

“EVALUATION OF THE EFFICACY OF KANYALOHADI VATI IN UDAVARTINI YONIVYAPATH WSR PRIMARY DYSMENORRHOEA

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ABSTRACT

Introduction: Today's stressful modern life style affects women's health physically and psychologically specially during reproductive phase resulting in abnormalities in menstruation like Dysmenorrhoea which finds a simile in Ayurveda with Udavartini Yonivyapad.

Objective: To study the concept of Udavartini Yonivyapad w.s.r Dysmenorrhoea. To study the efficacy of Kanyalohadi Vati in Udavartini Yonivyapad vis a vis to Primary Dysmenorrhoea.

Materials: The selected subjects will be given Kanyalohadi vati 2 TDS with lukewarm water after food, for a period of 3 consecutive cycles.

Methods: It is an open labeled single arm clinical study Setting: JSS Ayurveda Medical Hospital, Study Selection: Minimum 30 patients suffering from Udavartini Yonivyapad were randomly selected from OPD and IPD of JSS Ayurveda Medical Hospital, Mysore

Discussion: Based on the assessment criteria's, the data was graded and results were analyzed statistically. **Results:** The outcome of treatment after 2 months was statistically significant in 30 patients except in amount of blood loss.

KEYWORDS: Dysmenorrhoea, Udavartini Yonivyapad, Knayalohadi vati.

INTRODUCTION

Dysmenorrhoea is the most common gynaecological problem faced by woman during their early days of reproductive period which causes significant discomfort and anxiety for the

woman as well as her family. According to a 2024 article in the International Journal of Reproduction, Contraception, Obstetrics and Gynaecology, dysmenorrhea is a common problem among adolescent girls, with 71.96% of girls in one study experiencing it. In the same study, 33.95% of girls experienced dysmenorrhea every month, and 16.90% experienced it in most months. Globally, it's estimated that more than 50% of menstruating women and about 90% of female adolescents experience dysmenorrhea. Some studies have found that risk factors for dysmenorrhea include pain which is of uterine origin and directly linked to menstrual cycle but with no any visible pelvic pathology is called primary dysmenorrhoea. Pathogenesis of pain is attributed to a biochemical derangement. Udavartini is one among the twenty Yoni Vyapat described by various authors.

The condition where Artava is shed with great difficulty and pain is termed as “Kashtartava” in classics. Charaka while describing the features of Udavartini says that “Artave sa vimukthe tutatkshanam labhate sukham” which implies an immediate relief of pain following the discharge of menstrual blood, which clearly denotes primary type of dysmenorrhoea. Normal menstruation is the function of Apana Vayu, therefore painful menstruation is considered as Apana Vata Dushti. In modern system of medicine, non-addictive analgesics are often prescribed in the treatment of dysmenorrhoea. During menstruation, many women experience gastrointestinal upsets which are increased by analgesics and anti-inflammatory drugs, which also produce headache, dizziness, drowsiness and blurred vision. Other modes of treatment include antispasmodics, analgesics and amphetamine containing compound. The role of hormone pill (estrogen-Progesterone or contraceptive pills) as a prolonged therapeutic measure especially on unmarried girls for dysmenorrhoea is itself debatable.^[1-5]

So there is a great scope of research to find out management with long lasting effect, to treat the entire feature complex which is Vataja in Origin with single regimen. From the research works done previously, it is well proved that this health hazard can be well managed with certain Ayurvedic therapies. Vata anulomaka Chikitsa is considered as best in Vataja ailments. Keeping these points in consideration the present study, oral medication Kanyalohadi vati which has properties of Vata shamaka and Vata anulomaka properties which balances vitiated Vata-Dosha was selected on the basis of references in the condition Udavartini Yoni Vyapat i.e. Primary Dysmenorrhoea.

Objectives of the study: To evaluate the effectiveness of Kanyalohadi in Udavartini Yonivyapath vis a vis to (primary Dysmenorrhoea.)

Udavartini Yonivyapad is selected in this study considering its high incidence. It is a Vata predominant disease causing painful menstruation. So in the present research work Kanyalohadi Vati have been selected. Is mentioned Bhaishajya Samhita.^[10] (Arya Aushadha), and in Rasa Tantra Sara va Siddha Prayoga Sangraha - Prathama Khanda – Gutika Prakarana is indicated in yonishoola., aniyamith artava, kashtartava and vedana. A study of these drugs is opted for the patients suffering from Udavartini Yonivyapad.

