



Unit 3: Ayurvedic Understanding of Menstrual Disorders

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Overview

This chapter translates classical gynecological reasoning into clinic-ready understanding of menstrual disorders. You will study **Yoni Vyāpada** (Ayurvedic pelvic disorders) and how they intersect with menstrual dysfunction; learn focused frameworks for **Kaṣṭhārtava** (dysmenorrhoea), **Asṛgdāra** (menorrhagia), and **Amenorrhoea** (absence of menses); and interpret **Premenstrual Syndrome (PMS)** through **Doṣa-Dhātu-Agni-Srotas-Manas** logic. Emphasis is on pattern recognition, clean **samprāpti** (pathogenesis), and staged management using diet-regimen and classical therapeutic principles.

1) Yoni Vyāpada: Classification and Relevance to Menstrual Disorders

Classical texts group women's pelvic disorders under **Yoni Vyāpada**. While individual lists vary by text, a practical teaching classification that maps well to menstrual problems is:

A. Doṣa-dominant groups

- **Vātaja Yoni Vyāpada**: dryness, colicky pain, scanty/delayed flow, dyspareunia; bowel irregularity; aggravated by fasting, cold, travel, sleep loss.
- **Pittaja Yoni Vyāpada**: burning, redness, hot discharge, tendency to bleed early or excessively; aggravation with heat, pungent-sour diet, anger.
- **Kaphaja Yoni Vyāpada**: heaviness, pruritus, thick/stringy discharge, prolonged cycles; linked to sedentary life, day sleep, heavy sweets/dairy.

B. Special entities relevant to menstruation

- **Udāvartinī**: upward/retrograde strain of **Apāna Vāta**; classic correlate of **spasmodic dysmenorrhoea** (Kaṣṭhārtava pattern).
- **Artava-kṣaya/Ārtava-dūṣṭi**: quantitative/qualitative derangement of menstrual essence—scanty, delayed, clotted, foul, or painful flow.
- **Asṛgdāra/Atipravṛtti**: excessive or prolonged uterine bleeding; a Pitta-Rakta axis problem often with Kapha congestion.
- **Srotorodha patterns**: channel obstruction (e.g., Kapha-Āma stagnation) leading to sluggish cycles, prolonged spotting, or mucoid admixture.

Clinical relevance: In most menstrual disorders, **multiple axes** interact—**Apāna Vāta** rhythm, **Rakta-Pitta** reactivity, **Kapha-Āma** stagnation, and **Agni** status. Accurate case work-up asks: *Which doṣa is primary? Which srotas are blocked? Is there Āma? Which dhātu needs rebuilding?*

2) Kaṣṭhārtava (Dysmenorrhoea) — Causes, Symptoms, Management

2.1 Definition & clinical picture

Kaṣṭhārtava denotes painful menses. Ayurveda profiles two broad patterns:

- **Vātaja spasmodic pain (Udāvartinī mapping)**: colicky cramps that ease with warmth/unctuousness; scanty/dark flow; constipation, gas; anxiety-insomnia.
- **Pittaja congestive pain**: burning/heavy pain with bright-red hot flow, irritability, acne flares; worsens with heat

and pungent/sour diet. (A Kapha component may add heaviness and clots.)

2.2 Nidāna (causative factors)

- Irregular meals, fasting/skipping breakfast; cold/raw foods; iced drinks.
- Night-waking, long travel, over-exertion during flow; suppression of natural urges (**vegādharaṇa**).
- Hot-pungent-sour diet, working in heat (Pittaja overlay).
- Sedentary routine, day sleep, heavy sweets/dairy (Kapha stagnation).

2.3 Samprāpti (pathogenesis)

1. **Agni disturbance** (often **viśama** in Vāta types) →
2. **Doṣa prakopa** with **Apāna Vāta** misdirection (↑ spasm) ± **Pitta** heat or **Kapha-Āma** stagnation →
3. **Ārtavavaha Srotas** spasm/obstruction →
4. Dysmenorrhoea with characteristic doṣa signs.

