



## THEORETICAL AND HYPOTHETICAL STUDY OF PREMENSTRUAL SYNDROME ACCORDING TO AYURVEDA

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### ABSTRACT:

**Introduction:** Premenstrual syndrome generally occurs in response to change in levels of hormones progesterone & estrogen. It is a condition which manifests with distressing physical, behavioral & psychological symptoms in absence of any organic or underline psychiatric disease. Symptoms of it may interfere with female's professional life & may alter her interpersonal harmony at social life. Hence this topic is selected to review on PMS. **Aim:** To review PMS according to *Ayurveda*. **Methodology:** Ayurvedic classics & modern literature were scrutinized to postulate theoretical & hypothetical study for understanding PMS. **Review of Literature:** Raymond Greene & Katharina Dalton wrote about it for the first time in 1953. Systematic review & meta-analysis of PMS was first done by Ashraf Direkvand-Moghadam et al shows worldwide prevalence of 47.8 percent. Research of Dr. Seema Ingole et al emphasize on lifestyle modification for prevention of PMS. **Observation:** Acne, breast tenderness, bloating, fatigue, mood swings, aggression, reduce concentration etc are observed at physical, psychological & behavioral level. **Discussion:** According to *Ayurveda* PMS is manifested due to imbalance of bodily elements such as *Tridosha*, *Dhatu*, *Updhatu* etc. if further scrutinized in detailed it was found that *Apana vayu* is involving factor to produce the symptoms. As the site of *Apana Vayu* is pelvic region; it helps in regular timely excretion of urine, stool, fetus, menstrual fluid etc. **Conclusion:** It is Observed that symptomology of PMS is ranged at physical, physiological & psychological level. Involvement of *Tridosha*, specifically symptoms of *Prana & Apana Vayu* vitiation were observed.

**Keywords:** *Apana Vayu*, *Ayurveda*, PMDD, PMS

## **INTRODUCTION:**

Premenstrual syndrome generally occurs in response to change in levels of hormones, progesterone & estrogen. On review of disease it observed that it is just not merely related to psychology of the female or exaggerated feeling of well being but also it is related with physiological & physical as well.

Present era is of competition to remain sustainable in glide one must be cautious about personal & professional health. Females are the equal part of this competitive & professional society. As female she is expected to observe her menstrual phase and she should follow healthy life style.

Similarly, during adolescence along with menstrual period, girl child must be sensitized about PMS. It is estimated that 3 females among 4 are undergoing through these PMS symptoms. In India, 14.3%<sup>[1]</sup> to 74.4%<sup>[2]</sup> & 3.7%<sup>[3]</sup> to 65.7%<sup>[4]</sup> is the incidence of PMS & PMDD (Premenstrual Dysphoric Disorder) respectively. Symptoms of it may interfere with female's professional life & may alter her interpersonal harmony at social life. Hence this topic is selected to review on PMS.

**AIM:** To Review PMS according to *Ayurveda*.

**METHODOLOGY:** Ayurvedic classics & modern literature were scrutinized to postulate

theoretical & hypothetical study for understanding PMS.

**Review of Literature:** Classical & recent studies were reviewed.

**Definition:** According to RCOG guidelines, a condition, which manifests with distressing physical behavioral & psychological symptoms in absence of organic or underline psychiatric disease, which regularly recurs during the luteal phase of each menstrual cycle & which disappears or significantly regress by the end of menstruation<sup>[5]</sup>.

**PMDD:** Premenstrual Dysphoric (Dissatisfied or unhappy) Disorder

**History: Raymond Greene & Katharina Daltone** wrote about it for the first time in 1953 (Published as "The Pre menstrual syndrome") in British medical Journal<sup>[6]</sup>. Now a Days PMDD is promoted as a psychiatric disorder.

As per A Systematic Review and Meta-Analysis Study done by Ashraf Direkvand-Moghadam et al pooled prevalence of PMS was 47.8 percent in world wide. This study was the first systematic review and meta-analysis of PMS<sup>[7]</sup>.

Seema Ingole et.al., have mentioned unhealthy lifestyle, improper physical & mental health are responsible for occurrence

of disease and hence emphasized on lifestyle modification for prevention of PMS<sup>[8]</sup>.

**Causes:**

1. Rising estrogen & progesterone: Levels of these hormones are similar in women with or without PMS or PMDD, but women who develop PMDD are highly sensitive to normal changes in hormonal levels. 2. Also influence serotonin which affects mood.

