

A case study on (*Kashtartav*) *Udavartini Yonivyapad* w. s. r. to dysmenorrhoea

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ABSTRACT

Menstruation has a prime role in view of future reproduction and in women's physical and mental health. But this physiological change may get affected producing a pathological condition i.e. menstrual pain (dysmenorrhea)1. Dysmenorrhea is defined as painful menstruation of sufficient magnitude so as to incapacitate day to day activities. In Ayurveda dysmenorrhea can be correlated with *Udavartini Yonivyapad* which is characterized by painful menstruation2. The painful menstruation is considered as *Apanvayu dushti*. Therefore, *Vatashamak* and *Vatanulomak* drug play effective role for the treatment of *Udavartini yonivyapada*. [3]. As per ayurvedic classics *vata dosha* is the main reason for *yonivyapada* and *snehan* is the best remedy for *vata dosha*.

Acharya Charaka advised *Trivrutta tail basti* in the management of *Udavarta Yonivyapada* for pain relief. So here is a **CASE STUDY** A 34 years female Patient with *Udavarta yonivyapad* Visited Several allopathic hospitals and took treatment but didn't get any relief in the symptoms, so she approached D. Y. Patil ayurvedic hospital for further management. *Bastichikitsa*, *Yonidhavan* and *Shirodhara* offers a ray of hope for for *Kashtartav* (*Udavartini yonivyapad*). The present study emphasizes the role of Ayurveda in bringing a positive result in the management of Dysmenorrhea.

Keywords: *Kashtartav*, *Udavarta Yonivyapad*, *Trivrutta*, *Bastichikitsa*, Dysmenorrhoea.

INTRODUCTION

Dysmenorrhea is defined as painful menstruation of sufficient magnitude so

as to incapacitate day to day activities. In Ayurveda, dysmenorrhea can be correlated with *Udavartini Yonivyapad* which is characterized by painful menstruation³. In the past the life of a typical Indian women was limited to look after her domestic chores and her children. They were able to take healthy food, water and air but today in this high-tech era, women's position is expected to reach new horizons both socially and physically. She has to bear all the responsibilities from both the domestic point of view as well as the external matters like school, college, offices, children, cooking etc. She is always in hurry and is used to have junk food, smoking, alcohol, excess intake of coffee and coco products, she is also subjected to *dharan adharniya vegas* due to lot of office work and time to travel. Lack of proper nutrition and lack of proper rest are additional factors with psychological factors like mental and emotional stress all these factors contribute to increase in *Vata Prakopa*. *Udavartini yonivyapada* is one of the 20 *Yonivyapada* described by various acharyas. *Vata* is responsible for the pain. The aggravated *vata* is moving in reverse directions of *Artava* with difficulty.

वेगोदावर्तनाद्योनिमुदावर्तयतेऽनिलः।

सारुगार्तरजःकृच्छ्रेणोदावृत्तंविमुञ्चति॥

आर्तवेसाविमुक्तेतुतत्क्षणंलभतेसुखम्।

रजसोगमनादूर्ध्वंजेयोदावर्तिनीबुधैः॥4

In the classical Ayurvedic references, *Udavartini Yonivyapad* is due to “वेगोदावर्तना” i.e., suppression of natural urges like *Adhovata*, *Mutra*, *Purisha*

etc⁵. *Vata* gets vitiated and this vitiated *Vata* leads to difficult or painful menstruation i.e., “रजःकृच्छ्रेणविमुञ्चति”.

Apana Vata is responsible for the proper expulsion of *Shukra*, *Artava*, *Mutra* and *Garbha*.^[5] “आर्तवेसा विमुक्ते तु तत्क्षणं

लभते सुखम्” i.e., immediately feels relief after the discharge of menstrual blood. With respect to the above fact is seen that in *Udavartini Yonivyapad* there is difficult or painful expulsion of menstrual blood caused by impairment of *Apana Vata*. Therefore, *Udavartini Yonivyapad* can be correlated with dysmenorrhea.^[6] The painful menstruation is considered as *Apanvayu dushti*. Therefore, *Vatashamak* and *Vatanulomak* drug play effective role for the treatment of *Udavartini yonivyapada*.

