

**CLINICAL STUDY ON THERAPEUTIC EFFECT OF *DASHAMOOOLA KSHEERAPAKA* AND *DHANVANTARI TAILA MATRA BASTI* IN *UDAVARTINI YONIVYAPAD* W.S.R TO DYSMENORRHEA**Arpana Jain<sup>1</sup>, Ramadevi G<sup>2</sup>, Vidya Ballal<sup>3</sup><sup>1</sup>Assistant professor, <sup>2</sup>Professor, <sup>3</sup>Associate Professor

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**ABSTRACT**

Women's health is having prime importance for the wellbeing of the family and society. Any physical and physiological disturbance due to today's stressful life affects her reproductive life and career. *Udavartini* or dysmenorrhea is affecting 50% of the woman and is one of the most common clinical entities encountered in regular practice by the gynecologists. Therefore, a complete, comprehensive and holistic approach toward its understanding and treatment is the need of the hour. In the present study *Dashamoola Ksheerapaka* orally and *Dhanvantara Taila Matra Basti* has been tried in patients for the evaluation of efficacy. After the treatment, the results obtained showed significant improvement in almost all the parameters. It was observed at the end of treatment very significant relief from the intensity, duration of pain, nausea, headache, anorexia, constipation, and fatigue.

**Keywords:** *Udavartini Yonivyapad*, Dysmenorrhea, *Dashamoola Ksheerapaka*, *Dhanvantara taila matra vasti*.**INTRODUCTION**

With the advent of new millennium and the herald of high-tech era, women's status expected to reach new horizons both socially and psychologically. Some of

the physiological problems hinder her mentally and physically which disturbs her zeal for competing in this millennium. The commonest disturbing factor is

painful menstruation. Onset of *Artava* (Menstruation) marks the starting epoch of reproductive life in women. Most of the women experience minor psychological and somatic changes for a few days preceding menstruation and during those days. Once the menstruation is over, these menstrual molimina will disappear leaving behind an anxiety free well beingness in lady. *Udavartini Yonivyapath* is one such condition caused because of *Viloma Gati* (Upward movement) of *Vata* due to *Vegadharana* (Withholding natural urges) having *Pratyatma Lakshana* (classical features) as *Krichra Raja* (Painful menstruation) and *Artava Sa Vimukte Labhate Sukham*.<sup>1</sup> In modern perspective it is correlated with dysmenorrhoea which is characterized by severe pain during menstruation. Dysmenorrhea<sup>2</sup> is a common pathological condition that affects approximately 50% of menstruating women, disturbing their daily routines. In the first year after menarche 38% of girls develop dysmenorrhoeal pain. In the 2nd and 3rd year 20% experience pains related to menstruation. About 80% of women develop dysmenorrhoea within 3 years of menarche. In *Ayurveda Acharyas* says, '*Sarveshveteshu Shuleshu Prayena Pavanah Prabhu*'. Means *Vata* is the causative factor for all kinds of pain, which is evident by the saying that *Yonivyapath* occurs due to morbid *Vata Dosha*. Especially *Apana Vayu* has been given prime importance in Gynecological disorders as it is the governing force of menstruation since its *Prakutha Karmas* are *Shukra, Artava, Shakruth, Mootra* and *Garbha nishkramana*<sup>3</sup>. Pain is body's most important alarm system because it draws attention to the fact that something is at fault, it cannot be adequately defined, identified, or measured by an observer. Hence pain has become biggest problem since the beginning of mankind. All the system of medicine has taken origin in search of the method to relieve the pain.

Though modern medicine has made an unbelievable progress in understanding "dysmenorrhea", no new progress has been made in the line of management. Moreover, the principal drugs i.e. NSAIDS, used which aggravates gastrointestinal upsets experienced during menstruation, and also produce side effects like

headache, dizziness, drowsiness and many others in sensitive individuals, which restrict their use. Hence an attempt has been made here to treat this condition with *Ayurvedic* drugs mentioned in *Ayurvedic* classics.

