

**LITERARY REVIEW OF UDAVARTINI YONIVYAPAD WITH  
REFERENCE TO PRIMARY DYSMENORRHEA****\*<sup>1</sup>Dr. Samsina Laskar, <sup>2</sup>Dr. Dipak Kumar Goswami**

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**ABSTRACT**

Menstruation marks a critical stage in a woman's biological development, signifying the start of reproductive capability. It is a key indicator of reproductive health and plays a fundamental role in a woman's overall well-being. Culturally and biologically, it represents maturity and fertility. The health of women significantly influences the well-being of families, communities, and society at large. A great number of women experience menstrual issues at some stage in their lives. In Ayurvedic texts, *Udavartini Yoni Vyapad* is described as a disorder of the female reproductive system, mainly caused by the reverse or obstructed movement of the menstrual flow. This condition is often associated with symptoms like abdominal pain and discomfort, particularly before and during menstruation. The clinical features of this disorder are comparable to those of primary dysmenorrhea as understood in modern medical science. The current treatment approaches in modern medicine for this disorder are often inadequate,

as medications such as antispasmodics and hormonal agents can lead to side effects including high blood pressure and psychological issues. This has prompted efforts to explore alternative management options through the Ayurvedic system of medicine.

**KEYWORDS:** Yonivyapad, udavartini, vedana.

## INTRODUCTION

Menstruation, conception, and motherhood represent the creative dimensions of human procreation. Among these, menstruation is a natural physiological phenomenon occurring during the reproductive phase, signifying the optimal functioning of the female reproductive system.

The term *dysmenorrhea*, derived from Greek, refers to menstrual pain of sufficient intensity to interfere with routine daily activities. It is broadly classified into two categories:

1. **Primary dysmenorrhea**
2. **Secondary dysmenorrhea**

Primary dysmenorrhea denotes painful menstruation in women with a structurally normal pelvis, most commonly manifesting during adolescence. It is typically characterized by cramp-like pelvic pain that begins shortly before or at the onset of menstruation and persists for 1–3 days. The pain is spasmodic in nature, localized to the lower abdomen, and may radiate to the back or the inner thighs. Associated systemic symptoms can include nausea, vomiting, fatigue, dizziness, diarrhoea, and headache.

## MATERIALS AND METHODS

Consequently, the Ayurvedic texts used in this literary and conceptual analysis are Charak Samhita, Sushrut Samhita, Ashtang Hridaya, and their accessible commentaries. Scientific publications available online and dictionaries like Sanskrit hindi Shabdakosha and Amarkosha have also been used for references and for collecting topic-related data and information.

## LITERATURE REVIEW

### Udavartini

In Ayurveda, a group of twenty distinct gynecological disorders is collectively termed Yonivyapad. Among these, Udavartini Yonivyapad is prominently recognized and is chiefly caused by the vitiation of Apana Vayu, a subtype of Vata Dosha. Although Charaka Samhita refers to this disease as Udavartini Yonivyapad, Sushruta Samhita and Astanga Hridaya use the term Udvarta Yonivyapad. Despite this nomenclatural variation, the pathological essence remains aligned across classical texts.

The classical triad—Charaka, Sushruta, and Vagbhata—categorize the twenty types of Yonivyapad based on the predominance of the Doshas (Vata, Pitta, Kapha), their combinations, or other causative factors.

**Table 1: Classification of Yonivyapad According to Causative Doshas.**

Causative dosha	Charak Samhita	Sushruta Samhita	Astanga Sangraha
Vata	Vatiki, Acarana, Aticarana, Prakcarana, Udavartini, Putraghni, Antarmukhi, Sucimukhi, Suska, Sandhyayoni, Mahayoni	Udavarta, Vandhya, Vipluta, Paripluta, Vatala	Vatiki, Aticarana, Prakcarana, Udavrtta, Jataghni, Antarmukhi, Suska, Vamini, Sandi, Mahayoni
Pitta	Paittiki, Raktayoni, Arajaska	Rudhiraksara, Vamini, Sramsini, Putraghni and pittala	Paittiki and Raktayoni
Kapha	Slaismiki	Atyananda, Karnini, Acarana, Aticarana, Slesmala	Slaismiki
Tridosha	Sannipatik	Sanda, Phalini, Mahati, Sucivakra, Sarvaja	Sannipatiki
Vata+pitta	Paripluta, Vamini	---	Lohitaksaya, Paripluta
Vata+Kapha	Upapluta, Karnini	---	Upapluta, Karnini
Krimi	-----	---	Vipluta

