



## Review Article

### ROLE OF *BASTI* IN *UDAVRTTA YONIVYAPADA* W.S.R TO DYSMENORRHEA: A REVIEW

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#### ABSTRACT

Menstruation is normal vaginal bleeding that occurs every month in all women of reproductive age group (15-49yrs). According to Ayurveda, normal menstrual cycle is the pointer of healthy and normal reproductive organ in which intermenstrual period is one month (*Candramasa*=28days), duration of menstrual blood flow is 5 days (differ acc. to different opinion of *Acharyas*) is not associated with pain or burning sensation, menstrual blood is not unctuous, not very scanty nor excessive in amount. Dysmenorrhoea is one of the common symptoms found in abnormal menstruation. Dysmenorrhoea means painful menstruation, it is a burning health problem now especially in post pubescent women in the age group of 18-25 years with ovulatory cycles due to today's life style. That badly affects the daily routine activities and quality of life. Our ancient Ayurveda also describe it as *Udavarta Yonivyapada*, it is also found in many other disease of female as a symptom like *Vatala Yonivyapada*, *Tridosha Yonivyapada*, *Mahayoni*, *Vataja*, *Pittaja* and *Kaphaja Aartavadushti*, *Kunapagandhi Aartavadushti*, *Aartavakshaya*, *Vataja* and *Kaphaja Asrigdar*. Modern medicine system have analgesics, antispasmodic and surgery for its treatment but all these have their own many more side effects which further gave trouble, but according to *Ayurveda Basti Chikitsa* has a very miraculous effect on dysmenorrhea in every reproductive age group without any further side effect. So we describe role of *Basti Chikitsa* in dysmenorrhea rest of the article.

**KEYWORDS:** Menstruation, Dysmenorrhea, *Udavarta Yonivyapad*, *Ayurveda*, *Basti Chikitsa*.

#### INTRODUCTION

Menstruation is an essential physiological process of women which occurs throughout their reproductive years (15-49yr). According to *Ayurveda* 12 and 50 years is the age of menarche and menopause respectively. Healthy intermenstrual period is one month, it is divided into three parts:-

- 1-*Rajahsrava Kala* (menstruation) - 3 to 5 days
- 2-*Rtukala* (proliferative phase including ovulation) - 12 or 16 days
- 3-*Rtu Vyatitakala* (post ovulatory phase or secretory phase) - 9 or 13 days.

*Rajahsrava kala* (duration of blood loss) as five days (*Maharshi Charaka*) three days (*Maharshi Vagbhata* and *Bhawamisra*) seven days (*Maharshi Harita* and *Bhela*) is not associated with pain or burning sensation, excreted blood is not unctuous, not very scanty nor excessive in amount, the color resembles the red juice of *Lac*, red lotus flower, fruit of jequirity or rabbit's blood (*Maharshi Sushruta* and *Charaka*).<sup>[1]</sup>

Dysmenorrhoea is painful menstruation restricting patient's daily life activity. Dysmenorrhea may be categorized into two types:

- 1-Primary Dysmenorrhea (Spasmodic)
- 2-Secondary Dysmenorrhea (Congestive)

Primary dysmenorrhoea is essentially a first day pain and directly linked to menstruation but with no visible pelvic pathology, while secondary dysmenorrhoea pain may continue throughout the flow or may be severe premenstrually and is relieved during the flow.<sup>[2]</sup>

Secondary dysmenorrhoea variety is commonly seen in PID, IUCD wearers, pelvic endometriosis fibroids and women having varicosity of pelvic veins. A rare variety of dysmenorrhoea named:-Membranous dysmenorrhoea is a special group in which the endometrium is shed as a cast at the time of menstruation. The passage of the cast is accompanied by painful uterine cramps.<sup>[3]</sup>

#### Incidence

Dysmenorrhoea affects 40%-70% women of reproductive age, and affects daily activities in up to 10% of women. Severe dysmenorrhoea is most prevalent in young single women leading sedentary life. The incidence of dysmenorrhoea is affected by

social status, occupation and age, so groups of college students, high school girls, factory workers and women workers of armed forces each provide different statistics.<sup>[4]</sup>

The degree of disability due to dysmenorrhoea can be:

**Mild (49%):** If pain occurs only for the first day of the menstruation, has little or no associated systemic symptoms and does not inhibit the daily activities of the adolescent.

