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# Impact of Rajaswala Paricharya on Menstrual Health in Young Women:observation study

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**Abstract**

Ayurveda emphasizes the promotion of women's health and overall well-being through the practice of *paricharyas*, which are specific lifestyle and dietary regimens prescribed for various stages of life such as *Rajaswala*, *Garbhini*, and *Sootika*. Among these, *Rajaswala Paricharya* is often overlooked. This topic was chosen based on the observation that, although classical Ayurvedic texts do not explicitly describe menstrual symptoms, modern medical science recognizes several associated complaints such as fatigue and lower abdominal pain. The present study aims to evaluate the effect of *Rajaswala Paricharya* on the menstrual cycle and its related symptoms. The study included 30 healthy, unmarried females aged 14–30years with regular menstrual cycles. Participants were instructed to follow *Rajaswala Paricharya* during the first three days of menstruation for six consecutive cycles. Menstrual history and associated symptoms were recorded before and after the intervention. Monthly follow-ups assessed the presence and frequency of symptoms among the participants. Statistical analysis using the Chi-square test demonstrated a significant reduction in the number of subjects experiencing menstrual-related symptoms. The findings suggest that *Rajaswala Paricharya* supports a healthier physiological and psychological response to menstrual changes and effectively alleviates many associated symptoms.

**Key words :** Rajaswala, Paricharya, Menstrual cycle, Associated symptoms.

Ayurveda supports women's health across the various stages of life through the practice of *paricharyas*, which are prescribed regimens of diet, behavior, and lifestyle specific to phases such as *Rajaswala* (menstruation), *Garbhini* (pregnancy), and *Sootika* (postpartum period). Among the three major stages of a woman's life—*Bala*, *Rajaswala*, and *Vriddha*—the *Rajaswala* phase represents the longest and most significant period, as it

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encompasses the reproductive years essential for conception and continuation of life. The observance of *Rajaswala Paricharya* enables women to accommodate the physiological alterations occurring during menstruation, thereby helping to maintain health, prevent disease, and support the potential for healthy progeny. Despite its importance, this regimen is rarely practiced in contemporary times.

In the modern era, women actively participate in professional life while simultaneously bearing primary responsibility for domestic duties. The shift from joint to nuclear family systems has further increased physical and mental demands on women, making daily life more strenuous than in earlier times. As a result of this fast-paced and demanding lifestyle, adherence to *Rajaswala Paricharya* has become increasingly challenging for present-day women.

Traditionally, knowledge regarding lifestyle practices to be followed during special phases such as menstruation, pregnancy, and the postpartum period was transmitted orally from one generation of women to the next. However, the disintegration of joint families, declining acceptance of traditional practices, and widespread adoption of Western lifestyles have contributed to a gradual loss of this valuable knowledge.

Another contributing factor to the declining practice of *Rajaswala Paricharya* is the influence of mass media and commercial promotion of menstrual hygiene products. Advertisements often portray menstruation as a time requiring no behavioral modification, depicting women engaging in vigorous physical activities. Taglines encouraging women to abandon "outdated" practices indirectly discourage adherence to traditional menstrual regimens. These so-called outdated practices are, in fact, the principles of *Rajaswala Paricharya*, which have largely lost recognition in the modern context.

The past century has witnessed a notable increase in menstrual disorders and infertility, conditions that were comparatively uncommon in earlier times. Complaints such as premenstrual syndrome, lower abdominal pain, backache, nausea, and fatigue are now widely accepted as normal accompaniments of menstruation. Classical Ayurvedic literature, however, does not describe such symptoms as natural features of the menstrual cycle. On the contrary, it states that menstruation should occur without pain, burning sensation, or excessive discomfort[1]. Historically, *Rajaswala Paricharya* was routinely followed by women, contributing to healthier menstrual function. The present study aims to evaluate the influence of *Rajaswala Paricharya* on menstrual physiology and its associated symptoms.

*Aim and Objectives*

*Aim*

To study the effect of Rajaswala-paricharya on physiology of menstrual cycle and its associated symptoms.

*Objectives :*

1. To compile and study all references about RajaswalaParicharya and Menstrual cycle from Ayurvedic texts and Modern Literature.
2. To analyse the effectof Rajaswalaparicharya on physiology of menstrual cycle.

3. To analyse the effect of Rajaswalaparicharya on associated symptoms of menstrual cycle.
4. To study the principles behind Rajaswala-paricharya and its application in todays lifestyle.

