A BRIEF STUDY ON UDAVARTINI YONIVYAPAD W.S.R. TO PRIMARY DYSMENORRHOEA

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ABSTRACT
In today’s era dysmenorrhoea is emerging as a burning issue as the prevalence is increasing day by day. Even with improved healthcare system and better awareness among this generation, women are still ignoring this health issue and living with their routine life without any treatment. Allopathic medicine has analgesics, antispasmodic and surgery for its management but these have their own side effects and may lead to medicine dependency. In Ayurveda, the diseases related to female reproductive system are described under the title of yonivyapada. One among them is udavartini yonivyapada which can be correlated to primary dysmenorrhoea. The main clinical feature of udavartini is painful menstruation. It affects approximately 50-60% of women of reproductive age. Panchakarma therapy, especially basti has miraculous effect on dysmenorrhoea. Also ayurvedic herbo-mineral drugs offer significant treatment which is proven beyond doubt in solving the problem successfully. The aim of this article is to focus on the management of dysmenorrhoea according to ayurveda line of treatment.

KEYWORDS: Menstruation, udavartini yonivyapad, primary dysmenorrhea, basti.

INTRODUCTION
With the emergence of new millennium and the start of high-tech era, women’s status is about to reach new horizons. Her health is the primary factor to be considered for well being
of family, society and culture. Any physical or mental disorder disturbs her educational, social and economic life. Such a problem is menstrual pain.

Life in these times has become very difficult for women as it is so complex, competitive and ambitious. Menstruation has dual significance for women. From one perspective it defines the start and end of reproductive potential, on the other perspective it has sociocultural significance. Hence if the women suffers from painful menstruation in fully blown up and exaggerated manner then it becomes difficult for her to accomplish her goals.

Dysmenorrhea is the commonest of all gynaecological complaints. According to Ayurveda, pain is an indication of vata vikruti(deranged vata)\textsuperscript{[1]} and menstrual blood flow is mainly under the control of Apana Vayu.\textsuperscript{[2]}

Hence painful menstruation is considered as Apana vayu dushti(deranged apana vayu).

All four factors Rutu (fertile period), Kshetra(female genital organs or whole body), Ambu(ahara rasa) and Beeja(sperm and ovum) are affected indirectly by kashtartava. Thereby necessitating the beginning of a new paradigm for understanding and treating one of the major problems of today’s modern era is really important.

Dysmenorrhoea literally means painful menstruation. But a more realistic and practical definition includes cases of painful menstruation of sufficient magnitude so as to incapacitate day to day activities.

The prevalence of primary dysmenorrhoea of sufficient magnitude with incapacitation is about 15-20%. With the advent of oral contraceptives and non steroidal anti inflammatory drugs, there is marked relief of the symptoms.\textsuperscript{[3]} But a long term use of these drugs causes other systemic side effects. In this scenario rather than hormonal treatment from contemporary science, ayurvedic herbo-mineral, nonhormonal, non-toxic preparatons are proved effective in dysmenorrhea.

**MATERIALS AND METHODS**

**Menstruation**

Menstruation is the visible manifestation of cyclic physiological uterine bleeding due to shedding of the endometrium, following invisible interplay of hormones mainly through HPO axis.\textsuperscript{[4]}
According to Ayurveda 12 is the age of menarche and 50 being the age of menopause. Healthy intermenstrual period is one month. *Rajasrava kala* is 5, 3 and 7 days according to various texts. It is not associated with pain or burning sensation, excreted blood is not unctuous, not very scanty or excessive in amount. The colour of the menses resembles the red lac, red lotus flower, rabbits blood or the fruit of *gunja*.\(^5\)

**UDAVARTINI YONIVYAPAD**

Udavartini yonivyapada is one of 20 yonivyapada, which is caused by vitiation of *vata dosha*. Udavartini yonivyapada is described by acharya charaka, sushruta, vaghbhat, madhava nidan, bhava prakash and yoga ratnakara.

The derivation of the word *udavarta* refers to obstruction as in disease of *gudagraha*, *malamutra rodhaka vyadhis* and also to a painful menstruation.

