ayurvedic classical texts & modern literature an attempt to correlate primary dysmenorrhoea & *udavartha* is done. Eventhough there are no direct correlations about primary dysmenorrhoea, among *vimsathi yonirogas*, *udavarta yoni vyapad* is a condition which presents with similar etiopathogenesis and clinical features. 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 blood, which clearly denotes spasmodic type of dysmenorrhoea. On conclusion *Udavarta yonivyapath* can be considered as Primary Dysmenorrhoea explained in modern texts.

**Key Words:** Menstruation, *Yonirogas*, *Vatiki*, *Paripluta*, *Udavarta*, *Artava*

**INTRODUCTION:** Dysmenorrhoea means cramping pain accompanying menstruation<sup>1</sup>. The prevalence of dysmenorrhea varies between 16% and 91% in women of reproductive age, with severe pain in 2%–29% of the women studied<sup>2</sup>. Primary dysmenorrhoea is widely prevalent in more than 50% of teenagers and 30-50% of menstruating women suffer from varying degrees of discomfort. The severe incapacitating type affects only about 5-15% of the population. Its prevalence amongst the more intelligent and sensitive working class women is higher<sup>1</sup>.

Primary dysmenorrhoea occurs in ovulatory cycles, hence it appears a few years after menarche with at least 6-12

months of painless periods<sup>1</sup>. The pain begins a few hours before or just with the onset of menstruation. The severity of pain usually last for few hours, may extend to 24 hours but seldom persist beyond 48 hours. The pain is spasmodic and confined to lower abdomen, may radiate to the back and medial aspects of thighs along with systemic discomforts like nausea, vomiting, fatigue, diarrhoea and headache. It may be accompanied by vasomotor changes causing pallor, cold sweats and occasional fainting, rarely syncope and collapse<sup>3</sup>. Abdominal or pelvic examination does not reveal any abnormal findings<sup>3</sup>.

Among *yonirogas* *udavartha* shows the similar features of primary

dysmenorrhoea. Almost all Acaryas described *udavarta*, but in different names, *Udavartini* by Caraka, *Udavarta* by *Susruta*, *Madhava nidana* & *Yogaratanakara* and *udavritta* by *Vridha Vagbhata*. *Caraka* says that due to the upward movement of natural urges in reverse direction, the vitiated *vayu* moving in reverse direction fills the *yonis* causing pain and upward displacement of *rajas* which is expelled with great difficulty. The pain is relieved once the *rajas* is expelled. Since in this condition the *raja* moves upwards or in reverse direction, hence it is termed as *udavartini*<sup>4</sup>. *Susruta* giving very short description says that besides painful, frothy menstruation, there are other pains of *vata*<sup>5</sup>. Both the *vagbhatas* have followed *Caraka*, *Indu* has added the discharge of clotted blood<sup>6</sup>. *Madhava Nidana* and *Bhavaprakasa* have followed *Susruta samhita*. In *Madhukosa* commentary all around movement of *vayu* is said to be the cause of pain<sup>7</sup>. Book *Yogaratanakara* had added the discharge of frothy menstrual blood associated with *kapha* with difficulty<sup>8</sup>.

## OBJECTIVE

An attempt to find a correlation for Primary Dysmenorrhoea among *yonirogas* in Ayurvedic classics.

## MATERIALS & METHODS

Information regarding the topics were collected from Classical ayurvedic text books, Modern gynaecological texts and published articles to analyse the details and arrive in a conclusion.

## OBSERVATIONS

Among twenty *yonirogas*, *udavarta yoni vyapad* is a condition which presents with painful menstruation and its main characteristic feature is the relief of pain at the onset of menstrual flow which is suggestive of primary dysmenorrhoea.

Word '*Udavarta*' refers to upward movement ('*Udavarta ithi urdhwam nitam*'). "*Vikarena rajasa urdhavagamanat udavartini ettyuchate*". *Urdhavagamana* of *rajas* is *udavartini*. Normal downward movement of *rajas* is obstructed and it moves in reverse direction.

