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The Role of Ayurvedic Menstrual Regimen (*Rajaswala Paricharya*) In the Management of Premenstrual Syndrome – A Randomised controlled Study

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ABSTRACT:

BACKGROUND: Ayurveda places a strong emphasis on preventive health for women. The holistic approach of Ayurveda considers not only the physical health but also the mental, emotional, and spiritual well-being of individuals. There are different *Paricharyās* (Regimen) mentioned during different phases of Reproductive life. Premenstrual Syndrome is a concerning menstrual health issue exhibiting Psychosomatic symptoms affecting social, academic, or work performance. *Rajaswala paricharya* conserve *Svāsthya Avasthā* (Healthy condition), which in turn could help women with PMS to respond in a healthier manner to the drastic psychosomatic changes.

MATERIALS & METHODS: 40 Female subjects fulfilling the diagnostic criteria of Premenstrual Syndrome were randomly selected and divided into two equal group of 20 subjects in each. Group A were given *Rajaswala paricharya* and Group B was observed without intervention. Assessment was carried out on the first day of enrolment and followed by 5th day of 3 consecutive menstrual cycles.

RESULTS: When comparison was done between the group - Highly significant difference in the effect of intervention was noticed in Group A with p value < 0.001.

CONCLUSION: Though the results are good and encouraging, further study can be carried out on a large population with bio-chemical markers which is expected to provide definite conclusion. *Rajaswala paricharya* which is considered as Menstrual taboo in India, the further studies will give strong scientific background to encourage and create awareness to the society.

KEYWORDS: Premenstrual syndrome, *Rajaswala paricharya*, *Ṛtuyatēta Kāla*, Menstrual Regimen

INTRODUCTION

Premenstrual syndrome (PMS) is a cyclic phenomenon of somatic and affective symptoms appearing in the days preceding menses and interfering with one's work or lifestyle followed by a symptom-free interval. This is restricted to luteal phase begins after ovulation and ends with the start of menstruation. According to ICD-11, it is also called as Premenstrual tension syndrome. The American College of Obstetricians and Gynecologists (ACOG) includes psychiatric and physical symptoms. The American Psychiatric Association (APA) focuses predominantly on psychiatric symptoms in its diagnostic criteria for premenstrual dysphoric disorder (PMDD). Symptoms can occur anytime between menarche and menopause. The burden of disease can be high; women with PMS have higher rates of work absences, higher medical expenses, and lower health-related quality of life.(1) Prevalence rate of PMS in India as obtained from the total of 25 studies conducted between the year 2000 to 2020 is around 43%.(2) Though the exact cause of PMS is uncertain, there are theories stating to be influenced by several factors like stress, improper diet, and lifestyle.(3)

Āyurveda, the ancient system of medicine that originated in India, indeed places significant importance on preventive health and well-being for women. Throughout various phases of a woman's life, Ayurveda recommends specific guidelines and conduct, known as Paricharyās, to promote physical, mental, and spiritual health. Here are some key aspects of preventive health and conduct for women according to Ayurveda: *Rajaswalā Paricharyā* (Menstrual care), *Garbhīṇī Paricharyā* (Antepartum care) and *Sūtikā Paricharyā* (Postpartum care). The most overlooked and diluted among these is the *Rajaswala paricharya* (RP)(4). There is confusion among girls today regarding rest and recuperation during menstrual period as it is conflicting to ideas propagated by the social media.

Ṛtuyatēta Kāla which is understood in relation to the luteal phase, physiologically shows *Pitta prakopa Avasthā* (increase in pitta) and *Vāta Sañcaya Avasthā* (accumulation of vata). Indulgence in *Mithyāhāra* and *Vihāra* (improper diet and activities) leads to the *Vāta doṣa* getting vitiated. This, in turn in association with *Pitta* and *Kapha* leads to the manifestation of *Lakṣaṇas* (Clinical features) like PMS. Going by the statement of *Sushruta ācharya* that states 'As dirty clothes do not stain colour,' proper facilitation of menstrual cycle with RP acts as an ideal *Śodhana* (detox) procedure which creates better quality of life for women.(5)

The present study was aimed to evaluate the role of RP in PMS. This study encourages to promote an open and positive dialogue about menstrual health to break down barriers and foster a supportive environment. Educating women and society at large about RP, which refers to the menstrual hygiene and health practices in *Ayurveda*, is crucial. By promoting awareness and understanding of these practices, there is an opportunity to enhance overall well-being and help women manage psychosomatic changes associated with the menstrual cycle, including those related to PMS.

