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RESEARCH ARTICLE

Role of *Yonishoolahara Kashaya* in the Management of *Udavartini Yonivyapad* w.s.r to Primary Dysmenorrhoea - A Case Series

Author: Kaveri Timmapur[1]

Co Authors: Madhu M[2] and Gayathri Bhat N.V[3]

[1-3]Department of *Prasuti Tantra* and *Stree Roga*, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

ABSTRACT

Introduction: Dysmenorrhea, defined as painful menstruation severe enough to impair daily activities, is a highly prevalent condition among adolescent and young women. Primary dysmenorrhea, occurring in the absence of identifiable pelvic pathology, is commonly associated with ovulatory cycles. In *Ayurveda*, it can be correlated with *Udavartini yonivyapad*, one among the *Vataja yonivyapad*, caused by *mithya ahara-vihara* and *vegadharana*, leading to disturbed function of *apana* and *vyana vata*. **Aim:** To evaluate the role of *Yonishoolahara kashaya* in the management of *Udavartini yonivyapad* (Primary dysmenorrhoea). **Methodology:** A case series was conducted on women aged 18–32 years attending the OPD of *Prasuti Tantra* and *stree roga*, SDM College of *Ayurveda* and Hospital, Hassan, with complaints of painful menstruation. Diagnosis was established based on history and investigations and treated with *Yonishoolahara kashaya*. Assessment was made based on symptomatic relief by using WaLIDD score scale. **Results:** Participants reported absence of pain during last follow-up. The formulation was well tolerated, cost-effective, and safe. **Conclusion:** *Yonishoolahara kashaya* demonstrated effectiveness in alleviating pain and improving quality of life in women with *Udavartini yonivyapad* (primary dysmenorrhea). By correcting *Vata vaigunya* and restoring the *anulomana karma* of *Apana vata*, the formulation may serve as a valuable *Ayurvedic* intervention in the management of primary dysmenorrhea.

Key Words *Primary Dysmenorrhea, Udavartini yonivyapad, Apana vata, Yonishoolahara Kashaya*

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INTRODUCTION

Dysmenorrhoea is defined as painful menstruation of sufficient magnitude so as to incapacitate day to day activities[1]. There are two types of dysmenorrhoea, Primary and Secondary. Studies from India reported that primary dysmenorrhoea prevalence ranges between 50 to 87.8%[2]. Even though the prevalence rate is high it is often poorly treated[3]. Primary dysmenorrhoea is defined as spasmodic pain in the lower abdomen occurring just before or during menstruation, in the absence of any

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pathology[3]. It is mostly seen in adolescent girls and usually associated with ovulatory cycles[4]. In *ayurveda* primary dysmenorrhoea is corelated with *Udavartini yonivyapad. Udavartini yonivyapad* is one of the *Vataja yonivyapad* among twenty *Yonivyapad* described by various *Acharyas*. According to *Acharya Charaka*, one feels relief after proper flow of menstrual blood. It upholds the similarity of *Udavartini* with primary dysmenorrhoea[5]. *Mitya-aharavihara* and *Vegadharana* are main causes of *Udavartini yonivyapad*. These causes will lead to *Pratiloma* and *Vishama gati* of *Apana vayu* resulting into *sanga* as well as *vimarga gamana* in *Artava vaha srotas*. Since *Apanavata* is responsible for *nishkramana karma* of *Sukra, Artava, Sakrut, Mutra,* and *Garbha*[6], any abnormalities in the *Apanavata karma* would result in abnormalities in their expulsion. hence there will be painful menstruation in *Udavartini yonivyapad*. In contemporary medicine NSAID'S, antispasmodics, analgesics and hormonal contraceptives are used to treat this condition[7]. While in *Ayurveda,* medicines which helps in correcting *Vata vaigunya* can be beneficial in treating *Udavartini yonivyapad.*

CASE SERIES/METHODOLOGY

This case series includes the Subjects who were having painful menstruation attended the OPD of *Prasuti Tantra* and *stree roga*, SDM College of Ayurveda and Hospital, Hassan in the age group of 18-32 years diagnosed by history taking. Subjects who were observed to have painful menstruation without any pelvic pathology were enrolled for the study. Recovery from symptoms and reduction in pain during menstruation were assessed.

