

## Management of *Udavartini Yonivyapad* with Special Reference to Dysmenorrhea: A Literary Review in *Ayurveda*

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### Abstract

**Background:** *Udavartini Yonivyapad*, described in classical Ayurvedic texts as a *Vata*-dominant disorder characterized by painful and difficult menstruation due to reverse/upward movement (*viloma gati*) of aggravated *Vata*, closely correlates with primary dysmenorrhea in modern gynecology. Contemporary lifestyle factors (e.g., irregular routines, suppression of natural urges [*vegadharana*], junk food, stress) exacerbate *Vata* vitiation, leading to severe menstrual pain that impairs daily activities in a significant proportion of women (up to 90% of adolescents and 50% of menstruating women globally experience dysmenorrhea, with 10–20% severe cases).

**Objectives:** To conduct a literary review of *Udavartini Yonivyapad* with reference to dysmenorrhea, compiling its Ayurvedic *lakshanas* (symptoms), *nidana* (etiology), *samprapti* (pathogenesis), and *chikitsa* (management) principles from *Brihatrayi*, *Laghutrayi*, and other classics, alongside modern correlations and treatments.

**Methods:** Review and synthesis of classical Ayurvedic literature (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, etc.), commentaries, and relevant modern gynecological texts, research papers, and online sources on dysmenorrhea and its Ayurvedic management.

**Results/Key Findings:** *Udavartini Yonivyapad* is primarily caused by *vegadharana* (suppression of urges) and *Vata*-aggravating diet/lifestyle, leading to *viloma gati* of *Vata*, *kricchhartava* (painful menstruation), and relief upon flow commencement (indicative of primary dysmenorrhea). Management emphasizes *Vata shamana* and *Vatanulomana* through *snehana* (e.g., *Trivruta siddha taila*), *swedana*, *matra basti* (especially *Trivruta siddha taila matra basti*), *dashamoola* preparations, and *pathya* (e.g., *ksheera-mamsa*, *lashuna*). Modern approaches include NSAIDs, hormonal contraceptives, and non-pharmacological interventions (e.g., yoga, heat therapy), but Ayurvedic *basti* is highlighted as superior for *Vata* control with fewer side effects compared to long-term analgesics/hormones.

**Conclusions:** Ayurvedic principles, particularly *basti karma* and *Vata*-pacifying therapies, offer a valuable, holistic approach to managing *Udavartini Yonivyapad*/primary dysmenorrhea. Further clinical studies are warranted to validate traditional formulations like *Trivruta siddha taila matra basti* for improved quality of life and reduced reliance on symptomatic modern treatments.

**Keywords:** *Udavartini Yonivyapad*, dysmenorrhea, *Vata dosha*, *basti karma*, Ayurveda, primary dysmenorrhea

### Introduction

Dysmenorrhea, or painful menstruation severe enough to impair daily activities, is a prevalent gynecological issue affecting up to 90% of adolescents and over 50% of menstruating women globally, with 10–20% experiencing severe symptoms leading to absenteeism and reduced quality of life. Primary dysmenorrhea, without identifiable pelvic pathology, predominates in young women with ovulatory cycles<sup>(1-2)</sup>.

Modern lifestyle factors—such as irregular routines, suppression of natural urges (*vegadharana*), junk food intake, stress, inadequate rest, and multitasking responsibilities—aggravate *Vata dosha*, contributing to increased menstrual pain<sup>(3)</sup>.

In Ayurveda, this aligns with *Udavartini Yonivyapad*, a *Vata*-dominant *yonivyapada* characterized by reverse/upward *Vata* movement (*viloma gati*), obstructed *artava* expulsion, and *kricchhartava* (painful, difficult menstruation) relieved upon flow onset—mirroring primary dysmenorrhea<sup>(4)</sup>.

Conventional management relies on NSAIDs and hormonal contraceptives to inhibit prostaglandins, but these carry side effects (e.g., gastrointestinal issues, hypertension, psychological disturbances) with long-term use. Non-pharmacological options show limited evidence. Ayurveda offers holistic alternatives targeting root *Vata* vitiation via *Vatanulomana* and therapies like *basti karma*<sup>(5-6)</sup>.

