



Research Article

CLINICAL STUDY OF UDAVARTINI (DYSMENORRHEA) YONIVYAPATH WITH ORAL ADMINISTRATION OF JEERAKADIMODAKA AND RASNADITAILA MATRAVASTI

Haritalakshmi^{1*}, B. Vijayalakshmi², B. Subbalaxmi³

¹*P.G. Scholar, ²Professor and H.O.D., ³Asst. Prof., P.G. Dept of Prasuti and Striroga, Dr. BRKR Ayurved College, Hyderabad, Andhra Pradesh, India.

Received on: 12/12/2013

Revised on: 18/12/2013

Accepted on: 24/12/2013

ABSTRACT

Udavartini (Dysmenorrhea) is one of the most common clinical problem observed in regular practice. Dysmenorrhea is a medical condition of pain during menstruation that interferes with daily activities, as defined by ACOG and others. Dysmenorrhea can be correlated with *Udavartini* Yonivyapad in Ayurveda. The treatment of this disorder is still unsatisfactory in modern medicine, as the usage of anti spasmotic drugs, hormones may cause many side effects like hypertension, psychological disturbances etc. An attempt has been made to treat this condition with Ayurvedic system of medicine. So a research work has been carried out to study the efficacy of *Jirakadi Modaka* oral administration and *Matravasti* with *Rasnadi tailam*. 50 patients with *Udavartini yonivyapat* diseases were selected randomly and the drug was administered for the period of 90 days. Encouraging results were observed with the trial drug and the intensity of pain and the successive cycles were less painful. *Vasti* is considered best treatment for controlling *Vata* and the orally administered drug *Jirakadi Modaka* (Bhavaprakasha) has *Vedanasthapana*, *Vaatahara*, *Anulomana* and *Rasayana* properties. The present study *Jeerakadi Modaka* orally and *Rasnadi tailam Matra vasti* combine acts against *Udavartini* and is highly effective.

Key words: *Udavartini*, Dysmenorrhea, Yonivyapat, Jeerakadi modaka, Matravasti, *Rasnadi tailam*.

INTRODUCTION

The disease dysmenorrhea can be correlated with *Udavartini yonivyapat* in Ayurveda. *Udavarta* derived from the word *ut+avarta*, i.e. upward direction of *Vayu*. *Charaka* first described *Udavarta* in *Vataja nanatmaja* diseases.^[1] He explained the same elaborately in *Chikitsa sthana*. *Rajas* is pushed in upward direction by the aggravated *Apana vayu* due to obstruction in its normal flow (*Anuloma gati*) in *Pakwashaya*, the chief site of *Apana vayu* being the *Pakwashaya* (colon and pelvic organs).^[2] *Sushruta* explained it *Udavartini yonivyapat* in *Uttara sthana*.^[3]

Dysmenorrhea is a medical condition of pain during menstruation that interferes with daily activities, as defined by ACOG and others.^[4] There are two types of dysmenorrhea: Primary and secondary.

Primary dysmenorrhea is menstrual pain without pelvic pathology i.e. that is not a symptom of an underlying gynecologic disorder but is related to the normal process of menstruation. Primary dysmenorrhea is the most common type of dysmenorrhea, affecting more than 50% of women, and quite severe in about 15%. Primary dysmenorrhea is more likely to affect girls during adolescence. Fortunately for many women, the problem eases as they mature, particularly after a pregnancy. Although it may be painful and sometimes debilitating for brief periods of time, it is not harmful.

Secondary dysmenorrhea is menstrual pain that is generally related to some kind of gynecologic disorder. Secondary dysmenorrhea is more likely to affect women during adulthood. The main symptom of dysmenorrhea is pain concentrated in the lower abdomen, in the umbilical region or the suprapubic region of the

abdomen. It is also commonly felt in the right or left abdomen. It may radiate to the thighs and lower back. Symptoms often co-occurring with menstrual pain include nausea and vomiting, diarrhea or constipation, headache, dizziness, disorientation, hypersensitivity to sound, light, smell and touch, fainting, and fatigue. Symptoms of dysmenorrhea often begin immediately following ovulation and can last until the end of menstruation.^[5]

Vasti is considered best treatment for controlling *vata*. Hence the study has been taken up to evaluate the role of *Rasnadi taila Matravasti* along with oral administration of *Jeerakadi modaka*. The drug *Jeerakadi modaka* described in *Bhavaprakasha* as *Vedanasthapana*, *Vatahara*, *Anulomana* and *Rasayana* properties^[6] is selected.

