

AYURVEDA MANAGEMENT OF PREMENSTRUAL SYNDROME- A REVIEW

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ABSTRACT

Introduction- Reproductive health is a state of complete physical, mental, and social well-being during which the reproductive process is carried out. It is not only the absence of sickness or diseases of the reproductive process. Aside from the physical discomfort related to the menstrual cycle, most women also suffer changes in mood and behaviour. Premenstrual syndrome is a psycho-neuro-endocrine condition that frequently manifests soon before menstruation and has an unknown aetiology. During the final 7–10 days of the menstrual cycle, a substantial number of symptoms recur on a regular basis.

Material & Method- The first step of the study was gathering information that has already been published about Basti using web resources like PubMed, Scopus, Research Gate, Web of Science, and Google Scholar. The material that was pertinent was chosen for sorting. **Result-** According to Ayurveda, when providing medicine, we must always take into consideration a patient's digestive fire (*agni*), body toxins (*ama*), and overall body strength (*ojas*). The first stage in the digestive system's recovery is a diet that balances the doshas. *Ama* is addressed by purging the body, either with Pancha Karma, which is Ayurveda's most potent technique of doing so, or through palliation, which is a gentler method for those with low *ojas*. A person's *vikruti* (current state of health), which is dependent on their diet and lifestyle choices, will help them create strong *ojas*. **Discussion-** Ayurveda is aware of the doshas in the body and can offer advice that is more suited to the

individual's constitution and the particulars of their circumstance. Vata is the dosha that contributes most to the imbalance that results in PMS, hence soothing Vata must be the major goal of general treatment.

KEYWORDS: Premenstrual syndrome, Reproductive health, Ayurveda.

1. INTRODUCTION

Pre means before, Menstrual means menses, and syndrome meaning a collection of symptoms make up the term pre-menstrual syndrome. It appears to be a combination of symptoms that occur before the menses.^[1] Premenstrual syndrome is a psycho-neuroendocrine condition that frequently manifests immediately before menstruation and has an unknown aetiology. During the final 7 to 10 days of the menstrual cycle, a significant number of physical, psychological, and behavioural problems cycle in and out.^[2] It is merely an unusual reaction to typical hormonal changes. Untreated premenstrual disorders can result in a little rise in the direct costs of additional doctor visits and lab tests as well as a significant increase in the indirect costs of decreased productivity at work.^[3] Due to the fact that numerous physiological and psychological illnesses can mimic or exacerbate PMS symptoms, diagnosing PMS can sometimes be challenging.^[3] The Ayurvedic medical system offers good protection depending on the disease stage. It is regarded as a way of life rather than just a medical method. Ayurveda is now widely accepted on a global scale because of its holistic approach and respect for the environment. By determining the involvement of Dosha Dushya alone, it allows for the treatment of the illness without using a nomenclature.^[4]

2. Conceptual Study

a. Premenstrual Syndrome

A variety of symptoms known as premenstrual syndrome appear before to your period. Your symptoms could be predominantly physical (ex., bloating, exhaustion), emotional (ex., irritability, depression), or both. Your life is disrupted by PMS symptoms either way. Changing your lifestyle and taking over-the-counter drugs can frequently help with PMS symptoms.^[5]

b. Prevalence

It is estimated that as many as 3 of every 4 menstruating woman have experienced some form of PMS. The symptoms are mild, but 5-8% have moderate to severe symptoms that are associated with substantial distress or functional impairment.^[6] However, some studies

suggest that up to 20% of all women of fertile age have premenstrual complaints. Previous Indian studies have found a 20% prevalence of PMS in the general population & among there with PMS 8% had severe symptoms.^[7]

