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## Assessing the therapeutic effects of *haritakyadi churna* and *rajpravarartini vati* in the management of *udavarta yonivyapada* (Dysmenorrhea)

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### Abstract

Motherhood, is a cherished desire deeply ingrained in the hearts of many women, as it brings new meaning to their lives and existence. However, achieving motherhood can sometimes be challenging and requires optimal reproductive health. Amongst the *yonivyapada* described by acharyas *Udavarta Yonivyapata* is one in which the yoni is seized with pain and initially throws or pushes the *raj* upwards then discharges it with great difficulty. This can be correlated with the symptoms of dysmenorrhea. Up to 90% of women have dysmenorrhea, or period discomfort, with up to 30% experiencing severe symptoms. According to estimations from the World Health Organisation, dysmenorrhea is the main factor contributing to persistent pelvic discomfort. It may have an effect on a woman's life satisfaction, productivity at work, and use of medical services.

**Aim and Objectives:** The aim of this study was to do a comparative evaluation of the effectiveness of *haritakyadi churna* and *rajpravarartini vati* in the management of *udavarta yonivyapada* (dysmenorrhea).

**Methodology:** The study was conducted by dividing a total number of 60 patients into two groups A and group B who were treated with *haritakyadi churna* and *rajpravarartini vati* respectively and assessed according to the assessment criteria.

**Observations & Results:** It was drawn on the basis of case record form and the assessment criteria. Statistical analysis was done on the basis on Wilcoxon sign ranked test and Mann witney tests.

**Conclusion:** On the basis of the observations and the statistical analysis it was concluded that *haritakyadi churna* and *rajpravarartini vati* are equally effective in the management of *udavarta yonivyapada* (dysmenorrhea)

**Keywords:** *Adhoudara shool* (lower abdominal pain), *hrullas*(nausea), *kati shool* (lumbar pain), dysmenorrhoea, yonivyapata

### Introduction

Dysmenorrhea is a common menstrual complaint with a major impact on women's quality of life, work productivity, and health-care utilization <sup>[1]</sup>. The ability to bring new life into the world and nurture it is seen as a sacred and transformative experience that enriches a woman's life in profound ways. The journey to motherhood is profound, often viewed as a natural and fulfilling aspect of a woman's life. This desire for motherhood is not merely a biological impulse but a profound aspiration that resonates with the core of their being, symbolizing the continuation of life and the nurturing of future generations.

*Shuddha artava*, or pure menstrual flow, is essential for conception <sup>[2]</sup>. Healthy *artava* should be free from pain (*shoola*), burning sensation (*daha*), stickiness (*picchilata*), and should neither be excessive nor scanty in quantity. Proper menstrual health is crucial as abnormalities in *artava* can lead to reproductive issues such as *Yonivyapad* and *Artavavyapad*, which can cause complications like infertility <sup>[3]</sup>.

However, some physiological challenges can impede a woman's journey towards motherhood, causing significant distress and slowing her down in the race of life. One such common problem is painful menstruation, known medically as dysmenorrhea <sup>[4]</sup>. This can be correlated with *Udavartini Yonivyapata* as mentioned by acharyas <sup>[5]</sup>.

The etiological mechanisms of dysmenorrhea often include a subtle imbalance of estrogens and progesterone, the primary female sex hormones. This hormonal imbalance can lead to excessive production of prostaglandins, which are chemicals in the body that cause the muscles of the uterus to contract, leading to pain and cramping during menstruation <sup>[6]</sup>.

Although dysmenorrhea is not life-threatening, it can have a profound impact on a woman's daily life. Dysmenorrhea can limit work performance and affect overall productivity.

Additionally, it can cause women to miss school, sports, social events, and functions, leading to significant emotional stress [7].

Hormonal therapy is frequently used to address this imbalance, typically involving the use of oral contraceptives or other hormone-regulating medications. While these treatments can be effective in managing symptoms, they do not offer a permanent cure. Moreover, long-term use of hormonal therapy can be associated with various side effects, including weight gain, mood changes, nausea, and an increased risk of certain health conditions such as blood clots and cardiovascular issues. Conditions associated with secondary dysmenorrhea, such as endometriosis, can affect fertility. According to Ayurvedic principles, the treatment of *Udavart Yonivyapad* focuses on *Vatshamak* (balancing Vata) and *Vatanulomak* (promoting the downward movement of Vata) therapies. Ayurveda describes a variety of treatments for *Udavart Yonivyapad* [8, 9]. *Rajpravartini vati* is one the ayurvedic formulation used in *udavarta yonivyapat*(dysmenorrhoea) [9]. But it's time to search for newer and cost-effective formulations. One such treatment is *Haritakyadi Churna*, which is mentioned in the *Bhaishajya*

