

## CLINICAL STUDY TO EVALUATE THE EFFICACY OF ERANDAMoola KWATH IN THE MANAGEMENT OF UDAVARTINI YONIVYAPAD (PRIMARY DYSMENORRHEA)

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## ABSTRACT

Primary Dysmenorrhoea<sup>1</sup>, the most common gynaecological problem that impairs the quality of life for many women during their reproductive years, manifest as painful menstruation. Due to the alignment's impact on one's own health and ability to function and the numerous drawbacks and negative consequences of contemporary treatment, *Ayurvedic* therapy of the condition is of utmost importance. According to *Ayurveda*, *Prakupita Vata* is the primary cause of the illness. This condition can be classified as a *Udavartini Yonivyapad* and is brought on by *Apana Vata Vaigunya* and *Vata Anulomana Erandamoola Kwath*, which may be utilised to treat this health issue.

**Keywords:** *Erandamoola* , Dysmenorrhoea , *Apana vata*, *Udavartini Yonivyapad*

## INTRODUCTION

Dysmenorrhea, a prevalent gynaecological issue among adolescent girls, significantly impacts daily life, causing discomfort and stress. Studies, including a systematic review by Harlow and Campbell in 2002, reveal that 25-50% of adult women and 75% of adolescents experience menstrual pain, with 5-20%

reporting severe dysmenorrhea hindering daily activities. This condition leads to significant absenteeism rates, ranging from 34 to 50%, and contributes to 600 million lost work days<sup>2</sup>. Primary dysmenorrhea, associated with menstruation but lacking pelvic disease, is believed to result from a

metabolic imbalance. Ayurveda attributes dysmenorrhea to Vata, emphasising its role in *Yonivypath*. According to *Acharyas*, no *Yonivypath* occurs without the participation of *Vatadosha*. Ayurvedic philosophy asserts that Artava should not cause discomfort, making painful menstruation abnormal and requiring medical attention. *Apana Vatadushti* is identified as the cause of painful menstruation, considering normal menstruation as a function of *Apanavayu*. *Udavartini*, one of the twenty *Yonivyapad*<sup>3</sup>, is highlighted in *Ayurveda*, and *Charaka* describes its characteristics, emphasising the immediate relief of pain after monthly blood discharge. *Ayurvedic* medicines are recognised for effectively addressing this health risk. *Kashaya*, an oral medication known for alleviating vitiated Vata, is chosen for its potential in treating *Vataja Yonivyapad*. *ErandamoolaKashaya*<sup>4</sup>, specifically selected for the study, is supported by literature highlighting its effectiveness in Primary Dysmenorrhea. Considering that unmarried girls are frequently affected by *Kashaya*, *Erandamoola Kashaya* becomes a suitable choice. The study aims to explore the efficacy of this Ayurvedic medication in managing *Udavartini Yonivyapad*, aligning with

#### 1. Lower Abdominal pain

Pain	Grade
No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3

#### 2. Low back pain

Pain	Grade
No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3

#### 3. Radiating to the medial aspect of the thigh

Pain	Grade
No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3

the principles of *Ayurveda* that focus on holistic and long-lasting solutions.

In conclusion, dysmenorrhea, though not life-threatening, significantly impacts the lives of adolescent girls. Ayurvedic interventions like *Erandamoola Kashaya* offer a promising alternative, emphasising a holistic approach and addressing the underlying pathology. Further research and integrating Ayurvedic principles into mainstream healthcare can contribute to more effective and Personalised solutions for managing dysmenorrhea, improving the overall well-being of affected individuals.