Considering description of all the classics collectively, etiological factors of *udavarta* include abnormal diet and mode of life, abnormal *artava* (deranged ovarian hormones in females), *bija dosas* (abnormalities in ovum & sperm) and *daiva* (unknown factors).

## Poorvarupa

The pain may start few hours or days prior to menstruation, as slight low back ache or lower abdominal pain.

## Rupa

Various acaryas explained *udavarta lakshanas* differently with *soola* (pain) as main *rupa*. *Udavarta Rupa* includes *Rajahkrichrata* (Difficult discharge of menstrual blood), *Artava-vimukte sukham* (Immediate relief following discharge), *Phenilata* (Frothy menstruation)<sup>9,10</sup> *Anyavata vedana* (Other pains of *vata* like malaise, body ache etc)<sup>11,12</sup>, *Kapha samsrishta artava* (Discharge of *kapha* associated with menstrual blood), *Badha raja* (Indicates clots passing along with the menstrual discharge due to reduced fibrinolytic)<sup>13</sup> *Yonim udavarthyate*<sup>4</sup> (Specifies dysperistalsis and retrograde flow of menstruation which may result in pain), *Samanthatvarthanam vayo*<sup>14</sup> (Indicates theory of irregular uterine contraction due to all around movement of obstructed *vayu*) and *Kaphenaivam artavam cha munchyati*<sup>15</sup> (difficult discharge of menstrual blood with *kapha*).

## Samprapthi

Due to *vata prakopa nidana* like *ahara*, *vihara* and *manasika* factors *vata dushti* especially, *apana vayu* occurs. This vitiated *vata* moves in reverse direction and fills the *yonis*. *Vata dushti* in turn causes *artavavaha sroto dushti* which leads to *sangam* of *rajas* in *garbhasaya*. Aggravated *vata dosha* moving in reverse direction causes *prapeedana* of *yonis*, initially pushes the *raja* upwards (*vimarga gamanam*) and then discharges *vedanayukta saphenila artava* with great difficulty. There is immediate relief of pain following the discharge of menstrual blood which is clear from the lines of *Carakacharya* '*artave sa vimukthe tu thatkshanam labhate sukham*.' This condition is called *udavartini*.

Due to *vata prakopa karanas dhatukshaya* [uterine hypoplasia] occurs in which expulsive force for normal blood flow will be insufficient. This results in stagnation and increased expulsive efforts on the part of muscular wall. This may produce ischaemia and pain. By the suppression of '*adhovata di vegas*' the *vata dosha* moves in reverse direction. This aggravated *vayu* [*apana vayu*] moving in reverse direction fills the *yonis*. This causes *prapeedana* of *yonis*, initially pushes the *raja* upwards [*vimarga gamanam*] then discharges menstrual blood with difficulty. There is relief of pain following the discharge of menstrual blood, which in turn is the characteristic feature seen in spasmodic dysmenorrhoea. Due to vitiated *vyana vayu*, the *akunchana* and *prasarana kriya* of *garbhasaya* does not take place properly, this state resembles with the dysrhythmia of uterine muscles, which will hinder in proper flow of menstrual blood leading to *udavartha*.

*Margavarodha* like pinhole os, polyp, septate uterus etc may lead to

hypertonicity and hyperactivity of the muscle fibres resulting in dysmenorrhoea. In conditions like cervical stenosis etc whenever there is obstruction to the flow of menstrual blood, the blood stays for more time inside the uterus [*sangam*] and the plasmin, the enzyme is not enough to dissolve it, giving the appearance of *badha raja* [clots], then uterus tries to expel it by producing more contractions which leads to improper contractions and severe pain.