#### Etymology

The term Udavarta is derived from the Sanskrit roots

- "Ut" – upward direction
- "Ang" – completely or entirely
- "Vrut" – rotation or movement

Combined, the term denotes a reverse or upward movement—especially of bodily functions that are naturally directed downward, such as menstruation or bowel evacuation. The Charaka Samhita mentions the phrase "Udavritti Urdhvanita", emphasizing this reversal of Apana Vayu's normal course (Ch. Chi. 30/25).

#### Etiopathogenesis (Nidana Panchaka)

In Ayurvedic understanding, disease causation (Nidana) is broadly classified into three aspects:

1. Samvayi Karana – intrinsic cause, such as doshic disturbance

2. Asamvayi Karana – auxiliary factors like tissue/vessel weakness
3. Nimitta Karana – external or triggering factors like food, habits, and karma

#### A. General Causative Factors (Samanya Nidana)

The broader causes responsible for all Yonivyapad are considered relevant to Udavartini Yonivyapad as well.

**Table 5: showing Nidan (etiology) of Udavartini yonivyapad.**

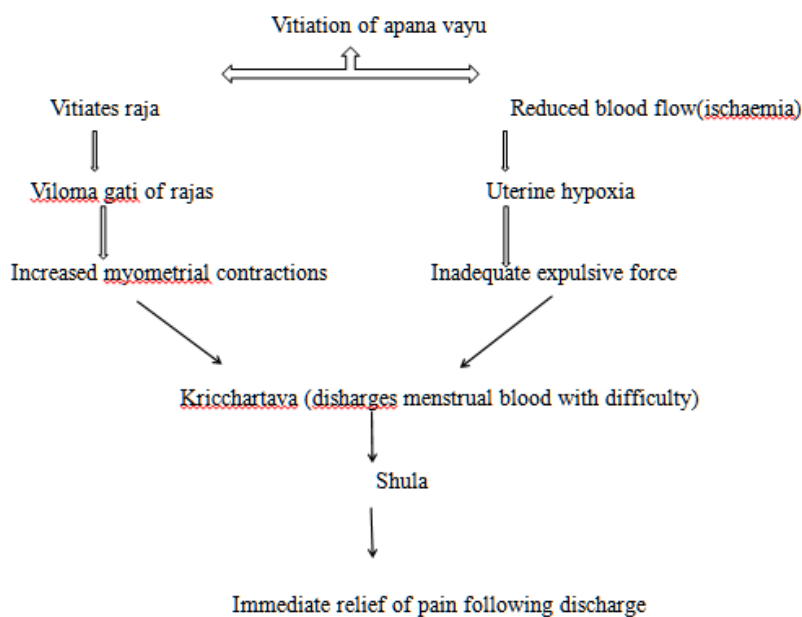
Charak	Sushruta	Vagbhata	MN/BP/YR
Mithyachara Pradusta artav Bija dosha Daivaprakopa	Mithyachara Pradusta artava Bijadosa Atimaithuna	Dustabhojan Vishamashayan Dusta artava Apadravya Prayog Daivata Bijadosha	Same as Charak

#### B. Specific Causation (Vishishta Nidana)

A unique characteristic of Udavartini Yonivyapad is the reverse movement of Apana Vayu, disrupting its normal downward function. This abnormality causes retention or obstruction of menstrual flow (Rajah), resulting in:

- Lower abdominal or pelvic pain
- Delayed or difficult menstruation
- Symptomatic relief after expulsion of menstrual blood

This reverse movement is a direct result of vata vitiation, often aggravated by dietary, lifestyle, and emotional factors.

