

1 **A Review of Lifestyle Factors and Their Impact on Menstrual Health in the Present Era:** 2 **An Ayurvedic Perspective**

3 **Abstract**

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

12 **KEYWORDS-** Urbanisation, Sedentary lifestyle, Erratic dietary patterns, Preventive
13 framework

15 **Introduction**

16 Menstrual health, encompassing the physiological, psychological, and socio-cultural
17 dimensions of the menstrual cycle, is now recognised as a critical component of women's
18 health and human rights^[2]. The World Health Organisation (WHO) estimates that most of the
19 women experience some degree of menstrual dysfunction during their reproductive years, with
20 conditions such as dysmenorrhoea, polycystic ovarian syndrome (PCOS), premenstrual
21 syndrome (PMS), and menorrhagia ranking among the leading causes of gynaecological
22 morbidity globally^[3].

23 The aetiology of menstrual disorders is multi-factorial. However, emerging epidemiological
24 evidence consistently implicates modifiable lifestyle factors including dietary patterns, physical
25 activity levels, sleep quality, psychosocial stress, and exposure to endocrine-
26 disrupting chemicals as primary contributors to the rising tide of menstrual dysfunction^[4].
27 Increased BMI, short sleep, and sedentary and vigorous physical activity can contribute to the
28 risk of developing menstrual disorders.^[5]

29
30 Ayurveda, the ancient Indian system of medicine, articulates a sophisticated framework for
31 understanding menstrual physiology through the concept of Artava is the upadhatu (secondary

32 tissue) of Rasa Dhatu.^[6] The science of Swasthavritta, the Ayurvedic branch dedicated to
33 preventive health and social medicine, offers detailed prescriptions for daily
34 (Dinacharya), seasonal (Ritucharya), and conduct-based (Sadvritta) regimens that are
35 specifically designed to maintain Dosha equilibrium and promote Artava Shuddhi (menstrual
36 purity).

37

38 **AIM AND OBJECTIVES-**

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

41 **METHODOLOGY-**

42 This study has been utilised classical Ayurvedic texts including Charaka Samhita, Sushruta
43 Samhita, Ashtanga Hridayam, and Kashyapa Samhita was conducted alongside a systematic
44 review of contemporary peer-reviewed literature, Databases including PubMed, Google
45 Scholar, and Ayush Research Portal.

46 **RESULTS-**

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

54 Artava is described as the upadhatu produced during the metabolic processing of Rasa
55 Dhatu.^[8] Artava as one of the essential byproducts of Rasa Dhatu metabolism, occurring under
56 the influence of Agni (metabolic fire) and regulated predominantly by Apana Vata—the
57 downward-moving subtype of Vata Dosha that governs all evacuative and reproductive
58 functions in the pelvic region.

59 Sushruta Samhita Sharira Sthana elaborates that the menstrual cycle spans 28 days
60 (approximately equivalent to a lunar month), with the menstrual flow lasting 3–5 days.^[9] The
61 qualities of normal Artava are described as resembling the colour of a lotus flower (Padma) or
62 Gunja seed (Abrus precatorius)—bright red, without odour, non-staining, and flowing without
63 excessive pain. This classical description aligns remarkably with contemporary definitions of
64 eumenorrhoea.

65 Of all the Doshas, Apana Vata holds the most direct regulatory influence over menstrual
 66 function. Located in the pelvic region, Apana Vata governs menstruation, micturition,
 67 defaecation, parturition, and sexual function. Any lifestyle factor that disturbs Vata Dosha in
 68 general or specifically disrupts the downward movement of Apana Vata will manifest as
 69 menstrual irregularity.^[10] This is why Ayurvedic management of virtually all menstrual
 70 disorders begins with Vatanulomana (normalisation of Vata movement) as a foundational
 71 therapeutic principle.

72 The following table provides a comprehensive overview of the primary lifestyle factors
 73 identified in contemporary literature as adversely affecting menstrual health, alongside their
 74 Ayurvedic pathophysiological correlates. Each factor is subsequently discussed in detail.

75

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
Environmental Factors	Endocrine disruptors, plastics, pollution, electromagnetic radiation	Contaminated Ahara-Vihara
Screen Time & Posture	Prolonged sitting, poor ergonomics, excessive screen use	Vishama Asana Pradnyaparadha

76

77 Ayurvedic dietary principles classify food based on its effect on the Tridosha, and the Nidana
 78 Panchaka (five components of diagnosis) of nearly all Artava disorders includes Vishama
 79 Ahara (irregular, incompatible, or constitution-inappropriate diet) as a primary causative factor.
 80 Rasavimana includes how food quality, quantity, timing, and preparation directly influence
 81 Dhatu formation and consequently upadhatu (including Artava) quality.^[11] Vishama Ahara
 82 vitiates Agni, aggravates Vata Dosha, and ultimately affects the formation of Rasa Dhatu and

83 Artava, leading to menstrual disturbances. Ati-ruksha (excessively dry) foods aggravate Vata,
84 leading to Kashtartava scanty, painful, or absent menstruation. Ati-ushna-tikshna (excessively
85 hot, pungent) foods aggravate Pitta-Rakta, causing menorrhagia and inflammatory
86 dysmenorrhoea.^[12]