*Ratnavali* for treatment of *Udavarta Chikitsa* [10]. The combined effect of the drugs in *Haritakyadi Churna* is both *Vatshamak* and *Vatanulomak*. Considering all these factors, *Haritakyadi Churna* has been selected for the management of *Udavart Yonivyapad*, specifically in relation to primary spasmodic dysmenorrhea. A comparative evaluation of both *Rajpravartini vati* and *Haritakyadi churna*, ayurvedic formulations has been done in this study [13].

### Aim and Objectives

- To study effect of *Haritakyadi churna* in *udavarta yonivyapada*
- To compare the effect of *Haritakyadi churna* with *Rajpravartini vati*.

### Methodology:

**Type of study:** A comparative clinical study in which patients were divided randomly in two groups – Group A and Group B after taking ethical clearance from institutional ethics committee. Raw material was procured from certified pharmacy attached to the college.

**Table 1:** Study Design and Treatment Protocol

Category	Group A	Group B
Sample size	30	30
Drug used	<i>Haritakyadi churna</i>	<i>Rajpravartini vati</i>
Route	Oral	Oral
Kala	<i>Rutukaala</i> (after cessation of menses)	Whole month except during menstruation
Dose	1gm BD	1BD (500mg)
<i>Aushad sevan Kal</i> (time)	<i>Apan(pragbhakta)</i>	<i>Apan(pragbhakta)</i>
Duration	1 <sup>st</sup> to 5 <sup>th</sup> Day of Menstrual cycle for 3 months	1 <sup>st</sup> to 5 <sup>th</sup> Day of Menstrual cycle for 3 months
Follow up	Every menstrual cycle for consecutive 3 cycle	Every menstrual cycle for consecutive 3 cycle

### Selection criteria

#### Inclusion criteria

1. Female patient of 12-45years.
2. Dysmenorrhea for more than 6 months
3. Complaints of lower abdominal pain, lumbar pain nausea during menstrual cycle.

#### Exclusion criteria

- Congenital anomalies of reproductive system.
- Diagnosed cases of PID, PCOD, cervix stenosis, fibroid, and endometriosis.

- Patient taking any hormonal therapy.
- Patient having irregular menstrual cycle.

### Criteria / parameters for assessment of patient's result

#### Assessment was based on the gradation of symptoms

1. *Adhodharshool* (lower abdominal pain)
2. *Katishool* (backache)
3. *Hrullas* (nausea)

#### *Adhodharshool* (lower abdominal pain) for 3 cycles

**Table 2:** Gradation of *Adhodharshool* (lower abdominal pain)

Symptoms	Criteria	Grade
<i>Adhodharshool</i> (Lower abdominal pain)	-No pain	0
	-Mild (pain not interfere activity)	1
	-Moderate (pain interfere activity and subsides by anti- spasmodic drugs)	2
	Severe (pain which demand immediate attention and manipulation)	3

**Table 3:** Gradation of *hrullas* (nausea)

Symptoms	criteria	score
<i>Hrullas</i> (nausea)	absent	0
	Mild (oral intake)	1
	Moderate (oral intake decreased)	2
	Severe (requiring IVF) intravenous fluid	3

**Table 4:** Gradation of *katishool* (Lumbar pain)

Symptoms	Criteria	Score
<i>Katishool</i> (Lumbar pain)	No pain	0
	Mild pain	1
	Moderate but subside by analgesic	2
	sever pain (pain immediate attention)	3

## Observations and Result

The observations were done on the basis of the following points

### A) Distribution of patients

**Table 5:** Shows distribution of patients in groups

Group	No of Patients
Group (A)	30
Group (B)	30
Total	60

### Prakruti

**Table 6:** Shows *Prakruti* wise distribution in both groups

Sr. No.	Prakruti	Group A	Group B	Total
1	Vatapradhan	22	20	42
2	Pitta pradhan	4	7	11
3	Kaphapradhan	4	3	7
4	Total	30	30	60

### Q) Menstrual pain type

**Table 7:** Shows Menstrual pain type wise distribution in both groups

Sr. No.	Menstrual pain type	Group A	Group B	Total
1	Spasmodic	23	25	48
2	Diffuse dull ache	7	5	12
3	Total	30	30	60

