

UNDERSTANDING OF UDAVATINI YONI VYAPAD W R S TO PRIMARY DYSMENORRHEA

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Abstract

Udavartini is one among the twenty *Yoni Vyapat* described by various authors. The condition where *Artava* is shed with great difficulty and pain is termed as *Kashtartava* in classics. *Charaka* while describing the features of *Udavartini* says that "*Artave sa vimukthe tu tat kshanam labhate sukham*" which implies an immediate relief of pain following the discharge of menstrual blood, which clearly denotes primary type of dysmenorrhoea. Normal menstruation is the function of *Apana Vayu*, therefore painful menstruation is considered as *Apana Vata Dushti*. Dysmenorrhea is the cyclical pain associated with menstrual cycle so as to incapacitate day to day activities and pain of primary dysmenorrhea usually begins a few hours before or just after the onset of a menstruation period and may last 48-72 hrs.

Key words – udavartini yoni vyapat primary dysmenorrhea

Introduction

YONI VYAPAT: *Yoni Vyapat* is consists of two words viz. *Yoni* and *Vyapat*. **DERIVATION OF YONI** -The word *Yoni* is derived from Sanskrit root, YUJ (Amarakosha). This means to join or to unite, which is suffixed by *_NI* to form the word *Yoni*.¹ (Shabda Kalpadrum)

SYNONYMS OF YONI - Bhagam, Varangam, Pushpee, Smara-mandiram,

Madanalayah, Ratikuharam, Ratimandiram, Janmavartma, Guhyam, Aptham, Adharam, Smaradwajam, Upastha.

DERIVATION OF VYAPAT - The word –*Vyapat* refers to disorders or diseases.²

DERIVATION OF YONI VYAPAT: The word *Yoni Vyapat* refers to the diseases of *Yoni*.(Dalhana)³The illness based on the female genital tract is *Yoni*

Vyapat(Gangadhara) ⁴The word Yoni Vyapat means the diseases of complete reproductive system as well as the diseases of the genital organs of woman.⁵

UDAVARTINI YONI VYAPAT

Udavartini Yoni Vyapat is one among the twenty Yoni Vyapat described by various authors. The condition where Artava is shed with great difficulty and the pain is termed as Kashtartava in classics. Charaka while describing the features of the Udavartini says that —artave sa vimukthe tu tat kshanam labhate sukham|| which implies an immediate relief of pain following the discharge of menstrual blood, this in turn is the characteristic feature seen in spasmodic dysmenorrhoea.

Similarity between Udavartini and primary dysmenorrhoea

Krchrarthava : painful menstruation ⁶

Rajaso gamanadurdhwam: obstruction leading to upward movement of menstrual blood. ⁷

Badha raja : presence of clots.⁸

Samanthath varthanam vayo : irregular uterine contractions

NIRUKTHI: ^{9 10}

The word Udavartini is derived from the root, Uth+ange+vruth+khange pratyaya - meaning - The act of going

up` Udavartini word refers to upward movement (Udavartha iti urdhwam nitam”) Urdhwa gamana of rajas is Udavartini. Here normal downward movement of *rajas* is obstructed and it moves in reverse direction. Varti` means anything wrapped around i.e., pain arising if an organ is wrapped around itself which means colicky pain.

SYNONYMS:

Udavartha by Susruta, Madhava nidana, Yogaratnakara

Udavarthini by Charaka

Udavritta by Vriddha Vagbhata

NIDANA (AETIOLOGY): ¹¹

All Acharyas have described UdavartiniYoni Vyapat as Vataja Yoni Vyapat.

Apana Vayu plays a vital role in Dharana and Nishkramana of Rajas, vitiation of Apana Vayu leads to Udavartini Yoni Vyapat.

Acharya Vagbhata had clearly mentioned that without involvement of *Vata*

Dosha vitiation of Yoni does not happen in females.

The main two reason of disorder of Vata are Margavarodha Dhatukshaya

MARGAVARODHA: ApanaVayu 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 Vata 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. Apanaavruta Kapha causes pain.

DHATUKSHAYA: This causes pain in two ways.

Dhathu Kshaya turns women to be Heena satwa, where by pain threshold is lowered and pain is felt for even the slightest disorder.

Dhathukshaya may cause Vatavidhi especially of its *Ruksha* and *Khara* characteristics. This Rukshwatwa and Kharatwa are responsible for producing pain.

