ABSTRACT
Many women are familiar with the experience of spasmodic dysmenorrhea, one of the commonest gynaecological conditions that affects the quality of life of many in their reproductive years. This condition manifested as painful menstruation, is the most frequently encountered gynaecological complaint and it can be included under Udavartha yonivyapat, caused by Apana vata vaigunya described in Ayurvedic classics. Nidana samprapthi and Rupa of Udavartha yonivyapat can well explain the etiopathogenesis and clinical features of Spasmodic dysmenorrhea. “Arthave sa vimukthe tu tat kshanam labhate sukham” mentioned by Acharya Charaka substantiate the close similarity of Udavarta with Spasmodic dysmenorrhea. Vegodavarthana leading to Pratiloma gati of Apana vata and rajas is the pathology behind Udavartha yonivyapat. So treatment should aim at the relief of pain by normalising the direction of menstrual flow which in turn is by normalising the vitiated Apana vayu. The present paper is aimed at incorporating all the references regarding Udavartha including Nidana panchakas from Ayurvedic classics and tried to give an Ayurvedic view to the concept and postulated theories on spasmodic dysmenorrhea.

KEYWORDS: Udavarta, Apana vata vaigunya, Spasmodic dysmenorrhea.

INTRODUCTION
As reproduction is the fundamental requirement for the maintenance of human life, Ayurveda elucidate due importance for the care of mother at every phase of her life. As a woman bears a child and is the foundation of a society, her health should be given utmost importance and care.

- According to Sabdakalpadruma, sthree is said to be the root cause of progeny. “sthrayathi garbho yusyamithi sthree”.
- According to Raja nighantu sthree is stated as ‘one who discharges arthava’. “Sthree cha arthava bhavathi sravathy ithi sthree”.

From the above statements we can conclude that, Acharyas have denoted the single term ‘Arthava’ in our classics to cover the entire female reproductive physiology. Menstruation is considered as a land mark of homeostatic condition of reproductive system. The same menstruation can create hell situation, if it is associated with unbearable pain as we are observing in cases of dysmenorrhea. Though dysmenorrhea literally means painful menstruation, a more realistic and practical definition includes painful menstruation of sufficient magnitude so as to incapacitate day to day activities.

Spasmodic dysmenorrhea is one where there is no identifiable pelvic pathology. Pathogenesis of pain is attributed to a biochemical derangement. It is one of the most common gynaecological complaints affecting more than 70% of teenagers and out of this 30-50% of menstruating women suffers from varying degrees of discomfort. This situation not only has a significant effect on quality of life and personal health but also resulting in loss of work hours and depression. Absenteeism from work and school as a result of dysmenorrhea is common.

In the classics of Ayurveda painful menstruation find its role as a sole symptom in Udavartha yoni vyapath. Udavartha is one among the twenty Yoni vyapath, described by various authors. Charaka while describing the features of Udavartha says that “Arthave sa vimukthe tu tat kshanam labhate sukham” which implies an immediate relief of pain following the discharge of menstrual blood, which clearly denotes spasmodic type of dysmenorrhea. Normal menstruation is the function of Apana vayu,
therefore painful menstruation is considered as Apana vata dushti.

According to modern medicine, there is no permanent cure for spasmodic dysmenorrhoea. Most of the medical therapies like analgesics, antispasmodics, NSAID, and anti prostaglandins are having many side effects. In the present scenario rather than the hormonal treatment belonging to contemporary science Ayurvedic preparations are proved effective in primary dysmenorrhoea. This study is particular about the description regarding Udavarta along with their treatment aspect and tried to give an Ayurvedic view to the concept and postulated theories of primary dysmenorrhoea on the basis of scattered classical references.

AIM AND OBJECTIVE

The present paper is aimed at incorporating all the references regarding Udavarta including Nidana panchakas from Ayurvedic classics and tried to give an Ayurvedic view to the concept and postulated theories on spasmodic dysmenorrhoea

MATERIALS AND METHODS

A thorough literary survey of Udavarta was done in the Ayurvedic classics with their commentaries and interpretation by masters in the field of Prasuti and Sthree roga.

