

Guda Varti (Suppository) in the Management of Kashtartava wsr to Dysmenorrhea - A Single Case Study

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ABSTRACT:

Dysmenorrhea or pain during menstruation is the most common cause to seek gynecologic care, occurring in 50–90% of the female population and it is underdiagnosed and undertreated. Self-medication with analgesics and non-steroidal anti-inflammatory drugs (NSAIDs) and direct application of heat are common strategies, although there is less evidence for their efficacy. The pain of primary dysmenorrhea is caused by excessive prostaglandin (PG) production within secretory endometrial cells. This PG release, in turn, causes uterine contractions, uterine muscle ischemia, and increased peripheral nerve sensitivity. *Kashtartava* is mainly due to vitiation of *Apanavata* either by obstruction in the passage or due to *Dhatukshaya* (decrease in *Dhatu*). Acharya Charaka explains that the reverse flow of vitiated *Vata* affects the blood flow during menstruation resulting in the painful menses. Many patients may prefer to use more “natural” methods for treating dysmenorrhea and the literature supports use of several dietary, herbal, and alternative effective medicine methods. On the other hand patients, who are associated with nausea, vomiting, flatulence etc., face to difficulty in oral administration of drugs. Introducing an option for those women, the application of quick pain-relieving and long-lasting effect, *Guda Varti* has chosen to study under this case study. A 24 year old unmarried female patient consulted with chief complaint of pain during the menstruation since menarche. Surprisingly, after 15 minutes of inserting *Hingwadi Guda Varti* on the first day of the cycle, showed major pain reduction and there was no pain during the whole cycle. Therefore the end of the study can conclude as *Hingwadi Guda Varti* is strongly effective in the management of pain during menstruation and needs therapeutic validation and further research.

KEY WORDS: Ayurveda, Dysmenorrhea, *Guda Varti*, *Kashtartava*.

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INTRODUCTION:

Women's health matters not only to women themselves. It is also important to the health of the children they will bear, On the other hand, it harms the economy. This underlines an important point: paying due attention to the health of girls and women today is an investment not just for the present but also for future generations. Primary dysmenorrhea merely shouldn't be considered subordinate hence it may allude to infertility. Dysmenorrhea is commonly treated with non-steroidal anti-inflammatory drugs (NSAIDs) or oral contraceptive pills (OCPs), both of which work by reducing myometrial (uterine muscle) activity. [1]. However, treating symptoms without considering the real cause by interfering with the natural system of the body creates negative connection with the environment. Therefore, these types of treatment are accompanied by several adverse effects. The detrimental impact of dysmenorrhea on the lives of women is under-appreciated. In many countries, dysmenorrhea is the leading cause of recurrent short-term school and work absenteeism in adolescent girls and women. [2] Making an effective Ayurveda suppository-pain killer for dysmenorrhea is a great potential value. Hence objective of the case study was to determine the efficiency of following *Higwadi Guda Varti* in the management of dysmenorrhea and to promote further research.

CASE REPORT:

A 24 years old unmarried female patient consulted with chief complaint of pain during the menstruation since menarche, and patient was suffering from nausea, vomiting, headache, giddiness and constipation since two days. According to menstrual history menarche was at 14 years and she was having regular painful menstruation and its last for 4,5 days with three pads per day bleeding. As the pain was so severe, it wasn't reducing after taking rest and analgesic. The pain was strictly disturbing her daily activities therefore she visited *Sthreeroga* and *Prasutitantra* clinic at Bandaranayake Memorial Ayurveda Research Institute. According to her *Darshana* and *Prashna* examinations *Ashtavidhapareeksha* and *Dashavidhapareeksha* were normal. And ultrasound scan of abdomen showed normal findings (Table-1) since patient was unmarried couldn't proceed per vaginal examination and other lab investigations were normal (Table-2). Therefore the treatment were focused on *Vata Anulomana* to reduce pain and other pain related symptoms.

Pathya – Apathya:

Patient was advised to take proper *Nidra* (Adequate sleep), Stay clean environment and advice to avoid *Vega dharana* (Evacuation of natural urges like urine, feces etc. at proper time.) and *Dahi Sevana*, *Ati Katu-Tikta-Lavana rasa sevana*, *Sarshapa Thaila*, *Guru* and *Viruddha bhojana*, Excessive oily, fried, spicy food items, fast food, Ice-cream, Cold drink, bread, biscuit, alcohol, Tobacco, Tea and coffee.

INVESTIGATIONS:**Table-1: USG Abdomen and Pelvis findings:**

Uterus	Normal in size, Anteverted No focal mass seen (ET: 7mm)
Endometrium	Central and cavity empty
Cervix	Normal

B/L Ovaries	Normal
POD	Clear

Table-2: LAB investigations:

Hb%	10.5gm%
RBC	5.0 10 ⁶ /UL
WBC	6710 per cu /mm
Platelet count	2,68,000 per cu/mm
HIV	Negative
HBs Ag	Negative
RBS	88mg/dl

Table-3: Treatment Given:

Medicine given	<i>Hingwadi Guda varti</i>
Dose:	2gms
Route of administration	Per Rectum with Ghee lubrication
Time of administration	Onset of pain on menstruation
Duration	On the first day of menstrual cycle one single dose at morning per single day
Follow up	Throughout that particular menstrual cycle

Table-4: Gradation for Severity of pain (Multidimensional scoring pattern):

0	Menstruation is not painful and daily activity unaffected
1	Menstruation is painful and daily activity not affected. No analgesic required.
2	Menstruation is painful and daily activity affected. Analgesic drug were needed.
3	Menstruation is painful, she cannot do even her normal routine work and has to absent from class / office during menses. Had to take analgesic but poor effect.