**Methodology:** The present study was carried out on 10 patients attending OPD of SDMCA & H, Udupi.

**Aims and objectives of the Study:** To evaluate the effect of *Dashamoola Ksheerapaka & Dhanvantara Taila Matra Vasti* in *Udavartini Yonivyapad*.

**Source of data:** 10 patients suffering from *Udavartini Yonivyapad* were selected for the study from OPD and IPD of S.D.M Ayurveda Hospital, Kuthpady, Udupi.

**Study design:** It is a single blind clinical study with a pre-test & post-test design.

**Method of data collection:** 10 patients suffering from *Udavartini Yonivyapad* were administered with *Dashamoola Ksheerapaka and Dhanvantara Taila Matra Vasti*.

A special format was prepared with all points of history taking, physical examination and laboratory investigations, patients were analysed and selected accordingly.

**Inclusion Criteria:**

- Patients between the ages of 16-40 years.
- Patients with '*Pratyatma Lakshana*'s' of *Udavartini Yonivyapath*.
- Primary and secondary dysmenorrhoea

**Exclusion Criteria:**

- Patients with severe Anaemia (Hb% < 8%) .
- Patients with systemic diseases like diabetes, tuberculosis. etc
- Malignant conditions
- Any uterine abnormality [congenital]

**Intervention:** Patients selected were administered with *Dhanvantara Taila Matra Vasti* 60 ml for 7 days along with *Dashamoola Ksheerapaka* 50ml twice a day for 1 month orally after cessation of menstruation.

**Duration of the study:** 5 Months

**Assessment:** BT-1<sup>st</sup> day of menstrual cycle, AT 1: first day of 2<sup>nd</sup> menstrual cycle, AT 2: first day 3<sup>rd</sup> menstrual cycle, AT 3: first day of 5<sup>th</sup> menstrual cycle

**Table 1:** Assessment Criteria:

Criteria	Scorings	BT	AT- 1	AT-2	AT-3
Pain Intensity	0 Menstruation is not painful and daily activity is unaffected. 1 Menstruation is painful but daily activity is not affected. 2 Menstruation is painful and daily activity is affected. Analgesic drug is needed. 3 Menstruation is so painful that patient is unable to do even the routine work and has to miss class / office during menses. Has to take analgesic, but without much relief.				
Duration	0 No pain during menstruation 1 Pain persists for less than 12 h 2 Pain persists for 12-24 h 3 Pain persists for more than 24 h				
Nature	Spasmodic/Colic/ Any Others				
Site	Lower Abdomen Pain, Back Pain, Pain Radiating to thighs 0 No Pain 1 Presence of all three for less than 1h / any two features for less than 6 H / any One feature for less than 12 H 2 Presence of all three for 1-2 H / any Two features for 6-12 H / any one feature for more than 12 H 3 Presence of all three for more than 2 H / any two features for 12-24 H / any One feature for more than 24 H				
Inter Menstrual Pain	Present: if yes, day of cycle/number of days- Absent				
Amount of Blood Loss	0 6-7 Pads/Cycle 1 4-5 Pads/Cycle 2 2-3 Pads/Cycle 3 SpottingOr1Pad/Cycle				
Clots	Present: If Yes, Size- Absent				
Nausea	0 No Nausea 1 2-3 Times/Day 2 4-5 Times/Day 3 >5 Times/Day				
Vomiting	0 No Vomiting 1 Occasionally 2 1-2 Times/Day 3 More Than 2times /Day				
Anorexia	0 Takes a full diet and also has proper appetite at the next mealtime 1 presence of moderate appetite and promote appearance of appetite in next mealtime 2 presence of low appetite but delayed appearance of appetite in next mealtime 3 persisting low appetite or frequent loss of appetite; unable to consume even the minimum required diet				
Headache	0. No Headache 1. Headache once during each menstruation; persists for less				