DESCRIPTION

Definition

Though dysmenorrhoea literally means painful menstruation, a more realistic and practical definition includes painful menstruation of sufficient magnitude so as to incapacitate day to day activities. Spasmodic dysmenorrhoea is one where there is no identifiable pelvic pathology [1]

Causes of Pain

The pain is related to dysrhythmic uterine contractions and uterine hypoxia.

1. Psychosomatic factors

Tension and anxiety during adolescence; lower the pain threshold.

2. Abnormal anatomical and functional aspect of myometrium

Uterine myometrial hyperactivity has been observed in cases with primary dysmenorrhea. The subendometrial layer of myometrium is known as Junctional Zone (JZ). In women with dysmenorrhea significant changes in JZ- include irregular thickening, hyperplasia of smooth muscle and less vascularity are seen. Dysperistalsis and hyperactivity of the uterine Junctional zone are the important mechanisms of primary dysmenorrhea.

3. Imbalance in the autonomic nervous control of uterine muscle

There is over activity of the sympathetic nerves leads to hypertonicity of the circular fibers of the isthmus and internal os.

4. Role of prostaglandins

In ovulatory cycles, under the action of progesterone, prostaglandins (PGF2α, PGE2) are synthesized from the secretory endometrium. PGF2α is a strong vasoconstrictor, which causes ischemia of the myometrium. Either due to increased production of the prostaglandins or increased sensitivity of the myometrium to the normal production of prostaglandins, there is increased myometrial contraction with or without dysrhythmia.

5. Role of vasopressin

There is increased vasopressin release during menstruation in women with primary dysmenorrhea. Vasopressin increases prostaglandin synthesis and also increases myometrial activity directly.

6. Endothelins

Endothelins in endometrium can induce PGF2α. Local myometrial ischemia caused by endothelins and PGF2α aggravate uterine dysperistalsis and hyperactivity.

7. Platelet activating factor (PAF)

Leukotrienes and PAFs are vasoconstrictors and stimulate myometrial contractions.

Clinical features:

- The pain begins a few hours before or just with the onset of menstruation. The severity of pain usually lasts for few hours, may extend to 24 hours but seldom persists beyond 48 hours.
- The pain is spasmodic and confined to lower abdomen; may radiate to the back and medial aspect of thighs.
- Systemic discomforts like nausea, vomiting, fatigue, diarrhoea, headache and tachycardia may be associated. It may be accompanied by vasomotor changes causing pallor, cold sweats and occasional fainting. Rarely, syncope and collapse in severe cases may be associated.
- Abdominal or pelvic examination does not reveal any abnormal findings.

Treatment

General measures

- Assurance
- Analgesics and antispasmodic drugs
- To empty the bowel
- Encourage normal activities

Severe cases: Drugs, Surgery
Drugs
- Prostaglandin synthetase inhibitors (3-6 cycles)
- Oral contraceptives (combined estrogen and progestogen) (3-6 cycles).

Surgery
- Laproscopic uterine nerve ablation (LUNA)
- Laproscopic presacral neurectomy - rare

AYURVEDIC VIEW

Udavartha is one among the twenty Yoni vyapath, described by various authors. The condition where Artava is shed with great difficulty and the pain is termed as ‘Kashtartava’ in classics. With the help of etiological factors and the clinical features given for most of the diseases, Kashtartava (painful menstruation) can be classified into primary and secondary dysmenorrhea. Charaka while describing the features of the Udavartha says that “Arthave sa vimukthe tu tat kshanam labhate sukham” which implies an immediate relief of pain following the discharge of menstrual blood, this intum is the characteristic feature seen in spasmodic dysmenorrhea. Also the following descriptions by various authors substantiate the similarity between Udavartha and spasmodic dysmenorrhea.