**Definition**

According to acharya charaka due to movement of flatus etc. Natural urges in reverse direction, the aggravated *vayu*(*apana vayu*) moving in reverse direction fills *yoni*(uterus). The *yoni* seized with pain, initially throws or pushes the *raja*(menstrual blood upwards), then discharges it with great difficulty. The woman feel immediate relief after discharge of menstrual blood. Since the *raja* moves upwards or in reverse direction, hence it is termed as *udavartini*.

**Samanya hetu:** mithyachara- abnormal dietetics and mode of of life.

**Pradushita artava** - abnormalities of *artava*

**Beeja dosha**

**Daivam**\(^6\)

**Vishesh hetu** - due to movement of flatus etc. Natural urges in reverse direction, the aggravated *vayu* moving in reverse direction fills the *yoni*.\(^7\)

**Samprapti (pathogenesis)**

*Vata* because of its *swaproko pakaranas* like *vegavidharana* attains *prakopa avastha* and moving in reverse direction fills *yoni*. *Yoni* in turn seized with pain, initially throws or pushes the raja upward and then discharges it out.\(^8\)
Role of vata dosha in yonivyapada

Udavartini yonivyapad is a disease of reproductive tract(yoni roga) situated in the pelvic region. This region consider as the one of the main place of vata dosha. Acharya charaka has mentioned none of the gynecological disease can be arise without affliction of aggravated vata. By this it shows strong relationship with vata dosha by its origin place and the system it belong to. Vata is the main responsible factor, though other doshas only be present as anubandhi to it. So pain is produced due to vitiation of only vata dosha or in combination with other doshas. Acharya charaka has mentioned none of the gyneacological disease can be arise without affliction of aggravated vata. By this it shows strong relationship with vata dosha by its origin place and the system it belong to. Vata is the main responsible factor, though other doshas only be present as anubandhi to it. So pain is produced due to vitiation of only vata dosha or in combination with other doshas. 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Clinical features of udavartini yonivyapad

Acharya charaka says that the uterus is seized with pain, pushes the raja upwards and then discharges with great difficulty and pain. The lady feels comfort after discharging the menstrual blood. Acharya sushruta has described it to be characterised by painful frothy menstruation, associated with other vatika pain. Acharya indu has added discharge of clotted blood. Acharya yogaratnakar has added the discharge of frothy menstrual blood associated with kapha with difficulty.

CHIKITSA

Principles of treatment

Yonivyapada(gynecological disorders) do not occur without vitiation of vata, thus first of all, vata should be normalised, and only then treatment for other doshas should be done. In all the gynecological disorders, after proper sneha karma(oleation) and swedana(sudation), vamana karma(emiesis) etc. All five purifying measures should be used. After proper cleansing of doshas, other medicines should be given. These vamana karma(emiesis) etc. Cleaning measures cure gynecological disorders in the same way as they cure the diseases of the other systems. Menstrual disorders are caused by vata doshas, so the specific treatment prescribed for suppressing that particular dosha should be used. Treatment prescribed for yoni rogas are uttarbasti etc. Should also be used after giving due consideration to the vitiated doshas.

Specific treatment

Sneha karma(oleation) with traivrtasneha(ghrita,oil and fat), swedana(sudation), use of meat soup of grmya(wild), anupa(living in marshy land) and audaka(aquatic) animals, basti of milk medicated with dashmula and its oral use, anuvasana basti and uttarabasti(uterine or vaginal instillation) with traivrtasneha should be done. Except vatiki, in aticharana etc, all the vatika yonirogas including udavarta all the measures capable of suppressing the vata
should be done, besides poultice made with pestled barely, wheat, kinva, shatapushpa, srayahwa, priyangu, bala and akhukarni should be applied locally. Use of meat soup of aquatic animals, sudation with milk, oral use or use in the form of anuvasana (uncting enema) and uttarabasti of sneha (ghrita, oil and fat) medicated with decoction and paste of dashmula and traivrta is beneficial.