DRUG REVIEW

KANYALOHADI VATI: It is explained and mentioned in Bhaishajya Samhita and Rasa Tantra Sara va Siddha Prayoga Sangraha - Prathama Khanda – Gutika Prakarana.

INGREDIENTS: • Ela – • Twak- • Shunti – • Kaseesa Bhasma- • Loha bhasma- • Kumari – 10 tola.

ETHICAL CLEARANCET: His topic of the study, together with the case proforma was submitted to the institutional ethical committee of JSS Ayurveda Medical College, Mysore. The significance, aims and objective, methodology and probable result of the study were clarified to the committee and ethical clearance was obtained for the conduction of the study.

INFORMED CONSENT- All 30 patients were made to understand about the study and the Informed and written consent was obtained. Written consent format is attached in the annexure.

DESIGN OF STUDY: An open label single arm clinical study was done where 30 patients, fulfilling the inclusion and exclusion criteria were selected.

INTERVENTION: - The patients fulfilling the criteria for inclusion were randomly selected for the study.

INTERVENTION PERIOD: 90 Days.

• DOSE: Kanyalohadi vati 2 TDS with lukewarm water after food, for a period of 3 consecutive cycles. Duration of Treatment: Starting from the 5th day of menstruation for 3consecutive cycle.

PATHYA: The Pathya Prayoga employed is common to all types of Yoni Rogas. The congenial diet in Yoni Rogas includes milk, meat soup, Yavanna, Sura, Arishta, oil, Asava, Lashuna Rasa, Pipplali, Loha Bhasma, and Hareetaki with Madhu.

APATHYA: Manda is contra-indicated in case of Yoni Rogas.

ASSESSMENT SCHEDULE: Will be done on each menstrual cycle for 2 consecutive cycles after treatment. • Follow up: After 2 month • Total study duration: 150 Days.

ASSESSMENT CRITERIA: The effect of treatment was assessed on the basis of subjective parameters.

- Duration of Pain
- Onset of pain
- Severity of Pain
- Site of Pain
- No. of pads
- No. of days
- Associate Symptoms – Praseka, Chardi, Atisara, Shirashoola, Shrama, Vibandha, Bhrama.
- VAS – Visual Analogue Scale
- Headache
- Diarrhoea
- Fatigue
- Breast tenderness

ASSESSMENT PARAMETERS

- Intensity of pain: Based on VAS Scale (Visual Analog Scoring scale)

RESULT

Among 30 patients 11 had moderate intensity of pain and 18 had severe intensity of pain, 1 with mild pain. Statistical analysis revealed that the mean score of intensity of pain BT1 which was 2.633 after intervention reduced to 0.333, during 2 follow up came to 0.8333. The changes were found to be statistically significant in the study. It has been observed that after intervention of drug reduction of pain till 3 cycles it was reduced to 87%, then after follow up re-accurance of pain was at 68% as the. ($P < 0.001$), hence the result of kanyalohadi vati on

severity of pain is found to be beneficial as it has vataanulomaka and anti-inflammatory actions.

EFFECT OF TREATMENT ON ONSET OF PAIN: Among 30 patients (4) were having pain on 1st day, (1) on 2nd day and (21) before menses and (4) only during menses.

Which are the cardinal features of primary dysmenorrhea Statistical analysis showed that the AT1 value was greater than p value that i.e. (0.072) which is not significant. But after AT2 to F2 value was found significant. It has been observed that after intervention of drug onset of pain during 1st intervention was not much beneficial but after 2 cycles it was reduced to 93%, then after follow up re-occurrence of onset of pain was at 65% as the. ($P < 0.001$), hence the result of kanyalohadi vati on onset of pain is found to be beneficial as it has Ela and shunthi drugs are laghu in guna, which causes agni deepana, thereby does ama pachana and then Vata shaman properties.

EFFECT OF TREATMENT ON DURATION OF PAIN:- Among 30 patient (20) were having pain 1-2 days before, (7) were having 3-4 days before and (1) 3 were more than 4 days and (2) were having occasionally.

Statistical analysis revealed that the mean score of intensity of pain BT1 which was 2 after intervention reduced to 0.067, during 2 follow up came to 0.533.

