

NATIONAL JOURNAL OF RESEARCH IN AYURVED SCIENCE

Article Received Date: 09/08/2025 Reviewed on Date: 24/10/2025 Accepted on: 03/11/2025

A Literary Review on rajasvalā paricaryā in āyurveda and its Correlation with Conventional Science**Rajashri Nikam^{*1}, Sanjay Satpute²**

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***Corresponding author:** rajashri.sanjyot@gmail.com**Abstract**

āyurveda has comprehensively described various types of *paricaryā* (code of conduct) for different life phases to maintain *doṣa* balance and promote a healthy life, including *dinacaryā*, *rātrīcaryā*, *ṛtūcakraaryā*, *rajasvalā paricaryā*, *garbhīṇī paricaryā*, and *Sootika paricaryā*. *rajasvalā paricaryā* specifically applies to women of reproductive age during menstrual bleeding (*rajastrāvākāla*). Menstruation is considered a physiological and natural *śodhana* (purification) process.

This period involves physiological, hormonal, and psychological changes. *rajasvalā paricaryā* provides lifestyle modifications (suggestions on what to do and avoid) aimed at supporting women's gynecological and obstetrics reproductive health. However, the practice of *rajasvalā*

paricaryā is currently neglected by women, which has led to an increase in disorders such as Dysmenorrhea, PCOS, Infertility, Endometriosis, and Fibrosis. The menstrual period is predominantly a *vāta doṣa* period. Following a feasible and scientific *paricaryā*, maintaining hygiene, and using logical modifications are crucial for optimum health. *āyurveda* presents a perspective on this phase that differs from conventional medicine.

Aim: To review the literature and the importance of *rajasvalā paricaryā*, validate its effect on menstrual health, and emphasize following it as given in classical *āyurveda* texts for general health and healthy progeny.

Objectives: To establish *rajasvalā paricaryā* in disease prevention, maintenance of female health, and compile *āyurvedika* and conventional science references.

KEYWORDS

rajasvalā paricaryā, ārtavavāhī –strotasā, ṛtūcakra, rajastrāvakāla.

INTRODUCTION

āyurveda focuses on preventing disease, treating ailments, and promoting healthy life. A reproductive-age woman is considered the main *vājīkaraṇa* and the root of progeny, emphasizing the critical importance of women's health. Women transition through three key life stages: *bāla* (childhood), *madhyamā* (reproductive age), and *vr̥dhā* (old age/menopause). The *madhyamā* stage is the most crucial for conception and reproduction. Menstruation begins with the natural maturity of all seven *dhātū*. A woman having menstruation is known as a *rajasvalā strī*.

Menstruation is a universal biological period when the *strī* undergoes natural social, physiological, systemic, hormonal, and psychological changes. On average, a woman spends about 3,000 days or 450 cycles, representing 1/5th portion of her reproductive life, in menstruation.

Normal Menstruation

Normal menstruation is characterized by the absence of pain or burning sensation, and the excreted blood is not unctuous, very scanty, or excessive. The color of the menstrual blood should resemble the red juice of *lāka*, red lotus flower, the fruit of *gumjā* (jequirity), or rabbit's blood. Some authors accept that menstrual blood has a slight blackish nature. *ācārya Bhāvamiśra* explained that color

variation is due to the individual's *prakṛtī* (*vāta ja*, etc.), and vitiated *doṣas* are responsible for symptoms like pain and burning sensation. Normal menstruation occurs when the three *doṣas* are properly balanced; any imbalance causes abnormal menstruation.

Rtūkāla (Menstrual Cycle)

The intermenstrual period is generally given as one *cam̐dramāsa* (28 days). However, there is a difference of opinion regarding the duration of menstruation (*rajastrāvakāla*):

1. *rajastrāvakāla* (menstruation): 3 to 5 days or 7 days.
2. *ṛtūkāla* (proliferative phase including ovulation): 12 or 16 days.
3. *ṛtūvyatūtkāla* (post ovulatory phase/secretory phase): 9 or 13 days.

ācārya Vāgbhaṭa and *Bhāvamiśra* state *rajastrāvakāla* is 3 days, *ācārya Charak* says 5 days, and *ācārya Hārīta* and *ācārya Bhela* say 7 days. *ācārya Vāgbhaṭa* noted that in women dominated by *kapha* who daily consume *ghṛta* and milk, the *ārtava* (menstrual flow) stays for a longer period. *ācārya Bhāvamiśra* further detailed that if the flow is excessive, it lasts three days; if average, five days; and if slight flow persists without other abnormality symptoms for up to sixteen days, it may be considered normal.