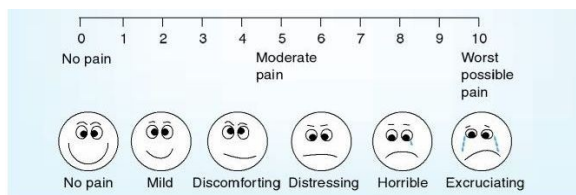
	than 6 h 2. Frequent headache 2-3 times per menstruation; daily activity not affected 3. Persistent headache throughout the menstruation; daily activity affected				
Constipation	0 No constipation 1 Frequency of stool once in a day, but hard stools passed 2 Frequency of stool alternate days and patient has difficulty in defecation 3 Patient cannot pass stool without the help of a purgative even after 3-4 days				
Diarrhoea	0 No diarrhea 1 Occasionally /once or twice a day 2 2-3 times/day and loose stool 3 More than 3 times/day and loose stool				
Fatigue	0 No fatigue 1 Fatigue induced by an even single extra work in addition to the daily routine 2 Fatigued by the normal daily routine 3 Severe fatigue even without work				
Breast Tenderness	0 No breast pain /tenderness 1 Mild pain 2 Moderate pain 3 Severe tenderness				

**Final Assessment:** Visual analogue scale<sup>4</sup> (VAS) for pain:

The visual analog scale for pain is a straight line with one end meaning no pain and the other end meaning

the worst pain imaginable. Here patient makes a point on a 10cm horizontal or vertical line to indicate their pain intensity, with 0 indicating “no pain” and “10 indicating the worst possible pain”.

**Picture 1 : Showing VAS**



**Investigations:** Hb%, TLC, DLC, ESR, Urine routine and USG [only if required]

**Observations & Results:**

**Table 2:** Showing effect of treatment on intensity of pain

N	BT-Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S. E	t	P
10	2.8	AT1	0.9	1.90	67.8	0.31	0.10	10.58	<0.0001
		AT2	0.9	1.90	67.8	0.31	0.10	10.58	<0.0001
		AT3	1.1	1.70	60.7	0.56	0.17	7.96	<0.0001

The statistical analysis revealed that the mean score of intensity of pain:

- ✓ Mean was 2.8 before the treatment was reduced to 0.9 in F1 & F2, 1.1 in F3 and this change is statisti-

cally considered as extremely significant with P values <0.0001.

**Table 3:** showing effect of treatment on duration of pain

N	BT-Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	T	P
10	2.6	AT1	1.1	1.50	57.6	0.31	0.10	9.000	<0.0001
		AT2	1.1	1.50	57.8	0.31	0.10	9.000	<0.0001
		AT3	1.3	1.30	50	0.48	0.15	8.510	<0.0001

The statistical analysis revealed that the mean score of duration of pain was:

- ✓ Mean was 2.6 before the treatment was reduced to 1.1 in F1 & F2, 1.3 in F3 and this change is statisti-

cally considered as extremely significant with P values <0.0001.

**Table 4:** Showing effect of treatment on site of pain

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	2.5	AT1	1.3	1.20	48	0.48	0.15	6.00	0.0002
		AT2	1.2	1.30	52	0.42	0.13	8.510	<0.0001
		AT3	1.5	1.00	40	0.70	0.22	4.743	0.0011

The statistical analysis revealed that the mean score of sites of pain was:

- ✓ Mean was 2.5 before the treatment was reduced to 1.3 in F1, 1.2 in F2, 1.5 in F3 and this change is sta-

tistically considered as extremely significant in F1 & F2, very significant in F3 with P values 0.0002, <0.0001 & 0.0011 respectively.

**Table 5:** Showing effect of treatment on amount of blood loss

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	0.0	AT1	0.0	0.0	0	0.0	0.0	-	-
		AT2	0.0	0.0	0	0.0	0.0	-	-
		AT3	0.0	0.0	0	0.0	0.0	0.0	-

The statistical analysis revealed that the mean score of amounts of blood loss during menstruation:

- ✓ Mean was 0.0 before the treatment, and there was no change after the treatment hence this value is not considered for statistical evaluation.

