

## UDAVARTINI YONIVYAPADA W.S.R. TO DYSMENORRHEA: A REVIEW ARTICLE

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Article Received on 02 April 2026,  
Article Revised on 22 April 2026,  
Article Published on 01 May 2026,

<https://doi.org/10.5281/zenodo.19875529>

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**How to cite this Article:** Dr. Twinkle Varshney<sup>\*1</sup>, Dr. Gargi Pathak<sup>2</sup>, Dr. Mamta Kumari Swain<sup>3</sup> (2026). Udavartini Yonivyapada W.S.R. To Dysmenorrhea: A Review Article. World Journal of Pharmaceutical Research, 15(9), 501-507.

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### ABSTRACT

Dysmenorrhea refers to painful menstrual cramps that can be severe enough to disrupt normal daily activities. It is a significant health concern among adolescent girls, especially in schools, as it negatively impacts their routine activities and overall quality of life. In This is explained as an *Udavartini Yoni Vyapada* in *Ayurveda*. The main clinical feature of *Udavartini* is *Rajah Kricchrata* (painful menstruation). It affects approximately 50-60% of women of reproductive age. Dysmenorrhea is one of the most common gynecological problems experienced by women. It can be caused by structural and functional abnormalities of the uterus, psychosomatic factors, the release of prostaglandins, and pelvic congestion. Dysmenorrhea can be related to *Kashtartava* or conditions such as *Udavartini Yonivyapada* in *Ayurveda*.

**KEYWORDS:** *Janani*, Dysmenorrhea, *Udavartini*

*Yonivyapada*, *Kashtartava*.

### INTRODUCTION

*Kashtartava* refers to painful menstruation (dysmenorrhea) and is a group of symptoms associated with various gynecological disorders. Dysmenorrhea is described in *Ayurvedic* literature as *Kashtartava* or *Kukshishoola*, and is also associated with *Vatala Yoni* and

*Udavartini Yonivyapad*, which are gynecological conditions (Striroga) in *Ayurveda*.<sup>[1]</sup> In *Ayurveda*, *Udavartini Yonivyapad* is described as a condition similar to dysmenorrhea. It is commonly seen in young, unmarried women who lead a sedentary lifestyle and has some economic impact due to its frequency. Clinically, dysmenorrhea is classified as primary or secondary, depending on whether it begins at menarche or develops after a period of painless menstrual cycles. The pain originates from the uterus and is directly related to menstruation. This type of pain is known as true dysmenorrhea and is also referred to as primary, spasmodic, intrinsic, essential, or functional dysmenorrhea. *Ayurveda* explains its causes, development, symptoms, and treatment. According to this system, an imbalance or increase in 'Vata' Dosha (bodily humor) is mainly responsible for the condition.<sup>[2]</sup> According to *Ayurveda*, the condition characterized by pain and difficulty in the expulsion of menstrual blood, caused by the upward movement of *Rajas* (menstrual flow) due to an imbalance of *Vata*, is known as *Udavrittam*. This occurs when natural bodily movements, such as the passage of flatus, are disturbed and move in the opposite direction. As a result, the aggravated *Apana Vayu* flows upward instead of downward and affects the *Yoni* (uterus). This *Yoni* seizes the pain, initially throws or pushes the *Rajah* (menstrual blood) upwards, then discharges it with great difficulty. The lady feels relief immediately following discharge of menstrual blood. Since in this condition *Rajah* (menstrual blood) moves upwards or in reverse direction. Besides painful and frothy menstruation, there are other pains associated with *Vata* (body ache, general malaise etc.)

**Synonyms:** *Udavritta, Udavartini, Kashtartava.*

### **Definition**

The disease characterized by painful and frothy menstrual flow is known as *Udavarta Yoni Vyapada*.

### **Incidence**

Epidemiological studies conducted over the past 50 years show varying rates of dysmenorrhea. This variation occurs because pain is a subjective experience and cannot be measured precisely by others. Different women may respond to the same level of pain in different ways.

Menstrual discomfort can range from mild to severe pain that may limit a woman's ability to carry out daily activities. Most women experience mild discomfort. However, about 5–10%

of girls in their late teens and early twenties suffer from severe dysmenorrhea. Overall, around 50% of menstruating women experience dysmenorrhea, and about 10% are unable to perform normal activities for 1 to 3 days each month. Despite this, only 5–8% seek medical care.