Consequences of Neglecting Paricaryā

The decline in women's health due to neglecting *rajasvalā paricaryā* has increased issues like Dysmenorrhea, PCOS, Infertility, Endometriosis, and Fibrosis. Menstrual disorders like painful menstruation and

premenstrual syndrome (PMS) are significantly associated with high intake of calories, proteins, carbohydrates, and total fat. The prevalence of dysmenorrhea varies between 16% and 91% in women of reproductive age. Stress is inversely associated with dysmenorrhea risk. *rajasvalā paricaryā* may be a solution for treating premenstrual symptoms such as mood swings, tender breasts, food cravings, fatigue, irritability, and depression.

MATERIALS AND METHODOLOGY

This research is a Literary Review on *rajasvalā paricaryā*. The study utilizes a qualitative methodology, focusing on interpretation rather than quantification. The study is a Comparative Analytical Study correlating *āyurveda* with Conventional Medicine. All references found in *āyurvedika* scriptures and modern science were used. The review included *bṛhadtrayī* texts: *Sushruta saṁhitā*, *Charaka saṁhitā*, *aṣṭāṅga saṁgraha*, and *aṣṭāṅga Hridaya*. Information was also gathered from online journals, textbooks, and medical research databases such as Google Scholar and PubMed.

REVIEW OF *RAJASVALĀ PARICARYĀ* (Mode of living during menstruation)

rajasvalā paricaryā is the code of conduct followed during menstruation. It specifies diet and lifestyle regimens to maintain *doṣa* balance and prevent long-term disorders. This preconceptional care should be followed from the onset of menarche, starting on the very first day of menstrual flow. The end goal of

this *paricaryā* is to conceive healthy offspring and ensure smooth antenatal and postnatal health.

āyurvedika Perspective

The concepts underpinning *rajasvalā paricaryā* include:

1. Analogy to *Śodhana* (Purification):

Menstruation is viewed as a naturally occurring *śodhana* process. Since the body is weak, has *maṁdāgnī* (low digestive fire), and loose joints, the *rajasvalā strī* is categorized similarly to a person who has undergone a *śodhana* procedure. Therefore, the *aṣṭau- Mahadoṣakara bhāva* (eight great disease-causing factors) that should be avoided by a *śodhita vyaktī* (purified person) are also mentioned in *rajasvalā paricaryā*. These include *uccha bhāṣaṇa* (loud talking), *cakramaṇ* (walking), *divāsvāpa* (day sleep), *Maithuna* (coitus), *ajīrṇa Bhōjana* (eating when indigestion is present), and *Ahita Bhōjana* (unwholesome food). The *samsargajanakram* following *pañcakarma* should also be followed.

2. Analogy to *Vraṇita Vyaktī* (Wounded Person):

The shedding uterus is considered an active wound in the body. The *Pathya- Apathya* (wholesome and unwholesome practices) prescribed for a *vraṇita vyaktī* are similar to those for a *rajasvalā strī*, helping to heal the wound without complications.

śukra (sperm) and *ārtava* are refined products of *Rasa* and *Rakta dhātū*, respectively, and

are extremely sensitive to metabolic disruption. *ācārya Vāgabhaṭa* emphasized the necessity of *śudhda śhukra* and *śudhda rakta* for the formation of *Garbha* (fetus), underscoring the importance of *rajasvalā paricaryā*.

Āhāra (Dietary Regimen)

1. **Haviṣya bhōjanī:** Foods like *Shali*, *Ghrīta*, *takrāra*, and *Yawaka* (*Yava* = barley) are advised. *Yava* contains β -Glucans, which are functional ingredients with various bioactivities, including anti-inflammatory, immunomodulation, cardioprotection, and accelerated wound healing activities. *śaṣṭīka śālī* contains nitric oxide, which increases blood flow to the uterus. Dairy consumption (milk, yogurt, *ghṛta*, buttermilk) is associated with reduced risks of endometriosis and uterine leiomyomata.
2. **Eating Practices:** Food should be held in the hand or eaten from a utensil made of clay or leaves, or an unbroken utensil. Clay is alkaline, helping to maintain PH. Because *agnimāṇḍya* occurs during this phase, food should be taken in less quantity (*Stok bhojan*), be easily digestible (*laghu*), and possess *Deepan* (*pācana*) properties, helping purify the digestive system and promoting *vātanulomak* action.
3. **Apathya (Foods to Avoid):** The woman should avoid food that is pungent (*tīkṣṇa*), hot (*kaṭu*), salty (*lavaṇa*), *atisingdha*, *atiguru*, *vidāhī*,

