

Ayurvedic Management of Dysmenorrhoea Through Rajaswala Paricharya: A Case Study

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Abstract—Around the world, dysmenorrhea, also known as Kashtartava, is a common cause of menstrual illness. In order to maintain Apana Vata balance and prevent menstrual diseases, the traditional Ayurvedic regimen of nutritional, behavioural, and external measures during menstruation, known as Rajaswala Paricharya, is advised. It is also being suggested more and more as a non-invasive method for relieving periodic pain. Rajaswala Paricharya stated goals in classical texts and modern Ayurvedic literature are to preserve samy avastha (body equilibrium), protect reproductive health, promote a shuddha artava (menstrual blood), and prevent menstrual disorders like kashtartav. Menstrual flow is treated as physiological by classical Ayurveda which also provides an outline of precautions to take for the menstruation woman. Rest, avoiding strenuous work, consuming warm, easily digested meals avoiding cold exposure and cold baths also advised to avoid ushna katu amla lavana aahar These are intended to avoid Srotorodha and Vata distortion and to promote Apana Vata functioning. Specific recommendations in Ayurvedic interventions emphasize Yavanna (barley-based preparations) Acharya Sushruta advised consuming Havishya, which are prepared from Shali, Yava, ksheer, and Ghrita, during the menstrual period. especially in terms of regulating Pitta and Vata doshas, which are necessary for normalizing menstruation. Early clinical features (testing the Yavanna/barley diet) justify further rigorous evaluation. objective outcomes (pain VAS, analgesic use) are priority next steps

Index Terms—dysmenorrhea, kashtartav, rajaswala paricharaya, ayurveda, Yavanna (barley-based preparations)

I. INTRODUCTION

The most prevalent gynaecological issue that affects girls during adolescence is dysmenorrhea, which causes an immense amount of distress and anxiety for both the woman and her family. Painful menstruation is the literal definition of dysmenorrhea. However, a more practical and realistic definition encompasses instances of menstrual discomfort severe enough to interfere with daily activities¹.

Clinically it is of two types

A primary dysmenorrhea is one that has no apparent pelvic pathology attached to it. It is now evident that a metabolic disturbance is the aetiology of pain. Over 50% of post-pubescent women with ovulatory cycles between the ages of 18 and 25 suffer from primary dysmenorrhea.³systemic discomforts like nausea vomiting fatigue diarrhoea and headache⁴.secondary refers to the one associated with the presence organic pelvic pathologieslike endometriosis, fibroids, adenomyosisand pelvic inflammatory disease⁵.

The conventional treatment for primary dysmenorrhea in the modern medical system consists of analgesics, antispasmodics, and hormone therapy; these medications have adverse effects such as headache, fatigue, blurred vision, and intestinal pain, besides others.

Although primary dysmenorrhea poses no actual threat to life, it can negatively impact a woman's quality of life and, in extreme cases, may result in inefficiency and limitations. Additionally, some women who

experience dysmenorrhea may experience mental health issues that lead to feelings of loneliness and decreased engagement in various social activities. Therefore, definitely requires finding out exceptionally effective treatment.

Ayurvedic view of kashtartava

Kashtartava is not specifically mentioned as a disorder in the classics of Ayurveda. It is mentioned as a sign of numerous other illnesses. such as Udavartini Yonivyapada, Vatajaartava Dushti, and Vataja Yonivyapada.

According to Ayurvedic literature, a woman who is menstruation is called Rajaswala. Rajaswala Paricharya applies during the first three days of the menstrual cycle, which is usually characterized as enduring three to seven days. To preserve reproductive health during this time, a woman is counseled to adhere to pathya aahar (particular nutrition), behavioral Vihara (lifestyle), and Mansika (psychological) directives.

Stressful and chaotic lives built on by higher employment standards, changes in culture, and the growing desire that women participate fairly in every sector often result in an apathy for traditional Ayurvedic practices. Modern dietary patterns vary significantly from ancient times, when eating habits were rigorously adhered to for their health benefits.

Ayurvedic concepts must be properly evaluated and integrated with contemporary healthcare practices in light of the rising incidence of menstruation problems and dysmenorrhea. A complete non-pharmacological remedy provided by Rajaswala Paricharya may greatly enhance both general health and menstrual health. Future studies ought to concentrate on using clinical trials and observational studies to validate these conventional methods in order to provide evidence-based guidance for their use for contemporary reproductive care.