This narrative literary review synthesizes descriptions of *Udavartini Yonivyapad* from classical texts (*Brihatrayi* and

*Laghutrayi*) with modern dysmenorrhea insights to evaluate Ayurvedic management principles as a complementary approach<sup>(7)</sup>.

### Objectives

1. Compile Ayurvedic *nidana*, *samprapti*, *lakshanas*, and *chikitsa* for *Udavartini Yonivyapad*.
2. Correlate with primary dysmenorrhea features and treatments.
3. Assess potential of Ayurvedic interventions (e.g., *Trivrutta siddha taila matra basti*) for symptom relief and quality-of-life improvement.

**Study design** Narrative literary review synthesizing classical Ayurvedic descriptions of *Udavartini Yonivyapad* with modern gynecological understanding of primary dysmenorrhea, including etiological factors, pathogenesis, clinical features, and management principles.

**Setting** Desk-based review conducted at APM's Ayurved Mahavidyalaya, Sion, Mumbai, India. Literature search and analysis performed during 2023–2024

### Sources of data / Data sources and measurement

- Primary sources: Classical Ayurvedic texts from *Brihatrayi* (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*) and *Laghutrayi* (e.g., *Madhava Nidana*, *Bhavaprakasha*, *Yogaratanakara*), along with key commentaries (e.g., Chakrapani on *Charaka*, Dalhana on *Sushruta*).
- Secondary sources: Modern gynecological textbooks (e.g., Dutta's Textbook of Gynaecology), consensus guidelines (e.g., ACOG Committee Opinion No. 760, Burnett et al. primary dysmenorrhea guideline), and peer-reviewed research papers on dysmenorrhea prevalence, management, and complementary therapies.
- Additional sources: Internet-based repositories, PubMed-indexed articles, and relevant Ayurvedic research publications on *Udavartini Yonivyapad* and *basti* interventions. No primary data collection or participant involvement occurred; all information was derived from published literature. Diagnostic criteria for correlation: Primary dysmenorrhea (painful menstruation without pelvic pathology) per modern definitions; *Udavartini Yonivyapad* per classical descriptions (e.g., *Charaka Samhita Chikitsa Sthana 30/25-26*: painful, difficult expulsion of *artava* with relief post-flow).

**Search and selection methods** Literature was purposively selected based on relevance to *Udavartini Yonivyapad*, its *nidana*, *samprapti*, *lakshanas*, *chikitsa*, and correlation with dysmenorrhea. No formal systematic search protocol (e.g., PRISMA) was followed, as this is a narrative review. Inclusion focused on authoritative classical references and

high-quality modern sources addressing etiology, prevalence, and treatments. No exclusion criteria beyond irrelevance were applied.

### Variables and outcomes

- Key variables reviewed:
- Exposures/etiology (*nidana*): *Vegadharana*, *Vata*-aggravating *ahara-vihara*, lifestyle factors.
  - Outcomes: *Kricchrartava* (painful menstruation), symptom relief patterns, management efficacy principles.
  - Potential confounders/effect modifiers: Modern factors (stress, diet) vs. classical *Vata* vitiation. No quantitative variables or statistical handling required.

**Bias** Potential sources of bias (e.g., selection bias toward classical texts, interpretive bias in correlation) were addressed through cross-referencing multiple *samhitas*, use of standard translations/commentaries, and balanced presentation of Ayurvedic and modern perspectives.

**Analysis/synthesis methods** Qualitative synthesis: Compilation of descriptions, correlation of concepts (e.g., *viloma gati* of *Vata* with prostaglandin-mediated cramps), and comparison of management approaches (*Vatanulomana*, *basti* vs. NSAIDs/hormones). No statistical analysis, subgroup analyses, sensitivity analyses, or handling of missing data performed, as this is a literary review without primary quantitative data.

### Results

As this is a narrative literary review synthesizing classical Ayurvedic literature with modern gynecological sources on *Udavartini Yonivyapad* and primary dysmenorrhea, no primary data collection, participant recruitment, follow-up, or quantitative statistical analysis was performed. Items related to numbers of individuals, flow diagrams, missing data, loss to follow-up, or adjusted estimates do not apply. The results present a qualitative synthesis of key findings from the reviewed sources<sup>(8-10)</sup>.

