

Exploring Rajaswala Paricharya: A Holistic Ayurvedic Perspective on Women's Well-being

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Abstract:

Within Ayurveda, menstruation is viewed as a natural physiological process regulated by Doshas, necessitating specific lifestyle adjustments known as Rajaswala Paricharya to maintain women's health and potentially safeguard the well-being of future generations. Despite its intrinsic importance, contemporary awareness and adherence to Rajaswala Paricharya have waned, partly due to the dissemination of misinformation by media and menstrual product manufacturers. While global health initiatives prioritize adolescent reproductive health and sanitation, they often overlook the traditional practices advocated by Ayurveda. Ayurvedic practitioners play a crucial role in advocating for Rajaswala Paricharya to fortify female reproductive health, aiming to prevent Dosha imbalances, Ama formation, and fortify Agni. By encouraging adherence to these guidelines, women may experience reduced menstrual symptoms and better navigate the physiological and psychological changes associated with menstruation. Furthermore, the integration of modern scientific research could provide empirical validation for the efficacy of Rajaswala Paricharya, reinforcing its significance in contemporary women's health practices. Thus, fostering a positive perception and adherence to Rajaswala Paricharya is paramount for empowering women and promoting holistic well-being.

Introduction:

Ayurveda, an ancient healthcare system deeply rooted in Indian culture, has long served as a guiding beacon for women's health, offering holistic approaches to well-being across various life stages. Central to Ayurveda is the profound understanding of balance in all aspects of life, emphasizing the importance of harmony in maintaining health. The Sanskrit saying "Yatra Naryaastu Pujyante Ramante Tatra Devataha," which reveres women as embodiments of the divine, underscores the significance accorded to women's well-being within Ayurvedic philosophy. Known as Stree Swasthya, women's health is prioritized by Ayurvedic scholars, who stress the equilibrium of Dosha-Dhutu, Mala, Agni, Mana, and Indriyas^[1], with Atma serving as the foundation of health. Normal menstruation is defined as one which is not associated with pain or burning sensation, excreted blood is not unctuous, not very scanty or excessive in amount, and the colour of the blood resembles the red juice of lac, rabbit's blood.^[2]

In Ayurveda, menstruation is viewed as a natural physiological process governed by the actions of Doshas, akin to other bodily functions. Menarche, marking the onset of menstruation, signifies a significant

transition in a female's life, symbolizing the journey from childhood to womanhood. Ayurvedic texts delineate the characteristics of normal menstruation, highlighting the absence of pain or discomfort, optimal blood flow, and specific coloration as indicators of health. This normalcy is contingent upon the balance of the three Doshas, underscoring the interconnectedness of bodily systems in maintaining well-being.

During the menstrual period, referred to as "Rajaswala," women are advised to adhere to specific guidelines outlined in Ayurvedic texts^[3]. This period typically lasts from 3 to 7 days. It's essential for women to observe certain dietary (Ahara), lifestyle (Vihara), and psychological (Mansika) practices during the initial 3 days, known as Rajaswala Paricharya. Here are alternative wordings:

"Rajaswala," the term for menstruation in Ayurveda, marks a phase where women are recommended to follow distinct dietary, lifestyle, and psychological protocols outlined in ancient texts. Typically spanning from 3 to 7 days, this period, known as Rajaswala Paricharya, emphasizes specific do's and don'ts during the initial three days.

While rooted in ancient wisdom, contemporary perspectives on women's health integrate modern scientific insights with Ayurvedic principles. The synthesis of evidence-based research with traditional knowledge not only elucidates the physiological mechanisms underlying menstrual health but also empowers women with comprehensive information about their reproductive health. By fostering a positive attitude towards menstruation and its implications for overall well-being, Ayurveda continues to offer holistic approaches to women's health, promoting balance and vitality throughout their lives.

Aim: To evaluate the effect of Rajaswala Paricharya, to determine its potential as an alternative approach to menstrual health management.

Objectives

1. To gather and consolidate all references pertaining to Rajaswala Paricharya from classical texts.
2. To elucidate the scientific principles underlying Rajaswala Paricharya and its repercussions on the physiology of the menstrual cycle when disregarded.
3. To assemble and review research studies focusing on Rajaswala Paricharya.