II. CASE DESCRIPTION

A 30- year- old nulligravida female presented with chief complaint of painful menstruation since menarche. The pain was localized in lower abdomen and lower back including thigh region. Described as discontinuous and moderate to severe in severity. The pain began 3-4days before the menstrual cycle and continued for three days along with symptoms of uneasiness irritability and loss of appetite the patient

mentioned taking a medication (once a daily for tree days) during each painful menstrual cycle

Investigations

To rule out underlying systemic and gynecological condition, the following routine investigation were conduct

- Complete blood count (CBC) – within normal limits
- Liver function test (LFT)- within normal limits
- Random blood sugar (RBS) - within normal limits
- Thyroid profile (T3, T4, TSH)- within normal limits
- Pelvic ultrasonography (USG)- there was no noticeable organic pathology

Confirming the absence of this underlying cause the patent advice to follow rajaswala paricharya for five consecutive cycles with medical intervention

Clinical History

Chief Complaint:	Since menarche Painful menstruation
Associated symptoms:	Lower back pain, lower abdominal pain with cramps, irritability, and uneasiness.
Pain site and type:	Lower back upto mid lower abdomen
Severity:	Mild to Moderate (VAS score)
Onset:	3-4 days before menstrual cycle
Duration:	6 days
Obstetric history	Nulligravida
Past medical and surgical history	no history of relevant medical condition
Medication	Analgesic once a daily for three days

Menstrual history

Regularity	Regular
Duration	4-5 days
Interval	30-35 days
Pain	Present
Colour	Dark red
Clots	Present on second day
Foul smell	Absent
Pad history	1 ST day: 2 full soaked 2 ND day: 3 fully soaked 3 RD day: 1 fully soaked 4 TH day: 1 Moderately soaked 5 TH - 6 TH : day spotting

Samprapti ghatok
 dosh - vata Pradhan tridosh
 vyan and apanavata dosh, ranjak and pachak pitta dosh
 kledak kaph dosh
 dushya – dhatu - rasa rakta upadhatu – aartav
 agni – jatharagni rasadhatuagni
 strotas – aartavah strotas anmd rasavah strotas
 sthana samshraya – garbhashaya
 vyaktisthan – garbhashaya, prishthakatvankshan
 Acharya charak stated that vat vrudhi is main reason
 for dysmenorrhea
 Vata vrudhi manifest by three ways; dhatukshay,
 margavrodh
 Dhatukshay - When Vata prakopaka ahara-vihara is
 taken, it triggers the Vata, which leads to rasa and rakta
 dhatu kshaya (Anulomakshaya). Upadhatu formation
 will be lessened because Artava is thought of as
 Rasadhatu's upadhatu (su.su.14/6). The amount and
 quality of Artava produced will be less than usual. As
 a result, the vata dosha will worsen and kshobha will
 develop in the Garbhashaya, which is excruciating and
 resembles an angina condition in the uterus. It ended
 up as vedana and toda. In addition, dhatukshaya would
 make a woman heena satva, which lowers the pain
 threshold and makes even minor discomfort feel
 tremendous.
 Margavrodh – according to acharya sushruta (1)
 Snigdha guru pichchila, abhishyandi guna of vikrut
 kapha dosha will hamper jatharagni (digestive fire)
 leading to jatharagnimandya and formation of aam (2)
 Dosh uplepa on aartavah strotas causing aartavah
 strotas avrodha and painful menstruation

Intervention –

Rajaswala Paricharya provides a holistic lifestyle
 framework that involves dietary, behavioral, and
 physical recommendations. These guidelines, when
 followed, help women avoid exacerbating conditions
 like dysmenorrhea. In Ayurveda, Rajaswala Paricharya
 refers to the regimen or guidelines that women should
 follow during their menstrual cycle (Rajas) for overall
 health and well-being. These practices are aimed at
 maintaining balance in the body and mind during
 menstruation. Rajaswala Paricharya emphasizes
 maintaining internal and external harmony by
 following a disciplined approach during the menstrual

period to support the natural flow of menstruation and
 minimize discomfort or illness.