^[7] The line of treatment according to allopathy is use of NSAID’S, antispasmodics, analgesics, oral contraceptives. But these are temporary relief giving methods, also they cause various side effects. *Ayurveda* has a wide range of medicines. Acharya Charaka advised *Trivrutta tail basti* in the management of *Udavarta Yonivyapada* for pain relief ^[8]. *Trivrutta taila* may relieve the painful menstruation by its action of *Vatanuloman* and *Vatashaman*. *Basti Chikitsa* makes the vitiated *Apanavata* to move in a downward direction and cures *Udavrtta Yonivyapada*.^[9]

Epidemiology [10]

- 45% to 95% of females, during childbearing age
- 2% to 29% experience severe pain.
- 70% to 90% of the females afflicted are <24 years old.

CASE REPORT

A 34 years female patient, housewife by occupation visited the OPD of D. Y. Patil ayurvedic hospital, dept. of *prasuti tantra* and *stree roga* on 27th March 2023 with

C/O:- Dysmenorrhoea with Nausea, Vomiting & Feverish (during menses) since 12yrs, Pain in Abdomen (on and off), keen on conception since 12 yrs. Backache on and off since 1yr, Generalised weakness, Fatigue, Insomnia, Lack of Interest in doing daily activities.

Patient Visited Several allopathic hospitals and took treatment but didn't get any relief in the symptoms, so she approached D. Y. Patil ayurvedic hospital for further management. The Intensity of *Kashtartav* and *udarshul* was to such extent that patient was not able to do her regular activities.

Past history: H/O Kochs at age of 10yrs took treatment for 6mnths

H/O Hyster laparoscopy in 2010 at KEM hospital for Endometriotic ovarian cyst and Adenomyosis but couldn't proceed with Cystectomy due to dense adhesions (as mentioned on discharge card)

Family history: no history of any major & same illness in any of the family members.

M /H- LMP. 18/3/2023 duration: - 4-5 days / 28-30, Regular Severe Painful, Moderate Flow 2-3 pads /24hrs

Married - 14 years back.

O/H – Nulliparous

No contraceptive history.

General examination:- pulse, bp, temp, RR. Normal

Weight 55 kg

P/A- soft Mild Tenderness in Hypogastric and Rt. and Lt. iliac fossa

P/V- AV/ Bulky uterus /Soft free mobile / Fullness in post Fx

P/S – Cx healthy no discharge or enduration found.

LAB INVESTIGATIONS – 21-02-23

CBC – Hb- 6.5gm/dl, WBC – 8800, Plt.- 475000

USG pelvis- Bulky Adenomyotic Uterus, 5cm endometrioma

T3- 137, T4- 9.54, TSH- 3.2

CA 125 – 96.9

PAP smear (27-03-25)– Neg.

Patient was referred to physician reference to treat Anaemia on priority and called for follow up after correction of Anaemia. After duration of 3months she was cured for anaemia by Inj Orofer FCM and was also prescribed Tab Estroplus (Ethinyl estradiol and Progesterone) for 21 days for 3 cycles from March to May for Endometriosis. Then in month of May the Panchakarma therapy was planned and started for 5 consecutive cycles

Lab Investigation done on 18-05-23

And in Month of May after repeating her Investigations the Panchakarma Treatment was started.

CBC - Hb – 11.3gm/dl, WBC – 9600,

Urine – p- 4-5, E- 5-6, RBC – 8-10

LFT – N

Sr. creat – 0.8mg/dl

USG – Retroverted uterus of Size 101*56*64mm with Heterogenous echotexture. A large 56*55mm Hypoechoic mass at post. Wall near fundus , ET – 10mm, Rt Ovary 70*39mm cyst 45*42mm and 32*32mm

Lt Ovary 32*29mm with small cyst
30*29mm

Bil ovaries with Complex Ovarian Cyst
likely Chocolate cyst.

