

A review on management of *Udavarta Yonivyapad* w. s. r. to primary Dysmenorrhea

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ABSTRACT:

Udavarta Yonivyapad described in Ayurvedic classics, is a gynaecological disorder characterized by the upward movement of *Vata* leading to pain, suppression of natural urges, and menstrual irregularities. It shows significant resemblance to Primary *Dysmenorrhea*, a common gynaecological condition in adolescent and young women, marked by painful menstruation without any underlying pelvic pathology. Despite modern pharmacological interventions, the recurrence and side effects of NSAID's make the Ayurvedic approach highly relevant in offering a holistic and sustainable management strategy. This review aims to explore the pathophysiology, correlation, and comprehensive Ayurvedic management of *Udavarta Yonivyapad* in the context of Primary *Dysmenorrhea*, emphasizing classical and contemporary perspectives.

Material Methods: A critical analysis of classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* was undertaken to understand the Aetiology and treatment

of *Udavarta Yonivyapad*. Modern literature was reviewed to understand the pathology and treatment options for Primary *Dysmenorrhea*. The comparative study enabled the correlation of both conditions and helped outline Ayurvedic management strategies including *Shodhana* (purificatory therapies), *Shamana* (palliative treatment), dietary regulations, lifestyle modifications, and the use of specific herbs like *Hingu*, *Trivrutta Dashamool* etc. **Conclusion:** The Ayurvedic approach provides a multifaceted management plan targeting the root cause vitiated *Apana Vata*. Therapies such as *Abhyanga*, *Swedana*, *Basti*, and internal medication with *Vata-anulomana* and *Shoolaprasamana dravyas* show promising results in reducing the severity and recurrence of dysmenorrhea symptoms. Additionally, lifestyle and dietary modifications play a pivotal role in long-term relief.

Keywords:

Udavarta Yonivyapad, Primary Dysmenorrhea, *Ayurveda*, *Apana Vata*, *Shamana*, *Shodhana*, *Vata Vyadhi*

INTRODUCTION

Sashul Rajapravrutti is a prevalent condition affecting a significant proportion of adolescent and reproductive-age women, causing severe abdominal cramps, backache, and systemic discomfort during menstruation. Primary *Dysmenorrhea* occurs without any identifiable pelvic pathology, often beginning shortly after menarche. In Ayurveda, similar clinical features are described under the condition known as *Udavarta Yonivyapad*, caused due to the suppression of natural urges and the vitiation of Apana Vata, leading to the upward movement of Vata. 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*. Today many women are suffering from *sashul raja pravrutti*. The severity of this pain is to such an extent that it interferes with their routine life and are not able to do their routine work and have to take rest. *Udavarta yonivyapada* is one of the *yonivyapada* where morbid *vata* obliterates the *artava* and expel it with difficulty. Painful menstruation is the cardinal symptom in this condition, and

therefore *udavartini yonivyapad* can be correlated with dysmenorrhea in ayurveda.

NEED FOR THE STUDY

Menstrual pain of primary dysmenorrhea is mostly encountered in gynaecological practice. More than 70% of teenagers and 30-50% of menstruating women suffer from varying degrees of discomfort with 23.2% suffer severe pain in first 3 days. [1]

The treatment of this disorder is still unsatisfactory in modern medicine, as the usage of anti-spasmodic drugs, hormones may cause many side effects like hypertension, psychological disturbances etc.

INCIDENCE AND PREVALENCE

Globally, it is estimated that more than 50% of women who are menstruating and approximately 90% of female adolescents experience it, and 10%–20% report that their pain is acute, severe, or distressing. Women from adolescence and upwards experience regular short-term job and school absences due to dysmenorrhea.

Primary dysmenorrhea is not a threat to life, but it affects the quality of a female's life, and if it becomes severe, it might lead to inefficiency in daily tasks.

Dysmenorrhea does not only have physical symptoms, but psychological issues have also been reported. Mental problems resulting in loneliness and reduced participation in social activities have been reported among the concerned. [2,3].

