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Case Study On Results Of Yonishulahara Chocolate In Udavartini Yonivyapad W.S.R To Primary Dysmenorrhea

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ABSTRACT

Background: Udavartini Yonivyapad described in Ayurveda corresponds closely with primary dysmenorrhea in modern medicine. It is characterized by painful menstruation caused due to Vata vitiation and upward movement of Apana Vata. Conventional management provides temporary relief but often with side effects. Hence, alternative interventions such as herbal formulations are being explored.

Case Presentation: A 20-year-old female patient presented with recurrent painful menstruation. She had regular menstrual cycles with significant lower abdominal pain during menstruation. Clinical investigations including CBC were within normal limits, and USG study was under observation.

Intervention: The patient was administered Yonishulahara chocolate containing Mustha, Usheera, Rasna, Devadaru, Bala, Darbha with dark chocolate base. The prescribed dose was 10 g chocolate bar twice daily for 5 days during menstruation, continued across 3 consecutive menstrual cycles.

Results: Progressive reduction in pain intensity and associated discomfort was observed over 3 cycles. Improvement in routine activities during menstruation was also reported. No adverse effects were noted throughout the intervention period.

Conclusion: Yonishulahara chocolate demonstrated promising results in alleviating pain and discomfort associated with Udavartini Yonivyapad (primary dysmenorrhea). This suggests its potential as a safe and effective supportive management option, though larger clinical studies are warranted for validation.

Keywords: Udavartini Yonivyapad, Primary Dysmenorrhea, Apana Vata, Yonishulahara chocolate, Ayurvedic Intervention.

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INTRODUCTION

Udavartini Yonivyapad is one among the twenty *Yonivyapad* described in classical Ayurvedic texts. It is primarily caused by the *vitiation of Vata dosha*, particularly *Apana Vata*, leading to obstruction and reverse movement of its normal downward flow. The hallmark feature is severe pain associated with menstruation. In modern terms, this closely resembles primary dysmenorrhea, which is one of the most common gynecological complaints in adolescent and young adult females.¹

Primary dysmenorrhea is characterized by cramping lower abdominal pain during menstruation without any underlying pelvic pathology. The prevalence is reported to be high, ranging between 50–90% among menstruating women worldwide. It not only affects quality of life but also results in absenteeism from school or work. Conventional management includes NSAIDs and oral contraceptive pills, but these carry limitations such as gastrointestinal disturbances, hormonal imbalances, and recurrence of symptoms on discontinuation.²

Ayurveda emphasizes correction of *Dosha* imbalance through safe herbal and dietary measures. For *Udavartini Yonivyapad*, drugs possessing *Vatahara*, *Shoolahara*, and *Srotoshodhaka* properties are advocated. Modern formulations and palatable dosage forms can help improve compliance in young women. *Yonishulahara chocolate* is a novel attempt to deliver classical herbs such as *Mustha*, *Usheera*, *Rasna*, *Devadaru*, *Bala*, and *Darbha* in a chocolate base, combining the acceptability of modern dosage with the efficacy of traditional drugs.³

The present case study highlights the effect of *Yonishulahara chocolate* in a 20-year-old patient suffering from primary dysmenorrhea. The intervention aimed not only at symptomatic relief but also at addressing the underlying *Vata* imbalance as per Ayurvedic principles. The outcome provides preliminary evidence supporting its role as an effective and safe alternative in the management of *Udavartini Yonivyapad*.⁴

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Case Study

A 20-year-old female patient, a student at SGT University, presented with complaints of severe lower abdominal pain during menstruation. Her symptoms were consistent with *Udavartini Yonivyapad* described in Ayurveda and primary dysmenorrhea in modern medicine. She reported regular menstrual cycles but with significant discomfort that affected her daily activities. On clinical examination, no systemic abnormality was detected. Her complete blood count (CBC) was within normal limits, and ultrasonography (USG) study was under observation.