OBJECTIVES:

To evaluate the effect of RP in the management of PMS by using DRSP scale. And to compare with those not following RP. To assess the quality of life of the subjects by using DRSP scale. To study the principles behind RP and its application in today's lifestyle.

MATERIALS AND METHODS:

The subjects are Included between age group of 18 to 40 years, irrespective of their marital status, presenting symptoms of PMS and who were willing to give written consent for the study are included.

The subjects are Excluded who had irregular menstruation, undergoing any pharmacologic therapy, hormone ingestion or alcohol use, exhibiting symptoms continues throughout the phase of menstrual

cycle, underlying pathological conditions of breast and pelvis, Known cases of Hypo/hyperthyroidism, anemia, Premenstrual Dysmorphic Disorder (PMDD) and any pre-existing psychological disorder.

The study is an open labelled, controlled clinical study, where subjects (n=40) fulfilling inclusion criteria will be assigned randomly into two groups (Table.1) of 20 subjects each by random sampling -lottery method. Group A (Trial group) asked to follow RP (Table.2) the protocol was prepared based on Ayurvedic literature *Brhat Trayī* (6,7,8,9) and Group B (Control group) asked to follow the Daily Routine

125 Student volunteers were enrolled from Sri Sri college of Ayurvedic science and research, Bengaluru through google form. They were analyzed, out of which 40 subjects fulfilling ACOG Diagnostic criteria (10) selected and included in the study. A case Proforma prepared with detailed history and the investigations required based on diagnostic criteria was carried out. Subjects were assessed with Daily Record of Severity of Problems (DRSP) Symptom Diary (11) Scoring was done using Carolina Premenstrual Assessment Scoring System (C-PASS)(12). The study was conducted for 3 consecutive cycles. Assessment was carried out on the first day of enrolment and followed by 5th day of 3 consecutive menstrual cycles. A diary was maintained and recorded by subjects to the extent which the subjects were following the protocol.

RESULT:

A total of 125 responses were received within the period of 4 weeks (Figure.1). The subjects (n= 85) under Pharmacological/ hormonal therapy, alcohol use and declined to participate were excluded and the study was conducted with 40 subjects. The average age of the participants was 23.06 years between 20 to 38 years (Table.3). The subjects who were underweight 13% (n=5), ideal 60% (n= 24), over weight 23% (n=9) and obese 5% (n=5). The marital status among the participants unmarried 85% (n=034), married 15% (n=06). The mean age at menarche was 13.6 (range 10–16) years. The average Hb was 11.8 (range from 9.7- 14).

The affective symptoms maximum of 35 subjects (88%) had irritability followed by Anxiety in 29 subjects (73%). In somatic symptoms maximum of 23 subjects (63%) were having Abdominal bloating followed by breast tenderness in 22 subjects (60%). In overall assessment, among 20 subjects in Group A, the total score before treatment was 49 % improved by reducing to 20 % after 3months of treatment. Among 20 subjects in Group B, the total score persists 42 % after 3 months of observation. When results were compared within the groups, Group A shown highly significant result. When comparison was done between the group - Highly significant difference in the effect of intervention was noticed in Group A. (Table.4)

DISCUSSION:

In this study, the maximum number of subjects were students 65% in 21-25yrs age group there is a higher chance of indulging in nidana. this age group has more mental stress on the academic workload, reduced physical activity and unhealthy dietary habits.