Materials and Methods:

The research employed a qualitative approach, emphasizing interpretation over quantification. Utilizing a comprehensive array of sources, including both Ayurvedic texts and modern scientific literature, the study was conducted to explore Rajaswala Paricharya. The review focused on the Bruhatrayee, comprising Charaka Samhita, Sushruta Samhita, Ashtanga Sangraha, and Ashtanga Hridaya, to identify relevant references regarding Rajaswala Paricharya from classical Ayurvedic texts. Additionally, a literature review was conducted on modern regimens during menstruation and their impact on reproductive health. To gather contemporary insights, various medical research databases such as Google Scholar, PubMed, internet-based journals, websites, and textbooks were extensively searched. Data obtained from these sources were meticulously compiled and analyzed to augment the understanding of Rajaswala Paricharya and its implications for women's health.

Table1:Rajaswala Paricharya according to different Acharya ^[4,5,6]

NO.	Acharyas	Rajaswala Paricharya
1	Aa. Charaka	From the onset of menstruation till 3 days and night she must follow <ul style="list-style-type: none"> ● Perceive abstinence
		<ul style="list-style-type: none"> ● Eat in unbroken vessel placed in hand ● Should not wash or take bath or clean her
2	Aa. Sushruta	From 1st day of onset of menstruation a woman should do: <ul style="list-style-type: none"> ● Follow chastity ● She must sleep on bed made up of Darbha ● Avoid Anjana, Lepana, Abhyanga, Diwaswapa, cutting nails, laughing, talking too much, racing, combing, wind, exercise ● Eat Havishya Anna i.e., meal prepared with ghee, Sali and Godugdha served in hand or palm or vessels made of clay, leaves etc.
3	Aa. Vagbhatta	<ul style="list-style-type: none"> ● Avoid food which is sour, spicy, salty, hot in nature ● Take food in less quantity. ● Always concentrate on thinking good and auspicious things ● Avoid jewellery or make up

Rajaswala Paricharya and Their Scientific Validation

A. Bhrahmcharini (Observing Chastity):

Engaging in vaginal sexual intercourse without precaution, such as the use of condoms, during or shortly after menstruation poses a significant risk for the heterosexual transmission of HIV and other sexually transmitted pathogens, leading to the subsequent development of sexually transmitted diseases (STDs) that can adversely affect the health of the reproductive tract ^[7]. Infections caused by Chlamydia and gonorrhoea are notable preventable causes of pelvic inflammatory disease (PID) and infertility^[8]. Furthermore, vaginal sexual intercourse with a menstruating woman has been linked to an increase in the flow of menstrual blood ^[9]. Studies by Filer and Wu have indicated that infertility patients who frequently or occasionally engage in coitus during menstruation are almost twice as likely to have endometriosis compared to those who do not engage in coital behavior during menses. However, such coital activity appears to be unrelated to PID^[10].

B. Scientific Validation of Havishyam Bhojini in Rajaswala Paricharya Havishyam Bhojini (Consuming Ritual Foods):

The consumption of functional ingredients found in barley grains holds promise for preventing chronic diseases. Barley grains contain compounds that can improve bowel health, mitigate metabolic syndrome, prevent heart disease, and accelerate wound healing activities^[11]. Barley β -glucans have been shown to regulate immune responses, bridging the gap between innate and adaptive immunity^[12]. Additionally, antioxidants present in barley grains play a crucial role in removing reactive oxygen species from cells, thereby exerting both preventative and therapeutic effects against diseases ^[13].