Shlok

"Havishyamsaghrishalyodanadiksheerasanskritam,
 yavannamityeke." [7]

Acharya Sushruta advised consuming Havishya [7]
 Sushruta samhita, Sharirsthana, Shukrashonit shudhi
 shariram, 02/25., which are prepared from
 Shali, Yavanna (barley-based preparations), ksheer,
 and Ghrita, during the menstrual period. The
 strengthening and therapeutic qualities of these foods
 are well-known in Ayurveda, especially in terms of
 regulating Pitta and Vata doshas, which are necessary
 for normalizing menstruation. patient was advised to
 avoid ushna, Tikshna, katu, amla, lavana, vidahi,
 abhishyandi, vishtambhi, snigdha and guru annapana
 also avoid divaswapna (dozing off in day time), snana
 (bathing), abyanga (oil massage), sexual intercourse
 The focus of this study was on the Aharaja Bhava
 element as a therapeutic approach. During five
 consecutive cycles of menstruation, the patient was
 instructed to follow a regimented diet.
 Yavaka, which is a barley and milk preparation, and
 Havishyam, which is a preparation made with ghee,
 sali rice, and milk, constituted part of the advised diet
 [6]. Ayurveda acknowledges these foods for their
 tranquil and nutritious features, especially in
 harmonizing Pitta and Vata doshas, which are
 necessary for stabilizing the monthly cycle. By
 incorporating those concepts, the study aimed to assess
 Rajaswala Paricharya's feasibility as a non-
 pharmacological method for reducing symptoms
 associated with menstruation.

III. RESULT AND DISCUSSION

Throughout five consecutive menstrual cycles, the
 implications of Rajaswala Paricharya on primary
 dysmenorrhoea were monitored.

During the course of the trial, the patient consistently
 followed the dietary changes.

Along with the patient's use of analgesics and basic
 cycle wellness, the Visual Analogue Scale (VAS) was
 used to determine the primary results measure, which
 was pain intensity.

Observation for next five consecutive cycles

Cycles	Symptoms	Overall improvement	Analgesic intake	VAS pain score
1 st cycle	Lower abdominal pain with cramps, back pain uneasiness and irritability	No improvement	Required twice a day for 1st day then once for next day	6/10
2 nd cycle	Lower abdominal pain without cramps, back pain and uneasiness	Mild improvement	Required twice a day for 1st day	6/10
3 rd cycle	Mild Lower abdominal pain, back pain reduced	Noticeable improvement	Required once a day for 1st day	4/10
4 th cycle	Mild back pain, abdominal pain not reported	Significant improvement	Not required	2/10
5 th cycle	No any associate symptom reported	Complete relief	Not required	0/10

Over the course of the four menstrual cycles, the data showed a steady decrease in the severity of the discomfort. The patient initially reported having a VAS score of 6, mandating the use of analgesics to control discomfort. But by the third cycle, the pain

level had lowered to VAS 4, meaning that just one dose of painkiller was sufficient.

Complete symptom improvement (VAS 0) occurred by the fifth cycle, illustrating to Rajaswala the successful effect of Paricharya in treating dysmenorrhea.

Result of Rajaswala Paricharya

Sr no	Criteria	Before treatment	After treatment
1	Menstrual regularity (interval of flow)	Regular (30-32days)	Regular (28-30days)
2	Duration of flow	4-5 days	3-5 days
3	Severity of pain (VAS score)	Painful (VAS score 6)	Painless (VAS score 0)
4	Clots	Present (mild clots on 2 day)	Absent
5	Pads used		
	Day 1	2 fully soaked	2 fully soaked
	Day 2	3 fully soaked	2 fully soaked
	Day 3	1 fully soaked	1 fully soaked
	Day 4	1 moderately soaked	Mildly soaked
	Day 5	Spotting	Spotting

Additionally, the studies show that is in management of pain and menstrual flow. Ghee, milk, barley, and Shali rice have all been shown in ayurvedic Samhita as Vata shamaka (Vata-pacifying) qualities that help to stabilizing apan vat which promote a more regular painless menstrual cycle. The constant reduction in discomfort and pain emphasizes Rajaswala Paricharya's promise as a non-pharmacological, all-encompassing method of managing dysmenorrhoea.

IV. DISCUSSION

This case report provides a comprehensive, scientifically supported approach to menstruation health and emphasizes the importance of harmonizing

Ayurvedic dietary principles with mainstream medical treatment.