c. Pathophysiology

Premenstrual syndrome has a complicated, ill-defined, and poorly understood pathophysiology. Progesterone is thought to affect neurotransmitters such gamma-aminobutyric acid (GABA), opiids, serotonin, and catecholamine, which is thought to affect PMS. This condition is also thought to be caused by an underlying serotonin deficit that is also accompanied by enhanced progesterone sensitivity. PMS is caused by an increase in prolactin levels or a sensitivity to the effects of prolactin, changes in glucose metabolism, aberrant hypothalamic-pituitary-adrenal (HPA) axis function, insulin resistance, certain nutritional electrolyte shortages, and genetic factors. Stress stimulates sympathetic activity, which causes menstruation discomfort by considerably escalating uterine contraction force.^[8]

d. Symptoms

Premenstrual syndrome symptoms can be minor, moderate, or severe. Changes in appetite, weight gain, back pain, low back pain, headaches, breast swelling and tenderness, nausea, constipation, anxiety, irritability, hostility, weariness, restlessness, mood swings, and sobbing are just a few of these symptoms that may appear.^[9] Affective symptoms might last anywhere from a few days to two weeks. Symptoms frequently get worse a week before and get worse two days before the start of menstruation.^[10] The risk of PMS is somewhat increased by alcohol consumption.^[11] As a result, recording the patient's history of alcohol use can aid with counselling and, in turn, can help with symptom relief.

e. Ayurveda Concept of Premenstrual Syndrome

In Ayurveda, PMS According to Ayurvedic theory, a person's health is dependent on the balance of his doshas. Health results from Doshas that are in a balanced state, whereas disease results from a dosha imbalance. It is challenging to give Premenstrual Syndrome a single Ayurvedic title because there is no conclusive proof of the ailment in Ayurveda. It may be connected to various things that can be categorised as either diseases or symptoms.^[12] Since it is impossible to identify every disease, according to Acharya Charaka, a knowledgeable doctor should first determine whether the body's Doshas are balanced or out of balance before beginning treatment.^[13] All of this has been taken into account while developing the Ayurvedic notion of PMS. PMS symptoms appear a few days before

menstruation in the luteal phase, also known as *Rituvyateetakala* in Ayurvedic medicine. *Ritukala*, *Rituvyateetakala*, and *Rajakala* are the three categories for the *Artava* or *Ritu Chakra*, which is the Ayurvedic idea of menstruation. During these three Kalas, there is a definite pattern of *Dosha* dominance.^[14] The imbalance of multiple hormones, including oestrogen and progesterone, occurs concurrently in PMS or PMDD due to genetic predisposition, risk factors like smoking, stress, and junk food (which is frequent in today's working women). The PMS that results from this cyclical shift in circulating oestrogen and progesterone is caused by a significant alteration in neurotransmitters such the opioid, GABA, and serotonin systems.^[15]

3. Management through Ayurveda

The three phases of the Ritu chakra (menstrual cycle) are discussed in both older and more recent Ayurvedic sources. *Rajah Kala*, which is the menstrual phase, *Ritu Kala*, which is the proliferative phase with ovulation, and *Rituvyatita Kala*, which is the luteal or secretory phase, are the phases.^[16] The *Rituvyatita Kala* (phase) is primarily influenced by *Pitta*. *Pitta* is a type of energy that transforms. So, as stated in the modern publications, the basal body temperature is increased by 0.50F to 10F. This is a result of the *Pitta Dosha* predominance according to Ayurvedic principles and the thermogenic action of norepinephrine and progesterone according to current science. The primary component of *Pitta* is *Agni Mahabhuta*. Thus, the *Updhatvagni* of the uterine endometrial layer specifically rises together with the *Agni* of the entire body. The *Samanya nidana* for this syndrome is *Mithyagar vihari*. *Vata prakopa* results from *Mithya-ahara*, failing to uphold the rules and customs of eating, and *Mithya-vihara*, including *Ati-chintana*, *Shoka*, and *Bhaya*. *Vata* moves in *Viloma gati* as *Anavasthita chitta*, *Udvega*, *Glani*, *Rodana*, *Pralapa*, *Daha*, *Shotha*, *Sarvanga Vedana*, etc. after being exposed to *Nidana* more. *Yava* is beneficial to consume while menstruating. Similar to sugar, milk is luscious, reviving, good for the body, brain, strength, and mind. It also revitalises, relieves exhaustion, stops internal bleeding, promotes union after injuries, and is wholesome for all living things. Therefore, it is always preferable to avoid the things that cause problems during menstruation. But today, in the age of globalisation, it is virtually hard to adhere to the *Rajaswala Paricharya* as it is described in the Classics. It is still possible to adhere to it to a certain extent because these modifications to the *Rajaswala Paricharya* will help her maintain a healthy balance throughout the most vulnerable period of her cycle. Ayurveda prescribes a variety of medications, including *Yastimadhu churna*, *Gokshura churna*, *Dadimastaka churna*, *Brahmi*, *Ashwagandha*,