### Changes in symptoms before and after treatment

#### A) Changes in *Adhodarshool* (Before Treatment BT and After Treatment AT) in Group A and Group B

**Table 8:** Shows Changes in *Adhodarshool* in Group A and Group B

Grade	Group A		Group B	
	BT	AT	BT	AT
Grade 3	10	0	11	0
Grade 2	18	3	17	2
Grade 1	2	15	2	14
Grade 0	0	12	0	14
Total	30	30	30	30

#### B) Changes in *Katishool* (BT and AT) in Group A and Group B

**Table 9:** Shows Changes in *Katishool* in Group A and Group B

Grade	Group A		Group B	
	BT	AT	BT	AT
Grade 3	12	0	13	0
Grade 2	15	2	17	3
Grade 1	3	18	0	12
Grade 0	0	10	0	15
Total	30	30	30	30

#### C) Changes in *Hrullas* (BT and AT) in Group A and Group B

**Table 10:** Shows Changes in *Hrullas* in Group A and Group B

Grade	Group A		Group B	
	BT	AT	BT	AT
Grade 3	5	0	4	0
Grade 2	17	0	11	3
Grade 1	8	17	15	10
Grade 0	0	13	0	17
Total	30	30	30	30

## Statistical analysis within Group A and Group B

### Subjective Parameters (By Wilcoxon Signed Rank Test)

#### A) *Adhodarshool*

**Table 11:** Wilcoxon Signed Rank Test within the Group A and Group B for *Adhodarshool*

Group	BT/AT	N	Mean	SD	W	P
Group A	BT	30	2.267	0.583	465	<0.0001
	AT	30	0.700	0.651		
Group B	BT	30	2.300	0.596	465	<0.0001
	AT	30	0.600	0.621		

**Group A:** As value of p is far less than 0.05, extremely significant difference was observed between means of BT and AT score in *Adhodarshool*. Hence it is concluded that *Haritakyadi churna* is highly effective to improve *Adhodarshool* in *UdavartaYonivyapad*.

**Group B:** As value of p is far less than 0.05, extremely significant difference was observed between means of BT and AT score in *Adhodarshool*.

#### B) *Katishool*

**Table 12:** Wilcoxon Signed Rank Test within the Group A and Group B for *Katishool*

Group	BT/AT	N	Mean	SD	W	P
Group A	BT	30	2.300	0.651	465	<0.0001
	AT	30	0.733	0.583		
Group B	BT	30	2.433	0.504	465	<0.0001
	AT	30	0.600	0.674		

**Group A:** As value of p is far less than 0.05, extremely significant difference was observed between means of BT and AT score in *Katishool*. Hence it is concluded that *Haritakyadichurna* is highly effective to improve *Katishool* in *UdavartaYonivyapad*.

**Group B:** As value of p is far less than 0.05, extremely significant difference was observed between means of BT and AT score in *Katishool*.

#### C) *Hrullas*

**Table 13:** Wilcoxon Signed Rank Test within the Group A and Group B for *Hrullas*

Group	BT/AT	N	Mean	SD	W	P
Group A	BT	30	1.900	0.661	465	<0.0001
	AT	30	0.566	0.504		
Group B	BT	30	1.633	0.718	435	<0.0001
	AT	30	0.533	0.681		

**Group A:** As value of p is far less than 0.05, extremely significant difference was observed between means of BT and AT score in *Hrullas*. Hence it is concluded that *Haritakyadi churna* is highly effective to improve *Hrullas* in *UdavartaYonivyapad*.

**Group B:** As value of p is far less than 0.05, extremely significant difference was observed between means of BT and AT score in *Hrullas*.

## Statistical analysis in between the group a and group b

### Subjective Parameters (By Mann Whitney's U Test)

#### A) *Adhodarshool*

**Table 14:** Mann Whitney's Test in between the Group A and Group B for Adhodarshool

Mann Whitney	N	Mean	SD	U	P
Group A	30	1.567	0.504	403	0.484
Group B	30	1.700	0.596		

As value of p is greater than 0.05, insignificant difference was observed between the mean of difference of Group A and Group B in *Adhodarshool* symptom. Hence it is concluded that *Haritakyadi Churna* and *Rajpravartini vati* both are almost equally effective to improve *Adhodarshool* in *Udavarta Yonivyapad*. There is a difference between the mean score but it is not greater than expected by chance.

