

Review Article

Dysmenorrhea (*Kashtartava*) a conceptual study

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ABSTRACT:

Now a days it is seen that due to changes in lifestyle, culture, food habits, emotional distress & hectic schedule of working ladies incidence of *Kashtartava* has increased.

Acharya Charka has mentioned that *Yoniroga* can't occur without vitiation of *Vata dosha* get vitiated & it gets *Urdhvagami* it lifts the yoni upward & causes obstruction to flow of *Raja* results in *shoola*. Ayurveda described several herbs for management of *Kashtartava* also Ayurved recommends *rutucharya* & *dincharya*, *panchakarma* to cure dysmenorrhea effectively.

KEY WORDS: Dysmenorrhea, *Kashtartava*, *Yoniroga*, *Ayurved*

INTRODUCTION:

Dysmenorrhoea is the painful menstruation of sufficient magnitude so as to incapacitate day to day activities. It is the most common menstrual disorder. In India its prevalence was reported to be 84.2% in college going girls in 2015.

A systematic review of studies in developing countries performed by Harlow and Campbell (2002) has revealed that about 25-50% of adult women and about 75% of adolescent's experience pain during menstruation, with 05-20% reporting severe dysmenorrhoea or pain.

Despite of high prevalence, Dysmenorrhoea is often poorly treated and even disregarded by health professionals, pain researchers and women themselves. They all are accepting it as normal part of menstrual cycle.

Due to Dysmenorrhoea individual's psychological status, health related quality of life is disrupted. Dysmenorrhoea is common cause of sickness absenteeism from both classes and workplaces by students and females in community. As a result

dysmenorrhoea is responsible for considerable economic losses due to cost of medication, medical care and decreased productivity, ultimately affecting women quality of life, work productivity and health care utilization.

Menstruation was generally taboo topic in India something that is rarely talked about openly. Movements like happy to bleed and movies like *Padman* highlighted it as normal physiological monthly event of women. Now they talk about it easily and freely on various social platforms.

For the treatment of Dysmenorrhoea NSAIDs are widely used as first line of treatment. During menstruation, many women experience gastrointestinal upsets which are increased by analgesics and anti-inflammatory drugs, which also produce headache, dizziness, drowsiness and blurred vision. Women with Dysmenorrhoea has misapprehension about menstrual cycle. They seem menstrual cycle means painful menses with medication for it. So women with Dysmenorrhoea consumes NSAIDs routinely in every cycle. But pain relief is inadequate

and side effects of it may not be tolerated by women.

In Ayurvedic classics *Kashtartava* (dysmenorrhoea) is not described as a separate disease because women were not suffering much from this problem in that era because of pin pointed *Ritucharya & Rajasvalacharya*. According to Ayurvedic text there are many other diseases in which *Kashtartava* is considered and is described as a symptom. Hence, this study is particular about the description regarding *Kashtartava* on the basis of scattered classical references.

1. Artava

A substance of the body which flows out at the specific period of time is called as *Artava*. A substance which flows out from *Apaty amarga* without pain, burning and sliminess is known as *Artava*. *Apana Vayu* and *Vyana Vayuis* mainly responsible for *Artava Utpatti*.

2. Kashtartava

Kashtartava (dysmenorrhea) is not separately

described as a disease. But there are many diseases in which *Kashtartava* is considered and described as a symptom.

Nirukti

The term *Kashtartava* is made of two words- *Kashta* and *Artava*

Kashta: Painful, Difficult, troublesome, ill, forced, wrong, unnatural, a bad state of Thing.

Artava: Belonging to reasons, period of time, menstruation.

Kashtena - with great difficulty.

Thus the word *Kashtartava* can be expressed as-

“*Kashthenamuchyatiiti kashtartava*” i.e. the condition where

Artava is shaded with great difficulty and pain is termed as “*Kashtartava*”.

3. Sampraptighataka

Dosha	Vata Pradhana Tridosha
<i>Vata</i>	<i>Vyana, Apana</i>
<i>Pitta</i>	<i>Ranjaka, Pachaka</i>
<i>Kapha</i>	<i>as AnubandhitaDosa</i>
<i>Dhatu</i>	<i>Rasa, Rakta, Artava</i>
<i>Upadhatu</i>	<i>Artava</i>
<i>Agni</i>	<i>Jatharagni, Rasagni, Raktagni</i>
<i>Srotasa</i>	<i>Rasa, Rakta and ArtavavahaSrotasa</i>
<i>Srotodushti</i>	<i>Sanga and Vimargagamana</i>
<i>Udbhavasthana</i>	<i>Amapakvashaya</i>
<i>Rogamarga</i>	<i>Abyantara</i>
<i>SthanaSamshraya</i>	<i>Garbhashaya</i>
<i>VyaktiSthana</i>	<i>Garbhashaya</i>

4. Ayurvedic concept of pain related to Kashtartava

Acharya Charaka has mentioned none of the gynaecological disease can be arise without affliction

Modern Review

Menstruation

1. Etymology:

The word menstruation is derived from a Greek word ‘men’- meaning month. Its literal meaning is the periodic discharge of a bloody fluid from the uterus.

of aggravated *Vata*. *Vata* is the main responsible factor, though other *doshas* only be present as *Anubandhi* to it. So pain is produced due to vitiation of only *vatadosha* or in combination with other *Doshas*.

