A CLINICAL STUDY OF DASHAMOOLAKSHEERA BASTI IN DYSMENORRHEA

Rachana H. V.
Asst. Prof. of Prasuti and Stree Roga, Sri Sri College of Ayurveda, Bangalore, Karnataka, India
Corresponding Author: dr.rachanabhat@gmail.com

ABSTRACT

Menstruation is a normal physiological process but when it is accompanied with pain, it is called Dysmenorrhea which is one of the commonest gynaecological complaints in our practice. Ayurveda has explained various conditions in which menstruation occurs with pain and the main reason for this is said to be the derangement of Apana and Vyana Vayu. Basti is considered to be the paramaushadha for the management of vata and it is indicated in all the types of yoni vyapath. There are many drugs commonly used and sold over the country for dysmenorrhea. But some of them are said to be effective only temporarily and some are reported to be causing various side effects on regular use. Hence, for symptomatic relief as well as permanent cure of underlying pathology of disease, Dashamoola, which is best vata kapha hara and when it is processed with ksheera, it acts best on Tridosha, was administered as ksheera basti. The clinical trial was carried out on 30 patients with 15 patients each in Group A – Dashamoola ksheera basti and chandraprabhavati & Group B –Chandraprabhavati. Group A has shown better results in reducing arthava kalaja shoola.

Key words: Dysmenorrhoea, Dashamoola, basti

INTRODUCTION

Pain is body’s most important alarm system because it draws attention to the fact that something is at fault. Total absence of pain sensation is also as disastrous as uncontrolled severe pain. However, uncontrolled pain is the single most common reason for people to seek medical advice. Pain is the biggest problem since the beginning of mankind. All the system of philosophy has taken origin in search of the method to relieve the pain. The word ‘Disease’ itself denotes painful situation. Health is happiness & disease is pain.

Vata is responsible for pain. It is evident by the saying that no yonivyapath occurs without morbid vata dosha. Apana vayu has been given prime importance in Gynaecological disorders. Normal menstruation is the function of Apana vayu, therefore painful menstruation is considered as apana vata dushti. According to Ayurvedic view, normal arthava or menstruation should not be associated with any sort of discomforts as pain, burning sensation etc. Hence painful menstruation is a variation from normalcy, which needs medical attention. So to maintain their health, utmost care and effective treatment is needed which is effective for longer duration with minimal or no side effects is needed. In Ayurveda, Basti is considered as paramaushadha for the management of vata.
It is the treatment modality indicated in all types of yoni vyapath. Dashamoola is best vatakaphahara and when it is processed with ksheera, it acts best on Tridosha. Considering above factors this study was designed and executed.

**METHODOLOGY**

**Method of data collection:**
- It is a single blind clinical study with a pre-test & post-test design, where 30 patients suffering from Dysmenorrhea were selected.
- The selected 30 patients were divided into 2 groups, 15 patients in each.
- The selected 15 patients in group “A” were administered with Dashamula ksheera basti & Chandraprabha vati orally.
- The selected 15 patients in group “B” were administered with Chandraprabha vati orally.
- The duration of treatment for both A & B group was 1 month & follow-up for next 3 consecutive menstrual cycles.
- A special format was prepared with all points of history taking, physical examination and laboratory investigations as mentioned in our classics & allied sciences, patients were analyzed and selected accordingly.
- The parameters of signs and symptoms were scored on the basis of standard method of statistical analysis.

**Inclusion criteria:**
- Patients between the ages of 14-45 years.
- Patient suffering from painful menstruation.
- Chronic PID.
- Endometriosis.
- Uterine anomalies.
- Pinhole os of cervix.
- Adenomyosis.
- Cervical polyps.
- Leiomyomas (Fibroid uterus-<12 weeks).
- Patient who are fit for Basti chikitsa.

**Exclusion criteria:**
- Acute PID
- IUCD
- Ashermans syndrome
- Patients with Anaemia.(Hb%<8%) 
- Patients with systemic diseases like diabetes, tuberculosis, etc
- Surgical, Orthopaedic, Malignant conditions.
- Patient who are not fit for Basti chikitsa.

