

To Evaluate the effect of Kulathadi Kashaya and Dashamoola Kashaya in Udavartini Yonivyapath vis-a-vis Primary Dysmenorrhea

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ABSTRACT

Background: Udavartini Yonivyapath is a Vata-pradhana gynecological disorder described in Ayurveda, characterized by painful menstruation due to *pratiloma gati* of *Apana Vata*. It closely correlates with Primary Dysmenorrhea, a common condition among adolescent and young women marked by spasmodic lower abdominal pain without pelvic pathology. Conventional treatment mainly depends on NSAIDs, which may have side effects and recurrence. Hence, evaluation of safe and effective Ayurvedic formulations is necessary. **Objective:** To evaluate and compare the efficacy of *Kulathadi Kashaya* and *Dashamoola Kashaya* in the management of *Udavartini Yonivyapath* (Primary Dysmenorrhea). **Materials and Methods:** A comparative clinical study was conducted on 40 subjects diagnosed with *Udavartini Yonivyapath*. Subjects were randomly divided into two groups of 20 each. Group A received *Kulathadi Kashaya* (20 ml twice daily) and Group B received *Dashamoola Kashaya* (20 ml twice daily) before food with lukewarm water for 2 months. Assessment was based on severity, onset and duration of pain, associated symptoms, and Visual Analogue Scale (VAS). Statistical analysis was done using Wilcoxon signed-rank test and paired t-test. **Results:** Group A showed 72.9% improvement in severity of pain and 82.31% improvement in VAS score ($p < 0.001$). Group B showed 41.6% and 61.1% improvement respectively ($p < 0.001$). Intergroup comparison revealed statistically significant better results in Group A ($p < 0.05$). **Conclusion:** Both formulations were effective, but *Kulathadi Kashaya* demonstrated superior efficacy in managing *Udavartini Yonivyapath* (Primary Dysmenorrhea).

Keywords: Udavartini Yonivyapath, Primary Dysmenorrhea, Kulathadi Kashaya, Dashamoola Kashaya.

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INTRODUCTION

- Dysmenorrhea is a common gynaecological condition with painful menstrual cramps of uterine origin. Two categories of dysmenorrhea are primary and secondary dysmenorrhea. Primary dysmenorrhea refers to menstrual pain without any pelvic pathology. These symptoms have underlying cause of elevated endometrial prostaglandins and their metabolites.¹ Primary dysmenorrhea is an important clinical as well as social problem affecting more than 50% of menstruating women. The prevalence of dysmenorrhea is difficult to determine because of different definitions of the condition, the estimates varying from 45% to 95%.² A recent systematic review of the world literature on chronic pelvic pain reports prevalence of dysmenorrhea ranging between 17% and 80%.³ Prevalence studies also have shown several other factors that are associated with dysmenorrhea like body mass index (BMI), smoking, early menarche, prolonged menstrual flow and psychological disturbances.⁴
- A systematic review of studies from India reported the prevalence range between 50-87.8% in developing countries performed by Agarwal & Agarwal (2010) have revealed that about 25-50% of adult women and about 75% of adolescents experience pain during menstruation, with 5-20% reporting severe dysmenorrhea or pain that prevent them from ensuing day-to-day activities.⁵ As per *Ayurveda* predominant factor for dysmenorrhoea is *Vata*. *Apanavata* is the governing force of menstruation. Its vitiation gives rise to diseases under the entity of *yonivyapada*'s. Udavartini is one among them, where vitiated *Vata* moves in *pratiloma gati* leading to 'painful menstruation'. The treatment indicated is normalization of *Vata*.⁶
- As in cases of *Udavartini Yoni Vyapatha*, *Vataprakopa* is the main cause, the treatment should be directed to treat the vitiated vata and to eradicate the cause, hence

an attempt is made to treat with *vatahara*, *vataanuloma* and *vedanasthapana* properties of *dravyas*. The *Kulatthadi Kashaya* and *Dashamoola Kashaya* is selected for the study.

Aims and Objective:

- To evaluate the efficacy of *Kulatthadi Kashaya* in *Udavartini Yonivyapath*.
- To evaluate the efficacy of *Dashamoola Kashaya* in *Udavartini Yonivyapath*.

MATERIAL AND METHOD

Selection of subjects: In this Study, 40 Subjects fulfilling the criteria for diagnosis and inclusion visiting OPD and IPD of Dept of Prasooti Tantra and Stree roga, JSS Ayurveda Hospital, Mysuru, Medical Camps and other referrals will be considered for the study.

Drug source: The *Kulatthadi Kashaya* and *Dashamoola Kashaya* will be purchased from GMP certified pharmacy.