and *viṣaṭambhī*. Since *ārtava* has *āgneya* (fiery) properties, consuming a *pittakar* (Pitta aggravating) diet can increase menstrual bleeding.

Vihāra (Lifestyle and Activities)

1. Bramhacāriṇī (Observe Chastity):

Control of all senses is *brahmacharya*. *ācārya caraka*, *suśruta*, and *vāgabhaṭa* state that conception during menstruation can result in an offspring with congenital deformity or a short life span; the husband's life span also shortens, and he loses virtuousness and glory. Sperm deposited during menstruation do not reach the uterus, similar to a light article thrown against a flowing river's current. Coitus on the 1st day may result in no life or abortion, the 2nd day results in fetal death in the delivery room, and the 3rd day results in a short life. Medically, coitus during menstruation is a risk factor for the heterosexual transmission of STDs (like HIV) and ST pathogens (like *Chlamydia* and gonorrhea), increasing the vulnerability of the reproductive tract to infection. Transmission is facilitated by the loss of the cervical mucosal plug, the presence of iron in menstrual fluid, a dilated cervical opening, and elevated alkaline PH of the vagina. Furthermore, sexual activity releases oxytocin, which contracts the uterus, potentially increasing menstrual flow and retrograde menstruation. Frequent coitus during menses has

been linked to an increased likelihood of endometriosis.

2. **Avoid Sleeping in Daytime (*divāsvapna*):** This practice increases *Kapha* and *āma*, potentially causing obstruction to regular menstrual cycles. A sedentary lifestyle also contributes to menstrual disorders.
3. **Mental Calmness:** Avoid shedding tears, as anxiety causes *Rasa duṣṭī* (*ārtava* is an *upadhātu* of *Rasa dhātū*). Hormones are related to psychological changes, and elevated stress is associated with suppressed estradiol. Maintaining emotional stability (*satvāvajaya*) and harmony is advised.
4. **Avoid Exertion and Excessive Activity:** Avoid fast racing and excessive exercise. Moderate physical activity restores energy. Excessive exercise can vitiate *vāta* and cause primary/spasmodic dysmenorrhea. High-intensity activity is associated with menstrual dysfunction (amenorrhea, oligomenorrhea) among high-performance female athletes, likely due to disturbances in the hypothalamic-pituitary-adrenal axis limiting LH and FSH secretion.
5. **Avoid Certain Procedures:** *Nasya* (inhalations), *swedana* (sudation), and *vamana* (emesis) are contraindicated because menstruation is a natural *śodhana* process, negating the need for other purification treatments. Bathing (*snāna*) and anointing (*abhyamga*) were traditionally discouraged due to high chances of

infection in ancient bathing environments. *abhyamga* diminishes *vāta* but increases *kapha* through its *snigdha guṇa* (unctuous quality) and is contradicted in *agnimāmdya*.

6. **Sleeping Surface:** Sleep on a mat made up of *Darbha* (*Darbhāsana satarshayinī*). *Darbha* (*Eragrotis cynosuroides*) is *pittahar* (Pitta reducing), offering soothing effects and avoiding *raktapradar* (excessive bleeding).
7. **Avoid Adornments:** The woman should not adorn herself with ornaments or apply collyrium. This is intended to instigate ascetic thought and increase *sātvika bhāva* (virtuous quality) in the female and subsequently in the offspring.

Fetal Abnormalities

ācārya suśruta bhāvamiśra lists specific abnormalities occurring in the fetus if the mother does not properly follow the *caryā*. Examples include:

- *divāsvapna* (sleeping in the daytime) results in *svapnaśīla* (sleepy nature) in the fetus.
- *nakhachedana* results in *kuṇakhī* (Deformity of the nail).
- Use of *amjanāa* (Collyrium) results in *adrka* (Partial Blindness).
- Exposure to draughts and exertion leads to an insane fetus.
- *abhyamga* (Oil Massage) leads to *kuṣṭī* (Skin disease).