AYURVEDIC PERSPECTIVE OF UDAVARTA YONIVYAPAD

NIDANA (ETIOLOGY): *Hetu of Udaratini Yonivyapad* [4,5,6]

CHARAKA	SUSHRUTA	ASHTANG SANGRAHA
Mithyachara	Pravridha linga	Dushta bhojana
Pradushta Aartava Beej Dosha	Purusha atisevana by Ruksh durbal stree or Bala	Vishmang shayana Brishmaithuna
Daivata or Devine Factor		Dushta Aartava Introduction of <i>Apdravya</i> into <i>yoniv</i>

RUPA	Krichrarta va	Artava vimukhte tatkshana m sugham	Phenilatwa m	Yoni prapida na	Kapha samsrish ta	Badhaarta va
Charaka Samhita	+	+				
Susrutha Samhita	+		+			
Vagbhat	+		+	+		+
Madhava nidana	+		+			
Yogaratanakar am	+		+		+	

RUPA [7]

SAMPRAPTI (PATHOGENESIS):

1. NIDAN (Causative factors)	-Vegadharana (suppression of natural urges, especially of <i>mutra, purish, and vata vega</i>) - Mithya Ahara-Vihara (improper diet and lifestyle)
2. DOSHA PRAKOPA	- Vata Doṣa gets vitiated due to <i>Vega-dharana</i> and improper habits
3. DOṢA SANCHAYA & PRASARA	- Vitiated Vata accumulates in the <i>Pakvashaya</i> and moves in reverse direction (<i>Udavarta</i> = upward movement of Vata)
4. STHANA SAMSHRAYA	- Vata gets lodged in the <i>Yoni Marga</i> (reproductive tract) and lower abdomen
5. VYAKTI (MANIFESTATION)	- Symptoms manifest such as: • Yoni Vedana (pain in vagina) • Anaha (constipation/flatulence) • Adhmana (distension) • Obstructed natural urges

MODERN PERSPECTIVE – PRIMARY DYSMENORRHEA

Dysmenorrhea is defined as painful menstruation of sufficient magnitude so as to incapacitate day to day activities. Dysmenorrhea is of two types. Primary and secondary dysmenorrhea.

Primary Dysmenorrhea is one where there is no identifiable pelvic pathology. It is more seen in adolescent girls and more prevalent. It is usually associated with ovulatory cycles [8]

Correlation: Udavarta Yonivyapad and Primary Dysmenorrhea

Ayurvedic View (Udavarta)	Modern View (Primary Dysmenorrhea)
Apana Vata vitiation	Excess prostaglandin release
Upward movement of Vata	Abnormal uterine contractions
Pain during menstruation	Pelvic pain, cramps
Constipation, bloating	Gastrointestinal symptoms

AYURVEDIC MANAGEMENT

Chikitsa:

According to Acharya Charak without the vitiation of Vata, women will not get any Yonivyapad. So, without giving due consideration to Vayu, we cannot treat any of these 20 Yonivyapads. The oil Prepared with the drugs having Ushna and Snigdha properties should be used as Parishek, Abhyanga and Pichu. [9]

Udavartini Yonivyapad chikitsa:

The specific treatment aims at combating Vata dosha. As there is Vigunta in Vata gati, the measures to do Vatanulomana are preferred.

- Snehana with Trivrutasneha (ghrita, taila, vasa)
- Swedana with Mamsa rasa sevana of gramya, anupa and audaka animals
- Dashmoola ksheer basti
- Anuvasana basti and Uttara basti with Trivrutta sneha
- Utkarika made with yava, godhum, kinva, kustha, shatapushpa, shatayahwa, priyangu, bala and akhuparni.
- Swedana with Ksheer
- Oral use or use in the form of Anuvasana and Uttara basti of sneha medicated with Kwatha and Kalka of Dashamoola and Trivruta.
- More use of sneha in diet and treatment modalities definitely combats morbid Vata dosha and helps in easy flow of Artava.[10]

Pathyas:

- According to predominance of dosha; use of sura, arishta, asava, lashuna
- swarasa in early morning.
- Ksheer mansayukta bhojana Yavanna bhojana, abhyarishta, sidhu, taila,
- Pippali Churana, Pathya Churana and Lohabhasma with honey Bala taila, mishrakasneha and Sukumarakasneha Pana is considered congenial.
- Lashuna rasayana

Apathyas:

Manda prayog is contraindicated [11]

Treatment of Dysmenorrhea:

The main aim of treatment is to provide adequate pain relief in females with Dysmenorrhea which permits them to perform their usual activities, improves

their Quality of life, and decreases their academic or work-related absenteeism [12,13]. Pharmacological as well as non-pharmacological complementary and alternative therapies are potential options for managing Dysmenorrhea [14]. The first-line therapies recommended for treating *Dysmenorrhea* are NSAIDs and hormonal contraceptives, since they inhibit the production of prostaglandins, that are directly correlated to menstrual pain and its associated systemic symptoms. The first-line therapies recommended for treating Dysmenorrhea are NSAIDs and hormonal contraceptives, since they inhibit the production of prostaglandins, that are directly correlated to menstrual pain and its associated systemic symptoms [12,15,13].