AIMS AND OBJECTIVES

1. To evaluate the efficacy of the drug *Jeerakadi modaka* (fig. 1) and *Rasnaditaila* (fig. 2) *Matravasti* in the *Udavartini yonivyapat*

MATERIALS AND METHODS

50 patients were selected from the OPD and IPD of Dr BRKR Govt Ayurvedic college hospital, Erragadda, Hyderabad in the year of 2007.

Drugs

Oral medicine: The drug *Jeerakadi modaka* mentioned in *Bhavaprakasha* is selected for the present study. Its contents are *Swetajeeraka* (*Cuminum cyminum*), *Krishnajeeraka* (*Carum carvi*), *Pippali* (*Piper longum*), *Upakunchika* (*Nigella sativa*), *Rasna* (*Alpinia galanga*), *Vacha* (*Acorus calamus*), *Vasa* (*Adhathoda vasica*), *Saindhavalavana* (*Sodium chloride*), *Yavakshara* (*Hordeum vulgare*), *Yavanika* (*carum capsicum*), *Ghrita* and *Guda*.

All drugs were taken in equal quantity and performed *Bharjana* with *Ghrita* and mixed in the *Madhyama paka* of Jaggery. The same is prepared as round balls of approximately 7.5 gms. It is given orally in the dose of 1 tab BID.

Anupana: *Sukhoshna jala* (lukewarm water)

Matra vasthi

Rasnadi tailam^[7] is selected for *Matravasti*. Its contents are *Rasna* (*Alpenia galanga*), *Sirisha* (*Albezzia lebbeck*), *Yashti* (*Glycerrhiza glabra*), *Sunti* (*Zingiber officinalis*), *Sahachara* (*Barleria*

prionitis), *Amrita* (*Tinospora cardifolia*), *Syonaka* (*Oroxylum indicum*), *Devadaru* (*Cedrus deodera*), *Sampaka* (*Cassia fistula*), *Hayagandha* (*Withania somnifera*), *Trikantaka* (*Tribulus terrestris*) and *Tilataila*. *Vasti* is given for 3 cycles after cessation of menstruation with pre medication.

Diagnosis: The diagnosis of dysmenorrhea is usually made simply on a medical history of menstrual pain that interferes with daily activities. However, there is no universally accepted gold standard technique for quantifying the severity of menstrual pains.

Inclusion criteria

1. All patients suffering from dysmenorrhea in the age menarche to menopause.

Exclusion criteria

1. Patients suffering from severe systemic diseases, benign and malignant growths etc.

Assessment criteria

The results are assessed in terms of relief in pain, decreased intensity, its duration; associated features like vomiting etc. Intensity of the pain is classified into mild moderate and severe based the patient complaints, interference with daily activities, need to take analgesics etc. Results are assessed in terms of

Complete relieved	75 - 100% of symptoms relieved
Partially relieved	25 - 75% of symptoms relieved
No relief	0 - 25% of symptoms relieved

OBSERVATIONS AND RESULTS

50 patients of dysmenorrhea were selected randomly from the OPD and IPD of Dr BRKR Govt. Ayurvedic college hospital and Research Institute as per the inclusion and exclusion criteria. The drug *Jeerakadi modaka* and *Matra vasti* with *Rasnadi tailam* was given for 3 months. The observations and results were as follows.

Incidence of dysmenorrhea according to age and marital status: For the convenience of study the patients were divided into following age groups. The incidence of dysmenorrhea is seen more in the age group of 17-20 years.

Table: 1 showing the incidence of dysmenorrhea a/c to age and marital status

S. No	Age in years	No of Patients		
		Unmarried	Married	Total
1	13-16	2	0	2
2	17-20	16	0	16
3	21-24	6	8	14
4	25-28	4	8	12
5	29-32	0	6	6
	Total	28	22	50

Incidence of dysmenorrhea a/c to occupation: in the present study 26 women are housewives. 24 people are working, among 4 are engaged in physical work and rest 20 are in sedentary jobs.

Table: 2 showing the incidence of dysmenorrhea a/c to occupation

Occupation	Housewife	Sedentary work	Physical work
No: of patients	26	20	4

Incidence of dysmenorrhea a/c to socio economic status: in the present study 12 women are from higher middle class families, 16 women are from ordinary mid class and 22 are from lower middle class.

