



Review Article

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FRACTIONAL VARIATIONS IN THE AYURVEDIC MANAGEMENT OF DYSMENORRHEA: A REVIEW

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ABSTRACT

Dysmenorrhea is a frequent clinical presentation among women in the reproductive period. It is a highly distressing cyclical issue for which an appropriate intervention is necessary to achieve a better quality of life. The journey of the progression of any disease from its causes to the various clinical manifestations in an individual is contemplated for the classical management in Ayurveda. In addition to the disease's etiological factors and pathogenesis, the host factor's distinctiveness is also assessed for accurate Ayurvedic management. Though Vata (one among the three physiological principles in the body) is the culprit in the manifestation of menstrual pain, the cause, the disease process, and the severity of the vitiation may vary. There can also be differences in host strength. Hence, it is crucial to understand the fraction of variance in the pathogenesis and associated factors in dysmenorrhea for a precise treatment plan.

Keywords: Fractional variance, Ayurveda, Dysmenorrhea, Management, Vata

INTRODUCTION

In the clinical scenario, painful menstruation is one of the most common presenting complaints of women of reproductive age. Pain associated with menstruation has a significant impact on her routine and the quality of life. Menstrual pain is often accompanied by mood swings, which collectively limit her potential for creativity and productivity in her academics or career. Consequently, these challenges force the suffering women to seek appropriate medical management.

Risk factors for dysmenorrhea include the age (generally) up to 30 years, smoking, attempts to lose weight, body mass index when higher or lower than the normal, heavy, and prolonged menstrual flow, nulliparity, history of sexual assault, previous caesarean section with incomplete uterine scar healing, family history of dysmenorrhea, depression/ anxiety, and disruption of social networks. Dysmenorrhea is categorised into primary and secondary. Primary dysmenorrhea is not associated with other diseases or underlying pathology¹. It usually starts within 2 years of menarche. It is mainly seen in adolescents and young adults. The pain typically begins a few hours before or at the onset of menses. Its cyclic pattern peaks in intensity during the first day of menses and lasts up to 72 hours². The pain primarily localises in the lower abdomen and may radiate to the back and thighs. Primary dysmenorrhea is associated with a range of physical as well as psychological symptoms. Physical discomforts encompass various kinds of body pains, tenderness in breasts, headache, sleep disorders, lethargy, appetite changes, nausea, vomiting, bloating, constipation or diarrhoea, and increased urination, whereas the psychological distress encompasses irritability, anxiety and depression². There may be associated cold sweats or fainting. Before reaching a diagnosis of primary dysmenorrhea, the probable pelvic pathology should be excluded. The risk and severity of primary dysmenorrhea may be lessened by normal child delivery and physical exercise³.

Menstrual pain in secondary dysmenorrhea is due to underlying disease or structural abnormality within or outside the uterus¹. This diagnosis is generally seen in elderly or parous women. Associated symptoms may include chronic backache, abnormal uterine bleeding, intermenstrual symptoms like pain or spotting, abnormal vaginal discharge, dysuria, dyspareunia, and infertility. Secondary dysmenorrhea is usually linked to cases of endometriosis, adenomyosis, leiomyoma, endometrial polyps, pelvic infections, and the intrauterine contraceptive system. Abdominal examination with per vaginal examination, blood investigations and ultrasonogram help to reveal the cause of secondary dysmenorrhea. Magnetic resonance imaging or Doppler ultrasonography may be helpful in suspected cases of deep pelvic endometriosis, torsion of the adnexa or adenomyosis or if the ultrasound findings seem inconclusive¹. Laparoscopy is generally reserved for secondary dysmenorrhea with suspected endometriosis and those who desire fertility¹.

