



AN AYURVEDIC PROTOCOL FOR THE PREVENTION OF ADENOMYOSIS- A CONCEPTUAL STUDY

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ABSTRACT

Female reproductive health is the most neglected area in medical science. Ayurveda has given more importance to the maintenance of the reproductive health of a female by describing three regimens that are to be followed during the most important reproductive milestones. Rajaswala paricharya to be followed entirely during the reproductive life during the menstruating period, Garbhini paricharya is the term coined for ante-natal care and sootika paricharya is meant for Post-natal care. Women who fail to follow these regimens can be prey for a number of Gynaecological disorders. Adenomyosis is one such disease that is the most neglected disease to be diagnosed in its initial stage, which may be caused by the sthanika vata vrudhi; violation of menstrual regimen can be a cause for the same. So, the proper adoption of Rajaswala paricharya during the menstruating period remains the major preventive factor for most of Gynaecological disorders like Adenomyosis.

KEY WORDS: Rajaswala paricharya, Adenomyosis, Prevention, Vata Vrudhi

INTRODUCTION

Ayurveda is the science that emphasizes the importance of maintenance of health as its prime focus. It comprises of eight speciality branches like Kayachikitsa, Bala chikitsa, Graha chikitsa (Manasaroga) , Urdhwanga chikitsa (Shalaky) , Shalya chikitsa, Dhamstra chikitsa (Agada tantra), Jara chikitsa (Rasayana) and Vrusha chikitsa (Vajeekarana).(1) Among this Bala roga is subdivided into two main branches like Kumarabrutya and another one is Prasuti tantra evam stree roga(PTSR). PTSR is a branch that is giving utmost importance to the female health. As per Atharva veda, stri is compared with earth(2) and purusha to akasa. Just as the mother earth receives or collects rainwater, stri receives or collects bija(sperm) following which the seed sown germinates; resulting in the formation of embryo(garbha). Hence stri Arogya plays a major role in the healthy development of the foetus; for that, maintenance of the reproductive health of a female has a prime role. Acharyas has given various regimen throughout the reproductive life of a female like Rajaswala paricharya, Garbhini paricharya and Sootika paricharya for protecting and maintaining the reproductive health of a female in each of her reproductive milestone.(3) Among this Rajaswala paricharya should be followed throughout the reproductive age of a female.

AIMS AND OBJECTIVES

Aim

To analyse the effect of rajaswala paricharya in preventing the Pathophysiology of Adenomyosis.

Objectives

To compile and study the references regarding the anatomy of female reproductive system in ayurveda and contemporary science. To understand the importance of following the Rajaswala paricharya.



To find out the relationship between violating Rajaswala paricharya and the pathophysiology behind adenomyosis.

MATERIALS AND METHODOLOGY

The literature study was done from the Ayurvedic texts, Contemporary textbooks and all the available e-resources regarding the physiology of menstruation, Rajaswala paricharya and Adenomyosis.

RESULTS

Female Reproductive Anatomy

The female reproductive system is composed of internal and exterior reproductive organs that are involved in the procreation of new life. The female reproductive system in humans is immature at birth and matures during puberty to produce mature gametes that will be fertilized and paves way for the reproduction. The vagina, uterus, Fallopian tubes, and ovaries are the internal sex organs. The cervix connects the vagina to the uterus, vagina is referred to as the birth canal in the context of pregnancy and childbirth which aids in sexual activity. The uterus carries the fertilized throughout the gestation period. Additionally, the uterus secretes substances that aid sperm in reaching the Fallopian tubes, where they fertilize ova (egg cells) produced by the ovary. The uterus is a pear-shaped organ consisting of fundus, body and cervix. The dimensions are 7.5cm á 6cm á 4cm in length, width and thickness. The uterus has 3 layers namely perimetrium (outer layer), myometrium (middle muscle layer), endometrium (inner mucosal layer). Endometrium in turn is divided into 2 layers; the superficial stratum functionalis which sloughs off during menstruation and the deep layer, stratum basalis, which is permanent and gives rise to new functionalis layer after each menstrual cycle. The labia, clitoris, and vaginal opening are together referred to as the exterior sex organs (Vulva). The ovaries release an ovum at predetermined intervals, and it travels via the Fallopian tube and into the uterus. If sperm are encountered during this transit, it can combine with the egg or ovum, fertilizing it to form a zygote. The process of embryogenesis normally starts with fertilization, which takes place in the Fallopian tubes. Once the zygote undergoes cell division and attains the stage of blastocyst it will get implanted in the uterine endometrium. The gestational period starts at this point, and the embryo will continue to grow until it is fully developed. After the period of gestation, the cervix widens and the uterus contracts, allowing the fetus to pass through the birth canal (the vagina).(4)