TREATMENT PROTOCOL – IPD

Date	<i>Sarvang Snehan with Mahanarayan Tail and Sarvang Swedan with Dashamool Kwath</i>	<i>Yog Basti</i>	<i>Matra Basti with Trivrutta tail 60ml</i>	<i>Yonidhavan with Triphala Kwath 800ml</i>	<i>Shirodhara Bramhi tail 200ml + Til Tail 800 ml</i>
13-05-23 to 22-05-23	✓	✓		✓	
20-06-23 to 22-06-23	✓		✓	✓	
13-07-23 to 18-07-23	✓		✓	✓	✓
07-08-23 to 12-08-23	✓		✓	✓	✓
07-09-23 to 09-09-23		✓	✓	✓	

ORAL MEDICINE

Kanchanar guggul 500mg 1tds

Kamdudhavati 190mg 1tds

Sutshekhar 160mg 1tds

Gandharva haritaki churna 3gm hs

Also she had PID so

cap Doxy 100 1bd for 15 days

For endometriosis She was on Tab Estroplus (Ethinyl Estradiol and Progesterone) 1tab at night for 21 days for 3 consecutive cycles since March upto May.

OBSERVATION TABLE:-

Sr.no.	Observations	Criteria	Result	Severity
1	Vedana (Intensity)	Absent (No Pain) Mild (Dull ache, Patient able to do routine job) Moderate (Severe Intermittent pain, Able to work between 2 pains) Severe (Very severe continuous pain, patient bed ridden)		- + ++ +++
2	Vedana Sthan (Site)	Absent (No Pain) Lower Abdomen (Adhodarshula) or Back pain (Katishul) Lower abdomen (Adhodarshul) And Back pain (katishul) Lower abdomen (Adhodarshul), Backpain (Katishul), (Ubhaypada shula), Angamarda		- + ++ +++
3	Vedana Kalavadhi (Duration)	Absent (No Pain) Mild (Pain in Abdomen few hrs prior and 1 st Day of Menses. Moderate (Pain in abdomen 1day prior and 1 st day of menses) Severe (Pain in abdomen 2days prior and more than 2 days of menses)		- + ++ +++
4	Sakashta Artava Strava (Duration)	Absent For Few hrs to 1day 2days More than 2 days		- + ++ +++
5	Raja Strav Praman	Normal Mild (2pads /24hrs)		- +

		(Phenil/Grathit/Drava) Moderate (3-4 pads/24hrs) (Phenil/Grathit/Drava) Severe (More than 5 pads/24hrs) (Phenil/Grathit/Drava)		++ +++
6	<i>Raja Strav Swaroop</i>	<i>Phenil Grathit Drava</i>		
7	<i>Hrullhas</i>	Present Absent		
8	<i>Katishool</i>	Present Absent		

WaLIDD score [11]

Table I WaLIDD score variables

Working ability	Location	Intensity (Wong-Baker)	Days of pain
0: None	0: None	0: Does not hurt	0: 0
1: Almost never	1: 1 site	1: Hurts a little bit	1: 1-2
2: Almost always	2: 2-3 sites	2: Hurts a little more – hurts even more	2: 3-4
3: Always	3: 4 sites	3: Hurts a whole lot – hurts worst	3: ≥5

Notes: Score: 0 without dysmenorrhea, 1-4 mild dysmenorrhea, 5-7 moderate dysmenorrhea, 8-12 severe dysmenorrhea. Wong-Baker scale was reclassified to adjust a four-level scale.

Abbreviation: WaLIDD, working ability, location, intensity, days of pain, dysmenorrhea.

RESULTS

There were considerable changes in various symptoms as noted below.