### Differential Diagnosis

In *ayurvedic* classics pain associated with menstruation is considered as a symptom along with the following diseases:

#### 1. Vataja artava dushti

The *artava* (menstrual blood) vitiated by *vata* is red or blackish red in colour, is thin, frothy and excreted slowly with pain<sup>5</sup>. Due to consumption of *vata prakopaka ahara*, *vata* gets aggravated and vitiates *rasa* and then *upadhatu nirmana* i.e *artava*, and naturally leading decrease in the amount of menstrual blood discharged. On the basis of above facts *vataja artava dushti* appears to be description of oligomenorrhoea associated with dysmenorrhoea caused by general weakness.

#### 2. Vatik Yoni vyapat

*Caraka* mentioned that women of *vata prakrithi*, when consumes diet and indulges on other *vata* aggravating factors, then there will be *vata prakopa*, which in *yonis* produces pricking and other types of pain, stiffness, roughness etc. Due to *vata*, the menstruation appears with sound, is painful, frothy, thin and dry<sup>4</sup>.

The *lakshanas* of *vataja yonivyapat* like *yonitoda*, *savedana*, *stamba*, *karkashata* suggests the features of endometriosis. In endometriosis, they have explained the symptoms which are having similar explanations as that of *vataja yoni* like

pricking pain starts few days prior to menstruation get worsened during menstruation. In classics *yonī toda* means pricking type of pain.

*Vagbhata* has included stiffness, roughness etc and displacement, a symptom often seen in lax perineum, specially associated with oestrogen deficiency. Hypo-oestrogenism results in a decrease in size and volume of uterine and cervical canal. This narrowness in the cervical canal may produce menstruation with difficulty, leads to pain. Here dysmenorrhoea may be due to endometriosis or oestrogen deficiency.

### 3. *Paripluta*

*Caraka* says that when a women having predominance of *pitta* withholds her natural urge of sneezing and eructation at the time of coitus, then vitiated *pitta*, getting mixed with *vayu* reaches *yonī* and becomes inflamed and tender and she gets painful menstruation having yellowish or bluish colour of menstrual blood<sup>4</sup>. *Susruta* says that the condition is characterised with severe dyspareuniae. So it can be inferred that *Caraka* has described acute inflammatory stage, while *Susruta* has described later stage of the same, ie chronic inflammatory stage.

### 4. *Sannipatiki yonī vyapat*

*Caraka* says, due to consumption of all the rasas excessively, tridoshas situated in *yonī* and uterus get vitiated and produce their specific symptoms. There is burning sensation and pain in vagina, and white unctuous vaginal discharges with whitish pale menstrual discharge<sup>16</sup>. It may be considered either acute infective disorder of reproductive system or else gynecological disorder developing due to diseases of other systems.

### 5. *Vipluta*

*Vipluta* is characterized with constant pain in vagina associated with other pains of

*vata*<sup>5</sup>. It can be considered as vaginal neuralgia or presacral neuralgia especially of psychogenic origin.

### *Sadhyasadhyatha*

*Udavarta yonivyapat* is considered as *ekadoshaja (vataja)* in classics. So it comes under *sadhya* category.

### *Chikitsa*

As in all cases of dysmenorrhoea, *vataprakopa* is the main cause; the treatment should be *vatanulomana* and eradication of the cause. This is the main treatment principle of dysmenorrhea.