Adenomyosis

Adenomyosis is a common and rarely diagnosed gynecological disorder in the early stage, which is characterized by the invasion of endometrial glands and stroma deep within the myometrial layers.(5) Previously considered as a variant form of endometriosis and termed as Endometriosis interna, but now considered a different entity. It occurs when there is a disruption in the physiological boundary between the endometrial basal layer and the myometrium. As a result, the endometrial glands invade the myometrium, resulting in ectopic intra-myometrial glands which results in adjacent myometrial hypertrophy and hyperplasia. Islands of adenomyotic lesions may be scattered throughout the uterine musculature, giving origin to the various form of the disease. or they may occur as a localized, focal form, called the adenomyoma. Grades 1, 2, and 3 correspond, respectively, to the involvement of the inner third (superficial adenomyosis), two-thirds, and entire myometrium (deep adenomyosis). The cut section reveals thickening of the uterine wall with a characteristic trabeculated appearance with no capsule as in the case of a fibroid. Microscopic studies reveal glandular tissue surrounded by stromal cells in the myometrium. The range of symptom may vary from menorrhagia or menometrorrhagia and congestive dysmenorrhoea. Uterine cramps may start a few days earlier to the bleeding phase and may continue for a few more days or may persists throughout the cycle. Deep dyspareunia may be present and enlarged bulky uterus on bimanual examination is the significant feature of adenomyosis. USG diagnostic reveals enlarged uterus with asymmetrically enlarged posterior wall associated with multiple small cysts in myometrium with increased vascularity. Junctional zone greater than or equal to 12mm is diagnostic of adenomyosis. MRI is used to differentiate it from fibroid. In contemporary science secondary dysmenorrhoea is managed with NSAIDs or OCPs. If the women has completed her family then hysterectomy can be advised. Laproscopic myometrial electrocoagulation is advised in young women who has completed her family. (6)

Arthavavaha Strotas

Arthavavaha strotas is the classical reference of the female reproductive system in Ayurveda. The strotas are known for their karma of Sravana i.e, the flow of the body fluids from the site of production to the area of requirement.(7) Arthavavaha strotas are the Bahirmukha strotas which are two in number which are directed downwards and are responsible for carrying the menstrual blood. Garbhashaya and Arthava vahini dhamani are considered as the moola of arthavavaha strotas.(8) Garbhashaya (uterus), is triangular in shape with its apex at its mouth. Dalhanacharya describes the garbhashaya is the avayava with a small mouth and a big inner cavity, and its shape is compared with that of the shape of rohita fish. Acharya susrutha and Vagbhata explained Yoni as a conch shell shaped organ having three avartha or layers and Garbhashaya as the third layer of the yoni. Location of the Garbhashaya is between the Pittashaya and Pakvashaya. In the context of ashmari chikitsa it is explained as the garbhashaya is located near Basti. Arthavavaha dhamani when injured may cause Vandhyata (infertility), Maithuna asahishnutaa (Intolerance to sex i.e., difficulty in sex or painful sex -dyspareunia), Aartava naasha (Amenorrhoea or Dysmenorrhoea)(8)

**Rajas**

The blood that which is expelled from the yonimarga for a duration of 3 days once in every month is termed as Rajas. It is the upadhatu of Rasa dhatu.(9) It is Soumya during the time of formation and becomes agneya at the time of excretion by its nature, having the characteristics of Rakta and which is responsible for the formation of Garbha. Arthava pramana is 4 anjali. Suddha arthava should be devoid of picchila(slimy), daha (burning sensation) and arthi(pain) which is neither heavy nor scanty and will have the colour of Gunja fruit, Padma or indrakopa.(10)

Rithu Chakra

The menstrual cycle can be said to have composed of 3 phases ie,

- 1)Raja srava kala (Menstrual phase)
- 2)Rithu kala (Proliferative phase and ovulatory phase)
- 3)Rithuvyatitha kala (Secretory or Post-ovulatory phase)

Bleeding phase according to charaka is 5 days, Vagbhata is 3 days, Haritha is 7 days. Bhavamishra explains further like Excessive bleeding which lasts for 3 days and medium and scanty flow for 5 and 16 days are to be considered as physiological.

