

Yoga Therapy in Menstrual Disorders

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Abstract

Menstrual disorders are very common in adolescence and can be the cause of a significant amount of stress to both the patients and their parents, variations of the cycle in this age are very broad and are mainly caused by the immaturity of the hypothalamic-pituitary-ovarian axis. Menstrual disorder is a physical or emotional problem that interferes with normal menstrual cycle, causing pain, unusually heavy or light bleeding, delayed menarche or missed periods. These include amenorrhea or cessation of menstruation, menorrhagia or heavy bleeding and dysmenorrhea or severe menstrual cramps.

Practice of yoga in menstrual disorder improves the functioning of the endocrine glands, which regulates the menstruation. Also promotes flexibility, the muscles become supple and do not cramp. Meditation can help to relieve stress, both physical and mental thus infusing with peace and taking mind off all the menstrual problems. Regular practice of yoga also improves blood circulation and therefore minimizing pain and discomfort resulting from painful cramps and heavy menstrual flow. Thus regular practice of specific yoga techniques is effective in menstrual disorders as preventive and curative aspects, while promoting general health, relaxation and stress conditions.

Introduction

Menstrual disorders are very common in adolescence, and can be the cause of a significant amount of stress to both the patients and their parents. Variations of the menstrual cycle in this age are very broad and are mainly caused by the immaturity of the hypothalamic - Ovarian (HPO) axis. Appropriate and early management of the patient is necessary in order to minimize the possibility of future complications regarding woman's reproductive ability. Typically, a woman of childbearing age should menstruate every 28 days or so unless she is pregnant or moving into menopause. But numerous things can go wrong with the normal menstrual cycle, some the result of physical causes, others emotional.

A menstrual disorder is a physical or emotional problem that interferes with the normal menstrual cycle causing unusually heavy or light bleeding, delayed menarche, or missed periods. Amenorrhea or the

cessation of menstruation is of two types: primary and secondary. Primary amenorrhea occurs when a girl at least 16 years old is not menstruating. Young girls may not have regular periods for their first year or two, or their periods may be very light. A condition known as Oligomenorrhea. But if the period has not begun at all by age 16, there may be something wrong. Secondary amenorrhea occurs in women of childbearing age after a period of normal menstruation and is diagnosed when menstruation has stopped for three months. It can occur in women of any age. Dysmenorrhea characterized by menstrual cramps or painful periods. Which comes from the Greek words for "painful flow" affects nearly every woman at some point in her life. It is the most common reproductive problem in woman, resulting in numerous days absent from school, work, and other activities.

Dysmenorrhea is of two types, primary and secondary. Primary or normal cramps,

affects up to 90% of all woman, usually occurring in woman about three years after they start menstruating and continuing through their mid-twenties or until they have a child. About 10% of women who have this type of dysmenorrhoea cannot work, attend school, or participate in their normal activities. It may be accompanied by backache, dizziness, headache, nausea, vomiting, diarrhoea and tenseness. The symptoms typically start a day or two before menstruation, usually ending when menstruation actually begins. Secondary dysmenorrhoea has an underlying physical cause and primarily affects older women, although it may also occur immediately after a woman begins menstruation. Menorrhagia, or heavy bleeding, most commonly occurs in the years just before menopause or just after women start menstruating.

The fourth edition of the diagnostic and statistical manual of disorders, or DSMIV, lists premenstrual dysphoric disorder (PMDD) in an appendix of criteria sets for further study. To meet full criteria for PMDD, patient must have at least five out of 11 emotional or physical symptoms during the week preceding the menses for most menstrual cycles over the previous 12 months. Although the DSMIV definition of PMDD as a mental disorder is controversial because of fear that it could be used to justify prejudice or job discrimination against women, there is evidence that a significant proportion before their menstrual period.

Causes and Symptoms

The only symptom of primary amenorrhea is delayed menstruation. In addition to low body weight or excessive exercise, other causes of primary amenorrhea include Turner's syndrome, a birth defect related to the reproductive system, or ovarian problems. In 2003, a group of researchers reported on a new genetic mutation associated with primary amenorrhea. In secondary amenorrhea, the primary

symptom is the ceasing of menstruation for at least three months. Causes include pregnancy or breastfeeding, sudden weight loss or gain, intense exercise, stress, endocrine disorders affecting the thyroid, pituitary or adrenal glands, including Cushing's syndrome and hyperthyroidism, problems with or surgery on the ovaries, including removal of the ovaries, cysts or ovarian tumours.

