



**A REVIEW ON DYSMENORRHOEA (KASHTARTAVA): AN AYURVEDIC
PERSPECTIVE**

Dr. Pooja Rajguru*¹, Dr. Chetana Kulkarni² and Dr. Madhuri Bhalgat³

¹P.G Scholar Streerog and Prasuti-Tantra.

²Professor of Streerog and Prasuti-Tantra.

³HOD of Streerog and Prasuti-Tantra.

*Corresponding Author: Dr. Pooja Rajguru

P.G Scholar Streerog and Prasuti-Tantra.

Article Received on 19/02/2019

Article Revised on 11/03/2019

Article Accepted on 31/03/2019

ABSTRACT

In present day life women are effectively facing challenges encountered by stressful life resulting in Mithya Ahar, vihar, over exertion & malnutrition this may direct to vikruti in "Rutuchakra" leading to various vyadhi allied to menstruation. Ayurveda recommends rutucharya and dinacharya, diet modulation and yoga in the form of asanas, pranayam and meditation on a regular basis so as to alleviate dysmenorrhoea effectively. Similarly, Uttarbasti, Garbhashaya balyaushadhi, anuvasan or matrabasti can also be administered if necessary.

KEYWORDS: Ayurveda, Kashtartava, Menstruation, Dysmenorrhoea.

INTRODUCTION

Dysmenorrhea is the most common gynecological problem faced by women during their adolescence which causes significant discomfort & anxiety for the woman as well as family. A systematic review of studies in developing countries performed by Harlow and Campbell (2002) has revealed that about 25-50% of adult women and about 75% of adolescents experience pain during menstruation, with 05-20% reporting severe dysmenorrhea or pain that prevent them from ensuing day-to-day activities (Andrew, 1999).^[1] Due to today's sedentary lifestyle and lack of exercise, dysmenorrhoea is becoming today's burning problem throughout the world which causes discomfort for women's daily ensuing day to day activities and may result in missing work or school, inability to participate in sports or other activities.

In the treatment of dysmenorrhea, no addictive, analgesic, antispasmodics are prescribed which are not good for health for longer use. Ayurvedic classics Kashtartava (dysmenorrhoea) is not described as a separate disease because women were not suffering much from this problem in that era because of pin pointed Ritucharya & Rajasvalacharya. According to Ayurvedic text there are many other diseases in Kashtartava is considered and is described as a symptom.

MATERIAL AND METHODS

Artava - A substance of the body which flows out at the specific period of time is called as Artava.^[2] A substance which flows out from Apaty amarga without pain, burning and sliminess is known as Artava.^[3] Apana Vayu

and Vyana Vayuis mainly responsible for Artava Utpatti.^[4]

Kashtartava: Kashtartava (dysmenorrhea) is not separately described as a disease. But there are many diseases in which Kashtartava is considered and described as a symptom.

Nirukti The term Kashtartava is made of two words- Kashta and Artava.

Kashta: Painful, Difficult, troublesome, ill, forced, wrong, unnatural, a bad state of Thing.

Artava: Belonging to reasons, period of time, menstruation. Kashtena - with great difficulty.^[5]

Thus the word Kashtartava can be expressed as- "Kashtenamuchyatiiti kashtartava" i.e. the condition where Artava is shaded with great difficulty and pain istermed as "Kashtartava".

Sampraptighataka

Dosha	Vata Pradhana Tridosha
Vata	Vyana, Apana
Pitta	Ranjak, Pachak
Kapha	As Anubandhi dosha
Dhatu	Ras, Rakta, Artava
Updhatu	Artava
Agni	Jtharagni, Rasagni, Raktagni
Strotas	Ras, Rakta, Artavavaha
Strotodushti	Sanga and Vimargagamana
Udbhavsthana	Aamapakvashaya
Rogmarga	Abhyantara
Sthansamshraya	Garbhashaya
Vyaktisthana	Garbhashaya

Characteristics of pain in Kashtartava

The nature of pain not only signifies the intensity but suggests the pathology behind its origin also. As far as Kashtartava is concerned, the following types of Vataja Vedana are complained of.