**Risk factors:**

Family history, history of depression, increasing age (worsen in late 30s), overweight, anxiety, stress, high caffeine intake, dietary factors (low levels of Vitamins & minerals), Alcohol.

**Observation:**

As per the contemporary sciences PMS was reviewed.

**Table No-1: Symptoms**

Symptoms	Complaints
Physical	Acne , Breast tenderness, Bloating, Fatigue, Headache, Joint & Pelvic pain Swelling
Psychological	Mood Swings, Irritability, Depression
Behavioral	Aggression, Reduce Concentration

**Table No-2: Types of PMS (on the basis of severity)**

Types of PMS	Symptoms
Mild	Does not interfere with personal/social & professional life.
Moderate	Interferes with personal /social & professional life but still able to function & interact.
Severe	Unable to interact personally/socially or professionally, withdraws from social & professional activities.
PMDD	Severe PMS.

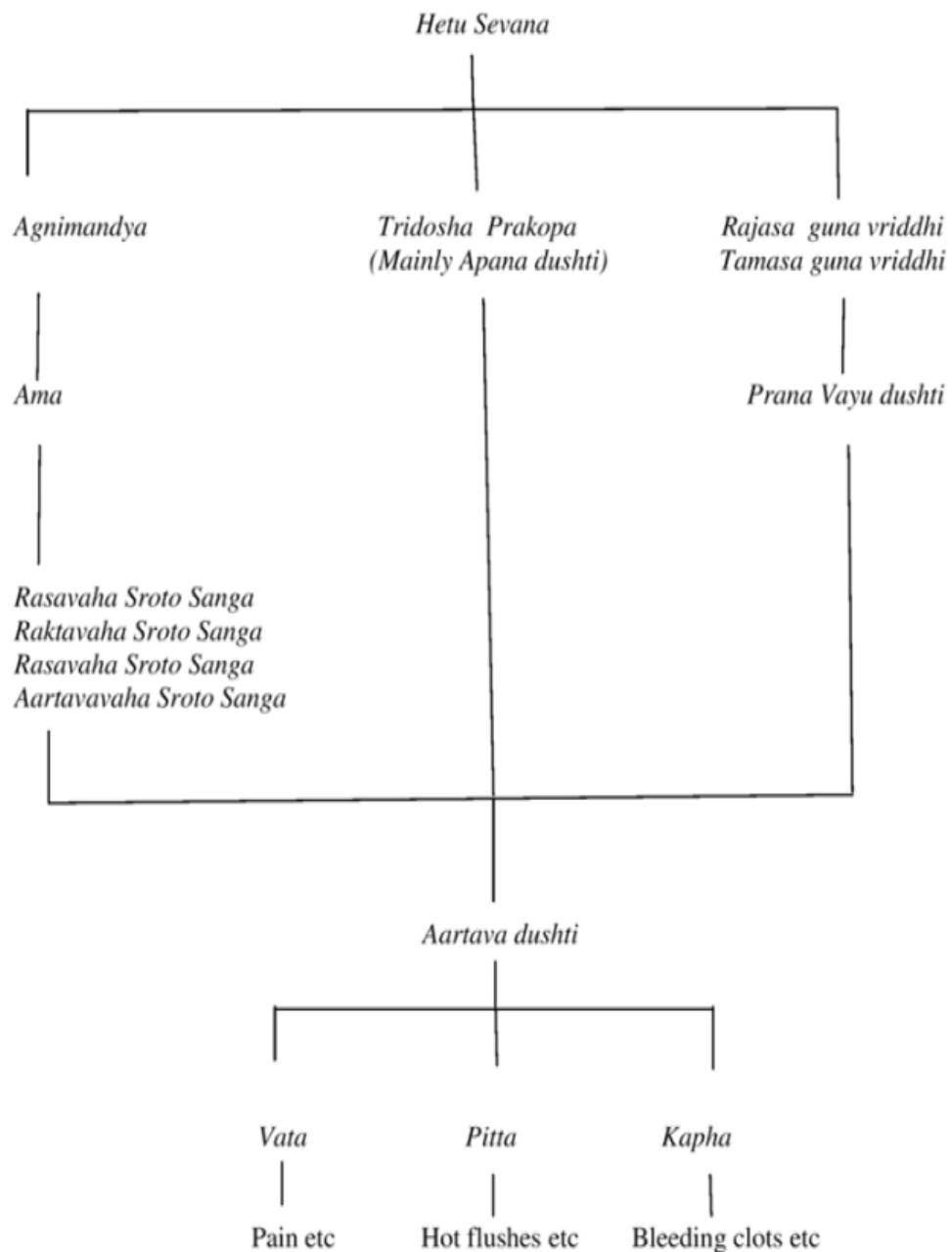
**Table No-3: Treatment**

Treatment - Principle	Treatment to Advice
Exercise	Light Walking, Gentle Exercise & Stretches
Stress Reduction	Meditation
Ovulation Suppression	1. Combined Oral Contraceptive Pills 2. Percutaneous Estradiol Implant(patch)
Antidepressant	1. Tricyclics 2. Anxiolytics
Dietary Supplements	Vit B6, Vit E, Calcium, Magnesium.

**DISCUSSION:**

According to *Ayurveda* Premenstrual Syndrome is manifested due to imbalance of bodily elements such as *Tridosha*, *Dhatu*, *Updhatu* etc. if further scrutinized in detailed it was found that *Apana vayu* is involving factor to produce the symptoms. As the site of

*Apana Vayu* is pelvic region & it helps in regular timely excretion of urine, stool, fetus, menstrual fluid etc<sup>[9]</sup>. Due its aggravation it produces flatulence, disturbed digestion & headache. Equally *Prana Vayu* situated at head & brain <sup>[10]</sup> give rise to psychosomatic symptoms like anxiety, irritability, anger etc.



**Flow Chart 1 : Samprapti (Pathogenesis) of PMS**

**Table No- 4: Ayurvedic Concepts with Treatment Modalities for PMS**

Involvement of Body element	Symptoms manifested at Physical Level	Symptoms manifested at Psychological Level	Treatment baseline