**Intervention:**
The patients selected for the study were randomly assigned into two groups as follows:

**Group-A**
- Anuvasana basti (A) with dashamoola taila after food and Dashamoola ksheera niruha basti (N) in empty stomach administered for the course of 8 days (Yoga Basti).

<table>
<thead>
<tr>
<th>Dravya</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
<th>5th</th>
<th>6th</th>
<th>7th</th>
<th>8th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bastis</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td>N</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

- It was started after 5th day of menstruation / Cessation of complete bleeding and Chandraprabhavati was given orally for 1 month.
- Drug Dosage –Niruha basti-500 ml.
  - Anuvasana basti - 60 ml.
  - Chandraprabha vati - 400mg 2 TID with ushna jala as anupana.
- Duration of treatment – 1 month.
- Follow up — Next 3 consecutive menstrual cycles

**Group-B**
Chandraprabha vati was taken as it having vata pitta kapha hara property and as pain is due to vata, so selected it under control group.

- Chandraprabha vati-400mg.2 TID with ushna jala.
- Time of administration – Before food.
- Duration of treatment – 1 month.
- Follow up — Next 3 consecutive menstrual cycles.
OBSERVATIONS AND RESULTS

Incidence of patients based on age: Among 30 patients selected for the study, 50% of patients were in the age group between 21 to 25 years, 23.33% of patients were in the age group between 26-30 years, 10% of patients were in the age group between 31-35 years. 10% of patients were in the age group between 36-40 years. 3.33% patients were present in the age group between 40 to 45 years.

Incidence of patients based on marital status: Among 30 patients selected for the study, 46.66% were married, 53.33% were unmarried.

Incidence according to religion: Among 30 patients in study, 86.66% were Hindu, 13.33% were Muslim, and no Christians.

Incidence according to socio-economic status: Among 30 patients selected for the study, 63.33% were middle class, 23% were upper middle class, and 13.33% were lower middle class.

Incidence according to occupation: Among 30 patients selected for study, 43.33% were students, 26.66% were housewives, 20% were in service and 10% were in labour work.

Incidence according to bowel habits: Among 30 patients selected for study, regular bowel habits were present in 60% of patients and constipated in 40% of patients.

Incidence based on shoola during arthava kala: Among 30 patients selected for study, Ati shoola was present in 60% of patients, Shoola were present in 40% of patients.

Incidence based on inter menstrual period: Among 30 patients selected for study, duration between arthava kala were one month in 73.33% of patients, Cyclically less or more than one month in 16.66% of patients and it is irregular in 10% of patients.

Incidence based on duration of arthava: Among 30 patients selected for the study, in 80% of patients having 3-7 days of bleeding, 3.33% having less than 2 days, 16.66% patients having 7-12 days of bleeding. No one was having excessive bleeding.

<table>
<thead>
<tr>
<th>Mean of BT</th>
<th>Mean of AT</th>
<th>d</th>
<th>Paired ’t’ test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>S.D</td>
</tr>
<tr>
<td>1.733</td>
<td>AT1</td>
<td>1.1333</td>
<td>0.6000</td>
</tr>
<tr>
<td>1.733</td>
<td>AT2</td>
<td>0.8667</td>
<td>0.8667</td>
</tr>
<tr>
<td>1.733</td>
<td>AT3</td>
<td>0.7333</td>
<td>1.0000</td>
</tr>
</tbody>
</table>

Table 1: Effect of treatment on shoola during arthavakala in group A

<table>
<thead>
<tr>
<th>Mean of BT</th>
<th>Mean of AT</th>
<th>d</th>
<th>Paired ’t’ test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>S.D</td>
</tr>
<tr>
<td>1.4667</td>
<td>AT1</td>
<td>1.0000</td>
<td>0.4667</td>
</tr>
<tr>
<td>1.4667</td>
<td>AT2</td>
<td>0.8667</td>
<td>0.6000</td>
</tr>
<tr>
<td>1.4667</td>
<td>AT3</td>
<td>1.1333</td>
<td>0.3334</td>
</tr>
</tbody>
</table>

Table 2: Effect of treatment on shoola during arthavakala in group B

Group A: The mean score of the symptom of which was 1.733 before treatment reduced to 1.1333 in first follow up, reduced to 0.8667 in second follow up, further reduced to 0.7333 in final follow up. When these values were analyzed statistically, the difference was significant at the level of p = < 0.001.

