



Case Study

AYURVEDIC MANAGEMENT OF PRIMARY DYSMENORRHEA WITH SAPTHASARA ARKA

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ABSTRACT

Dysmenorrhea is one of the most common gynecological conditions that affect the quality of life of women. The incidence of primary dysmenorrhea of sufficient magnitude to cause pain with incapacitation is about 15–25%. *Udavartha*, one among the *Vathika Yonirogas*, characterized by painful menstruation and relief of symptoms after blood discharge; can be symptomatically correlated to primary dysmenorrhoea. *Sapthasara Kashaya*, mentioned in *Chikitsa Manjari*, is indicated in the *Ruja* of *Yoni*, *Hrith*, *Kukshi*, and *Prushta*. The drugs in the *Sapthasara Kashaya* are *Vathakapha samana* and *Vatanulomana* in action. **Methodology:** Here is a case report of an 18-year-old girl who presented with complaints of severe pain during menstruation, low back ache, nausea, vomiting, and giddiness for the past 2 years. Her USG reports were found to be normal and so were diagnosed as a case of primary dysmenorrhoea. The patient was given 24ml of *Sapthasara Arka* with the same amount of water orally twice daily, half an hour before food, for 60 days. The assessment was done on 0th, 30th, 60th, and 90th days using the Visual Analogue Scale and the Verbal Descriptive Scale. **Result:** Signs and symptoms were significantly reduced on the 30th day of treatment and they were absent on 60th day and 90th day of follow-up. **Conclusion:** In primary dysmenorrhoea, the administration of *Sapthasara Arka* was found to be effective.

INTRODUCTION

Dysmenorrhoea is defined as painful menstruation of sufficient magnitude to incapacitate day-to-day activities.^[1] Dysmenorrhoea is mainly of two types: primary and secondary. Primary dysmenorrhoea is not related to any pelvic pathology, and it is usually associated with ovulatory cycles. Systemic discomforts like nausea, vomiting, fatigue, diarrhoea, headache, and tachycardia may be associated^[2]. In the conventional system, drug therapy includes mainly include prostaglandin synthetase inhibitors for pain management and hormonal therapy. Adverse effects include nausea, vomiting, diarrhoea, abdominal pain, constipation, heartburn, and dizziness.^[3] In Ayurveda, primary dysmenorrhoea can be considered as *Udavarta yoni vyapath*. According to Charaka, *Udavartha* is caused by *Vathaprakopa* due to

Vegarodha leading to painful menstruation (“*Raja krichrena munjathi*”). The pain is immediately relieved following the discharge of menstrual blood (“*Aarthave sa vimukthe thu that kshanam labhathe sugham*”).^[4] Pain can never occur without *Vata* vitiation. Thus, *Yoniroga* cannot exist without the involvement of *Vata dosha*.^[5] *Apana Vata* is located in the *Sroni*, *Vasthi*, *Uru*, etc, and has the function of *Arthava nishkramana*^[6]. So, *Udavartha* is a disease due to *Apana vatha vaigunya* and can be correlated with primary dysmenorrhoea.

Sapthasara kashaya mentioned in *Chikitsa Manjari*, *Arsorogadhikara*, is indicated in *Ruja* of *Yoni*, *Hrith*, *Kukshi*, and *Prushta*. *Sapthasara kashaya* in the form of *Arka*, a unique formulation, was given as it requires lesser dosage, has higher potency and patient compliance. *Sapthasara* means the essence of seven. It includes the drugs *Punarnava*, *Bilwa*, *Kulattha*, *Eranda*, *Sahachara*, *Sunthi*, and *Agnimantha*. This formulation, which can manage *Apana vata vaigunya* may be beneficial in the treatment of *Udavarta yonivyapath*.

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Case Report

Patient Information

An 18-year-old female patient reported at the OPD of the Government Ayurveda College Thripunithura. Prasutitantra and Sthreeroga department, with complaints of severe lower abdominal pain and low back ache along with nausea, vomiting, and giddiness during the first day of menstruation for 2 years.

