Effect of oral administration of Rasnadi Ksheera and local Guduchyadi Kwatha Parisheka in Udavartini Yonivyapad W.S. R. to Primary dysmenorrhea

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Abstract-
The diseases related to female genital system are elaborated under umbrella of ‘Yonivyapad’ in Ayurveda. When Vata dosha gets aggravated due to suppression of natural urges, it causes upward movement of the gynecoid organs which causes pain during menstruation but gets relief when menstruation subsides. This condition is explained as Udavartini Yonivyapad in Charaka Samhita. Both Primary dysmenorrhea as per modern gynaecology and Udavartini Yonivyapad from Ayurveda show similarities in their signs and symptoms, especially pain during menstruation. After deliberation of Charaka Samhita, effect of oral administration of Rasnadi Ksheera and local Guduchyadi Kwatha Parisheka were considered for their textual reference on ‘Yonishoola’. For this single arm, open labelled, prospective study; 30 married females between the age of 18 to 42 years with Pratyatma Lakshana (cardinal features) of Udavartini Yonivyapad & signs and symptoms of primary dysmenorrhea were selected. They were given Rasnadi Ksheera 80 ml orally in Apana Kala (i.e. Before lunch & dinner) for two months. Guduchyadi Kwatha Parisheka (Vaginal Douche) was performed in Rutukala for 8 days duration (i.e. from 5th day of menstrual cycle to 12th day of menstrual cycle) for two consecutive cycles. The assessment was done on basis of standard parameters before treatment and after treatment. The subjective parameters such as Spasmodic pain in abdomen, Lumbo-sacral backache, Pain radiating to thigh, Vomiting, Constipation were assessed. The study data generated and collected was put to statistical analysis to reach to the final results and conclusions. For statistical analysis, Wilcoxon matched-pairs signed-ranks test was applied to data. It was concluded that oral administration of Rasnadi Ksheera and local Guduchyadi Kwatha Parisheka were highly effective in symptomatic
management of *Udavarta Yonivyapad* W. S. R. to primary dysmenorrhea.

**Keywords**- Yonisoolaa, menstrual pain, Parisheka, Yonivyapad

**Introduction**-

The women are considered to be the most precious because of their vital role in continuing the progeny line. The female genital system is by far important as acts like a *Kshetra* (fertile field) for nurturing the *Garbha* (foetus). Thus, it is an imperative to keep it healthy and disease free. The diseases of female genital system have been elaborated under umbrella of ‘Yonivyapad’ in Ayurveda. In *Charaka Samhita*, twenty such diseases have been listed along with their features and treatment. The diseases described in modern gynaecology can be correlated with them with great extent. When *Vata Dosha* gets aggravated due to suppression of natural urges, it causes upward movement of the gynecoid organs which causes pain during menstruation but gets relief when menstruation subsides. This condition is explained as *Udavartini Yonivyapad* in *Charaka Samhita*. Both primary dysmenorrhea as per modern gynaecology and *Udavartini Yonivyapad* from Ayurveda show similarities in their signs and symptoms, especially pain during menstruation. It is very commonly seen middle aged females worldwide. The disease can cause a great deal of discomfort due to pain and may result in loss of everyday activities. Modern medicine has to offer only analgesics to alleviate this pain that is a symptomatic treatment with many side effects in long course. Thus, *Charaka Samhita* was explored for some treatment that can give a lasting relief without any untoward effects. After deliberation of *Charaka Samhita*, effect of oral administration of *Rasnadi Ksheera* and local *Guduchyadi Kwatha Parisheka* were considered for their textual reference on ‘Yonisoolaa’. *Rasnadi Ksheera* has been previously studied in similar condition and was proven efficacious. Addition of *Guduchyadi Kwatha* for *Parisheka* was supposed to increase its *Vata hara* and *Kapha hara* properties. Hence, a study was carried out to assess their combined efficacy in *Udavartini Yonivyapad* W. S. R. To Primary dysmenorrhea.

