

REVIEW ON DYSMENORRRHOEA¹Nanda K O,²Tejaswini KR³Patil Sankanagoud¹Assistant Professor, Prasuti Tantra & Stree Roga²Assistant Professor, Prasuti Tantra & Stree Roga³Associate Professor, Department of Swasthavritta JSS Ayurveda Medical College & Hospital, Mysuru – 570028**ABSTRACT**

Many women are familiar with the experience of primary dysmenorrhea, one of the commonest gynecological conditions that affects the quality of life of many in their reproductive years. This condition manifested as painful menstruation, is the most frequently encountered condition and it can be included under *Udavartini yonivyapath*, caused by *Apana vata vaigunya* described in *Ayurvedic* classics. In modern system of medicine, non-addictive analgesics are often prescribed regularly for dysmenorrhoea . So there is a great scope to find out management with long lasting effect, to treat the entire feature complex of dysmenorrhoea by preventive and curative principles. In this review article preventive and curative care for dysmenorrhoea by following healthy diet regimen, yoga and simple medicaments.

Keywords : Dysmenorrhoea, *Udavartini Yonivyapath*, *Apana Vata Vaigunya*

INTRODUCTION : Dysmenorrhoea is one of the commonest gynecological conditions that affect the quality of life of many women in their reproductive years. Painful menstruation is of sufficient magnitude so as to incapacitate day today activities, it is one of the main causes of absenteeism from school or work, and affects the quality of women's lives. The prevalence estimates vary from 45% to 95%.¹

Though dysmenorrhoea literally means painful menstruation a more realistic and practical definition includes

- Painful menstruation of sufficient magnitude so as to incapacitate day today activities.
- Painful cramping pain accompanying menstruation.

In *Charaka Samhita Chikitsa Sthana* 30th chapter, painful menstruation finds its role as a sole symptom in *Udavartini yonivyapath*. *Udavartini* is one among the

20 *yonivyapath*, described by various authors. The condition where *Artava* is shed with great difficulty and pain is termed as '*Kashtartava*' in *Sushruta Samhita Charaka* while describing the features of *Udavartini* says that there will be immediate relief of pain following the discharge of menstrual blood, which clearly denotes primary type of dysmenorrhoea.^{2,3}

Vata is the prime factor responsible for the pain. According to *Charaka Samhita Chikitsa Sthana* 30th chapter no *yonivyapath* occurs without the involvement of *vatadosha*. *Artava* or menstruation should not be associated with any sort of discomforts, so painful menstruation is not a normalcy and it needs medical attention. Normal menstruation is the function of *apanavayu*, therefore painful menstruation is considered as *apanavatadushti*.^{4, 5, 6}

In modern system of medicine, non-addictive analgesics are often

prescribed in the treatment of dysmenorrhoea. During menstruation, many women experience gastrointestinal upsets which are increased by analgesics and anti-inflammatory drugs, which also produce headache, dizziness, drowsiness and blurred vision. Other modes of treatment include antispasmodics, analgesics and amphetamine containing compound. The role of hormone pill (combined oral pill) for long term usage as a therapeutic measure especially on unmarried girls for dysmenorrhoea is itself debatable.

Dysmenorrhoea is the term used for painful menstruation. Two types of Dysmenorrhoea Primary & Secondary.

1. Spasmodic Dysmenorrhoea/Primary dysmenorrhoea - Menstrual pain without an identifiable pelvic pathology

2. Congestive Dysmenorrhoea/secondary dysmenorrhoea - Cyclic menstrual pain that occurs in association with underlying pelvic pathology.

Menstruation is a normal and regular event in every healthy adolescent girl's life. Yet drastic changes are needed to encourage positive social norms and ultimately enact behavioural change as these are major cause of period pain along with - abnormal anatomical and functional aspect of myometrium, imbalance in the autonomic nervous control of uterine muscle, hormone imbalance, role of prostaglandins, role of vasopressin will leads to dysmenorrhoea.

The risk factors include - Earlier age at menarche, long menstrual periods, smoking, obesity, retroverted uterus, lack of exercise, family history, nulliparity.