Sr. No	Date	Pain in abdomen	Dysmenorrhea	Nausea Vomiting during menses	Feverish during Menses	Insomnia	Lack of interest	Generalised weakness and Backache

1	13-05-23	+++	+++	+++	+++	+++	+++	+++
2	20-06-23	++	++++	+++	++	++	+++	++
3	13-07-23	+	++	++	+	+	+	+
4	7-08-23	---	+	----	----	----	----	----
5	7-09-23	-----	Could tolerate without medication	----	---	----	---	---

REPEAT INVESTIGATIONS WERE DONE ON 02-08-23

CBC – Hb – 11gm/dl, wbc – 7000

RBS – 71mg/dl

URINE ROUTINE - N

LFT – N

RFT – N

USG – AV Bulky ut. 86*62*76mm , ET – 8.8mm, a 60*58mm post wall Subserosal Fibroid near Fundus, Rt Ovary 60*48mm with 48*50mm cyst, Lt Ovary 46*44mm small 30*32mm cyst

Bil Ovarian Complex cyst.

OBSERVATION AND RESULT

The treatment was carried out with the previously mentioned medicines for Five months. During this period, she was advised to take *Laghu, Supachya Aahara* (which is easy to digest). She was advised to consume only *Koshna jal* for whole day.

Basti was planned 8 to 10 days prior to expected menstrual date in every month for 5 cycles. *Shirodhara* helped for Insomnia[12] and loss of interest.

Yonidhavan was effective in reducing congestion in pelvic region as *Triphala* has anti-inflammatory properties[13].

The main presenting clinical feature of the patient was pain and by the 5 consecutive courses of administration of *Basti*, the patient got symptomatic relief and was able to effortlessly follow her daily routines. After taking follow-up for next 3 months, the symptoms like abdominal pain, leg fatigue and cramps, nausea vomiting also found to be gradually subsiding.

Size of the Uterus reduced From approx. 101*56*64mm to 86*62*76mm.

DISCUSSION

Trivrutta is *Madhura, Tikta, Katu Rasa, Ruksha Guna, Ushna Virya* and *Katu Vipaka*. *Madhura Tikta* and *Kashaya Rasas* are *Pitta Shamaka* in nature they are *Soumya Rasas*. *Katu, Tikta* and *Kashaya Rasa* will cause *Kapha Shamana* and *Trivrutta* being *Sukha Virechana* Dravya it causes *Vata*

Anulomana, thus its mainly *Kapha Pitta Hara* and at the same time *Tridoshashamaka*.

Basti kalpana mode of action

Basti has both local & systemic affects. It causes *Vatanulomana* thereby normalizing *Apanavata*. The *Basti* drugs are absorbed from the intestines through the rich blood supply of rectum and acts on all over the body. From capillaries and lymphatics of intestines, it will reach to systemic circulation and then will act on all the bodily organs.

This theory is same as the theory given by Acharya Sushruta, says that the *Virya* of *Basti* administered through rectum reaches the whole body through the channels as the active principles in the water when poured at the root reaches the whole plant.

Spasm caused by vitiated *Apanavayu* causing obstruction to the flow of menstrual blood is the general underlying pathology. *Taila* enters into the *Srotas* and removes the *Sankocha* (spasm) by virtue of its *Sookshma*, *Vyavayi* and *Vikasi* i.e., fast spreading nature. Thus, *Basti* Dravya normalizes the function of *Vata* after reaching all over the body. Its contents act through their different chemical constituents to restore the normal menstrual physiology and thus relieve pain during menstruation.

CONCLUSION

In the present case study *Basti Chikitsa*, *Yonidhavan* and *Shirodhara* have been used for the treatment of *Kashtartav* which is found to be very effective. There is drastic improvement in symptoms. Patient is free from symptoms and is enjoying a better life.

Where she is able to do her routine work with more enthusiasm and can sleep better. Hence ayurveda gives the complete cure by not only relieving the symptoms of illness but also by increasing the defense mechanism and immunity of patient. To prove this with greater confidence further studies are to be conducted on this as the present paper is a single case study.

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