

LASHUNA TAIL VASTI IN THE MANAGEMENT OF DYSMENORRHOEA (KASHTARTAVA)

Hem Parkash

BAMS, M.D. Prasuti Tantra (Stree Rog), CCYPDip, Yoga
IMS, BHU Varanasi, Uttar Pradesh, India

ABSTRACT

Menstrual pain which is severe enough to limit normal activities is termed as *dysmenorrhoea (kashtartava)*. Dysmenorrhea is estimated to occur in 20% to 90% of women of reproductive age. It is the most common menstrual disorder. Typically it starts within a year of the first menstrual period. When there is no underlying cause often the pain improves with age or following having a child. Dysmenorrhoea is the most common gynaecological problem faced by women due to abnormal anatomical and functional aspect of uterus, psychosomatic factors, release of prostaglandins, pelvic congestion etc. *Kashtartava* (dysmenorrhoea), in the Ayurvedic samhita described under the heading of *Asta Artava Vyapad* and the main causative factor is *Vata Dosha .Lashuna tail Vasti* which is a Herbal formulation described in "*Kashyap Samhita Lashun Kalp adhyay*". having *vatahara (vednasthapanana)* properties by which it relieves pain(inhibit the synthesis of prostaglandin) and *Lashuna* has also emmenagogue property by which normalises the menstrual blood flow. Hence it corrects the pain during menses i.e.dysmenorrhoea (*kashtartava*). The clinical Study was carried out to evaluate the efficacy of Lashuna Tail Vasti in patients suffering from *kashtartava(dysmenorrhoea)*by selecting 41 patients who attended the O.P.D. of Prasuti Tantra and Striroga, Gurukul kangari hospital Haridwar. Patient was given *Lashun Tail Vasti* in a dose of- For *AnuvasanaVasti- Lashuna tail* 60ml was given. For *Nirooha Vasti- Lashuna Kwath* 450ml + 50ml of oil was given after doing pre-vasti preparation, in three consecutive cycle. Effect evaluated on before-test and after-test design. Statistically significant ($p<0.01$) results were seen in subjective symptoms pain during menstruation, giving a conclusion that *Lashun Tail Vasti* is effective in the management of *kashtartava(dysmenorrhoea)*.

Keywords: *Lashun tail, Vasti, kashtartava.*

INTRODUCTION

Dysmenorrhoea is a common gynaecological problem among women. In Ayurvedic texts, the term *krichhartava* used for dysmenorrhoea. Menstrual discomfort affect the majority of women, however, not all affected and incapacitated. Pain is purely a subjective symptom narrated by the patients, in all the gynaecological conditions, arising due to vitiation of *Vata*, there would be pain. This

dysmenorrhoea may be associated with normal menstruation scanty or excessive menstruation. In following condition the classics have mentioned specifically association of pain during menstruation- *artavakshaya, vataja artava dosha, vataja yoni vyapad, udavarta yoni vyapad, mahayoni*, and *asrigdara*. All the dietetic factors i.e. use of *ruksha, sheeta, laghu, katu, tikta, kashaya* substances, worry or other

mode of living, capable of aggravating the *vata* mainly responsible to produce the disease. Vitiated *vata* produce some spasm all round the female genital tract.

Dysmenorrhoea painful menstruation associated with increase level of PGF produced by secretary endometrium main myometrial spasmogens. Reduced pain threshold for pain, hormonal imbalance, mechanical obstruction, developmental error (bicornuate or septate or an accessory cornu present in uterus), psychological factors (Over anxiety, emotional instability), systematic illness etc. are the main etiological factor for dysmenorrhoea described in modern text. Dysmenorrhea occurs less often in those who exercise regularly and those who have children early in life. Treatment may include the use of a heating pad. Medications that may help include NSAID such as ibuprofen, hormonal birth control and the IUD with progestogen. Taking vitamin B or magnesium may help. Evidence for yoga, acupuncture, and massage is insufficient. Surgery may be useful if certain underlying problems are present.

Material and method: Selection of Cases: During this study total 41 patients were selected from outpatient department Prasuti Tantra and Striroga department Gurukul Kangari Hospital Haridwar. Patient coming with *rajokrichata* (dysmenorrhoea), previous three consecutive months without any specific organic pathology were taken for detailed study. Detailed interrogation regarding present symptoms specially pain during menstruation and its intensity association of other specific symptoms etc were taken.