**Importance of basti treatment in Udavarta yonivyapada**

There are several aspects to discuss how basti treatment works on udavartini yonivyapada. According to acharya charaka vata plays important role in all types of yoni rogas. It has mention that a woman never suffers from gynecological diseases (yoni rogas) except as a result of affliction by the aggravated vayu. Hence aggravated vayu should be alleviated, and after that therapies should be administered for the alleviation of other doshas. Pain is the main feature of udavartini yonivyapada. It has mentioned in sushruta samhita without vata there cannot be pain. These factors show strong relationship between vata dosha and udavartini yonivyapada. There is no medicine better than oil for the treatment of vata dosha. \(^{[12]}\) Basti has being mentioned as one of the best therapeutic measure for alleviation of vata dosha. \(^{[13]}\) Dysmenorrhoea is monthly problem, basti is taken as an alternative to monthly administration of analgesic drugs. It is not only used to reduce the pain but also breaks the vicious cycle of pain and associated symptoms. Analgesics affect only pain but dysmenorrhoea is basically not a pain during menstruation but a syndrome which is predominance by vata dosha. Normalising of vata cannot only specify the pain but also can reduce all other associated and troublesome symptoms before and during menstruation.

**PRIMARY DYSMENORRHEA (SPASMODIC)**

The primary dysmenorrhea is one where there is no identifiable pelvic pathology.

**Incidence**

The incidence of primary dysmenorrhea of sufficient magnitude with incapacitation is about 15-20%. With the advent of oral contraceptives and nonsteroidal anti-inflammatory drugs (NSAIDs), there is marked relief of the symptom.

**Causes of Pain**

The mechanism of initiation of uterine pain in primary dysmenorrhea is difficult to establish. But the following are too often related:

- Mostly confined to adolescents.
- Almost always confined to ovulatory cycles.
- The pain is usually cured following pregnancy and vaginal delivery.
- The pain is related to dysrhythmic uterine contractions and uterine hypoxia.
- Psychosomatic factors of tension and anxiety during adolescence; lower the pain threshold.
- Abnormal anatomical and functional aspect of myometrium.
- Uterine myometrial hyperactivity has been observed in cases with primary dysmenorrhea.

The outer myometrium and the subendometrial myometrium are found to be different structurally and functionally. The subendometrial layer of myometrium is known as junctional zone (JZ). There is marked hyperperistalsis of the JZ in women with endometriosis and adenomyosis. In women with dysmenorrhea significant changes in JZ are seen. These include irregular thickening and hyperplasia of smooth muscle and less vascularity. This is known as junctional zone hyperplasia. Dysperistalsis and hyperactivity of the uterine JZ are the important mechanisms of primary dysmenorrhea. Imbalance in the autonomic nervous control of uterine muscle: There is overactivity of the sympathetic nerves \( \rightarrow \) hypertonicity of the circular fibers of the isthmus and internal os. The relief of pain following dilatation of the cervix or following vaginal delivery may be explained by the damage of the adrenergic neurons which fail to regenerate.

Role of prostaglandins: In ovulatory cycles, under the action of progesterone; prostaglandins (PGF,a, PGE,) are synthesized from the secretory endometrium. Prostaglandins are released with maximum production during shedding of the endometrium. PGF,0 is a strong vasoconstrictor, which causes ischemia (angina) of the myometrium. Either due to increased production of the prostaglandins or increased sensitivity of the myometrium to the normal production of prostaglandins, there is increased myometrial contraction with or without dysrhythmia.

Role of vasopressin: There is increased vasopressin release during menstruation in women with primary dysmenorrhea. This explains the persistence of pain in cases even treated with antiprostaglandin drugs. The mechanism of action is yet to be explored. Vasopressin increases prostaglandin synthesis and also increases myometrial activity directly. It causes uterine hyperactivity and dysrhythmic contractions ischemia and hypoxia with which causes pain.
Endothelins causes myometrial smooth muscle contractions, especially in the endomyometrial JZ. Endothelins in endometrium can induce PFG, 2a: Local myometrial ischemia caused by endothelins and PGF, 20 aggravate uterine dysperistalsis and hyperactivity.

Platelet activating factor (PAF) is also associated with the etiology of dysmenorrhea as its concentration is found high. Leukotrienes and PAFs are vasoconstrictors and stimulate myometrial contractions.

