



AN OBSERVATIONAL STUDY TO ASSESS THE PREVALENCE OF MENSTRUAL IRREGULARITIES AND ITS ASSOCIATION WITH *PRAKRITI* IN STUDENTS OF NATIONAL INSTITUTE OF AYURVEDA, JAIPUR

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ABSTRACT

Background- *Prakriti* (body constitution) is a unique concept of Ayurveda, and it has implications for all aspects of Human Physiology, and the reproductive system isn't an exception. Disturbances in menstrual patterns like dysmenorrhea and abnormal uterine bleeding are widespread in society due to faulty lifestyle. If there are any associations found between different types of *Prakriti* and Menstrual Irregularities, which can help in the prevention of Menstrual Irregularities by providing specific dietary modification for different *Prakriti* individuals. **Objective** - To assess the prevalence of Menstrual Irregularities among the students of NIA, to assess the *Prakriti* of the subjects having Menstrual Irregularities and to assess the association of Menstrual Irregularities and different types of *Prakriti*. **Methods** - Initially, a survey was completed on 222 subjects in and around the National Insti-

tute of Ayurveda, Jaipur, to observe the prevalence of different menstrual patterns. Among them, 60 were randomly selected for the *Prakriti* Assessment. **Observation and Result** – Among the 222 enrolled National Institute of Ayurveda students, Menstrual Irregularities were found in 55.4%. The prevalence of Dysmenorrhea was 36%, Oligomenorrhoea was 12.6%, Hypomenorrhea was 9%, Menorrhagia was 1.3%, and Polymenorrhoea was 0.9%. **Discussion and Conclusion** - *Vata* dominant *Prakriti* and *Ruksha & Sheeta Guna*, *Pitta* dominant *Prakriti* and *Visra & Teekshna Guna* and *Kapha* dominant *Prakriti* and *Picchila* and *Guru Guna* may be one of the critical factors that might have been the reason for association with Dysmenorrhea, Polymenorrhoea and Oligomenorrhoea respectively. Hence, it can be concluded that there is a positive association between *Prakriti* and Menstrual Irregularities.

Keywords: *Prakriti*, Menstrual Irregularities, Dysmenorrhea, Polymenorrhoea, Oligomenorrhoea.

INTRODUCTION

Menstruation is the cyclic discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina under the influence of hormonal changes. The onset of menstruation is known as menarche (12-15 years of age). This process is coordinated by the hypothalamus, pituitary, ovary and uterus. Alterations in any of these and a disturbed lifestyle can cause menstrual irregularities like Amenorrhea, Menorrhagia, Polymenorrhoea, Metrorrhagia, Oligomenorrhoea, Hypomenorrhoea, Dysmenorrhoea, etc. Amenorrhea is the absence of menstruation. Menorrhagia is defined as cyclical bleeding at regular intervals; the bleeding is either excessive in amount (>80ml) or duration (> 7 days) or both. Polymenorrhoea is defined as cyclic bleeding where the cycle is reduced to an arbitrary limit of less than 21 days and remains constant at that frequency. Metrorrhagia is defined as irregular, acyclic bleeding from the uterus. Oligomenorrhoea is menstrual bleeding occurring more than 35 days apart and which remains constant at that frequency. When the menstrual bleeding is unduly scanty and lasts for less than 2 days, it is called Hypomenorrhoea. Dysmenorrhoea is defined as painful menstruation characterised by severe and frequent menstrual cramps. Pain may be too severe to limit normal activities or require medications. In Ayurveda, Menstrual blood is correlated with *Artava*. It is the functional unit of *Artavavaha Srotas* and its root is *Garbhashaya* and *Artavavahi Dhamaani*. *Artava* is the *Upadhatu* of *Rasa Dhatu*. The estimated quantity of *Artava* in the female body is four

Anjali (approximately four ounces). The characteristics of ideal menstrual blood, which is either like rabbit's blood or liquid shellac and whose blood colour does not stain on the clothes, and has no bad smell, such as menstrual blood, is known as *Shuddha Artava*.¹ The normal function of *Artava* is to maintain the balance in the female reproductive system; if the balance gets disturbed, that leads to conditions like *Artava Vyapad*. that are *Asrigdara*², *Artava kshaya*³, *Rajonasha/Nashtartava*, *Artava-Ativridhi*⁴ etc. *Mithya Ahara –Vihara* or other etiological factors, including faulty lifestyle- stress, obesity, smoking, junk food, irregular sleep cycle, genetic or psychosomatic factors cause aggravation of *Vata* and vitiation of *Pitta*, *Kapha* vitiation also involved, but *Vata Dosha* plays a significant role in the vitiation of menstrual blood. *Artavavahi Srotas Dushti*, associated with the accumulation of *Ama* and *Rasa Dhatu Dushti*, finally leads to menstrual disturbances.