**Methodology**-

**A) Selection of sample**-

In the present single arm, open labelled, prospective study, 30 female patients were selected as per following inclusion, exclusion and diagnostic criteria

1. **Inclusion Criteria**-
   1. Married female patients between age group of 18 to 42 years that consented for study.
   2. Diagnosed patients of *Udavartini Yonivyapad* having its *Pratyatma Lakshan* (Cardinal Features) and signs and symptoms of primary dysmenorrhea.
   3. Patients with regular menstrual cycles (21 to 35 days)
4. Patients with painful menstruation for at least 3 consecutive cycles

2) Exclusion Criteria:
   1. Patients below the age of 12 years and above 30 years of age.
   2. Patient suffering from uncontrolled major systemic disorders and malignant conditions.
   Patient suffering from secondary dysmenorrhea, PCOD, ovarian cyst, uterine pathologies like endometriosis, fibroid, adenomyosis or any other congenital anomalies causing dysmenorrhea
   3. Patients those who were not willing to participate in this clinical study.

3) Diagnostic Criteria:
Patients were diagnosed on basis of clinical signs and symptoms of Udavartini Yonivyapad mentioned in Ayurvedic Samhitas supplemented with signs and symptoms of Primary Dysmenorrhea -
   1) Tivra Raja in Udara-spasmodic pain in the suprapubic region of abdomen
   2) Pain for 1 to 2 days after onset of menses
   3) Lumbosacral backache and pain radiating to the thigh
   4) Vomiting and constipation

B) Study Plan-
The patients were given Rasnadi Ksheera 80 ml orally in Apana Kala (i.e. Before lunch & dinner) for two months. Guduchyadi Kwatha Parisheka (Vaginal Douche) was performed in Rutukala for 8 days duration (i.e. from 5th day of menstrual cycle to 12th day of menstrual cycle) for two consecutive cycles. The Parisheka was performed on OPD basis. The treatment was continued for 2 consecutive menstrual cycles with follow up after each menses that included 60 days. There were two follow ups after first and second menstrual cycles.

C) Preparation & administration of study drugs-
   1) Rasnadi Ksheera- The patients were provided with powdered contents of Rasnadi Ksheera i.e. Rasna, Gokshura and Vasa. They were advised to take 5gm of this powder and add to 100ml of cow milk and boil till it reduces to half. Then it was filtered consumed immediately.
   2) Guduchyadi Kwatha Parisheka- The procedure was performed in Rutukala for 8 days duration (i.e. from 5th day of menstrual cycle to 12th day of menstrual cycle) for two consecutive cycles in aseptic conditions. A decoction of Guduchi, Triphala and Danti was prepared as per Kwatha preparation procedure mentioned in Sharangadhara Samhita. The vagina, vaginal passage, and mouth of uterus was washed with this cooled decoction with the help of canula. The procedure was done for 1 to 1.5 minutes.

D) Assessment Criteria:
The assessment was done on basis of standard parameters before treatment and at the time of every follow-up depending upon the severity of signs and symptoms during the duration of study. Pain, i.e. Spasmodic pain in abdomen, Lumbosacral backache and Pain radiating to thigh was assessed by VAS (Visual Analog Scale). Vomiting and Constipation were assessed on grade
basis. (0-Absent, 1-Mild, 2-Moderate, 3-Severe).

E) Statistical analysis –
Statistical analysis was carried out using P – value through Wilcoxon matched-pairs signed-ranks test to assess the Statistical significance. P < 0.05 was considered significant.

Results
The results are presented in a tabular format.

<table>
<thead>
<tr>
<th>Age Group (in Years)</th>
<th>18-22</th>
<th>23-27</th>
<th>28-32</th>
<th>33-37</th>
<th>38-42</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Patients</td>
<td>08 (27%)</td>
<td>05 (17%)</td>
<td>07 (23%)</td>
<td>06 (20%)</td>
<td>04 (13%)</td>
<td>30</td>
</tr>
</tbody>
</table>

Table 2- Occupation wise distribution of patients

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Housewife</th>
<th>Students</th>
<th>Sedentary work</th>
<th>Physical work</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Patients</td>
<td>11 (37%)</td>
<td>07 (23%)</td>
<td>07 (23%)</td>
<td>05 (17%)</td>
<td>30</td>
</tr>
</tbody>
</table>

