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UNDERSTANDING *UDAVARTANI YONIVYAPAD* WITH SPECIAL REFERENCE TO PRIMARY DYSMENORRHEA: A REVIEW ARTICLE

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Abstract

Background: *Udavartani Yonivyapad* is one of the important *Vata Pradhana Yonivyapad* described in classical *Ayurveda*. It is mainly caused by vitiation of *Apana Vata*, leading to painful and difficult menstrual flow. Classical features such as *Rajah Krichrata*, *Artava Vimokshat Sukham*, *Phenila Artava*, *Baddha Artava* and pain in lower abdomen, back and thighs closely resemble primary dysmenorrhea. Primary dysmenorrhea is defined as spasmodic menstrual pain without any identifiable pelvic pathology and is commonly seen in adolescent and reproductive age women. Uploaded literature also explains that primary dysmenorrhea commonly begins after ovulatory cycles are established and is mainly related to prostaglandin-mediated uterine contraction and ischemia **Aim:** To review the concept of *Udavartani Yonivyapad* and establish its clinical correlation with primary dysmenorrhea. **Objectives:** To review the classical concept of *Udavartani Yonivyapad*. To study the *Nidana*, *Samprapti*, *Samprapti Ghataka* and *Lakshana* of *Udavartani Yonivyapad*. To review the modern concept, etiology and pathogenesis of primary dysmenorrhea. To establish the

probable relationship between *Apana Vata Dushti* and prostaglandin-mediated uterine pain. To summarize the preventive and therapeutic approach described in *Ayurveda* and modern science. **Materials and Methods:** Classical *Ayurvedic* texts, available review articles and modern gynecological literature were reviewed. The review focused on *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana* and recent published articles. **Result:** *Udavartani Yonivyapad* is mainly linked with *Apana Vata Dushti* and *Viloma Gati* of *Vata*. The main symptoms are painful menstruation, difficult menstrual flow, frothy or clotted blood and relief after menstrual discharge. Modern findings suggest increased prostaglandins, uterine hypercontractility, vasoconstriction and ischemia as the major causes of pain. **Discussion:** Both systems explain the disease as a disturbance in normal uterine function and menstrual flow. *Ayurveda* emphasizes correction of *Apana Vata*, while modern medicine focuses on reducing prostaglandin-mediated pain. **Conclusion:** *Udavartani Yonivyapad* can be clinically correlated with primary dysmenorrhea. A combined understanding of *Vata Anulomana*, lifestyle correction, diet regulation, yoga and modern pain mechanisms can help in better management.

Keywords: *Udavartani Yonivyapad*, Primary Dysmenorrhea, *Apana Vata*, *Artava*, *Samprapti*, *Vata Anulomana*

Introduction

Women's reproductive health is an important area in both *Ayurveda* and modern gynecology. Menstruation is a natural physiological process and reflects the functional status of female reproductive health. Disturbance in menstrual rhythm, flow or pain pattern can affect physical, emotional and social well-being. *Ayurveda* describes gynecological disorders under *Yonivyapad*, where derangement of *Dosha*, *Dushya* and *Srotas* plays a major role. Among these, *Udavartani Yonivyapad* is a painful menstrual disorder mainly caused by disturbed *Apana Vata*.[1]

Udavartani Yonivyapad is described as one of the twenty *Yonivyapad*. The word *Udavarta* indicates upward or reverse movement. In this condition, aggravated *Apana Vata* pushes *Raja* or menstrual blood in an abnormal direction and later expels it with pain and difficulty. The uploaded material explains that the woman gets relief after discharge of menstrual blood, which is an important classical feature of this condition. The symptoms of difficult

menstruation, pain, frothy discharge and relief after flow are very close to spasmodic primary dysmenorrhea.[2]

Primary dysmenorrhea is painful menstruation in the absence of visible pelvic pathology. It usually begins during adolescence after ovulatory cycles are established. The pain is commonly crampy, situated in the lower abdomen and may radiate to the back or thighs. Associated symptoms include nausea, vomiting, fatigue, diarrhea, headache and dizziness. It may disturb daily routine, academic performance, social participation and quality of life. Modern literature describes prostaglandins as the main biochemical factor responsible for uterine contraction, vasoconstriction, ischemia and menstrual pain.[3]

Aim and Objectives

Aim: To review the concept of *Udavartani Yonivyapad* and establish its clinical correlation with primary dysmenorrhea.

Objectives:

1. To review the classical concept of *Udavartani Yonivyapad*.
2. To study the *Nidana*, *Samprapti*, *Samprapti Ghataka* and *Lakshana* of *Udavartani Yonivyapad*.
3. To review the modern concept, etiology and pathogenesis of primary dysmenorrhea.
4. To establish the probable relationship between *Apana Vata Dushti* and prostaglandin-mediated uterine pain.
5. To summarize the preventive and therapeutic approach described in *Ayurveda* and modern science.