CASE 1: A 24-year-old female presented to the OPD with complaints of lower abdominal pain radiating to inner aspects of thighs on the first day of menstruation, persisting for the past 4 years. Her menstrual cycles were regular, occurring at intervals of 29–32 days, with a bleeding phase of 3–5 days, moderate in quantity, and without clots or foul smell. Ultrasonography revealed no significant abnormalities. She reported a habit of consuming excess junk food and frequently suppressing natural urges during class.

CASE 2: A 25-year-old female presented to the OPD with complaints of pain during menstruation, beginning with the onset of bleeding and persisting for one day, for the past 1 year. Her menstrual cycles were regular, occurring at intervals of 25–28 days, with a bleeding phase of 3–5 days, moderate in quantity, and without clots or foul odour. Ultrasonography revealed no significant abnormalities. She reported a history of excessive workouts and frequent suppression of natural urges.

CASE 3: A 29-year-old married female presented to the OPD with complaints of lower abdominal pain and low backache radiating to the inner side of thighs during 1st and 2nd days of menstruation persisting since menarche. Her menstrual cycles were regular, occurring at

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intervals of 25–28 days, with a bleeding phase of 4–5 days, moderate in quantity, associated with clots on the first day, and without foul odour. Ultrasonography revealed no significant abnormalities. She reported excessive household work, late-night sleeping, and inappropriate dietary habits.

TREATMENT PROTOCOL:

To all 3 subjects *Yonishoolahara kashaya* was given in the dosage of 25 ml with equal quantity of *sukoshna jala* twice a day 1 hour before food with *madhu* as *anupana* orally for a period of 10 days (7 days prior to menstruation and during first 3 days of menstruation) in 2 consecutive cycles.

ASSESSMENT:

All the results were analysed based on following criteria, before and after the treatment. Duration of pain, site of pain, Intensity of pain and Effect on working ability was together assessed by WaLIDD Score scale, which is explained in Table no. 2,3, and 4.

Assessment scale: WaLIDD Scores[8]

Wa –Working ability.

L – Location (parts of the body, lower abdomen, lumber region, inguinal region, lower Limbs).

I-Intensity (Wong Baker Faces for pain assessment).

D – Number of days.

Table 1 WaLIDD Score scale for assessment of severity of Dysmenorrhoea

Scores	Working ability	Location	Intensity	Days
Grade0	**0**.None	**0**.None	**0**.Does not hurt	**0**. 0 days
Grade1	**1**.Almost never	**1**.1 site	**1**.Hurts a little bit	**1**.1-2 days
Grade2	**2**.Almost always	**2**.2-3 sites	**2**.Hurts a little more-hurts even more	**2**.3-4 days
Grade3	**3**.Always	**3**.4 sites	**3**.Hurts a whole lot-hurts worst	**3**.More than 5 days

Scores:

- **0** Without dysmenorrhoea
- **1-4** Mild dysmenorrhoea
- **5-7** Moderate dysmenorrhoea
- **8-12** Severe dysmenorrhoea

OBSERVATION AND RESULTS:

CASE 1-

Table 2 Observations in Case 1 -BT, DT1, DT2 and AT

Scores	Working ability	Location	Intensity	Days	Total score
Before treatment (BT)	Grade 3	Grade 2	Grade 3	Grade 1	Grade 9
5th day of first cycle (DT1)	Grade 2	Grade 1	Grade 2	Grade 1	Grade 6
5th day of consecutive second cycle (DT2)	Grade 1	Grade 1	Grade 1	Grade 1	Grade 4
5th day of consecutive third cycle (AT)	Grade 0	Grade 0	Grade 0	Grade 0	Grade 0

Result- Before treatment (BT): **8-12** Severe dysmenorrhoea
5th day of first cycle (DT1): **5-7** Moderate dysmenorrhoea
5th day of first cycle (DT2): **1-4** Mild dysmenorrhoea
After treatment (AT): **0** Without dysmenorrhoea

CASE 2-

Table 3 Observations in Case 2 -BT, DT1, DT2 and AT

Scores	Working ability	Location	Intensity	Days	Total score
Before treatment (BT)	Grade 2	Grade 1	Grade 2	Grade 1	Grade 6

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5th day of first cycle (DT1)	Grade 2	Grade 1	Grade 2	Grade 1	Grade 6
5th day of consecutive second cycle (DT2)	Grade 1	Grade 1	Grade 1	Grade 1	Grade 4
5th day of consecutive third cycle (AT)	Grade 0	Grade 0	Grade 0	Grade 0	Grade 0

