

Clinical Evaluation of *Chitramutti Thailam* in the Management of *Aga Soothaga Vali* (Primary Dysmenorrhoea): A Case Report

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ABSTRACT:

Dysmenorrhoea is a frequent and misdiagnosed symptom affecting the quality of life in women. Every woman experiences at least a minimum level of pain during menstruation in their lifetime. But Dysmenorrhoea is defined as the severe and frequent menstrual cramps and pain during the menstrual period which can negatively affect a woman's quality of life (QoL) and interfere with daily activities. Dysmenorrhoea is classified as primary and secondary dysmenorrhoea. The primary dysmenorrhoea is one where there is no identifiable pelvic pathology. Primary Dysmenorrhoea is widely prevalent; more than 70% of teenagers and 30% - 50% of menstruating women suffer from varying degrees of discomfort. The main ingredient of the trial drug *Chitramutti* has emollient action so it will be effective in the management of *Chitramutti thailam*. In this case report a 23 year old female with dysmenorrhoea, assessed through reduction in WaLIDD score. The patient was advised to take 5ml of *Chitramutti thailam*(BD) along with the external application of the same around the anal region during the menstruation period. The patient initially had severe Dysmenorrhoea with a WaLIDD Score of 8 with the symptoms of abdominal pain along with vomiting for 3-4 days of menstruation. After three consecutive cycles with intake of medication during the menstruation period, the symptoms are reduced with a WaLIDD Score of 2 at the end of third consecutive cycles. The notable reduction in WaLIDD Score demonstrates the effectiveness of *Chitramutti Thailam* in the management of *Aga Soothaga Vali* (Primary dysmenorrhoea). Further studies are needed to confirm its efficacy in larger populations.

KEYWORDS: *Aga Soothaga Vali*, *Chitramutti Thailam*, Primary Dysmenorrhoea, WaLIDD Score.

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INTRODUCTION:

Siddha medicine is a form of traditional medicine originating in southern India. It is one of the oldest systems of medicine in India. Siddha views disease as a condition caused when the normal equilibrium of the three humors (collectively called *mukkuttram*) – *vaadham* (airy), *pittham* (fiery) and *kapam* (watery) – is disturbed^[1]. The factors assumed to affect this equilibrium are environment, climatic conditions, diet, physical activities, and stress. Siddhars have explained about the various types of Gynaecological ailments in their texts.

Gynaecology is the area of medicine that involves the treatment of women's diseases, especially those of the female reproductive organs. It is often paired with the field of obstetrics, which focuses on pregnancy and childbirth. Gynaecology can be broadly defined as the science of physiological functions and disorders specific to women. One among them is dysmenorrhoea which is a frequent and misdiagnosed symptom affecting the quality of life in women. Although it is a common condition, it is usually underdiagnosed, since most females do not seek medical attention^[2,3].

Dysmenorrhoea is one of the most frequently happening in gynaecological disorders among adolescent girls. Globally, estimates of the burden of dysmenorrhoea range from 50% to 95%^[4]. Studies from India reported the prevalence range between 50 to 87.8%^[5,6,7,8,9]. Other studies reported that dysmenorrhea affects up to 90% of

women of childbearing age to varying degrees^[10].

Pain is significant in 5-20% who report severe dysmenorrhea or pain that prevents them from participating in their usual activities. When a woman presents for assessment of dysmenorrhoea we must consider not just the woman's presenting symptoms and possible underlying medical causes, but also the effect the pain is having on her life and her cultural influences. Besides the obvious physical concerns about underlying pelvic pathology, dysmenorrhoea can disrupt daily activities, causing significant social disability. In accordance with its pathophysiology, it is classified as either primary or secondary dysmenorrhea.

The primary dysmenorrhoea is one where there is no identifiable pelvic pathology. It is the most common gynecologic complaint among adolescent and adult females^[11]. Primary dysmenorrhea (PD)—defined as spasmodic and painful cramps in the lower abdomen that begin shortly before or at the onset of menses in the absence of any pelvic pathology—is one of the most common complaints in both young and adult females^[12]. Its onset occurs mainly during adolescence, within 6 to 24 months after menarche. It is an extremely common and sometimes debilitating condition for women of reproductive age^[13]. Its prevalence varies from between 16 to 91% in reproductive age women^[14].