Socio-economic status of the subjects was from Middle class (73%). They belong to the middle strata of the economic ladder where they undergo a lot of psychological stress as well as economic stress in day-to-day life for better future goal. And it is known fact that stress itself causes many disorders. The subjects of Vegetarian (53%) and mixed diet (48%) with almost equal distribution and the taste preference was *Katu* (55%) *Amla* (53%) *Lavana Rasa* (33%). Excessive intakes of *Katu-Amla-Lavana Rasas* lead to *Vata-Pitta Prakopa* leading to Psychosomatic symptoms of PMS.

Among the 40 subjects, maximum was *Vata pitta* (48%) followed by *Vata-Pitta Prakruti* is seen. *Rajasika* (75%) and *Tamasika* (15 %) predominance as they are the causative factors for *Mano Vikaras*. Previously studies were done different individual features, on general anxiety by Amin H et al, *Vata*

Pradhana Prakriti and *Rajas Pradhana Prakriti* patients was found. (14) Another study on premenstrual irritability occurring in a woman of *Kapha Prakriti* is confounding, since *Kapha Prakriti* individuals normally possess low irritability. (15) People with the dominance of *Vata* in their *Prakruti* are more prone to stress induced diseases and reduced Stress Handling Capacity. (16) All the above studies justify the result that was obtained. In menopausal women when *Manasika Prakruti* was analyzed, 66.67% were of *Rajasika-Tamasika Prakruti* exhibited more symptoms which were like PMS.

A *Rajaswala* essentially falls into one of the three categories. A person who has undergone *Shodhana Karma* (17), A person having decreased digestive capacity -*Agnimandya Avastha* (18), A person having a wound - *Vranita Vyakti*. (19)

Menstruation is a naturally occurring *Shodhana* process, almost similar as that of a person who has undergone *Shodhana* procedures, as mentioned in *Ashta Mahadoshkara bhava*. *Shodhitavyakti* is at the state of *Agnimandya*, it is aimed at increasing the *Agni* slowly and steadily up to a point where it can digest any type of food easily. The diet mentioned for *Rajaswala* is *Havishya Anna* denotes food offered in the holy fire slowly and steadily flare up the fire. The *Jatharagni* in the body during menstruation corresponds to this holy fire.

The menstrual blood is an outcome of shedding of functional layer of the endometrium leaving behind a layer of healing and regrowth simulating an active wound. Based on this, the *Rajaswala* can be considered as a *Vranitavyakti*. The *Pathya-Apathya* prescribed for *Rajaswala* is almost the same as that prescribed for a wounded person or a person who has undergone surgery.

Menstrual phase is a period of elevated alkaline pH in the vaginal environment, Coital activity during menstruation acts favorable for infections. (20, 21) Coital activity itself increases oxytocin level, which in turn contribute to Oxytocin dependent mechanisms of painful menses. The serum oxytocin concentrations would be higher in women with dysmenorrhea and would be associated with greater menstrual pain.

Sleeping during daytime is contraindicated in *shodhana karma* and helps to prevent the vitiation of *Kapha* and *Pitta* and formation of *Ama*. Depression related to lower onset and amplitude of melatonin secreted during day sleep seen in luteal phase. So, to avoid the poor-quality functional melatonin the instruction of not to sleeping during daytime might be helped.

The purpose of No applying corrylium and creams to the body is for facilitating physiological process of *Anga Karshana*. So, any kind of manipulation through *Bahya Prayoga* neither in the form of *Snehana* nor *Rukshana* is advised. If look in the angle of presence of xenoestrogens in the cosmetics known for its endocrine disruptive function. But the avoidance in early luteal phase alone to have positive effect over the menstrual associated symptoms needs to be studied further.

Not to cry, instead having good and virtuous thoughts are related to *Manasika bhavas*. The *Bava* (feelings) that arise in the *Mana* has a direct effect on the *Rasa Dhatu* as both *Mana* and *Rasa* have common *Sthana*. *Raja* being *Upadhatu* of *Rasa Dhatu*, the status of the *Manas* of a female is also affected. Crying, fear, anger triggers stress response thereby increases production of cortisol level and acts upon psychological symptoms.