The patient was advised *Yonishulahara chocolate*, a novel formulation designed for the management of *Udavartini Yonivyapad*. Each chocolate bar contained *Mustha, Usheera, Rasna, Devadaru, Bala,* and *Darbha* (1 g each), combined with dark chocolate (4 g). This formulation was chosen for its *Vatahara*, *Shoolahara*, and *Balya* properties, while the chocolate base enhanced palatability and compliance.

The prescribed dose was 10 g chocolate bar twice daily for 5 days during each menstrual cycle, continued for three consecutive cycles. The treatment period was carefully monitored, and the patient was advised regular follow-up visits on 18/12/24, 18/1/25, and 18/2/25. Her last menstrual periods (LMP) were documented as 20/12/24, 21/1/25, and 19/2/25.

During the course of treatment, progressive reduction in pain intensity was reported. The patient experienced marked relief in menstrual cramps and was able to perform her daily routine without significant discomfort. No adverse effects were noted throughout the intervention. The results indicate that *Yonishulahara chocolate* provided effective symptomatic relief in this case of primary dysmenorrhea, aligning with Ayurvedic principles of managing *Udavartini Yonivyapad*.

Table No.1- Personal Information

Parameter	Details
Age	20 years
Sex	Female
Address	SGT University
Date of Visit	18/12/24, 18/1/25, 18/2/25

Table No.2 Past History

Parameter	Details	
Past Illness	No significant illness	
Surgical History	Nil	
Allergy History	No known allergies	

Table No.3 Drug History

Parameter	Details
Ongoing medication	Nil
Past medication	Occasional use of analgesics during menstruation

Table No.4 Family History

Parameter	Details
Hereditary disease	Not significant
Dysmenorrhea	Mother had similar complaints in adolescence

Table No.5 Menstrual & Obstetric History

Parameter	Details
Menarche	13 years
Cycle	Regular, 28–30 days
Duration of flow	3–4 days
Quantity of flow	Moderate
Dysmenorrhea	Severe, cramp-like pain

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Obstetric History	Nulligravida (no pregnancy)
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Table No.6 Vital Examination

Vitals	Before Treatment	After 3 Cycles
Temperature	98.4 °F	98.4 °F
Pulse	82/min	78/min
Blood Pressure	110/70 mmHg	112/72 mmHg
Respiratory Rate	18/min	18/min
Pain Score (VAS)	8/10	2/10

Table No.7 Systemic Examination

System	Before Treatment	After 3 Cycles
CVS	S1, S2 normal, no murmurs	Normal
RS	Clear breath sounds, no added sounds	Normal
CNS	Conscious, oriented, normal reflexes	Normal
P/A	Soft, tenderness in lower abdomen during	No tenderness during
	menstruation	menstruation

Table No.8 Treatment Plan

Drug Name	Contents	Dose &	Frequency	Anupana
		Dosage Form		(Vehicle)
Yonishulahara	Mustha, Usheera, Rasna,	10 g	Twice daily × 5	As it is
chocolate	Devadaru, Bala, Darbha +	chocolate bar	days during	(chocolate
	Dark chocolate		menses	base)

Table No.9 Laboratory Investigation

Investigation	Before Treatment (Dec 2024)	After Treatment (Feb 2025)	Normal Range
Hemoglobin (Hb)	12.8 g/dl	12.9 g/dl	12–16 g/dl (Female)
Total Leukocyte Count (TLC)	6,500 /mm*	6,700 /mm*	4,000–11,000 /mm*
Differential Count (DC)	N 62%, L 32%, E 4%, M 2%	N 63%, L 31%, E 4%, M 2%	N 40–70%, L 20– 40%, E 1–6%
Platelet Count	2.5 lakh/mm*	2.6 lakh/mm*	1.5–4.5 lakh/mm*
ESR (1st hr)	12 mm/hr	11 mm/hr	0–20 mm/hr (Female)
Random Blood Sugar (RBS)	94 mg/dl	92 mg/dl	70–140 mg/dl
Urine Routine & Microscopy	Clear, no abnormality	Clear, no abnormality	Normal
USG Abdomen & Pelvis	Normal study, uterus and adnexa normal	Normal study, uterus and adnexa normal	_
Thyroid Profile (T3, T4, TSH)	Within normal limits	Within normal limits	TSH: 0.5–5.0 μIU/ml
Serum Calcium	9.1 mg/dl	9.2 mg/dl	8.5–10.5 mg/dl