According to Siddha aspect, Primary dysmenorrhea is correlated with *Agasoothaga Vali*. It is also called as *SoothagaVali*, *Soothagasoolai*,

Soothaga Vayu, *Dhoora Soolai* and *Soothakadhigam*. It occurs primarily due to the alteration in the equilibrium of *Vathakutram*. The main ingredient of this trial drug *Chitramutti Thailam* has Emolient action which helps in neutralizing *Vathakutram*. So its action will be more prominent in Primary Dysmenorrhoea.

But there was no proper clinical evidence to prove its efficacy. Hence it was the major reason to select this internal medicine for this single case trial. And this article will include all the scientific evidences based on Primary dysmenorrhea and the trial medicine, *Chitramutti Thailam* for internal as well as external use.

CASE REPORT:

A 25-year-old female presented in the Sool Magalir Maruthuvam Out-Patient Department of the National Institute of Siddha on 18/05/2024 with complaints of painful menstruation for the past 10 years. The beneficiary experienced lower abdominal pain occurring during menstruation and commencing 4–5 days prior to the onset of menses. Associated symptoms included lower backache, pain in the lower limbs, intermittent vomiting, and headache during the menstrual period.

The symptoms had been present since menarche 15 years of age and followed a cyclical pattern, beginning in the premenstrual phase and intensifying during menstruation. The patient reported regular menstrual cycles with normal duration and flow. There was no history suggestive of pelvic inflammatory disease, endometriosis,

uterine fibroids, or other gynaecological disorders using USG finding as of 11/7/2024

The beneficiary had previously received allopathic treatment during menstruation for a period of six months (Diclofenac, ibuprofen, naproxen), which provided temporary relief. However, the medications were discontinued due to adverse effects. There was no significant past medical or surgical history. Family history was non-contributory. The beneficiary was not taking any regular medications at the time of presentation. Clinical evaluation and the absence of identifiable pelvic pathology supported the diagnosis of Primary Dysmenorrhoea. The Beneficiary was prescribed with siddha medication *Chitramutti Thailam* along with necessary dietary advice

Clinical findings:

The beneficiary presented with lower abdominal pain occurring 4–5 days before menstruation and increasing during the menstrual period. She also reported lower backache, pain in the lower limbs, intermittent vomiting, and headache during menstruation.

Diagnostic Assessment

Ultrasonography (USG) of the abdomen and pelvis revealed normal uterine size, shape, and endometrial thickness. Both ovaries appeared normal, with no evidence of cysts, fibroids, endometriosis, or pelvic inflammatory disease.

THERAPEUTIC INTERVENTION:

Chitramutti thailam-During the menstruation period

Internal-5 ml two times a day after food with warm water

External-Application around the anal region with sufficient quantity.

Diet or lifestyle changes:

The dietary advice includes avoiding *Vaatha*-aggravating foods such as raw cauliflower, cabbage, chickpeas, horse gram, chicken, fried and oily foods, seafood, bottle gourd, and agathi keerai. Adequate water intake should be maintained daily. A proper sleep cycle (10 PM–6 AM) is essential. Travelling during the menstrual period should be avoided. Include sufficient fruits and vegetables in the diet. Consumption of fenugreek and sunflower seeds is recommended to improve menstrual flow and help manage pain.

RESULTS:

Siddha medication, when combined with dietary restrictions, played a significant role in alleviating the symptoms of primary dysmenorrhoea. The prescribed dietary modifications—including avoidance of chicken, seafood, brinjal, and junk foods and *vatha* aggravating foods such as raw cauliflower, cabbage, chickpeas, horsegram along with maintenance of adequate hydration—contributed substantially to the overall improvement in the patient's condition. After adhering to the treatment protocol for three months, the patient experienced a marked reduction in symptoms, including abdominal pain and lower backache during the menstrual cycle. These findings highlight the effectiveness of Siddha medicine in the management of primary dysmenorrhoea.

