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## Research Article

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## Detailed view of “Raththa Soolai” (Dysmenorrhea) in Mukutra Adipadai

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### Abstract

Dysmenorrhea is one of the most common causes of pelvic pain. It negatively affects patient's quality of life and sometimes results in activity restriction. A history and physical examination, including a pelvic examination in patients who have had vaginal intercourse, may reveal the cause. The prevalence of dysmenorrhea is difficult to determine because of different definitions of the condition, the estimates varying from 45% to 95%. A recent systematic review of the world literature on chronic pelvic pain reports prevalence of dysmenorrhea ranging between 17% and 80%. Although dysmenorrhea is a common gynecological problem in females but there are limited studies in this subject especially in central India. Siddha system of traditional medicine provides differential diagnostic techniques which aid in proper identification of dysmenorrhea and to initiate.

**Keywords:** Siddha medicine, Dysmenorrhea, Mukutra Adipadai.

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### Introduction

Raatha soolai refers to pain occurring before or during menstruation or both. It is also commonly referred to as period pain or menstrual cramps. It is classified into primary and secondary. It occurs when pelvic anatomy and ovarian function are normal and no organic cause can be found for pain and it describes pain due to pelvic pathology. It can occur at any age but most commonly observed in women 20-45 years of age. It is one of the most common gynaecologic complaints in young women, affecting approximately 40-70% of women of reproductive age, with 10% of women describing severe symptoms. Other symptoms that may be associated with it include: pain during sex, irregular cycles, heavy bleeding, bleeding in between cycles or after sex.

### Aetiology

If the pitha kutram is increased, body heat is increased that means agni it creates the overflow of blood.

In the later stage, the aggravated vatham leads to changes in the pithakutram.

The dietary cause of the pitha disease.

All together the dietary cause of the disease increasing vatha humor along with pitha humor.

According to siddha system the disease caused by the dearrangements of the three humors like vatham, pitham, kabham. Raththa soolai occurs due to changes in vatha humor and pitha humor.

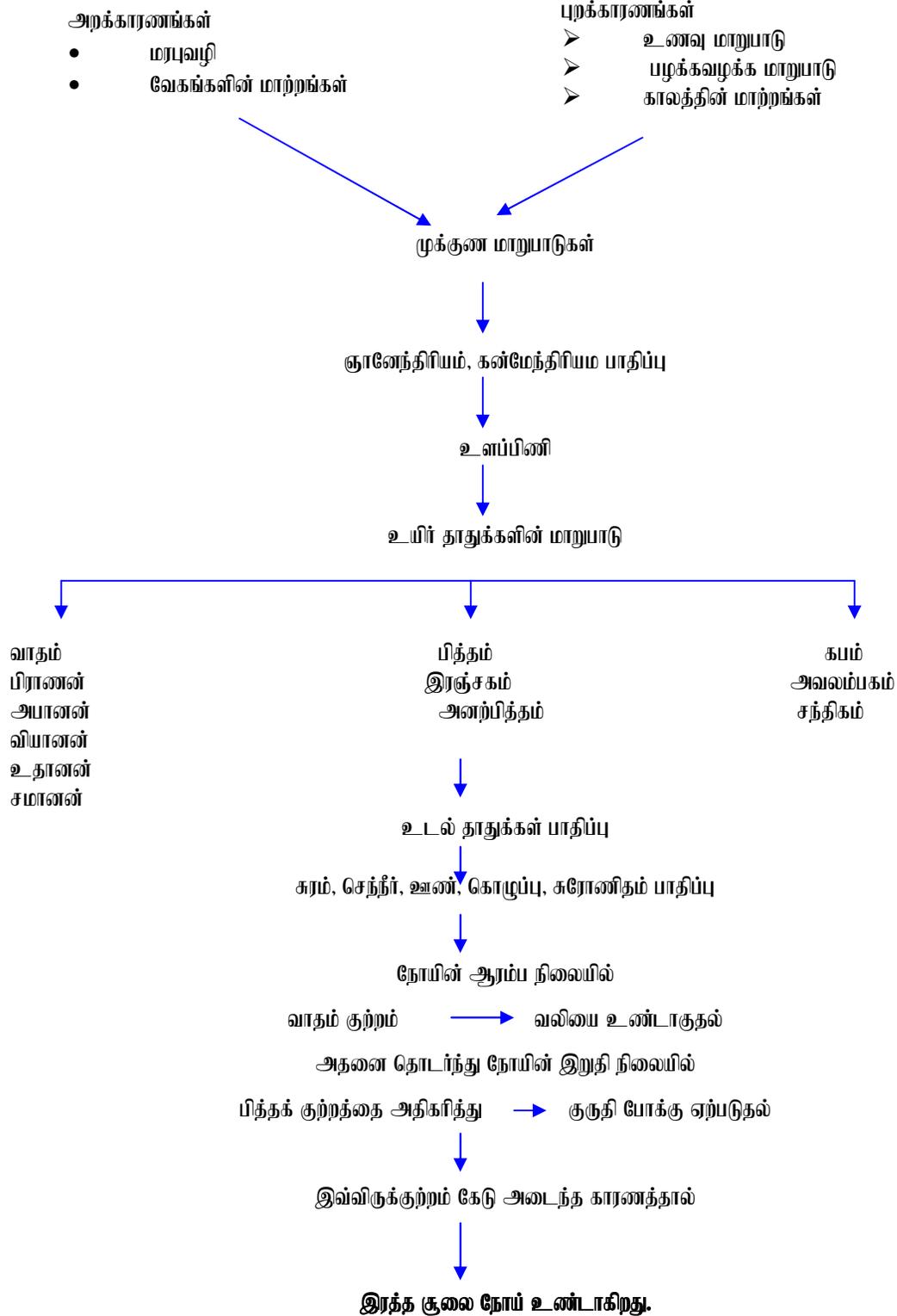
If the vatha humor is affected particularly abanna vaayu and prana vaayu is affected, it creates abdominal pain, head ache especially hormonal imbalance because it related with central nervous system it creates depression, tension, anxiety in the time of menstruation, and the abanan links with digestive system it cause constipation, flattulence etc...