Darbha (*desmostachya bipinnata*) has the properties like *Dahaprasamana*, *Manyu Shamana*, reduces the thoughts of *Krodha*, *Dwesha* and *Irsha* (*Atharva veda*.6.43.2). *Darbha* acts as antioxidant. Leaf part acts on burns, wound and boils. Camphene has analgesic activity. Along with Limonene and β -Eudesmol acts as anti-inflammatory, antimicrobial on *S. aureus*, *S. epidermidis*, *E. coli*, *p. aeruginosa*. It absorbe radiations like UV rays (22) and the theory of radiation of specific amplitude focused on an

affected area help in Reduction of fibromyalgia (23) can be applied here. How far sleeping on Darbha mat has an effect does need further evidence.

Bathing and oil application is contra-indicated in *Agnimandya Avastha*. The cold-water bath activates the sympathetic nervous system, the fight or flight response. oxytocin is released in response to low intensity stimulation of the skin, e.g., in response to touch, stroking during bath increase production of $PGF_2\alpha$. Though early follicular phase has less sebum production and less hydration of skin (24). the aim for *Angakarshana* through *RP* is not allowing to intervene.

Not cutting nails and not combing of hair is to Prevent *Vrishya* and *Rupa Virajanam*. (25) In the context of cutting nail, Increased Pain sensitivity or decreased pain threshold is seen in women with depression or less serotonin level. So, can postulated to feel exaggerated pain during nail filling or cutting, but needs to be studied further.

In the context of hair, the estrogen levels of pregnancy result in an increase in hair density, as estrogen acts to prolong the anagen phase of the hair growth cycle so that daily shedding decreases. After delivery, plummeting estrogen levels cause all hairs to enter the telogen phase simultaneously, resulting in significant hair loss (26). A similar response to decreasing estrogen levels occurs at the menopause. Based on the above said there is lowest level of estrogen in early follicular phase, which might have chance of increased hair fall with mechanical force of combing.

Running, laughing loudly, excessive talking, listening to excessive sounds, exertion. These activities cause vitiation of *Vata Dosha* which is Contra indicated in *Shodana Karma*. Above said activities increases oxytocin and cortisol level leads to Psychosomatic symptoms. Moderate to high-intensity exercise is believed to increase anti-inflammatory cytokines, decrease the overall prostaglandins released because of the decrease in the overall amount of menstrual flow, and low-intensity exercise reduces the cortisol level and prostaglandin synthesis. (27)

In this study, plantain leaves used as the serving base for its wide availability. Plantain leaf has the properties of *Hrudhya* and *Bala Agni Vardhana*. (28) It contains large amounts of polyphenols that are natural antioxidants. This might have worked on the menstrual oxidative stress of Bleeding phase.

Decrease in estrogen level causes reduction of barrier function in GIT. The intake of excessive *Tikshna Ushna Lavana Pradhana Ahara* causes loss of estrogen dependent micro flora and disturbance in gut function.

The diet has Rich source of tryptophan converted to serotonin in GIT, storage in platelet is maximum seen in early follicular phase. In a clinical report it was demonstrated that ingestion of starch rich dinners expands the amalgamation of Serotonin. Foods with high carbohydrates will likewise expands the Serotonin levels. Subsequently, it very well may be added to the PMS condition.

Based on DRSP Scale the Clinical features are categorized into three. (Table.5)

Affective Symptoms between the Group, Group A showed Statistically High Significance ($p < 0.001$) in Depression and Statistical significance ($p < 0.05$) seen in irritability, affective lability, anxiety, and confusion.

Somatic Symptoms within the Group A, Statistical significance ($p < 0.05$) seen in Breast tenderness, headache, joint or muscle pain and swelling of breast, ankles fingers and abdomen.

Secondary Symptoms within the Group A, statistically high significance ($p < 0.001$) seen in Decreased social interest and sleeping habit. Statistical significance ($p < 0.05$) seen in overwhelmed, lethargy and eating habit. In between the Groups, Group A showed Statistical significance ($p < 0.05$) in decreased social interest, sleeping habit, and overwhelmed.

Whereas Group B, showed non-significant result within the group and between the group, as there was no intervention given. In interference of work, hobby, and relationship between the group, Group A showed statistically high significance ($p < 0.001$).

