



IS NASYA A BOON TO THE PMS WOMEN ?

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ABSTRACT: Women are the pioneers of nation playing multidimensional task in biological, physical and social life. Prevalence of psychiatric disorder in females are three times more than that of in males. In most of the females the biological event such as menstrual cycle act as stressor. Pre menstrual syndrome (PMS) is one of the commonest lifestyle disorder which generally disturbs women of reproductive age group. Most women experience minor somatic, psychological and behavioral changes for a few days preceding menstruation which subsides once menstruation is established. Prevalence is about 90% in mild form, 20-40% in moderate form and 5-8% in severe form affecting relationship issue, decreases physical work and social activity. The changing levels of estrogen and progesterone during the menstrual cycle exert systemic and psychological effects in the body. PMS occurs during the luteal phase of menstrual cycle which can be correlated with the Rituvyateeta kala. As we know nose is the route to the brain so nasya may be helpful in getting rid of this condition. Nasya with Bramhi taila may yield good results as lipophilic compounds increase the penetration of the drug and also nourishes the brain cells by enhancing Tarpaka kapha as well as pacifying morbid dosha. Bramhi taila exert anti-stress, adaptogenic and anxiolytic effects (chittodwegahara) and perhaps correct the H-P-O axis thereby reducing the symptoms of PMS.

Keywords: PMS, Rituvyateeta kala, Nasya, Bramhi taila

INTRODUCTION

Premenstrual syndrome is a clinical entity affecting most of the female of reproductive age. PMS is not a disease but a syndrome having variety of signs and symptoms experienced by many women which disturb their lives and routines. Symptoms are often mild but can be severe enough to substantially affect daily activities. PMS usually occurs in the 4th and 5th decades of women's life. Ayurvedic classics doesn't reveal any disease similar to PMS but it can be considered as an event occurring in rituvyateeta kala. PMS can be probably correlated with rituvyateeta kalaja pitta vata(anuvandha) condition. PMS is a challenging issue because of wide range of symptoms and difficulty in making a firm diagnosis. No standardized specific treatment has been found yet.

MATERIALS AND METHODS

- Modern textbooks
- Ayurvedic samhitas and textbooks
- Research articles, journals and websites

MODERN PERSPECTIVE OF PMS

Aspects of premenstrual mood changes were described by Hippocrates, premenstrual tension syndrome was first delineated as a disorder in the 1930s by Frank and Horney and the term premenstrual syndrome was first coined in the 1950s by Dr. Katharina Dalton. The word premenstrual syndrome is composed of pre means prior to, menstrual means menses and syndrome means group of symptoms. So it is the group of symptoms prior to menses. The WHO International Classification of Disease (ICD) includes premenstrual tension syndrome under the heading "diseases of the genitourinary tract". It is also known as premenstrual tension or premenstrual stress.

Definition:

Premenstrual syndrome is a psychoneuroendocrine disorder of unknown etiology, often noticed just prior to menstruation. There is cyclic appearance of a large number of symptoms during the last 7-10 days of the menstrual cycle.

When these symptoms disrupt daily functioning they are grouped under the name premenstrual dysphoric disorder (PMDD).

It should fulfil the following criteria (ACOG):

- Not related to any organic lesion.
- Regularly occurs during the luteal phase of each ovulatory menstrual cycle.
- Symptoms must be severe enough to disturb the lifestyle of the women or she requires medical help.
- Symptoms-free period during rest of the cycle.

Prevalence:

It is estimated that 3 out of 4 menstruating women have experienced some form of PMS. In India prevalence is about 90% in mild form, 20-40% in moderate form and 5-8% in severe form.

Aetiology:

Exact cause is unknown but the following may be the probable causes

- Altered estrogen progesterone ratio- estrogen excess or low level of progesterone in the luteal phase.
- Neuro-endocrine factors- low level of serotonin, endorphins and GABA during the luteal phase.
- Psychological and psychosocial factors.
- Increased carbohydrate intolerance in the luteal phase.
- Pyridoxine deficiency.
- Increased production of vasopressin, aldosterone, prolactin and systematic prostaglandins adversely affecting renal system.

Clinical features:

- Neuropsychiatric symptoms - Irritability, depression, mood swings, forgetfulness, restlessness, terfulness, anxiety, tension, confusion, headache, increased appetite, anger, nausea, dizziness, fainting, cold sweat, hot flushes
- Related to water retention - Abdominal bloating, breast tenderness, swelling of extremities, weight gain
- Behavioral symptoms - Fatigue, dyspareunia, tiredness, insomnia

AYURVEDIC PERSPECTIVE OF PMS

The three phases of rituchakra (menstrual cycle) are raja kala (menstrual phase), ritu kala (proliferative phase with ovulation) and rituvyateeta kala (post ovulatory or luteal or secretory phase) which are governed by tridosha.