Conventional Science Perspective

Conventional medicine focuses on pathophysiology, management of Dysmenorrhea and PMS, hygiene, anemia prevention, and general dietary advice.

Hormonal and Physiological Changes:

Progesterone levels increase after ovulation and decrease just before menstruation, which triggers symptoms like gas, bloating, and constipation due to the quieting effect of progesterone on digestive system smooth muscles. Hypothalamic amenorrhea (FHA) is associated with excessive exercise and decreased caloric intake, leading to elevated cortisol and suppression of GnRH, resulting in decreased LH and FSH, abnormal follicle growth, and low estrogen.

Infertility and Infection: Infectious processes like pelvic inflammatory disease (PID) are leading causes of pelvic/tubal adhesions and account for a large portion of female infertility. *Chlamydia trachomatis* carries the greatest risk of infertility associated with PID. *Hydrosalpinges* (tubal abnormality caused by chronic inflammation and fluid accumulation) impair fertility by causing a retrograde flow of toxins into the endometrium, which creates a hostile environment for implantation. Patients undergoing in-vitro fertilization (IVF) have a 50% decrease in pregnancy if a *hydrosalpinx* is present.

Conventional Guidelines (Do's and Don'ts):

- **Do's:** Maintain good menstrual hygiene (regular change of

pads/cups/tampons), practice regular handwashing, eat a balanced diet rich in Iron and Vitamins, stay hydrated, exercise moderately to reduce cramps, and seek medical advice for abnormal bleeding or severe pain.

- **Don'ts:** Avoid delaying product changes (to reduce the risk of Toxic Shock Syndrome), avoid excessive caffeine and junk food, avoid strenuous exercise if it worsens pain, and avoid following harmful cultural taboos (isolation, skipping work/school, avoiding bathing).

DISCUSSION AND CONCLUSION

rajasvalā paricaryā and its correlation with modern physiology suggest that following these regimens is beneficial. Incorrect practices during menstruation can negatively impact women's health and quality of life. *rajasvalā paricaryā* can be easily integrated into daily life to minimize discomfort and associated symptoms. The regimen emphasizes rest, easily digestible and light diet, avoidance of exertion, and maintenance of mental calmness.

The regulation of activities, rest, and light diet emphasized by *rajasvalā paricaryā* appears to reduce dysmenorrhea and digestive disturbances. This may also help treat underlying gynecological disorders and prevent problems related to *Aartvavahi strotas*. Conventional medicine tends to focus on hygiene, pharmacological pain relief, and general health, often overlooking the holistic aspects emphasized in *āyurveda*.

An **integrative approach**—combining modern hygienic practices and evidence-based pharmacology with *āyurvedika* regimens (rest, dietary modifications, mind-body care)—could optimize comprehensive menstrual care.

In conclusion, *rajasvalā paricaryā* demonstrates significant benefits in symptom relief, quality of life, and digestive health compared to conventional recommendations. The concept of preconception care is important, as propagated by the government (e.g., *svastha nārī sakṣama parivāra*). Lifestyle modifications (healthy food habits, sleeping patterns, physical activity) can effectively reduce the risk and severity of menstrual disorders.

