

A SYSTEMIC STUDY ON UDAVARTINI YONI VYAPAD (PRIMARY DYSMENORRHOEA) – AN AYURVEDIC APPROACH**Dr. Pooja Ugalmugale*¹ and Dr. Vandana Kulkarni²**

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ABSTRACT

Udavartini Yoni Vyapad, as described in Ayurvedic classics, bears close resemblance to the modern-day clinical condition of primary dysmenorrhoea. It is primarily caused due to vitiation and obstruction of *Apana Vata*, resulting in painful menstruation, frothy discharge, and systemic discomfort. The current review aims to bridge classical Ayurvedic understanding with modern gynecological perspectives, offering a holistic approach to pathogenesis, clinical features, and possible therapeutic modalities.

KEYWORDS: *Udavartini*, *Yoni Vyapad*, *Apana Vata*, *Dysmenorrhoea*, Ayurveda, Vata Dosha, Menstrual Disorders.

INTRODUCTION

Women's health has always been a crucial subject in Ayurveda. Among the various gynecological disorders (*Yonivyapad*), *Udavartini Yoni Vyapad* is one of the most painful conditions described in classical texts. It represents a condition with obstructed menstrual flow, leading to pain before or during menstruation, and corresponds closely to what modern medicine defines as *Primary Dysmenorrhoea*.^[1]

The complexity of the female reproductive system, its cyclical nature, and hormonal balance render women prone to disorders like dysmenorrhoea. Ayurveda addresses these conditions not merely as isolated problems but as systemic imbalances involving *Doshas*, *Dhatus*, and

Srotas. Hence, a comprehensive Ayurvedic understanding and intervention can significantly aid in improving quality of life in such conditions.^[2,3]

METHODOLOGY

The conceptual and clinical data were gathered from classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, and *Bhavaprakasha*. Supplementary data were reviewed from modern sources including PubMed, Scopus, and other peer-reviewed databases to establish the correlation between *Udavartini Yoni Vyapad* and primary dysmenorrhoea.

Yonivyapad – Classical Overview

Yonivyapad refers to disorders of the female reproductive system, affecting fertility, menstrual health, and overall reproductive capability. A total of twenty *Yonivyapads* have been described in classical texts, classified based on *Dosha predominance*, *Dushya*, and clinical presentation.

According to *Ashtanga Hridaya*, *Sushruta Samhita*, and *Bhavaprakasha*, imbalances in the *Vata*, *Pitta*, and *Kapha* doshas, when aggravated, can vitiate the *Yoni*, leading to various pathologies.

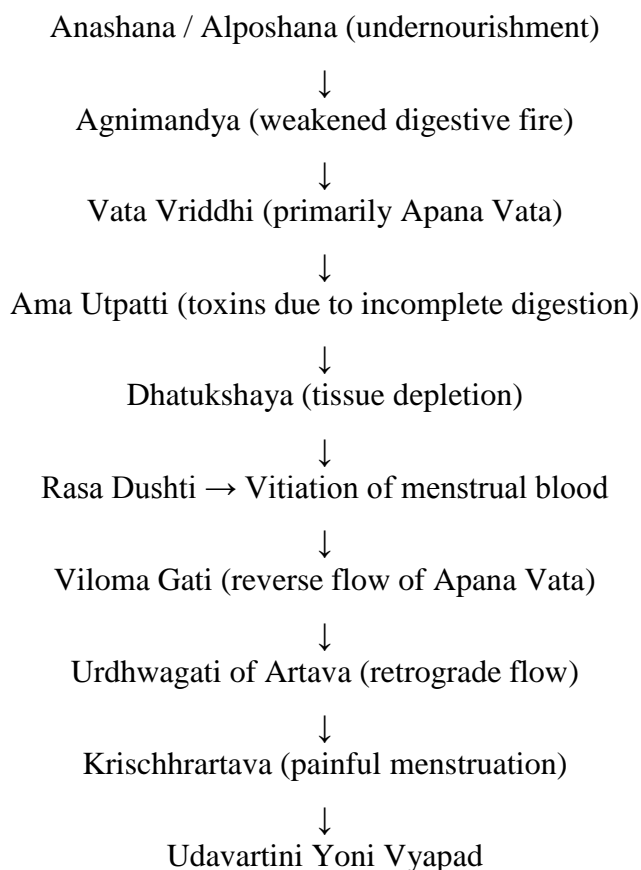
Udavartini Yoni Vyapad – Ayurvedic Description^[4]

The term *Udavartini* implies an upward movement (*Urdhwagati*) of *Apana Vata*, contrary to its natural downward flow. This leads to severe colicky pain during menstruation and irregular, obstructed, or painful discharge of *Artava* (menstrual blood).