87 आहारसम्भवं वस्तु रोगाश्चाहारसम्भवाः।

88 हिताहितविशेषाच्च विशेषः सुखदुःखयोः॥४५॥^[13]

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

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

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

109 Madya (alcohol) and Dhuma (tobacco/smoking) are classified as Rajasika and Tamasika
110 substances that cause Rakta Dushti (blood vitiation) and Pitta Prakopa.^[19]Ashtanga
111 Hridayamexplicitly lists Madya among the causative factors of Artava disorders, noting its
112 capacity to vitiate Rakta and impair the function of Yakrit (liver), which is the primary site of
113 oestrogen metabolism in contemporary understandinga remarkable concordance between
114 ancient empirical observation and modern biochemistry.^[20]Madya, owing to its Ushna,

115 Tikshna, and Vikashi properties, causes Pitta-Rakta Dushti and Vata Prakopa. These alterations
116 may disturb the normal formation and excretion of Artava, leading to menstrual disorders such
117 as Asrigdara, Kashtartava, ArtavaKshaya, and irregular menstruation.

118 Ayurveda categorises such external toxins under Agantuja Nidana (exogenous causative
119 factors) and recognises that contaminated Ahara (food) and Jala (water) can cause Dosha
120 Dushti and Dhatu Kshaya. The classical concept of Gara Visha (slow-acting cumulative toxins)
121 described in Charaka Samhita (Kalpa Sthana) bears striking resemblance to the concept of
122 bioaccumulation of environmental toxins.^[21]

123

124 **Swasthavritta Framework for Menstrual Health Promotion**

125

126 Swasthavrittaliterally 'the conduct of a healthy person'encompasses a comprehensive system of
127 preventive health prescriptions that are uniquely positioned to address lifestyleassociated
128 menstrual disorders. The following evidence-informed framework integrates classical
129 prescriptions with contemporary lifestyle medicine principles.

130 Dinacharya (Daily Regimen)^[22]Ashtanga Hridayam Sutra Sthanaprescribes a detailed daily
131 routine that, when analysed through a reproductive health lens, provides a near-complete
132 preventive protocol for menstrual disordersBrahma Muhurta Uttishtha (Rising at ~4:30–6:00
133 AM): Regulates cortisol awakening response, normalises circadian HPO axis function, and
134 prevents Kapha accumulation.Vyayama (Exercise) includes Moderate, constitution-appropriate
135 exercise prevents insulin resistance, promotes pelvic circulation (improving Apana Vata flow),
136 and reduces inflammatory markers^[23]. Yoga, walking, and swimming are particularly
137 recommended for women with menstrual disorders.Abhyanga (Oil Massage) includes Self-
138 massage with warm sesame oil before bathing pacifies Vata, improves peripheral circulation,
139 reduces cortisol, and promotes parasympathetic nervous system activity—all of which benefit
140 Apana Vata function.Snana (Bathing) includesregular cleansing removes Ama, improves Srotas
141 patency, and promotes psychological clarity.Ahara Niyama (Dietary Rules) includes Eating at
142 fixed times, avoiding incompatible foods (Viruddha Ahara), eating according to Prakriti,
143 avoiding midnight snacking, and including iron-rich, anti-inflammatory foods constitute the
144 dietary dimension of Dinacharya for menstrual health^[24].Ratricharya (Evening Routine)
145 includesLimiting screen use after sunset, consuming light food for dinner, and retiring before
146 10 PM preserve Ojas, support melatonin production, and normalise HPO axis function.

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

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

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

176 Rasayana therapy is rejuvenation and anti-ageing treatment—occupies a central place in
177 Swasthavritta. Several Rasayana herbs have demonstrated specific menstrual
178 benefits. Shatavari (*Asparagus racemosus*) is pre-eminent female Rasayana in Ayurveda. Phyto-
179 oestrogenic, adaptogenic, and gonadotrophin-modulating properties have been confirmed in

180 multiple clinical studies. Reduces FSH in menopausal women, improves folliculogenesis, and
181 reduces stress-related ArtavaKshaya.^[28] Ashwagandha (*Withaniasomnifera*) reduces cortisol,
182 improves thyroid function, and normalises HPA-HPO axis cross-talk. Lodhra (*Symplocos*
183 *racemosa*) is classical treatment for Asrigdhara (menorrhagia) and Pushpaghni
184 Jataharini.^[29] Kumari (*Aloe vera*) Regulates menstrual cycle, reduces dysmenorrhoea, and
185 improves Artava quality. Contains phytosterols that modulate oestrogen
186 metabolism^[30]. Triphala reduces Ama, improves Agni, manages Medas (adipose), and reduces
187 insulin resistance—addressing the metabolic root of PCOS.^[31]

188 **Discussion**

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

199 **Conclusion**

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

211 स्वस्थस्य स्वास्थ्यरक्षणमातुरस्य विकारप्रशमनं च॥२६॥^[32]

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

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