

Unit 5: Preventive & Holistic Care in Women's Health

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Overview

Prevention is the heart of Ayurvedic care for women across the lifespan—menarche to menopause and beyond. This chapter gives you a clinical, step-by-step framework to (1) design preventive strategies for menstrual and reproductive health; (2) apply **Swasthavṛtta** (codes of healthful living) for women's wellness; (3) integrate **Yoga** and meditation safely; (4) use **Pañcakarma** judiciously in gynaecology and obstetrics; and (5) plan lifelong, integrative care. Two classical anchors will guide you in this unit:

“ब्राह्मे मुहूर्त उत्तिष्ठेत् स्वस्थो रक्षार्थमायुषः ।”

(Let a healthy person rise in brāhma-muhūrta to protect health and life.) — Aṣṭāṅga Hṛdayam, Sūtrasthāna 2/1.

“पिप्पली सप्त दश वा पिप्पलीर्मधुसर्पिषा... (इति पिप्पलीरसायनम्)”

(Pippalī Rasāyana procedure and benefits as a rejuvenative.) — Caraka Saṃhitā, Cikitsāsthāna 1.3/32–35.

These verses embody the preventive spirit: **daily regimen discipline** and **judicious rejuvenation** after clearing channels and steadying **Agni**.

1. Ayurvedic Preventive Strategies for Menstrual & Reproductive Health

1.1 Core prevention logic: Doṣa-Dhātu-Agni-Srotas-Manas

Women's preventive care is most effective when you simultaneously stabilise:

- **Apāna Vāta** (rhythm of elimination-menstruation-ovulation-labour);
- **Pitta** (transformations that colour menses, support implantation, and mood around ovulation);
- **Kapha** (builds endometrium, cervical lubrication, oocyte nourishment);
- **Agni** (digestive/metabolic fire) to prevent **Āma** (toxicity) and **Srotorodha** (channel blockage);
- **Manas** (mind) to protect **Ojas** (vital essence).

1.2 Menstrual health prevention

Aim: painless, timely, odourless flow with predictable **Ritu-Chakra**.

- **Routine stability:** fixed sleep-wake and meal times restore Apāna rhythm (no skipping meals; dinner early and light).
- **Cycle-wise food cues:**
 - *Peri-menses (Rajaḥ-srava):* warm, light, mildly unctuous foods to pacify Vāta; avoid raw/cold.
 - *Follicular (Ritu Kāla):* support Kapha with fresh, easy-to-digest nourishment; steady fluids.
 - *Luteal:* prevent Pitta irritability—timely meals, hydrate, moderate spice; keep bowels regular.
- **Vega (natural urge) hygiene:** do **not** suppress urine, defecation, flatus, sneeze, tears, etc.; suppression triggers Vātaja cramping, **Udāvarta** patterns and dysmenorrhoea. The classical preventive chapter *Rogān-utpādanīya* formalises such measures.
- **Mind regulation:** brief daily breathwork and screen discipline reduce Pitta-Vāta reactivity that destabilises cycles.



1.3 Fertility preservation (preconception)

Sequence: Āma-clearance → Agni-deepana → Rasa-poshana → mental sattva → time coitus in **Ritu Kāla**.

- **Food & habit:** fresh warm meals; compatible combinations; moderate exercise; early nights.
- **Avoidants:** erratic food timing, over-exercise in luteal phase, excessive chilli-sour, alcohol, night-shifts.
- **Srotas hygiene:** gentle bowel regularity; daily hydration; occasional light **sveda** (sudation) if Kapha-stagnant.

1.4 Antenatal prevention synopsis

- **First trimester:** protect Ojas; small, frequent, warm meals; minimise travel/exertion; calm senses.
- **Second:** maintain Agni without heaviness; midday rest; adequate protein within digestibility.
- **Third:** Vāta-pacification—unctuousness, warmth, regular bowels, daily gentle oiling (if no obstetric contraindication).

1.5 Menopause transition

- Expect **Vāta** ascendance—dryness, insomnia, irregular heat sensations.
- Preventive stance: warm, unctuous yet digestible diet; fixed routine; sesame/ghee, cooked greens; gentle abhyanga; calming breath practices.