Varti-Anything wrapped round, a swelling formed by internal rupture. Varti therefore means pain which resembles pain associated with internal rupture of pain arising if an organ is wrapped around itself. According to the pathology of Kashtartava any obstruction in the Uterus causes Vataprakopa. Here pain is due to that type of Vataprakopa condition which tries to overcome the obstruction repeatedly.

Toda – Striking pain, hitting or bruising pain. In case of Vata Prakopa which arises from obstruction to the way of Apana this type of pain can be arises. Here the pain appears, because of the striking or hitting of Vata against its boundaries. Soon as Vata gets an outlet, the pain disappears.

Bheda – Breaking, splitting, dividing, separating. pain which resembles the pain of breaking up of tissues, or separation of tissues. Here the pain is constant but more severe than the Toda type of pain. Vataprakopa arising from Dhatukshaya and giving rise to increased Rukshata and Kharata (dryness) is responsible for Bheda type of pain.

Modern Review

Definitions of Menstruation -Menstruation is a function peculiar to women and the higher apes. It may be define as a “periodic and cyclic shedding of progesterational endometrium accompanied by loss of blood”. It takes place at approximately 28-days interval between the menarche and menopause.^[6] Menstruation is the visible manifestation of cyclic physiologic uterine bleeding due to shedding of the endometrium following invisible interplay of hormones mainly through hypothalamo-pituitary-ovarianendometrial axis.^[7]

Dysmenorrhoea

Defination: The term dysmenorrhea refers to painful menstruation. Dysmenorrhea is a cramp labor-like pain

in the lower abdomen that radiates to upper abdomen, waist and thighs and is sometimes accompanied by systemic symptoms like nausea, vomiting, diarrhea, headache and dizziness.^[8,9]

Etymology- The word “dysmenorrhoea” has a Greek origin. Dis-men-ore“ah Dis: Prefix meaning difficult, bad, painfulmen: Monthrein: To flow Thus, Dysmenorrhoea-means painful or difficult menses.^[10]

Types of dysmenorrhea -There are two types of Dysmenorrhoea.

Primary dysmenorrhoea- Primary dysmenorrhoea is the pain associated to ovulation cycles, without demonstrable lesions that affect the reproductive organs. Primary dysmenorrhea is related to myometrial contractions induced by prostaglandins (Pgs) originating in secretory endometrium, which result in uterine ischemia and pain^[11,12] In addition to the physiologic perspective, various psychologic theories have also been proposed, emphasizing the role of personality factors and attitudes about menstruation.^[13]

Secondary dysmenorrhoea- Secondary dysmenorrhoea is the pain associated with ovulatory cycles caused by a demonstrable pathology.

Differential diagnosis

The most important differential diagnosis of primary Dysmenorrhea is secondary Dysmenorrhea.

Secondary Dysmenorrhea

1. Endometriosis
2. Adenomyosis
3. Uterine myoma
4. Obstructive malformations of the genital tract

Other causes of pain

1. Chronic pelvic inflammatory disease
2. Pelvic adhesions
3. Irritable bowel syndrome
4. Inflammatory bowel disease
5. Interstitial cysti

Sudden onset of Dysmenorrhea

1. Pelvic inflammatory disease
2. Unrecognized ectopic pregnancy
3. Spontaneous abortion

Treatment as Per Ayurvedic Classics

1. These disorders (gynecological disorders) do not occur without vitiation of Vata, thus first of all Vata should be normalized, and only then treatment for other doshas should be done (Srikantamurthy et al., 1998).^[14]

2. In all these gynecologic disorders, after proper oleation and sudation, emesis etc. all five purifying measures should be used. Only after proper cleansing of dosas though upper and lower passages, other medicines

should be given. These emesis etc. cleansing measures cure gynecologic disorders in the same way as they cure the diseases of other systems (Sharma *et al.*, 2003).^[15]