**SAMPRAPTI (PATHOGENESIS OF THE DISEASE)****SAMPRAPTI GHATAK (FACTORS FOR GENESIS OF THE DISEASE)**

- ✚ दोष- वातप्रधानत्रिदोष, अपानवात mainly
- ✚ धातु- रस, रक्त, उपधातु: आर्तव
- ✚ अग्नि- जाठराग्नि
- ✚ स्रोतस- रस, रक्त mainly आर्तववाह
- ✚ स्रोतोदुष्टि- सङ्ग and विमार्गगमन
- ✚ उद्भवस्थान- आमपाक्वाशय
- ✚ व्यक्तस्थान- गर्भाशय
- ✚ रोगमार्ग- आभ्यन्तर

**RUPA (CLINICAL FEATURES OF THE DISEASE):**

Rupa may be defined as the clinical manifestation of the disease.

The clinical features of Udavatini as mentioned by different Acharyas are as follows:

**(A) Ashtanga Hridaya & Astanga Sangraha**

वेगोदावर्तनाद्द्वयोनिं प्रपीडयति मारुतः ।

सा फेनिलं रजः कृच्छादुदावृत्तं.....॥

इयं व्यापदुदावृत्ता.....॥

(अ० स० उ० ३८/३६ एवं अ० ह० उ० ३३/३३, ३४)

Pain in Udavartini is due to aggravated vayu moving in reverse direction. Frothy menstrual blood is discharged with difficulty

### (B) Charak Samhita

आर्तवे सा विमुक्ते तु तत्क्षणं लभते सुखम् ।  
रजसो गमनादूर्ध्वं ज्ञेयोदावर्तिनी बुवैः ॥

(च० सं० चि० ३०/२५,२६)

Charak mentioned Udavartini in Chikitsa sthan, 30<sup>th</sup> chapter, Yonivyapadchikitsaadhyaaya. Due to movement of flatus etc natural urges, there is aggravation of apana vayu which moves in reverse direction. The aggravated apana vayu fills the yoni which is seized with pain and it pushes the raja in upward direction. Raja is expelled with difficulty. Relief of pain is obtained following discharge of menstrual blood.

### (C) Sushruta Samhita

सफेनिलमुदावर्ता रजः कृच्छ्रेण ॥ ९ ॥  
चतसृष्वपि चक्ष्यासु भवन्त्यनिलवेदनाः ॥ ११ ॥

(सु० सं० उ० ३८/९,११)

Sushruta mentioned that besides frothy, painful menses, there are other pain due to vata dosha (malaise, body ache)

### (D) Madhukosha

मुञ्चति उदावर्तेति ऊर्ध्वमावर्तः समन्ताद्वर्तनं वायोर्यत्र सा तथेति ।

(MN, Madhukosha 62/2)

According to Madhukosh, commentary over Madhav Nidan, all around movement of vata is the causative factor of pain. There is frothy, painful menstruation.

(E) या फेनिलमुदावर्ता रजः कृच्छ्रेण मुञ्चति  
सा तु योनिः कफेनैवमार्तवं च विमुञ्चति ॥

[Y.R (Yoni roga adhaya)]

Yogaratanakar mentioned that discharge in Udavartini is frothy, expelled with difficulty and associated with kapha

### **UPASHAYA**

#### **a. Aharaja**

- i. Madura, Amla and lavana
- ii. Tridosha shamak ahara especially vatashamak
- iii. Ushna, laghu and snigdha ahara
- iv. Lasuna as Rasayana sevana
- v. Sura, Asava and arishta sevana as per dosha
- vi. Ksheera, mamsa ras

#### **b. Viharaja**

- i. Ushna jala prayoga,ushna udaka pana
- ii. Taila abhyanga with vatanashak taila like balataila, mahanarayan taila, dasamula taila etc
- iii. Yogasana, Pranayama

### **ANUPASHAYA**

#### **a. Aharaja**

- i. Manda
- ii. Katu, Tikta, Kashaya ahara
- iii. Atishita udaka and ahara
- iv. Ruksha , laghu ahara, vata-prakopa ahara

#### **b. Viharaja**

- i. Divaswapna, vegadharana
- ii. Shita udaka snana
- iii. Ativyavaya,atidosha sravana,atilanghana,ativyayam
- iv. Vataprakopa vikara such as ratrijagaran,atichankraman etc
- v. Chinta shoka, roga atikarshana,krodha , bhaya, marmaghata.