Thus, both the word *artava* and menstruation convey same meaning i.e. belonging or confirming to seasons or periods of time.

2. Definition:

Menstruation is a function peculiar to women and the higher apes. It may be defined as a periodic and cyclical shedding of progesterational endometrium accompanied by loss of blood. (Jeffcoate's).

3. Synonyms:

Period, Menses, Catamenial flow

Dysmenorrhoea

Definition: Dysmenorrhoea means cramping pain accompanying menstruation.

Etymology

The word „dysmenorrhoea“ has a Greek origin. Dis-men-oreah

Dis: Prefix meaning difficult, bad, painfulmen:
Monthrein: To flow

Thus, Dysmenorrhoea-means painful or difficult menses

Aetiology :-Patients can be classified into understanding the pathogenesis of this distressing condition.

Types

1) *Primary dysmenorrhoea* refers to one that is not associated with any identifiable pelvic pathology. It is now clear that the pathogenesis of pain is attributed to a bio-chemical derangement. It affects more than 50% post – pubescent women in the age the group of 18-25 years with ovulatory cycles.

2) *Secondary dysmenorrhoea* refers to the one associated with the presence of organic pelvic inflammatory disease (PID) and endometriosis. Unilateral dysmenorrhoea occurs in a rudimentary horn of a bicornuate uterus. It is also seen in some women wearing intrauterine contraceptive device (IUCD) and in cases of cervical stenosis.

Varieties

Dysmenorrhoea is described under three clinical varieties:

1. *Spasmodic dysmenorrhoea* is the most prevalent and manifests as cramping pains, generally most pronounced on the first and second day of menstruation.

2. *Congestive dysmenorrhoea* manifests as increasing pelvic discomfort and pelvic pain a few days before menses begin. Thereafter, the patient rapidly experience relief in the symptoms. This variety is commonly seen in PID, IUCD wearers, pelvic endometriosis and fibroids. It is also experienced by women having varicosity of pelvic veins.

3. *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. This is a rare variety.

Aetiology of Pain:

Spasmodic pain is attributed to myometrial contractions due to increased PGF₂α secreted under progesterone effect Increased peristaltic action is seen in the subendometrial zone on ultrasound scan and this causes myometrial activity. The pelvic venous congestion as recognized on Doppler ultrasound explains congestive dysmenorrhoea. The relief of dysmenorrhoea following cervical dilatation and vaginal delivery is attributed to damage to sympathetic nerves around the cervix.

Vasopressin by increasing PGF₂α secretion in primary dysmenorrhoea is also held responsible. Similarly, endothelin by increasing PGF₂α contributes to dysmenorrhoea.

Clinical Features

Primary dysmenorrhoea is widely prevalent; more than 50% of teenagers and 30-50% of menstruating women suffer from varying degrees of discomfort. The severe incapacitating type which interferes with a woman's daily activities affects only about 5-15% of the population. Its prevalence is higher amongst the more intelligent and sensitive working – class women. Both the local and systemic symptoms are apparently the result of prostaglandins (F₂α) in the menstrual fluid. This results in uterine cramping, nausea, vomiting, backache, Diarrhea, giddiness, syncope and fainting. It is responsible for the highest incidence of absenteeism, resulting in loss of work hours and economic loss.

Differential diagnosis

A. The most important differential diagnosis of primary dysmenorrhoea is secondary dysmenorrhoea.

Secondary dysmenorrhoea

1. Endometriosis
2. Adenomyosis
3. Uterine myoma
4. Endometrial polyps
5. Obstructive malformations of the genital tract

B. Other causes of pain

1. Chronic pelvic inflammatory disease
2. Pelvic adhesions
3. Irritable bowel syndrome
4. Inflammatory bowel disease
5. Interstitial cystitis

C. Sudden onset of dysmenorrhoea

1. Pelvic inflammatory disease
2. Unrecognized ectopic pregnancy
3. Spontaneous abortion

Investigations

In women suffering from secondary dysmenorrhoea, tests to confirm the clinical diagnosis and unravel the extent and type of underlying pathology should be carried out. These commonly include the following.