**B) Katishool****Table 15:** Mann Whitney's Test in between the Group A and Group B for *Katishool*

Mann Whitney	N	Mean	SD	U	P
Group A	30	1.567	0.504	343	0.107
Group B	30	1.833	0.530		

As value of p is greater than 0.05, insignificant difference was observed between the mean of difference of Group A and

Group B in *Katishool* symptom. Hence it is concluded that *Haritakyadi Churna* and *Rajpravartini vati* both are almost equally effective to improve *Katishool* in *Udavarta Yonivyapad*. There is a difference between the mean score but it is not greater than expected by chance.

**C) Hrullas****Table 16:** Mann Whitney's Test in between the Group A and Group B for *Hrullas*

Mann Whitney	N	Mean	SD	U	P
Group A	30	1.333	0.479	340	0.0937
Group B	30	1.100	0.480		

As value of p is greater than 0.05, insignificant difference was observed between the mean of difference of Group A and Group B in *Hrullas* symptom. Hence it is concluded that *Haritakyadi Churna* and *Rajpravartini vati* both are almost equally effective to improve *Hrullas* in *Udavarta Yonivyapad*. There is a difference between the mean score but it is not greater than expected by chance.

**Effect of therapy according to relief in Patients' score****Table 17:** Relieved score and % relief in Patients' score

Sr No	Group A				Sr No	Group B			
	B.T.	A.T.	Relieved	Relief %		B.T.	A.T.	Relieved	Relief %
1	9	4	5	55.56	1	6	1	5	83.33
2	6	3	3	50	2	6	2	4	66.67
3	6	1	5	83.33	3	5	1	4	80
4	8	3	5	62.5	4	7	3	4	57.14
5	7	3	4	57.14	5	9	5	4	44.44
6	6	1	5	83.33	6	7	3	4	57.14
7	6	2	4	66.67	7	5	1	4	80
8	4	0	4	100	8	6	2	4	66.67
9	7	3	4	57.14	9	7	2	5	71.42
10	8	3	5	62.5	10	6	1	5	83.33
11	4	1	3	75	11	7	1	6	85.71
12	4	0	4	100	12	6	3	3	50
13	7	2	5	71.42	13	6	1	5	83.33
14	7	2	5	71.42	14	4	0	4	100
15	7	3	4	57.14	15	8	3	5	62.5
16	6	1	5	83.33	16	9	4	5	55.56
17	5	0	5	100	17	5	1	4	80
18	9	5	4	44.44	18	7	0	7	100
19	4	0	4	100	19	7	4	3	42.86
20	4	1	3	75	20	6	1	5	83.33
21	7	2	5	71.42	21	4	1	3	75
22	9	3	6	66.67	22	5	2	3	60
23	7	3	4	57.14	23	9	0	9	100
24	8	2	6	75	24	8	3	5	62.5
25	6	1	5	83.33	25	6	2	4	66.67
26	9	5	4	44.44	26	5	0	5	100
27	7	2	5	71.42	27	8	3	5	62.5
28	5	0	5	100	28	6	0	6	100
29	7	3	4	57.14	29	6	1	5	83.33
30	5	1	4	80	30	5	1	4	80
31	Average			69.07	31	Average			72.77

The relieved symptom score and percent relief are given in the table 5.26. Overall average relief in Patients' score in Group A is 69.07% and in Group B is 72.77%.

### Effect of therapy according to relief in Symptoms' score

**Table 18:** Relieved score and %relief in Symptoms' score in Group A

Sr. No.	Symptoms (Group A)	B.T.	A.T.	Relieved	% Relief
1	<i>Adhodarshool</i>	68	21	47	69.12
2	<i>Katishool</i>	69	22	47	68.12
3	<i>Hrullas</i>	57	17	40	70.18
	Average				69.14

**Table 19:** Relieved score and %relief in Symptoms' score in Group B

Sr. No.	Symptoms (Group B)	B.T.	A.T.	Relieved	% Relief
1	<i>Adhodarshool</i>	69	18	51	73.91
2	<i>Katishool</i>	73	18	55	75.34
3	<i>Hrullas</i>	49	16	33	67.35
	Average				72.2

The relieved symptom score and percent relief are mentioned in the table 5.37 and table 5.38. Overall average relief in Symptoms' score in Group A is % and in Group B is %.