### Factors Influencing Pain

- 1. Age:** It affects younger women (18–35 years), but may persist into the 40's.
- 2. Occupation:** Groups of students (school students, college girls –who have to do mental work), house wife's and women in jobs provide different statistics.
- 3. Family history:** Dysmenorrhea is often seen in both mother and daughter, suggesting a familial tendency. In most cases, a positive family history is present.
- 4. Marital status:** Marriage may help relieve dysmenorrhea by providing emotional happiness and a sense of security. It is more commonly seen in young women who lead sedentary lifestyles.
- 5. Social Status** A higher incidence is reported among women of higher socioeconomic status compared to those from lower-income groups, possibly due to differences in pain tolerance. Women from lower-income groups may have a higher pain threshold and describe their pain as moderate and manageable, whereas women from higher-income groups may perceive the same level of pain as severe and intolerable.

### Risk Factors

- Age < 20 years Attempts to lose weight
- Depression / Anxiety
- Disruption of social network
- Heavy menses
- Nulliparity
- Smoking

### Modern view

Dysmenorrhoea means painful menstruation.

### Classification

- 1) Primary Dysmenorrhoea
- 2) Secondary Dysmenorrhoea.

**Primary Dysmenorrhoea:** Primary dysmenorrhea refers to pain associated with ovulatory cycles in the absence of any identifiable abnormalities in the reproductive organs. It is mainly caused by strong contractions of the uterine muscles (myometrium), which are triggered by prostaglandins released from the secretory endometrium. These contractions can reduce blood flow to the uterus, leading to ischemia and pain. From a hormonal perspective, primary dysmenorrhea is believed to result from an increased production of prostaglandins following a drop in progesterone levels. These prostaglandins are hormone-like substances that regulate uterine contractions.

**Secondary Dysmenorrhoea:** It refers to pain associated with ovulatory cycles that is caused by an identifiable underlying pathology. It should be suspected in older women who develop dysmenorrhea without any prior history of the condition, until proven otherwise.<sup>[3]</sup>

### **Ayurvedic view**

Etiology (*Nidana*)

- i) General (*Samanya Hetu*)
- ii) Specific (*Vishishta Hetu*)

#### **i) *Nidana–Samanya***

Various classical texts describe the vitiation of Vayu as the primary cause of *Yonivyapada*, along with other contributing factors. Since *Udavarta* is one of these conditions, the causative factors are also interrelated.

*Charaka* has stated that *Mithya-achara*, *Pradushta Artava*, *Bija Dosha*, and *Daiva* are the causes of these twenty Yoni Vyapadas.<sup>[4]</sup>

*Chakrapani* explains that *Mithya-Acharya* includes *Mithya-Ahara* (improper diet) and *Mithya-Vihara* (unhealthy lifestyle). Abnormalities of *Artava* and *Bija* (i.e., ovum, sperm, or both), as well as *Daiva* (results of past-life deeds or divine curse—when no apparent cause is found, the disease is attributed to divine factors) are considered causes of *Yonivyapada*.

**Acharya Sushruta** states that, in addition to these causes, if a very young woman or a woman with a dry body engages in excessive coitus with a well-developed partner, her *Vayu* becomes aggravated and reaches the *Yoni*, resulting in *Yonivyapada*.<sup>[5]</sup>

*Vagbhata* states *Bija Dosha* refers to the *Yoni Arambhaka Bija Dosha* of the female at the time of her birth. Considering the description of all the classics collectively the following etiopathological factors emerge out.<sup>[6]</sup>

#### *Nidana Panchaka*

- **Hetu:** *Ruksha, Laghu, Lavankatu Rasatmak Annapaan, Vega Dharan* leading to *Udavarta, Ratrijagaran* etc.
- **Purvaroop:** *Adhodar Shoola*, pain experienced in lower extremities.
- **Roopa:** *Sashoola Rajah Sraav, Saphena Rajah, Baddha Rajah Sraav, Vedana* etc.
- **Upashay:** Use of Hot Water Bag over Abdomen or back, Light Massage, Avoiding Fatty foods.

