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SAMSODHAN THERAPY IN THE MANAGEMENT OF UDAVARTANI W.S.R. TO PRIMARY DYSMENORRHEA; A CASE REPORT

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Abstract

Dysmenorrhoea is one of the most common complaints in women at every age and especially in young reproductive life. In the ancient literatures, it can be closely related as Udavartani Yonivyapad, whereas in the modern medical science it is known as dysmenorrhoea. Modern treatment approaches usually incorporate usage of NSAID or surgery, but the main target for treatment of primary dysmenorrhoea is symptomatic relief. A patient of primary dysmenorrhea presented and was managed with Samsodhan (Yog Basti) Ayurveda protocol, which showed a significant improvement in assessment parameters. Asthapana Basti was given with Dashmool Trivrit and Anuvasana Basti was given with Dashmool Tail. The treatment plan targeted to normalise the normal pace and direction of Apana Vayu, to enable normal flow of menstrual blood and relieve Vataja symptoms like pain, Udavartan, etc. The case study thus highlights the effectiveness of the Samsodhan Vidhi in addressing gynecological conditions at their root.

Keywords: Dysmenorrhea, Udavartani Yonivyapad, Samsodhan, Yog Basti, Asthapan Basti, Anuvasan Basti, Basti, Dashmool Trivrit Basti, Dashmool Tail

INTRODUCTION

Amongst 20 Yonivyapada mentioned in classics, Udavartani is defined as the condition in which there is movement of Vayu in upward direction of Yoni such that Yoni is filled with upward directed; Udavartit Vayu. This also causes upward directed movement of Rajah (menstrual blood) causing pain due to hindered discharge of the menstrual blood. The pain is relieved when the menstrual blood is released.¹

Similar condition of painful menstruation is defined in Dysmenorrhoea. Dysmenorrhoea is condition of painful menstruation. It is further categorised into Primary and Secondary Dysmenorrhoea. Primary Dysmenorrhoea is of primary onset with no any pelvic pathological origin but present in most of the early reproductive year typically until very first vaginal delivery. Hyperactivity and dysperistalsis of uterine junctional zone (sub-endometrial myometrial muscle fibres) is seen in primary dysmenorrhoea. Another hypothesis explaining the cause of pain includes increased activity of sympathetic nervous system resulting in hypertonicity of circular muscles of internal os which causes hindrance in natural pace for the flow of menstrual blood.² This causes increased muscular spasms to let the menstrual blood flow out of the cervical canal. This shows similarity in the pathways defined in UdavartaniY onivyapad and Primary Dysmenorrhea for the pathology of pain during menstruation.

Primary dysmenorrhoea is treated by the use of NSAIDS, hormones, Transcutaneous Electric Nerve Stimulation (TENS), Nerve Ablative procedures and dilatation of cervical canal. Most of these have symptomatic relief

but does not guaranty absence of recurrence and have their own hazards.³ However, Samsodhan Chikitsain classical references is considered to be efficient to treat the disease by alleviating the altered Dosha out of body. It includes of Vaman, Virechan, Basti(Asthapan and Anuvasana), Shirovirechan and Raktamokshan.^{4,5} Udavartani being a Vataja condition⁶, implication of Asthapan and AnuvasanaBasti is considered best in alleviation of Vatajadisorders.⁷ Apana Vayu situated in pelvic region is the key Vata that regulates the proper and physiological flow of the menstrual blood.⁸ Basti helps regulating the Apana Vayu in its natural pace; i.e. Anuloma gati (downward direction) such as breaking the pathology of Udavartani which leads painless flow of menstrual blood. Also, alleviation of Vata could relief the symptoms like pain.⁹

Similarly, hyperperistalsis and hypertonicity causing primary dysmenorrhoea could be considered the result of Udavartan of Apana Vayu, Basti helps in regularising the normal muscular contractility and peristalsis. Basti is of 2 types according to the dravya used; Asthapan basti (Kwath Pradhan) and Anuvasana Basti (Sneha Pradhan). Asthapan Basti when implied with combination of Anuvasan Basti helps in maximum benefit. Yoga Basti is such combination scheduled implication of Asthapan and Anuvasan Basti for 8 consecutive days with alternative Basti on alternative days.¹⁰

Out of many treatment principles mentioned, Acharya Vagbhat has mentioned the use of Dashmool Trivrit as Kwath, Snehapaka for external and internal usage such as Basti. Hence this reference was considered for the management of this case.¹¹

MATERIALS AND METHODS:

Place of Study: Patient came to OPD of PTSR department of Provincial Ayurveda Hospital, Bijauri, Dang, and was selected for the case report.

