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Review Article

UNDERSTANDING *UDAVARTINI YONIVYAPAD* THROUGH AYURVEDIC AND MODERN PERSPECTIVES

Prachi Kashyap[1]*, Sandeep Kotwal[2], Shiv Om Dixit[3], Kavitaben Rameshbhai Parmar[4]

*[1]M.S. (Ayu) Scholar, Third Year, [2]Professor, [4]M.S. (Ayu) Scholar, Third Year, Department of Prasuti Tantra Evum Stri Roga, [3]Associate professor, Department of Rasa Shastra and Bhaishajya Kalpa, Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Farrukhabad, Uttar Pradesh, India.

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ABSTRACT

Udavartini Yonivyapad is a *Vata*-dominant gynecological disorder described in Ayurveda under *Yonivyapad*, characterized by painful and difficult menstruation. The term denotes the abnormal upward movement of *Apana Vata*, which normally governs the downward flow of menstrual blood. Due to etiological factors such as improper diet, faulty lifestyle, suppression of natural urges, and hormonal disturbances, *Apana Vata* becomes vitiated, leading to obstruction in *Artavavaha Srotas* and impaired menstrual flow. This results in severe pain during menstruation, difficulty in expulsion of menstrual blood, and relief after proper flow, showing close resemblance to primary dysmenorrhea. The pathogenesis involves *Vata prakopa*, *Srotorodha* (obstruction), and *Vimargagamana* (abnormal movement). Management focuses on correcting *Apana Vata* direction, relieving obstruction, and reducing pain through principles like *Vatanulomana, Vatashamana, Vedanasthapana*, and *Srotoshodhana*. Treatment includes *Nidana Parivarjana, Shamana* and *Shodhana* therapies, especially *Basti* and *Uttarabasti*, along with supportive measures such as *Snehana* and *Swedana*. Although considered *Krichrasadhya*, it can be effectively managed with a holistic Ayurvedic approach.

INTRODUCTION

Primary dysmenorrhea is one of the most prevalent gynaecological disorders affecting adolescent girls and women of reproductive age worldwide. It is defined as painful menstruation occurring in the absence of any identifiable pelvic pathology. The pain is typically spasmodic in nature and is most commonly localised to the lower abdomen, with possible radiation to the lower back and inner thighs. In addition to pain, affected individuals may experience systemic symptoms such as nausea, vomiting, fatigue, headache, diarrhoea, dizziness, and emotional disturbances. These symptoms can significantly impair daily functioning and overall quality of life.[1]

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Dysmenorrhea has a high global prevalence, affecting approximately 50–90% of menstruating women. Among these, severe dysmenorrhea is reported in nearly 5–20% of cases. In the Indian context, the prevalence ranges from 50% to 87.8%, with higher incidence observed among adolescents and young adult females. The condition has considerable socio-economic implications due to absenteeism from educational institutions and workplaces, reduced productivity, and impaired psychosocial well-being.[2] In Ayurveda, painful menstruation is described under the broader concept of *Yonivyapad*, particularly under the subtype known as *Udavartini Yonivyapad*. *Acharya Charaka* explains that suppression of natural urges (*Vegadharana*), improper dietary habits, and lifestyle factors lead to the vitiation of *Apana Vata*, which is responsible for the regulation of menstruation and other pelvic functions. The aggravated *Apana Vata* moves in an upward direction due to obstruction (*Avarana)*, resulting in painful and difficult expulsion of menstrual blood. A characteristic feature described in classical texts is the

relief of pain following the proper flow of menstruation.[3] *Acharya Sushruta* and *Vagbhata* have also described *Udavartini* as a *Vata*-predominant disorder characterised by severe pain during menstruation and the presence of frothy menstrual discharge. Based on similarities in etiological factors, pathogenesis, and clinical manifestations, *Udavartini Yonivyapad* can be closely correlated with primary dysmenorrhea described in modern gynaecology.[4] The modern management of primary dysmenorrhea primarily involves symptomatic treatment using non-steroidal anti-inflammatory drugs (NSAIDs), antispasmodics, and hormonal therapy such as oral contraceptive pills. NSAIDs act by inhibiting cyclooxygenase enzymes, thereby reducing prostaglandin synthesis and alleviating uterine contractions. Hormonal therapies suppress ovulation and reduce endometrial proliferation, resulting in decreased menstrual pain. However, long-term use of these medications is associated with various adverse effects, including gastrointestinal irritation, renal impairment, nausea, hormonal imbalance, weight gain, thromboembolic complications, and recurrence of symptoms upon discontinuation.[5]

MATERIAL AND METHODS

This review article on *Udavartini Yonivyapad* is based on a comprehensive analysis of classical Ayurvedic texts and relevant modern literature. Ayurvedic references were collected from authoritative texts such as *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya*, and *Madhava Nidana*, along with other commentaries and compendia to understand the concept of *Yonivyapad*, specifically *Udavartini.* Information regarding *Nidana* (etiology), *Samprapti* (pathogenesis), *Lakshana* (clinical features), and *Chikitsa* (management) was systematically compiled and analyzed.

