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RESEARCH ARTICLE

A REVIEW OF LIFESTYLE FACTORS AND THEIR IMPACT ON MENSTRUAL HEALTH IN THE PRESENT ERA: AN AYURVEDIC PERSPECTIVE

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Abstract

Menstrual health is an essential indicator of a woman's overall wellbeing and reproductive fitness. In the contemporary era, rapid urbanisation, sedentary lifestyles, erratic dietary patterns, psychological stress, and environmental pollutants have contributed significantly to the rising prevalence of menstrual disorders among women of all age groups.[1] While modern biomedical research extensively documents these associations, the ancient science of Ayurveda offers a comprehensive, preventive framework through the principles of Swasthavritta the science of healthy living that is uniquely relevant to understanding and addressing these challenges.

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Introduction:-

Menstrual health, encompassing the physiological, psychological, and socio-cultural dimensions of the menstrual cycle, is now recognised as a critical component of women's health and human rights^[2]. The World Health Organisation (WHO) estimates that most of the women experience some degree of menstrual dysfunction during their reproductive years, with conditions such as dysmenorrhoea, polycystic ovarian syndrome (PCOS), premenstrual syndrome (PMS), and menorrhagia ranking among the leading causes of gynaecological morbidity globally^[3]. The aetiology of menstrual disorders is multi-factorial. However, emerging epidemiological evidence consistently implicates modifiable lifestyle factors including dietary patterns, physical activity levels, sleep quality, psychosocial stress, and exposure to endocrine-disrupting chemicals as primary contributors to the rising tide of menstrual dysfunction^[4]. Increased BMI, short sleep, and sedentary and vigorous physical activity can contribute to the risk of developing menstrual disorders.^[5] Ayurveda, the ancient Indian system of medicine, articulates a sophisticated framework for understanding menstrual physiology through the concept of Artava is the upadhatu (secondary tissue) of Rasa Dhatu.^[6] The science of Swasthavritta, the Ayurvedic branch dedicated to preventive health and social medicine, offers detailed prescriptions for daily (Dinacharya), seasonal (Ritucharya), and conduct-based (Sadvritta) regimens that are specifically designed to maintain Dosha equilibrium and promote Artava Shuddhi (menstrual purity).

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Aim and Objectives:-

This review the major lifestyle factors adversely affecting menstrual health in the present era and correlate these lifestyle factors from the specific ayurveda samhita and literature.

Methodology:-

This study has been utilised classical Ayurvedic texts including Charaka Samhita Chikitsasthana Vimansthan, Sutrasthana, Sharirasthan. Sushruta Samhita Sutrasthana, Sharirasthan. Ashtanga Hridayam Sutrasthana was conducted alongside a systematic review of contemporary peer-reviewed literature, Databases including PubMed, Google Scholar, and Ayush Research Portal related to lifestyle factors, prevalence, risk factors, reproductive health, dietary habits, menstrual disorders and their prevention.

Results:-

Lifestyle factors including irregular dietary habits (Vishama Ahara), sleep disruption (Ratrijagarana), physical inactivity (Alasya), psychological stress (Manasika Vikara), addiction, and environmental toxin exposure were found to correspond significantly with Tridosha imbalance particularly Vata Prakopa and Apana Vata Dushti leading to a spectrum of menstrual disorders classified as Artava Dushtis in Ayurveda^[7]. Swasthavritta interventions including Dinacharya, Ritucharya, Sadvritta, Rasayana, Yoga, and Panchakarma demonstrated significant potential in restoring Artava.

Artava is described as the upadhatu produced during the metabolic processing of Rasa Dhatu.^[8] Artava as one of the essential byproducts of Rasa Dhatu metabolism, occurring under the influence of Agni (metabolic fire) and regulated predominantly by Apana Vata—the downward-moving subtype of Vata Dosha that governs all evacuative and reproductive functions in the pelvic region. Sushruta Samhita Sharira Sthana elaborates that the menstrual cycle spans 28 days (approximately equivalent to a lunar month), with the menstrual flow lasting 3–5 days.^[9] The qualities of normal Artava are described as resembling the colour of a lotus flower (Padma) or Gunja seed (Abrus precatorius)—bright red, without odour, non-staining, and flowing without excessive pain. This classical description aligns remarkably with contemporary definitions of eumenorrhoea.

