



AYURVEDIC REVIEW ON PREMENSTRUAL SYNDROME

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ABSTRACT

INTRODUCTION: Reproductive health does not simply mean the absence of disease or disorders, but also a state of complete physical, mental, and social well-being in all matters related to the reproductive system and its functions and processes.

Along with the physical discomfort linked to the menstrual cycle, many women go through behavioral and emotional variations. Premenstrual Syndrome (PMS) is a group of physical, emotional, and behavioral symptoms that occur in women during the luteal phase of the menstrual cycle (usually 1–2 weeks before the onset of menstruation) and subside once menstruation begins or shortly after. The Ayurvedic concept of PMS was developed with consideration for all of this. The luteal phase, also referred to as Rituvyateetakala in Ayurvedic medicine.

MATERIAL AND METHOD: Using online databases such as PubMed, Scopus, Research Gate, Web of Science, and Google Scholar, the study's initial step was to compile data about Ayurvedic aspect of Premenstrual Syndrome.

RESULT: Within the Ayurvedic framework, therapeutic recommendations consistently take into account three fundamental parameters: the digestive fire (agni), the presence of metabolic toxins (ama), and the individual's vital essence (ojas). Restoration of digestive health is initiated through dietary measures aimed at harmonizing the doshas. The elimination of ama may be undertaken either by palliative interventions, which are more suitable for individuals with diminished ojas, or through Panchakarma, recognized as Ayurveda's most comprehensive and effective purificatory therapy. The cultivation of robust ojas is contingent upon an individual's vikṛti (current state of health), which is largely determined by lifestyle practices and nutritional patterns. By discerning the dynamics of the doshas, Ayurveda facilitates personalized therapeutic guidance tailored to the individual's constitution and condition. Since Vata is the predominant dosha implicated in the pathogenesis of premenstrual syndrome (PMS), the primary therapeutic objective is directed towards the pacification and stabilization of Vata along with Pitta and Kapha. The treatment involves Ahara, Vihara, Aushadhi & Panchakarma along with Rasayana & Yoga for long term balance.

INTRODUCTION

The prefix pre- means “before.” Premenstrual syndrome (PMS) refers to a cluster of symptoms that occur before menstruation begins. Although the exact cause is unclear, PMS is recognized as a psycho-neuroendocrine condition that usually manifests in the days immediately preceding menstruation. A wide range of physical, emotional, and behavioral disturbances appear cyclically, typically during the final seven to ten days of the reproductive cycle. Essentially, PMS is considered an unusual reaction to normal hormonal variations. If neglected, it may lead to increased direct expenses—such as frequent medical consultations and laboratory tests—as well as indirect costs in the form of reduced workplace productivity¹.

Diagnosing PMS can be challenging, as its symptoms may resemble or overlap with those of other physical or psychological disorders. *Ayurveda* offers valuable management strategies depending on the stage of the condition. More than a therapeutic system, *Ayurveda* is regarded as a holistic lifestyle approach that emphasizes harmony with nature. Its integrative perspective has gained global recognition. In *Ayurveda*, the illness can be managed effectively without relying on specific nomenclature, solely by identifying the involvement of *Dosha* and *Dushya*².

Prevalence

Premenstrual syndrome (PMS) is characterized by physical and affective symptoms that start during the luteal phase of the menstrual cycle and improve on the onset of the menstrual cycle. The estimated prevalence in India of PMS is found to be 43%³, but most studies have been done on adolescent and college-going females. There is a dearth of studies in India done on PMS in working women.

Pathology of PMS

The exact pathophysiology of premenstrual syndrome (PMS) remains unclear, but current research suggests that PMS results from a combination of hormonal, neurotransmitter, and genetic factors, as well as psychosocial influences. Several key physiological mechanisms have been proposed to explain the development and severity of PMS symptoms:

Hormonal Fluctuations

The menstrual cycle is characterized by cyclic fluctuations of estrogen and progesterone. During the luteal phase, the body undergoes significant hormonal changes. High levels of progesterone in this phase have been linked to mood disturbances, while estrogen may influence neurotransmitter systems related to mood regulation. Imbalance in these



hormones can result in emotional symptoms such as irritability and depression.

Neurotransmitter Dysregulation

Imbalances in neurotransmitters, such as serotonin, GABA, and dopamine, play a critical role in the pathogenesis of PMS. Reduced serotonin levels during the luteal phase have been associated with symptoms like mood swings, anxiety, and depression. Additionally, GABA (gamma-aminobutyric acid), an inhibitory neurotransmitter, has been found to influence anxiety and mood disorders, with low GABA activity potentially contributing to the symptoms of PMS.

