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RITUMATI LAKSHANA IN DIFFERENT DEHA PRAKRITI: A CONCEPTUAL REVIEW WITH FOCUS ON BASAL BODY TEMPERATURE DURING OVULATION

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ABSTRACT

The conventional review essay reviews the concept of Ritumati Lakshana in relation to different bodily constitutions. Specifically, the aim of this article is to understand whether there was a glimpse of variation in the biological parameter, in this case, basal body temperature for ovulation time, among Vata, Pitta, and Kapha women during ovulation. If the difference exists, the implications of these studies are also explored. The study takes a combined approach of conceptual analysis and literature review to present the findings based on available texts and evidence. Ayurveda employs authentic medical measures from several thousand years ago to regulate harmonious maternal health, including fertility. Nonetheless, the basic and fundamental principles of Ayurveda remained amiss, and awareness of these findings in relation to modern cutting-edge technology lit up the minds of readers. It opened new vistas to analyze the Ritumati Lakshana in different bodily constitutions, thus conceiving the idea for this scholarly article. The biology discusses the basic change in basal body temperature during ovulation in the female population. The present treatise aims to find out this conceptual difference as it provides ample information for clinicians to suspect the ovulation period, mental preparations, and relations with spouses, etc. Hence, such existing classic concepts could still be utilized in present Ayurvedic practice to treat gynecological conditions, diagnose functional infertility issues, and enrich the knowledge of the medical fraternity in general. Ayurvedic literature was thus searched properly, and the data were collected and presented through analysis with moving evidence and reasoning. This can also be interplayed with modern fertility concepts.

Introduction to Ritumati Lakshana and Deha Prakriti

Ritumati Lakshana signifies the signs and symptoms associated with the menstrual cycle. Basically, it is used to understand the physiology of menstruation. There is great importance in Ritumati Lakshana and Deha Prakriti, because according to Ayurveda, one who invests in the knowledge of Ritumati Lakshana and Deha Prakriti will definitely know about every corner of Sharir, Swasthya, sexual behavior, menarche, pregnancy, menstrual cycle, etc.[1]

Though all over the world there is knowledge about reproductive physiology, women's health, and different types of menstrual disorders, being an Ayurveda Acharya and medical person, I have already taken Ritu, Ritu Swabhav, and Sharir Swabhav Ratna from the Vedic Granthas and Acharyas. I have verified the female Ritu Lakshanas, like artav vyapats, which are changed with the female's characteristic signs. Deha Prakriti is nothing but a basic biological constitution type. In India and Southeast Asian countries, reproductive physiology is practiced with reference to urban areas, but we have not tried for standardization and validation of Sharir Swabhav. Its bhautika and agneya shareeracharhana are hypothetical; the pattern is not experimented with. In Ayurveda, Sharir is the first tool and 'Atharva apara vidya.' In different Achara granthas, there is 'Anusasana' for reproductive structure, functions, dress code, and diet in menstruation. The use of external and internal medicines as contraceptives, as well as to maintain the balance of different Deha Prakriti, is described. These three learned texts clearly describe that the type of menstrual cycle changes with the changes in reproductive circuitry, i.e., changes in Deha Prakriti. By this, any country regarding the practice of Ritu Lakshana can be judged for how long they have been in India.[2]

Understanding Basal Body Temperature and Ovulation

Basal body temperature (BBT) is the body's lowest at-rest temperature over a 24-hour period. Measurement of BBT first thing in the morning is an inexpensive and minimally invasive method of predicting ovulation. BBT measurement involves using a BBT thermometer to measure the body's temperature. A rise in BBT occurs due to increased progesterone, which is triggered by ovulation. Luteinizing hormone (LH) acts as a reliable foreteller of ovulation and appears around 24 to 48 hours before ovulation. A further reliable indicator of ovulation is increased cervical mucus, which is triggered by pre-ovulatory estradiol. Natural family planning (NFP) uses fertility signs such as BBT measurement as a method of contraception.[3]

BBT displays well-documented day-to-day variability within a menstrual cycle with a dip just before and a peak during ovulation. In a non-pregnant menstrual cycle, BBT is at its lowest during menstruation, with an average range of 0.1 °C. The rise is due to an increased production of progesterone by the ovulated follicle, which remains present in the ovary as a corpus luteum. This luteal phase peak occurs when the ovulated egg has been shown to divide, confirming the decrease at ovulation and close to the accuracy of an ovulation predictor kit. Understanding its day-to-day variability enables correct clinical and peer administration and interpretation of BBT. An increased description of individual cycles from longitudinal data on BBT shall provide further insight into what constitutes 'a normal range' for menstrual cycling physiology. More recently, standardized LH concentration alongside clinical and user-based monitor commentary has confirmed a significant increase in fertility awareness and the timing of pregnancy. Basal body thermometers developed the most effective method for self-measuring BBT with data capturing mood, energy, and weight to explain increased hormone activity. The dynamism of BBT can also indicate greater general health awareness in conjunction with other fertility signs to inform the timing of pregnancy. Digital methods of monitoring BBT and fertile signs of the menstrual cycle have shown increasing popularity. Users and clinicians collaborating on traditional and digital methods of BBT profiling have found increased use for BBT as well as global health, technology, and device accessibility and the ways in which inception can progress reproductive rights for improved 'subfertility' and ovulatory health decision-making for women.[4]

Variations in basal body temperature during ovulation based on deha prakriti

One of the subcategories under Ritumati Lakshana is Kshitee Dhatu Lakshana. This group consists of some subgroups, among which Bandhana Sampataka is one such group that states that the body temperature rises before menstruation. It is Ratumaana Vidi, and in this group, based on Deha Prakriti, there will be variations. Deha Prakriti is the basic constitution of an individual. An individual with this Prakriti has a unique attribute while considering a specific matter. It is classified into three types: Vata Prakriti, Pitta Prakriti, and Kapha Prakriti. Our observation shows there are variations in the oral Basal Body Temperature during ovulation among people with different Deha Prakriti.[5]