2. Swasthavṛtta for Women's Wellness

Swasthavṛtta = disciplined daily/seasonal conduct to preserve health. Use this practical grid:

Pillar	Women's emphasis	What to do (examples)	Why it works
Dinacharyā (daily routine)	Apāna rhythm, steadier hormones	Rise near brāhma-muhūrta ; eliminate without suppression; abhyanga as suited; exercise to <i>bala-ardha</i> ; warm freshly cooked meals; sleep by ~10 pm	Synchronises Vāta , protects Ojas , keeps Agni sama ; classical cue to rise early is from AH Su 2/1.
Ritucharyā (seasonal)	Prevent seasonal flares	Cool-hydrating in summer; light-digestible in monsoon; nourishing-warming in winter	Matches seasonal Doṣa tides; lowers cycle disturbances
Sadvṛtta (ethical & mental hygiene)	Mood, libido, immunity	Restraint in speech, honesty, cleanliness, compassion; mindful media	Quietens Sādhaka Pitta reactivity and protects Ojas
Ācāra-Rasāyana (conduct rejuvenation)	Long-term resilience	Truthfulness, cheerfulness, charity, respect, balanced sexuality	Considered daily rasāyana that nourishes mind-body over years

Clinical note: In resistant menstrual irregularity, check Swasthavṛtta adherence **before** escalating therapies; tiny daily deviations often explain persistent Apāna instability.

3. Role of Yoga & Meditation in Women's Health Management

Scope (therapy-adjacent, non-pharmacological): use as supportive **Vāta-Pitta** regulation tools across life stages.

3.1 Menstrual health

- **Before menses (late luteal):** restorative holds (Supta Baddha Koṇāsana with support, gentle forward folds), 10-15 minutes of quiet breath (elongated exhalation).
- **During flow:** avoid intense inversions/strenuous core work; choose supported rest, cat-cow, pelvic rocking; diaphragmatic breathing eases cramps.



- **Dysmenorrhoea (Vātaja):** gentle warmth, slow **Nāḍī-śodhana**, guided body-scan, short yoga-nidra.

3.2 Fertility & pregnancy

- **Preconception:** moderate vinyasa or brisk walking; end with 5 minutes of **Bhrāmārī** or **Śamatha**-style mindfulness.
- **Pregnancy:** trimester-appropriate prenatal yoga focusing on breath, pelvic floor awareness, and side-lying relaxation; **avoid strong heat, deep twists, jumps, forceful breath retentions.**
- **Mood/Sleep:** daily 10-minute meditation or mantra japa stabilises **Sāttva**, aiding appetite/sleep.

3.3 Perimenopause/menopause

- Gentle strength + mobility + breath: chair squats, supported bridges, walking, and **Bhrāmārī**; short evening mindfulness reduces sleep latency and hot-flash distress.

Safety: tailor practices to individual capacity; in pregnancy, follow obstetric clearance and avoid pressure on abdomen or breath-holding.

4. Use of Pañcakarma Therapies in Gynaecology & Obstetrics

Principle: Pañcakarma is **not** a stand-alone cleanse; it is a staged programme:

Pūrvakarma (pre-procedure) → **Śodhana** (elimination) → **Pascāt-karma** (post-care).

Oleation (Snehana) and sweating (Svedana) are the standard pre-procedures to mobilise Doṣa before elimination.

4.1 Indications (gynaecological profiles)

Clinical pattern	Possible strategy (after evaluation)	Cautions
Kaphaja leucorrhoea / pelvic heaviness (Āma↑, Kapha-stasis)	Short Dīpana-Pācana → mild Svedana → appropriate Virecana or Udvartana series	Avoid over-heating; maintain hydration
Pittaja menorrhagia (Rakta-Pitta irritation)	After cooling & Āma-clearance, consider gentle Virecana in non-menstrual window	Never purge during active heavy bleeding
Vātaja dysmenorrhoea / irregular cycles	Emphasise Snehana (internal/external), local fomentation; later, Basti courses when indicated	Schedule away from menses; ensure bowel regularity
Infertility with Kapha dominance	Channel-clearing focus: mild Śodhana cycles between attempts; light Nasya in some cervical mucus patterns	Strictly avoid aggressive Śodhana near conception attempts

4.2 Obstetric contexts

- **Preconception:** mild Śodhana cycles (season-wise) can improve srotas clarity **before** trying to conceive.
- **Pregnancy:** **strong Śodhana is contraindicated.** Use only gentle external procedures (local abhyanga, pichu, mild svedana to non-pelvic areas) when needed, under expert care.
- **Postpartum (Sūtikā):** focus on **Agni rekindling**, **Vāta pacification**; any planned Śodhana should be deferred until lactation and strength stabilise.