**Clinical Features**

The pain begins a few hours before or just with the onset of menstruation. The severity of pain usually lasts for few hours, may extend to 24 hours but seldom persists beyond 48 hours. The pain is spasmodic and confined to lower abdomen; may radiate to the back and medial aspect of thighs. Systemic discomforts like nausea, vomiting, fatigue, diarrhea, headache and tachycardia may be associated. It may be accompanied by vasomotor changes causing pallor, cold sweats and occasional fainting. Rarely, syncope and collapse in severe cases may be associated.

**Diagnosis**

Abdominal or pelvic (rectal) examination does not reveal any abnormal findings. For detection and exclusion of any pelvic abnormalities, ultrasound is very useful and it is not invasive. In women at risk of PID, tests for C. trachomatis and Gonorrhoea need to be done.

**Treatment**

General measures include improvement of general health and simple psychotherapy in terms of explanation and assurance. Usual activities including sports are to be continued.

During menses, bowel should be kept empty; mild analgesics and antispasmodics may be prescribed. Habit forming drugs such as pethidine or morphine must not be prescribed. With these simple measures, the pain is relieved in majority.

Severe Cases

Expectant management

Drugs

Surgery
Expectant management

- Assurance
- To keep bowels empty
- Weight reduction
- Encourage activities

DRUGS

The drugs used are

Prostaglandin synthetase inhibitors (Table 14.1).

Oral contraceptives (combined estrogen and progestogen).

Prostaglandin synthetase inhibitors (PSI)

These drugs reduce the prostaglandin synthesis (by inhibition of cyclooxygenase enzyme) and also have a direct analgesic effect. Intrauterine pressure is reduced significantly. Any of the preparations listed under medical management can be used orally for 2-3 days starting with the onset of period. The drug should be continued for 3-6 cycles.

Newer drugs: Nonsteroidal anti-inflammatory drugs (NSAIDs) inhibit two different isoforms of the enzyme cyclooxygenase: COX-1 and COX-2. Selective inhibitors of the enzyme COX-2 may have similar analgesic efficacy but fewer side effects.

Suitable cases for medical therapy are

Comparatively young age and having contraindications to 'pill'. The contraindications of medical therapy include allergy to aspirin, gastric ulceration and history of asthma.

Oral contraceptive pills: The suitable candidates are patients (a) wanting contraceptive precaution; (b) with heavy periods; and (c) unresponsive or contraindications to antiprostaglandin drugs. The pill should be used for 3-6 cycles.

Dydrogesterone (progestogen): It does not inhibit ovulation but probably interferes with ovarian steroidogenesis. The drug should be taken from day 5 of a cycle for 20 days. It should be continued for 3-6 cycles.

LNG-IUS is very effective (50%) in reducing pain. It is used in women who desires contraception and where estrogen is contraindicated.
Surgery

- Transcutaneous electrical nerve stimulation (TENS) has been used to relieve dysmenorrhea.

Surgical procedures: Laparoscopy may be needed for diagnosis and treatment. Laparoscopic uterine nerve ablation (LUNA) for primary dysmenorrhea has not been found beneficial.

Laparoscopic presacral neurectomy is done to cut down the sensory pathways (via Tu-T,) from the uterus. It is not helpful for adnexal pain (Tg-T 10) as it is carried out by thoracic autonomic nerves along the ovarian vessels. As such its role in true dysmenorrhea is questionable.

Dilatation of cervical canal: It is done under anesthesia for slow dilatation of the cervix to relieve pain by damaging the sensory nerve endings.\[14\]

RESULTS AND DISCUSSION

After detailed study and comparison of management of udavartini yonivyapad we can understand that ayurveda provides a wide range of treatment protocol for patients according to their signs and symptoms without any side effects. Whereas the NSAIDS, prostaglandins synthetase inhibitors, etc. May have long term harmful effects on patients if taken regularly. So we ayurveda physicians should use our field of medicine in its full potential and curb dysmenorrhoea with panchakarma and herbo-mineral therapies to relieve the patients so that they can lead a healthy, painless and normal routine life.

CONCLUSION

According to all acharyas udavartini yonivyapada is caused by vata dosha vitiation. First line of treatment of vata is basti chikitsa. So along with basti karma and use of drugs having vata alleviation properties one can achieve great results in relieving the patients of primary dysmenorrhoea significantly.

REFERENCES