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Case Study

# ROLE OF *KRISHNA MRITTIKA LEPA* AS *STHANIKA CHIKITSA* IN MANAGEMENT OF PRIMARY DYSMENORRHEA W.S.R. *UDAVARTINI YONIVYAPADA*

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## ABSTRACT

Dysmenorrhea is a common gynaecological disorder among women of reproductive age, often severe enough to disrupt daily activities and cause psychological distress. It is classified into primary dysmenorrhea, occurring without pelvic pathology, and secondary dysmenorrhea, associated with conditions like endometriosis or adenomyosis. In Ayurveda, it correlates with *Udavartini Yonivyapada*, caused by aggravated *Apana Vayu*, leading to painful, retrograde menstrual flow and necessitating appropriate therapeutic management. **Material and Methods-** A female patient, aged 20 years, reported to PTSR OPD of RAH Paprola, with the complaint of severe pain in her lower abdomen during menses for 2 years. She had to take analgesics to get some relief. After baseline investigations, her treatment was planned accordingly. **Results-** Patient underwent 3 cycles of *Sthanika chikitsa* with *Krishna Mrittika*. After completion of 3 cycles, it was found that the patient got great symptomatic relief in primary dysmenorrhea. She did not take any analgesics throughout the course of her treatment. **Conclusion-** After completion of the treatment course of the patient, she was re-evaluated and it was found that *Krishna Mrittika Lepa* over lower abdomen during menses turned out to be a highly economical as well as effective in primary dysmenorrhea.

## INTRODUCTION

Dysmenorrhea, defined as painful menstruation, is one of the most frequently encountered gynecological disorders among women in the reproductive age group. It is characterized by cramping pain in the lower abdomen that may radiate to the back and thighs and is often accompanied by systemic symptoms such as nausea, fatigue, headache, and mood disturbances. In many women, the intensity of pain is severe enough to interfere with routine daily activities, academic performance, work productivity, and social participation, thereby significantly impairing both physical functioning and psychological well-being.[1]

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Clinically, dysmenorrhea is broadly classified into two types: primary and secondary. Primary dysmenorrhea refers to menstrual pain occurring in the absence of any identifiable pelvic pathology. It commonly begins within a few years after menarche, once ovulatory cycles are established, and is primarily attributed to increased prostaglandin production leading to uterine hypercontractility, ischemia, and pain. Secondary dysmenorrhea, in contrast, is associated with underlying gynecological disorders and typically develops later in reproductive life. Common causes include endometriosis, adenomyosis, uterine fibroids, pelvic inflammatory disease etc. In such cases, the severity and pattern of pain often worsen over time and may be associated with additional symptoms such as abnormal uterine bleeding or infertility. [2]

From the Ayurvedic perspective, dysmenorrhea can be correlated with *Udavartini Yonivyapada*, as described by the classical *Acharyas*. This condition is primarily attributed to the aggravation of *Apana Vayu*, the subtype of *Vata Dosha* responsible for the downward movement of menstrual

blood and other pelvic functions. When *Apana Vayu* becomes vitiated, its normal downward course is obstructed, resulting in the upward or retrograde movement of menstrual blood. This abnormal movement causes severe pain during menstruation, and the blood is eventually expelled forcefully once the obstruction is relieved. The pain associated with *Udavartini Yonivyapada* is often intense and spasmodic, closely resembling the clinical features of dysmenorrhea described in modern medicine.[3]

Given the widespread prevalence of dysmenorrhea and its profound impact on an individual's quality of life, including physical discomfort, emotional distress, and social limitations, timely diagnosis and appropriate management are essential. An integrated therapeutic approach aimed at correcting the underlying pathology, alleviating pain, and restoring normal physiological function is crucial for improving overall well-being and ensuring a better quality of life for affected individuals.

## MATERIAL AND METHODS

A female patient, aged 20 years, reported to PTSR OPD of RAH, Paprola, with the complaint of severe pain in her lower abdomen during menses for 2 years. She had to take analgesics to get some relief.

### Patient Profile

Patient Name- XYZ
Age- 20 years
Gender- Female
Resident- Mandi, Himachal Pradesh
Education- Pursuing Graduation
Employment status- Unemployed
Marital status- Unmarried
Father's occupation- Shopkeeper
Mother's occupation- Homemaker
Socioeconomic status- Lower middle class
Diet- Mixed
Family members- 06
Age of menarche- 15 years

Personal History- Appetite, thirst, urine output, bowel habits were normal.