- **Krkrarthava**: Painful menstruation [2]
- **Rajaso gamanadurdhwam**: Obstruction leading to upward movement of menstrual blood [3]
- **Badha raja**: Presence of clots [4]
- **Samanthath varthanam vayo**: Irregular uterine contractions [5]

Nirukthi

The word udavartha is derived from the root, Uth{+}ange{+}vruth{+}khange pratyaya (sabdakalpa drumam) -meaning - ‘The act of going up’ Udavarta word refers to upward movement (‘Udavartha iti urdhwam nitam’) [6] Urdhwa gamana of rajas is Udavrthini. Here normal downward movement of rajas is obstructed and it moves in reverse direction.

**Nidana (Aetiology)**

All Acharyas have unanimously described Udavarta as a Vataja yoni vyapath. Raja pravrutt is regulated by Apana vayu since it plays a vital role in Dharana and Nishkramana of Raja, vitiation of Apana vayu therefore leads to Udavarta yoni vyapath.

Acharya Vagbhata had clearly mentioned that without involvement of Vata dosha vitiation of yoni does not happen in females. [7]

The main two reason of disorder of Vata are Margavarodha and Dhathukshaya.

**Margavarodha**

Apana vayu is said to be the governing force of the menstrual flow. If there is any sort of obstruction to this Apana pain is produced. Apana can be obstructed from blocking the passage itself (anatomical) or due to certain things which hamper the working capacity of Apana as described in Avrutha vata.

**Dhatukshaya**

This causes pain in two ways.
1. Dhathu kshaya turns a woman to be Heena satwa, where by pain threshold is lowered and pain is felt for even the slightest disorder.
2. Dhathukshaya may cause Vatavridhi especially of its Ruksha and Khara characteristics. This Rukshwatwa and Kharatwa is responsible for producing pain.

Besides, Dhathukshaya may indicate hypoplastic uterus and the scantiness of Raja and Artava too.

**The specific aetiologies are**

1. **Mithyaachara**
2. **Pradushta Artava**
3. **Beejadosha**
4. **Daiva** [8]

1(a). **Mithyahara**

Hitaharas characterised by Guna sampath of Ahara leads to formation of unvitiated ahara rasa, which further leads to the formation of Rasadhathu. Rasa dhatu being the origin for Artava is an important factor causing gynaecological disorders.

- Atpamatrasana and Anasana leads to Dhathukshaya and ill health which may result in anaemia, increased chances of infection, decreased pain threshold and increased chances of disease.
- Atyadhika ahara, Dushta bhojana leads to Amotpatti. This infact can lead to various pathologies. Certain other factors along with Virudha ahara can potentially cause the Uttlesha doshas to localise in yoni.

- Over intake of Ruksha substances and Katu, Tiktha, Kashaya rasa. These Rasas are believed to be a propagating factor for Vata dosha.

1(b). **Mithya vihara**

Abnormal mode of life like suppression of natural urges, excessive coitus, and exercise, fear, sadness etc will vitiate Vata. Sedentary life styles, stress and strain in daily life are risk factors for spasmodic dysmenorrhea.

- Vegadharna can disrupt the HPO axis leading to hypoestrogenism. Oestrogen deficiency leads to lack of menstruation and menstruation with difficulty leading to pain
- In some persos IUCD causes pain during menstruation which can be included under Apadravya sevana as told in our classics [9]

2. **Pradushtarthava**

The word Artava refers to menstrual blood, ovum and ovarian hormones. Pradushtarthava refers to the menstruation which is not having intermenstrual period of one month, and is
associated with pain and burning sensation. Excreted blood is unctuous, very scanty, or excessive in amount, and the color does not resemble that with Guna, Laksha, Padma, or Shashaaksrk.