She suffered from cramping pain in the lower abdomen (VAS -9/10) and low back ache radiating to bilateral thighs (VAS -5/10), beginning with the onset of menstruation and lasting up to 24 hours. Her menstrual periods were also associated with nausea, giddiness, and occasional vomiting. The nausea usually worsened with the intake of food. To alleviate pain, she used to take conventional analgesics with gave her temporary relief. This discomfort frequently prevented her from attending college, requiring her to rely on analgesics every month.

Past History

Nothing relevant

Family History

Maternal history of dysmenorrhoea

Personal History

- Diet - Mixed
- Bowel - Regular
- Appetite - Normal
- Micturition - Normal
- Sleep - Both day and night sleep, sound
- Allergy - Allergic to beef and shellfish
- Addiction - Nil

Menstrual History

Follow-Up and Outcomes

- Menarche -13 years
- LMP - 24/06/22
- PMP -10/05/22
- Interval - 30 – 45 days
- Duration - 2-4 days
- Amount - 2 pads/ 1st and 4th day -3-4 pads/ 2nd and 3rd day
- Clots - Nil
- Lower abdominal pain - Grade III (VAS -9/10)
- Low back ache - Grade II (VAS -5/10)
- Nausea - Grade I
- Vomiting - Grade I

Clinical Findings

General Physical Examination

- Built - Moderate
- Nutritional status - Moderate
- Height - 149cm
- Weight - 54kg
- Respiratory rate - 18 bpm
- BP - 124/80 mm/Hg
- Temperature - 98.4°F

Diagnostic Assessment

Ultrasonography of abdomen and pelvis dated 28/6/22 was normal.

Therapeutic Intervention

Name of the drug: *Sapthasara arka*

Dose: 24ml with equal water

Anupana: 5gm *Guda*/ Jaggery

Dosing schedule: Twice daily before food for 60 days

Mode of Administration: Orally

Assessment: Done on 0th, 30th, and 60th and follow-up was done on 90th day.



Observation after Treatment and After Follow-up, after Treatment

Symptoms	After 1 st month of treatment	After 2 nd month of treatment	Follow-up
LMP	28/7/22	26/8/22	6/10/22
Onset of pain	Along with the initiation of menstruation	Absent	Absent
Duration	3 hours	-	-
Frequency	Intermittent	-	-
Site	Lower abdominal pain	-	-
Clots	+	+	+
Lower Abdominal Pain	8/10 VAS Grade II	0/10 VAS Grade 0	0/10 VAS Grade 0
Low backache	Grade I	Grade 0	Grade 0
Associated symptoms	Nausea – Grade I	Absent	Absent

DISCUSSION

Dysmenorrhoea is one of the most frequent gynaecological conditions that affect the quality of life of women. Symptoms of primary dysmenorrhoea are similar to *Udavarta yonivyapat*, and *Vimarga gamana* of *Apana vayu* is the main pathology involved.

Sapthasara kashaya is indicated in *Vitbandha*, *Vahnimandhya*, *Soola of Yoni*, *Hruth*, *Kukshi*, *Prishta*, *Jadara*, and *Gulma*.^[7] The patient was advised to add *Guda* to *Arka* at the time of consumption. The qualities of *Guda* are *Sakshara*, *Naatisheeta*, *Snigdha*, *Mutra*

shodhaka, Raktashodhaka, Vataghna, Naatipittajit, Medakara, Krumikara, Balya, and Vrushya. [8] Jaggery is found to improve digestion, relieve constipation, increase energy, and is used in the management of premenstrual syndrome.[9]