Past medical history- No history of diabetes, thyroid dysfunction, PTB or any chronic illness.

Surgical history- No history of any surgical intervention.

Family history- No relevant family history.

Menstrual history- Regular cycles of interval 32-33 days and duration of 4-5 days with usage of 2-3 fully soaked pads on initial 2 days; associated with lower abdominal pain sometimes radiating to thighs and occasional nausea. No history of passage of clots or foul smell.

Previous Treatment History- Patient used to heavily rely on analgesics for pain relief during initial 2 days of menses.

### Clinical Examination

Built- Average
Appearance- Ill looking
Decubitus- Sitting
Pulse- 88/min, Regular
Blood pressure- 106/82 mm of Hg
Respiratory rate- 16/min
Temperature- Afebrile
Weight- 48 kgs

Per abdominal examination- Soft, tenderness present over hypogastrium on deep palpation.

### Investigations (13/04/2024)

Hb- 10.8 gm%
ESR- 12 mm fall in 1st hour
RBS- 86 mg/dl
Urine- PC- 1-2/ hpf; EPC- rare/ hpf
USS pelvis (14/04/2024)- Uterus- AV, NS; B/L Adnexa- No mass lesion seen. Impression- No Significant Abnormality seen.

### *Samprapti Ghataka*

*Doshas* – *Vata* primarily *Apana Vata*
*Dushya - Rasa, Rakta, Mamsa, Artava*
*Agni - Jatharagni. Dhatvagni Mandya*
*Strotas - Rasa, Rakta, Artavavaha Srotas*
*Srotodushti - Vimargagamana*
*Roga marga - Abhyantara*
*Udbhava sthana - Amapakvashaya*
*Sanchara sthana - Sarvashareera*
*Vyaktasthana – Yoni*

Diagnosis- Based on the patient's history, clinical findings and thorough evaluation, she was diagnosed with Primary Dysmenorrhea or *Udavartini Yonivyapad.*

### Treatment Plan

*Shamana Chikitsa* was planned in conjunction with *Sthanika Chikitsa* to achieve effective symptomatic relief and correction of the underlying pathology. As a part of the local therapeutic intervention, *Krishna Mṛttika Lepa* was applied over the lower abdominal region. The treatment was initiated seven days prior to the expected onset of menstruation and continued until the first three days of the menstrual cycle. This regimen was followed consistently for three consecutive menstrual cycles to ensure sustained therapeutic benefit.

The raw materials i.e., *Krishna Mrittika* required for the preparation of the *Lepa* was carefully collected, and a fresh paste was prepared each time to maintain its potency and therapeutic efficacy. (Fig. 1-3)

**Fig 1: Raw Material (Krishna Mriitika)**

**Fig 2: Preparation of *Krishna Mrittika Lepa***

**Fig 3: Prepared Lepa**

Prior to the application of the *Lepa*, gentle *Svedana* (fomentation) was administered over the lower abdomen of the patient. This step was performed to enhance local circulation, promote relaxation of the underlying musculature, and facilitate better absorption of the medicament through the skin. (Fig. 4)

**Fig 4: *Svedana* of lower abdomen prior to application of *Krishna Mrittika Lepa***

Following *Svedana*, the freshly prepared *Krishna Mṛttika Lepa* was evenly applied over the lower abdominal region in an adequate thickness, ensuring proper coverage of the suprapubic area. (Fig. 5)

**Fig 5: Application of *Lepa***

*Lepa* was then allowed to remain in place for approximately 40-45 minutes, during which it gradually dried. The appearance of cracking and drying of the paste was considered an indicator of adequate therapeutic action. (Fig. 6)

**Fig 6: Dried *Lepa* over the lower abdomen after 45 mins of application**

Once the *Lepa* had completely dried, it was gently removed, and the treated area was thoroughly cleansed with warm water to prevent irritation and restore comfort. This systematic procedure was repeated as per the planned schedule throughout the treatment duration. The combined use of *Shamana* and *Sthanika Chikitsa* aimed to pacify the aggravated *Doshas*, particularly *Vata*, relieve pain, and improve overall menstrual comfort without compromising the essence of the classical therapeutic principles.