Excessive intake of kaippu, pulipu suvai that increasing the vatham.

Increased intake of spicy foods, stress, tension and heavy exercise that creates increased pitham.

Those are the etiological factors increasing the vatha kutram along with Pitham kutram.

### Etiopathogenesis of Raththa soolai



**Pathology**

Raththa soolai is formed by two causes endogenous causes like genetic , hereditary , and altered reflexes and exogenous causes like geographical variations , seasonal variations ,and dietary and habitual changes that cause changes in mukkutrum which is followed by mental illness. It affects uyir thathukkal .

The three humor is the functional unit of the body. If there is changes in the vatham and pitha kutram plays a vital role in causing this disease.

**Alterations in mukkutram****Vatham**

Pranan-Dyspnoea  
 Abanan-Abdominal pain, constipation, menorrhagia  
 Viyanan- Pain present in all over the body  
 Udhanan-Vomitting  
 Samanan- Discomfort, tierdness

**Pitham**

Anar pitham-Loss of appetite  
 Ranjagam Pitham-Palloriness of the skin and mucous membrane  
 Sathagam-Restlessness

**Kabham**

Avalambagam - Derrangement of other factors  
 Santhigam - Pain present in the lumbosacral region and Hip joints

**Alteration in Udal Thathukkal**

Saaram- Derangement of other factors  
 Senner-pallor skin and mucous membrane  
 Enbu-pain present in the body  
 Suronitham-Imbalance of suronitha thathu.

**Materials and Methods****Materials:**

The clinical study on RATHTHA SOOLAI was carried out at the Post Graduate Noi Naadal outpatient Department of Government Siddha Medical College, & Hospital Palayamkottai.

**Case selection and supervision:**

Author has taken 60 cases and excluded 20 cases and selected 40 cases of Similar Symptoms of RATHTHA SOOLAI from the post Graduate outpatient department of Government Siddha Medical College and Hospital Palayamkottai. From which 40 typical cases of RATHTHA SOOLAI were selected and were followed by the author whose work under the close supervision of the professor and lecturer of the Post Graduate Noi Naadal Department.