### **COMPLICATION OF UDAVARTINI**

- Gulma
- Arsha
- Pradara
- Stambha

- Sula
- Vandhya

### CHIKITSA SUTRA OF UDAVARTINI (PRINCIPLES OF TREATMENT)

The general principles of treatment given by all the Acharyas, can be as follows:

- (a) Samanya
- (b) Vishista

#### (a) Samanya chikitsa

- After proper snehan and swedan, Uttarbasti, abhyanga, pariseka, pralepa or pichu should be used.
- Vata dosha is responsible for yoniogas; so vatic chikitsa should be employed for its pacification.
- Oil prepared with drugs possessing usna and snigdha properties should be used for pichu, abhyanga and pariseka.
- Virechana is beneficial for yoniogas and artava-vyapad.

#### (b) Vishista chikitsa:

त्रैवृतं स्नेहनं स्वेदो ग्राम्यानूपौदका रसाः॥११०॥

दशमूलपयोवस्तिच्छोदावर्तानिलार्तिषु।

त्रैवृतेनानुवास्या च वस्तिच्छोत्तरसंज्ञितः॥१११॥

(त्रैवृतं स्नेहनमिति सर्पिस्तैलवसास्नेहनम्-चक्र०)

(च० सं० चि० २०/११०,१११)

- Snehana and swedana with Traivarta sneha (ghrita, taila, vasa)
- Gramya, anupa, audaka mamsaras
- Dasamulaksheerapana
- Anuvasana and Uttarbasti with traivrtasneha.
- Utkarika made with yava, godhuma, kinva, kustha, shatapushpa, priyangu, srayahwa, bala and akhukarni
- Anuvasana and Uttarbasti with traivrtasneha medicated with decoction and paste of dasamula and trivrit.

### SADHYA-ASADHYATA



Though not specifically mentioned, Udavartini yonivyapad may be considered as sadhya or kriccha sadhya.

### **PATHYA-APATHYA**

The general pathya-apathya mentioned for yonivyapad can also be considered for Udavatini yonivyapad:

#### **PATHYA**

##### **Aharaja**

- Sura, asava arista
- Lasunarasayana
- Ksheer, diet made with barley
- Sidhu, oil, powdered pippali, pathya and lohabhasma with honey
- Bala taila, misraksneha, sukumarakasneha

##### **Viharaja**

- Usnajala prayoga
- Yogasana, Pranayama

#### **APATHYA**

##### **Aharaja**

- Manda
- Katu, tikta, kashaya, ruksha, laghu ahara
- Atishita udaka, ahara

##### **Viharaja**

- Divaswapna
- Vataprakopa vihara such as ratrijagaran, atichankraman

### **MODERN REVIEW**

Dysmenorrhea refers to painful menstrual periods intense enough to interfere with normal daily activities.

#### **Types**

Dysmenorrhea is classified into two main types: Primary and Secondary.

### Primary Dysmenorrhea

This form occurs without any detectable pelvic abnormality. Around 15–20% of affected women experience pain severe enough to cause temporary disability. It is most common among adolescent girls and usually begins within two years after the onset of menstruation (menarche). A family history—especially in the mother or sisters—may be present.

**Mechanism:** The exact cause of pain in primary dysmenorrhea is not completely understood, but it is believed to involve excessive uterine activity triggered by biochemical changes.

**Clinical Features:** Pain typically starts a few hours before or at the beginning of menstruation. It is cramping or spasmodic in nature, usually lasting for several hours and rarely persisting beyond 48 hours. Associated symptoms can include nausea, vomiting, fatigue, diarrhea, and headache.

**Treatment:** Management may involve the use of oral contraceptive pills and non-steroidal anti-inflammatory drugs (NSAIDs) to reduce pain and inflammation.