References

1. Kushavaha ,Charak saṁhitā with hindi commentary , Varanasi , Chaukhamba Publication 2022Chikitsa Sthan , 2-1/4
2. Kushavaha ,Charak saṁhitā with hindi commentary , Varanasi , Chaukhamba Publication 2022Chikitsa Sthan , 30/5,6
3. Tiwari Premvati, Ayurvediya prasutitantra evum stri Roga, Chaukhamba orientalia, Varanasi, 1st part, chapter 2,p.n.61
4. Dhar, S., Mondal, K.K. & Bhattacharjee, P. Influence of lifestyle factors with the outcome of menstrual disorders among adolescents and young women in West Bengal, India. Sci Rep 13, 12476 (2023). <https://doi.org/10.1038/s41598-023-35858-2>
5. Kaviraja Ambikadutta Shashtri, Sushrutasamhitā, Vol.-1, Varanasi, Chaukhamba saṁskṛta Sansthan, Sutra sthana 14/6 , Sharira Sthana, 3/11, chak p.n.17.
6. Defert C, Cousin I, Marchand IC, Burgazzi C, Pabic EL, Arnaud AP. Dysmenorrhea among 12-year-old teenagers from different socioeconomic backgrounds. Arch Pediatr. 2024 Feb;31(2):141-147. doi: 10.1016/j.arcped.2023.09.018. Epub 2024 Jan 24. PMID: 38267345.
7. Charak saṁhitā with hindi commentary , Kushavaha Varanasi , Chaukhamba Publication 2022Chikitsa Sthan , 30/225,226
8. Tiwari Premvati, Ayurvediya prasutitantra evum stri Roga, Chaukhamba orientalia, Varanasi, 1st part, chapter 2, 64,65.
9. Patel Jalpa, Patel Akshay, Donga Shilpa. rajasvalā paricaryā- An Essential Approach Towards Female Through the Lens of āyurveda Science. Ayushdhara [Internet]. 2023Mar.6 [cited 2025Sep.15];10(Suppl1):113-8. Available from: <https://ayushdhara.in/index.php/ayushdhara/article/view/116>
10. Kaviraj Atridev Gupta, Astang Hridaya, vol 1, Varanasi, Chaukhamba Sanskrit Sansthan, sharir Sthan1/10p.n.262
11. Kaviraja Ambikadutta Shashtri, Sushrutasamhitā, Vol.-1, Varanasi, Chaukhamba saṁskṛta Sansthan, Sharira Sthana, 3/2.
12. Kushwaha HCS, editor(s). The Caraka saṁhitā (āyurveda- Dīpikā's Āyusī Hindi-Commentary) Second Part Chikitsāsthān ,30 / 225 First Edition, Reprint 2022. Varanasi: Chaukhambha Orientalia; 2022
13. Vaghbata. Astang saṁgraha vol.1 sharir Sthan with hindi commentary by Kaviraj Atridev Gupta. Varanasi: Krishnadas Academy; 1993, 1/64
14. Bhāva prakāśa chi.68/10 Bhava Mishra, 'Bhāva Prakasha' Part-2 Vidhyotini Hindi commentary by Bramhāsana kara Misra & Rupalalji Vaisya, Ninth edition, Chaukhamba saṁskṛta Sansthana, Madhyama khanda sutra sthana chi.sthan 68/10
15. Vd. Kushwaha HCS, editor(s). The Caraka