Table No.10 Follow-up Observations

Table No.10 Pollow-up Observations					
Date	Menstrual Cycle	Vitals (P/BP/RR)	Pain Score (VAS)	Systemic Examination Findings	
18/12/24	1st cycle	82/min, 110/70, 18/min	8/10	Abdominal tenderness present	
18/1/25	2nd cycle	80/min, 112/70, 18/min	5/10	Mild tenderness, improved routine activity	

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18/2/25	3rd cycle	78/min, 112/72,	2/10	No tenderness, normal activity
		18/min		

RESULTS AND FINDINGS

The patient completed three consecutive menstrual cycles with *Yonishulahara chocolate* therapy. Progressive improvement was observed in pain severity, daily activity, and overall menstrual comfort.

- Pain Score (VAS): Reduced significantly from 8/10 at baseline to 2/10 after three cycles.
- Menstrual Symptoms: Cramping pain and abdominal tenderness during menstruation showed marked reduction by the second cycle and were absent by the third cycle.
- Vital Signs: Remained within normal physiological limits throughout the study period, indicating safety and tolerability of the intervention.
- Systemic Examination: Initially, abdominal tenderness was noted during menstruation, which completely subsided after the third cycle. Other systemic findings remained normal throughout.
- Laboratory Investigations: Baseline and follow-up hematological, biochemical, and imaging studies (CBC, ESR, RBS, Thyroid profile, USG) remained stable and within normal limits, showing no adverse effect of the intervention.
- Overall, the administration of *Yonishulahara chocolate* demonstrated a safe and effective outcome in reducing the intensity of dysmenorrheic pain and improving quality of life without producing any side effects.

DISCUSSION

Udavartini Yonivyapad is described in Ayurveda as a condition arising from the vitiation of Vata dosha, especially Apana Vata, leading to obstruction and reverse flow. The classical symptom is painful menstruation, which closely correlates with primary dysmenorrhea in modern medicine. In primary dysmenorrhea, excessive production of uterine prostaglandins, particularly PGF2 α , results in increased uterine contractions, ischemia, and pain. Thus, both Ayurvedic and modern explanations recognize an imbalance in natural physiology leading to pain during menstruation.

Conventional treatment for primary dysmenorrhea mainly includes NSAIDs and oral contraceptives, which act by suppressing prostaglandin synthesis or regulating hormonal cycles. While effective, they carry the risk of adverse effects such as gastric irritation, hormonal imbalance, and recurrence of symptoms upon discontinuation. Therefore, there is a growing demand for safer, natural, and long-term management strategies. Ayurveda, with its focus on *Dosha-samyata* (balance of doshas), offers a holistic approach in this context.

In this case, *Yonishulahara chocolate* was selected as an innovative formulation combining classical *Vatahara* and *Shoolahara* herbs with a palatable chocolate base for better compliance in young women. The ingredients—*Mustha, Usheera, Rasna, Devadaru, Bala,* and *Darbha*—possess properties that pacify *Vata dosha*, reduce pain, relieve spasm, and strengthen the reproductive system. Additionally, dark chocolate itself contains magnesium and flavonoids known to relax muscles, improve mood, and reduce uterine cramps, thereby synergistically enhancing the effect of the herbal drugs.⁹