Case Report:

A female patient aged 17 years, unmarried, student by profession, presented with the complaints of painful menstruation for 3 years and scanty menses in the last 2 years. Her age of menarche was at 11 years of age. She experienced painless menses for 2 years after menarche with history of normal bleeding (1-2 pads/ day) for 3-4 days. However, there was occasional history of irregularity in menstrual interval with maximum interval of 2-3 months. Patient explained that she had been having regular menstruation since past 4-5 months. But then she developed exaggerated pain in lower abdomen during menses which radiated to lower back and thighs. The pain was spasmodic, gradual in onset, progressive and reached its peak in the first 2 days of menses.

The pain exaggerated on walking, standing or doing any physical activity and was not relieved even after resting, hot fomentation or even after intake of oral painkillers. The pain was also associated with generalised weakness, palpitation, anxious feeling, nausea and few episodes of vomiting. She was incapacitated in attending her classes due to pain during menses. Earlier she used to have bleeding soaking 1-2 pads (half-fully soaked) per day but the amount was decreasing to spotting in 1st and 3rd day and 1 pad (half soaked) per day in day 2 of menses. There was no history of dysuria, per vaginal discharge, itchiness. She was rushed to emergency of Rapti Provincial Hospital, Tulsipur for two times for the same problem.

She was advised hematological investigations including Complete Blood Count, Serological investigations including Liver Function Test, Thyroid Function Test, Serum Prolactin, Urine routine and microscopic examination, Ultrasonography abdomen and pelvis.

Menstrual History:

Table no. 1: Past and Present Menstrual History

S.No.	Parameters	Past History (before onset of pain)	Present menstrual history (presenting)
1.	Duration	3-4 days	1-3 days
2.	Interval	30-90 days	28-32 days
3.	Amount	1-2pads, half to full soaked	1 pad, spotting to half soaked per day
4.	Pain	+	+++
5.	Clots	-	+/-
6.	Smell	-	-
7.	Constipation	-	+
8.	Nausea and vomiting	+	++
9.	Headache	-	-
10.	Weakness and generalized weakness	+	++

Past History:

There was history of snakebite 6 months back for which she was admitted and treated at Rapti Provincial Hospital, Tulsipur. There were no complications associated with it. There was no history of any other chronic diseases or any infectious diseases. No history of any surgical interventions or blood transfusion or organ transplantation were mentioned. No history any food or drug allergy was present. Patient also gave history of intake of mostly home prepared meal. No history of any kind of psychological upset or stress was mentioned.

Family History:

There is familial history of painful menstruation in her mother and elder sister also. However, they got relief in their symptoms after their child birth. No family history relevant to any chronic illnesses, infectious diseases or life-threatening condition were present.

Personal History:

Patient was vegetarian and had normal appetite. She presented occasional history of intake of junk foods and fast foods in her college during lunch. There is no any history of addiction to smoking, alcohol or substance abuse. There was history of sedentary lifestyle.

General examination of patient

EXAMINATION	RESULTS
WEIGHT	40 kg
HEIGHT	156cm
BMI	16.44 kg/m ²
BP	100/60 mm of Hg
PULSE RATE	72 bpm
TEMPERATURE	97.6 °F

RESPIRATORY RATE	16/ min
GENERAL COMPOSITION	Lean Body Build
GENERAL APPEARANCE	Normal
GENERAL BEHAVIOUR	Co-operative
PALLOR	Not present
ICTERUS	Not present
LYMPH NODES	Not palpable
CYANOSIS	Not present
CLUBBING	Not present
OEDEMA	Not present
DEHYDRATION	Not present

Ashtavidha Pariksha

PARAMETER	RESULTS
Nadi	72 bpm
Mala	Once a day, semi-solid to hard
Mutra	4-5 times/day, Peetabh Shwet Varna
Jivha	Anavrita
Shabda	Spashta
Sparsha	Anushna sheeta
Druk	Nirmal
Akriti	Prakrit

Dashvidha Pareeksha

PARAMETER	RESULTS
Prakruti	Vatapittaja
Vikriti	Aartavvahasansthangat
Sara	Mamsasara
Samhanan	Madhyama

Praman	Madhyama
Satmya	Sarva Rasa Satmya
Satva	Madhyam
Ahar Shakti	Madhyam
Vyayam Shakti	Madhyam
Vaya	Yuvayavastha

Systemic Examination:

CNS- Intact, well oriented to time, place and person.

