

**A CASE STUDY ON EFFECT OF YOGBASTI IN UDAVARTA  
YONIVYAPAD ASSOCIATED WITH OVARIAN CYSTS****Dr. Archana D. Mahajan<sup>\*1</sup>, Dr. Divya Ramugade<sup>2</sup>**

<sup>1</sup>Associate Professor, BAMS. MS. PhD (Scholar), D. Y. Patil, School of Ayurveda Nerul, Navi Mumbai, Department of Streeroga & Prasuti Tantra, APM's Ayurved Mahavidyalay Sion.

<sup>2</sup>HOD & Professor, BAMS. MD. PhD., Department of Streeroga & Prasutitantra, D. Y. Patil School of Ayurveda Nerul Navi Mumbai.

Article Received on 05 Feb. 2026,

Article Revised on 25 Feb. 2026,

Article Published on 01 March 2026

**\*Corresponding Author****Dr. Archana D. Mahajan**

Associate Professor, BAMS. MS. PhD (Scholar), D. Y. Patil, School of Ayurveda Nerul, Navi Mumbai, Department of Streeroga & Prasuti Tantra, APM's Ayurved Mahavidyalay Sion.

<https://doi.org/10.5281/zenodo.18900981>



**How to cite this Article:** Dr. Archana D. Mahajan<sup>\*1</sup>, Dr. Divya Ramugade<sup>2</sup> (2026). A Case Study on Effect of Yogbasti in Udavarta Yonivyapad Associated with Ovarian Cysts. World Journal of Pharmaceutical Research, 15(5), 1734-1739.

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**ABSTRACT**

Udavarta Yonivyapad is a Vata-pradhana disorder characterized by painful menstruation due to vitiated Apana Vata. Clinically, it resembles dysmenorrhea. Ovarian cysts are often present with dysmenorrhea, pelvic pain, and menstrual irregularities. Basti Chikitsa is considered the Ardchikitsa for Vata disorders, and Yogabasti, a combination of Anuvasana and Niruha Basti, is specifically indicated for regulating Apana Vata therefore Shodhan chikitsa and shaman chikitsa were planned. **Aim:** To evaluate the effect of Yogabasti Chikitsa in females with ovarian cyst presenting predominantly with symptoms of Sashul rajapravrutti (Udavarta Yonivyapad). **Objectives:** To evaluate the effect of Yogabasti Chikitsa in a case of Udavarta Yonivyapad associated with ovarian cyst. **Materials and Methods:** - A 20-year-old female patient presenting with Painful Menstruation and irregular periods since menarche and diagnosed ovarian cyst on ultrasonography was treated with Yogabasti and Shaman Chikitsa. Assessment was done using

Visual Analogue Scale (VAS) for pain and ultrasonographic findings before and after treatment. Significant reduction in pain intensity & Follow-up ultrasonography revealed resolution of cyst. Yogabasti was effective in managing Udavarta Yonivyapad and also showed potential benefit in resolving the ovarian cyst.

**KEYWORDS:** Udavarta Yonivyapad, Yogabasti, Apana Vata, Ovarian cyst, Dysmenorrhea.

## INTRODUCTION

Udavarta Yonivyapad in classical Ayurvedic texts occurs due to Vega-dharana and vitiation of Apana Vata, leading to upward movement of Vata and painful menstruation.<sup>[1]</sup>

उदावर्ता रूया योननिः सा वेगधारणार् भवेत् ।

वार्ऽप्रनर्हर्ः क्यार्ऽ शूलं रजसोऽवरोधनम् ॥Charak Chikitsa Sthana 30/115–116

Menstrual pain of primary dysmenorrhea is mostly encountered in gynaecological practice. More than 70% of teenagers and 30-50% of menstruating women suffer from varying degrees of discomfort with 23.2% suffer severe pain in first 3 days.<sup>[2]</sup>

Ovarian cysts are sacs, usually filled with fluid, in an ovary or on its surface.<sup>[3]</sup> ovarian cysts can lead to complications such as pelvic pain, cyst rupture, blood loss, and ovarian torsion that require prompt management.<sup>[4]</sup> In modern dysmenorrhea and ovarian cyst-associated pelvic pain show similar symptomatology. Functional ovarian cysts, particularly hemorrhagic cysts, are common in reproductive age women.

Basti is considered “Ardha Chikitsa” for Vata disorders. Yogabasti, comprising Niruha and Anuvasana Basti, is especially indicated in systemic Vata vitiation and pelvic disorders.

अधं निनकत्सिर्स्येदं बत्सिनाम परं स्मृम् ॥ Charak Siddhi Sthana 1/39

This case study aims to evaluate the role of Yogabasti in managing Udavarta Yonivyapad associated with ovarian cyst.