Group B: The mean score of the symptom of which was 1.4667 before treatment reduced to 1.000 in first follow up, reduced to 0.8667 in second follow up, again increased to 1.133 in final follow up. When these values were analyzed statistically, the difference was significant at the level of p = < 0.001.
The difference in the mean values of the two groups is not great enough to reject the possibility that the difference is due to random sampling variability. There is not a statistically significant difference between the input groups \( (P = 0.577) \).

**DISCUSSION AND CONCLUSION**

Dysmenorrhoea is a common complaint seen in all gynaecological OPDs. In extreme cases, this interferes with day today activities of students of adolescent age and affects the working capacity of women and thus they seek medical advice. Nearly 50% of the adult female population suffer from various degrees of pain abdomen during menstruation. In western countries, the incidence is 72% reported dysmenorrhoea, 15% had to limit their activity and severity was improved by analgesics, 8% missed school or work at every menses and 38.2% regularly using medical treatment.

"मासातिथियोजनादहात दोषसघनयुक्तिः।
नैैवधीर्याः नात्वात्यमांशोऽसृष्टदिश्रेष्ठ।"

In Ayurvedic classics, great importance has been given to quality, quantity, purity, consistency, inter menstrual period, Duration of Arthava and Arthava that is devoid of pain and burning sensation, to understand *shuddha arthava lakshanas* where as the picchilata, arthi, daha of arthava is considered as vikruthavastha which leads to many gynaecological problems.

**Discussion on Probable mode of action of Basti on Dysmenorrhea**

Gut is a sensory organ consisting neural, immune & sensory detectors and cells, and provide direct input to local (intramural) regulatory systems and information that passes to CNS or other organs. *Basti* may stimulate the ENS (Enteric nervous system) and thus, it can influence to central nervous system and all bodily organs. *Basti* may act on the neurohumoral system of body by stimulating CNS through ENS, by restoring the physiology at molecular level and it can also act on the inflammatory substances like prostaglandins & vasopressin etc. by its various contents (after their absorption) which have anti-inflammatory property after getting absorbed. *Basti* may also help to excrete increased production prostaglandins. Visceral afferent stimulation may results in activation of the hypothalamus pituitary adrenal axis and ANS, involving the release of neurotransmitters like serotonin and hormones. Thus, it normalizes the neurotransmitters, hormonal & neural pathways and relieves all the symptom complex emerged as a result of neuro-hormonal imbalances in the patients of dysmenorrhoea.
On the other hand Dashamoola is having Analgesic, Anti-inflammatory properties according to various researches (Sharma P. V. 1998; Chunekar K. C. –2004; Chopra R. N. 1958, Gupta R.A., Singh B. N and Singh R.N. – 1986, Int. Conf. on Trad.Med. Madras, Jan. 23-25, premna-1968 etc) and the chemical constituents of most of Dashamoola drugs contain steroids like sitosterone. All these may work together and helps in reducing the pain.

**Mode of Action of Dashamoola taila**

Dashamoola Taila is effective in Dysmenorrhoea because it is Tridosanashaka specially Vatanashaka and having Snehana effect on the tissue. Dashamoola is having Shothahara, Amapachana etc. as Gunakaram. Again the Laghu panchamula is having Brimhana, Balya etc. properties hence it nourishes the body tissues and check Dhatukshaya. Spasm caused by vitiated Apana Vayu causes obstruction in the flow of menstrual blood is the general underlying pathology of Dysmenorrhoea. Taila enters into the Srotas and remove the Sankochara by virtue of its Madhura rasa and sukshma, Vikasi guna. Thus enable normal flow of menstrual blood and reduces the pain resulting due to spasm. On the other hand it causes Lekhana of Āvarana (Kapha-Pitta) by virtue of its Tikshna, Ushna, Sukshma, Sara and Vyaavy Gunas and thus allows normal movement of Apana Vayu. Hence the Dashamoola Taila fulfills all the possible criteria of the therapeutic aspects for the Dysmenorrhoea.