Table: 3 showing the incidence of dysmenorrhea a/c to Socio economic status

Socio Economic Status	Upper mid class	Ordinary mid class	Lower mid class
No: of patients	12	16	22

Incidence of dysmenorrhea a/c to parity: in the present study 32 women are nulliparous women and 18 women are parous women.

Table: 4 showing the incidence of dysmenorrhea a/c to parity

Parity	Nulliparous	Parous
No. of patients	32	18

Incidence of dysmenorrhea a/c to Prakriti: In the present study, the incidence of dysmenorrhea is seen more in *Vata prakriti* individuals followed by *Vata-pitta prakriti*.

Table: 5 showing the incidence of dysmenorrhea a/c to Prakriti

Prakriti	No. of patients	Percentage
<i>Vata prakriti</i>	15	30%
<i>Pitta prakriti</i>	8	16%
<i>Kapha prakriti</i>	4	8%
<i>Vata-pitta prakriti</i>	9	18%
<i>Vata-kapha prakriti</i>	8	16%
<i>Kapha-pitta prakriti</i>	2	4%
<i>Sama prakriti</i>	3	6%

Severity of pain: Though the severity of pain varies from person to person and depends on their *Sattva* also. Here mild pain is considered if the patient simply complains of pain. Moderate pain if the pain hampers her daily routine works. Severe pain if the pain gets control by the usage of analgesics etc.

Table: 6 showing the severity of dysmenorrhea

Mild	26
Moderate	20
Severe	4

Classification According to clinical features:

The main symptom of dysmenorrhea is pain in the lower abdomen. It may radiate to the thighs and lower back. Associated symptoms include nausea and vomiting, diarrhea or constipation, headache, dizziness, disorientation, hypersensitivity to sound, light, smell and touch, fainting, and fatigue. In the present study every patient complained pain abdomen, 80% of people complained low back ache and 48% of people it is associated with vomiting/nausea.

Table: 7 showing the clinical features of dysmenorrhea

S. No	Clinical features	No. of Patients	Percentage
1	Pain abdomen	50	100%
2	Backache	40	80%
3	Vomiting/nausea	24	48%
4	Constipation	10	20%

Classification of results according to marital status and age group: The relief of symptoms observed in this study is as follows.

Table: 8 showing the results according to marital status and age group

S. N	Age in years	No of patients	Unmarried			No of patients	Married		
			Fully relieved	Partial	No relief		Fully relieved	Partial	No relief
1	13-16	2	1	1	0	0	-	-	-
2	17-20	16	14	1	1	0	-	-	-
3	21-24	6	3	1	2	8	5	0	3
4	25-28	4	1	1	2	8	4	2	2
5	29-32	0	-	-	-	6	2	1	3
	Total	28	19	4	5	22	11	3	8

Classification of results according to complaints: The relief of main complaints associated with dysmenorrhea, i.e. pain abdomen, low back ache, nausea and constipation are as follows:

Table: 9 showing the results according to chief complaints

S.N.	Complaints	No. of Patients	Results		
			Fully Relieved	Partially relieved	No Relief
1	Pain abdomen	50	35	18	2
2	Backache	40	26	16	8
3	Vomitings	24	20	3	1
4	Constipation	10	10	0	0

In the present study, complete relief is seen in 60% of women. Moderate relief is seen in 14% of women and 26% there was no relief.

Table: 10 showing the final results

Relief	No: of patients	Percentage
Complete relief	30	60%
Partially relief	7	14%
No relief	13	26%

DISCUSSION

According to Ayurveda, *Aartava* or Menstruation is a phenomenon, which is controlled and governed by *Vata* and specifically the *Apanavayu*, the sub type of the *Vata dosha*. Due to movement of natural urges in reverse direction, the aggravated *Apana vayu* moving in reverse direction fills the uterus. The uterus seized with pain, initially throws or pushes the *raja* (menstrual blood) upwards, then discharges it with spasmodic pain. The lady feels comfortable after discharging the menstrual blood. The main line of treatment is aimed at pacifying the aggravated *Vata* and correction of the direction of its normal flow. The present trial drug *Jeerakadi modaka* mentioned by *Bhavaprakasha* contains *Swetajeerak*, *Krishnajeerak*, *Pippali*, *Upakunchika*, *Rasna*, *Vacha*, *Vasa*, *Saindhalavana*, *Yavakshara*, *Yavanika*, *Ghritha* and *Guda*. It has *vedanasthapana*, *vatahara*, *anulomana* and *rasayana* properties. *Vasti* is the

best treatment for controlling *Vata*. In the present study, *Rasnadi taila* is selected for *Matra vasti*.