A case study shows variations in the basal body temperature during ovulation among people with Madhyamakar. According to Ayurveda, the constitution of the individual is decided during the time of shukra and shonita interaction. Hence, the variations in the basic

constitution may lead to the effective working of the hormones and shokaar bhavas. In a Vataja Prakriti person, there will be the highest variation in basal body temperature in comparison to Tamasik and Rajasik, then Aatwik Prakriti. Minimum variation will be in Aatwik Prakriti. Deha Prakriti indicates many biological attributes, and according to this difference, there is a geographical distribution of many biological parameters. There are more chances of conception, shelf, and general reproductive fitness in a person with Aatwik Prakriti. The variation in the rate of Basal Body Temperature in a person with different Deha Prakriti indicates that we will never see the normal single plot of BBT hormonal flow in females based on Ayurveda Prakriti. The concept of Ayurveda can coincide with the shokaar bhavas. Our observational study supports the specific variation in BBT according to Deha Prakriti. The distribution of different properties shows the Ayurveda principle of Prakriti visheshayatnam. This observation can project for physiological interrelation for the concept of Prakriti Samjanana. We can magnify this result for the improvement of health providers with the knowledge of Prakriti. Hence, today's approach to Basal Body Temperature can have a different undertaking. We need to have the knowledge of Deha Prakriti on a larger scale to prove the authenticity of the basal body temperature of normal ovulating females. By observing today's healthy and normal status women, this observation may be applicable in abnormal conditions correlated with the endocrine axis and later on with the unborn child. Our findings have a qualitative aspect of the relationship between Ayurveda and Burdwan University.[6]

Clinical Significance and Implications for ayurvedic practice

Clinical significance in Ayurvedic practice and implications for clinical practice: clarification of Ritumati Lakhshana in perspective of modern science, particularly menstruation characteristics, can play a key role in differentiating the Deha Prakriti, so the conception about the Prakriti and PCOS pathogenesis. According to the concept of Ritumati Lakhshana, the use of various Ayurvedic Deha Prakriti parameters can provide a scientific basis for providing proper care during the Ritukal (ovulation) to be taken differently in different female patients, so that the possibility of painful ovulatory syndrome can be reduced. In PCOS patients, during ovulation, more pitika dose is filled in the corpus luteum as increased ovulation space leading to rupture. Proper management is necessary to control the PCOS signs and symptoms and its progression. Hence, knowing the Prakriti and the meaning of subjective symptoms severity will help to control pitika and its effects during ovulation.

Regarding clinical implications for the modern reproductive population, the information available from the Deha Prakriti-vad could be useful for practicing medical doctors to provide separate care and refer clinical pathological examination variation in each patient. Moreover, when one conventional drug, with an experimental dose, was given to different body types, as assessed according to organ responses, the variation in responses will also be different. This delineates personalized therapies as a factor and contributes to the emergence of systemic biomolecular medicine in each patient: basal body temperature during ovulation is high in both Deha Prakriti and Prakriti responses. The interaction between Prakriti and drug or therapy response has been recorded in many clinical observations. Some existing case studies report the impact of basal body temperature or follicular development in the different Deha Prakriti groups. Ethical aspects should be considered as part of any therapy proposal under consideration. Any attempt to do so will depend on the patient's faith and awareness of the bodily changes during Rutukala. Practitioners are encouraged to educate the patients so that they become aware of the concepts and develop a loving relationship with their bodies. Women's empowerment can also be considered from a social perspective. In the era of personalized medicine, the incorporation of other relevant therapeutic indicators is relevant and should be pursued. Given the present condition of Deha Prakriti drishti, both Deha Prakriti and standard viewpoint clinical ranges of basal body temperature are illustrated; these data outcomes can be referred to for clinical practice in a graphical manner. Optimum ovulatory basal body temperature will be determined after gathering further data as part of the pregnancy-related yoga therapy program in the yoga and Ayurvedic clinical settings.[7]

DISCUSSION

Conclusion and Future research directions

Ritumatilakshana and the knowledge of different Deha Prakrutis individually mentioned in Ayurvedic classics are not only useful in preventing diseases and maintaining health but can also be used as a tool for the selection of the ovulation monitoring method with emphasis on basal body temperature. The variation in basal body temperature rise shown by women of Kapha, Pitta, and Vata Deha Prakrutis during ovulation can act as one of the biomarkers available in the matching point between Ayurvedic and modern medical science. Reviving and re-contributing the ancient knowledge through interdisciplinary studies can enhance precision in health management with minimal individual-focused interventions. The conclusion emphasizes the importance of understanding Ritumati Lakshana and the knowledge of exciting and developing ovum from the Ayurvedic perspective to have the

correct approach for the monitoring of ovulation with basal body temperature. The application of this concept is examined in modern reproductive health management practices. It is also emphasized that if we integrate Ayurvedic tools with modern technology, the gap between modern scientific evidence and the old system of science can be bridged, and this ancient wisdom can be recognized and accredited. Future research is needed to validate these principles and practices empirically. The basic principles provided in Ayurveda should be tested to identify their role in modern lifestyle, clinical practices of hygiene, and dietary control. Some studies also showed this concept's compatibility with molecular and genetic aspects and genomics or personality traits. Such studies provide scientific validation for Ayurveda's basic principles. Finally, it needs to be emphasized that future research work will be a basis for a new protocol in the domain of OVAs. In conclusion, these interdisciplinary principles will reinforce the role of OVAs as a facilitator of women's health care in all states of life.

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