Research Article

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AYURVEDIC MANAGEMENT OF PREMENSTRUAL SYNDROME: A CASE STUDY

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ABSTRACT

Woman is exposed to life cycles of vulnerabilities. Prevalence of psychiatric disorders in women are three times than that in men. In most of women, biological event occurring in their reproductive function acts as stressor. The phenomenon of menstrual cycle is one of it. Recent studies prove the association of menstrual cycle and psychiatric disorders. Pre-Menstrual Syndrome is one such commonly reported and highly prevalent disorder characterized by constellation of physical, emotional, cognitive and behavioral symptoms. An 18-year-old female patient reported to OPD with the complaints of extreme mood swings, irritability, sudden tearfulness, anger outbursts, nervousness, decreased concentration and forgetfulness one week prior to her menstruation which resolves with the onset of menstruation since 2 years. On physical examination, no abnormalities were detected. Mental Status Examination revealed abnormality in mood and affect, attention, concentration and thought process. Diagnosis was according to DSM IV criteria and assessment by Moos Menstrual Distress Questionnaire. Based on history, presenting symptoms and diagnostic criteria the case was established as Premenstrual Syndrome. So, the protocol for treatment planned was symptomatic. Internal administration of Hingvashtakadi vati, Ashwagandha capsule was given for 1 month and Satvavajaya chikitsa in the form of dheer dhairya atmadi jnana, ahitebhyo arthebhyo manonigraha was done once in a week for 1 month. Mood related symptoms were completely relieved. Thought process was clear. There was improvement in attention and concentration.

Keywords: Pre-menstrual syndrome, Satvavajaya chikitsa, Chittodvega, Ashwagandha

INTRODUCTION

Women are vulnerable for playing multidimensional task and fulfilling various roles in biological, physical, social, emotional, cultural and spiritual life. The biological aspects include the reproductive functions whereas the emotional aspects include intimacy, human relationships, feelings, and desires. Social norms and socio cultural expectations also interact with women mental health. Prevalence of psychiatric disorders in females are three times that in males ¹. In most of the females, biological event occurring in their reproductive function acts as stressor. The phenomenon of menstrual cycle is one of it.

Menstruation is a normal physiological process in females starting at the age of thirteen years and lasts till the age of forty-five years. It is a cyclical phenomenon usually occurring every twenty-one to thirty days and includes uterine bleeding for about three to seven days. Recent study proves the association of menstrual cycles and psychiatric disorders². Pre Menstrual Syndrome (PMS) is one of the life style disorders commonly reported by reproductive-age women, resulting in affective, cognitive & behavioural impairment. Prevalence of PMS is about 90% in mild, 20-40% in moderate form and affects-marriage or relationship issue, decreased work or school performance, decreased social activity³.

There have been several hormonal hypotheses proposed to explain the aetiology of premenstrual syndrome. General assumption among research studies that peripheral ovarian and other hormonal changes are merely simultaneous epiphenomena, and/or is driven by the above central influences, but do not actually exert behavioural effects⁴. Symptoms of PMS are divided into eight domains- pain, water retention, autonomic reaction, negative affect, concentration, behavioural changes, arousal, control.⁵

CASE STUDY

A female patient of 18-year-old student from middle socio economic status visited OPD with the complaints of extreme mood swings, irritable, sudden tearfulness, anger outburst, nervousness, decreased concentration, forgetfulness, 1 week prior to her menstruation and resolves with the onset of menstruation for 2 years but worsened since 6 months associated with sleep disturbances, pains and ache symptoms.

Patient reports that she had suffered from these symptoms from past 2 years but has recently noticed a gradual worsening in overall intensity from 6 months. In addition, patient also had trouble concentrating and to maintain a healthy relationship with peer group. These symptoms significantly cause distress and interfere with academic and personal life. Patient reported

hospital in symptomatic phase. Onset was gradual, symptoms aggravated 1 week prior to menstruation and relieved with the onset of menstruation.

There was no relevant medical history but similar history is reported by her mother. School performance was poor, did not actively participate in school activities. Relationship with classmates and friends was bad during symptom phase. Patient stayed in a hostel away from home. Relationship with inmates was moderate.

Menstrual History

Patient attained menarche at the age of 12 years. Menstrual cycle was irregular for few initial cycles. Adaptation to adulthood was difficult initially and gradually she accepted the changes. There were no inter menstrual bleeding. Duration of menstrual bleeding was 5 days. Regular menstrual cycle of 29 days since 5 years. Moderate amount of blood loss with clots without foul smell with occasional dysmenorrhoea.