### Statistical Analysis within Group A and Group B Subjective Parameters (By Wilcoxon Signed Rank Test)

**Table 20:** Statistical analysis within the Group A and B by Wilcoxon Signed Rank Test

Sr. No.	Symptoms	Gr.	W	P	Significance
1	<i>Adhodarshool</i>	A	465	<0.0001	Significant
		B	465	<0.0001	Significant
2	<i>Katishool</i>	A	465	<0.0001	Significant
		B	465	<0.0001	Significant
3	<i>Hrullas</i>	A	465	<0.0001	Significant
		B	435	<0.0001	Significant

**Table 22:** Effect of therapy according to Symptoms' score

Sr. No.	Improvement Grade	Criteria	Group A	Group B
			Symptoms	Symptoms
1	Excellent	75%-100%	-	<i>Katishool</i>
2	Good	50% - 74%	<i>Adhodarshool, Katishool, Hrullas</i>	<i>Adhodarshool, Hrullas</i>
3	Moderate	25% - 49%	-	-
4	Poor	00% - 24%	-	-

### Discussion

Addressing painful menstruation is crucial not only for improving a woman's quality of life but also for ensuring her reproductive health and overall well-being. By managing this condition effectively, women can pursue their aspirations and life goals without being hindered by physiological challenges. *Chikitsa of Udavartini Yonivyapad* is mainly divided into two segments i.e. *Samanya* and *Vishesha*, as explained by Acharya Charaka,

"*Na hi vaataadrute yonimareenam sampradushyati*" It means that without the vitiation of Vata, women will not get any *Yonivyapad*. So, without giving due consideration to Vayu, we cannot treat any of these 20 *Yonivyapads*.

Therefore, to alleviate the symptoms of vata vitiation *Haritaki churna* was selected as treatment modality due to its *vata shaman* and *anulomaka gunas*. Also, it was compared with *Rajpravartini vati* as an alternative.

Wilcoxon Ranked Sign test was applied to both groups separately to observe whether the difference between BT and AT score is significant or not.

### Group A

In the case of all symptoms *Adhodarshool, Katishool* and *Hrullas* symptoms the test has shown highly significant difference between BT and AT symptom scores. It was hence concluded that *Haritkyadi Churna* is effective in management to reduce *Adhodarshool, Katishool* and *Hrullas* in *Udavarta Yonivyapada*.

### Group B

In the case of all symptoms *Adhodarshool, Katishool* and *Hrullas* the test has shown highly significant difference between Before and After treatment symptom scores. It was hence concluded that *Rajpravartini Vati* is effective in management to reduce *Adhodarshool, Katishool* and *Hrullas* in *Udavarta Yonivyapada*.

### Statistical Analysis in between the Group A and Group B Subjective Parameters (By Mann Whitney's U Test)

**Table 21:** Mann Whitney's U Test in between the Group A and Group B

Sr. No.	Symptom	U	P	Significance	Efficacy
1	Anxious mood	403	P=0.484	Not significant	A = B
2	Fears	343	P=0.107	Not significant	A = B
3	CVS symptoms	340	P=0.093	Not significant	A = B

('=' means almost equally effective, not exactly equal)

Both groups were compared and analyzed statistically by Mann Whitney's U test.

### Total Effect of the Therapy According to Symptoms' score

### Discussion based on observations

#### A) Distribution of patients

60 patients were included in the study. Further they were classified in two equal groups viz. Group A and Group B. Group A is trial group whether Group B is control group each comprising 30 patients each

#### Prakruti

In Group A There were 22 of *Vatapradhan prakruti*, 4 of *Pittapradhan prakruti*, 4 of *Kaphapradhan Prakruti* and in Group B: 20 of *Vatapradhan prakruti*, 7 of *Pittapradhan prakruti*, 3 of *Kaphapradhan*

#### Menstrual Pain Onset

In Group A there were 7 patients had onset of pain before menses while 23 patients had onset during menses, while in Group B 9 patients had onset of pain before menses while 21 patients had onset during.



**Menstrual Pain Duration:** In Group A there were 7 patients have less than 3 days pain, 13 patients have pain 3 to 5 days and 10 patients have pain more than 5 days while, in Group B 5 patients have less than 3 days pain, 12 patients have pain 3 to 5 days and 13 patients have pain more than 5 days.

**Menstrual Pain Type: In Group A:** 23 patients had spasmodic and 7 patients had diffuse dull ache, whereas in Group B 20 patients had spasmodic and 10 patients had diffuse dull ache. Maximum (43) patients have pain like spasmodic.

