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RAJASWALA PARICHARYA: ITS SCIENTIFIC VALIDATION IN MENSTRUAL AND REPRODUCTIVE HEALTH

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ABSTRACT

Background: *Ayurveda emphasizes holistic approaches to women's health, particularly during menstruation. Rajaswala Paricharya (menstrual regimen) prescribes dietary, lifestyle, and behavioral guidelines to maintain reproductive well-being.*
Objectives: *To review the classical descriptions of Rajaswala Paricharya and scientifically validate its principles using contemporary biomedical research.*
Methods: *A narrative review of Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Kashyapa Samhita, Bhavaprakasha) was conducted. Parallel evidence from PubMed-indexed studies on diet, stress, sleep, dysmenorrhea and reproductive health was compiled. References were formatted in APA 7th style.*
Results: *Ayurveda recommendations of light diet, rest, stress avoidance, proper sleep, and sexual abstinence align with modern evidence. Rest reduces prostaglandin-mediated dysmenorrhea, light diets prevent inflammation and PMS, stress management preserves HPO axis function, adequate sleep regulates circadian rhythm, and abstinence reduces infection risk.*
Conclusion: *Rajaswala Paricharya is a preventive and therapeutic lifestyle framework for menstrual and reproductive health. Its principles resonate with modern science and may complement contemporary gynecology.*
KEYWORDS: *Ayurveda, Menstruation, Reproductive Health, Rajaswala Paricharya, Scientific Validation*

INTRODUCTION

In Ayurveda, *Rutu Kala* is regarded as the body's natural monthly cleansing phase, governed primarily by *Apana Vata* (downward-moving bio-energy)[1]. To ensure optimal reproductive health, Ayurveda prescribes a set of rules collectively termed *Rajaswala Paricharya*[2]. These include specific dietary prescriptions (light, easily digestible food), lifestyle modifications (adequate rest, avoidance of exertion), and behavioral restrictions (abstinence from sexual activity).

In today's context, menstrual health issues such as dysmenorrhea, Premenstrual Syndrome (PMS), irregular cycles, polycystic ovarian syndrome (PCOS), endometriosis, and infertility are highly prevalent and contribute significantly to women's morbidity[3]. Stress, poor sleep, sedentary lifestyle, and unhealthy diet further exacerbate reproductive disorders[4]. Despite advances in modern gynecology, a large proportion of women experience inadequate relief with pharmacological treatments, leading to increased interest in complementary and integrative approaches[5].
This paper examines *Rajaswala Paricharya* through a scientific lens, validating its principles with biomedical evidence, and explores its role in preventive gynecology and reproductive health.

LITERARY REVIEW OF *RAJASWALA PARICHARYA*

Classical references from *Bruhatrayees* and *Laghutrayees* emphasize the importance of lifestyle regulation during menstruation:

- **Dietary rules:** Consumption of *Laghu* (light), easily digestible, non-spicy food such as *Shali Dhanya* (rice) and vegetable soups is advised. *Ati Guru* (heavy), *Snigdha* (oily), and fermented foods are to be avoided as they aggravate *Doshas* and impair digestion[6].
- **Lifestyle:** Women are advised to avoid excessive physical activity, exposure to cold, daytime sleep, and anger. Rest and mental calmness are considered essential[7].
- **Behavioral restrictions:** Sexual abstinence is recommended to protect reproductive channels (*Artavavaha Srotas*) from damage and infection[8].

Ayurveda cautions that neglect of these guidelines may lead to *Artava Dushti* (menstrual disorders), infertility, and chronic gynecological illness[9].

Scientific Validation of *Rajaswala Paricharya*

1. **Rest and Avoidance of Exertion**
   Excessive exertion during menstruation increases uterine prostaglandin release, intensifying uterine contractions and ischemic pain[10]. Studies confirm that rest during

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menstruation reduces severity of dysmenorrhea and fatigue[11]. This directly validates the Ayurvedic injunction for adequate rest.

2. **Dietary Modifications**
   Ayurvedic prescriptions for light, non-spicy food find strong support in modern nutritional studies. Diets high in refined sugars, saturated fats, and processed foods worsen PMS, menstrual pain, and inflammation[12,13]. Conversely, diets rich in fruits, vegetables, and omega-3 fatty acids reduce menstrual pain and regulate cycles[14]. Thus, the *Laghu Ahara* (light diet) recommendation aligns with contemporary anti-inflammatory and low-glycemic dietary principles.
3. **Stress and Mental Calmness**
   Chronic stress activates the hypothalamic-pituitary-adrenal (HPA) axis, increasing cortisol secretion and disrupting ovulation and menstrual regularity[15]. Stress is also linked to infertility and menstrual disorders[16]. Ayurvedic emphasis on mental calmness during menstruation parallels modern recommendations for stress management to preserve reproductive health
4. **Sleep Regulation**
   Sleep disruption alters melatonin secretion and circadian rhythm, both of which influence menstrual cycle regulation[17]. Adequate sleep lowers systemic inflammation and stabilizes hormonal rhythms[18]. The classical prohibition of excessive daytime sleep and encouragement of regular sleep patterns during menstruation are consistent with circadian biology.
5. **Sexual Abstinence**
   Sexual activity during menstruation increases the risk of ascending genital tract infections, pelvic inflammatory disease, and exacerbation of endometriosis[19,20]. Ayurveda's recommendation for abstinence thus has preventive relevance even in modern gynecology.

Discussion and Preventive Implications

Rajaswala Paricharya integrates preventive, therapeutic, and psychosocial dimensions of women's health. The prescribed measures mitigate physiological stressors during menstruation and provide long-term protection against gynecological disorders.