Table .1 FEATURES

Feature	Spasmodic(primary) dysmenorrhoea	Congestive(secondary) dysmenorrhoea
Onset	Within 2 years of menarche when ovulatory cycles are established. In at least 50% of cases the pain does not arise until 6-12 months after the menarche.	Appears in the age of 20-30 yrs
Duration of pain	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	Duration depends on the pathology producing the pain
Description	Cramping-hypogastria, back, inner thighs	Variable dull ache
Aetiology	Excessive myometrial contraction, ischemia, excessive prostaglandin production	Endometriosis, PID, Adenomyosis, Fibroids, pelvic vein congestion, pelvic adhesions, IUCD in utero, chronic pelvic infection, endometrial polyp, obstruction due to mullerian malformations, etc

Pain and flow	Usually begins a few hour before or just with the onset of the cycle, and often relieved once the flow is established	Usually appears 3-5 days prior to the period and persists until a few days after the cessation of bleeding
Symptoms	Nausea, vomiting, fatigue, diarrhoea, head ache ,back ache, giddiness etc	Dyspareunia, infertility, menstrual disorders
Intermenstrual symptoms	No intermenstrual pain	Intermenstrual symptoms like pain in lower abdomen and back ache
Pelvic findings	Normal	Variable, depending on cause
Relieving factors	With analgesics, antispasmodics, rarely surgery	Treatment directed to the cause

DIAGNOSIS: A presumptive diagnosis of dysmenorrhoea may be made on the basis of history and physical examination and relevant investigations.

History - Menstrual history, Family History, Sexual History, Obstetric and gynecological history, Contraceptive history. Drug and medical history

Investigations -The patient's history and clinical findings will decide which lab test to consider. However these tests are performed to exclude causes of secondary dysmenorrhoea.

- In sexually active fertile women a urine pregnancy test may be considered to rule out ectopic pregnancy or miscarriage
- A complete blood count(CBC) may be ordered to assess for possible anaemia or infection
- Urine analysis should be considered in those with bladder symptoms or suprapubic pain
- CBC and ESR help to rule out endometritis and sub acute PID
- In those at risk for or characteristic symptoms of gonorrhoea, cervical testing for Neisseria gonorrhoea and chlamydia should also be considered

- Swabs of urethra, the posterior fornix and the endocervix - to rule out PID and STDs.

Imaging studies - USG, Laparoscopy or hysterosalpingography, Intravenous pyelogram, MRI or CT scan are helpful to differentiate Primary & Secondary dysmenorrhoea.

TREATMENT

- *Udavartini yonivyapath*, caused by *Apana vata vaigunya* described in *Ayurvedic* classics. In modern system of medicine, non-addictive analgesics are often prescribed in the treatment of dysmenorrhoea regularly.
- In *Ayurveda*, both *Shamana Aushadhi* as well as *Shodanakarma* (especially *basti karma*) is beneficial in curing the condition.

General measures

- Patient and family education
- Lifestyle changes
- Unfavourable environmental factors, malnutrition, general ill health and any errors in the patient's mode of life should be corrected by following *Pathya*.
- Physical activity

Yoga Abhyasa & Vyayama should be adopted because, exercise increases the endorphins and serotonin (natural painkillers) levels. So, it relieves pain and other symptoms during menstruation.

- Cure menstrual cramps with simple and not too heavy exercises as the uterus is weak during menstruation.
- Doing mild exercises like stretching, walking or biking – exercise may improve blood flow and reduce pelvic pain
- Walking is an effective exercise to reduce menstrual cramps. Walking for 30 minutes every day increases the endorphins level which provides relief.
- Slow running can help get rid of menstrual pain. Go for running three times in a week.
- Menstrual cramps can be relieved by - Abdominal crunch exercise, lie flat on the floor with hands on sides and lift the legs up few inches from the ground and then bend the knees. Now bring the knees and chin close to the chest and hold the position for 10 seconds. Relax and repeat 5 times.
- Menstrual pain will reduce by practicing, butterfly stretching, sit on the floor with knees bent and spread on two sides and the soles joined together. Move the legs up and down in the same speed for a minute and then relax. Repeat for 2-3 minutes in the beginning.
- *Janu sirasana, ustrasana, supta pada angustasana* yogic postures are also found to be effective in reducing menstrual cramps.