Selection Criteria: The subjects who fulfill the diagnostic criteria with the informed consent were selected. And a detailed history was filled up in specially prepared proforma on Ayurveda guidelines. Data was collected by interview method.

Diagnostic Criteria:

1. *Prathyathma Lakshana of Udavartini Yonivyapath - Rajah Kricchrata* (Painful menstruation).
2. Cardinal features of Primary Dysmenorrhea - The diagnosis of Dysmenorrhea is a medical history of painful menstruation that interferes with daily activity with associated complains as

Uterine cramping, Nausea, Vomiting, Backache, Diarrhea, Giddiness, Syncope and Fainting.

3. USG to rule out Secondary Dysmenorrhea.

Inclusion criteria:

1. Age group 18-45 years.
2. Subject with regular cycles complaining of painful menstruation for at least three consecutive cycles.

Exclusion Criteria:

1. Pelvic pathology – Known case of Fibroid, Adenomyosis, Endometriosis, Pelvic inflammatory disease, Menorrhagia, Malignancy.
2. Subjects with intrauterine contraceptive devices or on contraceptive pills.
3. Congenital anomalies of reproductive system.
4. Metabolic disorders – known case of Diabetes Mellitus, Hypertension, Thyroid dysfunction.

Assessment Criteria:

Subjective parameter:

- a. Severity of Pain (Multi-dimensional scoring pattern)
- b. Onset of Pain
- c. Interval of Menstruation
- d. Duration of Menstruation
- e. Associate Symptoms - *Praseka, Chardi, Atisara, Shirashoola, Shrama, Vibandha, Bhrama*
- a. VAS-Visual Analogue Scale

Table no.1: Showing Subjective Parameter

Sr. No.	PARAMETERS	GRADE 0	GRADE 1	GRADE 2	GRADE 3
1.	Severity of pain	Menstruation is not painful, daily activity is unaffected.	Menstruation is painful, daily activity is unaffected	Menstruation is painful, daily activity is affected	Menstruation is so painful unable to do even the routine work.
2.	Onset of pain	No pain	1-2 days prior to cycle	On the day of the cycle	2-3 days of menstruation
3.	<i>Yathocitha Artva Kaladarshana</i>	Occasionally +/-5 days variation	Occasionally +/-10 days variation	Frequently +/-10 days variation	
4.	<i>Rajasrava Avadhi</i>	Duration of menses 4-7 days	Duration of menses 3 days	Duration of menses 2 days	Duration of menses 1 days

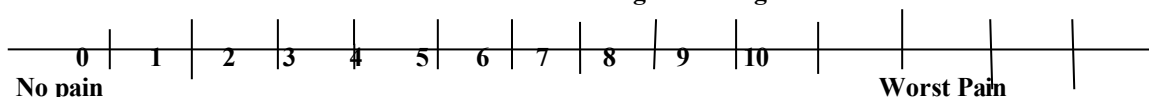
Table no.2: Showing Associate Symptoms

5.	<i>Praseka</i> (Nausea)	Present	Absent
6.	<i>Chardi</i> (Vomiting)	Present	Absent

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7.	<i>Atisara</i> (Diarrhea)	Present	Absent
8.	<i>Shrama</i> (Fatigue)	Present	Absent
9.	<i>Bhrama</i> (Giddiness)	Present	Absent
10.	<i>Shira shoola</i> (Headache)	Present	Absent

Image no.1: showing Visual Analogue Scoring Scale
Visual Analogue Scoring Scale:



It is further assessed as follows:

Table no.3: Showing Grading Criteria for Assessment of Pain

9-10	Severe pain
6-8	Moderate pain
3-5	Mild pain
1-2	Very mild pain
0	No pain

Final results are assessed in terms of :

Table no.4: Showing Grading Criteria for Relieved Symptoms

Completely relieved	75-100% of Symptoms relieved
Partially relieved	25-75% of Symptoms relieved
No relief	0-25% of Symptoms relieved

Plan of Treatment:

The selected subjects will be divided into two groups.
 Group A will be given with *Kulaththadi Kashaya* 20 ml BD

with lukewarm water and Group B will be given with *Dashamoola Kashaya* 20ml BD with lukewarm water before food.