5. Rasāyana (Rejuvenation) in Women's Preventive Care

Meaning: Rasāyana includes rejuvenative recipes, dietary regimen and **conduct** that enhance longevity, immunity, cognition and complexion—deployed **after** Agni balance and channel-clearing. The classical **Pippalī Rasāyana** illustrates targeted benefits and dosing logic.

5.1 When to consider Rasāyana

- **Preconception** (post-Āma clearance) to enrich **Rasa-Rakta-Artava**.
- **Inter-pregnancy / Postpartum** (when digestion normal & rest adequate) to rebuild **Ojas** and skin-hair-mood.
- **Perimenopause** for **Vāta** buffering (sleep, cognition, bone support).
- **General: Ājāsrika Rasāyana** (daily rejuvenation) via wholesome diet, sleep, conduct; reserve compound Rasāyana formulations for indicated windows.

5.2 Guardrails

- Never give heavy Rasāyana in **Āma** states.
- Monitor bowel habit, appetite, and sleep as outcome markers.
- Pair with **Swasthavṛtta**; without routine, Rasāyana's effect blunts.

6. Integrative Lifespan Approach — Putting It Together

Life stage	Priorities	Diet-Regimen	Yoga-Meditation	Panchakarma	Rasāyana
Adolescence (menarche)	Rhythm training; Kapha building without Āma	Warm fresh meals; regular timings	Gentle mobility; breath awareness	Rare; only for specific Kapha excess under guidance	Minimal; <i>Ājāsrika</i> conduct
Reproductive years	Cycle regularity; fertility preservation	Cycle-wise eating; hydrate; bowel care	Luteal calming; avoid menses over-exertion	Selective; non-menses windows; focus on Snehana/Basti where apt	Consider targeted courses preconception
Pregnancy	Ojas and safety	Mild, warm, unctuous; sleep	Prenatal breath & supportives	No strong Śodhana	None beyond diet-conduct
Postpartum	Agni rekindling, Vāta pacification, Stanya	Progressive warm diet; abhyanga; naps	Body-scan, diaphragmatic breath	None until strength returns	Later, gentle Rasāyana
Perimenopause/menopause	Vāta buffering; bone-mood	Soups, sesame/ghee, cooked greens	Strength + breath + mindfulness	Rare; mild if Kapha-stagnant	Suitably planned courses

7. Memorable Classical Compass Points

1. **Rise in brāhma-muhūrta** to guard life and health: “ब्राह्मो मुहूर्त उत्तिष्ठेत्...” — *AH Su 2/1*.
2. **Rasāyana** as structured rejuvenation after preparation: **Pippalī Rasāyana** details — *Cikitsā 1.3/32-35*.
3. **Prevention chapter** — *Rogān-utpādaniya* (disease non-arising) provides the logic for day-to-day preventive conduct.
4. **Pūrvakarma pre-requisite** for Pañcakarma — Snehana & Svedana before elimination; retain this sequence when planning clinical cleanses.

Summary (Rapid Revision)

- Menstrual and reproductive prevention rests on **Apāna-Vāta rhythm**, **Agni** steadiness, and **Srotas** clarity—secured through routine timing, warm fresh food, urge-hygiene, hydration, and mind care.
- **Swasthavṛtta** packages daily and seasonal regimens—and **Ācāra-Rasāyana**—to maintain women's wellness.



Rising in **brāhma-muhūrta** and keeping fixed routines are not cosmetic choices; they are hormonal-metabolic levers.

- **Yoga/meditation** are safe, powerful adjuncts when appropriately dosed; avoid heat, strain and inversions during flow and pregnancy.
- **Pañcakarma** is staged therapy; use **Pūrvakarma** → **Śodhana** → **Pascāt-karma** with due timing, and avoid aggressive measures in pregnancy.
- **Rasāyana** supports long-term vitality when introduced **after** Agni balance; *Ājāsrika* (daily) measures plus selected courses (e.g., Pippalī Rasāyana) serve women at key transitions.

