

UDAVARTINI AND ARTAVAKSHAYA: A CASE STUDY

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Article Received on 15/11/2017

Article Revised on 06/12/2017

Article Accepted on 27/12/2017

ABSTRACT

With the advent of new millennium & the herald of high tech era, women's status is expected to reach new horizons both socially & physically. The unrepresented changes that are seen in 21st century in every facet of life has redefined the role of women in society. They have more opportunities, more freedom & independent status when compared to women of 19th & 20th century. However, these changes have also brought in a new set of physical & psychological problems that impede her growth & progression in current society. Dysmenorrhoea & menstrual irregularities like Oligomenorrhoea are among such problems. In ayurvedic classics Dysmenorrhoea is mentioned as Udarvartini while Oligomenorrhoea can be correlated with Artavakshaya. The main feature of Udarvartini is painful menstruation & there will be delayed cycle in artavakshaya. There is need to find effective treatment for such emerging issues. Phalasarpi, Evicare & Sukamara kashaya are ayurvedic medicines which are having tridoshashamaka, Vednasthapaka & sothahara properties & also having immunomodulator properties. Here, in present article, an attempt has been made to analyze ayurvedic line of treatment in a case of secondary dysmenorrhoea & oligomenorrhoea.

KEYWORDS: Secondary Dysmenorrhoea, Oligomenorrhoea, Udarvartini, Artavakshaya, Phalasarpi, Evicare & Sukumarakashaya.

INTRODUCTION

Dysmenorrhoea literally means painful menstruation. But practical definition includes cases of painful menstruation of sufficient magnitude which disturbs daily activities. It is one of the most frequent of gynaecological complaints & its incidence is increasing with the degree of civilization of the community. Dysmenorrhoea affects 40-70% of women of reproductive age & affects daily activities in upto 10% of women. Dysmenorrhoea can be considered as Udarvartini mentioned among yonivyapads. Rajakrichrata is the main symptom of Udarvartini. Vitiating of Vata is responsible for all gynaecological disorders. The prakupit vata moves in reverse direction & fills the yoni which discharges menstrual blood with pain.

Oligomenorrhoea is the condition where menstrual bleeding occurs more than 35 days apart. It can be correlated with artavakshaya according to ayurvedic

texts. It is characterized by Yathochita- kala-adarshana i.e. menstruation prolonged for more than one month.

These types of menstrual problems are increasing these days because of sedentary lifestyle, faulty food habits & stressful life. Acharyas have mentioned excessive use of katu, lavana, ushna, tikshna ahara sevana, diwaswapna, chinta & vegadharana as the nidanas for yonivyapads. All these nidanas will lead to doshas vitiation, especially vata vitiation which further vitiates other dhatu & artavasrotas & causes Udarvartini & Artavakshaya. Phalasarpi has been mentioned in treatment of yonivyapads for all yonivyapads. Sukamara kashaya, syrup Evicare & Jeevani are tridoshashamaka & corrects apana vata & helps to cure such disorders. Hence, in present article, an attempt has been made to analyze ayurvedic line of treatment in a case of Secondary Dysmenorrhoea & Oligomenorrhoea.

AIMS AND OBJECTIVES

- 1) To understand the Udavartini yonivyapad W.S.R to Secondary dysmenorrhoea.
- 2) To understand the Artavakshaya W.S. R to Oligomenorrhoea.
- 3) To access the effect of Phalasarpi, Evecare Syrup & Sukumara Kashaya in the management of Udavartini yonivyapad & Artavakshaya W.S.R to Secondary dysmenorrhoea & Oligomenorrhoea respectively.

CASE REPORT

A married Hindu female patient of 37 years, who is a housewife, visited to the OPD of dept. of Prasuti tantra & Stree Roga of SKAMCH & RC on 03 February, 2017 with complaints of pain in lower abdomen during menstruation & delayed menstrual cycles since two years.

Patient was apparently healthy before two years. She had menarche at the age of 14yrs. Patient is having a married life of 10 yrs. Menstrual cycles were regular and without dysmenorrhoea before 2yrs. Later gradually she developed severe dysmenorrhoea and delayed menstruation since July 2015. Menstrual cycle was 2-3 months delayed every cycle & it lasts for 4-5 days with normal bleeding. Pain in lower abdomen was gradual, cramps like and intermittent in nature lasting for 4 days of menses. Pain was severe on first 3 days & mild on 4th day. Starting she didn't bother much as after taking tablet Meftal spas by herself she was getting little relief. As the pain was so severe, it wasn't reducing after taking rest & painkillers & was disturbing her daily activities. So she consulted in some modern hospital in December, 2015 where she was advised some painkillers, hormonal treatment & injectables during periods details of which not available. With all those medicines she used to get temporarily relief & it was painful to take 2-3 injections during periods. Almost one year she took that treatment. After taking medicines pain was relieved for 2-3 hours but didn't get much relief with those medicines & on her landlord advise she approached Dr. Ramesh at SKAMCH & RC on 03-02-2017 for permanent relief & better treatment.