**Participants / Descriptive data** The review draws from classical Ayurvedic texts (*Brihatrayi*: *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*; *Laghutrayi*: *Madhava Nidana*, *Bhavaprakasha*, *Yogaratanakara*) and their commentaries, alongside modern sources (e.g., Dutta's Textbook of Gynaecology, ACOG guidelines, Burnett et al. consensus, and prevalence studies). No original study participants were involved. Reviewed literature describes populations of menstruating women, predominantly adolescents and young adults affected by primary dysmenorrhea (no pelvic pathology). Global prevalence data indicate 50–90% of menstruating women experience dysmenorrhea, with 10–20% severe cases leading to significant impairment<sup>(11)</sup>.

**Outcome data** Classical descriptions consistently report *kricchhartava* (painful and difficult menstrual flow) as the primary outcome, with characteristic relief once *artava* expulsion begins. Modern correlates confirm primary dysmenorrhea as crampy lower abdominal pain during menstruation, often accompanied by systemic symptoms (nausea, headache, fatigue), without structural abnormalities<sup>(12)</sup>.

### Main results

- **Etiology and pathogenesis:** *Udavartini Yonivyapad* is predominantly caused by *vegadharana* (suppression of natural urges) and *Vata*-aggravating factors (*mithya ahara-vihara*, stress, irregular routines), leading to *Apana Vata* vitiation, *viloma gati* (reverse movement), obstruction of *artava*, and painful expulsion. This aligns with modern prostaglandin-mediated uterine hypercontractility in primary dysmenorrhea.
- **Clinical features:** Cardinal symptom is severe menstrual pain (*sashul raja pravrutti*) relieved post-flow, distinguishing it from secondary dysmenorrhea<sup>(13-15)</sup>.
- **Management principles:** Ayurvedic *chikitsa* emphasizes *Vata shamana* and *Vatanulomana* through *snehana* (e.g., *Trivruta siddha taila*), *swedana*, *matra basti/uttara basti* (especially *Trivruta siddha taila matra basti*), *dashamoola* preparations, and *pathya* (e.g., *ksheera*, *lashuna*, *mamsa*). These target root-cause *Vata* normalization. Modern first-line options (NSAIDs, hormonal contraceptives) inhibit prostaglandins but carry side effects (e.g., hypertension, GI issues). Non-pharmacological interventions (yoga, heat therapy) show supportive but variable evidence<sup>(16)</sup>.
- **Comparative insights:** Ayurvedic approaches, particularly *basti karma* (supreme for *Vata* control), offer holistic, potentially safer alternatives or adjuncts with fewer long-term adverse effects compared to prolonged pharmacological use<sup>(17)</sup>.

No quantitative estimates, confidence intervals, or confounder adjustments were applicable, as this is a qualitative synthesis without meta-analysis. Key patterns across sources highlight the relevance of *Vata*-pacifying therapies for symptom management and improved quality of life in primary dysmenorrhea/*Udavartini Yonivyapad*.

### Discussion:

This narrative literary review synthesizes classical Ayurvedic descriptions of *Udavartini Yonivyapad* with contemporary understanding of primary dysmenorrhea, highlighting strong conceptual alignment between the two conditions and the potential value of Ayurvedic management principles in addressing a highly prevalent gynecological disorder<sup>(19)</sup>.

The cardinal feature of *Udavartini Yonivyapad*—severe menstrual pain (*kricchhartava*) with relief once menstrual flow commences—closely mirrors the clinical presentation of primary dysmenorrhea, which is characterized by crampy lower abdominal pain during menstruation in the absence of pelvic pathology. Both conditions are linked to dysfunctional uterine contractility: in Ayurveda, this is attributed to vitiated *Apana Vata* with *viloma gati* (reverse movement) obstructing normal *artava* expulsion, while modern physiology attributes it to excessive prostaglandin production leading to uterine hypercontractility and ischemia. The etiological overlap is also notable—classical texts emphasize *vegadharana* (suppression of natural urges) and *Vata*-aggravating diet and lifestyle as primary *nidana*, which resonate with modern risk factors such as stress, irregular routines, poor nutrition, and psychological strain commonly reported in epidemiological studies of dysmenorrhea<sup>(20-21)</sup>.