TREATMENT PLAN:

GROUPS	DOSAGE	TIME OF ADMINISTRATION	DURATION OF TREATMENT	ANUPANA
Group A <i>Kulaththadi Kashaya</i>	20 MI	Before food	2 Months	Lukewarm water
Group B <i>Dashamoola Kashaya</i>	20 MI	Before food	2 Months	Lukewarm water

INTERVENTION PERIOD: 2 Months

ASSESSMENT SCHEDULE:

- Intervention for 2 Months.
- **Follow up and observation-** Observation and Assessment will be done during intervention and after intervention of the drug.
- During intervention 2 follow up will be done on 30th & 60th day.
- After intervention 2 follow up will be done on 90th & 120th day.

Total study duration: 120 days

OBSERVATION

Table No.5 : Age wise distribution

Age (in yrs)	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
18-20	18	90	20	100
21-30	2	10	0	0
31-40	0	0	0	0
Total	20	100	20	100

Table No.6: Distribution according to Chief Complaints with duration

Chief Complaints with duration		Group A		Group B	
		Frequency	Percentage	Frequency	Percentage
Pain	1- 6 months	7	35	0	0
	7 months -1 year	6	30	5	25
	>1 year	7	35	15	75

Table No.7: Distribution according to Age of Menarche

Age of Menarche	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
11-13 years	13	65	14	70
> 13 years	7	35	6	30
Total	20	100	20	100

Table No.8: Distribution according to Site of pain

Site of pain	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
Hypogastric	11	55	11	55
Front of thighs	2	10	3	15
Inner side of thighs	1	5	3	15
Hypogastric and Front of thighs	5	25	3	15
Hypogastric and Inner side of thighs	1	5	0	0
Total	20	100	20	100

Table No. 9: Distribution according to Nature of pain

Nature of pain	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
Cramps	20	100	20	100
Total	20	100	20	100

Table No. 10: Distribution according to Aggravation of pain

Aggravation of pain	Group A	Group B
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	Frequency	Percentage	Frequency	Percentage
1 st day	5	25	5	25
Before menses	14	70	13	65
Only during menses	1	5	2	10
Total	20	100	20	100

Table No. 11: Distribution according to Onset of pain

Onset of pain	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
Few days before menses	9	45	1	5
With menses	2	10	8	40
1 st day	9	45	11	55
Total	20	100	20	100

Table No. 12: Distribution according to Duration of pain

Duration of pain	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
Only few hours	3	15	4	20
1 day	7	35	10	50
1-2 days	10	50	6	30
Total	20	100	20	100

Table No. 13: Distribution according to Severity of pain

Severity of pain	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
Mild	0	0	1	5
Moderate	12	60	10	50
Severe	8	40	9	45
Total	20	100	20	100

Table No. 14: Distribution according to Praseka

Associated Symptoms		Before Treatment		After Treatment	
		Group A	Group B	Group A	Group B
Praseka	Absent	17	18	20	19
	Present	3	2	0	1
	Chi square test Statistic	0.000		0.00	
	P value	1.000		1.000	

Table No. 15: Distribution according to Chardi

Associated Symptoms		Before Treatment		After Treatment	
		Group A	Group B	Group A	Group B
Chardi	Absent	15	16	19	19
	Present	5	4	1	1
	Chi square test Statistic	0.143		0.000	
	P value	0.705		1.000	

Table No. 16: Distribution according to Atisara

Associated Symptoms		Before Treatment		After Treatment	
		Group A	Group B	Group A	Group B
Atisara	Absent	17	19	20	20
	Present	3	1	0	0
	Chi square test Statistic	1.111		0.000	
	P value	0.292		1.000	

Table No. 17: Distribution according to Shrama

Associated Symptoms		Before Treatment		After Treatment	
		Group A	Group B	Group A	Group B
Shrama	Absent	10	11	19	17
	Present	10	9	1	3
	Chi square test Statistic	0.100		1.111	
	P value	0.752		0.292	

Table No. 18: Distribution according to Bhrama

Associated Symptoms		Before Treatment		After Treatment	
		Group A	Group B	Group A	Group B
Bhrama	Absent	14	17	20	18
	Present	6	3	0	2
	Chi square test Statistic	1.290		2.105	
	P value	0.256		0.147	

Table No. 19: Distribution according to Shira shoola

Associated Symptoms		Before Treatment		After Treatment	
		Group A	Group B	Group A	Group B
Shira Shoola	Absent	14	12	20	15
	Present	6	8	0	5
	Chi square test Statistic	0.110		3.657	
	P value	0.740		0.056	

RESULTS

Results within Group A and Group B

Table No.20: Result of Wilcoxon signed rank test- Severity of pain

Severity of pain	Mean		% of improvement	Negative rank	Positive rank	Ties	W	P value
	BT	AT						
Group A	2.4	0.65	72.9	20	0	0	-4.134	<0.001
Group B	2.4	1.4	41.6	17	0	3	-3.879	<0.001