Recommended Advice

- Lying on back, supporting knees with a pillow
- Holding a heating pad or hot water bottle on abdomen or lower back
- Taking a warm bath

- Gently massaging abdomen
- Getting plenty of rest and avoiding stressful situations as menstruation approaches
- Herbal and dietary therapy

There are a variety of effective nutritional supplements in the form of *Pathya* that can either augment or replace the use of NSAIDs in the treatment of menstrual cramps. Low fat vegetarian diet, caffeine intake have all been shown to improve primary dysmenorrhoea.

- Vitamin B6 and magnesium are two nutrients that work especially well together. Magnesium relieves spasm of the uterine muscles which lead to menstrual cramps. Vitamin B6 increases the utilization of magnesium. It is an important vitamin plays a key role in the synthesis of neurotransmitter dopamine, which is thought to promote physical and emotional well-being.
- A substantial intake of vitamin E a few days prior to the onset of and during menstruation has been shown to significantly reduce menstrual pain as well as to limit the amount of blood loss during menstruation
- One study found that vitamin B3 (niacin) was effective at reducing menstrual cramps in nearly 90% of symptomatic women.
- Calcium-deficient muscles are more likely to be tense, which may trigger menstrual cramps. An increased intake of calcium can alleviate menstrual cramps.

Management :

There are preparations like *Vati Kalpana, Asava, Arishtas* and *Avalehya* specific to clinical presentations to overcome the dysmenorrhoea and *Shodhanakarma* especially *Bastikarma Chikitsa* will be

beneficial in the condition both primary and secondary dysmenorrhoea.

DISCUSSION: In the classics of Ayurveda painful menstruation finds its role as a sole symptom in *Udavartini yonivyapath*. *Udavartini* is one among the 20 *yonivyapath*, described by various authors. The condition where *artava* is shed with great difficulty and pain is termed as '*Kashtartava*' in classics. *Charaka* while describing the features of *Udavartini* - immediate relief of pain following the discharge of menstrual blood, which clearly denotes primary type of dysmenorrhoea.

Vata is responsible for the pain. According to *acharyas* no *yonivypath* occurs without the involvement of *vata dosha*. According to *Ayurvedic* view *artava* or menstruation should not be associated with any sort of discomforts, so painful menstruation is not a normalcy and it needs medical attention. Normal menstruation is the function of *apanavayu*, therefore painful menstruation is considered as *apanavatadushti*.

In modern system of medicine, non-addictive analgesics are often prescribed in the treatment of dysmenorrhoea. During menstruation, many women experience gastrointestinal upsets which are increased by analgesics and anti-inflammatory drugs, which also produce headache, dizziness, drowsiness and blurred vision. Other modes of treatment include antispasmodics, analgesics and amphetamine containing compound. The role of hormone pill (combined oral pill) for long term usage as a therapeutic measure especially on unmarried girls for dysmenorrhoea is itself debatable.

So there is a great scope of research to find out management with long lasting effect, to treat the entire feature complex with single regimen and find out the treatment for the underlying pathology from *Ayurveda* for the management of *Udavartini Yonivyapat* which is *Vataja* in origin. From the research works done previously, it is well proved that this health hazard can be well managed with certain *Ayurvedic* therapies. As it is *Vataja Yonivyapath*, *Basti Cikitsa* is considered as best. But previous works carried out were based upon procedures like intrauterine *Uttara Basti* is not appropriate for unmarried girls, who are the commonest sufferers. So, by following the regimens, exercises, diet and the treatment principles discussed earlier will be beneficial in overcoming Dysmenorrhea.

CONCLUSION :

Primary Dysmenorrhoea is one of the very common gynaecological ailments of unmarried women. While considering aetiology, symptomatology and treatment the disease primary dysmenorrhoea simulates *Udavartini yonivyapath* described in *Ayurvedic* classics. This disease is due to *Apana Vata dosha dushti*, where for *Vata Dushti Basti Cikitsa & Vatahara Chikitsa* is apt treatment.

Ayurveda helps women in the journey through different phases of her life with the help of *Paricharya* – Code of conduct to be followed during these phases like *Rajaswala*- Menstruation, *Garbhini*-Pregnancy and *Sootika* – Postpartum. For reproduction, *Rajaswala* is most important period in the lifetime of a woman. By following *Rajaswala Paricharya*, women can adapt well to the physiological changes taking place in the

body during the menstruation and thus she can prevent occurrence of diseases. Getting a healthy offspring *Rajaswala Paricharya* is beneficial.

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