Materials and Methods

This review article was prepared by collecting conceptual data from classical *Ayurvedic* texts and published review articles related to *Udavartani Yonivyapad* and primary dysmenorrhea. The uploaded references included discussions from *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana* and *Bhavaprakasha*, along with modern sources such as gynecology textbooks and peer-reviewed databases. The collected material was studied under headings of *Nidana*, *Samprapti*, clinical features, modern pathophysiology and treatment principles.[4]

***Ayurvedic* Review**

Udavartani Yonivyapad

Udavartani Yonivyapad is a *Vata Pradhana* gynecological disorder. The term *Udavartani* refers to upward or reverse movement. In this condition, *Apana Vata*, which normally moves downward and helps in elimination of *Artava*, becomes vitiated and moves in the opposite direction. Due to obstruction in the normal flow, *Raja* is pushed upward and then discharged with difficulty. This produces severe pain before or during menstruation, and relief is obtained after menstrual blood is expelled.[5]

Nidana

The *Nidana* of *Udavartani Yonivyapad* may be classified into *Samanya Nidana* and *Vishesha Nidana*. *Mithya Ahara*, *Mithya Vihara*, *Anashana*, *Alpashana*, *Vishamashana*, excessive intake of *Katu*, *Tikta*, *Kashaya Rasa*, *Ruksha* and *Laghu Ahara* aggravate *Vata*. *Pradushta Artava*, *Beeja Dosha*, stress, excessive exercise, night awakening, overthinking and suppression of natural urges also disturb *Apana Vata*. The uploaded literature clearly mentions *Vegadharana* as a specific cause of *Udavartani Yonivyapad*.[6]

Samprapti

The *Samprapti* begins with indulgence in *Vata Prakopaka Ahara Vihara* and *Vegadharana*. This causes *Apana Vata Dushti* and *Viloma Gati*. Due to reverse movement of *Vata*, the normal downward flow of *Artava* is obstructed. *Agnimandya* and *Ama Utpatti* further cause *Rasa Dushti* and defective formation of *Artava*. As a result, menstrual flow becomes painful, delayed, difficult, frothy or clotted. The uploaded article also explains the sequence from *Anashana* or *Alposhana* to *Agnimandya*, *Vata Vriddhi*, *Ama Utpatti*, *Dhatukshaya*, *Rasa Dushti*, *Viloma Gati* and finally *Udavartani Yonivyapad*.[7]

Samprapti

Mithya Ahara Vihara / *Vegadharana* / Stress / *Anashana*

↓

Agnimandya and *Ama Utpatti*

↓

Vata Prakopa, especially *Apana Vata Dushti*

↓

Rasa Dushti and defective *Artava* formation

↓

Sanga in *Artavavaha Srotas*

↓

Viloma Gati of *Apana Vata*

↓

Urdhwagati or obstructed movement of *Artava*

↓

Krichhrartava with lower abdominal pain

↓

Udavartani Yonivyapad

Samprapti Ghataka

The main *Dosha* involved is *Vata*, especially *Apana Vata*. The important *Dushya* are *Rasa*, *Rakta*, *Mamsa* and *Artava*. The involved *Srotas* are *Rasavaha Srotas*, *Raktavaha Srotas* and *Artavavaha Srotas*. The type of *Srotodushti* is mainly *Sanga* and *Vimarga Gamana*. The *Adhisthana* is *Yoni* and *Garbhashaya*. The disease pathway is *Abhyantara Rogamarga*. These factors explain how systemic *Vata Dushti* finally expresses as painful menstruation.[8]

Lakshana

The main *Lakshana* of *Udavartani Yonivyapad* are *Rajah Krichrata*, painful and difficult menstrual flow, *Artava Vimokshat Sukham*, relief after menstrual discharge, *Phenila Artava*, frothy menstrual blood, *Baddha Artava*, clotted or obstructed flow and *Anya Vata Vedana*, pain in lower abdomen, back and thighs. These symptoms strongly resemble primary dysmenorrhea, where pain begins before or at the onset of menstruation and reduces after proper flow.[9]

Chikitsa Siddhanta

The treatment of *Udavartani Yonivyapad* mainly aims at *Vata Shamana*, *Vata Anulomana*, *Artava Janana*, *Vedana Shamana* and correction of *Apana Vata Gati*. *Mridu Snehana*, *Swedana*, *Virechana*, *Basti*, *Anuvasana Basti*, *Uttara Basti*, *Yoni Prakshalana*, *Yoni Pichu* and suitable oral medicines are advised according to condition. The uploaded material also mentions *Dashamoola Ksheera Basti*, *Trivruta Sneha*, *Bala Taila*, *Ashokarishta*, *Kumaryasava*,

Rajapravartini Vati, *Shatavari Churna*, *Hingvastaka Churna* and *Dashamoola Kwatha* as useful approaches.[10]

Modern Review

Definition

Primary dysmenorrhea is defined as recurrent cramping pain in the lower abdomen occurring before or during menstruation without identifiable pelvic pathology. It commonly begins within 6 to 12 months after menarche when ovulatory cycles become established. It is more common in adolescents and young women and may continue during reproductive age.[11]

Etiology and Risk Factors

The main cause of primary dysmenorrhea is excessive production of uterine prostaglandins, mainly PGF2 alpha and PGE2, during the late luteal and menstrual phase. Risk factors include early menarche, long menstrual duration, heavy flow, smoking, overweight, stress, poor lifestyle, poor sleep and low pain threshold. Psychological and behavioral factors may further increase pain perception.[12]