2.4 Lakṣaṇa (key signs)

- **Vātaja**: colicky cramps, scanty/dark flow, relief by warmth/pressure; dry stools; sleep disturbance.
- **Pittaja**: burning/heavy ache, early bleeding, bright-red hot flow, irritability; thirst/heat intolerance.
- **Kaphaja (mixed)**: dull heavy ache, clots, lethargy, mucoid admixture.

2.5 Chikitsā Sūtra (management roadmap)

Stage 1 — Correct Agni and bowels (always first): warm, light, freshly cooked meals; simple combinations; ghee in moderation; steady warm water sips.

Stage 2 — Pacify primary doṣa:

- **Vātaja**: *Vātānulomana* (keep bowels regular), **snehana** (internal/external unction), **mild svedana** (fomentation), abdominal **abhyanga** (sesame oil), warm compress.
- **Pittaja**: *Pitta-śamana*—cooling digestible diet (cooked gourds, rice, moong), coriander-fennel infusions, avoid heat/pungency; rest and hydration.
- **Kapha/Āma**: *Dīpana-Pācana* (carminative-digestive supports as suitable), early dinners, brisk walks, avoid day sleep.

Stage 3 — Cycle-aware measures: Peri-menstrual gentle movement; avoid inversions/strenuous core; heat packs for Vāta cramps; mindful breath (see PMS section).

Stage 4 — Inter-cycle rebuilding (if Rasa-Rakta kṣaya): warm unctuous but digestible meals, cooked greens, stewed dates/raisins; sleep discipline.

3) Asṛgdāra (Menorrhagia) — Concept & Treatment

3.1 Clinical construct

Asṛgdāra implies excessive/prolonged uterine bleeding outside a woman's normal pattern. Ayurvedic logic highlights **Rakta-Pitta** agitation with or without **Kapha** blockage.

3.2 Nidāna

- Hot-pungent-sour diet; alcohol; long exposure to heat; anger/emotional heat.
- Late nights, dehydration; over-exertion around menses.
- Post-illness weakness with Pitta volatility; **Agnimāndya** leading to **Āma** and srotas irritation.

3.3 Samprāpti

1. **Pitta** provocation (often from diet/climate/stress) agitates **Rakta** →



2. **Ārtavavaha/Raktavaha Srotas** become hyper-reactive or congested (Kapha) →
3. Excessive, hot, bright-red bleeding ± clots, burning, irritability.

3.4 Lakṣaṇa

- Early cycles, **heavy/long flow**, bright-red hot blood, burning sensation, thirst, irritability, acne flares; sometimes clots and fatigue.
- In Kapha overlay: heaviness, mucous admixture, sluggish end of flow.

3.5 Chikitsā Sūtra

Sequence matters:

- (i) **Assess Āma**. In heaviness/odour/coated tongue, begin with **Dīpana-Pācana** and diet simplification; otherwise, proceed.
- (ii) **Pitta-śamana**: cooling digestible diet; hydration; avoid sun/sauna/heat; early dinners; calm evenings.
- (iii) **Stambhana/saṁśamana (hemostatic-calm) after cooling**: introduce haemostatic strategies **only after** heat is reduced and stools are regular.
- (iv) **Inter-cycle rakta-prasādana and gentle virecana (where appropriate, non-menstrual window)**: considered in recurring patterns after preparation; never during active heavy bleeding.
- (v) **Rebuilding**: address **Rasa-Rakta kṣaya** (fatigue, pallor) with nourishing yet digestible choices; restore sleep.

Counselling pearls

- Keep a **bleed log** (days, pads, clots, heat symptoms); synchronise hydration and meal timing.
- Identify seasonal triggers (summer/sarad).
- Consider Kapha-mobilising measures between cycles if congestion dominates.

4) Amenorrhoea (Absence of Menstruation) – Types & Doṣic Involvement

4.1 Definitions

- **Primary amenorrhoea**: no menarche by expected age.
- **Secondary amenorrhoea**: cessation after prior menses (exclude **pregnancy** first in all cases).