3. Beejadosha

Hereditary factors of dysmenorrhoea can be considered under this. Depending on the degree of the defect in the abnormalities of Beeja, Beeja bhaga (chromosome or gene) can lead to abnormalities like absence or the defective formation of genital organs such as pinhole os (Suchimukhi), atresia of vagina, uterine hypoplasia, imperforated hymen etc.

4. Daiva

In the absence of apparent cause the disease developed by Purva janmakritha papa due to the curse of God.

Poorva roopa

The pain may start few hours prior to menstruation, as slight low back ache or lower abdominal pain.

Roopa

- Yonim udawarthayathe\(^{[10]}\)-Specifies dysperistals is and retrograde flow of menstruation which may result in pain.
- Raja krishrat\(^{[2]}\)-Indicates difficult discharge of menstrual blood.
- Phenilata\(^{[1]}\)- indicates frothy menstruation.
- Vimukthe tu tat kshanam labhate sukham\(^{[12]}\)- Cessation of pain after establishment of menstrual flow.
- Samanthavarthanam vayol\(^{[5]}\)-In coordinate or irregular contractions of all the myometrial muscle fibres have been explained as all around movement of Vayu.
- Badha raja\(^{[4]}\)-Indicates special form of spasmodic dysmenorrhoea characterised with expulsion of big clots of blood due to decreased fibrinolytic activity.
- Kapha samirsитьa artavam\(^{[13]}\)-It explains difficult discharge of menstrual blood with Kapha. It is taken as association of mucous membrane or endometrium, then it can be equated with another form of spasmodic dysmenorrhoea i.e memambraneous dysmenorrhoea.
- Anya vata vedana \(^{[14]}\)-Other pains of Vata like malaise, body ache etc.

### Clinical features of Udawartha

| Rupa                  | Charaka Samhit\(\) | Susruta Samhit\(\) | Ashtanga Samgraha | Ashtanga Hridaya | Madhava nidana | Yogaratnak aram |
|-----------------------|--------------------|--------------------|-------------------|-----------------|----------------|-----------------|
| Krichrartava          | +                  | +                  | +                 | +               | +              | +               |
| Artava vimukhte       |                   | -                  | -                 | -               | -              | -               |
| tatkshanam sugham     |                   | -                  | -                 | -               | -              | -               |
| Phenilatwam           | -                  | +                  | +                 | +               | +              | +               |
| Vedana                |                   | +                  | +                 | -               | +              | -               |
| Yoni prapidana        | -                  | -                  | -                 | -               | -              | -               |
| Kapha samirsитьa artava| -                 | -                  | -                 | -               | -              | +               |
| Badhaartava           | -                  | -                  | +                 | -               | -              | -               |

**Upasaya**: (Relieving factors): Vatanulomanam, Anulomanam ahara viharas, Vyayamam.

**Anupasaya**: (Aggravating factors): Vata prakopa ahara viharas.

### Importance of Vata in Artava nishkramana

Vyana vayu and Apana vayu co-ordinately function in the production of Artava. While Vyana vayu is responsible for contraction and relaxation of whole body organs, Anulomanam or Murchana of Artava is done by Apana vata. Normal menstruation is the function of Apana vayu, therefore painful menstruation is considered as Apana vata dushti. Nishkraman karma of the Apana vata means the proper retention and expulsion of its contents in proper direction. All the bodily functions are under the control of Vyana vayu. Prakrita functions of yoni and Garbhashaya are also contributed by Vyana vayu. Vyana vata has control over muscles which brings about actions such as contraction, relaxation, extension, flexion etc.

When Apana vata got Avrutha (covered) by Vyana produce vomiting, distension, retrograde course of Vata, Gulma and cutting pain in abdomen. The Vyana vata covered by Apanavata produces excessive urine and stools. These are the symptoms even mentioned in the modern perspective of primary dysmenorrhoea.