**Table 6:** Showing effect of treatment on nausea

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	1.6	AT1	0.30	1.30	81.25	0.48	0.15	4.333	0.0019
		AT2	0.30	1.30	81.25	0.48	0.15	4.333	0.0019
		AT3	0.30	1.30	81.25	0.48	0.15	4.333	0.0019

The statistical analysis revealed that the mean score of nausea during menstruation,

- ✓ Mean was 1.6 before the treatment was reduced to 1.30 in F1, F2, & F3 and this change is statistically

considered as very significant with P values 0.0019.

**Table 7:** Showing effect of treatment on vomiting

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	1.7	AT1	0.5	1.20	70.5	0.70	0.22	4.811	0.0010
		AT2	0.4	1.30	76.4	0.52	0.16	4.993	0.0007
		AT3	0.7	1.00	58.8	0.67	0.21	2.372	0.0418

The statistical analysis revealed that the mean score of vomiting during menstruation was:

- ✓ Mean was 1.7 before the treatment was reduced to 0.5 in F1, 0.4 in F2, 0.7 in F3 and this change is

statistically considered as extremely significant in F1 and F2, significant in F3 with P values 0.0010, 0.0007, 0.0418.

**Table 8:** Showing Effect of Treatment on Anorexia

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	1.7	AT1	0.6	1.10	64.7	0.51	0.16	4.71	0.0011
		AT2	0.6	1.10	64.7	0.51	0.16	4.71	0.0011
		AT3	0.8	0.90	52.9	0.63	0.20	2.37	0.0414

The statistical analysis revealed that the mean score for anorexia during menstruation was:

- ✓ In Group C mean was 1.7 before the treatment was reduced to 0.6 in F1 & F2, 0.8 in F3 and this

change is statistically considered as very significant in F1 & F2, significant in F3 with P values 0.0011 in F1 & F2, 0.0414 in F3.

**Table 9:** Showing effect of treatment on headache

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	T	P
10	0.9	AT1	0.3	0.6	66.6	0.48	0.15	2.800	0.0251
		AT2	0.3	0.6	66.6	0.48	0.15	2.800	0.0251
		AT3	0.3	0.6	66.6	0.48	0.15	2.800	0.0251

The statistical analysis revealed that the mean score of headaches during menstruation:

- ✓ Mean was 0.9 before the treatment was reduced to 0.3 in F1, F2, & F3 and this change is statistically considered as significant with P values 0.0251.

**Table 10:** Showing Effect of Treatment on Constipation

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	1.1	AT1	0.1	1.00	90.9	0.31	0.10	3.00	0.0150
		AT2	0.1	1.00	90.9	0.31	0.10	3.00	0.0150
		AT3	0.2	0.90	81.8	0.42	0.13	2.586	0.0294

The statistical analysis revealed that the mean score of constipation during menstruation: Mean was 1.1 before the treatment was reduced to 0.1 in F1 & F2, 0.2

in F3 and this change is statistically considered as significant with P values 0.0150 in F1 & F2, 0.0294 in F3.

**Table 11:** Showing effect of treatment on Diarrhoea

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	0.7	AT1	0.1	0.6	85.7	0.31	0.10	1.964	0.0811
		AT2	0.1	0.6	85.7	0.31	0.10	1.964	0.0811
		AT3	0.1	0.6	85.7	0.31	0.10	1.964	0.0811

The statistical analysis revealed that the mean score of duration of pain was: Mean was 0.7 before the treatment was reduced to 0.1 in F1, F2, & F3, and this change is statistically considered as not significant with P values 0.0811.

**Table 12:** Showing effect of treatment on fatigue

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	t	P
10	2.3	AT1	0.7	1.60	69.5	0.48	0.15	9.798	<0.0001
		AT2	0.7	1.60	69.5	0.48	0.15	9.798	<0.0001
		AT3	0.7	1.60	69.5	0.48	0.15	9.798	<0.0001

The statistical analysis revealed that the mean score of fatigue during menstruation:

- ✓ Mean was 2.3 before the treatment was reduced to 0.7 in F1, F2, & F3 and this change is statistically

considered as extremely significant with P values <0.0001.

