

**A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFECT OF AAROHANA
AND SADHARANA KRAMA MATRABASTI IN THE MANAGEMENT OF UDAVARTINI
W.S.R. TO PRIMARY DYSMENORRHEA****Bhanu B. V.^{1*}, Rashmi R.²**¹Final Year PG Scholar, Department of PG Studies in Panchakarma, Ramakrishna Ayurvedic Medical College, Bangalore.²HOD & Professor, Department of PG Studies in Panchakarma, Ramakrishna Ayurvedic Medical College, Bangalore.***Corresponding Author: Bhanu B. V.**Final Year PG Scholar, Department of PG Studies in Panchakarma, Ramakrishna Ayurvedic Medical College, Bangalore. DOI: <https://doi.org/10.5281/zenodo.19326716>**How to cite this Article:** Bhanu B. V.^{1*}, Rashmi R.² (2026). A Comparative Clinical Study To Evaluate The Effect Of Aarohana And Sadharana Krama Matrabasti In The Management Of Udavartini W.S.R. To Primary Dysmenorrhea. World Journal of Pharmaceutical and Medical Research, 12(4), XXX-XXX.

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ABSTRACT

Udavartini Yonivyapad, described in Ayurveda, corresponds to primary dysmenorrhea in modern medicine. It occurs due to vitiation of Vata dosha, particularly Apana Vata, leading to upward movement of menstrual flow. This results in painful, spasmodic menstruation without any pelvic pathology. Improper diet, suppression of natural urges, and stress aggravate Vata and causes its imbalance. Although oral contraceptives and NSAID's provide notable relief but there prolonged use leads to systemic side effects. In present study effort is made to compare the effect of Arohana Krama and Sadharana Krama Matra Basti with Murchita tila taila in the management of Udavartini. Minimum of 40 patients who fulfilled the inclusion criteria, were randomly distributed into 2 groups of 20 patients each. Both the groups show statistically significant results.

KEYWORDS: Matra Basti, Arohana Krama, Sadharana Krama, Murchita tila taila, Udavartini, Primary dysmenorrhea.**INTRODUCTION**

With rapid technological advancement, it was expected that women would achieve greater empowerment and recognition in social, educational, and professional spheres. Modern developments in healthcare, education, and employment have indeed created numerous opportunities for women. However, despite these external advancements, certain inherent biological and physiological conditions continue to challenge women's overall well-being. One such condition significantly affecting quality of life is Udavartini, commonly known as dysmenorrhea or painful menstruation.

Many women experience physical and emotional symptoms before and during menstruation, including irritability, fatigue, abdominal cramps, breast tenderness, headaches, and mood swings. These symptoms, collectively called menstrual molimina, are usually temporary and subside after menstruation. Hormonal stabilization following menstruation often restores emotional and physical comfort. However, when

menstrual pain becomes severe and incapacitating, it disrupts daily activities such as work, study, and social participation. Such intense dysmenorrhea may be accompanied by nausea, vomiting, diarrhea, or even syncope.

Despite being common, menstrual pain is often underestimated and normalized as a routine aspect of womanhood. As a result, many women endure significant suffering without adequate medical attention. This highlights the urgent need for awareness and effective treatment strategies. Dysmenorrhea is defined as painful menstruation severe enough to interfere with daily activities. It is classified into primary and secondary dysmenorrhea.

Primary dysmenorrhea occurs in women with normal pelvic pathology, usually beginning in adolescence. It presents as cramp-like lower abdominal pain that may radiate to the back and thighs. Associated symptoms include nausea, vomiting, fatigue, dizziness, diarrhea,

and headache. In Ayurveda, this condition correlates with Udavartini Yonivyapad. The term Udavartini signifies the upward movement of Vayu. Acharya Charaka described Udavartini as a Vataja Nanatmaja disorder.