*Materials & Procedures :*

The literary study was done with the help of ayurvedic texts, modern literature as well as the internet in connection with menstrual cycle and rajaswalaparicharya. A Rajaswala paricharya protocol was prepared as per references from Charak Samhita[5], Sushrut Samhita[3], Ashtang Hrudaya[7] and Ashtang Sangraha[5]. Case paper for taking menstrual history included questionnaire for associated symptoms.

*Type of Study :*

Interventional study.

*Inclusion Criteria :*

A sample of 30 unmarried females in the age group of 14 to 30 years having regular menstrual cycle was selected for this study.

*Exclusion Criteria :*

Females taking any hormonal treatment or any other medication for menstrual cycle.

*Procedure :*

The females were instructed to follow the rajaswala paricharya during the 3 days of their menstrual cycle for 6 consecutive cycles.Complete menstrual history of the candidates was taken before and at the end of 6 cycles. Generated data was subjected to appropriate statistical tests and conclusions were drawn using statistics as well as observations found in this study.

*Observation :*

*Number of subjects following each regime in every month :*

Most of the protocol namely not adorn oneself, good and virtuous thoughts, not wear ornaments/should not apply make up, no crying, no cutting nails, no applying kajal, no applying creams/lotions/facepack, no applying oil to the body, no outing, no sleeping during day time, following the said diet and no running/jogging/ exercise were followed with an average of 24 or more females following it per month which implies that it is pretty easy to follow these during the three days of the menstrual cycle.

The protocol namely no excessive talking and no laughing loudly were followed by 17 and 14 females respectively in the first month. There was a steady increase in the number of females following it. There were 17 females following „no excessive talking in the 1st month which increased to 27 in the 6th month. There were 14 females following the no laughing loudly in the 1st month which increased to 27 in the 6th month.The reason behind this may be, since talking and laughing are the functions of Udanvayu which is responsible for maintaing the bala of the body, it may have proved beneficial in restoring the energy of the females. So with consecutive follow ups the compliance of these two protocols showed steady rise in number of females following it (Table-1).

The other less followed protocol was no having bath and no listening to music/tv

which were followed with an average of 16 and 15 females per month respectively. The reason for not being able to follow the no having bath protocol is for hygeinic purpose. Listening to music/tv being a major part and parcel of today s lifestyle, it may be difficult to resist it for even three days. But the fact that nearly 50% of the females were able to follow this protocol itself implies that with a little effort and slight modification in the protocol like cleaning hands,legs, face and genitalia rather than taking a complete bath just for the sake of three days, it may be possible to follow it.Advising the females not to listen music/tv at loud volumes may be a solution to avoid them from atishravan.

The least followed protocol by the females is sleeping on the mat with an average of 7 females following it per month. It indicates that may be practically it is not possible to follow this protocol in day to day life. It may be due to discomfort, inconvenience or due to cold.

*Average protocol followed every month :*

Table-1. Average protocol followed every month

| Subject | 1st month | 2nd month | 3rd month | 4th month | 5th month | 6th month |
|---|---|---|---|---|---|---|
| Monthly average | 76.10 | 77.21 | 79.44 | 82.58 | 84.25 | 86.66 |
| Standard deviation | 13.77 | 14.24 | 14.08 | 10.28 | 7.86 | 9.29 |
| P value | | | | | | 0.00104 |

1. The compliance is seen to increase every month.
2. The p value is <0.01.
3. It implies that there in significant increase in the compliance.
4. The reason behind this may be that the Rajaswalaparicharya might have proved beneficial to the females.

*Number of subjects showing presence of symptoms :*

Table-2. Number of subjects showing presence of symptoms

| Symptoms | BEFORE | AFTER | p value |
|---|---|---|---|
| Pain in lower abdomen | 28 | 3 | p<0.001 |
| Lower back ache | 24 | 2 | p<0.001 |
| Pimples | 20 | 5 | p<0.001 |
| Breast tender-ness | 1 | 0 | p<0.001 |
| Cramps in calf muscles | 13 | 1 | p<0.001 |
| Loss of appetite | 17 | 6 | p<0.01 |
| Hot flushes | 12 | 5 | p=0.08 |
| Nausea/Vomitting | 7 | 1 | p<0.001 |
| Constipation/Increased bowel movements | 8 | 2 | p=0.07 |
| Increased frequency of micturation | 6 | 1 | p<0.001 |
| Weakness | 25 | 8 | p<0.001 |
| Headache/ migrane | 11 | 1 | p<0.001 |
| Excitability/Irritability/Depression | 21 | 2 | p<0.001 |

