ISSN:3139-0935(Online)

Intemed: International Journal of Research in Integrated Medical Sciences (IJ-RIMS)

Journal homepage: www.intemed.in

Vol.: 2 | Issue: 10 | Oct 2026

Article History: Received: 22-10-2026 Accepted: 25-10-2026 Published:30-10-2026

DOI: doi.org/10.68108/intemed.v2.i10.28

Case Study

Role of Laghu Phala Ghrita in Udavartini Yonivyapad with Special Reference to Primary Dysmenorrhoea: A Case Study

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Abstract :

Women's health is an important aspect of healthcare, and menstruation is a natural physiological process. Udavartini Yonivyapad, described in Ayurveda, is primarily caused by Prakupita Vata. According to Acharya Charaka, suppression of natural urges (Vegadharana) aggravates Vata, causing its reverse movement and producing pain (Ruja) in the Yoni.[1] The aggravated Vata initially obstructs the downward flow of menstrual blood (Rajah), resulting in painful menstruation, followed by relief after its discharge.[2,3,4] This condition can be correlated with primary dysmenorrhoea in modern medicine.

Primary dysmenorrhoea is characterized by spasmodic lower abdominal pain beginning shortly before or at the onset of menstruation. The pain may radiate to the lower back and medial thighs and may be associated with nausea, vomiting, fatigue, diarrhoea, headache, and other systemic symptoms. [12] Conventional management includes non-steroidal anti-inflammatory drugs (NSAIDs) and hormonal therapy.

In Ayurveda, Snehana is an important treatment modality for Vata Shamana. Ghrita possesses Madhura and Sheeta properties and is traditionally considered beneficial for Vata Prashamana and Shoola Shamana. [10] According to Acharya Sharangadhara, Laghu Phala Ghrita is indicated for Yonidoshahara and is described as beneficial in Yonishoola. [9]

This case report describes a 22-year-old female presenting with lower abdominal pain, nausea, and fatigue for six months. Laghu Phala Ghrita, 5 ml with ushnodak, was administered twice daily before meals, beginning ten days before the expected onset of menstruation, for three consecutive menstrual cycles. This case aims to explore the role of Laghu Phala Ghrita in the management of Udavartini Yonivyapad, correlated with primary dysmenorrhoea.

Keywords: Laghu Phala Ghrita, Udavartini Yonivyapad, Primary Dysmenorrhoea, Menstrual Pain.

Introduction

Udavartini Yonivyapad is described in Ayurveda as a Vata-dominant gynaecological condition in which the abnormal upward movement of Apana Vayu is associated with painful and difficult menstruation. Its clinical presentation may resemble primary dysmenorrhoea, defined as menstrual pain without identifiable pelvic pathology. [13] In modern medicine, primary dysmenorrhoea is commonly associated with increased endometrial prostaglandins, uterine hypercontractility and transient uterine ischaemia. Laghu Phala Ghrita is a medicated ghee formulation described in Ayurvedic practice for Yonivyapad. This case study framework explores its use in a patient with features consistent with Udavartini Yonivyapad. Prevalance of dysmenorrhoea was 70.2%. [16]

Aim and Objectives

Aim: To document and assess the clinical response to Laghu Phala Ghrita in a patient presenting with Udavartini Yonivyapad correlated with primary dysmenorrhoea.

To record the patient's menstrual history, pain characteristics and associated symptoms before treatment.

To assess changes in menstrual pain severity and duration following the prescribed intervention.

Materials and Method

Study design

A single-patient, observational case study. The details below are a reporting framework and must be completed using the actual case record; no patient details or treatment outcomes have been assumed.

Patient selection and assessment

Document age, age at menarche, menstrual cycle interval and regularity, duration and quantity of bleeding, pain onset and duration, pain severity, associated symptoms, obstetric and gynaecological history, medication history and relevant examination findings. Record the patient's consent for clinical documentation and publication, with identifying information excluded.

Drug review: [9]

Laghu Phala ghrita contains –

Triphala, Dve sahachar, Guduchi, Dve haridra, Punarnava, Shuknasa, Rasna, Shatavari of which maxmimum ingredients having Tikta kashay ras, madhur vipak, ushna virya, guru, snigdha guna, and mostly vatshamak, anulomana, vednasthapana karma.