A meticulous history taking with examination findings and essential investigations will help determine the factors behind the characterisation of dysmenorrhea in an individual. A detailed history including the onset of pain, the duration of pain, associated symptoms, daily routines like bowel habits, diet and eating habits, lifestyle, menstrual history, obstetric history, if any, treatment history, family history and nature of job give some hints on how to investigate further and approach the condition. Sometimes, dysmenorrhea may be the main distressing complaint. Perhaps menstrual pain may be one clinical feature along with their various other health issues. The onset, intensity, and duration of pain, as well as the associated components, can suggest attributable disorders. The individual's daily routine should be enquired about in detail. The findings ease the Ayurvedic understanding of pathogenesis and the guidelines in disease management.

CONCEPTUAL VIEW IN AYURVEDA

Tridosha theory is the basic explanation of biology in Ayurveda. Vata, Pitta and Kapha are collectively termed Tridoshas (three basic physiological principles in Ayurveda). Each dosha possesses certain properties due to which it carries out specific functions in the body. Ayurveda categorises the functions of the living body into three systems. These three specific function systems are named Vata, Pitta and Kapha. Fundamentally, the living system is sustained through three phenomena: transportation, transformation, and nourishment, attributed to Vata, Pitta, and Kapha respectively. The status of doshas determines health and ill health. The sama state of doshas is reflected in health. The term sama state of dosha in Ayurveda represents the optimal execution of its functions⁴. The deviation from this state is termed vishama, which is experienced as a disease⁵. Unhealthy food, lifestyle, and environmental factors can disturb the status of doshas. The nature of the etiological factor determines the dosha vitiation. In addition to the causes of the disease, the host factor has also been given importance in understanding disease pathogenesis and management.

Together with doshas, elements like dhatus (basic body tissues), malas (excretory elements), and agni (biological fire) are also considered when examining a disease. The basic body tissues are entitled as dhatus in Ayurveda. There are seven types of dhatus, each one with a unique structure and function. Rasa, Rakta, Mamsa, Medas, Asthi, Majja and Shukra are the seven dhatus. Each avayava (organ) is composed of different dhatus. The formation and utilisation of dhatus occur throughout life for sustenance. When the utilisation exceeds the formation, dhatukshaya (depletion of body tissues) happens. Agni is the term used in Ayurveda to symbolise the biological fire in living beings. It is responsible for all the transformations occurring in the body. The status of Agni (biological fire) is crucial in the metabolism and, thereby, the existence of life. Malas are the excretory elements formed in the body. The integrated activities of all these components imply that the whole individual is a single unit. Ayurveda thus visualises the disease and management in a holistic pathway.

In addition to the factors above, the peculiarities of the place where the patient belongs and the climate of the region, the inherent nature, habits, strength and age of the patient, psychological threshold, relation of the disease manifestation with phases such as pre-menstrual etc., diet and eating habits are also vital in assessing the morbid doshas, designing a treatment and selecting the medicines.

Nidana (etiological factors), poorvaroop (prodromal symptoms), roopa (symptoms), upasaya (relieving measures) and anupasaya (aggravating measures), samprapti (pathogenesis) are analysed to diagnose the disease in Ayurveda. Hence, the fractional analysis of the factors involved, the intensity of the disease and prognosis can be understood. Evaluation of these five factors aids in planning specific treatment. Keeping away from the causes is the foremost step in addressing the progression and managing the disease. Inspection, palpation or through touching and interrogation are the tools for examining the patient.

Dysmenorrhea in Ayurvedic aspect

Impairment of Vata is indispensable in the pathogenesis of gynaecological problems. Moreover, pain is the clinical manifestation of the vitiated Vata. Vatakopa can occur for two reasons: margavarodha (obstruction to the movement of Vata) and dhatukshaya (depletion of body tissues). When the Vata functions optimally, the gati (movement of Vata) will also be normal, and

the menstruation will occur without severe pain. As menstruation is ultimately a process from the uterus, structural and functional normalcy of the concerned organ is essential for normal menstrual bleeding. Coordinated movement within the uterus and cervix facilitates the smooth expulsion of menstrual blood and reveals the normal movement of the Vata.