Table-5: Grades for duration of pain:

0	No pain in menstruation
1	Pain persist less than 12 hours
2	Pain continue for 12 -24 hours
3	Pain continue more than 24 hours

Table-6: Grades for other symptoms:

Praseka (nausea)	
0	No Praseka (nausea)
1	2-3 times/day
2	4-5 times/day
3	>5 times/day

Chhardi (vomiting)
0 No Chhardi
1 Occasionally
2 1-2 times/day
3 More than 2 times/day
Tamodarshana (faints)
0 No faints
1 Occasionally, once per menstruation
2 Faints once during each menstruation
3 More than once during each menstruation

Table-7: Assessment of Pain (Dysmenorrhea):

Pain	Before insertion of <i>Varti</i>	After 15 minutes of insertion of <i>Varti</i>	Pain Relief %
Severity of pain	3	0	100%
Duration of pain	3	0	100%
<i>Praseka</i> (nausea)	3	1	66.6%
<i>Chhardi</i> (vomiting)	2	0	100%
<i>Tamodarshana</i> (faints)	2	0	100%

Table-8: WaLIDD questionnaire:

Questionnaires	Before insertion of <i>Varti</i>	After 15 minutes Insertion of <i>Varti</i>	Pain Relief %
Working ability	0	3	
Location	3	0	
Intensity	3	1	
Days of pain	3	1	
WaLIDD Score	12	2	83.3%

A working ability, location, intensity, days of pain, dysmenorrhea (WaLIDD) score was designed to diagnose dysmenorrhea. A scale-type survey (working ability, location, intensity, days of pain, dysmenorrhea [WaLIDD] score) was designed, which integrated features of dysmenorrhea such as: 1) number of anatomical pain locations (no part of the body, lower abdomen, lumbar region, lower limbs, inguinal region), 2) Wong-Baker pain range (does not hurt, hurts a little, hurts a little more, hurts even more, hurts a lot, hurts a lot more), 19 3) number of days of pain during

menstruation (0, 1-2, 3-4, ≥ 5), and 4) frequency of disabling pain to perform their activities (never, almost never, almost always, always). Each tool's variable provided a specific score between 0 and 3, and the final score ranged from 0 to 12 points. [3]

The WaLIDD questionnaire contains 4 questions with indicators:

Working ability 0: never, 1: sometimes, 2: regularly, 3: always;

Location 0: none, 1: location. 2 locations, 2, 3: 4 locations 3,4

Intensity 0: never, 1: sometimes, 2: regularly, 3: always;

Day of Pain 0: none, 1: 1-2 days, 2: 3-4 days, 3: more than 5 days T

The interpretation of the WaLIDD questionnaire is as follows: 0 = No Dysmenorrhea

1-4 = Mild Dysmenorrhea 5-7 = Moderate Dysmenorrhea; 8-12 = Severe Dysmenorrhea

DISCUSSION:

According to result (Table 7,8), before insertion of *Hingwadi Guda Varti* her menstruation is high intense pain and continues for more than 24 hours and she cannot do even her normal routine work and has to be absent from class during menses. Even with analgesic, there is no significant reduction of the pain. According to the WaLIDD questionnaire, she gained maximum marks which indicate severe dysmenorrhea. Surprisingly, after 15 minutes of insertion of *Hingwadi Guda Varti* on the first day of the cycle showed major pain reduction and pain was not present during the whole cycle and two consecutive cycles therefore only single cycle insertion of *Varti* was carried out during the study. Vitiating 'Vata' is the main causative factor responsible for all painful conditions. [4] This vitiation of *Vata* occurs in two ways, *Dhatukshya Janya Vata prakop* (increased catabolism) and *Margavarodh Janya Vata Prakop* (channel obstruction). [5] Furthermore, the 'Ruksha' (Dryness) and 'Chala' (Vibrations) *Gunas* (characters) of *Vata* are mainly involved in the manifestation of pain.

If the occlusion occurs due to *Apana Vayu* then all therapies which are stimulant of digestion and astringent which cause downward movement of *Vayu*, which cleanse the colon should be given. [6] According to Bhavamisra Acharya for the downward movement of *Vata* rectal

suppositories and enema therapies are beneficial. [7] On the other hand Charaka Acharya clearly explained *Shoolaprashamana* and *Pachana, Rochana* properties of *Hingu*. In this case study for the management of pain *Hingwadi Guda Varti* played significant role. In *Kashtartawa* the aggravated *Vayu* causes upward movement and makes women afflicted with pain or it may be due to obstruction of channels. Hence aggravated *Vayu* having provoked *Pitta* and *Kapha* and scattered them into different places of the body and obstruct the channel of circulation leading to the manifestation of various diseases. On the other hand drugs administered through anal route are absorbed through two different vascular systems, one of which delivers agents to the liver while the second bypasses the liver. As a result, wide variations of bioavailability are seen after rectal administration. Therefore, the pain management of *Kashtartawa* is using *Hingwadi Guda Varti* can be recommended

CONCLUSION:

Based on analysis of results after and before treatment, it can be concluded that the above *Hingwadi Guda Varti* is strongly effective in the management of pain during menstruation and needs therapeutic validation, leaving space for future research in pain management through Ayurveda.

Patient's Consent:

The patient has been informed the nature of this study before the commencement of study and written consent has been obtained.

Limitation of study:

As this is single case report so more cases need to be tried as treatment protocol for its scientific validation.

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