Pathophysiology

During menstruation, endometrial cells break down and release prostaglandins and inflammatory mediators. These substances cause strong uterine contractions. Contraction of uterine muscles constricts blood supply to the endometrium, producing temporary ischemia and hypoxia. This leads to cramping pain. Women with primary dysmenorrhea show increased uterine muscle activity, increased contractility and increased frequency of contractions. Pain signals are carried through uterine nerve pathways and are perceived as lower abdominal cramps, sometimes radiating to back and thighs.[13]

Pathogenesis

Ovulatory menstrual cycle
↓
Endometrial secretory changes
↓
Breakdown of endometrial cells during menstruation
↓
Excess prostaglandin release
↓

Increased uterine contractions
↓
Uterine vasoconstriction
↓
Ischemia and hypoxia
↓
Stimulation of pain receptors
↓
Lower abdominal cramps with systemic symptoms
↓
Primary dysmenorrhea

Clinical Features

The pain is spasmodic, crampy and located in the lower abdomen. It may radiate to the lower back and medial thighs. It usually starts a few hours before or just after the onset of menstruation and lasts for 1 to 3 days. Associated symptoms may include nausea, vomiting, diarrhea, fatigue, headache, dizziness, irritability and faintness in severe cases. Diagnosis is mainly clinical, and pelvic examination is usually normal in primary dysmenorrhea.[14]

Management

Modern management includes lifestyle correction, exercise, adequate sleep, stress control and local heat application. NSAIDs such as ibuprofen, naproxen and mefenamic acid are commonly used because they reduce prostaglandin synthesis and provide pain relief. Hormonal contraceptives may be used when contraception is required or symptoms are severe, as they suppress ovulation and reduce endometrial prostaglandin production. Surgical evaluation is reserved only for refractory cases where secondary causes are suspected.[15]

Result and Findings

- *Udavartani Yonivyapad* is mainly a *Vata Pradhana Yonivyapad*.
- *Apana Vata Dushti* is the core pathological factor.
- *Vegadharana*, *Mithya Ahara*, *Mithya Vihara*, stress and *Ruksha Laghu Ahara* are important causes.
- *Viloma Gati* of *Vata* causes abnormal movement and difficult expulsion of *Artava*.
- Classical symptoms such as painful menstruation, frothy flow, clotted flow and relief after discharge resemble primary dysmenorrhea.

- Modern pathogenesis is mainly prostaglandin-mediated uterine contraction and ischemia.
- Both systems accept abnormal uterine function and obstructed or painful menstrual flow as central events.
- *Vata Anulomana*, *Snehana*, *Swedana*, *Basti*, yoga, diet correction and lifestyle regulation may be useful supportive approaches.
- NSAIDs reduce prostaglandin synthesis and provide symptomatic relief.
- A combined conceptual approach may help in better understanding and management of dysmenorrhea.

Discussion

The classical description of *Udavartani Yonivyapad* has strong similarity with primary dysmenorrhea. The explanation that vitiated *Apana Vata* pushes *Raja* upward and later discharges it with difficulty can be understood clinically as painful, spasmodic and obstructed menstrual flow. Relief after menstrual discharge is a very important point of correlation. In modern terms, this may be compared with reduction of uterine contraction after active menstrual flow begins.[16]

Ayurveda gives importance to functional disturbance of *Vata*, especially *Apana Vata*, while modern science gives importance to biochemical mediators like prostaglandins. Both viewpoints are not contradictory. *Apana Vata Dushti* explains abnormal direction, rhythm and force of uterine activity. Prostaglandins explain uterine hypercontractility, vasoconstriction and ischemic pain. Thus, *Viloma Gati* and prostaglandin-mediated uterine contraction can be understood as two different explanations of the same painful menstrual process.[17]

Management should not focus only on temporary pain relief. *Ayurveda* suggests correction of *Nidana*, regulation of *Ahara Vihara*, *Vata Anulomana*, *Srotoshodhana* and nourishment of *Rasa* and *Artava Dhatu*. Modern care includes NSAIDs, heat therapy, exercise, sleep regulation and stress management. Yoga and regular physical activity may improve pain threshold, relaxation and pelvic circulation. Hence, an integrated approach can reduce pain, improve menstrual comfort and support reproductive health.[18]

Conclusion

Udavartani Yonivyapad is a *Vata Pradhana* menstrual disorder caused mainly by *Apana Vata Dushti* and *Viloma Gati* of *Vata*. Its clinical features such as painful menstruation, difficult menstrual flow, frothy or clotted discharge and relief after flow closely resemble primary dysmenorrhea. Modern science explains this condition through prostaglandin-induced uterine contractions, vasoconstriction, ischemia and pain. The review shows that both *Ayurvedic* and modern concepts can be correlated effectively. Correction of *Nidana*, *Vata Anulomana*, *Snehana*, *Swedana*, *Basti*, diet regulation, yoga and lifestyle modification may provide a better holistic approach along with modern symptomatic care.

Conflict of Interest -Nil.

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