- Pelvic sonography followed by CT scan or MRI scan. It indicated
- Diagnostic hysterosalpingogram/sonosalpingography.
- Endoscopy—diagnostic hysteroscopy/laparoscopy.

Treatment

Treatment includes counselling. Psychotherapy to modify patient's perception of her problem and alter behavioural attitude. Medical measures and surgical interventions.

Medical Measures

Therapy for primary dysmenorrhoea consists of measures to relieve pain and to suppress ovulation if the woman desires contraception additionally.

Analgesics like paracetamol 500 mg t.i.d./ piroxicam 20 mg/t.i.d.

Antispasmodics like hyoscine (Buscopan) compounds t.i.d./Camylion (Anafortan) t.i.d./ Drotaverine (Drotin) t.i.d., Trigan-D

Prostaglandin synthetase inhibitors are cyclooxygenase inhibitors. Nonsteroidal anti-inflammatory drugs (NSAIDs) like mefenamic acid 250-500 mg./q.i.d provide relief in 80-90% cases. Indomethacin 25mg three to six times daily Provides relief in 70%

cases. Naproxen 275 mg/t.i.d. relieves about 80% cases/ketoprofen 50 mg/t.i.d. is successful in 90% cases. Ibuprofen 400 mg 6-8 hourly is also effective. The advantages of the above regimes is that medication is restricted to the symptom days alone, and it does not interfere with ovulation. Meloxicam has no gastric side effects. The side effects of these drugs are nausea, vomiting, blurred vision, nephrotoxicity and gastric ulcer on prolonged use.

Glyceryl trinitrate (nitroglycerine), a nitric oxide donor, relieves pain by relaxing smooth muscles of the uterus.

Progestrogen containing IUCD (Mirena, Progestasert) relieves pain in addition to providing contraceptive measures and reducing bleeding.

OC drugs administered cyclically suppress ovulation and are useful in relieving dysmenorrhoea. The advantages of regularity of periods, modest bleeding and desired contraception make this the treatment of choice in many young women. The drugs also cure Mittelschmerz pain.

Pelvic endometriosis may be treated with increasing doses of danazol/OCs/GnRH antagonists(leuprolide, buserelin, nafarelin)

Vitamin E 200 mg b.i.d. starting 2 days before and 3 days during periods claims to reduce dysmenorrhoea.

Surgery

Surgery is indicated if medical measures fail to provide relief and in women with secondary dysmenorrhoea to treat the underlying pelvic pathology. Surgical interventions may be diagnostic to begin with, followed by definitive treatment based on severity of symptoms, patient's age, desire for child bearing, menstrual functions and the patient's perception of her problem. Surgical interventions include the following :

Diagnostic hysteroscopy followed by dilation and curettage (D&C), excision of polyp or uterine septum. Dilatation of cervix-it damages the nerves.

Diagnostic laparoscopy followed by lysis of pelvic adhesions, myomectomy, draining of chocolate cyst, cauterization or laser vaporization of islands of endometriosis, excision of adnexal masses, LUNA (laser-assisted uterosacral nerve ablation) for spasmodic dysmenorrhoea.

Laparotomy followed by excision of chocolate cysts,

eradication of endometriosis, meomectomy, excision of localized adenomya, presacral neurectomy (Cotte's operation)

Hysterectomy in the elderly woman is the last report.

Transcutaneous electrical nerve stimulation (TENS) is effective in 45% cases.

Treatment According to Ayurveda:

Treatment as Per Ayurvedic Classics

1. These disorders (gynecological disorders) do not occur without vitiation of *Vata*, thus first of all *Vata* should be normalized, and only then treatment for other *doshas* should be done.
2. In all these gynecologic disorders, after proper oleation and sudation, emesis etc. all five purifying measures should be used. Only after proper cleansing of *dosas* through upper and lower passages, other medicines should be given. These emesis etc. cleansing measures cure gynecologic disorders in the same way as they cure the diseases of other systems.
3. In menstrual disorders caused by *Vata Doshā*, the specific treatment prescribed for suppressing that particular *Doshā* should be used. Recipes prescribed for *Yoni Rogas* and *Uttarbasti* etc. should also be used after giving due consideration to the vitiated *Doshā*.
4. Unctuous, hot, sour and salty articles should be used for the relief from menstrual disorders due to *Vata*. Sweet, cold and astringent substances for the purification of *Pitta* and hot, dry and astringent for *Kapha*.
5. For *Avrita Apana Vayu*, treatment should be *Agnideepaka*, *Grahi*, *Vāta*, *Anulomana* and *Pakvashaya Shuddhikara*.

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