ETIOLOGICAL FACTORS (*Nidana*)^[1,2,3]

Acharya	Etiology
Charaka	Mithya Ahara-Vihara (improper lifestyle), Pradushta Artava (vitiating menstrual blood), Daivakopa
Sushruta	Vishama Ahara, Atimaithuna (excess coitus), Dushta Artava, Bijadosha (defective ovum), Apadravya Prayoga
Vagbhata	Bijadosha, Daivata, excessive intercourse, wrong postures during coitus, stress

These causative factors lead to *Vata* vitiation, specifically disturbing *Apana Vata*—which governs menstrual flow, defecation, urination, and parturition.

PATHOPHYSIOLOGY (*Samprapti*)^[1,3]***Samprapti Ghataka***

Factor	Description
Dosha	Vata (<i>Apana Vata</i>)
Dushya	<i>Rasa, Rakta, Mamsa</i>
Srotas	<i>Rasavaha, Artavavaha, Raktavaha</i>
Srotodusti Lakshana	Atipravritti (excess discharge), Sanga (obstruction)
Adhishthana	<i>Yoni and Garbhashaya</i>
Rogamarga	Abhyantara (internal channel)
Sthanasamsraya	<i>Yoni Marga and Garbhashaya</i>

CLINICAL FEATURES (*Lakshana*)

- **Rajah Krichrata** – Painful and difficult menstrual flow.
- **Artava Vimokshat Sukham** – Relief of pain after menstrual discharge.
- **Phenilata** – Frothy menstrual blood.
- **Kapha Samsrishta Artava** – Mucus mixed with menstrual flow.
- **Baddha Artava** – Clotted or obstructed flow.
- **Anyava Vata Vedana** – Pain in back, thighs, or lower abdomen.

These symptoms strongly align with the clinical presentation of *primary dysmenorrhoea*, characterized by cramping pain in the lower abdomen just before or during menstruation without identifiable pelvic pathology.

Modern Correlation: Primary Dysmenorrhoea^[10]

Definition

Primary dysmenorrhoea is defined as **recurrent, cramping pain in the lower abdomen occurring immediately before or during menstruation, in the absence of any identifiable pelvic pathology**. It typically begins during adolescence, within 6–12 months after menarche, once ovulatory cycles become established.

Etiopathogenesis

The pathogenesis of primary dysmenorrhoea is primarily related to **hormonal and biochemical changes** in the endometrium during the menstrual cycle.

- **Excessive production of prostaglandins**, particularly **prostaglandin F2 α (PGF2 α)** and **PGE2**, during the **late luteal and menstrual phase**.
- These prostaglandins cause.
 - **Increased uterine muscle contractions**
 - **Vasoconstriction of uterine vessels**
 - **Uterine ischemia**, leading to hypoxia and pain
- PGF2 α is also responsible for **stimulating gastrointestinal smooth muscle**, causing nausea, vomiting, and diarrhea often associated with dysmenorrhoea.

Women with primary dysmenorrhoea have been shown to have **elevated levels of prostaglandins** in menstrual fluid and endometrial tissue.

CLINICAL FEATURES

Patients commonly report the following:

- **Spasmodic, colicky pain** in the **lower abdomen and pelvis**, radiating to the thighs or lower back
- **Pain onset**: Often begins a few hours before or just after the start of menstruation
- **Duration**: Typically lasts for 1–3 days
- **Systemic symptoms**:
 - Nausea and vomiting
 - Diarrhea or loose stools

- Headache
- Fatigue
- Irritability
- Dizziness
- Faintness in severe cases

The severity may **reduce with age** or after **childbirth** in some women.

DIFFERENTIAL DIAGNOSIS

Before confirming the diagnosis of **primary dysmenorrhoea**, other **pelvic or systemic conditions** must be ruled out. Important differential diagnoses include.

1. Secondary Dysmenorrhoea

- Pain due to identifiable pelvic pathology such as:
 - **Pelvic Inflammatory Disease (PID)**
 - **Endometriosis**
 - **Adenomyosis**
 - **Uterine fibroids**
 - **Ovarian cysts**
- Usually appears **later in life** and may worsen over time.
- Pain may **persist beyond menstruation**.

2. Premenstrual Syndrome (PMS)

- Emotional and physical symptoms that occur **before menstruation**, including:
 - Mood swings, anxiety, breast tenderness, bloating
- Pain is **not the main complaint**, unlike in dysmenorrhoea.

