## Unit 4: Management of Menstrual Disorders in Ayurveda

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#### **Overview**

This chapter gives you a clinic-ready management framework for menstrual disorders using the classical sequence: Nidāna Parivarjana (removing causes) → Śamana Cikitsā (palliative/normalising therapy) → Śodhana Cikitsā (elimination/Pañcakarma when indicated) → Bahya Upakrama (external therapies) with judicious use of herbs/formulations. You will learn to individualise plans for Kaṣṭārtava (dysmenorrhoea), Asṛgdāra (menorrhagia), Amenorrhoea (Anārtava/Ārtava-kṣaya), and PMS using Doṣa-Dhātu-Agni-Srotas-Manas reasoning.

A classical directive anchors the whole chapter:

"निदानपरिवर्जनम् एव हि श्रेष्ठं चिकित्सितम्।"

(Avoidance of causes is the foremost treatment.) — Mādhava Nidāna, Pūrva-khanda 1/6

## 1. Nidāna Parivarjana (Avoiding Causative Factors)

Purpose: Stop fuelling the samprapti. Without this, both samana and sodhana underperform.

#### 1.1 Core nidāna to audit in every menstrual case

- Āhāra (diet): erratic timing; cold/raw/icy foods; very hot-pungent-sour items; deep-fried and alcohol; heavy dairy/sweets (especially in Kapha-prone states).
- Vihāra (lifestyle): night-waking; long sitting; day sleep; over-exertion during flow; travel/screen excess late nights; suppression of natural urges (vegā-dhāraṇa).
- Mānasa (mind): chronic stress, anger, grief, fear—disturb Sādhaka Pitta and Vāta, destabilising cycles.
- **Kāla-Deśa** (season/climate): heat exposure in summer (Pitta flares), damp monsoon routines (Kapha-Āma), cold-dry winters (Vāta spasm).

## 1.2 Disorder-wise nidāna maps (at a glance)

Disorder	Leading doṣa & axis	High-yield causes to remove
<b>Kaṣṭārtava</b> (spasmodic dysmenorrhoea)	<b>Vāta/Apāna</b> spasm ± Agni viṣama	Meal skipping/late dinners; cold/raw foods; sleep past midnight; urge suppression; winter chill exposure
Asṛgdāra (heavy, hot bleeding)	<b>Pitta-Rakta</b> irritation ± Kapha congestion	Chillies/pickles/vinegar; working in heat; dehydration; anger; late nights
<b>Amenorrhoea</b> (Anārtava/Ārtava-kṣaya)	<b>Vāta</b> misdirection/depletion or <b>Kapha-Āma</b> obstruction	Crash dieting/over-exercise; chronic stress; heavy sweets/dairy + day sleep; prolonged inactivity
PMS (luteal dysregulation)	Apāna Vāta + Sādhaka Pitta volatility	Late caffeine; late screens; salt/sugar surges; irregular sleep; no decompression routine

**Clinical habit:** Write a 7-10 day **stop list** with the patient. This single step often halves symptom load within one or two cycles.

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# 2. Śamana Cikitsā (Palliative/Normalising Therapy)

Goal: Balance doşa, steady Agni, clear minor Āma, and restore Srotas flow—without provoking the system.

#### 2.1 First principles (apply to all)

- Agni first: warm, freshly cooked, simple meals; regular timings; steady warm-water sips.
- Bowel regularity: daily, soft, complete evacuation (vātānulomana).
- Cycle-aware rest: gentler activity and warmth around flow; avoid inversions/straining.

## 2.2 Disorder-wise samana blueprints

#### A) Kaṣṭārtava (dysmenorrhoea)

- Diet-regimen: warm, moist, mildly unctuous meals; early dinner; keep abdomen, feet, and low back warm.
- Local measures: hot water bag/warm compress to lower abdomen; gentle abdominal abhyanga (sesame oil) daily for 5-7 days before menses.
- Mind-breath: evening Nāḍī-śodhana (no retentions) + Bhrāmarī for 5-7 minutes; lights-out ~10 pm.
- If Pitta overlay (burning): cool the menu (cooked gourds, rice, moong), add coriander-fennel infusions; reduce heat exposure.
- If Kapha overlay (clots/heaviness): emphasise Dīpana-Pācana with light grains (barley/millet), moong/horse-gram; brisk walks; avoid day sleep.