### Samprapthi (Pathogenesis)

**Dosha**: Apana vata, Vyana vata

**Dushya**: Rasa, Raktha

**Srotas**: Arthava vaha srothas

**Srothodushti prakarana**: Vimarga gamana & Sanga

**Uthbhava sthana**: Pakwasaya

**Sthana samsrayam**: Garbhashaya

**Vyakti sthana**: Garbhashaya
**Vata kopa karanas** like intake of *Ruksha* substances, over intake of *Katu rasa*, *Alpasana*, *Atiyanavarohana* etc can lead to *Dhatukshaya* (uterine hypoplasia) and vitiation of *Vata*. Due to *Dhatukshaya* the myometrium became insufficient to produce effective expulsive force for normal flow, which results in stagnation and increased expulsive effort on the part of muscular walls. This may produce ischemia and pain.

By the suppression of *Adho vatadi vegas*, *Apana vayu* gets obstructed moves upwards in the reverse direction and fills the *yonī* (retrograde menstruation). This *Yoni* seized with pain initially throws or pushes the *Raja* upwards, then discharges it with great difficulty. The lady feels relief immediately following discharge of menstrual blood. Here the type of *Srotodushti* occurred is *Vimarga gamana*.

**Vata prakopa ahara viharas**

- *Vata vaigunya esp apana vata*
- *Dhatukshayam and vata kopam*

- *Artava vaha srotho dushti*
- *Reduced blood flow*

- *Viloma gati of Rajas*
- *Inadequate expulsive force from myometrium*

- *Krchrartavam (Artava discharges with great difficulty)*
- *Painful menstruation*

**Immediate relief of pain following discharge of menstrual blood**

### Differential diagnosis

In the description of *Sthreerogas*, pain associated with *yonī* are seen in the following diseases

| Terminology of pain | Diseases |
|---------------------|-----------|
| Charaka samhitha    |           |
| Nistoda, Savedana   | Vatāla yoni vyapad |
| Sula                | Sannipatika yoni vyapad |
| Saruja              | Pariplutha |
| Mandaruka           | Kaphaja asrigdhara |
| Brsarta             | Antarmukhi |
| Susrutha samhitha   |           |
| Sula, Nistoda, Peeditha | Vatāla yoni vyapad |
| Todaadika           | Suchimukhi |
| Nitya vedana        | Viplutha |
| Vagbhata            |           |
| Ruk, Todam          | Vatāla yoni vyapad |
| Teevra rujam        | Antarmukhi |

1. **Vatāja arthava dushti**

   The *Artava* vitiated by *Vata* is red, black or dark violet in color, thin, dry, frothy and scattered. It is excreted slowly and with pain. Among various causes responsible to aggravate *Vayu*, use of dry and hot articles, excessive exercise and grief etc are important. These factors produce some physical weakness and slight decrease in the amount of *Dhatus* especially *Rasa* and *Raktha*, and naturally leading decrease in the amount of menstrual blood discharged. On the basis of the above facts *Vatāja arthava dushti* appears to be oligomenorrhoic condition associated with dysmenorrhea caused by general weakness.

2. **Vatala yonivyapath/ Vatiki**

   Because of *Vatakara* diet and activities, the disordered *Vata* causes *Toda* type of pain. The genital tract becomes rough due to loss of moisture. Tingling sensation, rough and dry vagina, anaesthesia of vagina are the symptoms accompanying painful menstruation. Discharge is black in color, watery and with foam. It gives rise to *Gulma* as its complication. Pain is present in the groin and the flanks. Back ache is also a common complaint. All these *Lakshanas* are suggestive of some pelvic pathology associated.
3. Sannipatiki yoni vyapad

Due to consumption of congenial and noncongenial type of Rasas together, all the three Doshas situated in yoni and uterus get vitiated and produce their specific symptoms, such as burning sensation and pain in vagina, yellowish and white unctuous vaginal discharges. Her menstrual discharge is also whitish pale and unctuous. Since in this condition features of all the three Doshas are present specially general symptoms, hence it may be considered either as acute infective disorder of reproductive system or as gynaecological disorder developing due to diseases of other systems.