3. In menstrual disorders caused by Vata Dosha, the specific treatment prescribed for suppressing that particular Dosha should be used. Recipes prescribed for Yoni Rogas and Uttarbasti etc. should also be used after giving due consideration to the vitiated Doshā (Srikanthamurthy *et al.*, 2001).^[16]

4. Unctuous, hot, sour and salty articles should be used for the relief from menstrual disorders due to Vata. Sweet, cold and astringent substances for the purification of Pitta and hot, dry and astringent for Kapha (Sharma *et al.*, 2004).^[17]

5. For Avrita Apana Vayu, treatment should be Agnideepaka, Grahi, Vāta, Anulomana and Pakvashaya Shuddhikara (Kumar and Malhotra, 2008).

Specific treatment (Beckman, 2004)^[18]

1. Sneha karma (oleation) with Traivrita sneha.
2. Sweda karma (hot fomentation).
3. Oral use of Dashamoola ksheera.
4. Vasti(enema) with Dashamoola ksheera.
5. Anuvasana vasti (oil enema), Uttara vasti (intra uterine oil instillation) with Traivrita sneha.
6. Poultice made of pasted Barley, wheat, kinva, Kusta,
7. Shatapushpa, Priyangu, Bala.
8. Intake of sneha in oral form.
9. Sweda with milk.
10. Sneha in the form of Anuvasana vasti & Uttara vasti.
11. All other measures capable of suppressing the vata.

Rajah pravartini vati (Drife and Magowan, 2004).^[19], Kaseesadi vati, Dasha moola Trivrit taila (Ashtanga sangraha and Uttara tantra, ?) for oral vasti. Vata is responsible for all yoni rogas especially of Udaavartini. In Ayurveda various treatment modalities are mentioned for the treatment of vata rogas. Among them vasti is the better treatment modality for vata (Charaka samhitha sutra sthana, ?). Vasti is of two types based on the drug taken. Niruha or kashaya vasti in which decoction is taken, Anuvasana or sneha vasti in which oil is taken as main drug. Matra vasti is a sub-type of Anuvasana vasti.

Probable mode of action of matra vasti

Matra vasti has both local & systemic affects. It causes Vatanulomana thereby normalizing Apana vata. Gut is a sensory organ consisting of neural, immune & sensory detectors and cells, and provides direct input to local (intra mural) regulatory systems and information that passes to CNS or other organs. Vasti may stimulate the enteric nervous system and thus it can influence CNS and all bodily organs. Vasti may act on the neurohumoral system of body by stimulating CNS through ENS. It thereby restores the physiology at molecular level. It can also act on the inflammatory substances like prostaglandins and vasopressin etc. vasti may also help

to excrete increased prostaglandins. Visceral afferent stimulation may result in activation of the Hypothalamo-pituitary-adrenal axis and Autonomous nervous system, involving the release of neurotransmitters like serotonin and hormones. Thus, it normalizes the neurotransmitters, hormonal and neural pathways and relieves all the symptom complex emerged as a result of neurohormonal imbalances in the patients of dysmenorrhoea. Spasm caused by vitiated Apana vayu causing obstruction to the flow of menstrual blood is the general underlying pathology. Taila enters into the srotas and removes the sankocha (spasm) by virtue of its sookshma, vyavayi and vikasi i.e., fast spreading nature.

Treatment

Life-style changes: Exercise regularly-minimum thrice a week Ensure sound sleep of at least 6-8 hours. Avoid smoking and alcohol Reduce caffeine.

Diet: Eat healthy, warm and fresh foods Eat 5-6 small meals Have fresh fruits like plums, dark grapes, apples, pomegranates. Eat more leafy vegetables Regularly use ginger in food preparations Avoid high fat and sugar. Take supplements like calcium, magnesium, vitamin E, B6 B12.