The female reproductive system belongs to the site of Apana (a type of Vata regulating the lower part of the body). Hence, Apana has a definite role in its physiology and pathology. This Apana flows downwards and attends to the expulsion of menstrual blood. Intake of rooksha ahara (dryness-producing foodstuff) and guru ahara (food which is difficult to digest), prolonged hours of sitting, travelling, or walking, and voluntary holding of physiological urges of faeces, urine, and flatus can lead to aberration in the functions of Apana and end up in diseases pertaining to pakvasaya⁶. General ill health and malnutrition, constipated bowel or the presence of pile mass can increase the likelihood of experiencing dysmenorrhea. Physical and psychological thresholds are also critical in pain perception. Skipping breakfast or low food intake during school days is a common habit among adolescents. They may lose their body weight and strength and may face painful menses.

Vegadharana (suppression of natural urges of faeces, urine, and flatus), wakefulness at night time, overthinking, low intake of food/ fasting or overexertion without enough consideration to the body, increases rookshata (dryness) in the body. Holding of natural urges, especially urinary urges, is common among females. It may be a habit from their childhood period. Vegadharana induces udavarta (upward movement of Vata). The habit of vegadharana can alter the functions of Vata and may become the root cause of several morbidities. With impedance, the functions of Apana get disrupted and will be reflected in the phenomena of menstruation.

Lack of regular physical activity may also be a contributing factor in dysmenorrhea. It can also disturb the movement of Vata. Physical exertion may be seen among some women, even during menstrual phase. It may affect their menstrual flow, and pain may also be associated with it. Intake of excess spicy food items is becoming common, which is not advisable for healthy digestion and menstruation. Katu rasa (spicy) is rooksha and ushna (hot) in nature, and it increases Vata.

Treatment approach in Ayurveda

The classical approach in Ayurveda depends upon the fractional variations in the pathogenesis. The nature of causative factors and symptoms, as well as the status of dosha, dhatu, Agni, and bala (strength), are considered in the management. Rogibala (strength of the patient) is always an essential factor in pain management. Intense pain can be a hallmark of vitiated Vata due to dhatukshaya (tissue depletion). Hence, physical and mental thresholds should be improved according to the individual's status in such a scenario. Rasayana (rejuvenation) is the treatment choice here. Nourishment of dhatus helps in enhancing strength. Agnidheepana and srotosodhana can be done, if needed, before the nourishment.

Rookshasetajanya (induced by dry and cold stuff) Vatakopa with obstructed faeces and flatus presenting with intense pain is better treatable with taila prayogas (therapeutic use of medicated oil) internally and externally.⁷ Swedana (fomentation) is indicated after snehana (the therapeutic use of unctuous element) if there are associated symptoms like flatulence and/or obstructed feeling of Vayu⁸. Ghrita (medicated ghee) preparation is better when the causative factors are rooksha-ushna. When there is flatulence and obstructed Vata with the absence of rookshata in koshta, the

vatahara medicines in the form of kashaya (medicinal decoction), choorna (powder) or vataka (tablet) can be used.⁹ Choorna can be given with hot water or buttermilk before food. Hinguvachadi choorna, Vaiswanara choorna or Ashta choorna are good choices. The selection of yoga will depend upon the co-existing factors in the individual, the indications of the yoga and the relevance of the ingredients of yoga in the present clinical situation. Hinguvachadi choorna, a Vatakaphahara yoga, is teekshna (penetrating), deepana (appetiser), pachana (digestive) and Vatanulomana (following the normal pathway of Vata). Hinguvachadi yoga in powder or tablet form is a potent and widely used pain reliever in these conditions. For Vatanulomana, kashaya yogas (medicinal decoction preparations) like Gandharvahasthadi kashaya, Chirivilwadi kashaya or Saptasara kashaya can be given. Dhanwantharam gulika with water boiled with jeera aids in addressing Vatavaigunya. Generally, arista (fermented medicinal preparation) gives quick relief and induces menstrual flow. Abhayarishta is effective as anulomana and soolahara (pain-relieving).