Inflammation and Immune System Activation

There is increasing evidence suggesting that inflammation may play a role in PMS. Studies have shown that women with PMS have higher levels of pro-inflammatory cytokines, which can exacerbate pain, mood disturbances, and fatigue. These inflammatory responses are thought to be influenced by hormonal fluctuations and may contribute to the severity of symptoms.

Psychosocial Factors

Psychological stress, poor coping mechanisms & lifestyle factors such as lack of exercise or poor sleep quality can also

exacerbate PMS symptoms. Chronic stress is known to elevate cortisol levels, which in turn affect hormone regulation & contribute to both emotional & physical symptoms of PMS.

Ayurvedic Concept of Premenstrual Syndrome

In *Ayurveda*, health is understood as the result of a proper balance among the three *doshas*—*Vata*, *Pitta*, and *Kapha*. When these are in harmony, the body remains healthy; when disturbed, various diseases and disorders emerge. Since *Ayurveda* does not directly mention Premenstrual Syndrome (PMS) as a distinct condition, it cannot be assigned a single traditional term. Instead, it may be associated with several symptoms or disorders described in *Ayurvedic* texts. *Acharya Charaka* has emphasized that it is not always possible to name every disease specifically; therefore, the physician should primarily assess whether there is balance or imbalance in the *doshas* before initiating treatment.

Taking this perspective into account, the *Ayurvedic* view of PMS evolved. PMS generally appears during the luteal phase, which in *Ayurveda* corresponds to *Rituvyateetakala*—the period just before menstruation. The menstrual cycle, known as *Artava* or *Ritu Chakra*, is described in *Ayurveda* as having three stages: *Ritukala*, *Rituvyateetakala*, and *Rajakala*, each characterized by dominance of particular *doshas*.

Comparison of *Rituchakra* and Menstruation

<i>Rituchakra</i>	Menstrual phase	<i>Dosha</i> dominance
<i>Ritu kaal</i>	Follicular phase	<i>Kapha</i> dominance
<i>Ritu vyateet kaal</i>	Luteal phase	<i>Pitta</i> dominance
<i>Rajswala kaal</i>	Menstrual phase	<i>Vata</i> dominance

Premenstrual syndrome from an *ayurvedic* perspective

From an *Ayurvedic* perspective, PMS can be a mono-*doshic*, dual-*doshic* or tri-*doshic* disorder. PMS is a complex set of physical and emotional symptoms that are experienced a week or so before menstruation occurs. The cause of this condition varies from woman to woman and the symptoms vary widely. Low *ojas* is one of the main factors, which brings instability to the hormonal system. Vitiating of *vata* and *pitta* is another important factor, being *vata* the predominant *dosha* affecting the cycle. As described by *Charaka Samhita*, “a woman never suffers from gynecic diseases except as a result of affliction by the aggravated *vayu*”. So, first all *vayu* should be alleviated and then, secondary, the other *doshas* should be alleviated³.

PMS According to *Dosha*

1. *Vata Pradhana* PMS

Due to *Apana Vayu* vitiation
 Symptoms: Cramps, abdominal pain, lower backache Bloating, constipation, gas Anxiety, restlessness, mood swings
 Herbs & Remedies: *Hingwashtak churna*, *Dashmoola kwath* *Ashwagandha*, *Bala*, *Eranda taila* *Abhyanga* with warm sesame oil.

Matra Basti: with *Anuvasana taila* (e.g. *Dashmool taila*)

2. *Pitta Pradhana* PMS

Due to *Rakta & Pitta dushti*

Symptoms: Irritability, anger, aggression Headache, hot flashes, sweating, Acne, skin rashes, burning sensation, Breast tenderness

Herbs & Remedies: *Shatavari*, *Amalaki*, *Guduchi*, *Sariva*, *Musta*, *Ashokarishta*, *Usheerasava*
 Cooling drinks: coconut water, buttermilk, coriander water
Sheetali & Sheetkari pranayama

3. *Kapha Pradhana* PMS

Due to *Kapha* and *Meda* imbalance

Symptoms: Heaviness, lethargy, excessive sleep, Water retention, breast swelling

Depression, dull mood, Increased appetite & cravings (especially sweets)

Herbs & Remedies: *Trikatu*, *Triphala*, *Lodhra*, *Musta*, *Kanchanar guggulu* (for swelling, weight gain) Light diet, avoid dairy, fried & sweet foods