#### B) Asṛgdāra (menorrhagia)

- Immediate stance: assess Āma (coated tongue, odour, heaviness).
  - $\circ$  If **Āma**  $\uparrow \rightarrow 3-7$  days of diet simplification (warm light meals), carminative sips; then proceed.
- **Pitta-śamana:** cooling digestible diet; hydration; avoid sun/kitchen heat where possible; early dinners, calm evenings.
- After cooling and bowel regularity, bring hemostatic-calming supports (see herbs section).
- Inter-cycle consolidation: gentle menu; regular sleep; moderate movement; address Kapha congestion if present.

#### C) Amenorrhoea (secondary; pregnancy excluded)

- If Vāta-kṣaya/viṣama pattern: warm, unctuous, regular meals; abhyanga; bowel care; early nights; gentle restorative yoga.
- If Kapha-Āma pattern: lightening diet; avoid sweets/dairy; day sleep prohibition; daily brisk walk; digestive infusions; once Agni improves, re-nourish Rasa-Rakta.
- Psychological hygiene: short daily relaxation to settle Sādhaka Pitta.

#### D) PMS (luteal-phase)

- Salt moderation; cooked greens; modest ghee; no late caffeine.
- Evening routine: 10–15 minutes (supported forward folds, **Bhrāmarī**, short body-scan); digital sunset 60 minutes before bed.
- Walk after dinner (10-15 minutes) for bloat and mood.

# 3. Śodhana Cikitsā (Detoxification & Pañcakarma) in Menstrual Disorders

**Principle:** Consider **Śodhana** only after (i) clear indication, (ii) adequate preparation (**Snehana-Svedana**), (iii) stable strength, and (iv) timing **away** from menses and **never** during pregnancy.

## Indicative mapping (to be individualised):

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Pattern	Likely indication	Illustrative approach*	Notes
Recurrent Pitta-led Asṛgdāra	Residual heat despite śamana	<b>Virecana</b> (purgation) in non-menstrual window after cooling & preparation	Avoid during/just before menses; rebuild afterward
Vātaja Kaṣṭārtava / Amenorrhoea	Apāna dysrhythmia, dryness	<b>Basti</b> courses (e.g., <b>Mātrā Basti</b> for nourishment; <b>Āsthāpana/Nirūha</b> when indicated) post-snehana	Schedule between cycles; monitor bowels & sleep
Kapha-Āma stagnation (heaviness, leucorrhoea overlay)	Channel obstruction	Short <b>svedana</b> + light <b>udvartana</b> ; selective śodhana as per strength	Hydration; avoid over- heating

<sup>\*</sup>Always personalise dose, medium, frequency, and post-care. Strong śodhana is **contraindicated** in pregnancy, puerperium until strength returns, and in active heavy bleeding.

# 4. Herbs & Formulations (Illustrative, to be Individualised)

**Important:** Use after assessing **doṣa-agni-srotas** and **avoiding nidāna**. Prefer **single-herb** or simple formulations before complex polyherbals. Avoid heavy dosing in **Āma** states.

## 4.1 For Asṛgdāra (heat/bleeding profiles)

- Aśoka (Saraca asoca): uterine-supportive, cooling; classically used in Aśokāriṣṭa as a stabiliser for heavy/hot bleeding patterns once heat is calmed.
- Lodhra (Symplocos racemosa): astringent, raktastambhaka trend; helpful where mucous admixture and lax tissues appear.
- Musta (Cyperus rotundus): Dīpana-Pācana and Pitta-balancing; useful when Āma coexists.

#### 4.2 For Kaşţārtava (spasm/dysmenorrhoea)

- **Hiṅgu** (asafoetida), **Ajavāyana** (ajwain), **Śuṇṭhī** (dry ginger): carminative warmth and vātānulomana (small, foodadjacent use).
- Taile snehana (sesame oil) externally with warmth; internally only as suited to Agni/Doşa.

#### 4.3 For Amenorrhoea (after clearing Āma)

- Śatāvarī (Asparagus racemosus): Rasāyana for Rasa-Artava nourishment; use after stabilising Agni and routine.
- Til (sesame) in diet; ghee judiciously for unctuousness if digestion allows.