**Chandraprabha vati**

Chandraprabha vati is the drug of choice in case of Apana vata dushti. The main contents of Chandraprabha vati are Shilajith, Guggulu, Swarnamakshika bhasma, Lavana and Kshara, all having key role to play in the action of drug. Chandraprabha vati is having Tridosaghara, Balya, Vrushya properties does the action on Kaphaavruta vata, relieves the avruta apana vayu and maintains the patency to normal flow of arthaav and also helps in relieving pain. Also having medhya & smritivardhak action, this corrects the pituitary functions & maintains the LH & FSH levels. The properties like Medohara, Krimighna, Kaphahara and Lekhana will helps in minimizing the symptoms caused due to obstruction by a mass as in cases like fibroid, adenomyosis etc.

Rasayana dravyas like shilajathu, lohabhasma, pippali, guggulu, guduchi, Amalaki used in general debility to increase pain threshold in dysmenorrhic women, tones up the uterine and body muscles and helps in normal function of uterine muscle to cope up with strong contractions during menstruation. Vatanulomana dravyas like harithaki, vibhitaki, amalaki, trivruth, danthi possess Vatanulomana quality and act as Vatanulomana on Udavarta and help in the expulsion of raja without vedana from yoni.

The drugs like Guduchi, Bibhitaki, patra, Haridra, etc also contain β-sitosterol as a main chemical component. It is a remarkable plant nutrient. “Plant sterols” are believed to be the only natural non-toxic substance having anti bacterial, anti microbial and anti fungal activities, scientifically proven to have positive effect on the female reproductive system glands especially the uterus (Prof. Patrick J D Bovic)

**Discussion on methodology, observations and results**

The test group comprising of 15 patients, Dashamoola ksheera basti and Chandraprabhavati was given and for another group of 15 patient’s Chandraprabhavati was given & the results were compared.

**Effect of therapy:** Effect of treatment was clinically assessed before, after treatment and on follow up.

**Effect of treatment on shoola during arthavakala:** Among 15 patients in trial group,
11 were having Teevra shoola, 04 were having madhyama shoola. Among 15 patients in control group, 7 were having teevra shoola, 8 were having madhyama shoola. The mean score of the symptom of which was 1.733 before treatment reduced to 0.7333 after treatment in trial group. The mean score of the symptom of which was 1.4667 before treatment reduced to 1.133 after treatment in control group. The change was found to be statistically significant in both the groups.

Shoola is due to vata and Basti is considered as paramauishadha for the management of vata. The dravyas in niruha basti like Dashamoola ksheera is best vata pitta hara, and ksheera itself is having property of udavartahara, Yonishukradoshahara as mentioned by Kashyapa in nidana shhana. Madhu is having sookshma margaanusari guna, by which it can reach up to the minute srotas as and as it is yogavahi, it can transport the drug into the cells. As it is tridoshahara, it can be used in all the conditions. The general gunas of the lavanas are vishyandhi, sookshma, teekshma, ushna and vata kaphahara. Sneha in general is vahahara, produces softness in the body and it destroys the compactness of mala and removes the obstruction in the srotas, i.e., malaanam vinihanti sangham. Asvagandha kailka is having vatakaphahara property which may help to reduce shoola. As it is having balya property might have help to increase the strength of dhatus, thus increases pain threshold.

Dashamoola Taila is also having Vatashamaka property and having Snehana effect on the tissue. It removes the mixed Āvarana of Kapha-pitta in the Artavavaha Srotas. Dysmenorrhoea is vata predominant tridosha vyadhi. Basti is always useful in diseases caused by vata, pitta, kapha, rakta and samsarga doshas. Dashamoola ksheera basti with chandraprabhavati showed better results than only chandraprabhavati. Shodhana followed by shamana chikitsa was better when compared with only shamana chikitsa. Shodana chikitsa is considered to be more effective, since the disturbed doshas are eliminated from the body where as shamana will only pacify the deranged doshas. The clinical trial on 30 patients with 15 patients each group, Group A - Dashamoola ksheera basti and chandraprabhavati & Group B – Chandraprabhavati, Group A has shown better results in reducing arthava kalaja shoola.

REFERENCES

1. The analysis was done statistically using version SPSS statistics 17.0 software.