#### SUBJECTIVE CRITERIA:

- Lower abdominal pain
- Low back pain
- Redating to medial aspects of thigh pain
- Duration of pain

#### OBJECTIVE CRITERIA:

1. Tenderness
  2. Vomiting
  3. Irritability
- VAS scale<sup>97</sup> – Visual Analogue Scale used for pain assessment.

#### 4. Duration of pain

Pain	Grade
Mild (1-2 days)	0
Moderate (3-4 days)	1
Severe (>4 days)	2

#### Objective Criteria:

##### 1. Tenderness

Tenderness	Grade
No tenderness	0
Tenderness on palpation without flinch	1
Tenderness with flinch on palpation	2
Tenderness with withdrawal	3

##### 2. Vomiting-

Vomiting	Grade
Absent	0
1-2 times/day	1
3-5 times/day	2
More than 5 times/ day	3

##### 3. Irritability

Irritability	Grade
Absent	0
Aggressiveness with reason but calm immediately	1
Aggressiveness with reason but take time to calm down	2
Aggressiveness without any reason	3

#### OBSERVATION

dysmenorrhea) in a single-group clinical trial. *Erandmoola* was administered 48ml before food for 30 days, followed by two follow-ups without medication. Observations included demographic data, age-wise distribution, religion, socio-economic status, habitat, Prakruti, Ahara, Agni, Koshtha, Nidra, and other parameters.

**Demographic Observations:** All 40 subjects screened with *Udavartiniyonivyapad* completed the study successfully. Age-wise distribution revealed 35% between 15-20 years and 65% between 21-25 years. Religion-wise, 72.5% were Hindu, and 27.5% were Muslim.

**Socio-Economic and Habitat Distribution:** Socio-economic status varied, with 2.5% upper class, 5% upper middle, 22.5% lower middle, 30% upper more

inferior, and 40% lower class. Regarding habitat, 80% were urban, and 20% were rural.

**Prakruti, Ahara, and Agni:** Prakruti distribution showed 62% *Vatapitta*, 20% *Pittakapha*, and 17.5% *Tridoshaja*. Ahara habits comprised 57.5% *Shakahari* and 42.5% *Mansahari*. Agni distribution included 12.5% *Samagni*, 10% *Mandagni*, 27.5% *Teekshagni*, and 50% *Vishamaagni*.

**Koshtha, Nidra, Mala, and Mutra:** Koshtha distribution indicated 40% *Mridu*, 55% *Madhyama*, and 5% *Krura*. Nidra observations revealed 45% normal and 55% disturbed sleep. Mala habits included 35% regular, 27.5% irregular, and 37.5% constipated. Mutra patterns showed 60% traditional, 17.5% burning, and 22.5% *Vegdharan*.

**Pain Characteristics:** Lower abdominal pain distribution indicated 55% severe, 27.5% moderate, and 17.5% mild. Low back pain exhibited 15%

toughness, 17.5% intermediate, and 25% favourable. The radiating to the medial aspect of thigh pain was 15% medium and 7.5% mild. Vomiting was absent in 85%, 10% reported 1-2 times/day, and 5% reported 3-5 times/day.

**Tenderness and Irritability:** Tenderness on palpation without flinch was reported by 72.5%, while 27.5% reported no tenderness. Irritability observations included 42.5% absence, 55% aggressiveness with immediate calmness, and 2.5% aggressiveness with delayed calmness.

In conclusion, the study on *Erandmoola* in *Udavartini Yonivyapad* subjects demonstrated diverse demographic characteristics, and the administration of *Erandmoola* appeared to influence various aspects of health and pain severity. Further analysis and follow-ups are essential to draw conclusive insights into the efficacy of *Erandmoola* in managing primary dysmenorrhea.