The changes were found to be statistically significant in the study. It has been observed that after intervention of drug reduction of duration pain till 3 cycles it was reduced to 96%, then after 2 follow up re-occurrence of pain was observed which was 73% as the. ($P < 0.001$), Hence the result of kanyalohadi vati on duration of pain is found to be beneficial as it has shunti, Twak & Ela by its Katu Rasa, Ushna Veerya and Katu Vipaka & Deepana, Pachana, Rochana action helps in preventing agnimandya. Kaphagna action helps to remove ama and removes sanga caused to gati of vayu. resulting in reduction of pain during menstruation.

EFFECT OF TREATMENT ON RAJASRAVA AWADHI:- Among 30 patients (11) were having 3-4 days of duration of cycle, (17) were having 4-5 days of duration and (2) were having 5-7 days duration of cycle.

Statistical analysis showed that the values are greater than p value, which is not significant. As $p > 0.001$. Hence the result obtained is statistically not significant. Which

means there no alteration in rajasrava avadhi? Kasisa, Kumari contains (β sitosterol) andshunti all are artava janaka in nature and helps in producing shuddha artava there by maintains normal menstrual flow. As shunti and twak has fibrinolytic activity which maintains the normal flow.

EFFECT OF TREATMENT ON PRASEKA (NAUSEA):- Among 30 patients (5) were not having the praseka symptoms while (25) 8 having the symptoms of nausea. Statistical analysis showed that the AT1 value was greater than p value that i.e. (0.346) which is not significant but after AT2 to F2 value came significant. Hence the result obtained is statistically significant.

As Shunthi and twak by its vatakaphahara and pittashamaka. Deepana, Pachana, Rochana action helps in preventing agnimandya. & Kaphagna action helps to remove ama and removes sanga caused to gati of vayu. So it increases appetite and improves digestion. Kumara and ela gives Hridya and sheet veerya action which helps in reliving irritability and reduces nausea. Hence the result of kanyalohadi vati on is found to be beneficial to sub side the symptoms of nausea.

EFFECT OF TREATMENT ON CHARDI (VOMITING):- Among 30 patients (11) were not having vomiting, (19) were having vomiting. Statistical analysis revealed that the mean score of intensity of pain BT1 which was 1.067 after intervention reduced to 0, during 2 follow up came to 0.433. The changes was found to be statistically significant in the study. It has been observed that after intervention of drug symptoms of vomiting was reduced till intervention up to 99%, then after follow up re-accurance of symptoms was observed to 59% as the. ($P < 0.001$), hence the result of kanyalohadi vati on reduction of symptoms of vomiting is found to be beneficial as it has vatakaphahara and pittashamaka. Deepana, Pachana, Rochana action helps in preventing agnimandya & Kaphagna action helps to remove ama and removes sanga caused to gati of vayu. So it increases appetite and improves digestion.

Gulkanda, kumara and ela gives Hridya and sheet veerya action which helps in reliving irritability and reduces nausea vomiting. Hence the result of kanyalohadi vati on is found to be beneficial to sub side the symptoms of vomiting.

EFFECT OF TREATMENT ON ATISARA (DIARRHEA):- Among 30 patients (24) was not constipated and (6) was constipated. Statistical analysis showed that the the AT1 value

was greater than p value that i.e. (0.346) which is not significant but after AT2 to F2 value came significant. As in two observations is <0.001 . Hence the result obtained is statistically significant. It has been observed that after intervention of drug subsided the symptoms of diarrhea till 3 cycles it was reduced to 84%, then after follow up re-occurrence of symptoms was at 46% as the. ($P<0.001$).

As Kumari has mild laxative properties and used to treat constipation. It soothes the lining of the stomach and intestines. It helps in acid reflux, and stomach and duodenal ulcers. It is alkalizing and can reduce the symptoms of excess stomach acid and reflux of stomach acid. The mucilage is stomachic, cooling, alterative and purgative Hence the result of kanyalohadi vati on is found to be beneficial to sub side the symptoms of constipation.

EFFECT OF TREATMENT ON SHRAMA (FATIGUE):- Among 30 patients (2) were not having shrama, while (28) were having the symptoms of shrama. Statistical analysis revealed that the mean score of symptoms of shrama Statistical analysis showed that the mean score which was (1.033) before the treatment was reduced to 0.833(AT1) significant, after T2 mean value was (0.367) & after T3 came to (0.233) on the follow up 1st came to (0.3) and after 2nd follow up it was (0.266). It has been observed that after intervention of drug subsided the symptoms of shrama till 3 cycles it was reduced to 77%, then after follow up re-occurrence of symptoms was at 25% as the. ($P<0.001$). Hence the result of kanyalohadi vati on subsiding the effect of shrama symptoms is found to be beneficial as it has Shunthi are snigdha in guna which factor gives rasayana effect.

