

A CASE STUDY ON THE EFFECT OF YOGBASTI IN UDAVARTA YONIVYAPAD ASSOCIATED WITH OVARIAN CYSTS

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ABSTRACT

Udavarta Yonivyapad is a Vata-predominant gynecological disorder characterized by the vitiation of Apana Vata, leading to painful menstruation and associated menstrual disturbances. Clinically, it bears close resemblance to dysmenorrhea. Ovarian cysts are commonly accompanied by symptoms such as pelvic pain, dysmenorrhea, and irregular menstrual cycles, which significantly affect the quality of life in women. In Ayurveda, Basti Chikitsa is considered the prime therapeutic modality for the management of Vata disorders. Among its various forms, Yogabasti—comprising both Anuvasana and Niruha Basti—plays a pivotal role in restoring the normal function of Apana Vata and alleviating gynecological ailments. Keeping this principle in view, an integrated treatment approach involving both Shodhana and Shamana Chikitsa was planned for effective management of the condition.

KEYWORDS: Udavarta Yonivyapad, Yogabasti, Apana Vata, Ovarian Cyst, Dysmenorrhea, Basti Chikitsa.

INTRODUCTION

Udavarta Yonivyapad is described in the Ayurvedic classics as a gynecological disorder resulting from the suppression of natural urges (Vega Dharana), leading to the vitiation of

OBJECTIVES

- 1.To assess the therapeutic effect of Yogabasti Chikitsa in the management of Udavarta Yonivyapad associated with ovarian cysts and painful menstruation.
- 2.To evaluate the role of Yogabasti in reducing pelvic pain, dysmenorrhea, and menstrual irregularities.
- 3.To study the impact of Yogabasti Chikitsa on the normalization of Apana Vata functions in affected females.

CASE REPORT

A 23-year-old unmarried female patient presented to the Prasutitantra and Stiroga OPD of Seth R. V. Ayurvedic Hospital, Sion with complaints of painful menstruation since menarche, which had become severe over the past six months. The pain was predominantly experienced in the lower abdomen (Adhodara Shoola) and was associated with low backache (Katishoola), bilateral lower limb pain (Ubhayapada Shoola), and generalized body ache (Angamarda).

The patient reported severe Sakashta Artava Strava, characterized by abdominal pain beginning two days prior to menstruation and persisting for more than two days during the menstrual flow.

Associated complaints included Malavashtambha and Hrullasa.

Ultrasonographic examination revealed the presence of an ovarian cyst. A detailed clinical history was recorded, and thorough general as well as systemic examinations were carried out. Based on the clinical presentation, the patient was managed with Yogabasti Chikitsa along with appropriate Shamana therapy.

Menstrual History

Menstrual Cycle length: 35–45 days

Duration of Flow: 2–3 days

Menstrual bleeding was mild in quantity, requiring approximately two sanitary pads per 24 hours.

The menstrual blood was drava in nature.

Marital Status

Unmarried

Obstetric History

GOPD

Past Medical History

The patient had no significant past medical illness and was apparently healthy prior to the onset of symptoms.

Surgical History

No significant surgical history was reported.

Family History

No significant family history of gynecological disorders was noted.

Diet History

The patient consumed a mixed diet with probable intake of Vata- and Pitta-aggravating Ahara.

Clinical Examination

Temperature: 98°F

Pulse Rate: 76/min

Respiratory Rate: 20/min

Blood Pressure: 116/70 mmHg

Height - 146 cm

Weight - 46 kg

RS :AEBE

CVS :S1S2 Normal

CNS: Conscious, oriented

Per Abdomen Examination

Soft, non-tender abdomen with no palpable mass.

Ashtavidha Pariksha

Agni: Vishamagni

Koshtha: Krura

Nadi :76/Min

Mala: Malavashtambha

Mutra : Prakrut

Jivha :Niram

Shabda: Avishesha

Sparsha :Anushna Sheeta

Druk :Prakruta

Akruti: Krush

Investigation

USG PELVIS

(USG before treatment 5/2/2026)

Uterus - Retroverted, normal in size, shape

Right Ovary -

5.5 ×4.4×4.8 cm (volume -60cc) is bulky and shows shows approx 3.6×3.4cm cyst with fine internal echoes within.

Left Ovary -

2.5×2×1.1cm, normal in size with small follicle.

Intervention

Yogabasti Schedule (8 Days)

Day	Type of Basti
Day 1	Anuvasana Basti
Day 2	Anuvasana Basti
Day 3	Niruha Basti
Day 4	Anuvasana Basti
Day 5	Niruha Basti
Day 6	Anuvasana Basti
Day 7	Niruha Basti
Day 8	Anuvasana Basti

Drugs Used

1. Anuvasana Basti^[5]

Sahacharadi Taila – 30 ml

Mahanarayana Taila – 30 ml

2. Niruha Basti

Dashamoola Kwatha – 350 ml

Madhu (Honey) – 5 ml

Saindhava Lavana – 1 pinch

Tila Taila – 20 ml

Triphala Kalka – 5 g

Duration of Treatment

The Yogabasti was administered for 8 days (± 2 days) prior to the expected date of menstruation for three consecutive menstrual cycles.