Exclusion criteria - Patients having pelvic pathology, having lesion of chronic nature, malignant growth, cervical polyp ect. were excluded. Patient

having history of recent or abortion were also not taken in the study.

Clinical Examination: Detailed general examination, systemic examination and local examination of reproductive system (P/S,P/V.) was done to know the condition of vulva, vagina, any discharge, to know the size of any tear, consistency of cervix and shape, size, direction, mobility and consistency of uterus with condition of the adnexae recorded. Investigation included Hb, TLC, DLC, ESR, BT, CT, Platelet count, and Urine examination, USG, done for every patient.

Scoring was done purely on the basis of patients VRS (Verbal Rating Scale) statement, VAS (Visual Analogue Scales).

In Menstrual Period: amount of blood loss, duration of blood loss, interval of blood loss, character of menstruation pain and other discharges noted in every patients.

Method of Vasti treatment: For Anuvasana Vasti -Lashuna tail 60ml was taken.

Nirooha Vasti - Lashuna Kwath 450ml + 50ml of oil.

Instruments used: Enema cane, Glass syringe 100ml, Rubber catheter (No. - 10)

For proper description entire procedure can be divided into two steps as stated below:

Step I- *Yogavasti* – *Anuvasana Vasti*

Step II -*Yogavasti* – *Nirooha Vasti*

Patients were called for *Vasti* treatment after the clearance of menses i.e. 5th or 6th day.

Pre -Vasti Preparation : Patient were called for *Vasti* treatment after clearance of menses with light diet in the morning . Soap water enema was given. After giving enema patient were carried

out for Snehana therapy in which massage all over the body was given with Narayan tail. Then the patients were asked to take bathe with Luke warm water.

Method of giving Vasti: The patient was asked to lie down on the table in left lateral position with right leg flexed at the knee and hip joint and left leg extended with slightly raised foot. 60ml of the prepared tail is taken in 100ml Dispovan and is slowly introduced per rectum within 15-20 min through Rubber catheter. The patient is asked to stay in left lateral position and retain drug as long as possible. Patient was kept on the table for 1-2hrs, and after that patient was allowed to do their normal activities.

Post Vasti Karma: Immediately after Vasti procedure patients were specially

observed for pain, any bleeding, any type of discomfort, PR, Temp, B.P., etc. After 1-2 hrs patient were allowed to do normal daily activities. Patient was asked to inform doctor if any complication occurs.

Follow up: The patients were followed up at a regular interval of **one month** after the clearance of their menses. Vasti was given for 3 consecutive cycles and IV follow up was taken without giving Vasti to check the efficacy of treatment.

OBSERVATION AND RESULT: Observations were made in selected 41 cases by improvement of the symptomatic relief in pain and its intensity.

RESULTS: Results were assessed on following Vasti- Cured Improved, Partially improved, unchanged

Table no.1: Severity of pain (multidimensional scoring pattern)

scorin	Pain during menses
0	absent
1	Present, daily activity is not affected, no analgesic required.
2	Present, daily activity affected , analgesic required.
3	Present, she cannot do even her normal routine work, no effect even by taking ar algesics.

Table no.2 Duration of pain

Scoring	Duration of pain
0	No pain during menstruation
1	Pain persists for less than 12 hours.
2	Pain continues for 12-24 hours.
3	Pain continues for more than 24 hours.

Table No.3: Showing duration of pain during menstrual period

Score	Before Treatment	After Treatment			Chi-square test BT vs. AT
		Ist FUP	IInd FUP	IIIrd FUP	
0	19	19	21	25	$\chi^2 = 28.71$ $p < 0.001$ HS
1	3	5	14	16	
2	10	11	6	0	
3	9	6	0	0	

Table No. 4: Showing intensity of pain during menstrual period.

Score	Before Treatment	After Treatment			Chi-square test BT vs. AT
		Ist FUP	IInd FUP	IIIrd FUP	
0	19	19	19	21	$\chi^2 = 38.29$ $p < 0.001$ HS
1	1	1	11	20	
2	7	8	11	0	
3	14	13	0	0	

Table No. 5: Showing results in total cases.

