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ROLE OF BASTI IN DYSMENORRHOEA w.s.r. UDAVARTA YONIVYAPADA

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Abstract:

Dysmenorrhoea is pain during menstruation. The severity is to such an extent that may interfere with their daily routine. Most female experience minor abdominal pain and low backache few days preceding menstruation. It is more common in adolescents, about 75% adolescents suffer with dysmenorrhoea. Amongst which about 15-20% suffer with severe dysmenorrhoea, which hampers day-to-day activity of a female. In ayurveda it has been mentioned as Udavarta Yonivyapada. Here vitiation of vata occurs, which causes pain during menstruation. Charakacharya has mentioned the prime cause of Yonivyapada is vatadoshdushti. The treatment advised for regularizing vata is Snehan, Swedan, Basti. This is a single blinded study conducted on 30 prediagnosed patients with dysmenorrhea (udavarta yonivyapada) of age group between 15 to 40 yrs., who were selected by random sampling method. Selected patients were administered with Erandmoolniruha and Tila tailanuvasan alternatively for 8 days. The treatment given is seen highly effective for Katishool, Udarshool, Hrullas with P-Value <0.05.

KEYWORDS : Udavarta Yoni, Apanavayu, Vataprakopa, Rutuchakra, Niruha Basti,

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INTRODUCTION:

In today's High-Tech era women have become more ambitious, and are trying to conquer the world. But some physiological things may trouble them and make them slow down. One of such problems is Dysmenorrhoea.¹ In this women suffer with severe abdominal pain, backache during and before menstruation. Menstruation is a cyclical process occurring every month which is physiological. Ayurveda science has mentioned it as Rutuchakra². According to Ayurveda Normal Rutuchakra should occur cyclically and should be without any symptoms like Shula (Pain) or Daha (Irritation). Menstruation occurs for 3 to 7 days every month³. The painful menstruation refers to Udavarta Yonivyapada.⁴ It occurs due to vitiation of vata. Hence the treatment advised is Vatashaman Dravyas, Snehan, Swedan and Basti⁵. The important chikitsaupakram for Vatadosha is Basti. As mentioned in Charak Sanhita, it has decided to give the Basti using Vataghna dravya mentioned for Niruha. This Basti should be given along with Taila and Amla (i.e. Kanji).⁶ As a Vataghna Dravya we have selected Eranda Mool (Ricinus Communis) for Niruha and Anuvasana is given with Tila Taila.

OBJECTIVE: To study the efficacy of Erandmool Niruha Vyatasat Tila Taila Anuvasana (Yogbasti) in Dysmenorrhoea (Udavarta Yonivyapada).

METHODS:

- 1) Drugs - Erandmool, Tila Taila.
- 2) Instruments for Basti.
- 3) 30 prediagnosed Udavarta Yonivyapada patients having

regular menstrual cycle within the age group 15 to 40 yrs. were selected for the said study by Random sampling method.

- 4) Patients with pelvic inflammatory disease and patients with irregular menstrual cycle were excluded from the study.
- 5) The selected patients were administered with Erandmool Niruha Basti and Tila Taila Anuvasana Basti on alternate days for 8 days 8 to 10 days prior to menstruation i.e. rutuvyatitkala, for 2 consecutive cycles. After taking detail history and it is recorded in specially prepared case record forms. Written informed consent were taken prior to inclusion for the said study.
- 6) Observations were recorded on 5th day of every menstrual cycle for three consecutive cycles.
- 7) Case record form maintained.
- 8) Data collected, recorded and analysed.

OBSERVATIONS AND RESULTS

As assessment was done using Oxford Pain Chart and gradation were noted on the scale of 0 to 4 for 3 consecutive cycles on the 5th day of each menstrual cycle. The data recorded has repetitive measures hence Friedman's Test is applied.

Udarshool :

Description Statistics	N	Mean	Std. Deviation	Minimum	Maximum
Vedana (Udarshool) before treatment	30	2.40	0.770	1	4
Vedana (Udarshool) after 1st cycle	30	1.90	0.662	1	4
Vedana (Udarshool) after 2nd cycle	30	1.07	0.583	0	2
Vedana (Udarshool) after 3rs cycle	30	0.53	0.681	0	2

It is observed that Udarshool decreases over the period of treatment. We can see that standard deviation between second cycle and third cycle has increased indicating that

there is reduction the symptoms. The P value is <0.005 showing that the treatment is highly significant.

Katishoola

Description Statistics	N	Mean	Std. Deviation	Minimum	Maximum
Katishoola before treatment	30	0.70	0.466	0	1
Katishoola after 1st cycle	30	0.63	0.490	0	1
Katishoola after 2nd cycle	30	0.50	0.509	0	1
Katishoola after 3rs cycle	30	0.20	0.407	0	1

The mean and standard deviation of values for all the patients observed for each time point shows that mean and standard deviation values decreased over the period of

treatment. Showing reduction in symptom of Katishool. The P value reported to be <0.05 which is highly significant.

Hrullas :

Description Statistics	N	Mean	Std. Deviation	Minimum	Maximum
Hrullas before treatment	30	0.50	0.509	0	1
Hrullas after 1st cycle	30	0.43	0.504	0	1
Hrullas after 2nd cycle	30	0.30	0.466	0	1
Hrullas after 3rd cycle	30	0.10	0.305	0	1

As per descriptive statistics the mean and standard deviation value for observed patients are decreasing over the treatment period the P value reported to be <0.05 which is highly significant. The data shows significant reduction in the symptoms like Katishool, Udarshool and Hrullas.

DISCUSSION:

Udavarta yonivyapad (Dysmenorrhoea) is related to menstruation were the predominant symptoms are Udarshool, Katishool and Hrullas. Some times we may find variation in the quantity of Rajastrava. Out of 30 patients 6 patients were found with scanty menses and 5 were having severe menstrual flow. These patients were also included and treated. The diseases caused by vitiation of vata dosha especially apana vayu hence basti treatment is very much useful in management of Udavarta yonivyapad (Dysmenorrhoea). In this study we have used eranda mool for niruha and tila taila for anuvasan basti as both are useful in treating vata dosha. Erandamool being the best vataghna dravya it has been used for niruha basti. Also tila taila is best sneha for vitiated vata. While conducting the study the demographic data was maintained it is observed that about 50% population was from the age group below 20 years 46% from age group of 21 to 35 yrs. And 3% from age group 36 yrs and above. Anxiety during adolescent age may be the aggravating factor for pain. The lifestyle disorder one of the may be causative factor. The data also showed that most of patient enrolled were students that from the same age group (63.33%). The

least sufferers were the labourers (6.67%) emphasizes the role of physical activity. The socio-economic data shows middle class as the most common sufferers being 46.66%. It is also noted that unmarried patients 63.33% are suffering more than the married being 36.66%. The data also shows Nullipara having dysmenohoea are more (86.67%) and multipara are (13.33%). All this data emphasis the need of lifestyle modification especially in younger population.

CONCLUSION:

The Treatment i.e., Erandmool Niruha and Tila Taila Anuvasana given alternately (Yogbasti) is highly effective on Katishool (P-value < 0.005) and Udarshool (P-value < 0.005) and Hrullas (P-value < 0.005). The treatment is also effective for normalising the menstrual flow (Rajasravapramana) - P-value = 0.028.

The treatment is highly effective in treating Dysmenorrhoea i.e., Udavarta Yonivyapada.

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