Primary dysmenorrhea is related to the production of prostaglandins, natural chemicals the body makes that cause an inflammatory reaction. They also cause the muscles of the uterus to contract thus helping the uterus shed the lining built up during the first part of a woman's cycle. Women with severe menstrual pain have higher levels of prostaglandin in their menstrual blood than women who do not have such pain. In some women, prostaglandins can cause some of the smooth muscles in the gastrointestinal tract to contract. Resulting in the nausea, vomiting and diarrhoea. Prostaglandins also cause the arteries and veins to expand, so that blood collects in them rather than flowing freely through them, causing pain and heaviness. Secondary dysmenorrhoea is more serious and is related to some underlying cause. The pain may feel like regular menstrual cramps, but may last longer than normal and occur throughout the month. It may be stronger on one side of the body than the other. Possible causes include, a tipped uterus, Endometriosis, a condition in which the same type of tissue found in the lining of the uterus occurs outside the uterus, usually elsewhere in pelvic cavity. Adenomyosis a condition in which the endometrial lining grows into the muscle of the uterus. Fibroids, Pelvic inflammatory disease (PID), an IUD, a uterine, ovarian, bowel or bladder tumour, Uterine polyps, Inflammatory bowel disease, Scarring or adhesions from earlier surgery. Heavy bleeding during menstruation is usually related to a hormonal imbalance, although other

causes include fibroids, cervical or endometrial polyps. The autoimmune disease lupus, pelvic inflammatory disease (PID), blood platelet disorder, a hereditary blood factor deficiency, or possible on rather than a disease itself. It may also be related to the use of an IUD.

Mechanisms of yoga practices which improve menstrual disorders.

Practice of Dhanurasana, Upavistakonasana, Baddhakonasana, Suptakonasana, Prasaritapadottanasana, Bhujangasana, Paschimottanasana, Vajrasana, Sarvangasana, Shavasana, Anuloma viloma pranayama, Suryabhedana pranayama, Sheetal pranayama, Bhramari pranayama, Soham Meditation, Yoga nidra are beneficial in Menstrual disorder.

- When practicing group of asana for menstrual disorder, it improve the functioning of the endocrine glands, promotes flexibility in the body so that the muscles become supple and do not cramp or get injured. When the body stronger, one will feel less pain as well. Regular practice of asana will lead to stretching of the pelvic muscles.
- A large part of yoga is about the breathing techniques. When performing asana or poses, the transition from one pose into another is easier with help of various breathing techniques. The increased lung capacity as well as the controlled rhythm of breathing helps the body find great relief. It will also help relieve stress and anxiety.
- Yogic practices can improve overall wellbeing, meditation can help relieve stress both physical and mental, and thus infusing with peace and taking the mind off all the menstrual problems.
- Regular practice of yoga also improves blood circulation,

minimizing pain and discomfort resulting from painful cramps and menstrual flow.

Discussion and conclusion

The findings of a study, suggested that patients with menstrual irregularities having psychological problems improved significantly in the areas of their wellbeing, anxiety and depression by learning and applying a program based on yogic intervention ;Yoga Nidra.(Khushbu Rani, 2011).

Yoga Nidra can be an effective practice to overcome the psychiatric morbidity associated with menstrual irregularities apart from bringing the hormonal profile towards normalcy. Therefore, Yogic relaxation training, Yoga Nidra could be prescribed as an adjunct to conventional drug therapy for menstrual dysfunction. (Khushbu Rani, 2016).

In a study the relaxation response in the females suffering from PMS showed a reduction in an abnormally high basal sympathetic activity and a heightened Relaxation response in both the study groups (group B and Group C). Intergroup comparisons between the females suffering from PMS given different forms of yogic interventions (group B and Group C) and those without any intervention (group A) showed a very significant difference. Thereby proving the effectiveness of these interventions. (Bhawana Sharma 2013).

In the conclusion of a study demonstrated the efficacy of Yoga Nidra on autonomic nervous system variables in patients of menstrual irregularities. Yoga Nidra practice is helpful in patients of menstrual disorders. (Monika, 2012). These studies have been conducted to show the effectiveness of yoga therapy in menstrual disorders.

Thus regular practice of yoga is effective in menstrual disorders as preventive and curative aspects, while promoting general health, relaxation and stress conditions.

Yoga training could contribute to improvement in the psychophysiological responses across menstrual cycle.

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