**Table 13:** showing effect of treatment on breast tenderness

N	BT Mean	AT-Mean		Diff d	%	Paired t test			
						SD	S.E	t	P
10	0.8	AT1	0.5	0.30	37.5	0.85	0.27	1.406	0.1934
		AT2	0.5	0.30	37.5	0.85	0.27	1.406	0.1934
		AT3	0.5	0.30	37.5	0.85	0.27	1.406	0.1934

The statistical analysis revealed that the mean score of breast tenderness during menstruation:

- ✓ Mean was 0.8 before the treatment was reduced to 0.5 in F1, F2 & F3 and this change is statistically

considered as not significant with P values 0.1934.

**Table 14:** Showing Effect of Treatment on VAS

N	BT Mean	AT-Mean		Diff D	%	Paired t test			
						SD	S.E	T	P
10	9.6	AT1	2.9	6.70	69.7	1.66	0.52	11.21	<0.0001
		AT2	2.8	6.80	70.8	1.61	0.51	11.85	<0.0001
		AT3	3.3	6.30	65.6	1.88	0.59	9.947	<0.0001



The statistical analysis revealed that the mean score of VAS:

- ✓ Mean was 9.6 before the treatment was reduced to 2.9 in F1, 2.8 in F2, 3.3 in F3 and this change is

statistically considered as extremely significant with P values <0.0001.

**Table 15:** Showing Results

Sl. No	Criteria	BT- mean	AT-2 mean	P value	Inference
1	Intensity of pain	2.8	0.9	<0.0001	Extremely significant
2	Duration of pain	2.6	1.3	<0.0001	Extremely significant
3	Nausea	1.6	0.3	0.0019	Very significant
4	Anorexia	1.7	0.8	0.0011	Very significant
5	VAS	9.6	3.3	<0.0001	Extremely significant

## DISCUSSION

***'Women's health needs to be front and center - it often isn't, but it needs to be'***

A woman undergoes various physical and physiological changes during her reproductive period i.e. from menarche to menopause. Menstruation is one such physiological process that is taking place in woman's life that requires awareness and proper care to remain healthy. In Ayurveda, Acharyas have explained different *Paricharyas* (Regimen) like *Dinacharya*, *Rutucharya* etc. to maintain *Swasthavastha*. Other than *Shodasa Samakara's*, for *Stree* specifically different *Paricharyas* like *Rajaswala Charya*, *Ritumati Charya*, *Garbhini Paricharyas* were described. Among them *'Rajaswala Paricharya'* is one which should be followed during menstruation as this keeps the woman free from menstrual ailments. Traditionally these *Paricharyas* were followed by our ancestors hence prevalence of diseases were less during those days but in the present era people are career oriented and the life style has changed a lot from before which makes them suffer from various menstrual disorders. *Udavartini* is one such disorder caused due to improper regimen. *Ayurveda* stresses on the importance of health of woman, as she is the only one who can procreate and thus play foundation of healthy society. *Ayurvedic* treatment not only cures the pathologies of reproductive organ but with holistic approach treat the woman as whole, thereby improving the general health also. *Udavartini* can be correlated to dysmenorrhea which

is a common pathological condition that affects approximately 50% of menstruating women, which causes significant discomfort & anxiety in the woman as well as her family. 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 adolescents experience pain during menstruation, with 05-20% reporting severe dysmenorrhoea or pain that prevent them from ensuing day-to-day activities. Hence considering the increased prevalence rate of this disease, the present research work is planned to assess the efficacy of selected drugs on *Udavartini Yonivyapad* and to compare the efficacy of both *Basti* and oral group.