Table-1: Timeline of the events:

Date / Period	Clinical Events
Since menarche	Onset of cyclical lower abdominal pain beginning 4–5 days before menstruation and worsening during menses, associated with lower backache, lower limb pain, vomiting, and headache
Previous 6 months (before Siddha treatment)	Took allopathic medication during menstruation with temporary relief; discontinued due to side effects
1st menstrual cycle after treatment	Mild reduction in abdominal pain observed
After 3 consecutive cycles	Significant reduction in symptoms noted
After 3 months of followup	Marked improvement in abdominal pain and lower Backache

Table-2: Assessment of result:

WaLIDD Score	Before	After
Working ability	1	0
Location	3	1
Intensity	2	0
Days of pain	2	1
Dysmenorrhoea	8	2

DISCUSSION:

Primary dysmenorrhoea is a common gynaecological condition characterized by painful menstruation in the absence of identifiable pelvic pathology. It is often associated with excessive uterine contractions, prostaglandin imbalance, and altered pain perception. Conventional management primarily involves non-steroidal anti-inflammatory drugs and hormonal therapy; however, long-term use may lead to adverse effects, resulting in poor compliance among patients.

In the Siddha system of medicine, primary dysmenorrhoea can be correlated with derangement of *Vatham*, particularly *Abaana Vayu*, which governs menstrual function. Vitiating of *Vatham* leads to pain, spasmodic uterine contractions, and associated symptoms such as lower backache, headache, and vomiting during menstruation. Hence, Siddha treatment focuses on restoring *Vatha* balance, alleviating pain, and improving uterine function.

Chitramutti Thailam, a classical Siddha formulation, possesses *Vatha*-pacifying, analgesic, and anti-spasmodic properties. The therapeutic efficacy observed in this case may be attributed to its ability to normalize *Abaana Vayu* and reduce uterine hyperactivity. The gradual and sustained reduction in abdominal pain and lower backache over successive menstrual cycles indicates the cumulative effect of the medication.

Dietary regulation plays a crucial supportive role in Siddha management. Avoidance of *Vatha*-aggravating foods such as chicken, seafood, brinjal, and

junk foods, raw cauliflower, cabbage chickpeas, potatoes, raw banana along with adequate hydration, may have enhanced the therapeutic response. These dietary modifications help prevent further vitiation of *Vatham* and support the action of the medicine.

After three months of adherence to the treatment protocol, the patient demonstrated marked clinical improvement without any reported adverse effects. This highlights the safety and effectiveness of Siddha medicine, particularly *Chitramutti Thailam*, in the management of primary dysmenorrhoea. The sustained symptom relief also suggests its potential role as a long-term, non-hormonal therapeutic option.

However, as this is a single case report, further clinical studies with larger sample sizes and objective outcome measures are warranted to validate these findings and establish the efficacy of *Chitramutti Thailam* in the management of primary dysmenorrhea.

Follow up:

The Beneficiary was on follow up for the next 3 months

Therapeutic Rationale:

Chitramutti Thailam, a classical Siddha oil formulation, is traditionally indicated for disorders caused by *Vatha* imbalance. *Chitramutti* possess Analgesic, Anti-inflammatory, Anti-spasmodic and antioxidant activity. In Siddha literature, *Chitramutti* is considered to possess *Vaadhamagatri* activity.

Limitations of study:

In the course of the study, it was noted that the pain was found to be reduced after taking the trial medication during the menstrual period; however, the pain in the subsequent cycle remained unchanged during the first day. It was confirmed that the pain and discomfort was reduced with the intake of medicine and so there is a need to continue medicine every month.

CONCLUSION:

Following the administration of the chosen siddha medication, the results of the current study demonstrated a statistically significant improvement in primary dysmenorrhea, including a decrease in symptoms such as lower abdomen pain and other symptoms. Since patients did not report any negative side effects while taking the medication, it may be said that the trial drug is clinically safe. Further, the clinical trial can be conducted in large sample size to establish the drug to society for Primary Dysmenorrhoea.

Informed Consent:

Written informed consent was obtained from the patient for publication of this case report and any accompanying clinical details without revealing the identity of the beneficiary.

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