**Moderate (37%):** During the first 2-3 days of the menses, frequently accompanied by diarrhea, headache and fatigue. Some restrictions are followed in the daily routine of patients.

**Severe (14%):** Intense spasmodic pain before onset of flow and lasts 2-7 days, associated with GI symptoms. Severely interferes on the patient's ability to carry out her normal activities.

### Primary Dysmenorrhoea

**Etiology:** It is due to high endometrial prostaglandin F2 $\alpha$  production which is a potent myometrial stimulant and vasoconstrictor. The posterior pituitary hormone vasopressin may be the cause as it is involved with myometrial hypersensitivity, reduced uterine blood flow and hence pain. Psychological and behavior factors may be responsible.

### Symptoms

- Pain begins a few hours or just after the onset of menstrual period and may last up to 48-72 hrs.
- Suprapubic cramping, lumbosacral backache, pain radiating down to anterior aspect of thigh.
- Colicky in nature.

The symptoms improve with abdominal massage.

### Signs

- Normal vital
- No abdominal tenderness
- Normal pelvic organs

### Treatment

- To relieve pain, PG synthetase inhibitors Mefenamic acid 500mg taken just before or after onset of pains and then continuously every 6-8 hrs to prevent reformation of PG by products.
- Oral contraceptive pills.
- Acupuncture / transcutaneous electric nerve stimulation.
- CCBs, e.g. nifedipine in patients with intractable dysmenorrhoea.
- Dietary addition of omega-3 fatty acid helps.

**Surgery:** Considered only when pain is so severe and when medical treatment has failed.

### Secondary Dysmenorrhoea

**Etiology:** Excess PG production or hypertonic uterine contraction secondary to cervical obstruction, intrauterine mass or presence of foreign body.

The most common causes are:

- Imperforate hymen
- Transverse vaginal septum
- Cervical stenosis
- Uterine anomalies
- Intrauterine synechia
- Endometrial polyps
- IUDs
- Adenomyosis
- Uterine leiomyomas
- Pelvic congestion syndrome
- Endometriosis

### Treatment

- NSAIDs and OCPs are less useful than in primary dysmenorrhoea.
- Directed to the underlying condition<sup>[5]</sup>

### According to Ayurveda

(Acharya Charaka)

वेगोदावर्तनाद्दोनिमुदावर्तयते अनिलः |

सा रुगार्ता रजः क्रच्छेणोदावृत्तम विमुञ्चति ||

आर्तवे सा विमुक्ते तु तत्क्षणं लभते सुखम् |

रजसो गमनादूर्ध्वं ज्ञेयोदावर्तिनी बुधैः || (च.सं.चि. ३०/२५, २६)<sup>[6]</sup>

Charaka says that due to movement of flatus etc natural urges in reverse direction, the aggravated Vayu (Apana vayu) moving in reverse direction fills Yoni (uterus). This Yoni seized with pain, initially throws the Raja (menstrual blood) upwards, and then discharges it with great difficulty. The lady feels relief immediately following discharge of menstrual blood. Since in this condition the Raja moves upwards or in reverse direction, hence, it is termed as Udavrtta Yonivyapada.

(Acharya Susruta) Susruta giving short description that besides painful, frothy menstruation, there are other pains of Vata (bodyache, general malaise etc.)<sup>[7]</sup>

सफेनिलमुदावर्ता रजः क्रच्छेण मुनञ्चति |

चतसृष्वपि चाद्वासु भवन्त्यनिलवेदनाः || (सु.सं.उ. ३८/९, ११)<sup>[8]</sup>

The Udavrtta Yonivyapada resembles the description of almost all types of dysmenorrhoea. On the basis of the symptom of immediate relief of pain following discharge of menstrual blood given by Acharya Charaka, it appears to be nearer to true or spasmodic dysmenorrhoea. Among various theories regarding origin of pain in spasmodic dysmenorrhoea, incoordinate muscle action of uterus as a whole, more likely due to imbalance in the

autonomic nervous control of muscle is given maximum importance. Over active sympathetic lead to hypertonus of the circular fibres of the isthmus and internal os, as well as irregular contractions of remaining muscle fibers of uterus. The menstrual blood normally going downwards is pushed upward due to hypertonicity or spasm of the isthmus and internal os, which condition has been clearly described by *Acharya Charaka*.