Symptomatic improvement can be explained through both ayurveda and modern view. Primary dysmenorrhea is commonly attributed to aggravated Vata and formation or obstruction by aama. it aims to pacify Vata (through warmth, rest, advised diet, and avoidance of vata-provoking activities) and prevent aama formation, thereby reducing the root cause of pain during menstruation. Diets low in pro-inflammatory foods, nourishing and specific (e.g., barley, shali, milk and ghee) may reduce systemic inflammatory markers which is a central driver of primary dysmenorrhoea pain. Shali is snigdha, Madhura sheet veerya and tridosha shamaka which help to reduced internal heat and regulate menstrual flow. Yava is

Madhur, laghu and rukshaalso Sthairyakrita (strengthening) which promote easy digestion. Milk has Madhurrasa, sheetveerya, snigdha, gunait is also balya, rasayan and jivaniya which is analogous to ojaadhatu. It enhances immunity. Rest and decreased physical/psychological stress reduce central sensitization and perceived pain intensity.

The study's principal finding was a gradual decline in pain intensity, which was demonstrated by the Visual Analogue Scale (VAS) ratings. At first cycle, the patient experienced moderate pain (VAS score: 6), requiring analgesics to be used in order to manage discomfort. However, the pain level dropped to VAS 4 by the third cycle, indicating that a single dose of the medication was adequate. Symptoms completely improved by the fifth cycle (VAS 0).

According to modern scientific research the anti-inflammatory and neuroprotective properties of the recommended dietary components are responsible for the decrease in symptoms. While simultaneously dietary and behavioural changes lower prostaglandin-driven inflammation and regulate circulatory transmission, Rajaswala Paricharya reduces the cause of uterine hypercontractility and local inflammation (Ayurvedic: pacifies Vata and prevents ama). These actions together reduce pain, smooth uterine bleeding, and regulate cycles. It has been demonstrated that barley (yava) enhances endometrial health and promotes estrogenic activity, which facilitates a smoother menstrual flow. And fatty prostaglandin acids found in milk and ghee are necessary for the generation and regulation of decreasing inflammatory mediators that cause uterine contractions.

The patient stated experiencing significant clots during the first day of menstruation prior to the intervention. The patient claimed that there were no clots present at all by the fourth and fifth cycle of Rajaswala Paricharya, and clot formation was significantly reduced by the third.

Presence of clots in menstrual flow indicated apana vat dushtit that obstruct the menstrual flow. It has been shown that the diet advised in this study, especially the Shali rice and ghee, enhances blood circulation and facilitates the easy menstrual flow. The study's progressive decrease in clots indicates that Ayurvedic dietary changes affect haemostatic equilibrium, resulting in a more regular and painless menstrual flow.

Ayurveda underlined that the harmonious activity of tridoshas regulate the physiological menstruation.

Vat dosh specifically apanavayu governed evacuation of menstrual blood. Endometrial shedding is regulated by Pitta dosha, uterine stability is maintained by Kapha dosha, whenever doshadusti occurs, this equilibrium is disturbed may result in irregular and painful menstruation. The dietary regimen suggested in this study is well-known for its Pitta-balancing and Kapha-nourishing qualities, which support hormonal stability and cycle regulation. Ghee and milk in particular are part of this diet.

V. CONCLUSION

This individual case reports claim benefits in pain reduction and other related symptoms leads to with overall improvement of the symptoms of dysmenorrhea by the fifth cycle. The effectively followed dietary-specific intervention regulate vata dosha, pain, cramp and periodic menstrual cycle. Rajaswala Paricharya is coherent, low risk, nonpharmacological approach that aligns well with both tridosha and legitimate biomedical mechanisms for reducing menstrual symptoms.

When the regimen is followed, several recent literature studies and clinical reports reveal consistent positive outcomes, such as enhanced cycle regularity, maintain blood flow, and a reduction in the intensity of menstrual cramps.

In order to develop therapeutic guidelines for introducing Rajaswala Paricharya into traditional gynaecological practice, more research with wider sample sizes and controlled research is recommended.

VI. FUTURE SCOPE

As result of study shows that non therapeutic intervention for primary dysmenorrhea is effective, it is necessary to conduct additional extensive clinical trials on Rajaswala Paricharya to confirm these results.

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