Family History

No similar history of same complaints in family.

Menstrual history Menarche at – 13 years of age
Menstrual cycle -4-5/2-3 months No of pads/day – 2-3 pads/ day for first 3 days than 1 pad on 4th and 5th day
Character - Dark red colour Odour- No foul smell
Consistency- Clots Present Dysmenorrhoea - Type- Cramps like & Intermittent Site- Lower abdomen & low backache Lmp = 05/12/2016

O/H –

P1A0L1= Lscs 9yrs back (Female baby)

Contraceptive history –Barrier method since 9yrs

General Examination

- ❖ Built - Moderate
- ❖ Nourishment - Moderate
- ❖ Temperature - 98.4 F
- ❖ Respiratory rate -20/min
- ❖ Pulse rate – 76 bpm
- ❖ B.P - 130/80 mm of Hg
- ❖ Height –160 cms & Weight - 62Kgs
- ❖ Pallor - Present
- ❖ Edema - Absent
- ❖ Clubbing - Absent
- ❖ Cyanosis - Absent
- ❖ Icterus - Absent
- ❖ Lymphadenopathy – Absent
- ❖ Tongue - Uncoated

Systemic Examination

CVS/RS – NAD

CNS – Conscious, oriented

P/A- soft, no organomegaly

Gynaecological examination

Bilateral Breasts- soft, NAD

Inspection of Vulva

- Pubic hair - Moderate
- Redness/ulceration/ swelling -Absent
- External urethral meatus - Normal
- No evidence of pruritus.

Per Speculum Examination

- Vagina- Redness – Absent
Discharge – Absent
Local lesion – Absent
- Cervix – Healthy
Erosion – Absent

P/V examination

- Uterus- anteverted /antiflexed
- Fornicee- free
- Tenderness+

Asthasthana Pareeksha

- ❖ Nadi - 76 bpm
- ❖ Mootra- 5-6 times/ day
- ❖ Mala - Once a day
- ❖ Jihwa- Alipta
- ❖ Shabda - Avishesha
- ❖ Sparsha - Anushna sheeta
- ❖ Druk - Prakrutha
- ❖ Aakruti - Madhyama

Dashawidha Pareeksha

- ❖ Prakruti - Vata + Pitta
- ❖ Vikruti
- ❖ Dosha - vata, pitta & Kapha
- ❖ Dushya – Rasa, Rakta, Artava
- ❖ Sara - Madhyama
- ❖ Samhanana - Madhyama
- ❖ Pramana - Dhairgya – 160 cms
- ❖ Dehabhara - 62kgs

- ❖ Satmya - Madhyama
- ❖ Satva- Madhyama
- ❖ Aahara Shakti -
- ✓ Abhyavarana Shakti - Madhyama
- ✓ Jarana Shakti - Madhyama
- ❖ Vyayama Shakti – Madhyama
- ❖ Vaya - Madhyama

Investigations

USG abdomen and pelvis (04/02/2017):
 Haemangioma in right lobe of liver (1.6*1.2 cm)
 Bulky uterus- Adenomyosis
 Size of Uterus= 13.2*6.4*7.7cm
 Endometrium Thickness= 7.3mm
 B/L ovaries- Normal