Together these two helps in relieving the obstruction in the passage, relieves spasm and facilitates free movement of *Vata* in proper direction, so that it can enhance free flow of menstrual flow. *Vasti* also helps in reducing flatulence, removal of obstruction of fecal matter and ultimately relieves the tension in the pelvic region.^[8]

The incidence of dysmenorrhea is seen more in the ages of early reproductive years. The incidence is observed more in nulliparous women. Multiparous women are less likely to suffer from dysmenorrhea because pregnancy and childbirth improves the vascularity and growth of uterine muscles and causes less sensitization of nerve endings that carry pain sensation in uterine and cervix musculature after vaginal delivery. The women who are more stressed are prone to dysmenorrhea. The disease is seen more in *Vata* and *Vata* predominant *Prakriti*. Among the

presentation of symptoms, pain abdomen is seen in almost all cases, of which 70% has got complete relief from the pain. Low back ache is seen in 80% of cases and 52% has got complete relief from this symptom. 48% of cases complained nausea/vomiting and 40% of them got relief and constipation is completely relieved in all cases.

CONCLUSION

It can be concluded that the trial drug *Jeerakadi modaka* and *Matra vasti* with *Rasnadi tailam* are highly effective *Udavartini yonivyapat*. There are no side effects noticed during usage of medication. Partially relieved cases need medication for some more cycles.

REFERENCES

1. Agnivesha. Charakasamhita sutrasthana 20/11, Chaukhambha Sanskrit Series Office, Varanasi, 2009. PP 113
2. Agnivesha. Charakasamhita chikitsasthana 30/110-120, Chaukhambha Sanskrit Series Office, Varanasi, 2009. PP 635-645
3. Sushruta. Sushrutasamhita uttarasthana 38/30, Chaukhambha Sanskrit series office, Varanasi, 2009, PP 668-670
4. www.acog.org/publications/patient_education/bp046.cfm By American congress of obstrecians and gynaecologists, retrieved Dec 2013
5. D.C. Dutta. Text book of gynaecology: including contraception, New Central Book Agency (P) Limited, 3rd edition, 2001. PP 168-174
6. Dr. Premvati Tiwari. Ayurvediya prasutitantra evam striroga, vol-2, second edition, chaukhamba orientalia, Varanasi, 1999. PP. 81
7. Charaka Samhita, Ram Karan Sharma & Vaidya Bhagwan Dash, Chowkambha Sanskrit Series office, Varanasi. Reprint: 2008; Vol- 5; pp.64-65.
8. Dr. Premvati Tiwari. Ayurvediya prasutitantra evam striroga, vol-2, second edition, chaukhamba orientalia, Varanasi, 1999. PP 24-73.

Cite this article as:

Haritalakshmi, B. Vijayalakshmi, B. Subbalaxmi. Clinical Study of Udavartini (Dysmenorrhea) Yonivyapath with Oral Administration of Jeerakadimodaka and Rasnaditaila Matravasti. Int. J. Ayur. Pharma Research 2013; 1 (3): 66-71.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Ch. Haritalakshmi, M.D.(Ay), Dip. Yoga
W/o: Dr. S. Mallikarjun Reddy
D.No.4-43, Kolimigundla (post & mandal)
Kurnool, A.P., India.
Ph: +919441376234
Email: drharithamd@gmail.com

PHOTOGRAPHS



Figure 1. *Jeerakadi modaka*

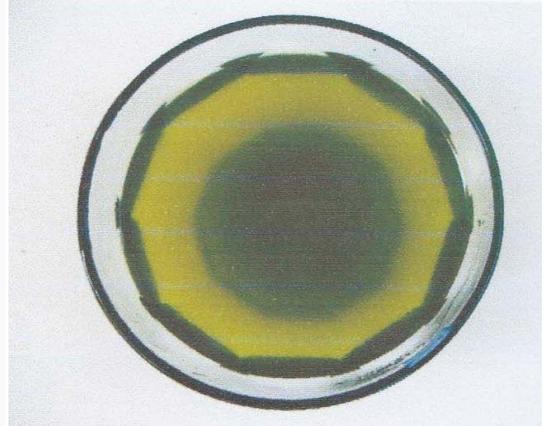


Figure 2. *Rasnaditaila*