Dysmenorrhoea is found as a symptom of various *yonivyapats* like *vatala*, *udavarta*, *paripluta* and *vataja artava dushti*. So, the general principles of treatment given by all *acharyas* can be summarised. As *vata* is main causative factor of all *yonivyapats*, so it should be treated first. For *arthava shuddhi*, after *snehana* and *swedana*, *vamana* and *virechana*, five *shodhana* measures should be used, after this *uttarabasti* should be given repeatedly. *Virechana* is beneficial for *yonī rogas* and *artava rogas*. For *avrita apana vayu*, treatment should be *agnideepaka*, *grahi*, *vatanulomana* and *pakvashaya shuddhikara*<sup>17</sup>. Specific treatments of *udavartha* includes *snehanam* with *trivṛta snehas*, *swedanam*, use of *gramya*, *audaka*, *anupa mamsam*, use of *dasamoola ksheeram* for *vasti* and *panam*, *Anuvasana vasti* and *uttaravasti* with *trivṛta sneha* and *kumbhi* and *prastara swedas*<sup>18</sup>. Common *samana yogas* like *Sapthasaram kashayam*, *Sukumaram kashayam*, *Dhanwantharam kashayam*, *Rasnaswadamshtadi ksheerapakam* etc can also be included.

### DISCUSSION

*Udavarta yonivyapath* is the one disease with painful menstruation devoid of any other pelvic pathology among the

yonirogas described in Ayurveda classics. In *udavarta* there is discharge of *vedanayukta sapphenila artava* with great difficulty and immediate relief of pain following the expulsion of menstrual blood. This clearly denotes the spasmodic dysmenorrhoea. Other clinical features like *Badha raja*, *Yonim udavarthyate*, *Samanthatvarthanam vayo*, *Kaphenaivam artavam cha munchyati* shows its similarity with Primary dysmenorrhoea.

*Udavarta* is explained under *vataja yonivyapad* by all *acaryas*. Here *apana vayu* is considered as the main causative factor. Even though *artava nishkramanam* is the function of *apana*, coordinate function of *apana* and *vyana vayu* is essential for normal menstruation. *Prasarana* and *akunchana kriya* of *garbhasaya* by *vyana vayu* and *artava nishkramanam* [expulsion] by the *anulomana karma* of *apana vayu*.

There may be *avarana* in this disease pathogenesis. *Charaka* has clearly mentioned that the wise physician should diagnose the *anya vata avaranas*, by looking to their location and increase or decrease in functions. Observing the symptomatology of *pitta* and *kapha* the learned physician should decide the *mishra avarana* of *pitta-kapha*. In such case the *avarana doshas* suppress the normal functions of *avrita dosha (apana vayu)* and exhibit various types of manifestation as of their own. Thus it exhibits symptoms like *daha*, *bhrama*, *tama*, *soola* (due to *pitta*) *saitya*, *gauravam*, *soola* (due to *kapha*). Symptoms like nausea, vomiting, excessive sweating, faints can be taken as *anya doshaja lakshanas* when the condition is associated with other *doshas*.

*Dhatukshaya* causes *vataavidhi* which is responsible for pain. *Dhatukshaya* may indicate hypoplastic

uterus and *artava kshaya* too. *Balyavastha* can be included under *dhatukshaya* where the *garbhasaya pesis* are not fully developed [unattainment of *dhatu pushti*]. This will lead to dysrhythmic uterine contractions and pain due to inadequate expulsive force.

*Udavarta yonivyapad* can be easily diagnosed from other conditions

- The pain strictly restricted to menstruation and usually patient feels relief following the discharge of menstrual blood.
- There will be no alteration in the amount of *artava*, neither it will be excessive nor scanty.
- There will be no specific local pathology

## CONCLUSION

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. In *ayurvedic* classics pain associated with menstruation is considered as a symptom along with some of the *yonirogas*. Eventhough there are no direct correlations about primary dysmenorrhoea, among *vimsathi yonirogas udavarta yoni vyapad* is a condition which presents with similar etiopathogenesis and clinical features. *Chikitsa* of *udavarta* can be adopted for primary dysmenorrhoea considering the clinical features and *prakrithi* of the patient.

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- Source of support: Nil Conflict of interest:  
None Declared
- Cite this Article as : [Rajini P et al: Review Article: Ayurvedic Perspective of Primary Dysmenorrhoea] www.ijaar.in : IJAAR VOLUME IV ISSUE XI NOV-DEC 2020 Page No: 1190-1195*