Yoga: Yoga activities can help to reduce and prevent the severity of many ailments that specifically women's health and give strength, stability, and suppleness. Yogasanas are considered as the most convenient, drugless, and inexpensive method. Yoga is also found to have encouraging effect on increasing the pain threshold capacity in individuals.

DISCUSSION

Culturally, the abbreviation Primary Dysmenorrhea is widely understood in the world to refer to difficulties associated with menses, and the abbreviation is used frequently even in casual and conversational settings, without regard to medical rigor. In these contexts, the syndrome is rarely referred to without abbreviation, and the intensions of the reference are frequently broader than the clinical definition. The misery is going on endlessly. Thanks we have the solution.

CONCLUSION

Ayurveda views Primary Dysmenorrhea as a doshic imbalance that can potentially be impacted through balanced living that is characterized by dosha appropriate diet, herbal supplements, exercise, routine, yoga, meditation, as well as nourishing inputs through all five senses.

REFERENCES

1. Andrew A. 1999. Primary Dysmenorrhoea, American Family Physician, Vol. 06/no.02, (Retrieved on 08/07/2009) Andrew S. Coco, M.D. 1999. Primary Dysmenorrhoea, American Family Physician.htm, (Retrieved on 14 September 2009).

2. Srikantha Murthy KB. Astanga Hrdayam, Krishnadas Academy, Varanasi, 2001; 357.
3. Sharma RK, Dash B, Charaka Samhita, Chowkhamba Sanskrit Series Office, Varanasi, 2003; 5: 185.
4. Sharma PV, Sushruta Samhita. Chaukhambha Visvabharati, Varanasi, 2000; 1.2: 6.
5. Williams MA. A Sanskrit English Dictionary, Bharatiya Granth Niketana, New Delhi, 2007; 266.
6. Kumar P, Malhotra N. Jeffcoate's Principles of Gynaecology., Jaypee Brother Medical Publishers (P) Ltd, New Delhi, 2008; 79.
7. Dutta DC. The text book of Gynecology, New central book Agency (P) LTD, Kolkata, 2007; 74.
8. Beckman CR. Obstetrics and Gynecology. 4th ed. Lippincott Williams and Wilkins, Philadelphia, 2004; 234.
9. Drife J, Magowan B. Clinical Obstetrics and Gynecology. 4th ed. Edinburgh Sounder, London, 2004; 203-215.
10. Dorland's illustrated Medical Dictionary.
11. Speroff L, Glass RH, Kase NG. Menopause and the perimenopausal transition. In: Clinical Gynecologic Endocrinology and Infertility, 6th ed Baltimore: Lippincott Williams & Wilkins, 1999; 643-724.
12. Harel ZA. Contemporary approach to dysmenorrhea in adolescents. Paediatr Drugs 2002; 4:797-805.
13. Lewis RJ, Wasserman E, Denney NW, Gerrard M. The etiology and treatment of primary dysmenorrhea: A review. Clin Psychol Rev., 1983; 3: 371-389.
14. Srikantamurthy KB. Bhavaprakasa, Krishnadas Academy, Varanasi, 1998; 2: 782.
15. Sharma RK, Dash B, Charaka Samhita. Chowkhamba Sanskrit Series Office, Varanasi, 2003; 5: 135.
16. Srikantha Murthy KB. Astanga Hrdayam, Krishnadas Academy, Varanasi, 2001; 357.
17. Sharma RK, Dash B, Charaka Samhita. Chowkhamba Sanskrit Series Office, Varanasi, 2004; 5: 84.
18. Beckman CR. 2004. Obstetrics and Gynecology. 4th ed. Lippincott Williams and Wilkins, Philadelphia, 234.
19. Drife J. and Magowan B. 2004. Clinical Obstetrics and Gynecology. 4th ed. Edinburgh Sounder, London, 2 03-215.