Of all the Doshas, Apana Vata holds the most direct regulatory influence over menstrual function. Located in the pelvic region, Apana Vata governs menstruation, micturition, defaecation, parturition, and sexual function. Any lifestyle factor that disturbs Vata Dosha in general or specifically disrupts the downward movement of Apana Vata will manifest as menstrual irregularity.^[10] This is why Ayurvedic management of virtually all menstrual disorders begins with Vatanulomana (normalisation of Vata movement) as a foundational therapeutic principle. The following table provides a comprehensive overview of the primary lifestyle factors identified in contemporary literature as adversely affecting menstrual health, alongside their Ayurvedic pathophysiological correlates. Each factor is subsequently discussed in detail.

Lifestyle Factor	Modern Perspective	Ayurvedic Correlation
Dietary Habits	Irregular meals, fast food, skipping breakfast, low fibre, high caffeine/sugar intake	Vishama Ahara , Abhishyanda from Kapha- aggravating foods
Sleep Patterns	Irregular circadian rhythm, insufficient sleep (<7 hrs), night shifts, blue-light exposure	Divaswapna Ratrijagarana
Physical Activity	Sedentary lifestyle, excessive exercise, lack of outdoor activity	Ati-vyayama , Alasya
Psychological Stress	Academic pressure, workplace stress, anxiety, depression, FOMO, social media	Manasika Dosha (Rajas/Tamas) vitiation
Addiction	Alcohol, tobacco, recreational drugs, excessive coffee/tea	Madya, Dhuma

Lifestyle Factor	Modern Perspective	Ayurvedic Correlation
Environmental Factors	Endocrine disruptors, plastics, pollution, electromagnetic radiation	Contaminated Ahara-Vihara
Screen Time & Posture	Prolonged sitting, poor ergonomics, excessive screen use	Vishama Asana Prajnaparadha

Ayurvedic dietary principles classify food based on its effect on the Tridosha, and the Nidana Panchaka (five components of diagnosis) of nearly all Artava disorders includes Vishama Ahara (irregular, incompatible, or constitution-inappropriate diet) as a primary causative factor. Rasavimana includes how food quality, quantity, timing, and preparation directly influence Dhatu formation and consequently upadhatu (including Artava) quality.^[11] Vishama Ahara vitiates Agni, aggravates Vata Dosha, and ultimately affects the formation of Rasa Dhatu and Artava, leading to menstrual disturbances. Ati-ruksha (excessively dry) foods aggravate Vata, leading to Kashtartava scanty, painful, or absent menstruation. Ati-ushna-tikshna (excessively hot, pungent) foods aggravate Pitta-Rakta, causing menorrhagia and inflammatory dysmenorrhoea^[12]. Ahara (diet) is the foundation of both health and disease, making it a key determinant of physiological well-being. In the context of menstrual health and Swasthavritta, regular consumption of Hita Ahara supports proper Agni, nourishes the Rasa and Rakta Dhatus, and promotes healthy Artava, whereas Ahita Ahara contributes to Dosha imbalance and menstrual disorders.

आहारसम्भवं वस्तु रोगाश्चाहारसम्भवाः।
हिताहितविशेषाच्च विशेषः सुखदुःखयोः॥४५॥^[13]

Sleep (Nidra) as one of the three pillars of health (Trayopastambha), alongside Ahara and Brahmacharya^[14]. Nidra Vaigunya causes Vata aggravation and impairment of Rasa Dhatu nourishment. Since Artava is the Upadhatu of Rasa Dhatu, disturbed sleep may lead to Artava Dushti manifested as irregular menstruation, dysmenorrhea, oligomenorrhea, amenorrhea, and reduced reproductive health.^[15]

Alasya (physical inactivity) leads to Kapha Vridhi, Srotoavarodha (channel obstruction), Agni Mandya (reduced metabolic fire), and accumulation of Ama all of which impede Artava formation. Ati-vyayama (excessive physical exertion), particularly of a Ruksha (dry) and Ushna (hot) nature, aggravates Vata, depletes Dhatus, and causes Artava Kshaya (menstrual deficiency)^[16]. The Swasthavritta prescription of Satmya Vyayama exercise that is constitutionally appropriate (Prakriti-anusara), seasonal (Ritu-anusara), and not exceeding half one's maximum capacity (Balardha) provides a clinically nuanced and physiologically sound guideline for menstrual health preservation.