Mental and physical stress are avoided by reducing *Vata Prakopaka Viharas. Kalyanadhyaini* and not exercising, running and other physical activities to avoid increase of cortisol level (29). Restriction of activities has avoided the release of Serotonin and Dopamine. This might have led to regulation in the relationship between HPO and HPA axis. Chemical constituents of *Ahara* like tryptophan, vitamin B₆ helps conversion of serotonin. Lignans, Dihydroquercetin, Alpha tocopherol which are antioxidants acted as scavengers and reduced oxidative stress state of menstruation. Bioavailability of serotonin in platelets are increased during early follicular phase and stored. (30) Rest and recuperation which influences the eating and sleeping habits are guided. Correction of Affective symptoms shown improvement in the secondary symptoms and improvement of Quality of life of the subjects.

CONCLUSION

Premenstrual Syndrome is quite common these days because of unhealthy food habits, sedentary life style and stressful life. In the present study RP is more effective than control group in the management of Premenstrual Syndrome. This study opens wide range of opportunities for other abnormalities of menstrual cycle as there is changes observed during menstrual cycle. Further research separately on *Ahara* and *Vihara* as a scope for detailed understanding the effect of RP. Rajaswala Paricharya according to different authors can be studied comparatively.

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APPENDIX

Table.1 Showing intervention of both the group

GROUP	A (Trial Group)	B (Control Group)
INTERVENTION	<i>Rajaswala Paricharya</i>	No intervention (Daily Routine)
DAYS OF INTERVENTION	First 3 days of cycle	-
DURATION	3 consecutive cycles	3 consecutive cycles

Table.2 Showing *Rajaswala Paricharya* Protocol

(A)VIHARA	
ACTIVITIES	Avoid strenuous work, running, exposure to wind, travelling and long working hours. Minimal physical activities. Avoid excessive and unwanted conversations/ minimize the conversations. Minimize listening to TV and Music. And Follow celibacy
MIND	Keep mind as calm and relaxed as possible. Have positive thoughts. And not to cry
SLEEP	No sleeping during daytime Sleep on Darbha mat
GROOMING	Not have complete bath (Follow basic hygiene like cleaning genitalia, hands, legs and face/ sponging the body) Not to wear ornaments, cut nails, apply creams, oil & corrylium Not to comb (superficial combing without involvement of scalp)
(B) AHARA	
Timings: Breakfast- Yava porridge cooked with milk/ Kichadi with rice and mung dhal + Milk / Yava roti with ghee+ sabji* Lunch- Rice with <i>ghrita</i> +rasam Dinner- Kichadi with rice and mung dhal/ Yava porridge cooked with milk/ Yava roti with <i>ghrita</i> + sabji*/ Broken wheat upma	

*Sabji: Snake gourd/ Ridge gourd

Quantity is subjected to vary based on *Agni Bala* of the subjects.(13)

DO'S: Eating with hands /leaves/earthen vessels. Less quantity of food.

DONT'S: Avoid spicy, pungent, sour, and salty foods.