#### *Samprapti /Etiopathogenesis*

*Samprapti Ghataka Dosh*-*Vata, Kapha Dushya-Rasa, Rakta.*

#### Differential diagnosis of *Kashtartava*

- **Primary dysmenorrhea:** Suprapubic pain or cramps occur just before or during menstruation and may last for two to three days. The pain can radiate to the lower back and thighs and may be accompanied by nausea, fatigue, bloating, and a general feeling of malaise. Pelvic examination findings are usually normal.
- **Leiomyoma:** Cyclic pelvic pain with menorrhagia and occasionally dyspareunia, particularly with anterior and fundal fibroids.
- **Endometriosis:** Cyclic pelvic pain (which may also be non-cyclic) occurring during menstruation is often associated with deep dyspareunia, dysuria, and subfertility. On rectovaginal examination, findings may include a fixed or retroverted uterus, reduced uterine mobility, adnexal masses, and uterosacral nodularity.
- **Adenomyosis:** Usually associated with menorrhagia, may include intermenstrual bleeding, physical examination findings include enlarged, tender, boggy uterus.
- **Pelvic inflammatory disease:** H/O lower abdominal pain in sexually active women, cervical motion tenderness, or adnexal tenderness.
- **Ectopic pregnancy:** Amenorrhea, abnormal uterine bleeding, and severe, sharp lower abdominal pain or cramping on the affected side of the pelvis may occur, and these can present with complications. (e.g. hypotension, shock).<sup>[7]</sup>

## MANAGEMENT

Educating young girls about menstruation, sexual health, and general well-being can reduce the severity of spasmodic dysmenorrhea and the disability it may cause.

### General

- Unfavorable environmental factors, malnutrition, poor general health, and any lifestyle errors should be corrected in the patient.s
- Open exercises, walk, gymnastic exercises should be encouraged.
- Constipation should be treated by simple laxatives like *Trifala Churna*.
- Anaemia should be treated with iron food.
- General advice -reassurance and empirical relief of pain are necessary.
- The patient's attention should be diverted from her menstrual functions, and this can be effectively done by a sensible mother.

Nutrition The supplement programe below should be taken for at least three months in order to achieve best results.

- Vitamin E (400iu per day) as d-alpha tocopherol
- Zinc citrate (20mg per day)
- Vitamins C with bioflavonoids (1000 mg once per day)
- B complex (100mg of each B vitamin per day)
- Magnesium (400 mg per day).<sup>[8]</sup>

### Treatment as Per *Ayurvedic* Classics

- These gynecological disorders do not occur without an imbalance of *Vata*; therefore, *Vata* should be corrected first, followed by the treatment of other *Doshas*.<sup>[9]</sup>
- In menstrual disorders caused by *Vata Dosha*, specific treatments aimed at correcting that *Dosha* should be administered. Formulations prescribed for *Yoni Roga* and therapies such as *Uttarbasti* should also be used, taking into account the aggravated *Doshas*.<sup>[10]</sup>
- For *Avrita Apana Vayu*, treatment should be *Agni Deepaka*, *Grahi*, *Vāta*, *Anulomana* and *Pakvashaya Shuddhikara*.<sup>[11]</sup>

**Yoga:** *Yoga* activities can help reduce and prevent the severity of many ailments, especially those related to women's health, by providing strength, stability, and flexibility. *Yogasanas* are considered a convenient, drug-free, and cost-effective method. *Yoga* is also found to have a positive effect on increasing an individual's pain threshold. Various types of *Asanas* have

been described in *Yoga*. Among them *Ushtrasana*, *Gomukhasana*, and *Vajrasana* have a pain relieving effect.

## CONCLUSION

In *Ayurveda*, dysmenorrhea is considered a *Doshic* imbalance that can be managed through a balanced lifestyle. This includes a diet suited to one's *Dosha*, herbal supplements, regular exercise, a disciplined daily routine, *Yoga*, meditation, and positive sensory inputs through all five senses. *Ayurvedic* treatments are believed to be beneficial in managing dysmenorrhea, and relief from painful menstruation can be achieved through herbal remedies.<sup>[12]</sup>

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