1. Chi square test of significance was applied to find out whether there was a significant decrease in the number of subjects showing presence of symptoms.
2. All the symptoms except two, showed p value less than 0.01 which implies that there was a significant decrease in the number of subjects showing these symptoms which are pain in lower abdomen, lower back ache, pimples, breast tenderness, pain in calf muscles, loss of appetite, nausea/ vomitting, increased frequency of micturation, weakness, headache and excitability/ irritability/depression.
3. In case of the symptom hot flushes, p value was found to be equal to 0.08 and in case of constipation or increased frequency of motions the p value was equal to 0.07. It means there was no significant decrease in these symptoms. The reason behind this may be that these two symptoms may have a more deep rooted etiopathology which may be depended on the other factors affecting the menstrual cycle and its associated symptoms as mentioned earlier (Table-3).

*Subject wise symptom relief*

Table-3. Subject wise symptom relief

| Sub-ject | Symptoms | | Percentage Symptoms | |
|---|---|---|---|---|
| | Before | After | Before | After |
| 1 | 6 | 1 | 46.15385 | 7.692308 |
| 2 | 8 | 0 | 61.53846 | 0 |
| 3 | 5 | 0 | 38.46154 | 0 |
| 4 | 6 | 1 | 46.15385 | 7.692308 |
| 5 | 6 | 0 | 46.15385 | 0 |
| 6 | 6 | 0 | 46.15385 | 0 |
| 7 | 9 | 3 | 69.23077 | 23.07692 |
| 8 | 4 | 1 | 30.76923 | 7.692308 |
| 9 | 4 | 1 | 30.76923 | 7.692308 |
| 10 | 9 | 0 | 69.23077 | 0 |
| 11 | 2 | 0 | 15.38462 | 0 |
| 12 | 8 | 3 | 61.53846 | 23.07692 |
| 13 | 6 | 2 | 46.15385 | 15.38462 |
| 14 | 7 | 0 | 53.84615 | 0 |
| 15 | 4 | 1 | 30.76923 | 7.692308 |
| 16 | 8 | 2 | 61.53846 | 15.38462 |
| 17 | 7 | 3 | 53.84615 | 23.07692 |
| 18 | 8 | 4 | 61.53846 | 30.76923 |
| 19 | 9 | 3 | 69.23077 | 23.07692 |
| 20 | 5 | 0 | 38.46154 | 0 |
| 21 | 6 | 0 | 46.15385 | 0 |
| 22 | 8 | 2 | 61.53846 | 15.38462 |
| 23 | 9 | 1 | 69.23077 | 7.692308 |
| 24 | 8 | 4 | 61.53846 | 30.76923 |
| 25 | 7 | 1 | 53.84615 | 7.692308 |
| 26 | 4 | 1 | 30.76923 | 7.692308 |
| 27 | 3 | 0 | 23.07692 | 0 |
| 28 | 4 | 0 | 30.76923 | 0 |
| 29 | 8 | 2 | 61.53846 | 15.38462 |
| 30 | 9 | 1 | 69.23077 | 7.692308 |

*Role of Rajaswala Paricharya in the Physiology of the Menstrual Cycle (Role of Rajaswala Paricharya in Women's Health)*

A detailed review of classical Ayurvedic literature reveals that the physiological state of a *Rajaswala* closely resembles three specific conditions described in Ayurveda:

1. An individual who has undergone *Shodhana* therapy
2. A person experiencing diminished digestive fire (*Agnimandya*).
3. A person suffering from a wound (*Vranita Vyakti*)

These analogies help explain the

rationale behind the dietary and lifestyle regulations prescribed during menstruation.

*Rajaswala as a Person Who Has Undergone Shodhana :*

According to Ayurveda, menstruation is a natural and periodic *Shodhana* process occurring monthly during a woman's reproductive years. This concept is supported by the similarity between the restrictions advised for a menstruating woman and those prescribed for an individual who has undergone purification therapies, as described under *Ashta Mahadoshkara Bhava*[4].

The *do's and don'ts* common to both conditions aim to minimize physical exertion, avoid sensory over-stimulation, regulate dietary intake, and maintain mental calmness. Activities such as excessive speaking, travelling, prolonged walking, daytime sleep, and sexual intercourse are restricted, while light, wholesome, and easily digestible food is encouraged.