In addition, modern medical literature related to primary dysmenorrhea was reviewed from standard gynecology textbooks, peer-reviewed journals, and electronic databases such as PubMed and Google Scholar to establish correlation with *Udavartini Yonivyapad*. Relevant articles focusing on epidemiology, pathophysiology, and current treatment modalities were included.

The collected data were critically analyzed and compared to establish similarities between Ayurvedic and modern perspectives. Emphasis was given to understanding the role of *Apana Vata, Srotorodha*, and their relation to prostaglandin-mediated uterine contractions. The study follows a narrative review methodology, aiming to provide an integrated understanding of the disease and its management.

Udavartini Yonivyapad

Nirukti

The term *Udavartini* is derived from the words "*Ud"* meaning upward and "*Avarta*" meaning rotation or movement. Thus, *Udavartini* denotes a pathological condition in which the normal downward movement of *Apana Vata* is reversed, resulting in upward movement and obstruction in the expulsion of *Artava* (menstrual blood). This abnormal movement leads to painful and difficult menstruation. [6]

Historical Review

Most gynecological disorders described in Ayurvedic classics are included under the concept of *Yonivyapad*. Among the twenty *Yonivyapads* described by *Acharya Charaka*, *Udavartini* is considered a *Vata*-dominant disorder characterized by severe pain during menstruation. *Acharya Sushruta* has also included *Udavartini* under *Vataja Yonivyapad* and described its classical symptom as painful expulsion of frothy menstrual blood. [7]

Later classical texts such as *Ashtanga Hridaya, Ashtanga Samgraha, Bhavaprakasha, Madhava Nidana* and *Yogaratnakara* have also described the condition with similar etiopathogenesis and clinical presentation, thereby emphasizing the central role of vitiated *Vata* in its pathogenesis. [8]

Nidana (Etiological Factors)

Acharya Charaka has described four broad etiological factors responsible for *Yonivyapad*, which are also applicable to *Udavartini Yonivyapad:*

Mithyachara

Mithyachara refers to improper dietary and lifestyle habits leading to vitiation of *Doshas,* particularly *Vata.*

Faulty Dietary Habits

- Excess intake of single taste *(Ekarasa sevana)*
- Overeating (*Atyashana*)
- Irregular diet (*Vishamashana)*
- Skipping meals (*Anashana)*
- Consumption of dry, heavy, spicy and sour foods

These factors cause impairment of *Agni* and vitiation of *Vata,* leading to disturbance in *Apana Vata* function.

Faulty Lifestyle Practices

- Suppression of natural urges (*Vegadharana*)
- Excessive exercise
- Excess sexual activity
- Day sleep and night awakening
- Lifting heavy weights

These habits disturb the physiological movement of *Vata* and contribute to the development of *Udavartini.* [9]

Pradushta Artava

Artava represents menstrual blood, ovum, and hormonal components. Abnormality in hormonal regulation or menstrual blood quality leads to dysfunction of the reproductive system, contributing to *Udavartini*. [10]

Beejadosha

Genetic or chromosomal abnormalities affecting ovum or sperm are considered under *Beejadosha* and may predispose to reproductive disorders including *Yonivyapad*. [11]

Daiva

Idiopathic or unexplained causes are categorized under *Daiva.*

Samprapti

The pathogenesis of *Udavartini Yonivya*pad revolves around the vitiation and abnormal movement of *Apana Vata.*

Apana Vata, one of the five subdivisions of *Vata Dosha*, is located in the pelvic region and governs functions such as:

- Micturition
- Defecation
- Parturition
- Menstrual flow

Under normal physiological conditions, *Apana Vata* moves in a downward direction facilitating the proper expulsion of menstrual blood. However, due to etiological factors such as improper diet, suppression of natural urges, and lifestyle disturbances, *Apana Vata* becomes vitiated.

This vitiated *Apana Vata* exhibits *Urdhvagati* (upward movement) instead of its natural downward direction. As a result:

- Obstruction occurs in the *Artavavaha Srotas.*
- Menstrual blood is expelled with difficulty.
- Increased uterine contractions produce severe pain.
- Relief occurs after proper expulsion of menstrual blood.

Thus, the fundamental pathological mechanism involves *Sanga* (obstruction) and *Vimargagamana* (abnormal movement) of *Vata.*[12]

Samprapti Ghataka

- *Dosha – Vata* (Predominant*)*
- *Dushya – Rasa, Rakta, Artava*
- *Srotas – Artavavaha and Rasavaha*
- *Srotodushti – Sanga and Vimargagamana*
- *Udbhava Sthana – Pakwashaya*
- *Vyaktasthana – Garbhashaya*
- *Rogamarga – Abhyantara*
- *Vyadhi Swabhava – Krichrasadhya*

Detailed Pathophysiological Sequence

- *Nidana Sevana → Agnimandya → Vata Prakopa*
- *Vata Prakopa → Apana Vata Vaigunya*
- *Apana Vata Urdhvagati → Artava Srotorodha*
- *Artava Sangha* → Increased uterine contraction
- *Rajah Krichrata* → Painful menstruation
- Proper flow → Temporary relief

This sequence explains the classical clinical feature of pain before and during the initial stage of menstruation with relief after flow begins.