Result- Before treatment (BT): **5-7** Moderate dysmenorrhoea
5th day of first cycle (DT1): **5-7** Moderate dysmenorrhoea
5th day of first cycle (DT2): **1-4** Mild dysmenorrhoea
After treatment (AT): **0-** Without dysmenorrhoea

CASE 3-

Table 4 Observations in Case 3 -BT, DT1, DT2 and AT

Scores	Working ability	Location	Intensity	Days	Total score
Before treatment (BT)	Grade 3	Grade 3	Grade 3	Grade 1	Grade 10
5th day of first cycle (DT1)	Grade 2	Grade 2	Grade 2	Grade 1	Grade 7
5th day of consecutive second cycle (DT2)	Grade 1	Grade 1	Grade 1	Grade 1	Grade 4
5th day of consecutive third cycle (AT)	Grade 0	Grade 0	Grade 0	Grade 0	Grade 0

Result- Before treatment (BT):
8-12 Severe dysmenorrhoea 5th day of first cycle (DT1):
5-7 Moderate dysmenorrhoea 5th day of first cycle (DT2):
1-4 Mild dysmenorrhoea After treatment (AT): Without dysmenorrhoea

DISCUSSION

All three cases showed a progressive reduction in the severity of dysmenorrhea (explained in result section), as indicated by a steady decrease in pain scores from severe or moderate intensity before treatment to complete relief (score 0) after treatment. This demonstrates the consistent efficacy of *Yonishoolahara Kashaya* in alleviating menstrual pain and improving patient comfort across successive cycles.

Menstruation is a physiological process unique to women and higher apes. A normal menstrual cycle requires an intact and patent outflow tract, proper ovarian activity, and normal functioning of both the pituitary gland and hypothalamus.

The pulsatile secretion of GnRH from the hypothalamus stimulates the release of hormones from the pituitary and ovaries, ultimately leading to menstruation. In India, menstrual problems are among the most common reasons adolescent girls seek medical consultation, with dysmenorrhea being the most frequently encountered disorder in this age group.

According to *Acharya Charaka*, the phrase *"Udavartamiti urdhwam neetam"* refers to the loss of the *anulomana* function of *apana vata*[9]. Among the *tridoshas*, *vata dosha* plays a predominant role in both the physiological and pathological states of the body because of its inherent *gunas* and *karmas*. All the three subjects had a history of *vata* vitiating causes like having junk food, suppression of natural urges, excessive workout, late night sleeping etc. The proper functions of *apana vata* ensure proper *artava utpatti* and *nishkramana*. *Apana vayu* is chiefly responsible for the *anulomana* and *munchana* of *artava*. So *vatanulomaka* and *vatashamaka* drugs may help in treating *Udavartini yonivyapad.*

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"Yonishoolahara kashaya" mentioned in *Sahasrayoga*[10] contains *Rasna, Devadaru, Bala, Musta, Ushira, Punarnava, Darbha* drugs which are easily available, cost effective and having *Vatashamaka* properties was selected for the study, which have *vatashamaka* and *shoolahara* properties mainly and also helps in *samprapti vighatana.* The absence or reduction of symptoms during follow-up supported the potentiality of the drug as a safe and effective treatment for *Udavartini yonivyapad*.

CONCLUSION

Primary dysmenorrhea, though highly prevalent among adolescent and young women, often remains underdiagnosed and inadequately managed. In *Ayurveda,* it can be correlated with *Udavartini Yonivyapad,* a condition arising from vitiation of *Vata dosha*-particularly the disturbed functions of *Apana vata*. This vitiation leads to painful menstruation due to altered *anulomana karma*. The use of *Yonishoolahara Kashaya* as mentioned in *Sahasrayoga,* comprising readily available and cost-effective *Vata-shamaka* herbs, demonstrated promising results in alleviating pain and improving the quality of life in affected individuals. Reduction or absence of symptoms during follow-up highlighted its therapeutic efficacy and safety. Thus, *Yonishoolahara Kashaya* may serve as an effective Ayurvedic intervention for *Udavartini Yonivyapad* (primary dysmenorrhea), addressing the underlying *Vata vaigunya* and offering a holistic, affordable management approach.

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