Table No.21: Result of Wilcoxon signed rank test- Onset of pain

Onset of pain	Mean		% of improvement	Negative rank	Positive rank	Ties	W	P value
	BT	AT						
Group A	1.25	0.3	76	16	0	4	-3.755	<0.001
Group B	1.45	1.05	27.5	8	0	12	-2.828	0.005

Table No.22: Result of Paired t test- Visual Analogue scale

Visual Analogue scale	Mean		% of improvement	SD		t	P value
	BT	AT		BT	AT		
Group A	7.35	1.3	82.31	1.53	1.65	18.430	<0.001
Group B	7.2	2.85	61.1	1.79	1.84	12.429	<0.001

Comparison between Group A and B

Table No.23: Comparison between both groups- Severity of pain

Severity of pain	Mean Rank	Test statistic	P value
Group A	15.15	93.00	0.003
Group B	25.85		

Table No. 24: Comparison between both groups- Onset of pain

Onset of pain	Mean Rank	Test statistic	P value
Group A	14.05	71.00	<0.001
Group B	26.95		

Table No. 25: Comparison between both groups- Visual Analogue scale

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Visual Analogue scale	Mean	SD	Test statistic	P value
Group A	1.30	1.65	-2.699	0.010
Group B	2.80	1.85		

Overall Effect

Table No. 26: Overall Effect

Overall effect	Group A		Group B	
	Frequency	Percentage	Frequency	Percentage
Marked improvement	11	55	0	0
Moderate improvement	8	40	13	65
Mild improvement	1	5	7	35
No improvement	0	0	0	0

In Group A, 55% of subjects showed marked improvement, 40% showed moderate improvement, and 5% showed mild improvement, with no subjects showing no improvement.

In contrast, in Group B, 65% of subjects showed moderate improvement, 35% showed mild improvement, and none experienced marked or no improvement.

Therefore, it can be concluded that Group A showed a more substantial overall treatment effect compared to Group B.

DISCUSSION

According to the definition given by Contemporary medicine, Primary dysmenorrhea is not a symptom of an underlying gynaecologic disorder but is related to the normal process of menstruation. But according to *Ayurveda*, Normal menstruation should not be associated with any sort of discomforts such as pain, cramps and burning sensation. Hence, painful menstruation is a variation from normalcy, which needs medical attention.

In *Ayurveda*, diseases related to the female reproductive system are described under the heading of *Yoni Vyapath*. *Udavartini Yoni Vyapath* is one of them where in painful menstruation is the cardinal feature of the disease and the discomfort is relieved after establishment of menstruation, which may be foamy in appearance. As Painful menstruation is the dominant feature in both Primary dysmenorrhea and *Udavartini*, Primary dysmenorrhea maybe equated with *Udavartini Yonivyapath* in *Ayurveda*. *Udavartini* is a *Vata Pradhana Yoni Vyapath*. Here, *Apana* and *Vyana Vata* is specially involved which may be aggravated due to indulgence in *Vata Prakopaka Ahara-Vihara* and *Vegavarodha* and thus becomes a vicious cycle.

In this context, Dashamoola Kashaya plays a key role due to its Vata-Kaphahara, anti-spasmodic, anti-inflammatory, and Vatanulomana properties. It reduces uterine and pelvic spasm, alleviates pain, and restores the physiological movement of *Apana Vata*. By acting on the pelvic and abdominal region (*yoniguda-nabhi pradesa*), Dashamoola

helps correct the core functional disturbance seen in *Udavartini*.

Kulatthadi Kashaya, on the other hand, is primarily *Kapha-medohara*, *ama-pachaka*, and *srotoshodhaka*. *Kulattha* possesses *lekhana* and *chedana* actions that effectively remove the *kapha-avarana*, which is essential for re-establishing the proper course of *Apana Vata*. By clearing obstruction, reducing heaviness, and improving pelvic circulation, this formulation enhances the overall therapeutic effect when used alongside *Dashamoola*.

CONCLUSION

The management of *Udavartini Yonivyapat* with *Dashamoola Kashaya* and *Kulatthadi Kashaya* demonstrates a rational and effective *Ayurvedic* approach that directly targets the underlying pathophysiology of the disease. *Dashamoola Kashaya* pacifies aggravated *Vata*, reduces pelvic spasm, alleviates pain, and restores the normal downward movement of *Apana Vata*. *Kulatthadi Kashaya* eliminates *Kapha-avarana*, digests *ama*, and clears obstructed pelvic channels, thereby supporting *Vatanulomana*.

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