Ayurvedic management, centered on *Vata shamana* and *Vatanulomana*, offers a holistic, root-cause-oriented approach. Therapies such as *snehana* (oleation), *swedana* (sudation), and particularly *matra basti* or *uttara basti* with formulations like *Trivruta siddha taila* are described as supreme for controlling *Vata* and facilitating smooth *artava* flow. These modalities target the underlying *dosha* imbalance rather than merely suppressing symptoms. In contrast, conventional first-line treatments (NSAIDs and hormonal contraceptives) effectively reduce prostaglandin levels and pain but are associated with gastrointestinal, cardiovascular, and endocrine side effects, especially with prolonged use. Non-pharmacological modern interventions (e.g., heat application, yoga, exercise) show supportive evidence but lack the depth of mechanistic rationale provided in Ayurvedic texts<sup>(22)</sup>.

The strengths of this review lie in its comprehensive coverage of authoritative classical sources (*Brihatrayi* and *Laghutrayi*) and integration with high-quality modern references, providing a balanced bridge between traditional and contemporary systems. However, limitations inherent to narrative reviews apply: the selection of literature was purposive rather than systematic, potentially introducing selection bias toward texts that support the correlation. No meta-analysis or quantitative synthesis was performed due to the qualitative nature of classical descriptions and heterogeneity of modern studies. Interpretive bias in correlating ancient concepts with modern pathophysiology cannot be entirely eliminated, though cross-referencing multiple *samhitas* and standard commentaries mitigates this risk<sup>(24)</sup>.

Overall, the findings suggest that Ayurvedic principles, particularly *basti karma* and *Vata*-pacifying measures, hold promise as complementary or alternative options for

managing primary dysmenorrhea/*Udavartini Yonivyapad*. These approaches may offer advantages in terms of fewer adverse effects, individualized care, and focus on lifestyle correction—areas where conventional pharmacotherapy often falls short. The review underscores the need for well-designed clinical studies (e.g., randomized controlled trials evaluating *Trivrutta siddha taila matra basti* or similar formulations) to objectively assess efficacy, safety, and comparative effectiveness against standard treatments. Such research could facilitate integration of evidence-based Ayurvedic interventions into mainstream gynecological care, potentially improving quality of life for the large number of women affected by this condition.

### Conclusion

This narrative literary review demonstrates a clear conceptual and clinical correlation between *Udavartini Yonivyapad* in Ayurveda and primary dysmenorrhea in modern gynecology. Both conditions share key features: painful menstruation (*kricchraartava*) without underlying pelvic pathology, relief of pain once menstrual flow commences, and aggravation by lifestyle and behavioral factors that disrupt normal physiological processes—in Ayurveda through vitiation of *Apana Vata* and *vegadharana*, and in contemporary terms through stress, irregular habits, and prostaglandin-mediated mechanisms.

The Ayurvedic management approach, emphasizing *Vata shamana*, *Vatanulomana*, and therapies such as *snehana*, *swedana*, and especially *matra basti/uttara basti* with formulations like *Trivrutta siddha taila*, targets the root cause of *Vata* imbalance rather than solely symptom suppression. This holistic strategy, supported by classical texts and integrated with lifestyle modifications (*pathya*), contrasts with conventional treatments (NSAIDs and hormonal contraceptives), which are effective but limited by potential side effects and lack of focus on etiological correction.

The review highlights the potential of Ayurvedic principles to serve as a valuable complementary or alternative option for managing primary dysmenorrhea/*Udavartini Yonivyapad*, particularly in offering individualized, safer long-term care with fewer adverse effects and greater emphasis on preventive lifestyle measures. These attributes may improve symptom control, reduce recurrence, and enhance overall quality of life for affected women.

However, the conclusions are based on a narrative synthesis of classical descriptions and modern literature, without primary clinical data or systematic meta-analysis. Prospective, well-designed clinical studies—preferably randomized controlled trials evaluating key interventions such as *Trivrutta siddha taila matra basti*—are essential to objectively validate efficacy, safety, optimal dosing, and

comparative effectiveness against standard pharmacological treatments.

In summary, Ayurvedic management offers a promising, multifaceted framework for addressing this common gynecological disorder. Further research and evidence generation could facilitate its evidence-based integration into mainstream reproductive healthcare, benefiting the large population of women experiencing debilitating menstrual pain.

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**Conflict of Interest:** Nil

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