Shashtika Shali, a type of barley, contains nitric oxide, which enhances blood flow to the uterus ^[14]. Furthermore, numerous studies have highlighted the beneficial effects of dairy foods, including ghee, milk, yogurt, and buttermilk, on women's reproductive health, particularly in conditions involving hormonal deregulation ^[15]. Some studies have even suggested associations between dairy food intake and reduced risks of endometriosis and uterine leiomyomata ^[16,17]

C. Darbhasansatarshayini (Sleeping on Darbha Mat):

Recent medical studies have demonstrated the ability of Darbha grass to block X-ray radiation, highlighting its potential in protective applications ^[18]. Additionally, traditional beliefs suggest that using Darbha grass as a mat or seat can prevent the dissipation of energy generated during meditation into the ground^[19]. Intriguingly, electron microscopy studies have revealed unique nano-patterns and hierarchical nano or microstructures in Darbha grass, contributing to its exceptional properties. Collaborative research by CeNTAB and CARISM has further elucidated its antibiotic properties and hydrophobicity, surpassing those of other grasses ^[20]

D. Kalyanadhyayini (Positive Thinking):

The menstrual cycle is intricately regulated by hormones such as estrogen and progesterone, with estrogen receptors abundant in areas of the central nervous system associated with cognition ^[21]. Optimism is widely regarded as a protective factor for overall well-being and physical as well as psychological health ^[22]. Moreover, studies indicate that elevated stress levels during the menstrual cycle are associated with suppressed estradiol production, potentially impacting fertility ^[23].

E. Tikshna-Ushna-Amla-Lavanani Varjayet (Avoidance of Spicy, Hot, Sour, Salty Foods):

Several studies have explored the relationship between dietary factors and menstrual pain, highlighting the potential benefits of increased consumption of fruits, vegetables, fish, and dairy products in mitigating menstrual discomfort ^[24]. Conversely, excessive consumption of fast food has been correlated with higher levels of menstrual distress, encompassing physical, psychological, and behavioural symptoms ^[25]. Traditional Chinese recommendations, such as consuming red bean soup for menstrual pain, contrast with findings suggesting that frequent intake of pulses may exacerbate menstrual pain ^[26]. Interventional studies advocating for the avoidance of spicy, acidic, and carbonated foods have reported reduced severity of dysmenorrhea symptoms, underscoring the influence of dietary choices on menstrual health.

In summary, scientific investigations into Rajaswala Paricharya practices offer valuable insights into their potential benefits and mechanisms of action, bridging traditional wisdom with modern scientific understanding.

Avoid Bathing (Head Bath):

Bathing affects the body's temperature regulation mechanisms, with intricate neural circuits linking energy balance, body temperature, and reproductive function. Hormonal fluctuations across the menstrual cycle not only govern reproductive events but also influence thermoregulation, potentially creating an environment conducive to embryo implantation and development. The preoptic area (POA) of the hypothalamus plays a central role in regulating both temperature and reproductive function, suggesting a close interconnection between these systems^[27]. Core body temperature (T_c) regulation, a crucial hypothalamic homeostatic function, is directly modulated by sex steroids such as 17 β -estradiol (E₂) and progesterone ^[28]. Superficial hydrotherapy applications may elicit physiological responses such as local metabolic function decrease, oedema reduction, nerve conduction velocity (NCV) alteration, muscle spasm reduction, and local anaesthetic effects. Furthermore, during menstruation, the open internal os may increase susceptibility to ascending infections into the uterine cavity due to altered vaginal pH, warranting

caution with water treatments during this period ^[29]

Eat in an Unbroken Clay Vessel:

The use of natural elements such as clay in daily life merits consideration for health benefits. Clay possesses alkaline properties, neutralizing the pH balance of food and enhancing digestion. When mixed with water and incubated with live bacteria, clay exhibits broad-spectrum antibacterial effects, potentially through physical or chemical interactions with bacteria. Bentonite clay, in particular, has been shown to decrease bleeding and clotting time, suggesting its potential as a haemostatic agent ^[30,31].

Over Exertion:

Intense exercise has been associated with luteal phase defects and menstrual dysfunctions, with athletes engaging in vigorous exercise more likely to experience oligomenorrhea and amenorrhea. Conversely, moderate exercise is slightly associated with longer menstrual periods ^[32].