## CASE REPORT

A Female Patient of age 20 years Marital Status: Unmarried

Occupation: Job came with

**Chief Complaints:** Painful Menstruation & Irregular periods since Menarche since (7 – 8years)

Vedana Sthan- Lower abdomen (Adhodarshul), Backpain (Katishul), (Ubhaypada shula), Angamarda +++

Sakashta Artava Strav Duration - Severe (Pain in abdomen 2days prior and more than 2 days of menses) +++

Rajastrav Praman: Mild (2pads /24hrs) Swaroop: Drava

Other Associated Symptoms: - Malavshambha, Hrullhas

Menstrual History Cycle: 35- 45 days

Duration: 2- 3 days Obstetric History G0P0

Investigations

USG BEFORE TREATMENT 1-11-25				MRI Pelvis – 10-11-25
Uterus	Rt Ovary 7.3*5.5 cm	Lt Ovary	Haemorrhagic	A 3.7*3.8*3.3 cm well
7.1*4.8*3.6	with 6.3*5.2 cm sized	3*2.6 cm	cyst	defined thin walled
cm	cyst with dense			hyperintense cystic Lesion
	internal echoes and			seen in Rt. Ovary
	Septations			

As the patient had Cyst of Size 6.3\*5.2 cm an MRI was done for the patient which showed a cyst of 3.7\*3.8\*3.3cms Shodhan and shaman Chikitsa was planned for the patient.

### Intervention

Yogbasti Schedule (8 days)

Day 1: Anuvasana Basti Day 2: Niruha Basti Day 3: Anuvasana Basti Day 4: Niruha Basti

Day 5: Anuvasana Basti Day 6: Niruha Basti Day 7: Anuvasana Basti Day 8: Anuvasana Basti.

Drugs Used

Anuvasana Basti: Trivrutta Taila (60 ml)<sup>[5]</sup>

Niruha Basti: Dashamoola Kwatha 350ml, Honey 5ml, Saindhava 1pinch, Til Taila 20ml & Triphala Kalka 5gms.

**Duration of treatment:** - 7 days (+ or – 2 days) before expected date of menses, for 7days & for 3 consecutive cycles.

The observation was made after 5<sup>th</sup> day of menstrual cycle and conclusion were made.

**Follow up:** - In Textbooks duration of treatment for this drug is not given so initially all the patients were treated from 7days (+ or – 2days) prior to the expected menstrual cycle, because in Rutuvyatit kaal vaat dosha is in chaya avasta [cha.Sh.4/7] therefore treatment is thought to be more effective at this time.

**Shamana Chikitsa**

Kanchanar Guggul 2-0-2 for 2months

Bhaishajya Ratnawali gand rog / Granthi khandak adhyaya

**Medication starting 7 days prior to Mensis and after 7 days of Mensis**

Hingvastak Churna 3gms BD with warm water Shankhavati 1-1-1	Sharangdhar Samhita Madham khand 6/121 to 125	For all Patients
Rajapravartini Vati 1-0-1	Bhaishajya Ratnawali Streerog Prakaran 67/57 - 58	Only in Patient no. 5
Shankha Vati	Bhaishajya Ratnawali Grahani adhyaya 51 / 103 -106	In all Patients

Dietary and lifestyle modifications were advised

(Vata-shamaka Ahara and avoidance of Vega-dharana).