During menstruation, physiological changes render women more susceptible to *Dosha* imbalance. Therefore, a *Rajaswala* should be cared for in a manner similar to a post-*Shodhana* individual. The prescribed *Ahara* and *Vihara* are intended to prevent aggravation of *Vata* and *Kapha*, avoid the formation of *Ama*, restore strength (*Bala*), and stabilize digestive fire (*Agni*). Insights derived from the effects of *Ashta Mahadoshkara Bhava*[6] indicate that adherence to *Rajaswala Paricharya* enables women to adapt more effectively to menstrual physiological changes by maintaining equilibrium of *Doshas*, *Agni*, and *Bala*.

*Rajaswala as a Person with Agnimandya :*

Reduced appetite is a common experience among menstruating women. Ayurveda explains that *Agni* diminishes during or following *Shodhana* procedures such as *Vamana* and *Virechana*. Since menstruation itself is a physiological *Shodhana* process, a temporary decline in digestive capacity (*Agnimandya*) is naturally observed during this period.

The recommended diet for a *Rajaswala* includes *Havishyanna*, which symbolically refers to food offered to the sacred fire. Just as offerings gradually kindle the fire, *Havishyanna* supports the slow and steady restoration of *Jatharagni*. This dietary approach parallels the *Sansarjana Krama* advised for individuals post-*Shodhana*, wherein digestion is strengthened progressively until normal capacity is restored (Table-1).

Additionally, the intake of *Laghu* and *Ruksha* foods in small quantities (*Stoka Anna*) is advocated, as these are easily digestible. Ingredientssuch as *Hing*, *Saindhava*, *Shunthi*, and *Ela* possess *Deepana* and *Pachana* properties that aid in rekindling *Agni*.

Given the presence of *Agnimandya*, strict observance of dietary discipline is essential. Activities such as daytime sleep, application of oil or external pastes, bathing, and physical exercise are contraindicated during menstruation, as they may further weaken digestive and metabolic processes. The other diet for Rajaswala includes Karshan (laghu, ruksha) aahar, stokaanna(less quantity) which is very easy to digest. The substances like hing, saindhav, sunth, ela are deepan, pachan which ignites the agni (Table-2).

Due to agnimandya, Rajaswala should religiously observe the prescribed diet, should not sleep during the day time, should not apply oil or any lepa to the body, should not have a bath and should not do any form of exercise.

*A person having a wound :*

The menstrual blood indicates an active wound in the body that is the shedding uterus. Based on this, the Rajaswala can be considered as a vranitvyakti. Moreover, the pathya-apathya prescribed for Rajaswala is almost the same as that prescribed for a wounded person or a person who has undergone surgery[1] (Table-5).

Table-4. Effect of Rajaswala paricharya on associated symptoms of menstrual cycle

| Symptom | Cause | Paricharya relieving the symptom |
|---|---|---|
| Pain in lower abdomen and lower backache | Contraction of uterus to expel retained menstrual blood caused by Apan vayu avarodh | Koshtashoshan, karshan ahaar, stoka anna, havishya anna, deepan, paachan, vaatanulomak anna are easy to digest, clears the bowel easily relieving apan vayuavarodh. |
| Pain/Cramps in calf muscles | Shakrut sang [8], Vata prakop [9], Pandu [10] | Diet relieves shakrut sang.Prohibition of exertion,talking less, no laughing and diet prevents vata prakop. |
| Headache/Migrane | Dysmenorrhea,Shakrut sang | Above mentioned. |
| Nausea/Vomitting | Severe dysmenorrhea or severe menstrual migrane | Above mentioned. |
| Weakness | Blood loss, exertion etc shodhan of the body, vata prakop by | Prevention of vata prakop by following paricharya. |
| Excitibility/ Irritability/ Depression | Vikrut rasa dhatu, mana-rasa-raja relationship. | Good and virtuous thoughts, no crying, diet. |
| Breast tenderness | Apan avarodh-Raja avarodh-raja urdhwagami-breast heaviness and tenderness | Relieving apan avarodh as above |
| Increased motions frequency of | Agnimandya-apathyakar ahar-atisaar | Avoid apathya ahaar, follow diet. |
| Increased micturation frequency of | Agnimandya-apathyakar ahar-aam ras-bahu mutrata | Avoid apathya ahaar, follow diet. |
| Pimples | Agnimandya-Apathyakar ahaar-vitiation of kapha, vataand rakt-pimples | Avoid apathya ahaar, follow diet.w |

