



YOGA - AN EMERGING TREND IN MANAGING THE PRIMARY DYSMENORRHEA - A CASE REPORT

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ABSTRACT

Primary Dysmenorrhea a common gynecological disorder affecting 33-79% of women population in India.^[1] It is characterized by intense pain of sufficient magnitude, incapacitating day to day activities thereby disrupting the quality of life^[2] and thus is a leading cause for absenteeism among young women. NSAIDS, Antispasmodic, Analgesics are commonly used in management of Primary Dysmenorrhea but are having Hepatotoxic and Nephrotoxic effects.^[3] This creates a need for safe, effective and affordable mode of intervention in the management of Primary Dysmenorrhea. Yoga is found to have encouraging effect on increasing the pain threshold capacity in individuals^[4] by causing a series of physiological changes in the body that lessen the stress and pain response. Thus in the present paper, Clinical application of Suryanamaskara, various asanas, Pranayama in managing Primary dysmenorrhea has been explained. Here is a case report of woman aged 19 years with chief complaints of painful menstruation since menarche with no pelvic pathology. Intervention-Suryanamaskara, Pranayama, various Asanas for 1 month during the non menstrual days. Result - Patient had relief from the pain without taking Analgesics. Conclusion - Practice of Suryanamaskara, Marjarasana, Bhujangasana, Baddhakonasana, Pranayama practice for one month for 30 minutes showed excellent result in reducing the pain during Menstruation without the use of Analgesics.

KEY WORDS - Primary dysmenorrhea, Yoga, Pranayama

INTRODUCTION

Primary Dysmenorrhea a common gynecological disorder affecting 33-79% of women population in India.^[1] Dysmenorrhea is defined as the painful menstruation of sufficient magnitude so as to incapacitate the day today activities. They are of 2 types

1. Primary dysmenorrhea
2. Secondary dysmenorrhea

Primary dysmenorrhea occurs within 1-2 years of Menarche and with no pelvic pathology in which pain improves with age and involves some of the associated symptoms like pain in low back, lower abdomen, Nausea, vomiting, headache, diarrhea, fatigue. Secondary dysmenorrhea occurs years after Menarche with any of the pelvic pathology like Endometriosis, Adenomyosis, Uterine fibroids, pelvic inflammatory diseases which tend to worsen with the age.

Contemporary science uses NSAID, Anti-prostaglandins, Analgesics for managing pain. Popping painkillers during menses helps suppress the pain but is not a permanent solution. In Ayurveda Primary Dysmenorrhea can be understood in the lines of Udavartini yonivyapada explains about correcting the Apanavata which gets disturbed. Nowadays women are looking for non-invasive techniques which doesn't involve any medications, and will help in modifying their life style, stress & altered sleep pattern. These factors which contributes to primary dysmenorrhea can be tackled with yoga therapy. Yoga involving pelvic asanas are known to improve blood flow in the pelvic region thereby managing pain in the body. Further yoga also stimulates the release of beta-endorphins which are analgesics in nature.

MATERIALS AND METHODS

OBJECTIVES OF THE STUDY

1. To study the effect of Suryanamaskara, some of the Pranayama practice in the management of primary dysmenorrhea.

CASE REPORT

A 19 years old female patient N/K/C/O DM, HTN, Thyroid dysfunction, visited the OPD of SDM Institute of Ayurveda and hospital Bangalore, Department of Prasooti Tantra and Streeroga on 05/08/2023 complaining of pain in lower abdomen and low back radiating to thigh region, starting 2 days prior to the menstruation till the third day of menstruation, since menarche. The pain is so severe that she explains absenteeism from college. Pain subsides once she consumes Tab. Mefenemic acid 250mg OD for 2 days during menstruation. Pain starts 2 days prior to menstruation, worst pain during the first 3 days of the menstruation, pain completely subsides on 4th day of menstruation. So for the above said complaints she came to our OPD.

Past history

No history of DM, HTN, Thyroid dysfunction.

Family history

Nothing specific.

Personal history

Diet: mixed
Sleep: sound
Bowel: once daily
Urine: clear; 4-5 times daily
Habit: nothing specific

Menstrual history

LMP-23/7/2023
Age of Menarche: 12 years
Duration: 3-4 days
Interval of bleeding: 28-30 days
Amount of bleeding: 2-3 pads per day
Pain: ++++

General Examination

Built: Moderate
Nourishment: Normosthenic
Pulse: 72bpm
Blood pressure: 120/80mmhg

Followup and outcome

	BEFORE TREATMENT	AFTER TREATMENT (after 1 month)
VAS SCALE	Grade 3(severe pain)	Grade 1(mild pain)
VMSS SCALE	Grade 2	Grade 1

Temperature: 96.7

Respiratory Rate: 17 cycles /minute

Height: 5.4inch

Weight: 45kg

Pallor/Icterus/Clubbing/Edema/Lymphadenopathy:

Absent

Systemic examination

RS: NVBS heard, Bilaterally symmetrical

CNS: Conscious and well orients

Higher mental functions intact

CVS: S1 and S2 heard, no murmur sounds heard

Local examination

P/A-Soft, no tenderness, No organomegaly.