(*Acharya Indu*) says discharge of clotted blood may be the description of special form of spasmodic dysmenorrhoea characterized with expulsion of big clots of blood.<sup>[9]</sup>

वेगादावर्तनादधोवातादिवेगधारणनिमित्तादूर्ध्वमुदनमाद्रायुर्योनिं प्रपीडयति सा पीडिता सत्युदावृतं बद्धं.....रजो रक्तं.....! (सं. उ. ३८/३६ की इन्दु टीका)<sup>[10]</sup>

(*Acharya Yogaratnakara*) described the association of *Kapha* is taken as association of mucous membrane or endometrium, and then it can be equated with another form of spasmodic dysmenorrhoea i.e., membranous dysmenorrhoea.<sup>[11]</sup>

या फेनिलमुदावर्ता रजः कृच्छ्रेण मुञ्चति |

सा तु योनिः कफेनैवमार्तवं च विमुञ्चति || (यो.र. योनिरो.)<sup>[12]</sup>

**MANAGEMENT:** - due to vitiation of *Vata Dosha Basti Chikitsa* is the best for *Udavrtta Yonivyapada*.

“वातेल्वनेषु दोषेषु वाते वा बस्तिरिष्यते |

उपक्रमाणां सर्वेषां सोऽग्रणीस्त्रिविधस्तु च || (अ.सं.सू. १९/१)<sup>[13]</sup>

**Discussion on Importance of Basti Chikitsa in Udavrtta Yonivyapada (Dysmenorrhoea)**

In *Panchkarma Chikitsa*, *Basti Chikitsa* is superior to other *Shodhanas* (bio purification therapies). It increases *Shukra* (potency), *Oja* (vital energy) and *Agni* (digestive function).

(*Basti* definition)

नाभिप्रदेशं कटिपाश्चकुक्षिं गत्वा शकृददोषचयं विलोडय |

संस्नेहकाय सपुरीषदोषः सम्यक् सुखेनैति कृतः स बस्तिः|| (च.सि. १/४०)<sup>[14]</sup>

In *Basti Chikitsa* the medicine prepared is administered through rectal canal. It has the action upto the *Nabhi Pradesa*, *Kati*, *Parsva* and *Kuksi* (they are anatomical land marks on the abdomen denoting intestines). *Basti* churns the accumulated *Dosha* and *Purisa* (morbid humors and fecal matter) spreads the unctuousness (potency of the drugs) all over the body and easily come out along with the churned *Purisa* and *Dosha* (impurity). The term *Basti* denotes *Niruha* and *Anuvasana* both as they do elimination of *Purisa* and *Dosha*.

*Basti Chikitsa* is effective to restore the normal functions of blood and other *Dhatu*s. *Basti* is basically due to its *Shodhana* property that starts from the *Pakvashaya* i.e., colon. It is multidrug

formulation that is given per rectum and reaches up to ileocaecal junction. Classical *Bastiputak* proved more effective than enema pot method and has more retention time in both *Asthapana* as well as *Anuvasana Basti*, thus absorption is more in classical method. It cleared *Pakvasayagatadoshas*, once all *Pakvasayagatadoshas* get cleared *Vayu* attains normalcy. *Basti Chikitsa* makes the vitiated *Apanavata* to move in a downward direction and cures *Udavrtta Yonivyapada*. At the same time *Basti* by suppress *Vata*, restores the disturbed *Kapha* and *Pitta* at their original seats.<sup>[15]</sup>

## CONCLUSION

As all *Acharya* says *Basti* is *Pradhana Chikitsa* for vitiated *Vata Dosha*. *Basti Chikitsa* is proved to be an effective therapy in *Udavrtta Yonivyapada* (dysmenorrhoea) which is caused by vitiation of *Vata Dosha*.

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