Treatment Given

Date	Complaints	Treatment Given
07/02/2017	No periods since jan 2017. Lmp- 05/12/2016	Phalasarpi 2tsf bd (B/F) Syp. Evicare 2tsf bd (A/F) Cap. Inflex 1tid (A/F) * 3wks
03/03/2017	No periods since jan. Lmp- 05/12/2016	Syp Evicare & Phalasarpi to ctd Nashtapuhpantaka rasa 1 tid (A/F) * 7days
23/03/2017	No periods since jan. Lmp- 05/12/2016	Syp Evicare & Phalasarpi to ctd Nashtapuhpantaka rasa 2 tid (A/F) * 3days
07/04/2017	Got periods on 06/04/2017 Dysmenorrhoea++ (Dysmenorrhoea was almost 50\ reduced than earlier).	Syp Evicare, Phalasarpi, Sukumara Kashaya, Kumaryasava & Jeevani syp to ctd. Cap Gynovedan 1tid (A/F) during MC Tab Himcospaz 1 tid (A/F) during MC
26/05/2017	Got periods on 26/05/2017 Dysmenorrhoea+ (Dysmenorrhoea was almost 80\ reduced than earlier. Got periods in 50days)	Syp Evicare, Phalasarpi, Sukumara Kashaya, Kumaryasava & Jeevani syp to ctd. Cap Gynovedan & Tab Himcospaz during MC Tab Aloes compound 2 tid (A/F) for 1 st 15days after periods. Tab Leptadene 2 tid (A/F) for 15 days from 16 th day onwards
07/07/2017	Got periods on 01/07/2017 Dysmenorrhoea reduced. (Mild dysmenorrhoea during this cycle. Got periods in 35 days only).	Syp Evicare, Phalasarpi, Sukumara Kashaya, Kumaryasava & Jeevani syp to ctd. Cap Gynovedan & Tab Himcospaz during MC Tab Aloes compound 2 tid (A/F) for 1 st 15days after periods. Tab Leptadene 2 tid (A/F) for 15 days from 16 th day onwards. For 3 cycles
18/10/2017	Getting periods regularly Dysmenorrhoea reduced to 80% Lmp- 07/08/2017 Lmp- 07/10/2017	Syp Evicare, Phalasarpi, Sukumara Kashaya, Kumaryasava & Jeevani syp to ctd. Cap Gynovedan & Tab Himcospaz during MC (sos) Tab Aloes compound 2 tid (A/F) for 1 st 15days after periods. Tab Leptadene 2 tid (A/F) for 15 days from 16 th day onwards.... For another 3 months.

DISCUSSION

Dysmenorrhoea is the commonest gynaecological problem which though not fatal, yet very disturbing for woman. It will lead to several discomforts which interfere with daily routine & create physical as well as mental stress. Apana vata normally moves in downward direction but when vata gets vitiated it will move in upward direction & causes udavarta of raja i.e painful menstruation. Menstrual irregularities have an adverse effect on health of women if not diagnosed & treated properly. Artavakshaya is caused by tridosha that can be attributed to dosha vitiation. It occurs due to vata & kapha, which can be attributed to marga avarodha of artava srotas.

Artava is an Upadhatu, formed from Rasa within a month after proper metabolization of Rakta dhatu by its Dhatwagni and Bhutagni. The decrease or kshaya of Rakta dhatu causes Artava kshaya. Role of

agni is also important. If agni is hampered, it will affect dhatu formation.

These disorders do not occur without vitiation of vata, thus first of all vata should be normalized. Here, in this case also same principle of treatment is used. Vatanulomaka, agnivardhaka & brimhana line of treatment has been adopted.

Phalasarpi, Evicare syrup & Jeevani syrup mainly have madhura, tikta rasa. Madhura rasa is having Prithvi and Jala mahabhuta which are opposite of vayu mahabhuta and by virtue of its opposite nature of vayu mahabhuta it pacifies vitiated vata and helps in reducing pain which is the main symptom of Udavartini. Due to its deepana and pachana karma it corrects the dhatu kshaya which further improves artavakshaya. It is a rasayana and balya. It improves the general health of the person. It helps to fulfil nutritional deficiencies. Phalasarpi is an immunomodulator, thus, helps to improve immunity of uterine wall & muscles & thereby useful in adenomyosis.

Most of the drugs of Sukumara kashaya have madhura rasa & usna veerya which helps in pacifying the vitiated vata. Most of the drugs are Dipana, Pachana. This does correction of agni leading proper rasadhātu formation and Artava formation. It is tridoshashamaka and vedanasthapaka.

Nashtapushpantaka rasa is pitta & vata shamaka properties. Acharyas have indicated it in amenorrhoea & dysmenorrhoea.

CONCLUSION

Dysmenorrhoea & Oligomenorrhoea are common gynecological disorders. These can be correlated to Udavartini yonivyapad & Artava kshaya respectively according to ayurvedic classics. Vata vitiation is the main cause of menstrual disorders. Here attempts have been made to analyze the ayurvedic line of treatment & to restore the quality of life. The medicines mentioned here are having tridoshashamaka, dipana pachana, antispasmodic & anti-inflammatory properties.

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