4.2 Ayurvedic mapping

- **Anārtava / Artava-kṣaya**: deficient or absent menstrual essence and outflow.
- **Doṣa involvement**
 - **Vāta**: dominant—dryness, weight loss, constipation, anxiety, irregular appetite/sleep.
 - **Pitta**: depletion after febrile illness or heat-excess may suppress cycles.
 - **Kapha**: heaviness, insulin-resistance phenotypes; thick cervical mucus, sluggish cycles.

4.3 Samprāpti (broad patterns)

- **Rasa-Rakta kṣaya** from poor diet, crash fasting, chronic stress → inadequate endometrial buildup.
- **Apāna Vāta** upward misdirection (Udāvarta-type) or depletion → failure of timely descent.
- **Srotorodha** from Kapha-Āma → ovulatory inertia and luteal insufficiency patterns.

4.4 Management logic

1. **Correct Agni; clear Āma** if present.
2. **Vātānulomana** and routine reset: warm meals at fixed times; bowel regularity; sleep by ~10 pm.
3. **Rasa-Rakta nourishment**: soups/stews, cooked greens, modest ghee; stewed dates/raisins; avoid heavy, incompatible mixes.



4. **Kapha-mobilising** (if needed): light grains (barley/millet), moong/horse-gram, brisk walks; avoid day sleep/sugary snacks.
5. **Mind axis**: brief daily breath/mind practice to stabilise **Sādhaka Pitta** and **Prāṇa-Apāna** coordination.

5) Premenstrual Syndrome (PMS) — Ayurvedic Interpretation

5.1 Construct

PMS expresses **luteal-phase instability** in **Apāna Vāta** and **Sādhaka Pitta**, often with **Kapha water retention**. Symptoms include mood lability, irritability/anger, anxiety, bloating, breast tenderness, cravings, and disturbed sleep.

5.2 Nidāna highlights

- Late nights, irregular meals, screen overuse at night.
- Pungent-sour-salty excess; coffee/stimulants late evening.
- Inactivity, day sleep; high stress without decompression.

5.3 Management ladder

- **Foundation**: keep **meal and sleep timing fixed**; early light dinners; cut late caffeine; short evening walk.
- **Diet**: luteal-phase salt moderation; cooked greens; modest ghee; avoid deep-fried and very spicy foods; steady warm water sips.
- **Mind-breath**: nightly **Nāḍī-śodhana** (no breath-holds), **Bhrāmari** (5-7 rounds), 10-minute body-scan or mantra japa; these down-regulate **Sādhaka Pitta** and settle **Vāta**.
- **Movement**: restorative yoga in late luteal; avoid high-intensity sessions that spike heat and cravings.

6) Cross-Cutting Red Flags (Immediate Referral)

- Soaking through protection hourly for several hours, or passing large clots repeatedly.
- Post-coital bleeding, intermenstrual bleeding persisting, or bleeding after amenorrhoea in menopause.
- Severe unilateral pelvic pain with fever/vomiting, or syncope.
- Rapid weight loss, galactorrhoea, severe hirsutism/virilisation, or pregnancy symptoms with amenorrhoea.

(Ayurvedic care complements, not replaces, emergency evaluation when red flags are present.)

Summary (Rapid Revision)

- **Yoni Vyāpada** supplies the Ayurvedic taxonomy for pelvic-menstrual disorders; menstrual dysfunctions typically overlay **Apāna Vāta dysrhythmia**, **Rakta-Pitta** reactivity, and **Kapha-Āma** stagnation on a background of **Agni** disturbance.
- **Kaṣṭhārtava** (dysmenorrhoea) maps classically to **Udāvartini** (Vāta spasm) or mixed patterns—treat Agni-bowels first, then pacify the leading doṣa, with cycle-aware supports.
- **Asṛgdāra** centers on **Rakta-Pitta**; cool and clear first, then consider stambhana and inter-cycle measures; rebuild **Rasa-Rakta** thereafter.
- **Amenorrhoea** reflects **Artava-kṣaya/Anārtava** from Rasa-Rakta depletion, Vāta misdirection, or Kapha-Āma obstruction—sequence care: Agni → Vāta/Kapha reset → Rasa-Rakta nourishment.
- **PMS** is late-luteal Vāta-Pitta volatility; routine timing, diet moderation, and breath-mind practices are powerful regulators.