Pharmacological therapies:

1) Nonsteroidal anti-inflammatory drugs
NSAIDs are cost-effective analgesics and anti-inflammatory agents, most commonly used for managing Dysmenorrhea [12]. They are considered the cornerstone in the management of dysmenorrhea, since they inhibit the action of cyclooxygenase, which in turn, inhibits the production of prostaglandins [16]. Therefore, NSAIDs are recommended as the first-line therapy in females who prefer using analgesics or when contraceptives are contraindicated [12,13]. Females who are unresponsive to NSAIDs may be switched to hormone-based treatments and/or non-pharmacological therapy [17].

Indomethacin 25 mg, 3-4 times a day

Ibuprofen 400 mg, 3 times a day

Naproxen sodium 250 mg, 3 times a day

Mefenamic acid 250 - 500 mg, 2-4 times a day

Peroxicam 20 mg, 1-2 times a day

2) Hormonal contraceptives: Hormonal contraceptives are also considered first-line therapy for the management of dysmenorrhea, unless contraindicated. They are usually recommended for dysmenorrhea females who need contraception, for whom the use of contraceptives is acceptable [12,17]. Hormonal contraceptives are proven to suppress ovulation and endometrial proliferation, consequently blocking the production of prostaglandins [18]. Hormonal therapy used in managing Dysmenorrhea includes methods such as combined oral contraceptive (COC), contraceptive transdermal patches or vaginal ring, a levonorgestrel intrauterine system, and subcutaneous depot medroxyprogesterone acetate [19], proven to be effective in managing Dysmenorrhea.

3) Acetaminophen (Paracetamol): Acetaminophen is a reasonable pharmacological analgesic for dysmenorrhea patients who do not desire hormonal contraceptives and cannot tolerate NSAIDs for their gastrointestinal disturbance. [20]

Non-pharmacological interventions

The use of heating pads and regular physical exercise, either as an alternative should be encouraged because of their proven efficacy, uncommon harm, and low cost [12,21]. Nevertheless, there is insufficient evidence on the efficacy of dietary supplements (such as vitamins B, D, and E, or omega-3 fatty acids), acupuncture, yoga, massage, and herbal remedies in the management of PD [12,21]. Vitamin B1, B12, E are effective in treating pain. Bioflavonoids are helpful with period pain because they

help to relax smooth muscle and reduce inflammation. Bilberry is one of the best bioflavonoids for this, but other bioflavonoids can be helpful including blackberries, blackcurrants, raspberries and even grape. Vitamin B6 is needed to help produce good prostaglandins which help to relax and widen blood vessels as opposed to bad prostaglandins which increase the womb contractions and increase the pain, so it is worth taking a good B-complex supplement which reduces the intensity and duration of period pains. Transcutaneous electrical nerve stimulation (TENS) is a non-invasive treatment modality that has been proven effective in reducing menstrual pain [12]

Yoga Asanas helpful in Dysmenorrhea:

- *Swastikasana*
- *Virasana*
- *Padmasana*
- *Gomukhasana*
- *Paschimothasana*
- *Badha-konasana*
- *Janu sirasana* - recommended to perform the asana without coming forward, keeping the back spine concave. This pose is calming. Lower abdominal and pelvic compression aids cramps.
- *Trikonasana*
- *Ardhachandrasana*
- *Supported Setubandhasana* - pose is calming, relieves menstrual discomfort Supta vajrasana, Matsyasana
- *Shavasana*
- *Pranayama*: Ujjayi and Viloma pranayama.

These asanas relax the muscles and nerves which are under constant

stress, strain and irritation soothes the abdomen. these asanas help those who suffer from headache, backache, abdominal cramps and fatigue

3. Surgical interventions

In rare instances, surgical interventions have been proposed for patients with severe dysmenorrhea, who do not respond to conventional treatment modalities. Surgical interventions include laparoscopic uterosacral nerve ablation (LUNA), presacral neurectomy (PSN), and hysterectomy [15,24].

Conclusion:

Udavarta Yonivyapad, as described in Ayurveda, presents a clinical picture remarkably similar to *Primary Dysmenorrhea*. The Ayurvedic understanding of *dosha* imbalance, particularly of *Apana Vata*, provides a solid foundation for its management. By incorporating *Shodhana* and *Shamana* therapies, lifestyle modifications, and herbal medications, Ayurveda offers a safe, effective, and holistic alternative to conventional pharmacological treatments. Further clinical research is encouraged to validate these therapies in large populations.

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