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

ROOPA: 12 to 17

“Yonim udawarthyathe” Specifies dysperistalsis and retrograde flow of menstruation which may result in pain
 Raja krichrat - Indicates difficult discharge of menstrual blood
 Phenilata - Indicates frothy menstruation.
 Vimukthe Tu Tat Kshanam Labhate Sukham - Cessation of pain after establishment of menstrual flow.
 Samanthatvarthanam Vayo- In coordinate or irregular contractions of myometrial muscle fibres have been explained as movement of *Vayu*.
 Baddha Raja - Indicates special form of spasmodic dysmenorrhoea characterised with expulsion of big clots of blood due to decreased fibrinolytic activity.
 Kapha Samsrishta Artavam – It explains difficult discharge of menstrual blood with Kapha.
 Anya Vata Vedana - Other pains of Vata like malaise, body ache etc.,

Table No 1 Clinical Features of Udavartini Yoni Vyapad

Rupa	Charaka Samhita	Sushruta Samhita	Ashtanga Sangraha	Ashtanga Hridaya	Madhava Nidana	Yoga Ratnakara
Krichrartava	+	+	+	+	+	+
Phenilatwa	-	+	+	+	+	+
Vedana	+	+	-	-	+	+
Yoni Prapidana	-	-	+	+	-	-
Artava Sa vimukhte Tu tatkshanam Labhate sukham	+	-	-	-	-	-

Kapha Samsrishta Artava	-	-	-	-	-	+
Baddha Artava	-	-	+	-	-	-

UPASAYA: (RELIEVING FACTORS)

Vatanulomana Anulomana Ahara Viharas Vyayama Pranayama

ANUPASAYA: (AGGRAVATING FACTORS)

Vata Prakopaka Ahara Viharas

SAMPRAPTI: (PATHOGENESIS)

Dosha	Apana Vata, Vyana Vata
Dushya	Rasa, Rakta
Srotas	Artava Vaha Srothas
Srothodushti Prakara	Vimarga Gamana & Sanga
Udbhava Sthana	Amashaya
Vyaktha Sthana	Garbhashaya

Vata Prakopakaranas like intake of Ruksha, kshareeya substances like bekary products, over intake of katu Rasa, Alpasana, Atiyanaavarohana etc., can lead to Dhathukshaya (uterine hypoplasia) and vitiation of Vata. Due to Dhathukshaya 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 Yoni (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.

Margavarodha like pin-hole os, polyp, septate uterus etc., may lead to

hypertonicity and hyperactivity of muscle fibres resulting in dysmenorrhoea.

So the Samprapti part can be summarized like this;

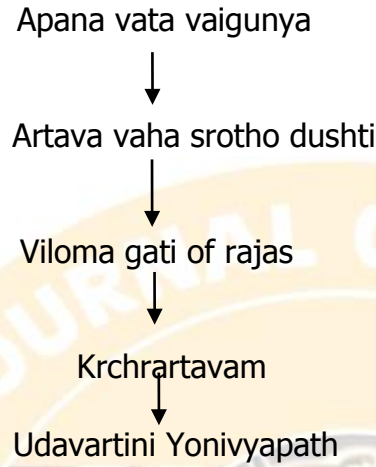


Table No 2 Terminologies Describing Pain in Stree Rogas:

	Terminology of pain	Diseases
Charaka samhita	Yoni toda, savedana	Vatala yoni Vyapat ¹⁸
	Shoola	Vatala yoni Vyapat ¹⁹
	Saarti	Paripluta ²⁰
	Saruja	Vataja asrigdhara ²¹
	Mandaruja	Kaphaja asrigdhara ²²
	Brsaarti	Antarmukhi ²³
Sushruta samhita	Shoola, peeditha nistoda	Vataja yoni Vyapat ²⁴
	Todaadika	Suchimukhi ²⁵
	Nitya vedana	Vipluta ²⁶
Vagbhata	Ruk,todam	Vataja yoni Vyapat ²⁷
	Teevra rujam	Antarmukhi ²⁸

DIAGNOSIS - Udavartini Yoni Vyapat 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.

UPADRAVA: - Specific Upadravas are not mentioned for Udavartini Yoni Vyapat and those mentioned in Yoni Rogas such as Pradara, Gulma, Arsha, Vandhyatwa, Artavadoshha etc., can be taken as its Upadrava.

SADHYASADHYATHA

(PROGNOSIS): Udavartini Yonivyapat is considered under Sadhya category, as the disease is Ekadoshaja (Vataja).