<i>Vata</i> Imbalance	constipation, cramps, backache and headache	anxiety, mood disorders, suicidal thoughts, insomnia, forgetfulness, confusion,	sweet, sour and salty <sup>[11]</sup> , warm liquid diet <i>Brahmi</i> ( <i>Bacopa monnieri</i> ), <i>Ashwagandha</i> ( <i>Withania somnifera</i> ), <i>Jatamansi</i> ( <i>Nardostachys jatamansi</i> ) and <i>Guduchi</i> ( <i>Tinospora cordifolia</i> ) <i>Abhyanga</i> , <i>Swedana</i> , <i>Basti</i> <sup>[12]</sup> , <i>Padabhyanga</i> <sup>[13]</sup>
<i>Pitta</i> Imbalance	Increased appetite, headache, feeling of excess heat, diarrhea and skin rashes.	irritability, anger	sweet, bitter and astringent diet <sup>[14]</sup> , <i>Shatavari</i> ( <i>Asparagus racemosus</i> ), <i>Kumari</i> ( <i>Aloe vera var chinensis</i> ) <i>Shirodhara</i> , <i>Shiroabhyanga</i> <sup>[15]</sup>
<i>Kapha</i> Imbalance	weight gain, breast tenderness, bloating, lethargy, loss of appetite, over-sleeping	depression	light, dry, warm, spicy,bitter and astringent diet <sup>[16]</sup> <i>Shatavari</i> ( <i>Asparagus racemosus</i> ), <i>Ashwagandha</i> ( <i>Withania somnifera</i> ), <i>Trikatu</i> – combination of three medicine ( <i>Piper longum</i> , <i>Piper nigrum</i> , <i>Zingiber officinale</i> ). <i>Udvartanam</i> <sup>[17]</sup> , <i>Abhyanga</i> <sup>[18]</sup> , <i>Swedana</i> <sup>[19]</sup>

*Ayurveda* kept holistic approaches to manage diseases however some lifestyle modification and adoption of regular yoga & mediation may

help in regulation bicardial rhythm of life for female as per the body strength & personality sets of *Suryanamaskara* as well as specific

asanas like *Pawanmuktasana*, *Bhujangasana*, *Gomukhasana*, *Naukasana* may be advised to female.

### CONCLUSION:

It is observed that symptomology of PMS is ranged at physical, physiological & psychological level however it has impact on females personal, professional & social life. Involvement of *Tridosha*, specifically symptoms of *Prana* & *Apana Vayu* vitiation were observed. As per *Ayurveda* symptomology based customized lifestyle, treatment including *Shodhana* & *Shamana* may be planed.

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