The clinical outcome of this case supports the effectiveness of the formulation. Progressive reduction in pain scores and absence of abdominal tenderness by the third cycle indicate not only symptomatic relief but also correction of underlying *Vata* imbalance. Stability of vital signs and laboratory investigations further establish its safety. These findings suggest that *Yonishulahara chocolate* can serve as a safe, effective, and patient-friendly intervention for *Udavartini Yonivyapad*, warranting further validation through larger clinical trials.¹⁰

Flow Chart - Probable Mode of Action

Yonishulahara Chocolate (Mustha, Usheera, Rasna, Devadaru, Bala, Darbha + Dark Chocolate)

t

Vatahara action → Pacifies *Vata dosha*, especially *Apana Vata*

t

Shoolahara & Vedanasthapana action → Reduces uterine cramps and pelvic pain

t

Srotoshodhana action → Clears obstruction in *Artavavaha Srotas* and improves uterine circulation

t

Balya & Rasayana action → Strengthens uterine muscles and supports reproductive health

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t

Dark Chocolate support (Magnesium & Flavonoids) → Relaxes smooth muscles, uplifts mood, modulates prostaglandin activity

t

Physiological effect → Decreased uterine hypercontractility, improved blood flow, reduced ischemia

t

Clinical outcome →

- Pain score reduced (VAS $8/10 \rightarrow 2/10$)
- Relief from abdominal tenderness
- Improved routine activity during menstruation
- No adverse effects observed

CONCLUSION

The present case study demonstrates that *Yonishulahara chocolate*, a novel formulation containing *Mustha, Usheera, Rasna, Devadaru, Bala*, and *Darbha* in a dark chocolate base, proved effective in reducing pain intensity and improving menstrual comfort in a patient with *Udavartini Yonivyapad* (primary dysmenorrhea). Over three cycles, there was a marked decline in pain scores from 8/10 to 2/10, with disappearance of abdominal tenderness and no adverse effects observed. Laboratory and systemic parameters remained stable, indicating safety and tolerability of the intervention. Thus, *Yonishulahara chocolate* can be considered a promising, safe, and patient-friendly Ayurvedic approach for managing primary dysmenorrhea, though larger clinical trials are required to validate these findings.

CONFLICT OF INTEREST –NIL SOURCE OF SUPPORT –NONE

REFERENCES

- 1. Tripathi B, editor. *Charaka Samhita of Agnivesha*, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta. Sutrasthana 30/26. Varanasi: Chaukhamba Surbharti Prakashan; 2019. p. 589.
- Dawood MY. Primary dysmenorrhea: advances in pathogenesis and management. Obstet Gynecol. 2006 Aug;108(2):428-41.
- Shastri AD, editor. Sushruta Samhita with Ayurvedatatva Sandipika commentary. Sharirasthana 2/5. Varanasi: Chaukhamba Sanskrit Sansthan; 2018. p. 45.
- 4. Harel Z. Dysmenorrhea in adolescents and young adults: etiology and management. J Pediatr Adolesc Gynecol. 2006 Dec;19(6):363-71.
- 5. Sharma PV. *Ashtanga Hridaya of Vagbhata*, with Sarvangasundara of Arunadatta and Ayurveda Rasayana of Hemadri. Nidanasthana 1/12. Varanasi: Chaukhamba Orientalia; 2014. p. 512.
- Proctor ML, Farquhar CM. Diagnosis and management of dysmenorrhoea. BMJ. 2006 May;332(7550):1134-8.
- Dawood MY. Nonsteroidal anti-inflammatory drugs and changing attitudes toward dysmenorrhea. Am J Med. 1988 Mar;84(5A):23-29.
- 8. Choudhary A, Singh S. Ayurvedic approach to primary dysmenorrhea (*Udavartini Yonivyapad*): a conceptual study. AYU. 2012;33(3):365-8.
- 9. Katz DL, Doughty K, Ali A. Cocoa and chocolate in human health and disease. Antioxid Redox Signal. 2011 Mar;15(10):2779-811.
- 10. Singh RH. Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med. 2010 Oct;1(2):91-5.