3. Pelvic Congestion Syndrome

- Chronic pelvic pain worsened by prolonged standing or sexual activity.
- Often associated with **dilated pelvic veins** seen on imaging.

Ayurvedic Management of Udavartini Yoni Vyapad^[5,6]

The treatment of *Udavartini Yoni Vyapad* is mainly focused on *Vatahara* (pacifying aggravated Vata), *Artava Janana* (inducing proper menstruation), *Vedana Shamana* (pain relief), and correcting *Apana Vata* function. The principles of treatment include.

Chikitsa Sutra.

"वातहरणं मूदुर्विचन स्नेह स्वेद बस्ति प्रयोगः"

LINE OF TREATMENT

Therapy	Purpose	Examples
Snehana (Oleation)	Softening vitiated Vata and clearing obstructions	Internal: <i>Castor oil, Bala Taila</i> External: <i>Abhyanga with Narayana Taila</i>
Swedana (Sudation)	Relieves stiffness and enhances flow of Vata	<i>Nadi Sweda, Bashpa Sweda</i>
Basti (Medicated Enema)	Main line of treatment for Vata disorders	<i>Niruha Basti with Dashamoola Kwatha</i> <i>Anuvasana Basti with Bala Taila</i>
Virechana (Purgation)	To clear accumulated Doshas and relieve constipation	<i>Trivrit Lehya, Avipattikara Churna</i>
Yoni Purification	Local care of Yoni to relieve discomfort	<i>Yoni Prakshalana with Triphala Kwatha, Yoni Pichu</i>
Oral Medications	<i>Vata-kapha hara, Vedana-shamaka and Artava-vardhaka</i>	- <i>Ashokarishta</i> - <i>Kumaryasava</i> - <i>Rajapravartini Vati</i> - <i>Shatavari Churna</i> - <i>Hingvastaka Churna</i> - <i>Dashamoola Kwatha</i>

PATHYA-APATHYA (Diet and Lifestyle)

Pathya (Wholesome)	Apathya (Unwholesome)
Warm, cooked, easy-to-digest food	Cold, dry, and processed foods
Cow ghee, milk, black sesame	Caffeine, fast food, carbonated drinks
Light exercise, yoga, rest	Suppression of natural urges, overexertion

Research Evidence & Case Correlation^[7,8,9]

Recent studies have shown promising results when Ayurvedic therapies are applied to primary dysmenorrhea.

- A clinical study published in *AYU Journal* (2018) evaluated the effect of *Rajapravartini Vati* and *Ashokarishta* on 60 women with dysmenorrhoea. Results showed 75% symptomatic relief in pain and regularization of menstrual flow.
- Another trial (NCBI, 2020) highlighted the role of *Dashamoola Basti* in managing Vataja Yoni Vyapad, with significant pain relief and normalization of Apana Vata functions.
- *Shatavari* (*Asparagus racemosus*) has been clinically proven to have estrogenic and anti-inflammatory properties, supporting hormonal balance and reducing spasmodic pain.

DISCUSSION

The classical presentation of *Udavartini Yoni Vyapad* aligns closely with the modern understanding of *primary dysmenorrhoea*. The Ayurvedic view considers systemic and

lifestyle causes, involving improper digestion, erratic routines, emotional distress, and indulgence in incompatible dietary habits as primary aggravators of *Vata*.

Modern medicine focuses on prostaglandin-mediated uterine contractions, while Ayurveda emphasizes *Apana Vata dushti*. Both ultimately describe a dysfunctional uterine environment resulting in spasmodic pain, delayed flow, and systemic discomfort.

Ayurvedic intervention works at multiple levels

- Balancing *Vata*
- Enhancing *Agni* (digestive fire)
- Purifying channels (*Srotas Shodhana*)
- Nourishing *Rasa* and *Artava Dhatu*

This multi-faceted approach offers not only symptom relief but also long-term reproductive health.

CONCLUSION

Udavartini Yoni Vyapad is a Vata-dominant menstrual disorder marked by pain, obstruction, and discomfort during menstruation, akin to primary dysmenorrhoea. A systemic Ayurvedic approach—comprising *Shodhana* (purification), *Shamana* (palliative care), and lifestyle modifications—provides a holistic and sustainable path to healing.

Integration of classical Ayurvedic insights with modern diagnostic and therapeutic techniques has the potential to revolutionize dysmenorrhoea management, particularly in young women seeking natural, non-invasive alternatives. Further clinical research and case studies can substantiate these findings and enhance Ayurveda's global acceptance in gynecological care.

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