

AYURVEDIC MANAGEMENT OF DYSMENORRHOEA ASSOCIATED WITH BICORNUATE UTERUS – A CASE STUDY

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ABSTRACT

In *Ayurveda* *Udavartini yonivyapad* can be compared with any type of dysmenorrhoea. *Udavartini* is mainly *vata dosha pradhana vyadhi* where *vata* causes upward movement of *raja*. Our *Acharyas* have described *gulma* and *vandhayatawa* as complications of *yonivyapad*. This article will explain how to understand and manage dysmenorrhoea associated with bicornuate uterus based on *Ayurvedic* perspective.

Keywords: *Bicornuate uterus, udavartini, yonivyapad*

INTRODUCTION

Bicornuate uterus is a type of lateral fusion disorder of the mullerian ducts of female genital tract¹. Congenital uterine anomaly is more common and generally is recognized by many practicing clinicians. Distribution of mullerian anomaly is septet (34%), bicornuate (39%), didelphic (11%), arcuate (7%), unicorn (5%), hypoplastic and a plastic and other forms (4%)². Bicornuate uterus is one the cause which leads to dysmenorrhoea, infertility, dyspareunia & menstrual disorders like menorrhagia (due to increased surface area), cryptomenorrhoea³. According to the American Fertility Society classification of mullerian duct anomalies, bicornuate uterus is a class IV anomaly. Incidence of this anomaly varies. This may affect a woman's obstetric as well as her gynecologic outcome³.

It has been clinically observed that *Ayurveda* helps in case of dysmenorrhoea associated with bicornuate uterus. It seems to help by not only treating the symptoms but also by strengthening the reproductive system and im-

proving the local cellular immunity. In *Ayurveda* different treatment modalities are mentioned for *yonivyapad*. In this case study *phalasarpi*, *sukumar kashaya*, *Cheriyamadhusnuhi rasayana* have been used and proved to be effective.

CASE REPORT:

A 38 years female hindu patient, housewife by occupation visited the OPD of SKAMCH & RC, dept of *prasooti tantra* and *stree rogaon* 23rd January 2015 with complaints of pain in lower abdomen & backache, Excessive sneezing, Headache during menstruation with scanty p/v bleedings since 15 year. Pain was spasmodic and intermittent in nature lasting for 3-4 days of menses. Along with this she also used to get sneezing & headache 3 to 4 days prior to menstruation which used to get subside with onset of menstruation. As the pain was not so severe she ignored it and did not take any medicine. Since last 3 years pain in the abdomen was so severe that patient was not able to do her normal activities & used to

take bed rest as much as possible. Hence patient consulted an Allopathic hospital and was prescribed pain killers tablets & injectable and used to get temporarily relief in symptoms. She continued the same treatment for around 3 months. The patient was not satisfied with Allopathic treatment because she had to take medicines during menstruation every cycle. So she approached SKAMCH and RC for further management.

Past history: No H/O DM/HTN/hypothyroidism or any other major medical or surgical history.

Family history: No history of same illness in any of the family members.

Menstrual / Obstetric history:

Menarche - 15 yrs.

M/C- 1-3 / 28-30 days/bleeding- bright red in colour, scanty (1 pad/day), without foul smell, with/without clots/ Dysmenorrhoea-Present, spasmodic and intermittent, lower abdomen and lower back region.

Married life -6 years.

O/H – G0 P0 A0 L0

Contraceptive history- No contraceptive history.

General examination

- Built : Moderate
- Nourishment : Moderate
- Pulse : 76 b / min
- BP : 130/80 mm of Hg
- Temperature : 98.4 F
- Respiratory Rate : 18 cycles / minute
- Height : 145 cm
- Weight : 45 kg
- Tongue : Uncoated
-

Palpation/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy : Absent

Systemic examination

- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.

- RS: normal vesicular breathing, no added sounds
- P/A- Soft, tenderness present in hypogastrium region, no organomegaly
- Bimanual examination- uterus antverted, antiflexed.
- Per speculum examination- vagina normal, cervix healthy and normal size, no white discharge

Ashta Vidha Pariksha:

- 1) *Nadi* - 82 b / min
- 2) *Mala* - Once / day
- 3) *Mutra* - 5 - 6times/day
- 4) *Jivha* - *Alipta*
- 5) *Shabda* –*Madhyama*
- 6) *Sparsha* - *Anushna Sheeta*.
- 7) *Druk* - *Madhyama*
- 8) *Akriti* - *Madhyama*.