In this condition, aggravated Apana Vayu causes upward movement of Rajah, resulting in pain. Pain is considered a hallmark of Vata vitiation in Ayurveda. Apana Vayu is responsible for normal menstruation, and its disturbance leads to painful menstruation. Vyana Vayu aids uterine contraction and relaxation during menstrual flow. Together, Apana and Vyana Vayu facilitate proper expulsion of Artava through Anulomana.

Secondary dysmenorrhea is associated with pelvic pathology such as PID, endometriosis, fibroids, IUCD use, and pelvic congestion. Primary dysmenorrhea is more commonly encountered in gynecological practice. Dysmenorrhea affects over 50% of adolescents and 30–50% of menstruating women. Severe forms affect 5–15% and are a major cause of absenteeism and productivity loss.

Modern stress, faulty diet, and lifestyle factors have increased the prevalence of dysmenorrhea. Although not life-threatening, it significantly impairs quality of life. Chronic pain may lead to emotional distress, social withdrawal, and reduced life satisfaction. Conventional management with NSAIDs and oral contraceptives provides relief but is associated with long-term side effects. Therefore, safer and effective alternatives are required.

According to Ayurveda, pain cannot occur without Vata involvement. Basti is considered the most effective therapy for Vata disorders. Hence, Matrabasti with Moorchita Tila Taila, possessing Guru and Ushna properties, Yonishoola Prashamana, Garbhashaya Vishodhana, and Vatashamana effects, has been selected for the present study in Aarohana and Sadharana Karma.

AIMS AND OBJECTIVE

1. To study in detail about Udavartini and Primary dysmenorrhea.
2. To evaluate the efficacy of Aarohana krama Tila taila Matrabasti in Udavartini with special reference to Primary dysmenorrhea.
3. To evaluate the efficacy of Sadharana krama Tila taila Matra basti in Udavartini with special reference to Primary dysmenorrhea.
4. To compare the efficacy of Aarohana and Sadharana krama Tila taila Matrabasti in Udavartini with special reference to primary dysmenorrhea.

MATERIALS AND METHODS

A. Source of data

Sample source

The patients who were diagnosed with Udavartini yonivyapad (Primary dysmenorrhea) were selected from

the OPD & IPD of Ramakrishna Ayurvedic Medical College and Hospital, Bengaluru and by conducting special camps.

Literary source

Literary aspect of the study was collected from Ayurveda classics, relevant research articles and Journals in pub med, and from other internet sources.

Drug source

The required raw drugs were collected under the guidance and proper identification by Dravyaguna experts and trial medicine was prepared under the guidance of RSBK experts as mentioned in Bhaishajya Ratnavali.

A. Method of collection of data

Diagnostic criteria

Individuals were selected as per the symptom – **Udarashoola** during the menstrual cycle.

Inclusion criteria

- Age - 18 to 25 yrs.
- Who were fit for Basti.
- Patients coming with the chief complaint of painful menstruation.
- Patients who were ready to sign the IC form.

Exclusion Criteria

- Patients with chronic systemic illness like CVD, Uncontrolled HTN.
- Any uterine pathology– Uterine fibroid, adenomyosis, endometriosis, uterine malformations.
- Patients who were unfit for Basti.

Study Design: A Comparative clinical study.

Sample Size

- Minimum of 40 patients 20 in each group who fulfill the inclusive criteria were selected randomly.

Methodology of the study

The patients who fulfill the inclusion criteria were examined using both subjective and objective parameters, and the gradings were noted. And then informed consent was taken prior to the treatment.

Method of administration of Matra basti

Purvakarma

Deepana pachana-with Chitrakadi vati 1-2 tablets three times/ day 3-5days.

Koshta shodhana with Gandharvahastadi eranda tailam, Dose - According to the koshta(40-70ml), Anupana-Ushna jala.

Abhyanga done over udara and katipradesha with lukewarm Murchitailataila followed by nadisweda.