#### Changes in symptoms before and after treatment

##### A) Changes in *Adhodarshool* (BT and AT) in Group A and Group B

**Group A: Before treatment,** 10 of Grade Three (severe pain), 18 of Grade Two, 2 of Grade One and 0 of Grade Zero (no pain). After treatment 0 of Grade Three, 3 of Grade Two, 15 of Grade One and 12 of Grade Zero.

**Group B:** Before treatment, 11 of Grade Three, 17 of Grade Two, 2 of Grade One and 0 of Grade Zero. After treatment 0 of Grade Three, 2 of Grade Two, 14 of Grade One and 14 of Grade Zero. It was observed that, *Haritakyadi Churna* and *Rajpravartini vati* both has nearly equal efficacy to improve *Adhodarshool* in *Udavarta Yonivyapad*.

##### B) Changes in *Katishool* (BT and AT) in Group A and Group B

**Group A:** Before treatment, 12 of Grade Three, 15 of Grade Two, 3 of Grade One and 0 of Grade Zero, After treatment 0 of Grade Three, 2 of Grade Two, 18 of Grade One and 10 of Grade Zero.

**Group B:** Before treatment, 13 of Grade Three, 17 of Grade Two, 0 of Grade One and 0 of Grade Zero, After treatment 0 of Grade Three, 3 of Grade Two, 12 of Grade One and 15 of Grade Zero. It was observed that, *Haritakyadi churna* and *Rajpravartini vati* orally both has nearly equal efficacy to improve *Katishool* in *Udavarta yonivyapad*. (Table 5.8)

##### C) Changes in *Hrullas* (BT and AT) in Group A and Group B

**Group A:** Before treatment, 5 of Grade Three, 17 of Grade Two, 8 of Grade One and 0 of Grade Zero, After treatment 0 of Grade Three, 0 of Grade Two, 17 of Grade One and 13 of Grade Zero.

**Group B:** Before treatment, 4 of Grade Three, 11 of Grade Two, 15 of Grade One and 0 of Grade Zero, After treatment 0 of Grade Three, 3 of Grade Two, 10 of Grade One and 17 of Grade Zero. It was observed that, *Haritakyadi churna* and *Rajpravartini vati* orally both has nearly equal efficacy to improve *Hrullas* in *Udavarta yonivyapad*.

#### Statistical Analysis in between the Group A and Group B

In the case of all symptoms *Adhodarshool*, *Katishool* and *Hrullas* test has shown insignificant difference between mean differences of Group A and Group B. It was hence concluded that *Haritakyadi Churna* is not effective than *Rajpravartini Vati* to reduce symptoms in *Udavarta Yonivyapada*.

It can be said that both drugs are almost equally effective to reduce above said symptoms. A little difference was found between the mean differences of both groups but this

difference is not statistically significant because it is not greater than expected by chance.

#### Total Effect of the Therapy

##### According to Symptoms' score

In Group A, 0 symptoms have shown Excellent improvement, 3 symptoms have shown good improvement, none of the symptoms has shown Moderate and Poor improvement. In Group B, 1 symptom have shown Excellent improvement, 2 have shown good improvement, none of the symptom has shown Moderate and Poor improvement.

#### Conclusion

After literary study, clinical trials, data collection, data classification, data presentation and data analysis few interferences were drawn from the study. Prevalence of *Udavarta yonivyapad* is increasing day by day due to lot of changes in life style and food habits of women as per their time and as per their work. *Haritakyadi churna* and *Rajpravartini Vati* both found almost equal effective to reduce symptoms *Adhodarshool*, *Katishool* and *Hrullas* in *Udavarta yonivyapad*. ( $p > 0.05$ ) Mean values suggest that *Rajpravartini Vati* is slightly better efficient than *Haritakyadi churna* in *Adhodarshool* and *Katishool*, but this difference is not greater than expected by chance. Mean values suggest that *Haritakyadi churna* is slightly better efficient than *Rajpravartini Vati* in *Hrullas*, but this difference is not greater than expected by chance. Both *Haritakyadi churna* and *Rajpravartini vati* are effective, safe, easy to consume, easily available, cost effective to treat *Udavarta yonivyapada*. No complications or adverse drug effects were observed during the study with both of the drugs *Haritakyadi churna* and *Rajpravartini vati*. Thus, *Udavarta Yonivyapada* can be treated effectively and safely by Ayurvedic drugs.

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