CVS- S1S2M0, no added sounds

Chest- Bilateral chest clear, Normal Vesicular Breathing Sound heard, no added sounds

GIT (Per abdominal examination) - soft, non-tender, no organomegaly palpable

Local Examination:

Inspection: Vulval mucosa and skin healthy, no abnormal discharge per vaginum visible.

Per Rectal Examination:

No nodular swelling felt, no tenderness in POD felt, no abnormality detected.

Per Vaginal Examination and Per speculum examination: was not done

Investigations:

Investigation	Results
Blood group	B positive
Hb	10.3 g/dl
FBS	76mg/dl

ESR	22 mm fall after 1hr
TSB	0.8mg/dl
DSB	0.3mg/dl
SGOT	31IU/L
SGPT	30IU/L
B. Urea	22 mg/dl
S. Creatinine	0.7mg/dl
S. Uric acid	3.8mg/dl
HIV	NR
VDRL	NR
HbsAg	NR
TSH	2.5uIU/ml
Serum prolactin	31 ng/ml
CA125	67.7 U/ml
Urine R/M/E	Slightly acidic PC- 0-1/hpf EPC- 2-3/hpf oxalates: nil protein- nil

Ultrasonography whole abdomen (before treatment- 2080/10/20)

Uterus: Anteverted, Normal in size, Shape and echotexture; endometrial echo-complex is normal and shows normal echogenicity. No collection in endometrial cavity.

Impression: Normal scan

Methods and materials:

The treatment protocol was planned for 3 consecutive months after clearance of menses which has been illustrated as follows:

Day 1 (2080/10/28)	Day 2 (2080/10/29)	Day 3 (2080/11/01)	Day 4 (2080/11/02)	Day 5 (2080/11/03)	Day 6 (2080/11/04)	Day 7 (2080/11/03)	Day 8 (2080/11/03)	Day 1 (2080/10/28)
Anuvasana basti with Dashmool Tail	Asthapana with Dashmool Trivrut	Anuvasana	Asthapana	Anuvasana	Asthapana	Anuvasana	Anuvasana	Anuvasana

Yoga BastiKrama¹² was planned for the patient. Dashmool Trivrit Asthapan Basti was given by the reference of Ashtanga Sangrahain treatment of Udavartani Yonivyapada. It included of the Dashmool (Bilva, Agnimantha, Gambhari, Shyonaka, Patala, Brihati, Kantakari, Shaliparni, Prishniparni and Gokshur) and Trivrit.

Anuvasana Basti was given with Dashmool Taila which is referenced from Bhaisajya Ratnavali in Shirorogadhikaar. Its composition includes of Sneha Paka of Dashmool, Nirgundi and Sasarpatail. Dashmool and Nirgundi both are Tridosh shamaka in action. Its implication is indicated for Shiroroga, Vataj Roga, Asthigata, Sandhigata Rog aand Kaphaj Roga.¹³

Yoga Basti was given after clearance of menses for one cycle. However, due to unavailability of time of patient, she was continued with two cycles of Matra Basti of Dashmool Tail for 8 days after clearance of menses.

Date of Matra Basti (2nd cycle of treatment):
2080/11/22 to 2080/11/29

3rd cycle of treatment (2nd cycle of Matra Basti):
2080/12/20 to 2080/12/27

Poorva Karma:

- General Examination of patient was done; vitals of the patient was recorded.
- It was made sure that there was no any condition of Agnimandya in patient by taking history of anorexia, indigestion, flatulence, etc.
- Sthanik Abhyanga with luke warm Dashmool Tail and Svedan was done with Nadi Sweda was done at the lower back, lower abdomen, hips and pelvic region.
- Proper sterilization of the Basti Netra was done.

Preparation of Basti Dravya:

Asthapan Basti: Decoction of Dashmool Trivrit Yavakut was prepared. Mardan was done in Kharal with Madhu (80-100gm), Saindhav Lavana (6-10 gms), 80-100 ml of Sneha (Dashmool Tail)and 100 gm of Kalka dravya was mixed in the same order. The mixture was mixed with the Kwath and sieved through the

muslin cloth.

Pradhan Karma:

- Patient was kept in Vaam Parshwa Position (Sims Position)
- Special care was taken that there is no instillation of air during the process.
- After instillation of Basti patient was kept in prone position and patting of hips and buttocks was done so that the Basti dravya was retained.
- For Asthapan Basti, Pratyagaman kaal was considered 1 Muhurat (48 minutes).¹⁴ However, in this case patient was advised to hold the Basti for maximum of 1 Muhurat. Patient could hold Basti for 25- 30 minutes.
- For Anuvasana Basti, it was given as Matra Basti (60ml) of lukewarm Dashmool Tail

and Pratyagamana Kaal for it is 3 Yaam (9 hours).¹⁵

Paschat Karma:

- Record of Vitals were done.
- Pathya Aahara: patient was advised to take light diets, especially; Mamsa ras or milk with rice after clearance of bowel.

