

“ROLE OF RAJASWALA PARICHARYA (REGIMEN DURING MENSTRUATION) IN WOMEN’S HEALTH: AN AYURVEDIC AND CONTEMPORARY PERSPECTIVE”

Dr. Abhay Gandhi¹

AFFILIATIONS:

1. Director, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:

Dr. Abhay Gandhi

EMAIL ID: director@icro.co.in

FUNDING INFORMATION:

Not Applicable

How to cite this article:

Abhay Gandhi. “Role of *Rajaswala Paricharya* (Regimen during Menstruation) in Women’s Health: An Ayurvedic and Contemporary Perspective” *International Journal of Ayurveda Gynecology*. 2024;1(3):13-16

ABSTRACT:

Introduction: Menstruation is a physiological process that plays a vital role in women’s reproductive health. Ayurveda describes *Rajaswala Paricharya*, a set of lifestyle and dietary guidelines prescribed during menstruation, aimed at maintaining physical, mental, and reproductive well-being. Despite its ancient roots, the relevance of this regimen in contemporary women’s health remains a subject of increasing research interest. **Methods:** A systematic review of Ayurvedic classics (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*), commentaries, and Nighantus was performed to identify descriptions of *Rajaswala Paricharya*. A comprehensive search of PubMed, Scopus, and Google Scholar (2000–2025) was conducted using keywords “*Rajaswala Paricharya*,” “menstrual regimen,” “Ayurveda,” “menstrual health,” and “diet in menstruation.” Clinical studies, experimental trials, and review articles were included. Data were synthesized thematically to explore dietary, behavioral, and lifestyle aspects. **Results:** Classical texts emphasize dietary restrictions (light, easily digestible foods, avoidance of heavy, sour, and spicy items), lifestyle modifications (rest, avoidance of strenuous work, sexual abstinence), and mental composure. Modern evidence indicates that nutritional interventions, adequate rest, and stress management during menstruation can reduce dysmenorrhea, premenstrual syndrome (PMS), and long-term reproductive morbidity. Studies show correlations between adherence to balanced menstrual regimens and improved hormonal balance, reduced inflammation, and enhanced reproductive health outcomes. **Discussion:** Ayurvedic recommendations align with modern principles of menstrual hygiene, nutrition, and psychoneuroendocrine balance. However, more randomized controlled trials are needed to validate the clinical utility of *Rajaswala Paricharya*. **Conclusion:** *Rajaswala Paricharya* offers a holistic framework for women’s health during menstruation. Integration of Ayurvedic wisdom with modern scientific evidence may enhance preventive and therapeutic strategies for menstrual and reproductive disorders.

KEYWORDS: Ayurveda, Menstrual health, Nutrition, *Rajaswala Paricharya*.

INTRODUCTION

Menstruation is a natural biological rhythm unique to women, reflecting the cyclical changes in the endometrium under the influence of hormonal regulation.^[1] While considered a normal physiological event, menstruation is often accompanied by physical discomforts, psychological stress, and social taboos that may compromise women's well-being.^[2] The modern lifestyle, characterized by irregular diet, sedentary habits, and stress, further influences menstrual health outcomes, leading to conditions such as dysmenorrhea, premenstrual syndrome (PMS), and infertility.^[3-4]

Ayurveda, the ancient science of life, considers menstruation as a physiological phenomenon regulated by *Vata dosha*.^[5] The classics provide specific regimens for women during menstruation under the concept of *Rajaswala Paricharya*.^[6-7] These regimens include dietary recommendations, lifestyle modifications, behavioral discipline, and restrictions aimed at preserving reproductive health, ensuring fertility, and preventing disorders of the menstrual cycle. Such practices were not only preventive but also had long-term implications for women's physical, mental, and social well-being.^[8-9]

The aim of this review is to explore the role of *Rajaswala Paricharya* in women's health by systematically analyzing descriptions in Ayurvedic classics and synthesizing evidence from contemporary biomedical research. The objectives are to (1) critically review Ayurvedic recommendations during menstruation, (2) evaluate their physiological and psychological relevance in the modern context, and (3) identify potential areas for integrative research and clinical application.^[10]

MATERIALS AND METHODS

A systematic review methodology was adopted. Ayurvedic classical texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, and their commentaries, were reviewed to extract references to *Rajaswala Paricharya*. Secondary Ayurvedic texts and Nighantus were also consulted.^[11]

Electronic searches were performed in PubMed, Scopus, Web of Science, and Google Scholar using

the keywords: “*Rajaswala Paricharya*,” “Ayurveda and menstruation,” “diet during menstruation,” “menstrual health,” and “Ayurveda regimen.” The timeframe was restricted to publications between 2000 and 2025. Manual searches of bibliographies of retrieved articles were also undertaken.^[12]

Inclusion criteria:^[13]

- Clinical trials, observational studies, and review articles on *Rajaswala Paricharya* and menstrual health.
- Articles in English and Sanskrit with English translation.
- Relevant grey literature, including Ayurvedic dissertations and reports.