Dasha vidha pariksha

Prakruti – *Vata pittaja*

Vikruti – *Madhyama*

Bala – *Madhyama*

Sara – *Madhyama*

Samhanana – *Madhyama*

Satmya – *Madhyama*

Satva – *Mishra rasa satmya*

Pramana – *Madhyama*

Ahara shakti – *Abhyavarana shakti* –

Madhyama Jarana shakti – *Madhyama*

Vyayama shakti – *Avara*

Vaya – *Madhyama*

LAB INVESTIGATIONS:

❖ Haemoglobin – 11.7 gm/dl (31/07/15)

❖ USG abdomen and pelvis (23/01/15) –

Impression: Bicornuate / Septate uterus.

Right endometrium more prominent than left endometrium.

Right ET – 8 mm, Left ET – 5.8 mm.

INTERVENTION:

• *Phalasarpi 2tsf BD with milk B/F*

• *Sukumara kashaya 2tsf BD with water B/F.*

- Cheriya madhu snuhi rasayana 1 tsf BD A/F

RESULTS: (RAJO VRUTTANTA) –

	BEFORE TREATMENT	AFTER TREATMENT
Cycle	1-3 / 28-30 days	4 -5 / 28-30 days
Quantity	1 pad /day	2-3 pads/ day for first 3 days then 1 pad on 4 th and 5 th day
Character	Dark red colour	Dark red colour
Odour	No foul smell	No foul smell
Consistency	Without clots	Without clots
Dysmenorrhoea	Present Type-Spasmodic & Intermittent Site- Lower abdomen & Low back region	Absent

THERE WAS A CONSIDERABLY CHANGED IN VARIOUS SYMPTOMS AS NOTED BELOW: -

Sr. No.	Date	Lower abdominal pain	Backache	LMP
1.	23/01/15 To 30/01/15	+++	+++	LMP- 29/12/14
2.	30/01/15 To 17/04/15	++	++	LMP- 29/01/15
3.	17/04/15 To 03/06/2015	+	+	LMP- 01/04/15
4.	03/06/2015 To 31/7/2015	---	---	LMP- 30/06/15
5.	31/7/2015	---	---	LMP- 31/07/15

From month of June patient is free from all the symptoms.

Patient was advised to stop all the medication and asked to observe condition during menstruation for next 2 months.

DISCUSSION

Ayurveda Udavartini yonivyapad can be compared with any type of dysmenorrhoea. Udavartini is mentioned by all Acharyas among 20 yonivyavad. It is a disease which occurs due to vitiation of vata where vata causes upward movement of raja and does its krichara vimunchana (painful expulsion). Vitiation of vata is caused by udaavartana (upward movement) of vegas (adhovata vega), hence there is vimarga gamana of apana vata. As apana vata is mainly responsible for artava nishkramana, so this vimargagaami vata (udharvagami vata) causes upward movement

of raja leading to its krichara vimunchana. Any yonivyapad can lead to gulma, arsha, asrigdara, vandhyatwa and other vata disorders i.e. stambha and shoola as complications if timely not being treated. Here in this case, bicornuate uterus is one of the cause for dysmenorrhoea where Phalasarpi, Sukumar kashayam and cheriyamadhu snuhi rasayana were used.

Phalasarpi⁴ have qualities such as madhura, laghu, sheeta guna, tridosha shamaka, yoni dosha hara, balya and rasayana properties. Snigdha Guna, both Katu and Madhura Vipaka and also Ushna and Sheeta Virya. It also has Dipana, Pachana, Anulomana, Shothahara, Krimighnaand Prajasthapana properties.

Sukumarkashayam⁵ pacifies vata and kaphashamaka. It provides balya to garbhashaya.

Having *srotoshodhana* property and corrects the anovulatory cycles.

*Cheriyamadhusnuhi Rasayana*⁶ is having *dee-pana*, *lekhana*, *rasayana*, *shoolahara* and *dathu-bala-sukha vardhaka* properties.

CONCLUSION:

In the present case study *Phalasarpi*, *Sukumar kashayam* and *Cheriyamadhusnuhi rasayana* have been used for the treatment of dysmenorrhoea associated with bicornuate uterus which is found to be very effective. There is drastic improvement in signs and symptoms. There will be improper shedding in bicornuate uterus. The *cheriyamadhu snuhi rasayana* helps in scrapping of the endometrium of uterus by its *lekhana guna* and it clears the *sroto avarodha*. *Sukumar kashaya* and *phalasarpi* act as *rasayana* by its *vata anulomana* and *rasayana* effects and give strength to the uterus.

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