With Purva Karma

Sarvanga Snehana with Tila Tail and

Sarvanga Swedan with Dashmool kwath

Assessment of the patient was carried out on the 5th day of the menstrual cycle, and observations were recorded accordingly.

Follow-up and Rationale

Classical Ayurvedic texts do not specify a definite duration for administration of this Yogabasti regimen in such conditions. Therefore, the treatment was planned during the pre-menstrual period, i.e., approximately 7 days (± 2 days) before the expected menstrual cycle.

According to Charaka Samhita (Sha. 4/7), during the Rutuvyatit Kala, Vata Dosha remains in Chaya Avastha, making this period more suitable for Vata-shamaka therapy. Hence, administration of Yogabasti during this phase was considered therapeutically more effective.

Shamana Chikitsa

The following medications were administered from 7 days prior to the expected date of menstruation and continued up to 7 days after menstruation.

1. Hingvastaka Churna

Dose: 3 g twice daily with warm water

2. Shankhavati

Dose: 1 tablet thrice daily (1-1-1)

Specific Medication

1. Kanchanara Guggulu^[6]

Dose: 250 mg, 2 tablets twice daily (2-0-2). Duration: 3 months

Dietary and Lifestyle Modifications

Patient was advised to follow:

Vata-shamaka Ahara

Avoidance of Vega Dharana (suppression of natural urges)

Maintenance of proper sleep and stress management practices

Intake of warm, easily digestible food and avoidance of excessive cold, dry, and spicy diet.

Outcome Measures

Parameters	5th Day of 1st Cycle After Treatment	5th Day of 2nd cycle After Treatment	5th Day of 3rd cycle After Treatment
Vedana Intensity	Moderate pain (severe intermittent pain; patient able to work between episodes)	Mild pain (dull aching pain; patient able to perform routine activities)	Absent (No pain)
Vedana Kalavadhi	Moderate pain beginning 1 day prior to menstruation and persisting on the 1st day of menses	Mild abdominal pain occurring a few hours prior to menstruation and on the 1st day of menses	Absent
Vedana Sthan (Site of Pain)	Lower abdomen (Adhodara Shoola) and low backache (Katishoola)	Lower abdomen (Adhodara Shoola) with occasional low backache (Katishoola)	No pain
Sakastha Aartva Strava	Present	Mild	Absent
Duration of Painful Flow	2 days	Few hours	No painful duration
Raja Strava Swaroopa	Drava	Drava	Drava
Other Symptoms			No Symptoms

Objective Parameter

Ultrasonography findings

(USG before treatment 5/2/2026)

Uterus - Retroverted, normal in size, shape

Right Ovary

5.5 ×4.4×4.8 cm (volume -60cc) is bulky and shows shows approx

3.6×3.4cm cyst with fine internal echoes within.

Left Ovary

2.5×2×1.1cm, normal in size with small follicle.

USG After treatment 30/4/2026

Uterus - Retroverted, normal in size, shape.

Right Ovary -2.9×2.6×2.4cm

Left Ovary

2.9×2.8×2.5cm

BEFORE TREATMENT

 **NISHCHAY IMAGING CENTRE**
Ultrasonography • Colour Doppler • 2D Echocardiography

Patients Name: [REDACTED] Age/Sex: 23 years / F
Referred By: Dr. Sujata Jagtap Date: 30.04.2026

ULTRASOUND OF PELVIS

URINARY BLADDER: Is well distended and show normal wall thickness. No evidence of calculus or intramural mass is seen.

UTERUS: Retroverted and normal in size, shape and echotexture. Endometrial thickness measures 4.6 mm, normal. No focal lesion is noted in the uterus.

OVARIES: Both ovaries are visualized normal in size with small follicles. Right ovary measures 2.9 × 2.6 × 2.4 cm (Vol. = 9.7 cc) and shows a ruptured hemorrhagic follicle of size 13 × 12 mm. Left ovary measures 2.9 × 2.8 × 1.5 cm (Vol. = 6.9 cc) No evidence of adnexal mass is seen.

FREE FLUID: Minimal free fluid in POD is seen.

IMPRESSION:

- No significant abnormality is noted in the present scan except minimal free fluid in POD.


Kindly correlate clinically.
Thanks for the reference.


Dr. Dhvani Upadhy
MD (RAD)

Above USG report is subject to findings evident at the time of scan and associated bowel gases. The modality has its own limitations and should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico-legal purposes. In case of any typographical error, kindly contact on below mentioned number.