## DISCUSSION

Primary dysmenorrhea, termed *Udavartini Yonivyapad* in *Ayurveda*, is a common issue affecting women during ovulatory cycles. *Erandmoola Kashaya*, administered for 30 days post-menstruation, addresses *Vata* imbalance. The disease involves dysrhythmic uterine contractions and uterine hypoxia, influenced by prostaglandins and elevated uterine tone. Ayurvedic understanding links it to factors like *Mithyaahara Vihara*, *Pradushtarthava*, *Beejadasha*, and *Daiva*. The clinical study involved 40 participants aged 18-24 with urban residency. Observations revealed *Vata*-predominant features, emphasising the role of *Vata* in the disease. *Erandmoola* treatment significantly reduced pain, associated symptoms, and duration of discomfort, supporting its efficacy. The mode of action involves *Vata* pacification, reduction of spasms, and anti-inflammatory effects, aligning with *Ayurvedic* principles. The study highlights the relevance of *Ayurveda* in managing primary dysmenorrhea.

## RESULT

The clinical trial enrolled 40 subjects with *Udavartini Yonivyapad* (primary dysmenorrhea) and

administered *Erandamoola Kashaya* at a dose of 48 ml twice daily before food for 30 days. Statistical analyses using Friedman's and Wilcoxon signed-rank tests were performed on pre- and post-study data.

**Results on Duration of Pain:** Friedman's test indicated a significant reduction in mean rank from 3.20 (before treatment) to 1.06 (after 2nd follow-up). Wilcoxon signed-rank test confirmed statistical significance for BT-2FU, AT-1FU, AT-2FU, and 1FU-2FU intervals.

**Results on Low Back Pain:** Friedman's test revealed a significant reduction in mean rank from 3.04 (before treatment) to 1.91 (after 2nd follow-up). Wilcoxon signed-rank test confirmed statistical significance for BT-1FU, BT-2FU, AT-1FU, AT-2FU, and 1FU-2FU intervals.

**Results on Lower Abdominal Pain:** Friedman's test showed a significant reduction in mean rank from 3.54 (before treatment) to 1.15 (after 2nd follow-up). Wilcoxon signed-rank test confirmed statistical significance for all intervals.

**Results on Redating to Medial Aspect of Thigh Pain:** Friedman's test indicated a significant reduction in mean rank from 2.79 (before treatment) to 2.28 (after 2nd follow-up). Wilcoxon signed-rank test confirmed statistical significance for BT-1FU, BT-2FU, AT-1FU, and AT-2FU intervals.

**Results on Tenderness:** Friedman's test revealed a significant reduction in mean rank from 3.89 (before treatment) to 1.36 (after 2nd follow-up). Wilcoxon signed-rank test confirmed statistical significance for all intervals.

**Results on Vomiting and Irritability:** Vomiting showed significant improvement only in Friedman's test, while irritability showed a substantial reduction in mean rank from 3.88 (before treatment) to 1.31 (after 2nd follow-up), confirmed by Wilcoxon signed-rank test for all intervals.

In summary, *Erandamoola Kashaya* demonstrated significant efficacy in reducing pain and associated symptoms in subjects with *Udavartini Yonivyapad*, as evidenced by Friedman's and Wilcoxon's signed-rank tests.

## CONCLUSION

- In Unmarried females, Primary Dysmenorrhoea is one of the most prevalent gynaecological disorders.
- In the cases of *Vataja Yonivyapad*, *Vataja Artavadushti*, *Udavartini Yonivyapad* and *Paripluta Yonivyapad* recorded in classical *Ayurveda* literature, Primary Dysmenorrhoea replicates *Udavartini Yonivyapad*. It is an associated complaint with numerous other symptoms.
- *Vata Dushti* is treated with *Kashaya Kalpana* since the Apana Vata Dosha Dushti causes it.
- *Erandamoola* has *Shulahara*, *Vedanasthapana*, *Angamardaprashaman*, and *Garbhashayshodana Properties*.
- Hence, *Erandamoola Kashaya* has shown clinically and statistically significant outcomes in alleviating the main Dysmenorrhea's defining characteristics. Therefore, the main finding of the

research hypothesis(H1) is that treating *Udavartini Yonivyapad* (Primary Dysmenorrhoea) with *Erandamoola Kashaya* is effective. Thus, the research premise is accepted.

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