### **Discussion on Dashamoola Ksheerapaka<sup>5,6</sup>:**

*Dashamoola ksheerapaka* contains *Bilva*, *Agnimantha*, *Shyonaka*, *Patala*, *Gambhari*, *Bruhati Kantakari*, *Shaliparni*, *Prisniparni*, *Gokshura-1* part each, *Ksheera* -8 parts, water -32 parts. *Dashamoola Ksheera Pana* has been indicated in treatment of *Udavarta Yonivyapad*. Most of the drugs in *Dashamoola* are having *Madhura & Kashaya Rasa*, *Laghu Ruksha Guna*, *Ushna Veerya*, *Madhura Vipaka*, which mainly act on *Vata Vikriti*. *Madhura rasa*, *Laghu Guna* and *Madhura Vipaka* helps to pacify vitiated *Vata*, *Kashaya Rasa* and *Ushna Veerya* does *Amapachana* & cleanses the *Srotasa*. Collectively the actions of *Dashamoola* are *Vatahara*, *Parshvashulahara*, *Shothahar*, *Balya*, *Amapachaka*. *Ksheera* has been mentioned as *Pathya* for all the *Yonivyapad*. *Ksheera*



is having *Madhura Rasa, Snigdha Guna, Madhura Vipaka* and it is *Jeevaniya, Balya, Yonirogahara, Anulomaka* in nature. Thus, when *Dashamoola* is processed with *Ksheera*, it provides *Dhatu Poshana*, in turn alleviates *Vata*, gives strength to the uterine musculature helps in normal *Prasarana* and *Akunchana*. By the above properties *Dashamoola ksheerapaka* is *Vatanulomaka, Balya, Shothahara, Shoolahara, Amapachaka* and reduces most of the discomforts produced during menstruation like fatigue, anorexia, diarrhoea, constipation thus it favors normal menstruation.

#### **Discussion on Basti Chikitsa with Dhanvantara Taila<sup>7</sup>:**

*Basti* is considered as *Paramaushada* for the management of *Vata* and it is the treatment modality explained in all types of *Yonivyapath*. In *Udavartini Yoni Vyapath* there will be *Viloma Gati* of *Vata*, hence *Anulomana* of *Vata* is required which can be obtained by administration of *Basti*. *Dhanvantara Taila* mentioned in *Sahasrayoga Taila Prakarana* mainly consists of main ingredients like *Bala, Dashamoola, Ashwagandha, Triphala, Ksheera, Tila taila* etc. are having *Balya, Vatanulomaka, Shothahara, Vedanasthapaka, Rasayana* properties. *Taila* is considered as best for *Vata, Tila Taila* by its *Teekshna, Ushna, Sukshma, Sara* and *Vyavayi Guna* enters the *Srotas* clears *Sroto Avarodha* and allows the normal downward movement of *Apana Vata*. It mainly acts as *Balya, Rasayana, Vataghna, Yonishoolahara, Udavartanashaka*. It contains minerals like magnesium, calcium, iron, zinc, vitamins B6 & D helps in relieving fatigue, anxiety, and headache, promotes strength to nerves and muscle. It helps in improving circulation thus it relieves the pelvic congestion and by improving immunity increases the pain threshold. It is considered as laxative and having the properties like *Teekshna, Sukshma, Sara, Vyavayi* and *Vikasi*, which relaxes the muscle and eases the pain. It has antioxidant property which prevents synthesis of prostaglandins. By the above said properties of *Dhanvantara Taila* we can conclude that the taken drug has the capacity of *Vatahara, Rasayana, Balya, Shothahara, Shoolahara* and favors the *Anulomana* of *Apana Vata*.

#### **Mode of Action of Matra Basti:**

Mode of action of *Matra Basti* is defined in *Ayurvedic* classics very well., In modern science there are three theories, which are being tried to explain the mode of action of *Basti*. They are –

- i) Absorption through gastrointestinal system,
- ii) Stimulation of enteric nervous system (ENS)
- iii) System biology.