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AFTER TREATMENT

 **NISHCHAY IMAGING CENTRE**
Ultrasonography • Colour Doppler • 2D Echocardiography

Patients Name: [REDACTED] Age/Sex: 23 years / F
Referred By: Dr. Sujata Jagtap Date: 05.02.2026

ULTRASOUND OF PELVIS

URINARY BLADDER: Is partially distended.

UTERUS: Retroverted and normal in size, shape and echotexture. Endometrial thickness measures 7 mm, normal. No focal lesion is noted in the uterus.


OVARIES: Right ovary measures 5.5 × 4.4 × 4.9 cm (Vol. =60 cc), is bulky and shows approx. 3.6 × 3.4 cm cyst with fine internal echoes within. Left ovary measures 2.5 × 2 × 1.1 cm (Vol. =3.1 cc), visualized normal in size with small follicles. No evidence of adnexal mass is seen.

FREE FLUID: Minimal free fluid is seen in POD

IMPRESSION:

- Bulky right ovary with a cyst with fine internal echoes within, possibility of hemorrhagic ovarian cyst is likely. Another possibility of chocolate cyst (less likely). Follow up USG is suggested after 6-8 weeks.
- Minimal free fluid is seen in POD

Kindly correlate clinically.
Thanks for the reference.


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DISCUSSION

Udavarta Yonivyapad is primarily caused by vitiation of Apana Vata along with its Pratiloma Gati (upward movement), leading to symptoms such as Shoola (pain), especially during menstruation. In the present case, the pathology can be correlated with dysmenorrhoea associated with ovarian cyst, where aggravated Vata plays a major role in producing pelvic pain and disturbed menstrual flow.

Basti Chikitsa is considered the best treatment for Vata disorders because it acts directly on Pakvashaya, the principal seat of Vata. The therapeutic action of Basti begins from the colon and influences the entire body through its systemic effect on Dosha, Dhatu, and Srotasa. Being a multidrug formulation administered per rectum, it reaches up to the ileocaecal region and facilitates elimination of vitiated Doshas, particularly Pakvashayagata Vata. Once the obstructed and vitiated Doshas are expelled, Apana Vata regains its normal Anuloma Gati, thereby relieving the manifestations of Udavarta Yonivyapad.

Yogabasti helps in normalizing the functions of Vata while simultaneously maintaining the equilibrium of Pitta and Kapha.

Mode of Action

1) Sarvanga Snehan with Tila Taila

Tila Taila possesses Snigdha, Guru, and Ushna properties, which make it highly effective in pacifying aggravated Vata Dosha, particularly Apana Vata. Snehan promotes Srotoshodhana by lubricating the body channels and softening the accumulated Doshas, thereby facilitating their elimination. It also helps in correcting Vata vitiation, which plays a central role in Udavarta Yonivyapad, ultimately reducing dysmenorrhea and supporting the normal flow of Artava.

2) Sarvanga Swedana with Dashamoola Kwatha

Dashamoola Kwatha is predominantly Vata-Kaphahara and possesses significant Shothahara (anti-inflammatory) properties. Swedana induces perspiration, which aids in mobilizing the vitiated Doshas from the peripheral tissues toward the gastrointestinal tract for expulsion. It enhances the therapeutic effect of Snehan and helps relieve pelvic congestion, stiffness, and pain associated with dysmenorrhea and ovarian pathology.

3) Yoga basti

The Anuvasana Basti prepared with Sahacharadi Taila possesses Vatahara, Anulomana, and Shoolahara properties. The Mahanarayana qualities of the Taila provide nourishment to pelvic structures and help reduce stiffness, pain, and inflammation. Its anti-inflammatory action also aids in reducing Kapha-Pitta aggravation associated with ovarian pathology.

Dashamoola Kwatha used in Niruha Basti exhibits potent Vatahara and Shothahara actions. It acts as an analgesic and antispasmodic agent, thereby reducing lower abdominal pain, backache, and pelvic discomfort. By correcting the direction and function of Apana Vata, Yogabasti effectively alleviates the symptoms of Udavarta Yonivyapad and improves the overall reproductive health of the patient.

CONCLUSION

Yoga Basti comprising Anuvasana with Sahacharadi Tail and Mahanarayana Taila and Niruha Basti with Dashamoola Kwatha demonstrated significant therapeutic potential in the management of Udavarta Yonivyapad associated with ovarian cysts. The intervention provided marked symptomatic relief, with complete reduction in pain observed in all patients and considerable improvement in cyst size, including hemorrhagic cysts, in the majority of cases.

This Ayurvedic approach offers a safe, non-invasive, and holistic alternative that may help reduce dependency on surgical and hormonal management in selected patients. The study highlights the important role of Basti Chikitsa in correcting Apana Vata dysfunction and improving gynecological health. Further large-scale studies with long-term follow-up and radiological assessment are recommended to validate these findings and to standardize treatment protocols and dosage schedules.

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