Avoid Day Sleeping:

Studies indicate that menstruating women may experience increased disturbance during the luteal phase, with those experiencing more severe premenstrual syndrome (PMS) exhibiting heightened daytime sleepiness during this period ^[33]

Compilation of Research Studies on Rajaswala Paricharya:

To date, only one observational and one interventional study has investigated the effects of Rajaswala Paricharya observance on menstrual symptoms. The observational study involved 30 unmarried girls aged 18 to 24, who followed Rajaswala Paricharya practices, including dietary modifications and other activities, for three days over six consecutive menstrual cycles. Menstrual symptoms assessed included backache, cramps, leg pain, headache, pimples, breast tenderness, loss of appetite, diarrhoea, constipation, vomiting, weakness, among others ^[34]

Additionally, a case study on dysfunctional uterine bleeding in a 25-year-old female reported that adhering to Rajaswala Paricharya for four consecutive cycles resulted in the normalization of her menstrual cycle, which had previously been characterized by heavy bleeding ^[35]

Furthermore, four research studies have been registered on the Clinical Trials Registry-India (CTRI); however, these studies are yet to be completed. These studies hold promise for further understanding the efficacy and impact of Rajaswala Paricharya on menstrual health.

Discussion:

Rajaswala Paricharya, like other Ayurvedic regimens, holds potential benefits for enhancing immunity. Adhering to Rajaswala Paricharya during menstruation aids in maintaining optimal health during this crucial phase. It aligns with the physiological changes occurring in the body during menstruation, facilitating adaptation to hormonal fluctuations and promoting overall well-being. Additionally, following Rajaswala Paricharya may contribute to improved fertility outcomes by supporting the reproductive processes and ensuring a conducive environment for conception.

Failure to observe Rajaswala Paricharya properly may lead to menstrual disorders such as dysmenorrhea, menorrhagia, PCOD, and infertility, highlighting the importance of adhering to these practices during menstruation. Rajaswala Stree can be identified by individuals undergoing Shodhana procedures, those experiencing decreased Agni, and individuals with wounds, emphasizing the need for tailored care during menstruation.

Menstruation can be viewed as a monthly purification process, akin to a Shodhana procedure, during which the body undergoes detoxification. Hence, dietary adjustments, such as offering Havishyanna to increase Agni^[36], are recommended during this period. Furthermore, considering endometrial shedding during menstruation as a temporary opening of blood vessels resembling a raw wound, similar dietary restrictions and recommendations are advised during Rajaswala Paricharya.

Modern lifestyle factors and stress may contribute to menstrual problems, making adherence to Rajaswala Paricharya challenging. Lifestyle modifications, including regular physical activity and a balanced diet, are crucial for preventing and managing menstrual disorders. However, if lifestyle interventions prove insufficient, pharmacological treatments may be necessary.

Studies emphasise the importance of promoting healthy lifestyle habits, including adherence to traditional Rajaswala Paricharya, to improve menstrual health outcomes. Participants who followed Rajaswala Paricharya reported fewer menstrual symptoms, including lower back pain and abdominal cramps, underscoring its effectiveness in alleviating discomfort during menstruation even in modern times. Therefore, integrating Rajaswala Paricharya into healthcare practices can offer holistic benefits for women's health.

Conclusion:

Rajaswala Paricharya stands as a comprehensive model of Nidana Parivarjana Chikitsa, emphasising the prevention of diseases. By adhering to these practices, women can mitigate the risk of menstrual disorders and mitigate the adverse effects of modern lifestyles on reproductive health. The primary goal of Rajaswala Paricharya is to prevent the imbalance of Vata and Kapha, inhibit the formation of Ama, and restore energy levels.

Despite its significance, Rajaswala Paricharya remains one of the most neglected regimens. However, if followed diligently during menstruation, it empowers women to navigate the physical and mental changes associated with the menstrual cycle and alleviate associated symptoms effectively. In contemporary times, various platforms such as Rashtriya Kishore Swasthya Karyakaram, Anganwadi centres, AYUSH centres, and educational institutions are increasingly becoming adolescent health-friendly.

Therefore, promoting Rajaswala Paricharya through leadership programs conducted by these platforms can significantly contribute to the prevention of menstrual problems^[37]. Such initiatives have the potential to revolutionize the health status of adolescent girls, who represent the future mothers of society. By integrating Rajaswala Paricharya into these programs, we can empower women to embrace holistic practices that nurture their physical and emotional well-being.