In Group A 24ml of sneha was taken on first day and daily increased by 6 ml till 9th Day, in Group B fixed dose of 48 ml of Mruchira Tila Taila was measured in a measuring jar and gently warmed using indirect heat. The warmed oil was then loaded into an enema syringe, to which a rubber catheter was attached. The tip of the catheter was lubricated with Sneha at the point of insertion.

The patient was positioned on the Droni in the left lateral posture, with the right knee flexed. They were instructed to remove clothing. The anal region was examined for any signs of fissures or hemorrhoids. Following this, the anal area was also lubricated with Sneha to facilitate comfortable administration.

Intervention

Group: A (Trial group)

| 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | 7 th | 8 th | 9 th |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 24ml | 30ml | 36ml | 42ml | 48ml | 54ml | 60ml | 66ml | 72ml |

Group: B (Control group)

| 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | 7 th | 8 th | 9 th |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 48ml |

Assessment

Assessment was done on 1st day of each succeeding menstrual cycle for 3 consecutive cycles.

Subjective Criteria

- **Assessment of severity of pain**

- 0- No pain during menstruation.
- 1- Menstruation is painful and daily activities are unaffected
- 2- Menstruation is painful and daily activities are affected, patient can tolerate the pain without medication.

Pradhana Karma

Patient was asked to breathe through mouth and slowly the rubber catheter was inserted in Guda, later the Sneha was pushed uniformly, care was taken to remove the air bubbles and little quantity of Sneha should be retained to prevent entry of air in Guda.

Paschat Karma

The catheter was removed slowly, patting over buttocks was done and patient was asked to raise the legs thrice and patient was asked to lie down in supine position for 15 minutes. The time of administration and expulsion of Basti Dravya, Samyak Anuvasita Lakshanas and any complications were noted daily.

- 3- Menstruation is painful, symptoms subsides on medication.
- 4- Menstruation is so painful, no relief even after medication.

- **Duration**

- 0- No pain during menstruation upto 6 hours.
- 1- Pain persists less than 6 hours.
- 2- Pain continues for 12 hours.
- 3- Pain continues for 24 hours
- 4- Pain continues for >24 hours.

Assessment parameter

Visual analogue scale

| | |
|---------|---|
| GRADE 0 | No pain during menstruation [0] |
| GRADE 1 | Menstruation is painful and daily activities are unaffected. [1- 3] |
| GRADE 2 | Menstruation is painful and daily activities are affected, patient can tolerate pain without medication.[4-6] |
| GRADE 3 | Menstruation is painful, symptoms subsides on medication. [7-9] |
| GRADE 4 | Menstruation is so painful, no relief even after medication. [10] |

Objective Criteria

ArtavaPramana [no. of pads]

- 0- 3-4 pads / Day.
- 1- 2-3 pads / Day.
- 2- 1-2 pads / Day.
- 3- Spotting or 1 pad / Day.

- **Rutukala avadhi or Menstruation period.**

- 0- Duration of menses 5-7days
- 1- Duration of menses 3 days
- 2- Duration of menses 2 days
- 3- Duration of menses 1 day.

RESULTS

Comparison of outcome variables in two groups of patients at different study points.