EFFECT OF TREATMENT ON BHRAMA (GIDDINESS):- Among 30 patients (15) were not having bhrama while (15) were having bhrama. It has been observed that after intervention of drug symptoms of bhrama was reduced till intervention upto 86%, then after follow up re-occurrence of symptoms was observed to 53% as the. ($P<0.001$), hence the result of kanyalohadi vati on reduction of symptoms of bhrama is found to be beneficial. As Ela and gulkanda are madhura in rasa so are balya and brimhana. Kumari is Vatahara and brimhana due to guru guna. Kumari contains β sitosterol as a main chemical component which is a plant nutrient which maintains health.

EFFECT OF TREATMENT ON SHIRA SHOOLA:- Among 30 patients (3) 10% were absent in the symptoms of shirashoola and (27) 90% were having the symptom of shira shola.

It has been observed that after intervention of drug symptoms of shira shola was reduced till intervention up to 84%, then after follow up re-accurance of symptoms was observed to 34% as the. ($P < 0.001$), hence the result of kanyalohadi vati on reduction of symtoms of shirashoola is found to be beneficial. As the drug contains Vata Anulomaka, Vata Shamaka, Mridu Rechana, Vedana Sthapana, Shoolahara, along with the Snigdha Guna of kumari help in relieving symptoms of shira shoola.

EFFECT OF TREATMENT IN OVERALL ASSESSMENT: - It has been observed that mean value (1.467) before the treatment was reduced after T3 to (4.333) & on 2nd follow up it was (3.733). Difference was significant at the level of $P < 0.001$. Hence the result obtained is statistically significant. The total effect of the therapy was assessed considering the overall improvement in signs and symptoms.

Marked Improvement: Severe to Mild in 11 Subjects relief in the signs and symptoms.

Moderate Improvement: severe to Moderate in 7 Subjects relief in the signs and symptoms.

Mild Improvement: Moderate to Mild in 12 subjects Relief in the signs and symptom.

DISCUSSION

Probable mode of action of drugs: - Ghrit kumari or Aloe Vera is rich in vitamins, minerals, amino acids, enzymes and natural sugars. It is good for digestion and the liver. It has mild laxative properties and used to treat constipation. It soothes the lining of the stomach and intestines. It helps in acid reflux, and stomach and duodenal ulcers. It is alkalinizing and can reduce the symptoms of excess stomach acid and reflux of stomach acid. The mucilage is stomachic, cooling, alterative and purgative. Kumari is Vatahara and brimhana due to guru guna. Kumari contains β - sitosterol as a main chemical component which is a plant nutrient which maintains health.

Dalchini or Cinnamon, promotes digestion and cures respiratory ailments. It is useful for both digestive and respiratory system. And has properties like Anti-inflammatory, Antioxidant, Antibacterial and antiviral, Modulates detoxification enzymes Modulates the immune system, Carminative & Rubefacient which works by increasing blood circulation and dilating capillaries and helps in relief of pain. Ela / Elaichi (*Elettaria cardamomum*), is known as lesser cardamom in English. It is cool in potency. It is Tridoshar, digestive, carminative, nutritive, laxative, and expectorant. It has diuretic action and gives relief in urinary disorders. The seeds are useful in asthma, bronchitis, throat disorders, piles, gas, vomiting, digestive disorders and cough. Contains bornneol which has cooling effects, Camphene (reduces

cholesterol levels, inducing apoptosis in cancer cells, and displaying antioxidant properties). Linalool (anti-inflammatory, anticancer, antimicrobial, and neuroprotective effects & anxiolytic and antidepressant properties) and menthone which has aromatic odour, antioxidants and antiinflammatory and antimicrobial properties.

Which makes the kanyalohadi tablets aromatic (rechaka) and easily palatable. Shunthi (Synonyms: Zingiber officinale, Sukku, Chukku, Aushadha, Muhaushadha, Nagara, Vishva, Vishvabheshaja, Shringavera, Vishva) is dry ginger powder. It is hot in potency and increases Pitta and decreases Kapha. It is a digestive stimulant. shunti is also used to give relief in seasickness and morning sickness & causes agnideepana and does amapachana and normalizes dhatu formation leading to normal production and expulsion of artava.