RESULTS

After completion of one cycle Yoga Basti, the patient was asked to review after clearance of each of consecutive 2-3 menses. There was significant decrease in the pain and other symptoms in following menstruation after the completion of Yoga Basti. Afterwards completing the Matra Basti for another 2 months the patient had almost all complaints resolved.

Table no. 1: Assessment: Scoring for different parameters is done as follows:¹⁶

Parameters	Grade
1. Pain intensity	
i) Absent	0
ii) Mild (pain do not interfere with daily activity)	1
iii) Moderate (daily activity hampers, relieves with analgesics)	2
iv) Severe (not relieved by analgesics)	3
2. Duration of pain	Grade
i) Absent	0
ii) Pain for one day (for few hours)	1
iii) Pain for one day (for complete day)	2
iv) Pain for >or=2 days	3
3. Duration of bleeding	Grade
i) 1 day	0
ii) < or =2 days	1
iii) 3-4 days	2
iv) > or =5 days	3
4. Amount of bleeding	

i) Scanty (spotting to half soaked)	0
ii) Mild (1-2 pads/day)	1
iii) Moderate (2-3 pads/day)	2
iv) Heavy bleeding (4-5 pads/day, full soaked or changes every 1-2 hours)	3
5. Nausea and vomiting	Grade
i) No praseka	0
ii) 2-3 times /day	1
iii) 4-5times/day	2
iv) >5 times/day	3
6. Headache	Grade
i) No headache	0
ii) Headache once during each menstruation;	1
iii) Frequent headache 2–3 times per menstruation;	2
iv) Persistent headache throughout the menstruation	3
7. Fatigue	Grade
i) No fatigue	0
ii) Fatigue on exertion	1
iii) Fatigued by the normal daily routine	2
iv) Severe fatigue even without work	3
8. Loss of appetite	Grade
i) Takes a full diet and also has proper appetite at the next meal time	0
ii) Presence of moderate appetite and promote appearance of appetite in next meal time	1
iii) Presence of low appetite but delayed appearance of appetite in next meal time	2
iv) Persisting low appetite or frequent loss of appetite; unable to consume even the minimum required diet	3

Table no 2: Showing overall assessment of patient Throughout Follow Up

S.N.	Parameters	Before treatment (2080/10/26)	1st follow up (2080/11/22)	2nd Follow up (2080/12/20)	After Treatment (2081/01/22)
1.	Intensity of pain	3	1	0	0
2.	Duration of Pain	3	1	0	0
3.	Duration of bleeding	0	1	2	2
4.	Amount of bleeding	0	1	2	1

5.	Nausea and vomiting	2	0	0	0
6.	Headache	1	0	0	0
7.	Fatigue	3	1	0	0
8.	Anorexia	2	1	0	0
9.	Bowel symptoms	Constipation and flatulence prior and during menses	None	None	None