Regular exercise & *yoga* (*Surya Namaskar*, *Ustrasana*)

Panchakarma for PMS

1. *Abhyanga* (oil massage): reduces cramps & irritability
2. *Swedana* (steam therapy): relieves stiffness & pain
3. *Basti* (medicated enema): excellent for *Vata*-dominant PMS
Anuvasana Basti (oil-based) – for dryness, anxiety
Niruha Basti (decoction-based) – for constipation, bloating
4. *Shirodhara*: calms mind, balances hormones, reduces mood swings
5. *Nasya* with *Anu taila*: reduces headaches, anxiety

Rasayana & Classical Formulations

Ashokarishta – regulates menstrual cycle, relieves pain
Kumaryasava – balances hormones & improves digestion



Shatavari ghrita – nourishing tonic for reproductive system
Brahmi vati / Saraswatarishta – for anxiety, depression, mood swings
Triphala churna – detox & digestion regulator

Yoga & Pranayama for PMS⁵

Asanas

1. *Baddha Konasana* (Butterfly pose)
2. *Balasana* (Child's pose)
3. *Setu Bandhasana* (Bridge pose)
4. *Marjariasana* (Cat-cow stretch)

Pranayama

1. *Nadi Shodhana* (alternate nostril breathing)
2. *Bhramari* (humming bee breath)
3. *Sheetali & Sheetkari* (cooling pranayama)

Pathya-Apathya (Do's & Don'ts)

Do's (Pathya):

1. Take warm, freshly cooked food
2. Include ghee, milk, fruits, green vegetables
3. Practice meditation, yoga, deep breathing
4. Maintain regular sleep schedule
5. *Hingwashtak churna, Dashmoola kwath*
6. *Ashwagandha, Bala, Eranda taila*
7. *Abhyanga* with warm sesame oil
8. *Matra Basti* with *Anuvasana taila* (e.g. *Dashmool taila*)

Don'ts (Apathya)

1. Avoid cold, stale, fermented food
2. Avoid excess coffee, alcohol, smoking
3. Avoid suppression of natural urges
4. Avoid overexertion, late nights, excessive screen time

DISCUSSION

Here is strong evidence showing that severe premenstrual problems can greatly affect daily functioning. Around 5% of women in their reproductive years consistently report experiencing severe PMS. Obtaining an accurate diagnosis at an early stage is more valuable than relying solely on the patient's self-assessment. Ideally, the initial evaluation should be carried out by a general practitioner before the patient is referred to a gynecologist or psychiatrist. It is essential to distinguish PMS from other conditions such as anxiety and depression, premenstrual aggravation of an existing disorder, or mild physiological symptoms that only require reassurance.

Tracking symptoms daily for at least one full menstrual cycle remains the most reliable method for diagnosing PMS. Physicians may rely on standardized tools like the Daily Record of Severity of Problems, or alternatively, patients may be asked to identify their most troubling symptoms and rate their severity each day. A key diagnostic feature is the complete absence of symptoms following menstruation. Research indicates that women with PMS are more sensitive to hormonal fluctuations compared to those without PMS, suggesting that these changes in hormone levels—rather than consistently abnormal levels—are responsible for the symptoms.

The core mechanisms of brain activity have also been linked to neurotransmitters such as serotonin and GABA. Careful daily symptom tracking over one cycle therefore remains the gold standard for accurate diagnosis. Validated scales can be applied, or clinicians may guide patients in recording the intensity of their most severe complaints on a daily basis. While modern science has yet to pinpoint a definitive cause or universally effective treatment for PMS, *Ayurvedic* practices may play a valuable role in enhancing both physical and mental well-being, ultimately supporting healthier communities.

CONCLUSION

Throughout history, menstruation has often carried social stigma. Hormonal fluctuations during the cycle can produce a range of disruptive symptoms. Premenstrual Syndrome represents a common cluster of physical, psychological, and behavioral concerns that mainly affect women. Many cases remain unrecognized because women are reluctant to discuss their experiences, and untreated symptoms can interfere with both family and social life.

In certain situations, habits such as suppressing the urge to urinate, a sedentary lifestyle, excessive rumination, and academic stress may all contribute to PMS. Although lifestyle modifications—like improved diet, exercise, and stress management—are recommended in Western medicine, they are not always addressed in depth or tailored to individual needs. Today, PMS is acknowledged as a multifaceted condition affecting many women, yet evidence suggests that both traditional approaches and simple lifestyle changes can significantly reduce symptoms and improve quality of life.

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