Increased rookshata in the koshta (digestive tract) may be the reason for pain at certain times. Bowel habit and associated discomforts may suggest the rookshata in koshta. Internal use of sneha (unctuous element) will help to alleviate the rookshata. It strengthens the body also. Ksheerabala avarti, Dadimadi ghrita, and Sukumara ghrita help address rookshata and found helpful in relieving pain. Ksheerabala is balya (strength-enhancing), anulomana (following the normal pathway of Vata) and Vataraktaprasamana (pacifier in particular arthritis). Dadimadi ghrita is anulomana, srotosodhana (pathway-cleansing) and balya in nature. Sukumara ghrita is effective in addressing udavarta and soola (pain). Snehavasti (medicated oil enema) also reduces the rookshata in the koshta and helps normalise the abnormal movement of the Vata. It is beneficial in addressing the constipated bowel, abdominal pain, back pain, pain radiating to legs and weakness in these areas.

Swedana (fomentation) is indicated in Vatakaphaja conditions. It helps appropriately expel urine, faeces, and menstrual blood. Local abhyanga (oil massage) with mild ooshma sweda (steam) or avagaha sweda (therapeutic procedure of sitz bath) can be done for a week before menstruation. This helps normalise the movement of the Vata and reduces the pain during menses. Some patients may have generalised body pain or breast pain before menses. Some may present with features of vitiated Rakta. The clinical picture of endometriosis, adenomyosis, pelvic infections and fibroid uterus may be marked with causes and features of not only Vata but also the vitiated Rakta. In such cases, management with Eranda preparations (medicated castor oil) like Gandharvahasthadi Eranda in minimal dose daily or 2-3 times a week, prior to menstruation, will address the conditions persisting in the body. Eranda is also sara (laxative), sophahara (anti-inflammatory), and soolahara (pain reliever).

Shodhana karma (purification therapies) treats the intensive disturbances of doshas through the elimination process. Adequate rogebala is needed to undergo the shodhana procedure. Mrdu (mild) shodhana is advisable for gynaecological problems. Virechana (purgation) or Vasti (medicated enema) can be done in margarodha janya (obstruction-induced) Vatakopa. Virechana is preferred in subjects presenting with excessively vitiated Pitta and Rakta features. It expels out the vitiated Pitta and normalises the pathway of Vata in pakvasaya (lower part of the digestive tract). Vasti is the ideal treatment for Vatapradhana disorders. Vasti treatment can be considered in clinical situations with associated infertility.

Diet and lifestyle modifications play an integral part in Ayurveda's approach. Avoidance of excess spicy or crispy dried food items is necessary. Fruits like pomegranate and raisins, buttermilk without excess sourness, ginger, onion dishes or onion alone are recommended in food. Light meals, adequate water intake, and food items facilitating proper bowel evacuation shall be encouraged. Dried ginger or jeera in drinking water is also suitable for managing mild pain. Adequate exercise is always a health indicator. Walking, engaging in games or sports or dancing, strictly according to stamina, can be recommended in the intermenstrual period. Adequate sleep at night time is essential. Adequate bala (strength) can be achieved through appropriate diet and healthy exercise. Mental health should also be promoted through individualised interventions. Yogasanas and meditation are beneficial.