**Table 1: *Shamana Chikitsa***

| S.No. | Drug | Dosage |
|---|---|---|
| 1. | *Chaturbeeja Churna* | 3gm BD with lukewarm water 7 days prior to onset of menses upto 3 days. |
| 2. | *Kumariyasava* + *Dashmoolarishta* | 20ml each with 40ml lukewarm water BD after meals for 3 months. |

## RESULTS

Patient was evaluated after 1 cycle of *Sthanika Chikitsa* with *Krishna Mrittika.* Patient on history told that she had got good symptomatic relief in pain during menses after 1st cycle. She did not take any analgesic during menses. Patient underwent same treatment protocol for next two cycles of menstrual cycle. After completion of 3 cycles of *Sthanika Chikitsa* with *Krishna Mrittika* along with *Shamana Chikitsa,* it was found that the patient got great symptomatic relief in primary dysmenorrhea. She did not take any analgesics throughout the course of her treatment.

## DISCUSSION

Ayurveda explains the mechanism of action of drugs through its distinctive pharmacodynamic principles, namely *Rasa* (taste), *Guna* (qualities), *Virya* (potency), *Vipaka* (post-digestive effect), and *Prabhava* (specific action).[4] These factors collectively determine the therapeutic efficacy of any substance when administered either internally or externally. *Krishna Mrittika* possesses predominant *Parthiva Guna*, which imparts stability and grounding effects, along with *Snigdha Guna* derived from its *Madhura Rasa*. These properties play a crucial role in alleviating aggravated *Vata Dosha*, which is characterized by dryness, roughness, and mobility.[4, 5]

In the condition of *Udavartini Yonivyapada*, the primary pathogenic factor is the vitiation of *Vata Dosha*, particularly *Apana Vata*, leading to obstruction and abnormal upward movement of menstrual blood. The application of *Krishna Mrittika Lepa* locally over the lower abdomen helps counteract these deranged qualities of *Vata*. Its *Snigdha* and *Guru* attributes promote softness, nourishment, and stability in the affected region, thereby facilitating the normalization of *Apana Vata* and resulting in significant pain relief during menstruation.

The therapeutic efficacy of the *Lepa* is further enhanced by the administration of *Svedana* prior to its application. *Svedana* helps in pacifying pain by dilating the channels and liquefying the accumulated and obstructed *Doshas* lodged within the minute channels (*Sukshma Srotas*). This process aids in relieving stiffness, improving local circulation, and facilitating better penetration and absorption of the medicinal properties of the *Lepa* through the skin.[6]

*Shamana Chikitsa* also helped in alleviating the symptoms through the following mode of actions-

***Chaturbeeja Churna*** with key ingredients *Methika, Chandrashura, Kalajaji and Yavani* possesses *Katu Vipaka* and *Ushna Virya*, which help promote a smooth and unobstructed menstrual flow, thereby facilitating the painless expulsion of menstrual blood. Many of these drugs exhibit antispasmodic and analgesic properties, likely mediated through calcium channel blockade, and thus alleviate pain by exerting a direct relaxant effect on the myometrium.[7]

***Kumariyasava-*** *Aloe vera* and other ingredients present in *Kumariyasava* possess anti-inflammatory, antispasmodic, and mild analgesic activities due to mostly *Tikta* and *Madhura Rasa*, *Snigdha* and *Guru Guna*, *Ushna Virya*, and *Katu Vipaka. It also has Deepana- Pachana properties which helps in combating Srotorodha* due to *Amautpatti.*[8]

***Dashmoolarista-*** *Dashamoola*, belonging to *Brihatapanchmula* and *Laghupanchmula Gana*, contains alkaloids, tannins, and flavonoids that exhibit potent anti-inflammatory and antioxidant activity, while its *Ushna Virya* and *Vatahara* properties help alleviate pain and inflammation.[9]

## CONCLUSION

Upon completion of the planned treatment course, the patient was re-evaluated, and a marked improvement in symptoms was observed. There was a significant reduction in the intensity and duration of menstrual pain, along with improved overall comfort during the menstrual period. The intervention with *Krishna Mrittika Lepa* along with minimal oral medication proved to be not only therapeutically effective but also highly economical, making it a feasible and practical treatment option for the management of dysmenorrhea. These findings highlight the potential of simple, cost-effective Ayurvedic external therapies in improving quality of life in patients suffering from painful menstruation.

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