4. Vatika asrgdara

Here, the discharged menstrual blood is frothy, thin, rough, blackish or reddish, associated with or without pain. Vata produces severe pain in sacral, groin and cardiac region, flanks, back and pelvis. It can be equated with pelvic congestion syndrome or pelvic sympathetic syndrome.

5. Viplutha

Charaka says that when a women having predominance of Pitta withholds her natural urge of sneezing and eructation at the time of coitus, then vitiated Pitta, getting mixed with Vayu reaches Yoni. The Yoni becomes inflamed and tender and she gets painful menstruation having yellowish or bluish color of menstrual blood. She also suffers from pain in lumbosacral and groin region, back ache and fever. Susrutha says that the condition is characterised with severe dyspareunia. On the basis of this description it can be inferred that Charaka has described acute inflammatory stage (of gonococcal infection), while Susrutha has described later stage of the same, i.e., chronic inflammatory stage.

6. Suchimukhi

Atisamvrtatwa i.e., excessive narrowing of orifice of yoni leads to pain in this condition.

7. Antharmukhi

Due to intercourse in an abnormal position or after heavy meals, there is abnormal pressure on uterus and hence its position becomes disordered, especially the abnormality is observed in relation to the cervix. There is severe pain in the bones and muscles i.e., in the pelvic region and uterus and the lady suffers from dyspareunia also. This is a condition of either acute antiflexion or acute retroflexion.

8. Viplutha

Viplutha is characterised with Nitya vedana-constant pain in vagina associated with other pains of vata. It can be considered as vaginal neuralgia or presacral neuralgia specially of psychogenic origin.

Diagnosis

Udavarta yoni vyapath can be easily diagnosed from other conditions mimicking it by its specific characters like

- The pain strictly restricted to menstruation and usually patient feels relief following discharge of menstrual blood.
- There will be no alterations in the amount of Artava, neither it will be excessive nor scanty.
- There will be no local pathology like protuberance of mass, dryness, roughness or numbness of Yoni.

Upadarava: Specific Upadravas are not mentioned for Udvartha and those mentioned in Yoni rogas such as Pradara, Gulma, Arsa, Vandhyatha, Artavadosha etc can be taken as its Upadrava.

Sadhyasadhyatha (Prognosis)– Udavarta yoni vyapath is considered under Sadhya category, as the disease is Ekadoshaja (Vataja).

Chikitsa

In case of Udavarta, Vataparakopa is the main reason and so the treatment should be directed to normalise the Vata. All Acharyas opine that none of the Yonirogas occur without vitiation of Vata, and thus Vata is to be corrected first. Treatment modalities include Pancha karma, internal medications, external therapies like Parisheka, Lepa, Pichu dharana etc. Diet modifications, lifestyle changes and yogic practices can also be adopted as these are very important for maintaining a healthy menstrual cycle.

Basic principles of treatment of Vata

External and internal use of oil preparations, fomentations, use of Shodhana methods in mild form, massage, bandages, alcoholics, nourishing food, use of enema etc can be employed to normalise Vata.

These can be summarized in a nut shell as;

- To reduce pain - pain relieving measures
- To reduce Rukshata and Kharata-oil preparations for external and internal use.
- To bring Apana to its normal, thereby normalizing the direction of menstrual flow – mild laxatives and enematas.
- To remove obstruction- fomentations, oil preparations, Shodhana.
- To remove Dhathukshaya - nourishing, general tonics and Dhathuvardhaka articles.

The specific treatments for Udawartha mentioned in classics

- Snehana karma with Trtvtha sneha, Swedana karma [15]
- Use of meat soup of Gramya anupa and Oudaka animals [15]
- Panam and Vasthi with Dasamoola ksheera [15]
Dietary modifications and Lifestyle changes

Proper diet and healthy lifestyle behaviour should be promoted in young girls as it is very important for maintaining a healthy menstrual cycle.