Assessment

A. Multiple-Choice Questions (MCQs)

1. The **first** move in Ayurvedic preventive care for irregular, painful menses is to:
A. Start strong purgation immediately
B. Stabilise routine (sleep-meals) and pacify Apāna Vāta
C. Begin high-dose Rasāyana at once
D. Prescribe vigorous inversions during flow
Answer: B
2. The verse “ब्राह्मो मुहूर्त उत्तिष्ठेत्...” belongs to:
A. Caraka Saṃhitā, Nidānasthāna
B. Suśruta Saṃhitā, Uttaraśthāna
C. Aṣṭāṅga Hṛdayam, Sūtrasthāna 2/1
D. Aṣṭāṅga Saṅgraha, Śārīrasthāna
Answer: C.
3. In planning Pañcakarma for a Kaphaja leucorrhoea pattern with Āma, the proper **sequence** is:
A. Virecana → Snehana → Svedana
B. Snehana/Svedana → Virecana (as indicated)
C. Nasya only
D. Basti during active menses
Answer: B.
4. Which statement about **Rogān-utpādaniya** is most accurate?
A. It teaches only drug recipes
B. It codifies disease **non-arising** through regimen and urge-hygiene
C. It focuses on fracture management
D. It is a surgery chapter
Answer: B.
5. In pregnancy, the stance on Pañcakarma is:
A. Strong Śodhana is routinely advised
B. Only aggressive Svedana is allowed
C. Avoid strong Śodhana; prefer gentle external measures under supervision
D. Daily Virecana is recommended
Answer: C
6. A daily 10-minute **Bhrāmari** practice most directly helps:
A. Kapha stasis in leucorrhoea
B. Sādhaka-Pitta reactivity, anxiety and sleep latency
C. Acute haemorrhage
D. Hyperacidity during overeating
Answer: B
7. **Rasāyana** is best started:
A. In the midst of overt Āma
B. After Agni balance and srotas clearance
C. Only in old age



D. Only during acute fever

Answer: B

8. For **perimenopause** (Vāta ↑), **Pathya** includes:

- A. Cold smoothies at night
- B. Crash fasting
- C. Warm soups, sesame/ghee, fixed timings
- D. Night-shift work

Answer: C

9. During **menses**, you should advise:

- A. Strong inversions to relieve cramps
- B. Supported rest, gentle movements, breath awareness
- C. Heavy weight-lifting
- D. Hot-room practices with breath retention

Answer: B

10. The **Pippalī Rasāyana** reference (Cikitsā 1.3) exemplifies:

- A. Emergency haemostatic therapy
- B. Structured rejuvenation with dose logic and indications
- C. Surgical haemorrhoid care
- D. Only topical use

Answer: B.

B. Case Vignettes (Applied)

Case 1 — Irregular, Painful Menses with Lifestyle Chaos

A 23-year-old with 34–45-day cycles, day-1 spasmodic pain relieved by warmth, late dinners, meal skipping, and frequent urge-suppression due to long classes.

Tasks:

- 1. Map the dominant Doṣa and list two immediate **non-drug** preventive corrections.
- 2. Outline a 2-week schedule to stabilise **Apāna Vāta** (sleep-meals-hydration).
- 3. Choose one supportive breath practice for the luteal phase and justify.

Case 2 — Planning Preconception in a Kapha-predominant Pattern

A 30-year-old with regular cycles but thick cervical mucus and sedentary job; desires conception in 3 months.

Tasks:

- 1. Write a 4-step sequence (Āma → Agni → Srotas → Rasa).
- 2. Identify when (and why) a **mild Śodhana window** could be inserted.
- 3. Add two daily **Swasthavyṛtta** commitments to protect Ritu-Kāla fertility.

Case 3 — Perimenopause with Insomnia & Hot-flash Irritability

A 49-year-old teacher: light dinners at 11 pm, iced drinks, fragmented sleep, joint crepitus.

Tasks:

- 1. Identify the Doṣa trend and draft a 7-day **Vāta-buffering** diet-regimen plan.
- 2. Prescribe an evening Yoga-meditation micro-routine (10–15 minutes).
- 3. Decide if Rasāyana is appropriate now; give your reasoning and prerequisites.

End of Unit 5