Personal History

Appetite- poor, Bowel and micturition- irregular, sleep-disturbed

EXAMINATION

Mental Status Examination

Mood – Irritable

Affect – Anxious

Thought Process – Preoccupied Fixed Thoughts

Cognition – Reduced Attention & Concentration

Psychomotor Activity- Impaired

Vibhrama Pareeksha

Mano Vibhrama – Altered Manovishaya and Mano Karma

Buddhi Vibhrama – Vishamata of Buddhi

Bhakti Vibhrama – Impaired Desires

Sheela Vibhrama- Impaired routine activity

Cheshta Vibhrama – Impaired

METHODOLOGY

Diagnostic criteria: DSM IV⁶

Diagnosis: Moos Menstrual Distress Questionnaire⁷

Ayurvedic understanding of disease

Mithya ahara, not following codes and conduct of food, atichintana, shoka, bhaya leads to vata prakopa. Vata in association with kapha and pitta simultaneously vitiates manodosha and rasadhatu. Further exposure to nidana makes vata move in viloma gati presented as anavasthita chitta, udvega, glani, rodana, pralapa, daha, shotha, sarvanga vedana etc. Since pratyatma laskhana of this disease is related to mood and affect, it may be diagnosed as chittodvega. Dosha pratyaneeka chikitsa/laakshanika is followed here.

Treatment Given

Hingwashtakadi vati 1 tid before food was given for 1 month. Ashwagandha capsule 2 bd with milk after food for 1 month was given. Satvavajaya chikitsa was carried out as main line of treatment.

Table 1: Satvavajaya chikitsa in Pre- Menstrual Syndrome

Sessions	Problem	Goal	Method
1 st session	Identification	Awareness about the disease	Jnana: Yoga-makarasana, bhujangasana; Pranayama-Nadishuddhi, bhramari Vijnana- Relaxation
2 nd session	Affective Symptoms	Insight orientation approach	Dhee dhairya atmadi jnana
3 rd session	Cognitive symptoms	Regulation of thought process To enhance concentration	Ahitebhyo arthebhyo mano nigraha
4 th session	Behavioral symptoms	Regimen of conduct	Ritumaticharya, Achara rasayana

Table 2: Gradation index of Moos Menstrual Distress Questionnaire

1-No experience of symptoms	0-47 : NO PMS
2- Barely noticeable	48-94 : Borderline
3-Mild: only slightly apparent to you	95-141 : Mild
4-Moderate: aware of symptom but doesn't affect daily activity at all	142-188 : Moderate
5-Severe: interferes with daily activity	189-235 : Severe
6-Acute: partially disabling	236-282 : Acute/PMDD

OBSERVATION AND RESULT

During treatment rapport was built immediately and patient was getting convinced easily. In first session, awareness about the disease and problem was identified, Jacobson's progressive muscular relaxation was done, yoga and pranayama was taught, second session insight orientation approach was done by adopting atmadi jnana chikitsa. Third session thought process was regulated by correcting chintyadi mano vishayas by incorporating principles of ahitebhyo arthebhyo manonigraha. In fourth session advise about the regimen of conduct was given to prevent the illness (Table 1) The patient was cooperative throughout the session and well oriented. After completion of treatment mood related symptoms were completely relieved. Thought and perception was very clear. There was marked

improvement in attention and concentration. Questionnaire grading showed marked changes from 149 to 78. (Table 2)

DISCUSSION

The occurrence of the disease is due to the current life style. Hence as per present scenario the disease can be understood as chittodvega with relation to menstruation. In charaka menstrual disorders are explained in the context of yoni vyapath⁸. Hence this case can be treated on predominance of doshas.

The exact cause of premenstrual syndrome is unknown, although several different biological factors are explained through psycho-neuro-endocrinology. It explains relation between behavioral, mood changes, hormonal fluctuation and hypothalamus dysfunction. Also, several hypothesis are put

forward to explain the symptoms. The most obvious of these involves aetiological role for fluctuations in ovarian steroids which influence neurotransmitters: serotonin, noradrenalin, and GABA. This explains impulse control, negative mood, aggression and irritability. Fluid and electrolyte retention are due to increased absorption/prolactin and sex steroid interaction with rennin-angiotensin-aldosterone system⁹. So the drug which is anxiolytic, anti-depressant, nootropic and neuroprotective should be selected. Ashwagandha is a proven nootropic drug. It reduces plasma cortisol level and urinary catecholamine and balances hormones and HPA axis^{10,11,12}.

Hingwashtakadi vati normalizes agni, koshta and relieves physical symptoms thus stimulating action on brain¹³. Ashwagandha acts both on body and mind, helps in relieving most of the psychological symptoms, Satvavajaya in turn acts as preventive and supportive therapy. It also works as nootropic¹⁴. According to study, Yoga and pranayama calm anxiety by slowing the heart rate¹⁵. Yoga helps relieving nervous tension, anxiety blood circulation, also beneficial in maintaining muscle tone, weight control or reduction and flexibility. Mainly it regulates the levels of mood-regulating chemicals in the brain, decrease in fluid retention and increases self-esteem that helps the women in overcoming the distress of premenstrual symptoms¹⁶. Combined effect of shamana and satvavajaya chikitsa normalizes pranavata and results in anuloma gati of vata helps in relieving symptoms of Pre-Menstrual Syndrome.

CONCLUSION

The symptoms involving physical, psychological, social and behavioral changes should be tackled by combined treatment covering yuktivyapashraya and satvavajaya chikitsa. In this case, initially agni was corrected there by reducing most of physical symptoms, multidimensional approach was carried out to tackle psychological, biological and social disturbances. For further improvement rasayana treatment may be advised.

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