Lakshana

Classical symptoms described include:

- Painful menstruation
- Difficulty in expulsion of menstrual blood
- Frothy menstrual discharge
- Relief after menstrual flow

These features show close similarity with primary dysmenorrhea. [13]

Differential Diagnosis

Udavartini Yonivyapad should be differentiated from:

- *Vataja Yonivyapad*
- *Paripluta Yonivyapad*
- *Sannipataja Yonivyapad*

The distinguishing feature is pain at the onset of menstruation with relief after flow begins. [14]

Chikitsa Siddhanta

The management of *Udavartini Yonivyapad* primarily aims at correcting the abnormal movement of *Apana Vata*, removing obstruction in *Artavavaha Srotas*, and facilitating proper menstrual flow. The treatment principles include *Vatanulomana, Vatashamana, Vedanasthapana,* and *Srotoshodhana.*[15]

Nidana Parivarjana

Avoidance of etiological factors responsible for vitiation of *Vata* is the first step in management. Regulation of dietary habits, proper lifestyle practices, and avoidance of suppression of natural urges are essential to prevent further aggravation of *Apana Vata.*

Shamana Chikitsa

Shamana therapy involves administration of herbal formulations possessing *Vatanulomana* and *Vedanasthapana* properties. Drugs with *Ushna Veerya* and *Vata-Kapha Shamaka* action help in relieving uterine spasm and improving menstrual flow. These therapies provide symptomatic relief and correct the underlying *Dosha* imbalance.

Shodhana Chikitsa

Basti Chikitsa

Basti is considered the most effective treatment for *Vata* disorders. Since *Udavartini Yonivyapad* is primarily caused by vitiation of *Apana Vata, Basti* therapy plays a crucial role in restoring normal physiological function.

- *Anuvasana Basti* pacifies *Vata* and provides lubrication to pelvic structures.
- *Niruha Basti* helps in elimination of vitiated *Doshas* and promotes normalization of *Apana Vata.*

Uttarabasti

Uttarabasti is specifically indicated in gynaecological disorders. Administration of medicated oil or decoction through uterine route helps in correcting local pathology, improving uterine function, and facilitating smooth menstrual flow.

Snehana

Internal and external oleation therapies reduce *Vata* aggravation and enhance tissue nourishment. *Snehapana* helps in reducing dryness and rigidity in pelvic structures, thereby alleviating menstrual pain.

Swedana

Sudation therapy helps in relieving stiffness and obstruction in pelvic region. It promotes vasodilation and improves circulation, leading to reduction in uterine spasm and menstrual pain.

Specific Therapeutic Measures

Classical texts recommend the use of:

- *Dashamoola* preparations
- *Vatahara Kashayas*
- Medicated *Ghrita* and *Taila*

These formulations possess analgesic, anti-inflammatory, and *Vatanulomana* properties which help in the management of *Udavartini Yonivyapad.*

Pathya-Apathya

Dietary and lifestyle regulation is essential for effective management.

Pathya

- Warm and easily digestible food
- Regular physical exercise and yoga
- Intake of medicated decoctions

Apathya

- Dry, cold, and heavy food
- Suppression of natural urges
- Excess physical exertion

Adherence to *Pathya-Apathya* helps in preventing recurrence and maintaining menstrual health.

Prognosis

Udavartini Yonivyapad is considered *Kruchrasadhya,* indicating that although difficult to cure completely, it can be effectively managed with appropriate therapeutic measures.

RESULT

The review reveals that *Udavartini Yonivyapad* shows a strong correlation with primary dysmenorrhea in terms of etiology, clinical presentation, and pathogenesis. Both conditions are characterized by painful menstruation, difficulty in menstrual flow, and relief after proper discharge. The involvement of vitiated *Apana Vata* and *Srotorodha* in Ayurveda closely parallels increased prostaglandin activity and uterine contractions in modern science.

DISCUSSION

The comparative analysis indicates that Ayurvedic concepts such as *Vata prakopa, Vimargagamana,* and obstruction of *Artavavaha Srotas* are functionally similar to uterine ischemia and hypercontractility. Ayurvedic management focuses on correcting the root cause through *Vatanulomana, Vedanasthapana,* and *Srotoshodhana,* offering a holistic approach compared to symptomatic relief in modern treatment.

CONCLUSION

Udavartini Yonivyapad can be effectively correlated with primary dysmenorrhea. Ayurvedic therapies, including *Basti, Snehana*, and herbal formulations, provide a safe and sustainable approach for long-term management, making Ayurveda a promising alternative to conventional treatment.

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***Address for correspondence**
Dr. Prachi Kashyap
MS Scholar,
Department of Prasuti Tantra Evum Stri Roga, Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Farrukhabad, Uttar Pradesh.
Email: prachikashyap90@gmail.com