**Evaluation of clinical parameters:****Inclusion criteria:**

- Gender-female-both married and unmarried.
- Age 13-45
- Headache
- Heavy menstrual bleeding
- Abdominal pain
- Low back pain
- Patients who co-operate for investigation whenever necessary.

**Exclusion criteria:**

- Menorrhagia
- Intra uterine contraceptive device
- CA Uterus
- Fibroid uterus
- Poly cystic ovarian disease.

**The Clinical Parameters :**

For further detailed study, modern investigation parameters were used. The following laboratory investigations were done in these cases.

**Hematology:**

- Total count of W.B.C
- Differential count of W.B.C
- Erythrocyte Sedimentation Rate
- Haemoglobin

**Bio Chemistry:**

- Blood Sugar
- Blood Urea

**Urine Analysis:**

- Albumin
- Sugar
- Deposits

**Other Investigations:**

USG Abdomen & Pelvis

**Methodology study design:**

Observational Type of Study.

**Study enrolment:**

In the study patients reporting at the OPD & IPD of Govt. Siddha Medical College Hospital with the clinical symptoms of "RATHTHA SOOLAI" referred to the Research group. Those patients were screened using the screening proforma (Form -I) and examined clinically for enrolling in the study based on the inclusion and exclusion criteria. Based on the inclusion criteria the patients are included first and excluded from the study on the same day if they hit the exclusion criteria.

The patients who are to be enrolled would informed (Form IV-A) about the study, and the objectives of the study in the language and terms understandable for them.

After ascertaining the patients willingness, a written informed consent would be obtained from them in the consent form (Form - IV)

All these patients were given by unique registration card in which Patients Registration number of the study, Address, Phone Number and Doctors phone number etc. given, so as to research group easily, if any complication arises.

Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma in the history and clinical assessment forms separately. Screening Form -I filled up; Form I-A, Form II and Form -III used for recording the patient's history, clinical examinations of symptoms and signs and lab investigations respectively.

**Investigations during the study**

The patients subjected to basic laboratory parameters during the study.

**Treatment during the study:**

Normal treatment procedure followed in GSMCH were prescribed to the study patients and the treatment provided at free of cost.

**Study period:**

- Total period - 24 months
- Recruitment for the study - Upto18 months
- Data entry analysis - 4 months
- Report preparation and submission - 2 months

**Data management**

After enrolling the patient in the study, a separate file for each patient was opened and all forms are filled in the file. Study No. and Patient No. entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file taken and necessary recordings are made at the assessment form or other suitable form.

- The screening forms filled separately.
- The Data recordings are monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found in during the study, that collected from the patient, but the time related data not be recorded respectively.
- All collected data were entered using MS excel software onto computer.

**Outcome of study**

- Cost effective Diagnosis.
- Due to lack of laboratory facilities in remote areas, this method is very useful in diagnosis.
- For early diagnosis and to avoid complications.

## Conclusion

Raththa soolai can be diagnosed via clinical history and clinical symptoms.

The disease Raththa soolai is characterised by Abdominal pain, and it is associated with menorrhagia, presence of pelvic pain, in some cases they have amenorrhea condition and abortion .Altered food habits, hereditary factors, and hormonal therapy and other habitual changes are the etiological reasons for the raththa soolai. A clinical study of Raththa soolai has been done by focussing on the changes in Udal thathukkal, Uyir thathukkal, etc in the present study. The changes in udal thathukkal and Uyir thathukkal have been assessed with Siddha parameters like Ennvagai thervugal, Pulan thervugal, Kosangal and Iympul Iyakka vithi. The result of this study has been derived by analysing the following data. From the taken cases, patients between the age group 25-35 years are found affected more than the other age groups. The signs and symptoms in all cases were predicted as in sarabendhra vaidhiya muraigal. In most of the cases Vatha pitha Naadi is noticed. In 25% of the taken cases Constipation is present. In most of the cases aravaena niluthal, and aazhi pol paravaal are noted. In this study it is found out that all the almost all the cases belong to Vatha Pitha naadi.

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