References

1. Kaviraja Ambikadutta Shashtri, Sushrutasamhita, Vol.-1, Varanasi, Chaukhamba Sanskrit Sansthan, 2014, Sutra Sthana, 15/48, page 84
2. Prof. R.H. Singh, Chakrapani Teeka on Charaka samhita, Varanasi, Chaukhambha Surabharati Prakashana, 2020, Chikitsasthana, 30/225-226, page 643
3. Sri Taranatha Bhattacharya, Sabdastoma-Mahanidhi, A Sanskrit Dictionary, third edition, Varanasi, Chaukhamba Sanskrit Series, Work no. 101, 1967, 'R', Page No-356
4. Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi, Charakaacharya, hindi commentary 'Vaidya manorama' on Charak Samhitaa, Second edition, Chaukhamba Sanskrit Pratishthan, sharira sthana, chapter 8, verse no.

5. Kaviraja Ambikadutta Shashtri, Sushrutasamhita, Vol.-1, Varanasi, Chaukhamba Sanskrit Sansthan, Sharira Sthana, 2/26-27, page 17.
6. Prof. K.R. Sriantha Murthy, Ashtang Hrudaya with commentaries Sarvang Sundara of Arundatta and Ayurvedarasayana of Hemadri, Reprint edition, Varanasi, Chowkhambha Krishnadas Academy, sharirasthana, 1/5, page 45.
7. Brewer TH, Hasbun J, Ryan CA, Hawes SE, Martinez S, Sanchez J, et al. Migration, ethnicity and environment: HIV risk factors for women on the sugar cane plantations of the Dominican Republic, AIDS, 1998;12:1879-1887.
8. Centers for Disease Control and Prevention (CDC), Sexually Transmitted Diseases (STDs) and Infertility. [cited 2023 Feb 15]. Available from <https://www.cdc.gov/std/infertility/default>.
9. Cutler WB, Friedmann E, McCoy NL. Coitus and menstruation in perimenopausal women, Journal of Psychosomatic Obstetrics and Gynaecology, 1996 Sep; 17(3): 149-57.
10. Buggio L, Barbara G, Facchin F, Frattaruolo MP, Aimi G, Berlanda N., Self-management and psychological- sexological interventions in patients with endometriosis: strategies, outcomes, and integration into clinical care, International Journal of Women's Health. 2017 May 2;9: 281-293.
11. Zeng, Yawen et al., Molecular Mechanism of Functional Ingredients in Barley to Combat Human Chronic Diseases, Oxidative medicine and cellular longevity, 2020 March, vol. Article ID 3836172, 1-26.
12. Jin Y., Li P., Wang F., β -glucans as potential immunoadjuvants: a review on the adjuvanticity, structure-activity relationship and receptor recognition properties, Vaccine, 2018; 36(35): 5235-5244.
13. Salehi B., Martorell M., Arbiser J., et al. Antioxidants: positive or negative actors, Biomolecules, 2018; 8(4): p.124. doi: 10.3390/biom8040124.
14. Dr. VNK.Usha, Preconception care in Ayurveda, Delhi, Chaukhambha sanskrita, edition 2007, 38 UA bungalow road, Jawaharnagar PO pox no 2113 -110007, 2007, page 52-53
15. Maruyama K, Oshima T, Ohyama K. Exposure to exogenous estrogen through intake of commercial milk produced from pregnant cows, Pediatrics International: official journal of Japan Paediatric society, 2010 Feb; 52(1): 33-8.
16. Harris HR, Chavarro JE, Malspeis S, Willett WC, Missmer SA, Dairy-food, calcium, magnesium, and vitamin D intake and endometriosis: a prospective cohort study, American Journal of Epidemiology, 2013 Mar 1; 177(5): 420-30.
17. Wise LA, Radin RG, Palmer JR, Kumanyika SK, Rosenberg L., A prospective study of dairy intake and risk of uterine leiomyomata, American Journal of Epidemiology, 2010 Jan 15; 171(2): 221-32.
18. The Hindu. (2019). 'Darbha' grass, a natural preservative, [cited 2022 June 10] Available at: <https://www.thehindu.com/news/cities/Tiruchirapalli/darbha-grass-anaturalpreservativ/article7000098.ece>
19. Kusha Grass, [cited 2023 Feb 28] http://cprecevis.nic.in/Database/Kusha_grass_989.aspx
20. Thanjavur Parampara Generation connect, 'Darbha' grass, a natural preservative, [Cited 2023 Feb 28] <https://www.thanjavurparampara.com/post/2015/03/21/darbhagrass>
21. Sherwin B., Estrogen and cognitive aging in women, Neuroscience, 2006, (138); 1021-1026.
22. Cheier MF, Carver CS., Optimism, coping, and health: assessment and implications of generalized outcome expectancies, Health Psychology, 1985; 4(3): 219-47
23. Roney, J.R., Simmons, Z.L. Elevated Psychological Stress Predicts Reduced Estradiol Concentrations in Young Women, Adaptive Human Behavior and Physiology, (2015), 1, 30-40