CHIKITSA: In case of Udavartini, Vataprakopa is the main reason and so the treatment should be directed to normalise the Vata.

BASIC PRINCIPLES OF TREATMENT OF VATA ^{29 to 33}

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 enema. To remove

obstruction -fomentations, oil preparations, Shodhana. To remove Dhathukshaya–nourishing, general tonics and Dhathuwardhaka articles.

The specific treatments for Udavartini Yonivyapat mentioned in classics

Snehana karma with trivritha Sneha, Swedana karma, Use of meat soup of Gramya Anupa and Oudaka animals, Dashamoola ksheera Basti, Anuvasana Basti and Uttarabasti with trivritha sneha Upanaha made up of pasted barley, wheat, Kinwa, Kushta, Shatapushpa Priyangu, Bala, Akhukarni should be applied locally.

Kumbi Sweda. yoni Pichu with Tila Taila all time. Dashamoola Trivrith kwatha kalka Siddha Sneha for Pana, Anuvasana and Uttarabasti.

SAMANYA CIKITSA- Maharasnadi Kashaya Sapthasara Kashaya Sukumara Kashaya

Rasnaswadamstradi Ksheera Paka Jeerakadi Modakam Kumarayasavam Sukumara ghritha

Phala ghritha Rajpravartini vati

DYSMENORRHOEA

Dysmenorrhoea is one of the common gynecological conditions seen in day to day clinical practice. This situation not only has a significant effect on quality of life and personal health but also

resulting in loss of work hours, economic loss and school absenteeism.

ETYMOLOGY:

It is derived from the Greek words dys- meaning painful; meno meaning monthly; and rhoia- meaning flow or discharge. Thus, Dysmenorrhoea – means painful monthly flow i.e., painful menstruation.

DEFINITION

Though dysmenorrhoea literally means painful menstruation a more realistic and practical definition includes Painful menstruation of sufficient magnitude so as to incapacitate her day today activities. Painful cramping pain accompanying menstruation.

PREVALENCE

The prevalence of dysmenorrhoea is difficult to determine because of different definitions of the condition—prevalence estimates vary from 45% to 95%. However dysmenorrhoea seems to be the most common gynaecological condition in women regardless of age and nationality. Absenteeism from work and school as a result of dysmenorrhoea is common (13% to 51% women have been absent at least once and 5% to 14% are often absent owing to the severity of symptoms).

TYPES OF DYSMENORRHOEA:

Dysmenorrhoea is mainly divided into two types:

1. Spasmodic Dysmenorrhoea/Primary dysmenorrhoea - Menstrual pain without an identifiable pelvic pathology.
2. Congestive Dysmenorrhoea/secondary dysmenorrhoea - Cyclic menstrual pain that occurs in association with underlying pelvic pathology

Other terms that are used to describe dysmenorrhoea includes:

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 persist beyond 48 hours. The pain is spasmodic and felt mainly in the hypogastrium and is often referred to the inner and front aspects of the thighs, it never extend below the level of the knee and is never experienced in the back of the leg.

Associated symptoms – Nausea, Vomiting, Back ache, Fatigue, Diarrhea, Constipation, Headache, Giddiness. During a severe attack the patient looks drawn and pale and may sweat. Rarely syncope and collapse in severe cases may be associated. Abdominal or pelvic examination does not reveal any abnormal findings.

SIGNS - On examination the vital signs are normal. The suprapubic region may be tender to palpation. Bowel sounds are normal; there is no upper abdominal tenderness and no abdominal rebound tenderness.

dysmenorrhic episode often reveals uterine tenderness; severe pain does not occur with movement of the cervix or palpation of the adnexal structures. The pelvic organs are normal in primary dysmenorrhoea

Bimanual examination at the time of the

DIFFERENTIAL DIAGNOSIS

Table no- 3 Differential diagnosis

Feature	Primary(Spasmodic) dysmenorrhoea	Congestive(secondary) dysmenorrhoea
Onset	Within 2 years of menarche when ovulatory cycles are established. In at least 50% of cases the pain does not arise until 6-12 months after the menarche.	Appears in the age of 20-30 yrs
Duration of pain	Pain begins a few hours before or just with the onset of menstruation. The severity of pain usually last for few hours, may extend to 24 hrs, but seldom persist beyond 48 hours	Duration depends on the pathology producing the pain
Description	Cramping-hypogastrium, back, inner thighs	Variable dull ache
Aetiology	Excessive myometrial contraction, ischaemia, excessive prostaglandin production	Endometriosis, PID, Adenomyosis, fibroids, pelvic vein congestion, pelvic adhesions, IUCD in utero, chronic pelvic infection, endometrial polyp, obstruction due to mullerian malformations, etc.,
Pain and flow	Usually begins a few hour before or just with the onset of the cycle	Usually appears 3-5 days prior to the period and persists until a few days