Kasis Bhasma: - Kasisa with its kshara amla guna, ushna virya, increases agneyatva in the body results in proper results in proper formation and expulsion of artava. Ushna Virya (hot potency), astringent and sour in taste. It has alterative, diuretic and hematinic (stimulates the production of red blood cells or increases the amount of haemoglobin in the blood) action. It is indicated in the liver and spleen enlargements, consumption, anemia, skin diseases, eye diseases, etc. Kasis Bhasma is especially beneficial in low hemoglobin level and associated disorders.

Biomedical Action

- 1 Anti-inflammatory: Reducing inflammation by acting on body mechanisms.
- 2 Antispasmodic: Relieve spasm of involuntary muscle.
- 3 Carminative: Preventing the formation or causing the expulsion of flatulence.
- 4 Cooling: Lower body temperature to relieve pain, swelling and reduces body heat.
- 5 Emmenagogue: Stimulates or increases menstrual flow.
- 6 Laxative: Tending to stimulate or facilitate the evacuation of the bowels.

LOHA: loha is heated and dipped in triphala kwatha for seven times, Marana: loha powder is added with 1.5 part of hingula given bhavana with kumara swarasa and cakes are prepared subjected to seven gajaputas of heat to get loha • Rasa: Tikta, Madhura, Kashaya • Guna: Sara, Guru, Rukshana • Virya: sheeta • Vipaka: katu • Karma: Amasamsoshana, ropana, vishapaha, jantughna, etc. • Dosha Prabhava: Vatakaphahara • Action astringent, haematinic, tonic, rajorodha.

CONCLUSION

Udavartini Yonivyapad (Dysmenorrhoea), one of the most common ailments in current era affects a woman both physically and mentally disturbing their daily routine and is common cause for absenteeism from school, college and work. It is characterized by Krichartava, Vimukte sukham, Saphenila and Yoni prapeedana. In the present single arm clinical study, 30 patients suffering with Udavartini Yonivyapad were randomly selected and were administered with Kanyalohadi Vati which was found to be effective in treating Udavartini Yonivypad, possesses Artava janana property, krichartava hara, yonishoolahara, vatanulomana, anti-inflammatory and normalizes ovulatory and menstrual cycle. Significant results were seen in controlling onset of pain, duration of pain Nausea, Vomiting, Headache, Breast Pain, Anorexia and Diarrhoea during menstruation in the study.

REFERENCES

1. Kumbhar SK, Reddy M, Sujana B. Prevalence of Dysmenorrhea Among Adolescent Girls (14-19 Yrs) of Kadapa District and Its Impact on Quality of Life : a Cross. *Nat J Community Med.*, 2011; 2(2): 265-8.
2. Itani R, Soubra L, Karout S, Rahme D, Karout L, Khojah HMJ. Primary Dysmenorrhea: Pathophysiology, Diagnosis, and Treatment Updates. *Korean J Fam Med.*, 2022; 43(2): 101-8.
3. Polat A, Celik H, Gurates B, Kaya D, Nalbant M, Kavak E, Hanay F. Prevalence of primary dysmenorrhea in young adult female university students. *Arch Gynecol Obstet.*, 2009; 279(4): 527-32.
4. Abu Helwa HA, Mitaeb AA, Al-Hamshri S, Sweileh WM. Prevalence of dysmenorrhea and predictors of its pain intensity among Palestinian female university students. *BMC Womens Health.* 2018; 18(1): 18.
5. Tadese M, Kassa A, Muluneh AA, Altaye G. Prevalence of dysmenorrhoea, associated risk factors and its relationship with academic performance among graduating female university students in Ethiopia: a cross-sectional study. *BMJ Open.* 2021;11(3):e043814
6. Agnivesha, 2004, Charaka Samhita, eds R.K. Sharma, Bhagwan Das, Chowkhamba Sanskrit series, office, Varanasi. Vol.5, page36.
7. Charak Samhita of Agnivesha vol. 2 Chikitsa Sthana, chapter30, shlok 25,26; edition by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Choukhamba Sanskrit Pratisthana, Delhi, 2007, page 757.