The *Basti* drugs are absorbed from the intestines through the rich blood supply of rectum and acts on all over the body. From capillaries and lymphatics of intestines, it will reach to systemic circulation and then will act on all the bodily organs. This theory is same as the theory given by *Acharya Sushruta*, says that the *Virya* of *Basti* administered through rectum reaches the whole body through the channels as the active principles in the water when poured at the root reaches the whole plant. *Acharya Charaka* has also described the similar view to modern theory of absorption to explain the action of *Basti*. As tree irrigated in its root level attains nourishment for whole tree, in the same way, *Basti* drugs given through *Guda*, because of its rich blood supply nourishes the limbs & all the organs of the body. Whole body is composed of *Srotas* i.e. channels (micro and macro) from where things can (metabolites) travel. *Srotas* can be correlated with all the biological channels (Blood vessels, lymphatics, capillaries), pores, paracellular spaces, intercellular spaces etc. these are not restricted to organs, systems, cells, but also to the nucleus of the cells. Thus, *Basti Dravya* normalizes the function of *Vata* after reaching all over the body. Its contents act through their different chemical constituents to restore the normal menstrual physiology and thus relieve pain during menstruation. On the neuro-humoral system of body, *Basti* acts 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 the various contents of oil used which have anti-inflammatory property. It has been found that endogenous opioids which are generated in pituitary, hypothalamus as well as in peripheral tissues including GIT specially  $\beta$  Endorphin's play role in regulating the secretion of pituitary hormones,

Vasopressin, Oxytocin etc. Thus, it normalizes the neurotransmitters, hormonal & neural pathways and relieves all the symptoms complex emerged as a result of neuro-humoral imbalances in the patients of dysmenorrhoea. Medicinal property of oil reaches to the CNS through ENS and normalizes the functions of hypothalamo-pituitary-ovarian axis & normalizes hormonal levels. Apart from that therapeutic action of *Basti* on *Udavartini* it also does other mechanisms like, improves overall nutrition status of body, improves intestinal health and absorption, nourishes the system, increases the immunity by detoxifying the system, by action of active principle of drug it breaks the pathology. The newer approach of system biology getting popular in modern science is very much similar to holistic approach of *Ayurveda*. It believes that human body does not act on reductionist approach, rather it acts in holistic way. All the systems are inter-related on molecular level, and the change at molecular level on one system will affect whole the body. This theory is same as the *Ayurvedic* theory of *Tridoshas*. *Dosha* acts on all the organs simultaneously and its functional disturbance will influence all bodily functions. Thus, *Basti* will act not only on the pain, but also entire menstrual molimina's of body by normalizing the functions of *Vata*.

## CONCLUSION

*Udavartini yonivyapad* (dysmenorrhoea) is one of the most common ailments in present era which affects woman both physically and mentally disturbing their daily routine and it is a common cause for absenteeism from school, college and work. In *udavartini yonivyapad* specially *Snehana* with *Traivruth Sneha*, *Swedana* with *Auduka* and *Anupa Mamsa Rasa*, *Dashamoola Siddha Ksheerapana* as well as *Basti*, *Anuvasana* and *Uttara Basti* using *Vatahar Taila's* have been mentioned. Along with this, main culprit of *Udavartini Yonivyapad* is *Apana Vata*, hence the general management of *Apanavata Dushti* mentioned by *Charaka* i.e. *Anulomana Karma* along with other *Vatashamaka* measures should be followed. The two drugs selected for the study, *Dashamoola Ksheerapaka* and *Dhanvantara taila* which are good

*Vatashamaka Dravyas* according to classics. *Dashamoola* is the best *Tridoshahara Dravya* when processed with *Ksheera* it acts best on *Vata*. And *Basti* has been mentioned as one of the best therapeutic procedure for alleviation of vitiated *Vata*. These drugs showed extremely significant improvement in Intensity & duration of pain (65 % and 55 %). Nausea and anorexia also showed significant improvement. Not much change was noticed in breast tenderness, diarrhoea and on amount of blood loss.

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