1. Proper rest and sound sleep is needed.
2. Avoid coffee, high fat and sugar rich foods.
3. Consume vegetables and fruits rich in fibre and quality protein sources (egg, fish, meat).[17]
4. Regular exercise is to be encouraged.
5. A research suggest that vitamin B1 is shown to be an effective treatment for dysmenorrhea taken at 100 mg daily, it also suggest that magnesium is a promising treatment for dysmenorrhea.[18]

Yogic practices

Yoga asanas help in stretching the muscles of pelvic cavity and increases the blood circulation to the pelvic organs and also the spinal twisting Asanas help in relieve spinal muscle spasm and help to neutralise Apana vayu, which helps in normal menstrual flow. Yoga is also found to have encouraging effect on increasing pain threshold capacity in individuals. Some of the Asanas which are found effective in reducing dysmenorrhea are;

Bhunjangasana: This Asana tones the female reproductive system and alleviate the menstrual disorders.[19]

Ustrasana: Tones the spine, improve blood circulation to the ovaries, relieves menstrual pain.[20]

Uttihita Trikonasana: It tones the pelvic and abdominal organs, helps relieve menstrual pain and menstrual disorders.[21]

Dhanurasana: Strengthen abdominal and pelvic organs, helps prevent excess menstrual flow and eases menstrual cramps.[22]

Suptha virasana: Reduces menstrual pain and helps to treat disorders of ovaries.[23]

DISCUSSION

Dysmenorrhea is one of the commonest gynaecological conditions that affects the quality of life of many women in their reproductive years. Dysmenorrhea when present solely as a complaint without association of any other pelvic pathologies is called as a Spasmodic or Primary dysmenorrhea. The condition where Artava is shed with great difficulty and the pain is termed as ‘Kashtartava’ in classics. With the help of etiological factors and the clinical features given for most of the diseases, Kashtartava (painful menstruation) can be classified into primary (spasmodic) and secondary dysmenorrhea. Nidana samprapthi and Rupa of Udavartha yonivyapath can well explain the etiopathogenesis and clinical features of Spasmodic dysmenorrhea. Charaka while describing the features of the Udavartha says that “arthave sa vimukthe tu tat kshanam labhate sukham” which implies an immediate relief of pain following the discharge of menstrual blood, this inturn is the characteristic feature seen in spasmodic dysmenorrhea. Also the following description by Acharyas like Krchrartava, Rajasoyogamaduderwam, Badha raja, Samanthath varthanam vayo (irregular uterine contractions) substantiate the similarity between Udavartha and spasmodic dysmenorrhea. Vegodavarthana leading to Pratiloma gati of Apana vata and Rajas is the pathology behind Udavartha yonivyapath. So treatment should aim at the relief of pain by normalising the direction of menstrual flow which inturn is by normalising the vitiated Apana vayu. All Acharyas opine that, none of the Yonirogas occur without vitiation of Vata, and thus Vata is to be corrected first. Treatment modalities include Snehana, Swedana, mild Sodhana therapies, Vasthi, Abhyanga, Parisheka, Lepa, Pichudharana etc. Patient and family education, dietary modifications, encouraging physical activities like exercise, various yogic practices also have a major role in the treatment aspect.

CONCLUSION

➢ This review suggests that painful menstruation find its role as a sole symptom in Udavarta yonivyapath. “Arthave sa vimukthe tu tat kshanam labhate sukham” mentioned by Charaka acharya which implies an immediate relief of pain following the discharge of menstrual blood, which clearly denotes spasmodic type of dysmenorrhea.

➢ Vegodavarthana leading to Pratiloma gati of Apana vata and Rajas is the pathology behind Udavartha yonivyapath.

➢ So treatment should aim at the relief of pain by normalising the direction of menstrual flow which inturn is by normalising the vitiated Apana vayu.

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