There is no direct evidence of PMS in Ayurvedic classics but it can be considered as event occurring in rituvyateeta kala of rituchakra. PMS occurs during the luteal phase of menstrual cycle which can be correlated with the rituvyateeta kala. After ovulation or ritukala the artava becomes agneya and increases the basal body temperature by 0.8-1.0⁰ F (thermogenic effect of progesterone hormone of secretory phase) or this phase is governed by pitta. In this kala pitta is in prakopa avastha, vata is in sanchaya avastha and kapha is in samana avastha.

As per Maharshi Charak,

नही वाताद्रते योनिर्नारीणां संप्रदुष्यति। (च.चि ३०/ ११५)

No yoni vyapad can occur without the involvement of vata

Nidana and samprapti:

If a woman takes pitta vardhaka ahara and vihara in rituvyateeta kala and do not follow the rajaswalacharya leads to pitta prakopa which hampers the normal gati of vata and produces all the symptoms

Lakshana:

- Due to vata - headache, anxiety, aches, cramps, nervousness, tachycardia, insomnia, mood swings
- Due to pitta - anger, irritability, sleeplessness, anxiety, increased appetite, acne, breast tenderness
- Due to kapha - depression, increased sleep, bloating, dullness, swelling of extremities, weight gain, fatigue

Chikitsa:

No standardized specific treatment is there

- Oral medications -Some mutravirechaniya drugs like Gokshura, Punarnava may be helpful in reducing the symptoms related to water retention. Some vedanasthapaka drugs like Tagara, Rasona may control the pain and aches. Medhya drugs like Bramhi, Sankhapuspi, Jyotismati may relief the psychological symptoms or mood swings. Nidrajanana drugs like Sarpagandha, Jatamansi may be helpful in insomnia. Some of the rasayana drugs like Guduchi, Ashwagandha, Amalaki can be given.
- Nasya - Bramhi taila, Sankhapuspi taila, Jyotismati taila, Satapuspa taila may be helpful
- Yogas - Sukhasana, Balasana, Paschimottanasana, Savasana, Anulom-vilom, Bhramari pranayam
- Pathya - Madhura rasa dravya, low salt diet, pyridoxine rich food like milk, almond, walnut, banana, avocado, carrot, spinach, potato, spinach, fish, liver etc. Rajaswala parichaya should be followed.

NASYA

नासा हि शीरसो द्वारं.....(वा)

द्वारं हि शीरसो नासा.....(च)

As per Ayurvedic classics nose is the gateway to head.

Effect on neuro-endocrine level:

The peripheral olfactory nerves which are chemoreceptor in nature and the adjacent nerves (terminal nerves) which run along the olfactory nerves are connected with the limbic system of brain including hypothalamus. Hypothalamus is responsible for integrating the function of endocrine system and nervous system.

Effect on neuro psychological level:

The adjacent nerves called terminal nerves which run along with olfactory nerves are connected with the limbic system. Limbic system is concerned with behavioral aspects and also has control over endocrine secretions.

BRAMHI TAILA

Bramhi because of its tikta rasa, helpful in pacifying pitta dosha where as usna virya helps in pacifying vata dosha and it's prabhava is medhya. Bacosides A and B, bacopasides, bacopasaponin are the chemical components helpful in this condition. Tila taila because of its madhura rasa, kasaya tikta anurasa, madhura vipaka helpful in pacifying pitta and vata dosha. Bramhi taila is having anti-stress, adaptogenic, anxiolytic properties.

Action on H- P-O axis:

Fluctuation in gonadal hormones is one of the main cause of PMS. When Bramhi taila is administered by nasya the bacosides cross BBB by lipid mediated passive diffusion and reaches the hypothalamus and corrects the H-P-O axis.

Action on neurotransmitters:

Bacosides increase serotonin level and the serotonin transporter uptake the serotonin which leads to increase duration and intensity of serotonergic activity. This controls the behavioural symptoms associated with PMS. Also the serotonin receptors activate GABAergic neurons which enhance release of GABA which leads to relief from the psychological and neurological symptoms.

CONCLUSION

Nasya if administered to a PMS women may be helpful in reducing some of the psycho-neurological and behavioral symptoms. Bramhi taila if administered through nasya may yield good result by pacifying the morbid dosha, nourishing brain cells by enhancing tarpaka kapha as the lipophilic components increase the penetration of drug. Bramhi taila may be helpful in correcting the H-P-O axis and reducing some symptoms of PMS.

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