Sapthasara arka contains *Punarnava, Bilwa, Kulattha, Eranda, Sahachara, Sunthi* and *Agnimantha*. Among these *Eranda* is *Vata hara*, all others are *Kaphavata hara* and five of the drugs are *Katu rasa*. It removes the *Srothorodha* by its *katu rasa*. It is also *Deepana, Pachana, and Ruchya* in nature.[10] This increases digestion and absorption, increasing assimilation of nutrients, improving nutritional status, and thereby increasing the pain threshold. In *Sapthasara arka* all drugs are of *Ushna veerya*, so it pacify *Vata*. Among the seven drugs, four are *Katu vipaka*, two are *Madhura vipaka*, and only one is *Amla vipaka*. *Katu vipaka* helps in pacifying *Kapha* and removing the obstruction to the movement of *Vata*. Most of the drugs are *Sothahara, Soolanuth, and Rakthavardhaka*. So, it might be anti-inflammatory and analgesic in action. Muscular spasm is caused due to *Vata prakopa*. *Eranda* is one of the seven ingredients of *Sapthasara kashya*, which is *Sreshta* among the *Vataharadravyas* as per Charaka. *Vata anulomana* and *Ushna veerya* properties of the drugs may help to reduce uterine muscular spasms. It has an antispasmodic effect, which reduces pain by regulating increased uterine activity. All the drugs in *Sapthasara arka*, have significant anti-inflammatory and analgesic activity and thereby help to reduce the pain. *Arka* is *Laghu paki, Vyavayi, and Vikasi*. So, *Arka* has the capacity to spread quickly in the body and bring about its desired effect even before undergoing the process of digestion.[11] The pH of *Sapthasara Arka* is acidic (2.4). Acidic medicines have high bioavailability, are quickly absorbed, and are extremely potent[12]. Since primary dysmenorrhoea is characterized by short-term pain, *Arka* can be used to successfully relieve the pain immediately. All these properties help to reduce lower abdominal pain, low back ache, nausea, vomiting, and giddiness associated with primary dysmenorrhoea.

CONCLUSION

Udavartha yonivyapath in Ayurveda can be considered as a disease of *Vata vaigunya*. So, the correction of *Vata* is the prime concern for the management. *Sapthasara kashaya* by virtue of its properties like *Vata kapha hara, Sopha hara, Soolahara, and Raktha pravartaka*, relieves symptoms of primary dysmenorrhoea. Further studies with larger samples are required to conclusively prove the effect of *Sapthasara arka* and that it can be used safely and effectively in relieving pain associated with primary dysmenorrhoea.

REFERENCES

1. Konar H. DC Dutta's textbook of Gynecology. 8th ed. Jaypee Brothers Medical Publishers; 2020. 147 p.
2. Konar H. DC Dutta's textbook of Gynecology. 8th ed. Jaypee Brothers Medical Publishers; 2020. 148 p.
3. Narendra Malhotra, Jaideep Malhotra, Richa Saxena, Naharika Malhotra Bora. Jeffcoate's Principle of Gynecology. 7th ed. New Delhi: The Health Sciences Publisher; 2008. 619–622 p.
4. Dr.RK Sharma and Bhagvan Dash. Charaka Samhita, Text with English translation. Vol. 5. Varanasi: Chaukambha Sanskrit Series; 2005.135 p.
5. R K Sharama, Bagwan dash (last) Caraka samhita 2013th ed. Varanasi; Chowkamba Krishnadas academy; 158 p (Chaukambha Sanskrit series; vol XCIV, volume V)
6. Prof K R Srikanta Murty. Ashtanga Hridayam, English translation. 9th edition. Varanasi: Choukamba Krishnadas Academy.
7. D Sreeman Namboothiri. Chikitsa Manjari. 12th ed. Alappuzha: Vidyarambham Publishers; 2015. 179 p.
8. Narahari Pandit SCS. Raja nighantu. 1st ed. Varanasi: Chaukambha Orientalia; 2012.
9. Hirpara, Parth & Thakare, Nitin & Kele, Vijay & Patel, Dhruvin. (2020). Jaggery: A natural sweetener. Journal of Pharmacognosy and Phytochemistry. 9. 3145-3148.
10. Prof K R Srikanta Murty. Ashtanga Hridayam, English translation. 9th edition. Varanasi: Choukamba Krishnadas Academy;
11. Vaidya Yadavji Trikamji. Charaka Samhita, by Agnivesa with the Ayurveda dipika commentary of chakrapanidutta. Varanasi: Chaukambha Sanskrit Series; 2014. 635 p.
12. Charifson PS, Walters WP. Acidic and basic drugs in medicinal chemistry: a perspective. J Med Chem. 2014 Dec 11; 57(23): 9701–17.

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