Jatamamsi and *Guduchi* to treat emotional problems, and *Shatavari* and *Kumari* to balance *Pitta*. In addition to some medications, yoga poses including *Ushtrasana*, *Gomukhasana*, *Bhujangasana*, and *Pavanamuktasana* may be suggested. Yoga poses like *Naukasana* and *Dhanurasana* as well as *Sheetali pranayama* can be used to treat a *Pitta* imbalance. *Pranayamas* like *Nadi Shodhana* and *Anulomaviloma* are also beneficial for *Vata* imbalance. *Bastrika* and *Kapalbhati* in *Kapha* imbalance are caused by *Surya namaskar* as and spinal twists. Yogic practises like *pranayama*, *bhramri*, *sheetali*, etc. can be used to lessen the disease's psychosomatic symptoms.

4. DISCUSSION

There is strong empirical evidence to suggest that severe premenstrual disorders can significantly impede one's ability to function. About 5% of all women of reproductive age consistently report having severe PMS. It's critical to obtain a clear diagnosis early on rather than relying solely on the patient's diagnosis. Preferably, this assessment should be carried out by the general practitioner before referral to a gynaecologist or a psychiatrist.^[17] It is imperative to distinguish PMS from other diagnoses, especially depression and anxiety disorders, premenstrual exacerbation of another disorder, and mild physiological symptoms requiring no more than reassurance. The best way to diagnose a condition is to rate its symptoms on a daily basis for at least one menstrual cycle. Clinicians can either ask patients to choose their worst symptoms and record their severity on a daily basis, or they can use a validated scale like the Daily Record of Severity of Problems.^[18] The key to diagnosis is the absence of symptoms following menstruation. The symptoms of PMS appear to be brought on by changes in these hormones rather than aberrant amounts of sex steroids, with sufferers being more sensitive to these oscillations than controls. The transmitters serotonin and GABA have been linked to the fundamental process of brain function. The best way to diagnose a condition is to rate symptoms on a daily basis for at least one menstrual cycle. Clinicians can ask patients to choose their worst symptoms and track their severity on a daily basis, or they can use a validated scale like the Daily Record of Severity of Problems. Ayurveda can be very helpful to the female population by enhancing their mental as well as physical health, which eventually adds to a healthy society, even though an effective cause and thus the appropriate therapy for PMS have not yet been found in modern medicine.

5. CONCLUSION

There has been some stigma around mention of the female menstrual cycle for the majority of history. The body experiences hormonal fluctuations throughout the cycle, which can cause a number of bothersome symptoms. Premenstrual Syndrome, a common mix of physical, psychological, and behavioural symptoms, affects a major portion of females. Because many of them are reluctant to share these complaints with others, many of them go misdiagnosed and, if untreated, have an impact on both her social and family lives. In the present circumstance, it appears that suppressing the urge to urinate, a sedentary lifestyle, a propensity for overthinking, and the stress of academics have all led to the onset of PMS. Despite the fact that western medicine advises making lifestyle modifications in the areas of diet, exercise, and stress reduction, they are rarely extensively discussed or dealt with on an individual basis. PMS has been demonstrated to be a complex syndrome that affects many women in today's society. It has been demonstrated that traditional practises can still help many women's symptoms and enhance their quality of life.

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