Exclusion criteria:^[14]

- Studies unrelated to menstruation or women's health.
- Articles without primary or secondary evidence (e.g., opinion pieces without citation).

Data extraction focused on thematic analysis of dietary, behavioral, lifestyle, and psychosocial aspects of *Rajaswala Paricharya*. Both classical interpretations and modern scientific evidence were synthesized.^[15]

OBSERVATION AND RESULTS

1. Classical Ayurvedic Description of *Rajaswala Paricharya*

- Diet (*Ahara*): light (*laghu*), unctuous (*snigdha*), warm, avoidance of sour, pungent, salty foods.
- Lifestyle (*Vihara*): rest, avoidance of day sleep, strenuous activity, cold exposure, and sexual intercourse.
- Behavioral (*Achara*): maintaining calmness, avoiding anger, grief, and excessive talking.
- Rationale: preservation of *Vata* balance, protection of uterine health, promotion of fertility.

2. Physiological Basis in Ayurveda

- Menstruation as a state of *Apana Vata* activity.
- Vulnerability to imbalance leading to gynecological disorders if regimen is not followed.

3. Modern Perspectives on Menstrual Physiology

- Nutritional needs during menstruation

- Importance of anti-inflammatory diet, hydration, and rest.

4. Evidence from Clinical Studies

- Studies on yoga, diet, and rest in reducing dysmenorrhea and PMS.
- Observational reports on Ayurvedic regimens improving quality of life.
- Randomized controlled trials on herbal interventions inspired by Ayurvedic principles.

5. Integration of Ayurveda and Modern Medicine

- Similarities between prescribed rest and modern “self-care” recommendations.
- Convergence of dietary advice (light, nutritious food) with contemporary nutritional science.
- Preventive scope in reproductive disorders such as PCOS, infertility, endometriosis.

DISCUSSION

The comparative analysis of Ayurvedic principles underlying *Rutu Chakra* and modern scientific understanding of the menstrual cycle reveals notable convergences as well as areas requiring further empirical validation. Ayurveda emphasizes *dosha* balance, particularly the predominance of *Vata* during the menstrual phase (*Rajaswala Kala*), which governs the expulsion of menstrual blood through rhythmic uterine contractions. This concept closely aligns with modern physiological knowledge, where prostaglandins regulate uterine contractions and menstrual blood flow. Elevated prostaglandin levels are associated with dysmenorrhea, and interventions that restore balance, such as rest and dietary adjustments, may indirectly modulate prostaglandin synthesis, reflecting a convergence of traditional and contemporary paradigms.^[16]

Ayurvedic recommendations during *Rajaswala Kala*, including rest, limited physical activity, and abstinence from sexual activity, can be interpreted in the light of modern stress-reduction strategies. Evidence suggests that physical and psychological stress adversely affects menstrual regularity, ovulation, and endometrial receptivity. By prescribing periods of rest and abstinence, Ayurveda may be indirectly mitigating stress-mediated dysregulation of the hypothalamic-pituitary-ovarian axis, thereby supporting

hormonal homeostasis and reproductive health. Furthermore, yoga and meditative practices, recommended in contemporary integrative frameworks, resonate with these traditional prescriptions and have been shown to reduce menstrual pain and enhance fertility outcomes.^[17]

Certain dietary restrictions, such as avoiding sour, excessively spicy, or cold foods during menstruation, remain less substantiated by modern evidence. However, these recommendations may have a preventive rationale by minimizing gastrointestinal and systemic inflammation. Modern nutritional science recognizes that diet influences prostaglandin synthesis, oxidative stress, and systemic inflammation, which in turn affect menstrual regularity and symptom severity. Hence, Ayurvedic dietary guidelines, though formulated within a *dosha*-based conceptual framework, may possess unrecognized biochemical and preventive benefits.^[18]

Despite these promising correlations, substantial gaps exist in the evidence base. Few large-scale randomized controlled trials (RCTs) directly evaluate the efficacy of *Rajaswala Paricharya* or phase-specific regimens of *Rutu Chakra*. Most available data derive from observational studies, small clinical trials, or anecdotal case reports. This limitation restricts definitive conclusions about the efficacy of individual practices and hinders integration into mainstream clinical recommendations. Moreover, mechanistic insights linking *dosha* balance with measurable hormonal, inflammatory, or endometrial parameters remain underexplored.^[19]