Figure.1

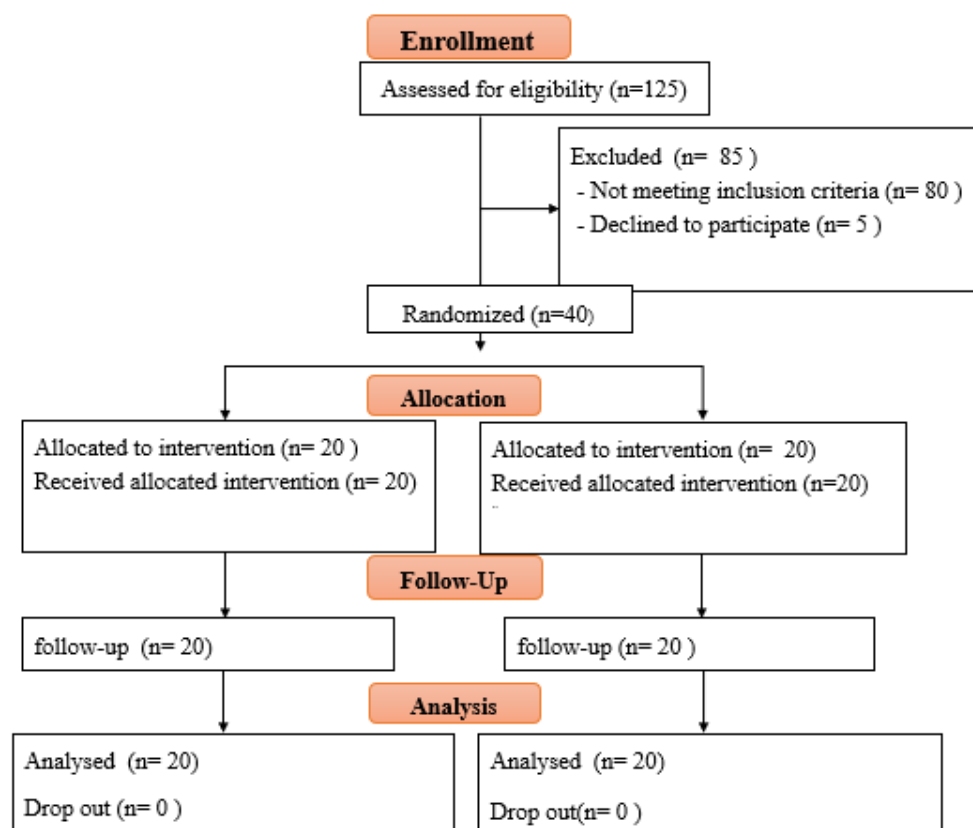


Table.3 Sociodemographic and menstrual detail of the subjects.

a. Age (years)	
18-20	4 (10%)
21-25	27 (67.5%)
>26	9 (22.5%)
b. BMI:	
<18.5	5 (13%)
18.5-24.9	24 (60%)
25-29.9	9 (23%)
> 30	2 (5%)
c. Marital Status:	
Unmarried	34 (85%)
Married	6 (15%)
g. Age at menarche (years)	
<12	16 (12.8%)
12- 15.	108(86.4%)
>15	1 (0.8%)
h. Regular menstrual cycle	104 (83.2%)
i. Socio-economic Status	
Below Poverty Level	0 (0%)
Middle Class	29 (73%)
High ES	11 (28%)

Affective Symptoms:	
Angry outbursts	26 (65%)
Anxiety	29 (73%)
Confusion	17 (43%)
Depression	22 (55%)
Irritability	35 (88%)
Social withdrawal	18 (45%)
Somatic Symptoms:	
Abdominal bloating	25 (63%)
Breast tenderness or swelling	24 (60%)
Headache	22 (55%)
Joint or Muscle pain	19 (48%)
Swelling of extremities	2 (5%)
Weight gain	1 (3%)

Table.4

PMS using DRSP scale at different points of time (Data: Median, 25 th & 75 th percentile)				
GROUP	BT	AT 1	AT 2	AT 3
A	35.714(17.857-47.619)	32.202(24.464-41.161)	20.060(12.470-23.274) @*	15.179(8.244-19.018) @*
B	20.060(14.792-32.024)	20.060(15.030-31.488)	20.298(15.089-32.083)	20.357(14.821-31.429)
* Between the groups, significance seen in AT3 (p=0.02) (Mann-Whitney Rank Sum Test), @within the group A significance seen in BT-AT2 (P=0.05) and BT-AT3 (p<0.001) (Friedman Repeated Measures Analysis of Variance on Ranks)				

Table.5 Showing Different domains of PMS

Affective Symptoms Depression Anxiety Affective Lability Irritability Confusion	Somatic Symptoms Breast tenderness Swelling of ankles, breast, and abdominal bloating Headache Joint or muscle pain	Secondary Symptoms Social withdrawal Lethargy Eating Habit Sleeping habit Overwhelmed Work, hobby, relationship interference
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ABBREVIATIONS AND MEANING SANSKRIT WORDS USED IN THE ARTICLE:

ABBREVIATIONS

ACOG - American College of Obstetricians and Gynecologists

APA - American Psychiatric Association

C-PASS - Carolina Premenstrual Assessment Scoring System

DRSP - Daily Record of Severity of Problems, a Symptom Diary

HPA axis - hypothalamic-pituitary-adrenal axis

HPO - The hypothalamic-pituitary-ovarian (HPO) axis

ICD - International Classification of Diseases

PMS - Premenstrual Syndrome

RP - Rajaswala paricharya

MEANING SANSKRIT WORDS

1. *Agnimandya Avastha* – the phase of low digestive capacity
2. *Ahara* – food
3. *Ama.* – indigestion
4. *Amla* – sour
5. *Anga Karshana* – the process for obtaining lightness of the body
6. *Ashta Mahadoshkara bhava* – eight side effects is seen if detox procedure is not carried out as per guidelines
7. *Ayurveda* – traditional medicine of India
8. *Bahya Prayoga* – used externally, aa route of administration
9. *Bala Agni Vardhana* – improves health and appetite
10. *Dahaprasamana* – reduce burning sensation
11. *Dwesha* – aversion
12. *Garbhiṇī Paricharyā* - Antepartum care
13. *Havishya Anna* – food offered to fire in havana an hindu ritual
14. *Hrudhya* – feels pleasant to heart
15. *Irsha* – jealousy
16. *Jatharagni* – digestive capacity
17. *Kalyanadhyaini* – thinking optimistically/ the woman with positive thought
18. *Kapha Prakriti* - kapha predominant body constitution
19. *Katu* – spicy
20. *Krodha* – anger
21. *Lakṣaṇas* -Clinical features
22. *Lavana* – salty
23. *Mana* – mind
24. *Manasika Prakruti*- mental constitution
25. *Mano Vikaras* – mental disorders
26. *Manyu Shamana* – calms the mind
27. *Mithyāhāra* and *Vihāra* - improper diet and activities
28. *Paricharyās* - Regimen
29. *Pathya-Apathya* – do's and dont's
30. *Pitta prakopa Avasthā* - increase in pitta. Pitta is one of the 3 elements of body i.e., vata(space,air), pitta (fire), kapha (water, earth)
31. *Prakopa* – increase
32. *Raja* being *Upadhatu* of *Rasa Dhatu* – rajas being the byproduct of rasa dhatu
33. *Rajas Pradhana Prakriti*- raja predominant mental constitution

34. *Rajasika, rajas* - Dynamic egoism with passion and pride.
35. *Rajaswala* – the woman in her menstrual phase is called Rajaswala
36. *Rajaswala paricharya* - Menstrual Regime
37. *Rasa Dhatu* - fluid component of blood
38. *Rasa*- taste
39. *Rtuyatēta Kāla* – Luteal phase
40. *Rukshana* – inducing dryness in the body
41. *Rupa Virajanam* – lustrous glow to the body
42. *Shodhana Karma* – detox procedure
43. *Shodhitavyakti* - A person had undergone shodhana (detox procedure)
44. *Snehana*- oleation
45. *Śodhana* – procedure done for cleansing the body
46. *Sthana* – site
47. *Sushruta ācharya* – author of the book Susruta Samhita. And father of surgery of current modern medicine
48. *Sūtikā Paricharyā* - Postpartum care
49. *Svāsthya Avasthā* - Healthy condition
50. *Tamasika , tamas*- Egoism as expressed in ignorance and inertia.
51. *Tikshna Ushna Lavana Pradhana Ahara* – food with sharp hot salty taste
52. *Vata Pradhana Prakriti* – vata predominant body constitution
53. *Vata Prakopaka Viharas* – vata based diseases
54. *Vāta Sañcaya Avasthā* - accumulation of vata
55. *Vata-Pitta Prakruti* – body constitution with dominance of vata (air) and pitta (fire)
56. *Vihara* - actions
57. *Vranita Vyakti* - A person having a wound
58. *Vrishya* – aphrodisiac