Ashtavidha pariksha

Nadi: 72bpm

Mala: Prakrutha

Mutra : prakrutha

Jihva: Aliptha

Shabda: Prakrutha

Sparsha: Prakrutha

Drik: Prakrutha

Akriti: Madyama

Dashavidha pariksha

Prakiti: Vata

Vikruti: Vata

Sara: Madhyama

Satwa: Madhyama

Satmya: sarvarasa sathmya

Samhanana: Madhyama

Aharashakti: Madhyama

Vyayamashakti: Madhyama

Pramana: Madhyama

Vayah: Madhyama

USG

Uterus anteverted normal in size

POD Clear

No sonological abnormality detected

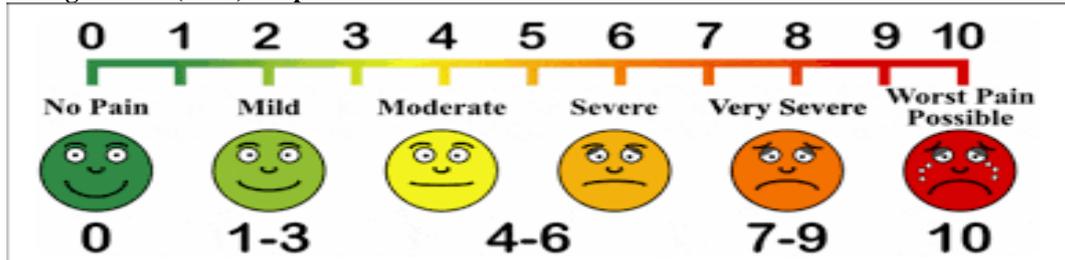
Lab Investigation

Hb-12gm%

Assesment Criteria

- VAS SCALE
- VMSS SCALE

1. Visual analogue scale (VAS) for pain^[5]



- Grade 0: no pain
- Grade 1: 1- 3 (mild pain)
- Grade 2: 4 – 7 (moderate pain)
- Grade 3: 8 – 10 (severe pain)

Main symptom Pain: Intensity, duration, location Onset on VAS Scale Intensity.^[11]

2. Verbal multidimensional scoring system (VMSS)^[6] for assessment of severity of dysmenorrhea.

Severity grading	Working ability	Systemic symptoms	Analgesics
Grade0: Menstruation is not painful and daily activity is unaffected.	Unaffected	None	None required
Grade1: (Mild)Menstruation is painful but seldom inhibits normal activity; analgesics are seldom required; mild pain.	Rarely affected	None	Rarely required
Grade2: Dail activity is affected; analgesics required and give sufficient relief so that absence from school is unusual; moderate pain.	Moderately affected	Few	Required
Grade3: Activity clearly inhibited; poor effect of analgesics; vegetative symptoms (headache, fatigue, vomiting, diarrhoea); severe pain.	Clearly inhibited	Apparent	Poor effect

INTERVENTION

1. Suryanamaskara for 20 minutes
2. Anuloma viloma, Bhramari pranayama for 10 minutes
3. Practice of asanas like Baddhakonasana, Bhujangasana, Marjarasana for 3 rounds

All practices done in the morning for 1 month only during the non menstrual days.

DISCUSSION

Suryanamaskar practice with rhythmic breathing techniques improve blood circulation and regulates menstrual cycle. Further yoga also stimulates the release of beta-endorphins which are analgesics in nature.

Bhujangasana^[8]

- This is called as Cobra pose.
- This asana tones the ovaries and uterus, and helps alleviate menstrual and other gynaecological disorders.
- The secretion of cortisone is maintained and the thyroid gland is regulated.

Marjarasana^[8]

- It gently tones the female reproductive system.
- Helps in menstrual disorders.
- It can be practised during menstruation for relief of cramps.

Baddhakonasana^[7]

- This asana is blessing to women.
- It checks irregular menstruation periods and helps the ovaries to function properly.

Anuloma Viloma and Brahmari Pranayama^[8]

- It increases vitality and lowers levels of stress and anxiety by harmonising the pranas.
- Brahmari relieves stress and cerebral tension.
- It speeds up the healing of body tissue.

CONCLUSION

Diet pattern, Abnormal sleep patterns play important role in increasing stress levels, and prostaglandin secretions. Hence improving the lifestyle by adding the noninvasive techniques like practicing yoga and Pranayama definitely helps in decreasing pain during menstruaton. Even many researches shows that yogasanas can decrease the excessive prostaglandin secretions and thus holistically combating the Pain using the Yogasana practice.

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