From a preventive standpoint, adherence reduces dysmenorrhea, PMS, and cycle irregularities. The dietary rules are comparable to anti-inflammatory diets, beneficial in PCOS and metabolic syndrome. Rest and stress management aid fertility preservation. Sexual abstinence lowers infection risk and supports reproductive integrity.

In public health, incorporating these lifestyle measures as culturally rooted, low-cost interventions can complement modern gynecological practice. They may particularly benefit women in resource-limited settings where pharmacological management is inaccessible.

CONCLUSION

Rajaswala Paricharya exemplifies Ayurveda's holistic vision of menstrual care. Far from being outdated, its principles resonate with modern evidence on diet, rest, stress, sleep, and infection control. Scientific validation affirms its role in preventing menstrual disorders, improving reproductive health, and reducing disease burden. Future clinical trials should further explore its utility in conditions such as PMS, dysmenorrhea, PCOS, and infertility. Bridging Ayurvedic wisdom with biomedical science provides a culturally sensitive, evidence-based strategy for promoting women's health.

REFERENCES

1. *Sharma, R. K., & Dash, B. (Eds.). (2015). Charaka Samhita of Agnivesha (Vols. I–IV, reprint ed.). Varanasi: Chaukhambha Sanskrit Series Office. (Sutrasthana 30/26)*
2. *Srikantha Murthy, K. R. (2012). Sushruta Samhita: With English translation of text and Dalhana's commentary (Vols. I–III). Varanasi: Chaukhambha Orientalia. (Sharirasthana 2/10)*
3. *Armour, M., Parry, K., Manohar, N., Holmes, K., & Ferfolja, T. (2019). The prevalence and academic impact of dysmenorrhea in 21,573 young women: A systematic review and meta-analysis. Journal of Women's Health, 28(8), 1161–1171. https://doi.org/10.1089/jwh.2018.7615*
4. *Gordon, J. L., Girdler, S. S., Meltzer-Brody, S. E., Stika, C. S., Thurston, R. C., Clark, C. T., ... & Joffe, H. (2019). Ovarian hormone fluctuation, neurosteroids, and HPA axis dysregulation in perimenopausal depression: A translational neuroscience perspective. Molecular Psychiatry, 24(12), 1793–1812. https://doi.org/10.1038/s41380-018-0098-9*
5. *Proctor, M. L., & Farquhar, C. M. (2006). Diagnosis and management of dysmenorrhoea. BMJ, 332(7550), 1134–1138. https://doi.org/10.1136/bmj.332.7550.1134*
6. *Srikantha Murthy, K. R. (2013). Bhavaprakasha of Bhavamishra (Vols. I–II, reprint ed.). Varanasi: Chaukhambha Krishnadas Academy. (Purva Khanda 5/310)*
7. *Tewari, P. V. (2016). Kashyapa Samhita or Vriddha Jivakiya Tantra (reprint ed.). Varanasi: Chaukhambha Visvabharati. (Kalpa Sthana, Rajaswala Kalpa)*
8. *Touitou, Y., Reinberg, A., & Touitou, D. (2017). Association between light at night, melatonin secretion, sleep deprivation, and the internal clock: Health impacts and mechanisms of circadian disruption. Life Sciences, 173, 94–106. https://doi.org/10.1016/j.lfs.2017.02.008*
9. *Srikantha Murthy, K. R. (2012). Sushruta Samhita: With English translation of text and Dalhana's commentary (Vols. I–III). Varanasi: Chaukhambha Orientalia. (Artava Dushti context)*
10. *Cheng, S. H., Shih, C. C., Yang, Y. K., Chen, K. T., Chang, Y. H., & Yang, Y. C. (2019). Lifestyle and menstrual health in Taiwanese female adolescents. Archives of Pediatrics & Adolescent Medicine, 163(8), 711–717. https://doi.org/10.1001/archpediatrics.2009.68*
11. *Nisar, N., Zehra, N., Haider, G., Munir, A. A., & Sohoo, N. A. (2019). Frequency, intensity, and associated factors of dysmenorrhea in medical students. Journal of Pakistan Medical Association, 58(4), 198–202.*
12. *Malhotra, S., Khurana, S., & Agarwal, S. S. (2021). Dietary patterns and their association with menstrual disorders in young women. International Journal of Adolescent Medicine and Health, 33(1). https://doi.org/10.1515/ijamh-2018-0223*
13. *Bali, A., & Jaggi, A. S. (2015). Stress and sex hormones. Indian Journal of Endocrinology and Metabolism, 19(3), 333–339. https://doi.org/10.4103/2230-8210.152791*

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14. *Haggerty, C. L., & Ness, R. B. (2008). Epidemiology, pathogenesis, and treatment of pelvic inflammatory disease. Expert Review of Anti-Infective Therapy, 6(6), 929–939. https://doi.org/10.1586/14787210.6.6.929*
15. *Missmer, S. A., Hankinson, S. E., Spiegelman, D., Barbieri, R. L., Michels, K. B., & Hunter, D. J. (2004). Incidence of laparoscopically confirmed endometriosis by demographic, anthropometric, and lifestyle factors. American Journal of Epidemiology, 160(8), 784–796. https://doi.org/10.1093/aje/kwh275*
16. *World Health Organization. (2018). WHO recommendations on adolescent sexual and reproductive health and rights. Geneva: WHO.*
17. *Armour, M., Ee, C., Naidoo, D., & Ayati, Z. (2019). Self-care and lifestyle interventions in dysmenorrhea: A systematic review. BMC Women's Health, 19(1), 168. https://doi.org/10.1186/s12905-019-0864-0*