## 4.4 For PMS (luteal mind-mood)

- Jatāmāmsī (Nardostachys jatamansi) trend for mind-calming in suitable formats;
- Coriander-fennel infusions for Pitta soothed hydration;
- Nut-seed pastes (small bedtime portions, if milk-compatible) for Majjā-Manas nourishment.

#### **General cautions:**

- Avoid indiscriminate astringents in Vāta-dominant states (risk of worsening spasm/dryness).
- In heavy bleeding, cool and clear first, then consider astringent/stabilising supports.
- Reassess every cycle; step down once stability returns.

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# 5. External Therapies (Bahya Upakrama): Abhyanga, Basti & Dhāra

### 5.1 Abhyanga (oil application)

- Indications: Vātaja dysmenorrhoea, amenorrhoea with dryness, PMS with anxiety/insomnia.
- **Method:** Daily or alternate-day warm oil application to lower abdomen, sacrum, thighs, and whole body as feasible; 20–30 minutes; followed by warm bath.
- Rationale: Pacifies Vāta, improves pelvic circulation, down-regulates pain sensitivity, supports sleep.

#### 5.2 Basti (medicated enema; see also Sodhana section)

- Mātrā Basti (small, unctuous): for Vāta depletion, constipation, dry cramps—often used as a short course between cycles.
- Asthapana/Nirūha Basti (decoction-based): where indicated after full preparation—deployed cautiously by experienced physicians.

## 5.3 Dhāra/Parisheka (warm pours/fomentation)

- Use-case: Vātaja cramps—local warm dhāra over lower abdomen/back for 10-15 minutes.
- Caution: Avoid high heat in Asṛgdāra and during active heavy bleeding.

#### 5.4 Yoni-picchu/Yoni-parişeka (local support, as indicated)

- Use-case: Vaginal dryness or mild tone issues in Vāta-dominant cases, between menses and under aseptic care.
- **Avoid:** During active bleeding or suspected infection.

# 6. Putting it Together — Pragmatic Algorithms

## 6.1 Kaşţārtava (day-1 cramps)

- 1. **Nidāna stop** (meal timing, warmth, sleep; avoid cold/raw/late nights) →
- 2. Agni reset & bowels →
- 3. Local heat + abhyanga (Vāta) / cooling diet (Pitta overlay) →
- 4. If recurrent: consider Basti course between cycles after preparation →
- 5. **Rebuild** Rasa-Rakta if thin, scanty patterns.

#### 6.2 Asṛgdāra (heavy, hot flow)

- 1. Assess Āma → if present, Dīpana-Pācana 3-7 days →
- 2. **Pitta-śamana** (cool diet, hydration, rest from heat) →
- 3. **Then** stabilisers (e.g., Aśoka/Lodhra-contextual supports) →
- 4. Inter-cycle consolidation; consider Virecana in selected recurrent cases (non-menstrual window) →
- 5. Rebuild Rasa-Rakta, restore sleep.

#### 6.3 Amenorrhoea (pregnancy excluded)

- Pattern ID: Vāta-kṣaya/viṣama vs Kapha-Āma →
- 2. Agni correction + vātānulomana or Kapha lightening →
- 3. Restore routine & mind calm →
- 4. Rasāyana-style nourishment once flow resumes.

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# **Summary (Rapid Revision)**

- Nidāna Parivarjana is the decisive first therapy—write a stop list and enforce it.
- Samana begins with Agni and bowels; then pacify the leading dosa with diet-regimen and simple supports.
- **Śodhana/Pañcakarma** is powerful when correctly timed and prepared—**never** during menses or pregnancy; prefer gentle approaches and rebuild afterward.
- **Herbs/formulations** (Aśoka, Lodhra, Śatāvarī, Musta, etc.) are tools, not shortcuts—use after cooling/clearing where required and individualise.
- External therapies—abhyanga, basti, dhāra—offer rapid relief in Vāta-dominant pains and help stabilise rhythms when integrated with routine discipline.