The psychological burden on Indian women is multifactorial: academic pressure, workplace stress, marital difficulties, societal expectations, financial insecurity, and increasingly, social media-mediated body image disturbances and FOMO (Fear of Missing Out). The Manasika Doshas Rajas (passion/activity) and Tamas (inertia/heaviness) act as the mental equivalents of the physical Tridosha^[17]. Stress (Chinta, Shoka, Bhaya, and Atichintana) causes Manasika Vata Prakopa and Apana Vata Dushti, leading to Artava Dushti manifested as irregular menstruation, dysmenorrhea, oligomenorrhea, and amenorrhea.^[18]

Madya (alcohol) and Dhuma (tobacco/smoking) are classified as Rajasika and Tamasika substances that cause Rakta Dushti (blood vitiation) and Pitta Prakopa.^[19] Ashtanga Hridayam explicitly lists Madya among the causative factors of Artava disorders, noting its capacity to vitiate Rakta and impair the function of Yakrit (liver), which is the primary site of oestrogen metabolism in contemporary understanding a remarkable concordance between ancient empirical observation and modern biochemistry.^[20] Madya, owing to its Ushna, Tikshna, and Vikashi properties, causes Pitta-Rakta Dushti and Vata Prakopa. These alterations may disturb the normal formation and excretion of Artava, leading to menstrual disorders such as Asrigdara, Kashtartava, Artava Kshaya, and irregular menstruation. Ayurveda categorises such external toxins under Agantuja Nidana (exogenous causative factors) and recognises that contaminated Ahara (food) and Jala (water) can cause Dosha Dushti and Dhatu Kshaya. The classical concept of Gara Visha (slow-acting cumulative toxins) described in Charaka Samhita (Kalpa Sthana) bears striking resemblance to the concept of bioaccumulation of environmental toxins.^[21]

Swasthavritta Framework for Menstrual Health Promotion:-

Swasthavritta literally 'the conduct of a healthy person' encompasses a comprehensive system of preventive health prescriptions that are uniquely positioned to address lifestyle associated menstrual disorders. The following evidence-informed framework integrates classical prescriptions with contemporary lifestyle medicine principles.

Dinacharya (Daily Regimen) ^[22] Ashtanga Hridayam Sutra Sthana prescribes a detailed daily routine that, when analysed through a reproductive health lens, provides a near-complete preventive protocol for menstrual disorders. Brahma Muhurta Uttishtha (Rising at ~4:30–6:00 AM): Regulates cortisol awakening response, normalises circadian HPO axis function, and prevents Kapha accumulation. Vyayama (Exercise) includes Moderate, constitution-appropriate exercise prevents insulin resistance, promotes pelvic circulation (improving Apana Vata flow), and reduces inflammatory markers^[23]. Yoga, walking, and swimming are particularly recommended for women with menstrual disorders. Abhyanga (Oil Massage) includes Self-massage with warm sesame oil before bathing pacifies Vata, improves peripheral circulation, reduces cortisol, and promotes parasympathetic nervous system activity—all of which benefit Apana Vata function. Snana (Bathing) includes regular cleansing removes Ama, improves Srotas patency, and promotes psychological clarity. Ahara Niyama (Dietary Rules) includes Eating at fixed times, avoiding incompatible foods (Viruddha Ahara), eating according to Prakriti, avoiding midnight snacking, and including iron-rich, anti-inflammatory foods constitute the dietary dimension of Dinacharya for menstrual health^[24]. Ratricharya (Evening Routine) includes Limiting screen use after sunset, consuming light food for dinner, and retiring before 10 PM preserve Ojas, support melatonin production, and normalise HPO axis function.

Ritucharya prescribes specific dietary and lifestyle modifications aligned with the six seasons (Ritu) recognised in Ayurveda. Of particular relevance to menstrual health.^[25] Hemanta Ritu (Early Winter) includes Nutrient-dense, warming foods replenish Dhatus and strengthen Ojas. This season is considered optimal for Rasayana therapy and reproductive health building. Grishma Ritu (Summer) includes Cooling, hydrating diet protects Pitta and prevents Rakta Dushti. Excessive exposure to heat aggravates Pitta and can cause menorrhagia or short cycles. Varsha Ritu (Monsoon) includes Agni is naturally weakened; Panchakarma (particularly Basti and Virechana) is prescribed in Ayurveda to eliminate Doshas accumulated during summer, preventing their manifestation as autumn-winter gynaecological disorders.