- samhitā (āyurveda- Dīpikā's Āyusī Hindi-Commentary) Second Part Cikitsāsthān ,30 /5-8, First Edition, Reprint 2022. Varanasi: Chaukhamba Orientalia; 2022
16. Vd . Kushwaha HCS, editor(s). The Caraka samhitā (āyurveda- Dīpikā's Āyusī Hindi-Commentary) Second Part Cikitsāsthān ,30 /115,First Edition, Reprint 2022. Varanasi: Chaukhamba Orientalia; 2022
 17. Adamson PC, Krupp K, Freeman AH, Klausner JD, Reingold AL, Madhivanan P. Prevalence & correlates of primary infertility among young women in Mysore, India. Indian J Med Res. 2011 Oct;134(4):440-6. PMID: 22089604; PMCID: PMC3237240.
 18. Broi MGD, Ferriani RA, Navarro PA. Ethioopathogenic mechanisms of endometriosis-related infertility. JBRA Assist Reprod. 2019 Aug 22;23(3):273-280. doi: 10.5935/1518-0557.20190029. PMID: 31091056; PMCID: PMC6724396.
 19. Ju H, Jones M, Mishra G. The prevalence and risk factors of dysmenorrhea. Epidemiol Rev. 2014;36:104-13. doi: 10.1093/epirev/mxt009. Epub 2013 Nov 26. PMID: 24284871.
 20. Walker MH, Tobler KJ. Female Infertility. [Updated 2022 Dec 19]. In: StatPearls [Internet]. Treasure Island (FL):StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK556033/>
 21. Bhāva prakāśa chi.68/10 Bhava Mishra, 'Bhāva Prakasha' Part-1 Vidhyotini Hindi commentary by Bramhāsana kara Misra & Rupalalji Vaisya, Ninth edition, Chaukhamba samskṛta Sansthana, sutra sthana bhavprakash purva 3/6-10,p.n.20
 22. Kushavaha ,Charak samhitā with hindi commentary , Varanasi , Chaukhamba Publication 2022 Siddhi Sthan , 12/10-17
 23. Brahmanand Tripathi, Shastrakarma vidhi adhyaya, Sutrasthan 29/32-41,aṣṭangHrudaya(Varanasi: Chaukhamba samskṛta Pratishthan, 2007
 24. Kaviraja Ambikadutta Shashtri, Sushrutasamhitā, Vol.-1, Varanasi, Chaukhamba samskṛta Sansthan, Sharira Sthana, 2/35, p.n.15.
 25. Brahmanand Tripathi, Sharir sthan 1/65,aṣṭangHrudaya(Varanasi: Chaukhamba samskṛta Pratishthan, 2007
 26. Zeng Y, Pu X, Du J, Yang X, Li X, Mandal MSN, Yang T, Yang J. Molecular Mechanism of Functional Ingredients in Barley to Combat Human Chronic Diseases. Oxid Med Cell Longev. 2020 Mar 30;2020:3836172. doi: 10.1155/2020/3836172. PMID: 32318238; PMCID: PMC7149453.
 27. TY - JOUR AU - Goyal, Himanshi AU - Harpreet, Dr PY - 2025/02/21 SP - 442 T1 - A LITERARY REVIEW ON "RAJASWALA PARICHARYA" W.S.R. TO WOMEN'S HEALTH *Corresponding Author VL - 14 DO - 10.20959/wjpps20253-29289 ER
 28. Maruyama K, Oshima T, Ohyama K. Exposure to exogenous estrogen through intake of commercial milk produced from pregnant cows, Pediatrics International: official journal of Japanis Paediatric society, Feb. 2010; 52(1): 33-8.
 29. 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, Mar 1, 2013; 177(5): 420-30.
 30. 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, Jan 15 2010;(171)2: 221-32.
 31. Kaviraja Ambikadutta Shashtri, Sushrutasamhitā, Vol.-1, Varanasi, Chaukhamba samskṛta Sansthan, Sharira Sthana, 2/31, chek p.n.17.

32. Mazokopakis EE ,Samonis G.Is Vaginal Sexual Intercourse Permitted during menstruation? A Biblical (Christian) and Medical Approach. Medica. (Bucur).2018Sep;13(3):183-188.English.doi:10.26574/maedica.202813.3 .PMID:30568737;PMCID:PMC6290188.[8]
33. 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
34. Roney, J.R., Simmons, Z.L. Elevated Psychological Stress Predicts Reduced Estradiol Concentrations in Young Women, Adaptive Human Behavior and Physiology, 2015; 1: Estradiol is related to emotions.
35. Rizor EJ, Babenko V, Dundon NM, Beverly-Aylwin R, Stump A, Hayes M, Herschenfeld-Catalan L, Jacobs EG, Grafton ST. Menstrual cycle-driven hormone concentrations co-fluctuate with white and gray matter architecture changes across the whole brain. Hum Brain Mapp. 2024 Aug 1;45(11):e26785. doi: 10.1002/hbm.26785. PMID: 39031470; PMCID: PMC11258887.
36. Steward K, Raja A. Physiology, Ovulation And Basal Body Temperature. [Updated 2023 Jul 17]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK546686/>
37. Enrique F. Schisterman, The effect of physical activity across the menstrual cycle on reproductive function, Annals of Epidemiology, Volume 24, Issue 2, 2014, Pages 127-134, ISSN 1047-2797, <https://doi.org/10.1016/j.annepidem.2013.11.002>. (<https://www.sciencedirect.com/science/article/pii/S1047279713004183>)
38. Vd.Veena Kanthi1*, Vd. Lomate Prasad2, Vd. Dipali Parshuram Shinde3 BIRD EYE VIEW ON RAJASWALA PARICHARYA THROUGH āyurvedika PERSPECTIVE
39. Dr. Minal Bhusewar A REVIEW STUDY OF rajasvalā paricaryā CORRELATING WITH MENSTRUATION, IN PRESENT ERA volume 6wjpr 2017 p.n.432

Conflict of Interest: None

Source of funding: Nil

Cite this article:

A Literary Review on rajasvalā paricaryā in āyurveda and its Correlation with Conventional Science

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Ayurlog: National Journal of Research in Ayurved Science- 2025; (13) (04): 01- 09