	and often relieved once the flow is established	after the cessation of bleeding
Symptoms	Nausea, vomiting, fatigue, diarrhoea, head ache ,back ache, giddiness etc	Dyspareunia, infertility, menstrual disorders
Intermenstrual symptoms	No intermenstrual pain	Intermenstrual symptoms like pain in lower abdomen and back ache
Pelvic findings	Normal	Variable, depending on cause
Relieving factors	With analgesics, antispasmodics, rarely surgery	Treatment directed to the cause

A Sympathetic approach to the patient including consideration of psychological and behavioral elements will help in a positive outcome.

PREVENTION:

Educate the young girls about menstruation, sex and health in general unfavorable environmental factors, malnutrition, general ill health and any errors in the patients mode of life should be corrected. Regular physical activities should be encouraged.

DRUGS

1. Prostaglandin Synthesize Inhibitors

The NSAIDs are active inhibitors of prostaglandin synthetise are very effective. Any of the following can be used: Indomethacin 25mg, Ibuprofen400mg, Naproxen sodium 250mg, Ketoprofen 50mg, Piroxicam 20mg. The drugs are usually required for 1-3 days from the onset of a period.

- 2. Calcium channel blockers:** subjects with intractable dysmenorrhea with no demonstrable pelvic pathology often respond well to Nifedipine.
- 3. Hormone Therapy**

Anovulatory cycles are always painless, so suppression of ovulation gives certain relief from primary

dysmenorrhea. Combined Oral contraceptive pills are best for this. The relief of dysmenorrhea is generally limited to the cycle treated, but cyclical hormone therapy continued for 6 months.

4. Surgical Treatment

Surgery for dysmenorrhea is considered only when the pain is so severe as to be incapacitating, when medical treatment has failed, and when a significant psychological or pathological basis is excluded. It is rarely indicated, and hardly ever before the age of 18 years.

Laparoscopy:

If the patient has received adequate medical therapy over 4-6 cycles and has not shown satisfactory response, a diagnostic laparoscopy should be considered to rule out any pelvic lesions causing secondary dysmenorrhea. Dilatation of the cervix: To stretch the fibro muscular tissue at the level of the internal os to such an extent as to render it hypotonic. The operation can be very difficult and involves a real danger of injury to the cervix, which may result in recurrent abortion in later life.

Presacral Neurectomy:

To eliminate the motor impulses this may be responsible for uterine spasm,

to increase the vascularity of the uterus and to interrupt the sensory pathways from the uterus.

DISCUSSION:-

Primary dysmenorrhea affects 60% of menstruating women. It is widely prevalent in the age group of 18-25 years, where more than 70% of teenagers and 30-50% of menstruating women suffer from varying degrees of discomfort, the spasmodic pain and fatigue in primary dysmenorrhea are akin with features yoni prapadana in udavartini yonivyapat mentioned in Ayurvedic texts.

Discussion on Disease

Udavartini Yoni Vyapat (Primary Dysmenorrhoea) is one of the common gynecological conditions seen in day to day clinical practice. Dysmenorrhoea is a medical condition of Pain during menstruation that interferes with daily activities. Symptoms of Primary dysmenorrhoea can be correlated with *Udavartini Yoni Vyapat* in *Ayurveda*.

Nidanas of Udavartini Yoni Vyapat includes Vata vitiating Aharas like Katu, Tikta, Kashaya Rasa Pradana, Guru, Ruksha Guna Pradana, Viharas like *Vegadarana*, disturbed sleep, and sedentary life style etc. Hereditary is positive family history, Idiopathic is

considered as *Daiva,(anubandha)* Stress, depression, anxiety, Chinta, Shoka, Bhaya, also play major role on etiology of dysmenorrhoea as well as Udavartini.

Conclusion

Udavartini yoni vyapad which has been described in our ancient Ayurveda matches all the symptoms of dysmenorrhea. As the Acharya has mentioned pain during menstruation which get immediately relieved after menstrual blood discharge resembles with spasmodic dysmenorrhea discharge of clotted blood mentioned by Indu matches with special form of spasmodic dysmenorrhea characterized with expulsion of big blood clot.

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