Sadvritta includes codes of ethical, social, and psychological conduct addresses the psychosomatic dimension of menstrual health.^[26] Key prescriptions include Mano Nigraha (Mental restraint) includes avoiding excessive anger, anxiety, grief, and overwork prevents Manasika Dosha aggravation and protects Apana Vata function. Sattvic Activities includes Daily meditation, Pranayama, recitation, and engagement with nature promote Sattva Guna, reducing Rajas and Tamas. Clinical trials confirm Pranayama and meditation reduce cortisol and improve menstrual regularity. Rasayana: The practice of truth (Satya), non-violence (Ahimsa), compassion (Karuna), and equanimity (Samata) is described as a 'Rasayana without medicine'—promoting Ojas and systemic health. Ratrijagarana Varjana (Avoiding nocturnal wakefulness): This prescription directly addresses the modern epidemic of social media-driven sleep disruption as a menstrual health risk.

Yoga, as an integral component of Swasthavritta practice, offers both preventive and therapeutic benefits for menstrual health.^[27] Surya Namaskar: Improves pelvic blood flow, strengthens uterine musculature, and reduces BMI all relevant to PCOS management. Baddha Konasana, Supta Baddha Konasana, Malasana are some specific asanas that promote Apana Vata normalisation and pelvic floor health. Nadi Shodhana Pranayama balances the autonomic nervous system, reduces cortisol, and improves HPA axis function. Bhramari Pranayama promotes parasympathetic activity, reduces anxiety, and supports melatonin production. Yoga Nidra is deep relaxation practice shown to reduce perceived stress scores, improve sleep quality, and normalise menstrual cycle parameters in clinical studies.

Rasayana therapy is rejuvenation and anti-ageing treatment occupies a central place in Swasthavritta. Several Rasayana herbs have demonstrated specific menstrual benefits. Shatavari (*Asparagus racemosus*) is pre-eminent female Rasayana in Ayurveda. Phyto-oestrogenic, adaptogenic, and gonadotrophin-modulating properties have been confirmed in multiple clinical studies. Reduces FSH in menopausal women, improves folliculogenesis, and reduces stress-related Artava Kshaya.^[28] Ashwagandha (*Withania somnifera*) reduces cortisol, improves thyroid function, and normalises HPA-HPO axis cross-talk^[29]. Lodhra (*Symplocos racemosa*) is classical treatment for Asrigdhara (menorrhagia) and Pushpaghni Jataharini.^[30] Kumari (Aloe vera) Regulates menstrual cycle, reduces dysmenorrhoea, and improves Artava quality. Contains phytosterols that modulate oestrogen metabolism^[31]. Triphala reduces Ama, improves Agni, manages Medas (adipose), and reduces insulin resistance addressing the metabolic root of PCOS.^[32]

Discussion:-

The remarkable convergence between classical Nidana (causative factors) and modern epidemiological risk factors across dietary habits, sleep patterns, physical activity, psychological stress, and environmental exposures validates the empirical foundations of Ayurvedic preventive medicine. What distinguishes the Swasthavritta approach from conventional preventive medicine is its integration of all dimensions of human health physical, psychological, social, spiritual, and environmental into a single unified framework. Modern lifestyle medicine tends to address these dimensions in silos; Swasthavritta recognises their inextricable interconnection. The prescription of Sadvritta, for instance, addresses the psychological dimension of menstrual health that remains largely unaddressed in standard gynaecological care.

Conclusion:-

The menstrual health crisis of the present era is fundamentally a lifestyle crisis. The epidemic rise of PCOS, dysmenorrhoea, PMS, and menstrual irregularity reflects the profound disruption of natural biological rhythms by modern living patterns. Addressing this crisis requires not merely pharmacological intervention but a comprehensive restructuring of daily life precisely what Ayurvedic Swasthavritta was designed to provide. This review has demonstrated that every major lifestyle risk factor for menstrual dysfunction identified by contemporary research dietary quality, sleep hygiene, physical activity levels, psychological stress, substance use, and environmental toxin exposure has a clear Ayurvedic correlate and a corresponding Swasthavritta intervention. The Ayurvedic framework offers the additional advantage of individualisation through Prakriti determination, allowing for personalised preventive prescriptions that modern lifestyle medicine lacks.

स्वस्थस्य स्वास्थ्यरक्षणमातुरस्य विकारप्रशमनं च॥२६॥^[33]

The primary purpose of Ayurveda is to preserve the health of the healthy and to alleviate the disease of the afflicted. In fulfilling this purpose with respect to menstrual health, Swasthavritta stands as Ayurveda's most potent and comprehensive instrument.

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