| Variables | Group A | Group B | Total | Z Value | P Value |
|--------------------------------------|-----------|-----------|-----------|---------|---------|
| Severity of Pain | | | | | |
| Before Treatment | 3.6±0.5 | 3.55±0.51 | 3.58±0.5 | -0.316 | 0.752 |
| During Treatment 1 | 2.4±0.6 | 2.45±0.6 | 2.43±0.59 | -0.290 | 0.772 |
| During Treatment 2 | 1.3±0.47 | 1.25±0.44 | 1.28±0.45 | -0.350 | 0.727 |
| After Treatment | 0.4±0.5 | 0.35±0.49 | 0.38±0.49 | -0.322 | 0.747 |
| Z value | -3.981 | -3.982 | -5.600 | - | - |
| P value | <0.001** | <0.001** | <0.001** | - | - |
| Duration of Pain | | | | | |
| Before Treatment | 3.55±0.51 | 3.55±0.51 | 3.55±0.5 | 0.000 | 1.000 |
| During Treatment 1 | 2.45±0.51 | 2.2±0.62 | 2.33±0.57 | -1.274 | 0.203 |
| During Treatment 2 | 1.15±0.37 | 1.25±0.44 | 1.2±0.41 | -0.781 | 0.435 |
| After Treatment | 0.15±0.37 | 0.15±0.37 | 0.15±0.36 | 0.000 | 1.000 |
| Z value | -4.021 | -4.011 | -5.641 | - | - |
| P value | <0.001** | <0.001** | <0.001** | - | - |
| Artava Pramana (number of pads) | | | | | |
| Before Treatment | 2.3±0.47 | 2.4±0.5 | 2.35±0.48 | -0.655 | 0.513 |
| During Treatment 1 | 1.3±0.47 | 1.35±0.49 | 1.33±0.47 | -0.333 | 0.739 |
| During Treatment 2 | 0.65±0.49 | 0.75±0.55 | 0.7±0.52 | -0.537 | 0.591 |
| After Treatment | 0.25±0.44 | 0.25±0.44 | 0.25±0.44 | 0.000 | 1.000 |
| Z value | -4.233 | -4.011 | -5.700 | - | - |
| P value | <0.001** | <0.001** | <0.001** | - | - |
| Rutukala avadhi(Menstruation period) | | | | | |
| Before Treatment | 2.5±0.51 | 2.4±0.5 | 2.45±0.5 | -0.628 | 0.530 |
| During Treatment 1 | 1.45±0.51 | 1.1±0.45 | 1.28±0.51 | -2.171 | 0.030* |
| During Treatment 2 | 0.7±0.57 | 0.5±0.51 | 0.6±0.55 | -1.088 | 0.277 |
| After Treatment | 0.00±0.00 | 0.00±0.00 | 0.00±0.00 | 0.000 | 1.000 |
| Z value | -4.038 | -4.053 | -5.690 | - | - |
| P value | <0.001** | <0.001** | <0.001** | - | - |

DISCUSSION ON PROBABLE MODE OF ACTION

According to Ayurvedic principles, no pain occurs without the involvement of Vata Dosha. In Udavartini Yonivyapad, the vitiated Vata localized in the Yoni (reproductive system) is primarily responsible for the pain experienced during menstruation.

Basti therapy is considered the most effective treatment for Vata Dosha and is described as Ardha Chikitsa (half of the total therapy) in the Ayurvedic classics. Snehana (oleation therapy) is also emphasized as the first line of management in Vataja disorders.

Tila taila is having properties of guru, ushna guna, yonishoola prashamana and garbhashaya vishodhana and vatashantaye.

So, here an attempt has been made to compare the efficacy of Aarohana and Sadharana krama Tila taila Matrabasti in treating Udavartini Yonivyapad.

CONCLUSION

In the present era, the overall quality of women's health appears to be declining. Gynecological disorders,

particularly among adolescent girls, are on the rise. Factors such as psychological stress, irregular lifestyle, untimely and unhealthy dietary habits, and neglect of the regimens prescribed in Ayurvedic classics contribute significantly to this increase. Despite advances in modern medicine, an effective and safe management approach for primary dysmenorrhea remains limited. Prolonged use of NSAIDs has been associated with gastrointestinal disturbances, blurred vision, and intolerance in some patients. Hormonal therapy, especially in unmarried girls, remains controversial and carries the risk of venous thromboembolism. Therefore, there is a pressing need to adopt a holistic and safer line of treatment.

The results demonstrate that both Aarohana krama and Sadharana krama Matrabasti are effective treatments for Udavartini, with Sadharana krama showing superior outcomes in Severity of pain parameters, while both treatments showed comparable efficacy for Duration of pain, Artava Pramana and Rutukala avadhi.

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