Case report:

A 22 year's old unmarried female, hindu patient, occupation private job visited our OPD with complaints of lower abdominal pain, nausea, fatigue before menstruation. Height-5 ft, Weight-56kg, Diet- mix, Agni- Madhyam, Koshta –Madhyam, Bala- Madhyam, Nidra- Alpanidra, Prakruti- Vata Pradhan pitta anubandhi. She is having these complaints since 6 months.

For this purpose, patient came for management of dymenorrhoea, then we advised her Laghu phala ghrita (5ml) with ushnodak, was administered twice daily before meals, beginning ten days before the expected onset of menstruation, for three consecutive menstrual cycles.

Past History- No H/O- DM/HTN/Hypothyroidism or any other major medical or surgical history.

Menstrual history: Menarche -12 yrs, regular, 4-5 days moderate bleeding with 28-30 days interval, and required 3-4 pads /day with severe abdominal pain, nausea, fatigue.

Ashtavidha parikshan: 1.Nadi-80/min, 2. Mala-samyak, 3.Mutra- Samyak, 4. Jivha- Niram, 5. Shabdha-clear pronunciation, 6. Sparsha-Samshitoshna, 7. Druk- Normal, 8. Akruti-Madhyam.

Nidan Panchak: (in patient) 1. Hetu- History of excess junk, spicy food, dadhi, day sleep, excess workout, mala & mutra veg dgaran.

2. Purvaroop- Nausea, fatigue

3. Roop- Severe abdominal pain before menstruation

4. Upashaya- Laghu phala ghrita with ushnodak

5. Samprapti- Harmful vata causes vitataion of artavaha srotasa.

Systemic examination- On inspection she was normal, auscultation – peristaltic sound heard, palpation – tenderness over pelvis, percussion was normal.

(CVS, RS, CNS –NAD, BP- 120/80 mm of hg, PR- 80/min)

Investigations: Hb-9.8 mg/dl, USG- finding- bulky uterus.

On the basis of examination and assessment of clinical feature, history and clinical reports available we diagnosed the case as Primary dysmenorrhoea.

Treatment planned: Laghu phala ghrita (5ml) with ushnodak, was administered twice daily before meals, beginning ten days before the expected onset of menstruation, for three consecutive menstrual cycles.

Observation and Results:

Rajovruttanta	Before treatment	After treatment
Menstrual cycle	4-5 days flow for every 28-30 days	4-5 days flow for every 28-30 days
Nausea	2-3 times/day	0-1 time/day
Fatigue	Fatigue by normal daily routine	Occasionally there is fatigue
Menstrual pain VAS scale assessment	Score-10	Score-3

Discussion

The clinical overlap between Udavartini Yonivyapad and primary dysmenorrhoea provides a rationale for documenting the response to an Ayurvedic intervention. Classical descriptions emphasise disturbed Apana Vayu and painful, difficult menstruation. Modern pathophysiology most commonly links primary dysmenorrhoea with increased endometrial prostaglandin activity, which increases uterine contractility and can reduce uterine perfusion, producing cramping pain. Clinical manifestations of Primary dysmenorrhoea and Udavartini yonivyapad are almost similar.

- In Ayurveda, Udavartini yonivyapad occurs mostly due to vitiation of vata, and causing pratiloma gati of vata.
- Laghu Phala Ghrita vatashamak and anulomak properties. It also decreases the pain occurs by vitiated vata by its vednasthapana properties.
- Most of dravyas of Laghu phala ghrita has madhur vipak and snigdha guna which shamans the vitiated sheet and chala guna of vata. So this could be the reason in reducing the pain and fatigue complaints.
- The case can generate a clinical observation but cannot prove efficacy or establish a mechanism.

Conclusion:

Nowadays Udavartini yonivyapad (Primary dysmenorrhoea) is interfering the personal, physical, mental, family and work life of women and thereby reduces their quality of life. Today's sedentary lifestyle causes vitiation of vata which is main dosha of all yonivyapad. So the treatment of all yonivyapad is treatment of vitiated vata. In this case; patient had complaint of lower abdominal pain, nausea, fatigue. Laghu Phala Ghrita with ushnodak has significant role on intensity of pain and its associated symptoms due to its vatashamak and vednasthapana properties. As soon asthepain is pain is reduced, her fatigue and other symptoms get reduced. Thus, the use of Laghu phala ghrita with ushnodak has a role in the treatment of Udavartini yonivyapad (Primary dysmenorrhoea). But the time demands to work on more patients and detail research.

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