**Outcome Measures**

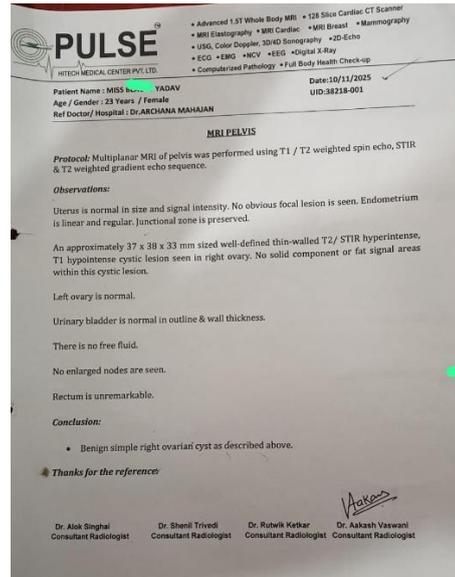
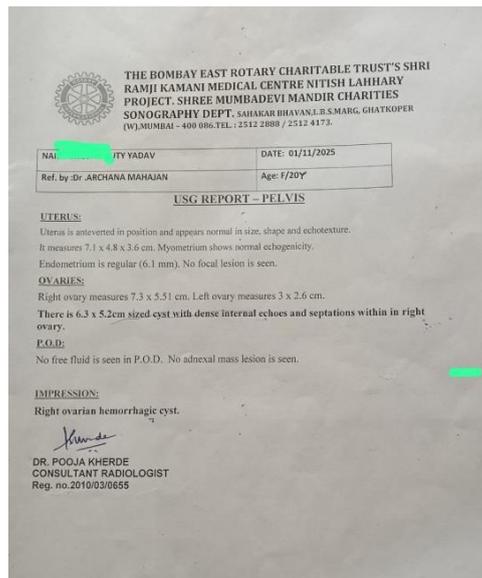
Follow up	Vedana Intensity	Vedana Kalavadhi	Vedana Sthan (Site)	Sakashta Artav strav Duration of Flow (days)	Raja Strav Swaroop	Other symptoms
5 <sup>th</sup> day of 1 <sup>st</sup> cycle after treatment	Moderate (Severe Intermittent pain, Able to work between 2 pains)	Moderate (Pain in abdomen 1 day prior and 1 <sup>st</sup> day of menses)	Lower abdomen (Adhodars hul) And Back pain (katishul)	2 days	Drava	Hrullas
5 <sup>th</sup> Day of 2 <sup>nd</sup> Cycle after treatment	Mild (Dull ache, Patient able to do routine job)	Mild (Pain in Abdomen few hrs prior and 1 <sup>st</sup> Day of Menses.	Lower Abdomen (Adhodars hula) or Back pain (Katishul)	Few hours	Drava	Malavshtam bha
5 <sup>th</sup> Day of 3 <sup>rd</sup> Cycle after treatment	Absent (No Pain)	Absent (No Pain)	Absent (No Pain)	No Pain	Drava	No Symptoms

**Objective Parameter**

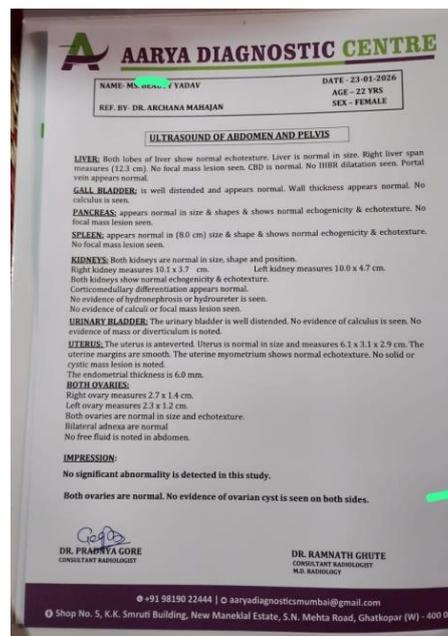
Ultrasonography findings.

USG BEFORE TREATMENT 1-11-25			
Uterus 7.1*4.8*3.6 cm	Rt Ovary 7.3*5.5 cm with 6.3*5.2 cm sized cyst with dense internal echoes and Septations	Lt Ovary 3*2.6 cm	Haemorrhagic cyst
USG AFTER TREATMENT 23-1-26			
6.1*3.1*2.9 cm	2.7*1.4 cm	2.3*1.2 cm	No Cyst seen

## BEFORE TREATMENT



## AFTER TREATMENT



## DISCUSSION

Udavarta Yonivyapad occurs due to Apana Vata vitiation and its upward movement. This leads to Shoola. Basti Chikitsa is effective to restore the normal functions of blood and other Dhatus. Basti is basically due to its Shodhana property that starts from the Pakvashaya i.e., colon. It is multidrug formulation that is given per rectum and reaches up to ileo-caecal junction. It cleared Pakvasayagata doshas, once all Pakvasayagata doshas get cleared Vayu attains normalcy. Basti Chikitsa makes the vitiated Apana vata to move in a downward direction and cures Udavrta Yonivyapada. At the same time Basti by suppressing Vata, restores the

disturbed Kapha and Pitta at their original seats. Also, Trivrut Taila's Mrudu virechak and anuloman qualities and anti-inflammatory properties (purging excess Kapha-Pitta) and Dashamoola Kwatha's Vatagnha karya leads to analgesic, anti-spasmodic effects on ovarian pathology.

## CONCLUSION

Yoga Basti with Anuvasana Trivrut Taila and Niruha Dashamoola Kwatha offers a promising, non-invasive Ayurvedic intervention for Udavarta Yonivyapad with ovarian cysts, yielding complete pain relief in all cases and substantial resolution (including hemorrhagic cysts) in 80%. Integrating this into holistic gynaecology could reduce reliance on surgery/hormonals; future research should explore dose optimization and long-term imaging outcomes.

## Patient Consent

Written informed consent was obtained from the patient for publication of this case report.

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