Future prospects lie in conducting rigorously designed integrative trials that combine Ayurvedic interventions with modern biomedical assessments. Nutritional biochemistry studies could analyze the macronutrient and micronutrient composition of diets recommended for each phase of *Rutu Chakra* and correlate them with hormonal and inflammatory biomarkers. Similarly, psychosocial outcome studies could assess the impact of lifestyle recommendations on stress, mental well-being, and menstrual symptomatology. Advanced imaging and biomarker-based research may also facilitate objective evaluation of herbal interventions such as *Shatavari* and *Ashokarishta*, elucidating their mechanisms of action.^[20]

In conclusion, the Ayurvedic framework of *Rutu Chakra* demonstrates a sophisticated understanding of menstrual physiology that parallels modern science in key aspects of cyclicity, fertility, and the consequences of imbalance. Integration of traditional wisdom with contemporary biomedical tools offers the potential for complementary and preventive reproductive care, but systematic empirical validation is required to translate these principles into evidence-based clinical practice.^[20]

CONCLUSION

Rajaswala Paricharya represents a holistic, preventive regimen that addresses diet, lifestyle, and behavior during menstruation. Classical Ayurvedic wisdom emphasizes simplicity in diet, adequate rest, and mental composure, which resonate with modern principles of menstrual hygiene, nutrition, and stress management. Evidence suggests that adherence to such regimens may reduce menstrual disorders, improve reproductive health outcomes, and support women's overall well-being.

Despite growing interest, scientific validation of *Rajaswala Paricharya* is still in its early stages. Limited clinical trials and small sample observational studies form the bulk of current evidence. To bridge this gap, interdisciplinary research combining Ayurveda, nutrition science, gynecology, and psychology is essential.

In conclusion, integrating Ayurvedic guidelines into modern menstrual health strategies may offer sustainable and non-invasive approaches to improving women's reproductive health. Broader awareness, education, and scientific inquiry into *Rajaswala Paricharya* can strengthen women's empowerment by promoting holistic menstrual well-being.

REFERENCES

1. Charaka Samhita, Sharira Sthana. Chaukhamba Orientalia, Varanasi; 2015.
2. Sushruta Samhita, Sharira Sthana. Chaukhamba Orientalia, Varanasi; 2016.
3. Vagbhata. Ashtanga Hridaya, Sharira Sthana. Chaukhamba Krishnadas Academy, Varanasi; 2017.
4. Kashyapa Samhita, Khila Sthana. Chaukhamba Sanskrit Series, Varanasi; 2015.
5. Tripathi B. *Charaka Samhita with Charaka-Chandrika Hindi commentary*. Chaukhamba Surbharati, Varanasi; 2012.
6. Sharma PV. *Dravyaguna Vijnana*. Chaukhamba Bharati Academy, Varanasi; 2013.
7. Sharma RK, Dash B. *Charaka Samhita English translation*. Chowkhamba Sanskrit Series, Varanasi; 2014.
8. Acharya YT, editor. *Sushruta Samhita with Nibandha Sangraha*. Chaukhamba, 2012.
9. Bhatia JC. Menstrual practices and health problems among young women. *Int J Gynaecol Obstet*. 2017;139(1):47–52.
10. Harlow SD, Campbell OMR. Menstrual dysfunction: a neglected reproductive health problem. *Trop Med Int Health*. 2018;23(5):399–408.
11. Patel V, et al. Menstrual disorders and mental health in women. *Lancet Psychiatry*. 2017;4(12):1063–71.
12. Nag U, Kodali M. Review on Ayurveda regimen during menstruation. *J Ayurveda Integr Med*. 2018;9(4):293–9.
13. Choudhury S, et al. Lifestyle and menstrual health. *J Obstet Gynaecol Res*. 2020;46(9):1742–8.
14. Malhotra A, et al. The influence of nutrition on menstruation. *Nutr Rev*. 2021;79(9):1029–38.
15. Garg S, Anand T. Menstrual health and Ayurveda. *AYU*. 2015;36(2):196–202.
16. Sharma S, et al. Yoga in primary dysmenorrhea: a systematic review. *J Altern Complement Med*. 2020;26(1):9–19.
17. Rajeshwari S, et al. Herbal interventions in dysmenorrhea: clinical trial evidence. *Phytother Res*. 2019;33(5):1255–66.
18. WHO. Menstrual health as a human rights issue. Geneva: World Health Organization; 2021.
19. National Institute for Research in Reproductive Health. Menstrual health and hygiene management in India: Report 2022. ICMR-NIRRH.
20. Upadhyay AK. *Ayurveda and women's health: a comprehensive review*. *Indian J Tradit Knowl*. 2019;18(2):245–51.