### **Assessment**

#### A. Multiple-Choice Questions (MCQs)

- 1. The foremost therapeutic step in any menstrual disorder is:
  - A. Immediate strong purgation
  - B. Nidāna Parivarjana
  - C. Polyherbal Rasāyana
  - D. Daily inversions during flow

Answer: B

- 2. In Kaṣṭārtava with Vāta dominance, the first two practical moves are:
  - A. Cold packs and fasting
  - B. Warm, regular meals and bowel regularity
  - C. Late-night study and spicy food
  - D. Heavy dairy at dinner

Answer: B

- 3. For **Asrgdāra**, the correct sequencing is:
  - A. Stambhana first, then assess heat
  - B. Pitta-śamana and Āma-clearing first, then stambhana
  - C. Only abhyanga
  - D. Only Rasāyana

Answer: B

- 4. Basti is most appropriate in recurrent:
  - A. Pitta-led menorrhagia during heavy bleeding
  - B. Vātaja dysmenorrhoea/amenorrhoea between cycles after preparation
  - C. Any pregnancy-related nausea
  - D. Acute infections

**Answer:** B

- 5. **Aśokāriṣṭa** is typically contextualised for:
  - A. Scanty menses due to dryness
  - B. Heavy/hot bleeding patterns after Pitta cooling
  - C. Only postpartum care
  - D. Exclusive use in PMS

Answer: B

- 6. The safest abhyanga timing in menstrual care is:
  - A. During active heavy bleeding
  - B. Between cycles or peri-menstrual for Vāta cramps, avoiding strenuous heat
  - C. Immediately after strong śodhana
  - D. Never; abhyanga is contraindicated

Answer: B

- 7. In **Amenorrhoea** with Kapha-Āma, the early emphasis is on:
  - A. Heavy astringents

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- B. Lightening diet, movement, and Dīpana-Pācana
- C. Ice-cold drinks
- D. Daytime sleep

#### Answer: B

- 8. A quick sign that **Āma** precedes Asṛgdāra is:
  - A. Clear tongue, sharp appetite
  - B. Heaviness after meals, coated tongue, foul odour
  - C. Dry skin with insomnia
  - D. None of the above

#### Answer: B

- 9. **Dhāra** (warm pour) is best suited for:
  - A. Vātaja cramps over lower abdomen/back (non-bleeding window)
  - B. Active menorrhagia
  - C. Pregnancy swelling
  - D. All Kapha disorders

#### Answer: A

- 10. A common mistake that blunts results in menstrual management is:
  - A. Starting with Nidāna Parivarjana
  - B. Overlooking Agni and bowels before adding herbs
  - C. Scheduling śodhana away from menses
  - D. Using gentle external therapies

Answer: B

#### **B. Case Vignettes (Applied)**

#### Case 1 — Spasmodic Day-1 Pain (Vāta-led)

A 22-year-old has 35-40-day cycles with day-1 colicky cramps relieved by warmth. She skips breakfast, eats late dinners, sleeps past midnight, and has dry stools.

#### Tasks:

- 1. List three nidana to remove immediately.
- 2. Outline a 7-day śamana plan (diet, bowel care, local measures, sleep).
- 3. If recurrent, when would you consider a **Basti** course and why?

#### Case 2 — Heavy, Hot Bleeding (Pitta-Rakta)

A 30-year-old chef works near heat, consumes chilli-rich, sour foods, and drinks little water. She has 26-day cycles with 6–7 days of bright-red hot flow, irritability, and acne.

#### Tasks:

- 1. Sequence your management for this cycle and the inter-cycle window.
- 2. Specify two dietary & two regimen corrections for immediate Pitta-śamana.
- 3. State indications and timing for considering **Virecana** later.

#### Case 3 — Secondary Amenorrhoea with Heaviness (Kapha-Āma)

A 27-year-old desk worker has missed periods for 3 months (pregnancy excluded). She reports daytime sleep, sweets/dairy excess, bloating, and dull appetite; tongue is coated.

#### Tasks:

- 1. Identify the pattern and two chief nidana.
- 2. Draft a two-week plan prioritising Dīpana-Pācana, movement, and meal timing.
- 3. After cycles resume, list two Rasa-Rakta rebuilding steps.

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End of Unit 4 — Management of Menstrual Disorders in Ayurveda

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