### Secondary Dysmenorrhea

Also called congestive dysmenorrhea, this type occurs when menstrual pain is associated with an underlying pelvic disorder. It is more common in women in their thirties and often affects those who have given birth.

#### Common causes

- Cervical stenosis
- Chronic pelvic infections
- Pelvic endometriosis
- Uterine fibroids
- Endometrial polyps
- Pelvic adhesions
- Pelvic congestion syndrome

**Clinical Features:** Pain is usually dull and located in both the lower back and front of the pelvis, without radiation. It often begins 3–5 days before menstruation and eases once bleeding starts. Additional symptoms depend on the underlying condition.

Treatment: The primary focus is to address the root cause rather than just the symptoms. The treatment approach is influenced by factors such as the patient's age, severity of symptoms, and reproductive history.

### Pathophysiology

Although the exact mechanisms are not fully defined, dysmenorrhea is believed to result largely from an overproduction of prostaglandins—particularly Prostaglandin F<sub>2α</sub> (PGF<sub>2α</sub>)—by the uterine lining. These compounds increase uterine muscle tone and trigger strong contractions. Vasopressin, another hormone, may also contribute by increasing uterine contractility and causing blood vessel constriction, leading to reduced blood flow (ischemia) and pain. The uterine contractility is observed to be more prominent in the first two days of the menstrual period. Progesterone levels drop before menstruation, which leads to increased production of PGs' triggering dysmenorrhea. Endometriosis and adenomyosis are the most common causes of secondary dysmenorrhea in premenopausal women.

## DISCUSSION

Dysmenorrhea is one of the most common and burdensome gynecological complaints, often impacting daily activities in severe cases. In recent times, its prevalence has been increasing, largely due to unhealthy dietary habits and lifestyle patterns. Many of these habits act as *Nidana* (causative factors) for the condition. Among adolescents, *Nidanas* such as late-night waking (*Ratrijagran*), suppression of natural urges (*Vega Sandharana*), and improper diet and lifestyle practices (*Mithya Ahara–Vihara Sevan*) are frequently observed. In women of reproductive age, emotional stressors like anxiety (*Chinta*), grief (*Shoka*), excessive workload, and lack of adequate rest—especially during menstruation—serve as both aggravating and initiating factors. This is particularly evident in working women, who must balance daily commuting, professional duties, and household responsibilities, often leading to heightened stress levels.

Secondary dysmenorrhea, which can result from conditions like endometriosis, adenomyosis, chocolate cysts, tubo-ovarian masses, and fibroids, tends to be associated with chronic pain. These disorders may also cause complications such as intermenstrual pain, ovulatory pain, and symptoms of premenstrual syndrome, with dysmenorrhea remaining the most prominent complaint. In many patients, multiple *Nidanas* coexist, while in others, even prolonged exposure to a few can alter the *Samprapti* (pathogenesis), leading to complications

(*Updravas*) such as *Abhyantar Kushta* (endometriosis) or *Granthi* formation (fibroids, ovarian cysts).

Effective management begins with *Nidana Parivarjan*—identifying and avoiding causative factors—along with adherence to *Rajaswala Paricharya* (menstrual regimen) and the use of *Basti Chikitsa* for the prevention of recurrence (*Apunarbhava Chikitsa*). Ultimately, these issues often arise from neglecting personal health and disregarding the dietary and lifestyle guidelines prescribed in classical texts.

## CONCLUSION

The aforementioned Nidanas are largely preventable. Adherence to the dietary and lifestyle guidelines described in classical texts—such as *Dinacharya*, *Ritucharya*, *Sadvritta Palana*, *Rajaswalaparicharya Palana*, and the judicious use of *Pathya* and avoidance of *Apathya*—can aid in both the prevention and management of *Udavartini Yonivyapad*. While this condition is not life-threatening, it significantly impacts the quality of life, with many women enduring its symptoms in silence. Therefore, it is essential to comprehend the disorder through the lens of classical principles, enabling avoidance of causative factors (Nidanas) and the effective disruption of disease progression (*Samprapti Vighatana*).

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