



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 **Kaṣṭhārtava** (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-khaṇḍa 1/6

1. Nidāna Parivarjana (Avoiding Causative Factors)

Purpose: Stop fuelling the samprāpti. Without this, both śamana and śodhana 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
Kaṣṭhārtava (spasmodic dysmenorrhoea)	Vāta/Apāna spasm ± Agni viṣama	Meal skipping/late dinners; cold/raw foods; sleep past midnight; urge suppression; winter chill exposure
Asṛgdāra (heavy, hot bleeding)	Pitta-Rakta irritation ± Kapha congestion	Chillies/pickles/vinegar; working in heat; dehydration; anger; late nights
Amenorrhoea (Anārtava/Ārtava-kṣaya)	Vāta misdirection/depletion or Kapha-Āma 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.

2. Śamana Cikitsā (Palliative/Normalising Therapy)

Goal: Balance doṣa, 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 śamana 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) + **Bhrāmārī** 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).
 - If **Āma** ↑ → 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/viśama 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, **Bhrāmārī**, 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):



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

*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 Kaṣṭārtava (spasm/dysmenorrhoea)

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

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.

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 Śodhana section)

- **Mātrā Basti** (small, unctuous): for Vāta depletion, constipation, dry cramps—often used as a short course between cycles.
- **Āsthāpana/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-pariṣeka (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 Kaṣṭārtava (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)

1. **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.



Summary (Rapid Revision)

- **Nidāna Parivarjana** is the decisive first therapy—write a stop list and enforce it.
- **Śamana** begins with Agni and bowels; then pacify the leading doṣa 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 **Kaṣṭhārtava** 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 **Asṛgdāra**, 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



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

Answer: B

8. A quick sign that **Āma** precedes Aśrgdāra 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 nidāna 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 nidāna.
2. Draft a two-week plan prioritising **Dīpana-Pācana**, movement, and meal timing.
3. After cycles resume, list two **Rasa-Rakta** rebuilding steps.



End of Unit 4 — Management of Menstrual Disorders in Ayurveda

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