Groups	No. of cases (n=41)	Percentage
Cured	25	60.97
Improved	8	19.51
Partially improved	5	12.19
No change	2	4.87

Above table shows that out of total cases 60.97% of cases were cured, 19.51% improved, 12.19% partially improved, no change was observed only in 12.19% of cases.

DISCUSSION

The *Artava* is formed by *Rasa* or *Rakta*, is brought about to the fine vessels of *Garbhashaya* by the action of normal functioning *apanavata* which also is responsible for its timely excretion through vaginal passage. *Artava* is *Agneya* in character, meaning thereby that *Agneya* or the *Tejas* component of the body would increase contrary to this would decrease its amount, since *Artava* is formed from *Rasa* which is *Saumya* or which has *Prathvi* and *Jala* as its major component.

In other words it can be said that if the basic health of woman governed by the *Rasa Dhatu* is deteriorated then also the *Artava* would be influenced. Thus it appears that basic health of woman governed by *Rasa* or *Rakta Dhatu*. The status of *Garbhashaya* and its *Dhamanies* or capillaries bed of endometrium are the main factors to govern the amount and character of

Artava. The principle of treatment in all these conditions is use of various purifying measures specially *Vasti* and *Uttar Vasti*. The disease is mainly due to *Vatadosha*, symptoms of *Vata* that is vague pain and aches etc, may be present as prodromal symptoms. Because the *Vasti* is specific treatment to suppress the *Vata* and the diseases are due to *Vata* vitiation. The drugs to be used in various forms should be *Agneya* in character, because *Artava* is *Agneya* and it will increase with the drugs of identical qualities. *Rasona* is *Vedanasthapana* (analgesic); *Uttejaka* (stimulant) and *Vatahara drug* (inhibit the synthesis of prostaglandin). It is allaying provoked *Vata* and *Kaphadosa*. It is appreciated as *Rasayana* and *Medhya* specially increasing or promoting functional power of *Indriya* (sensory organ) and vision in particular. In Ayurveda it is considered an important medicine in *Kashyapa Samhita*; a separate chapter is given in detail for *Lashuna*. *Lashuna* acts by its *guru*, *picchilla* and *snigdha aguna* properties. The maximum beneficial effects of *Vasti* are achieved due to *Vatanulomak* and *Srotoshodhak* effect of *Vasti*. The medicated oil when

enter through the per rectum route due to *Sukshmaguna* of *Taila* it enters the micro channels and *Vata* performs its proper function.

By the process of *Vasti apana va-yu* get suppressed and its function become normalised. *Vasti* with *Lashun oil* is a good recipe for the treatment of dysmenorrhoea (*rajokrichatta*). *Vasti* also improves the functions of autonomic nervous system, which in turn improves the blood supply of endometrium and ovary and give relief in other abnormality of menstrual disorder

CONCLUSION

The description of *Rajokricchata* given in Ayurvedic classic under the heading of *artavavyapad*, resemble dysmenorrhoea of Modern gynaecology. *Lashuna Tail Vasti* gives much better results in *Rajokrichchata*. On the basis of above facts, it may be concluded that the drugs *Lashuna tail* acts as *Vatasamak* i.e. cures the pain during menses (*rajokrichatta*).

REFERENCES

1. *Yonivyapad chiktsa adhyay* chiktsasthan thirtieth chapter page 858 *Caraksamhita* by Kashinath shastri, Dr. Gokranatha chaturvedi chaukhambha publication 2001
2. *Sukra Shonit Sudhi adhyay* Second chapter *Susruta Samhita Sharir* sthan page. 9 shlok 5 by Kaviraj Ambikadutta Shastri Chaukhambha Publication Twelfth edition 2001
3. *Lashuna kalp adhyay* second chapter page -175 shlok no.21, 22. Page no. 180 – shlokno.96 *Kasyap Samita* by VrdhaJivaka revised by Vatsyawith Nepal RajguruPanditHemraj Sharma Hindi translation by ayurvedalankara Sri SatyapalaBhisagacharya. Chaukhambhapublication edition reprint 2008.

4. *Rasona* properties Drayaguna Vijnana Volume 2 vegetable drugs page 72-75 Prof. P .V. Sharma Chaukhambha publication reprint 1999.

CORRESPONDING AUTHOR

Dr. Hem Parkash

Email:hemprakash78@gmail.com

Source of support: Nil
Conflict of interest: None Declared