Table 3 – Statistical analysis of symptoms of Dysmenorrhoea:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptom</th>
<th>BT Median (Range)</th>
<th>AT Median (Range)</th>
<th>P Value</th>
<th>Inference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain - Spasmodic pain in abdomen</td>
<td>07 (05 – 08)</td>
<td>06 (05 – 07)</td>
<td>&lt; 0.0010</td>
<td>Extremely Significant</td>
</tr>
<tr>
<td>2</td>
<td>Pain - Lumbosacral backache</td>
<td>05 (04 – 06)</td>
<td>05 (04 – 06)</td>
<td>0.0156</td>
<td>Significant</td>
</tr>
<tr>
<td>3</td>
<td>Pain – Pain radiating to thighs</td>
<td>07 (06 – 08)</td>
<td>03 (02 – 04)</td>
<td>&lt; 0.001</td>
<td>Extremely Significant</td>
</tr>
<tr>
<td>3</td>
<td>Vomiting</td>
<td>02 (00 – 03)</td>
<td>01 (00 – 01)</td>
<td>&lt; 0.0001</td>
<td>Extremely Significant</td>
</tr>
<tr>
<td>4</td>
<td>Constipation</td>
<td>02 (00 – 03)</td>
<td>01 (00 – 01)</td>
<td>0.0002</td>
<td>Extremely Significant</td>
</tr>
</tbody>
</table>

Discussion-
Majority of patients belonged to age group of 18 to 22 years. Though it affects all age groups, primary dysmenorrhea is commonest in young females. This age group females may be more afflicted with physical and psychological stress due to marriage, education etc. It can lead to vitiated of Vata Dosha to a great extent. Also, majority of them were housewives. Sadly, this class is overworked and has less time to look after own wellness. Suppression of natural urges is most commonly observed in these two classes of females. Pain in lower abdomen, lumbosacral region and radiating to thighs was observed in all patients. The study drugs had extremely significant lowering of
pain in lower abdomen and pain radiating to thighs. They had significant reduction in pain in lumbosacral region too. The Rasna has been described as best of Vataghna drug\(^7\). Vata Dosha is a cardinal factor in emergence of Yoni vyapad especially the pain related to it\(^8\). The other contents such as Gokshura and Vasa also pacify Vata Dosha and Kapha Dosha. The use of Ksheerpaka Kalpana is also beneficial in this regard. Milk is considered to be useful in Yoni roga\(^9\). Also, it adds to the nutritional value desired during this difficult period. Parisheka or Yoni Dhavana is a useful and quick acting external treatment. The Sukhoshna (Pleasingly hot) nature of Parisheka dravya soothes pain and provide much relief. Also, it provides mild form of Swedana, which is a significant basic treatment of Vata Dosha. The contents of Guduchyadi Kwatha Parisheka i.e. Guduchi, Triphala and Danti alleviate local Vata Prakopa and cleanse the genital tract.

The patients received extremely significant relief in vomiting after this treatment. Also, they received extremely significant relief from constipation. Apana Vayu is the predominant form of Vata Dosha in Adho Sharira i.e. lower part of body below umbilicus. Thus, not only genital system but excretion of feces also comes under its domain. It is the reason of frequent occurrence of vomiting and constipation during this condition. The Vimarga Gamana (Reversed or wrong passage) of Apana Vayu and subsequently other types of Vata is responsible for it in major. The treatment with Vataghna Dravya in form of Rasnadi Ksheera along with local pacification of Apana Vayu with Guduchyadi Kwatha Parisheka resulted in improvement of these and provided relief.

**Conclusion**
The combined therapy of Rasnadi Ksheera along with local Guduchyadi Kwatha Parisheka was found to be effective in relieving symptoms, such as spasmodic pain in abdomen, lumbosacral backache, pain radiating to thighs, vomiting and constipation to a significant level in management in management of Udavartini Yoni Vyapad w.s.r. to Primary Dysmenorrhea. There were no adverse effects or patient incompliance observed. This study can be carried out with large sample size for a longer duration to assess persistence of this relief.

**References**
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