24. Onieva-Zafra MD, Fernández-Martínez E, Abreu-Sánchez A, Iglesias-López MT, García-Padilla FM, Pedregal- González M, Parra-Fernández ML. Relationship between Diet, Menstrual Pain and other Menstrual Characteristics among Spanish Students, *Nutrients*, 2020, Jun 12; 12(6): 1759.
25. Mohamadirizi S, Kordi M, The relationship between food frequency and menstrual distress in high school females, *Iran Journal of Nursing Midwifery Research*, 2015 Nov-Dec; 20(6): 689-93.
26. Kartal YA, Akyuz EY. The effect of diet on primary dysmenorrhea in university students: A randomized controlled clinical trial. *Pakistan Journal of Medical Science*, 2018, Nov-Dec; 34(6): 1478-1482.
27. Padilla SL, Perez JG, Ben-Hamo M, et al. Kisspeptin neurons in the arcuate nucleus of the hypothalamus orchestrate circadian rhythms and metabolism, *Current Biology*, 2019; 29: 592-604.
28. Roepke TA, Bosch MA, Rick EA, Lee B, Wagner EJ, Seidlova-Wuttke D, Wuttke W, Scanlan TS, Rønnekleiv OK, Kelly MJ. Contribution of a membrane estrogen receptor to the estrogenic regulation of body temperature and energy homeostasis, *Endocrinology*, 2010 Oct; 151(10): 4926-37.
29. Weston M, Taber C, Casagrande L, Cornwall M. Changes in local blood volume during cold gel pack application to traumatized ankles, *Journal of Orthopaedic Sports Physical Therapy*. 1994; 19: 197-9.
30. Haydel SE, Remenih CM, Williams LB. Broad-spectrum in vitro antibacterial activities of clay minerals against antibiotic-susceptible and antibiotic-resistant bacteria pathogens, *Journal of Antimicrobial Chemotherapy*, 2008 Feb; 61(2): 353-61.
31. Williams LB, Haydel SE, Ferrell RE. Bentonite, Band-aids, and Borborygmi, *Elements (Que)*, 2009, Apr 1; 5(2): 99- 104.
32. Mortazavi SM, Atefi A, Roshan-Shomal P, et al., Development of a novel mineral based haemostatic agent consisting of a combination of bentonite and zeolite minerals, *Journal Ayub Medical College Abbottabad*, (2009), 21:3-7.
33. Manber, Sleep and the menstrual cycle, *Health Psychology*, Vol 16(3), May 1997, 209-21
34. Pallavi et al. Rajaswalaparicharya: effect on menstrual cycle and its associated symptoms. *IOSR - Journal of dental and medical sciences*. Vol 14 (2); Feb 2015. Pp 82-87
35. Sonu et al. Efficiency of Rajaswala Paricharya in HDHA Asrigdara (Dysfunctional uterine bleeding): A case study; *Journal of Biological and Scientific opinion*, Vol 4(3); 2016, 273-274.
36. Prof. R.H. Singh, Chakrapani Teeka on Charakasamhita, Varanasi, Chaukhambha Surabharati Prakashana, 2020, Chikitsasthana, 30/225-226, Siddhisthana, 2014; 1/12, page 643
37. Dr. Pallavi Pai, Rajaswala Paricharya: Effect on Menstrual Cycle and Its Associated Symptoms, *IOSR Journal of Dental and Medical Sciences*, Volume 14, Issue 2 Ver. II (Feb. 2015), PP 82-87