Assessment

A. Multiple-Choice Questions (MCQs)

1. **Udāvartini** most closely maps to which menstrual problem?
A. Amenorrhoea
B. Dysmenorrhoea with spasmodic pain
C. Menorrhagia with heat
D. Only leucorrhoea
Answer: B
2. Primary **doṣa** driving the **expulsive** act of menstruation is:
A. Vyāna Vāta
B. Apāna Vāta
C. Sādhaka Pitta
D. Avalambaka Kapha
Answer: B
3. A woman with **bright-red hot flow, burning, thirst, irritability** likely has:
A. Vātaja pattern
B. Pittaja pattern
C. Kaphaja pattern
D. Sannipāta always
Answer: B
4. The **first step** in treating Kaṣṭārtava, regardless of doṣa, is usually:
A. Strong purgation during menses
B. Correct Agni and ensure bowel regularity
C. Heavy nourishing foods on day 1
D. Ice-cold drinks for pain
Answer: B
5. In **Asrgdāra**, classical sequencing recommends:
A. Immediate stambhana before assessing heat
B. Cooling/Āma-clearance first, stambhana after
C. Only Kapha-mobilisation steps
D. Dry fasting in summer
Answer: B
6. **Amenorrhoea** with dryness, weight loss, constipation, anxiety reflects predominance of:
A. Vāta
B. Pitta
C. Kapha
D. Sāttva
Answer: A
7. **PMS** in Ayurveda is largely a dysregulation of:
A. Sādhaka Pitta and Apāna Vāta
B. Tarpaka Kapha only
C. Udāna Vāta only
D. Bhrajaka Pitta only
Answer: A
8. A **Kapha-Āma** overlay in menstrual disturbance shows as:
A. Early hot bleeding with burning
B. Thick/stringy discharge, heaviness, prolonged cycles
C. Scanty dry flow with spasms
D. Sudden mid-cycle spotting after anger
Answer: B
9. The most cycle-stabilising **Dinacharyā** cue for Vātaja dysmenorrhoea is:



- A. Random sleep schedule
- B. Early light dinner and fixed sleep-wake timing
- C. Skipping breakfast routinely
- D. Intense workouts during flow

Answer: B

10. **Inter-cycle gentle virecana** (where appropriate) is considered in recurrent:
- A. Vātaja amenorrhoea only
 - B. Pitta-dominant menorrhagia after cooling & preparation
 - C. All PMS cases
 - D. During active heavy bleeding

Answer: B

B. Case Vignettes (Applied)

Case 1 — Spasmodic Day-1 Pain, Scanty Flow

A 20-year-old has 35–40-day cycles with day-1 colicky cramps relieved by warmth. Flow is scanty/dark; she skips breakfast, drinks iced beverages, and sleeps past midnight. Bowels are dry.

Tasks:

1. Identify doṣa and key srotas.
2. Write the first three non-pharmacological measures for two cycles.
3. State two objective markers to track improvement.

Case 2 — Bright-Red Heavy Flow with Burning

A 28-year-old chef works near heat; she eats chilli-rich food and drinks little water. Cycles are 26 days with 6–7 days of heavy, hot flow; she reports irritability and acne.

Tasks:

1. Map doṣa-duṣya-srotas and Agni pattern.
2. Sequence your management (cooling vs stambhana; diet and routine).
3. Mention two inter-cycle strategies to reduce recurrence.

Case 3 — Secondary Amenorrhoea with Heaviness

A 27-year-old desk worker has missed menses for 3 months (pregnancy ruled out). She has daytime sleep, sweets/dairy excess, bloating, and low activity. Tongue is coated; appetite dull.

Tasks:

1. Identify the pattern and initiating nidāna.
2. Outline a two-week Agni-srotas plan and routine reset.
3. Add two rebuilding steps once cycles resume.

End of Unit 3 — Ayurvedic Understanding of Menstrual Disorders