Table-5. Principles behind rajaswala paricharya and its application in today's lifestyle

| Paricharya | Textual reason (effect on child) | Principle | Application in today's lifestyle |
|---|---|---|---|
| Diet | - | Deepan, Pachan, Agnipradipti, vaatanuloman | Eating the prescribed things for 3 days of menstruation |
| No running | Unsteady | To avoid exertion and vitiation of vata dosha. Restore energy of rajaswala during the period | Avoid physical work and take rest as much as possible. Avoid strenous work, travelling, and long working hours. |
| No laughing loudly | Blackish Teeth, lips, palate, tongue | | |
| No excessive talking | Talkative child | | |
| No outing | Insane child | | |
| Good and virtuous thoughts | - | Avoid mental stress. | Keep mind as calm and relaxed as possible and avoid anxiety/stress. |
| No crying | Opthalmic disorders | | |
| No sleeping during the day time | Sleepy child | Prevent vitiation of kapha and pitta and formation of aam. | No sleeping during the day time |
| Not adorn oneself, not wear ornaments, not apply make-up | - | Instigate ascetic thoughts. | Not adorn oneself, not wear ornaments, not apply make-up |
| Sleep on a darbha mat | - | | Sleep on a darbha mat if available or drink darbha decoction |
| No having bath | Unhappy child | | Not have a complete bath (Follow basic hygiene like cleaning genetalia, hands legsand face) |
| Follow celibacy | - | | Follow celibacy |
| No listening to music | Deaf child | Prevent vata prakop and rasadushti | No listening to music/hearing atlow voices |
| No applying any creams/oil to the body | Unhappy child/skin disorders | Lep and abhyang contraindicated in agnimandya | No applying any creams/oil to the body |
| No cutting nails | Bad nails | Cannot be understood exactly | No cutting nails |
| No applying corrylium | Blind child | | No applying corrylium |

The pathya-apathya found common for both are as follows:

*Pathyakar :*

1. Food like yava, godhum (wheat), shashtik rice, masoor, moong, brinjal, saindhav, ghee.
2. Laghuaahar, agnisandeepanaahar, in proper quantity, easily digestable.

*Apthyakar :*

1. Sleeping during the day time
2. Maithun karma (intercourse)- thinking about a female, touching her, seeing her, or whatever stimulates the shukradhatu, is prohibited
3. Aayas (exertion of any form)
4. Tikshna, ushna (hot), katu (spicy), amla (sour), lavan (salty), atisnigdha (too oily), atiguru (heavy to digest), vidahi, vishthambhi foods should be avoided.

This pathya-apathya for a wounded person is prescribed so that the wound of a person heals up quickly without any complications such as swelling, induration, suppuration, necrosis, itching, pain or fever. This applies to the wound present in the menstruating female also. Thus, not following the Rajaswalaparicharya may be one of the causes of yonivyapat or rajodushti like kunapraja (foul smelling menstrual blood), pooya raj (pyogenic menstrual blood) and granthiraja (clotted menstrual blood) which indicates necrosis or pyogenesis. It may also give rise to less severe symptoms like those mentioned in "associated symptoms of menstruation". It can also be postulated that, in the long run it may be the causative factor of some of the major problems faced by several women these days like polycystic ovarian disease and infertility. The above relation between a Rajaswala and a vranit vyakti indicates that utmost care should be taken of a menstruating female just as a wounded person would be taken care of, to avoid dire consequences.

1 There was a significant increase in the compliance which shows that Rajaswalaparicharya definitely benefitted the subjects who participated in this study.
2 Most of the protocol showed an average follow up of 23 or more females (following it per month), hence it is concluded that following Rajaswalaparicharya is certainly feasible.
3 It is possible to follow protocol like no having bath and no listening to music/tv with a slight modification.
4 As a mat made of darbha plays a role in the paricharya, sleeping on a regular mat has no significance.
5 Effect on physiology of menstrual cycle: Rajaswalaparicharya help women respond healthily to the drastic physical and psychic changes during the menstrual cycle.
6 Effect on associated symptoms of menstrual cycle: Rajaswalaparicharya is helpful in relieving most of the associated symptoms of menstrual cycle.

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