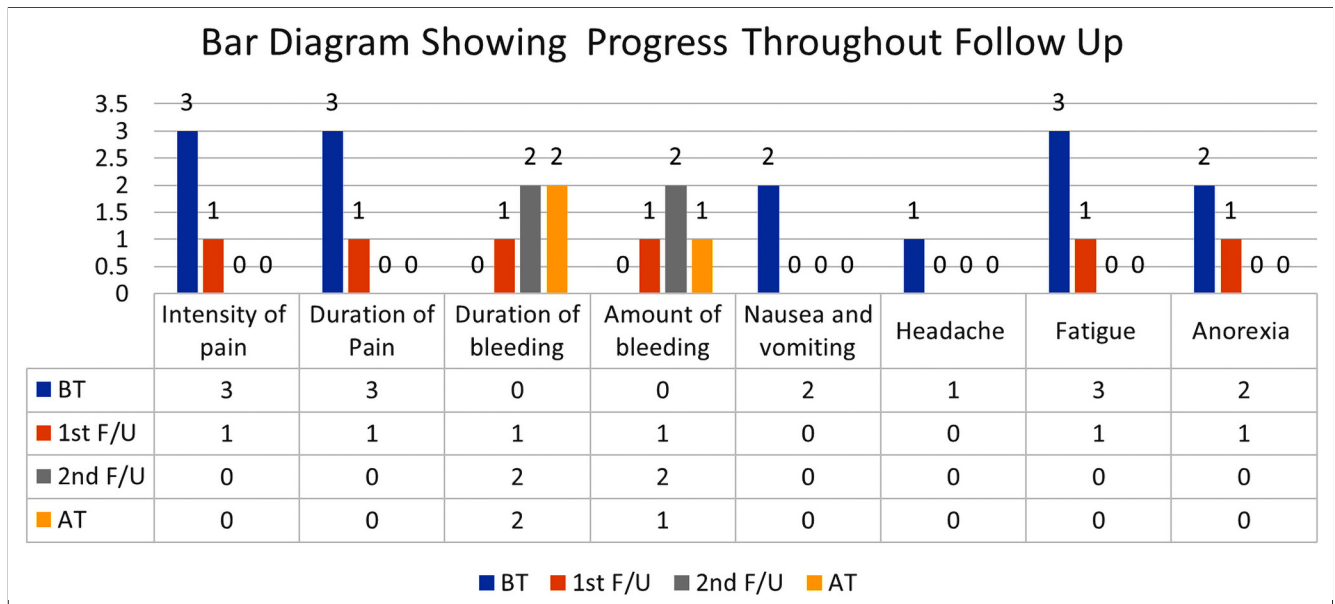


Fig no. 1: Bar Diagram Showing Overall Assessment Throughout Follow Up

DISCUSSION

Primary dysmenorrhoea is considered to be present due to hyperperistalsis and hyperactivity of sympathetic nervous system. In classical concept, all these activities of nervous system and motion are regulated by Vata; specifically, Apana Vayu. Udavartani yoni vyapad is caused by upward directed Vega of Apana Vayu causing all the symptoms of the condition. Basti is considered supreme for the treatment of Vata. The Udavartit Vayu gets established with Basti and such that the natural flow of menstrual blood was established; scanty menses was corrected.

Charaka states that, Anuvasana Basti when given nourishes all the channels after reaching the Nabhi (main seat of Sira and Dhamani).¹⁷ Acharya Sushruta has also explained that well prepared Basti Dravya when given properly, the Veerya of the Basti Dravya (active principle) acts upon minute channels of Pakwasaya and spreads throughout the body. He described that the Basti nourishes the body as the roots are nourished by the irrigation of water.¹⁸ Acharya Chakrapani had explained Anupravan Guna of Sneha explains the pharmacotherapeutic action of the Basti.¹⁹

The drugs infused into the Snehapaka

easily crosses the mucosal membrane made of polysachharides and phospholipids due to its affinity. The drugs thus absorbed gets into systemic circulation via inferior mesenteric veins bypassing the liver increasing bioavailability of drugs.²⁰ The gut mucosa being innervated by millions of nerve endings is responsible for secretion of many important neurotransmitters like the endogenous opioids or endorphins like encephalin, major neurotransmitters like serotonin, dopamine, nor adrenaline, two dozen neuropeptides etc. These same neurotransmitters are also secreted in CNS also by pituitary, hypothalamus. Thus, established interplay between the ENS and CNS is now-a-days defined as the Gut-Brain Axis. This means, the neurotransmitters secreted by the mucosa of gut have same effects as that of CNS. They regulate the secretion of pituitary hormones by playing an important role in the menstrual cycle and the ovarian cycle through an inhibitory effect on hypothalamic GnRH secretion.²¹

Similarly, the drug used in this case predominantly includes of Dashmool in its decoction and Snehapaka forms. Overall effect of Dashmool is Tridosahar, Shothahar, Shoolnashak.²² In addition to that, Dashmool Tail has Nirgundi and Sasarpa Tail with it which are also with similar benefits. All these helped in significantly decreasing the symptoms of the patient in successive follow ups.

CONCLUSION

Dashmool Tail even if is mentioned in Shirorogadhikar, the ingredients have characteristics to balance the overall state of Dosha. Dashmool Trivrut when given in the form of Basti helped in management and overall omission of the symptoms. Significant relief in assessment criteria like Intensity of

Pain, Duration of pain, Amount and duration of bleeding, associated symptoms like nausea, vomiting, anorexia, fatigue, headache and bowel symptoms are relieved. However, a single case study cannot be enough to derive the efficacy of such therapeutic approach. So, similar such cases should be considered to be studied with same treatment protocol. The benefits obtained will be monitored even in treatment free period to study the efficacy and recurrence of the condition.

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