DISCUSSION

Dysmenorrhea is caused by vitiated Apana. There can be various etiological factors. There are differences in host factors also. Vegadharana and udavarta-inducing diseases have become a hallmark of the present-day lifestyle. A treatment modality that focuses on renormalising the movement of Vata shall be planned here. Frequent intake of excess spicy and fried food recipes negatively influences gut health, bowel habits and menstrual health. A sedentary routine can also lead to the accumulation of morbid doshas. These kinds of unhealthy diets and daily living practices may result in abnormal uterine bleeding with features of pain. Regular and adequate exercise should be advised here, along with appropriate internal medications. Pacifying or eliminatory measures can be adopted according to the intensity of the morbidity. The selection of medicine or the procedure will depend on the nature of vitiated doshas. Fractional differences of rooksha, snigdha, ushna, and sheeta are analysed using aetiology, vitiated doshas, and clinical features. It will help in designing a precise as well as personalised management strategy. Movement of Vata will be renormalised by these interventions. Some women are forced to do strenuous work as a part of their job. Physical strain during the bleeding phase may result in heavy menstrual bleeding accompanied by pain. In each case, avoiding unhealthy habits is necessary, and repeated awareness sessions are needed in academic institutions and workplaces. Moreover, physical and mental thresholds should be improved by adopting suitable interventions to reduce pain intensity. All these fractional differences in the clinical picture of the disease and the patient are significant in the classical Ayurvedic management of dysmenorrhea.

CONCLUSION

Disrupted Apana is the prime character in the story of dysmenorrhea. The treatment modality depends upon the status of doshas, the process of vitiation, the associated features, and other individual factors. Considering such fractional variations in the patient, the treatment can be planned. Timely and precise intervention could help to get rid of the distressing symptoms. Food and lifestyle measures shall be given much priority. Furthermore, it is essential to optimally observe and care for the body's and mind's physiological needs to maintain health.

REFERENCES

1. Nagy H, Carlson K, Khan MAB. Dysmenorrhea. [Updated 2023 Nov 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. 2024 Jan- [cited 2024 Oct 28]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560834/>

2. Itani R, Soubra L, Karout S, Rahme D, Karout L, Khojah HMJ. Primary Dysmenorrhea: Pathophysiology, Diagnosis, and Treatment Updates. *Korean J Fam Med.* 2022 Mar; 43(2):101-108. DOI: 10.4082/kjfm.21.0103. Epub 2022 Mar 17. PMID: 35320895; PMCID: PMC8943241. [cited 2024 Oct 28]. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8943241/>
3. Karout S, Soubra L, Rahme D, Karout L, Khojah HMJ, Itani R. Prevalence, risk factors, and management practices of primary dysmenorrhea among young females. *BMC Womens Health.* 2021 Nov 8;21(1):392. DOI: 10.1186/s12905-021-01532-w. PMID: 34749716; PMCID: PMC8576974 [cited 2024 Oct 28]. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8576974/>
4. Vaidya BHP, Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri. 9th ed. Varanasi: Chaukhamba Orientalia; 2002; Jaikrishnadas Ayurveda Series. Sutrastana Doshadivijnaneeya 11/44. P.191.
5. Vaidya BHP, Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri. 9th ed. Varanasi: Chaukhamba Orientalia; 2002; Jaikrishnadas Ayurveda Series. Sutrastana Ayushkameeya 1/20. P. 14.
6. Vaidya BHP, Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri. 9th ed. Varanasi: Chaukhamba Orientalia; 2002; Jaikrishnadas Ayurveda Series. Nidanasthana Vatasonitanidana 16/27, 28. P. 191.
7. Vaidya BHP, Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri. 9th ed. Varanasi: Chaukhamba Orientalia; 2002; Jaikrishnadas Ayurveda Series. Chikitsasthana Gulmachikitsa 14/1. P. 685.
8. Vaidya BHP, Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri. 9th ed. Varanasi: Chaukhamba Orientalia; 2002; Jaikrishnadas Ayurveda Series. Chikitsasthana Gulmachikitsa 14/2. P. 685.
9. Vaidya BHP, Ashtanga Hridaya of Vagbhata with the commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri. 9th ed. Varanasi: Chaukhamba Orientalia; 2002; Jaikrishnadas Ayurveda Series. Chikitsasthana Gulmachikitsa 14/28. P. 686.

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