Rajaswala Paricharya

Menstrual hygiene in Ayurveda is explained as Rajaswala paricharya in various classics like charaka samhita, sushruta samhita, kashyapa samhita, ashtanga hridayam, ashtang sangraha and bhava prakasha. These are the separate set of regimen which should be followed by a women during her days of menstruation (ie. 3 to 7 days of her menstrual cycle), Bodily composition (Prakruti) forms the basics for all the physiological functions in the human body. The doshic predominance is expressed in all the bodily functions like even in menstruation i.e, vata prakruthi is more prone to have dysmenorrhoea, pitta prakruti have more mood changes and kapha prakruthi will have the menstrual flow associated with clots.

Contraindicated Activities: (11)

1. Dhivaswapna (day sleep) should be avoided and mattresses should be made of Darbha.
2. Application of any kind of Anjana, crying, massaging the body, head bath, too much of laughing, talking and exercise should be avoided.
3. Swedana karma, Vamana and nasya karma are contraindicated.
4. Diet contraindicated: Avoid the eatables which are pungent (tikshna), spicy (katu) and salty in taste.
5. Maithuna (Coitus) is contraindicated.
6. Adoring by wearing any kind of Ornaments, combing and Grooming are contraindicated

Indicated Activities and Diet

1. Positive thoughts should be promoted and always should think about auspicious things.
2. Meal should be Havisyanna (made of Ghee, Sali and milk) and Yavaka (made of barley and milk) and should be consumed directly by taking in hands or in utensils made of clay or leaves.

DISCUSSION

During the reproductive life of a female, the main milestone is the attainment of menarche, which will be achieved physiologically from the age of 8-12 years in the developing countries.(12) Menstruation is the probable indicator of the reproductive capability of women. During the initial days of the commencement of a cycle due to the absence of fertilization the ovum degrades and all the endometrial functionalis start shedding out followed by the imbalance in the hormone levels, especially progesterone (important for the maintenance of pregnancy). After that, a thin layer of endometrial stroma remains. Under the influence of estrogen hormone, the stromal cells and the epithelial cells proliferate and the whole endometrial surface is re-epithelialized within 4 to 7 days.(13) Then within the next few days, the endometrium proliferates and thickens due to the increased number of stromal cells, glands, and new blood vessels aiding in the implantation of the conceptus. During the time of menarche, the uterus undergoes the first time of contraction and endometrial shedding, at that time the whole physic as well as the uterus will be in a weak state. So foods and regimen which promotes strength, as well as rest to the body, should be preferred. The regimen which is opposing these phenomena will cause a decrease in the strength of the uterine musculature during this menstruating phase it may lead to the improper shedding of the endometrial layer or may cause excess invasion of the endometrial layer into the myometrium due to the excess uterine contractions. Menstrual regimen, the Rajaswala paricharya explains that it is a natural shodhana procedure (cleansing), that a women undergoes every month of their reproductive life. So during that period agnimandhya will be observed and so the agni of the menstruating women should be taken care as that of a person undergone a shodhana therapy. The ultimate aim of this regimen is to restore the agni, bala and to avoid the vitiation of vata and kapha doshas by maintaining its equilibrium. Adenomyosis is mainly characterized by the invasion of endometrial layers into deeper layers which is mainly due to the sthanika vata kopa occurring during this period. Rajaswala paricharya is the most important Nidhana parivarjana chikitsa for most of the female reproductive tract



disorders. This article mainly emphasis on the role of rajaswala paricharya in preventing Adenomyotic changes, a disease which is mostly left undiagnosed clinically.

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