Prakriti,⁵ i.e. temperament, is decided at the time of conception, according to the predominance of *Dosha*. It does not change during the whole life and is responsible for an individual's physical and mental characteristics. *Prakriti* is broadly classified into two categories: *Sharirika* (Physical) and *Manasika* (mental) *Prakriti*. There are 7 types of *Sharirika Prakriti*: *Vata Prakriti*, *Pitta Prakriti*, *Kapha Prakriti*, *Vata-Pitta Prakriti*, *Pitta-Kapha Prakriti*, *Kapha-Vata Prakriti*, *Tridoshaja Prakriti*. While explaining *Shudha Artava Lakshana*, *Acharya Bhavamishra* mentioned that differences in colours of *Shudha Ar-*

tava are due to Vatadi Prakriti. This implies that Prakriti may have an impact on menstruation. Including Rajaswala Paricharya⁶ during menses and a proper Ayurveda-prescribed diet plan suitable to the Prakriti type may lead to a healthy menstrual cycle. Prakriti helps them decide on appropriate dietary requirements. Dietary suggestions prescribed according to Prakriti must make small changes in their food choices and eating habits. So, the present study aims to assess the prevalence of menstrual irregularities in students of NIA and to assess its association with Prakriti so that it may guide us to prescribe proper Rajaswala Paricharya⁷ and dietary guidelines to prevent such abnormalities specific to each Prakriti.

Aims and Objectives

1. To assess the prevalence of Menstrual Irregularities among the students of NIA.
2. To assess the Prakriti of the subjects having Menstrual Irregularities.
3. To assess the association of Menstrual Irregularities and different types of Prakriti.

Statement of Hypothesis -

Null hypothesis-(Ho)

- There is no association between Prakriti and Menstrual Irregularities.

Alternative hypothesis – (H1)

- There is an association between Prakriti and Menstrual Irregularities.

Material and Method

- Study type - Observational study (Cross-sectional)
- Study site - National Institute of Ayurveda, Deemed University, Jaipur
- Study population - Females between the age group of 18 to 30 years
- Sample size for finite population—The study was done on 60 subjects in the aforesaid age group who had menstrual irregularities.
- Participants - The participants were the female students of NIA.

Ethical approval -

- The study was started only after getting the approval of IEC of the National Institute of Ayurveda (No. IEC/ACA/2023/01/1), and the study was registered in CTRI [Registration No. For this trial, the CTRI/2023/02/050032 (Registered on 24/02/2023)] was used before starting the study.

Method of data collection –

The prevalence of menstrual irregularities was assessed among 222 NIA students who satisfied the inclusion criteria using a semi-structured self-made questionnaire through Google Forms. From that, 60 subjects with menstrual irregularities were selected randomly. The assessment of Prakriti was done using the CCRAS Standardized Prakriti assessment scale, and the association between menstrual irregularities and Prakriti was evaluated.

Inclusion criteria –

1. Female students between the age group 18 to 30 years.
2. Those who attained menarche before at least two years.
3. Females having menstrual irregularities.

Exclusion criteria –

1. Pregnant and lactating females were excluded.
2. Those who are suffering from severe systemic illness like thyroid dysfunction, PCOS and any types of carcinomas.
3. Those who have a history of mental illness.
4. Those who are not willing to take part in the study.

Plan of Study –

The study will be carried out in 6 phases,

- Phase -1: Taking a questionnaire based on the standardised CCRAS Prakriti assessment Portal and different menstrual irregularities
- Phase -2: Selection of subjects related to fulfilling the inclusion and exclusion criteria
- Phase -3: Take consent forms from the subjects
- Phase -4: Assessment of Deha Prakriti and their menstrual irregularities
- Phase -5: Scrutinizing and Filtering the data
- Phase -6: Further statistical analysis

Data analysis-

Data was analysed using appropriate statistical methods after consulting a statistician (Using Graph Pad InStat 3.10 software).

Outcomes-

- Prevalence of menstrual irregularities in Students at the National Institute of Ayurveda and its association with *Prakriti*.

Observation and Result

The data collected was analysed under three headings-

- A) Assessment of the prevalence of menstrual irregularities.
- B) Assessment of *Prakriti* of the subjects having menstrual irregularities.
- C) Assessment of association between menstrual irregularities and different types of *Prakriti*.

A) Assessment of prevalence of menstrual irregularities -

A total of 222 students were registered for this study. Details of those subjects were collected by semi-structured self-made questionnaire in Google form.

1. Distribution of subjects according to age—subjects between 21 and 25 years are more numerous, i.e. 70%, followed by the 16-20 age group, i.e. 22%, and 26-30 years, i.e. 8%.

2. Distribution of subjects according to the nature of menstrual cycle - subjects having regular cycles are more in number, i.e. 87.3%, compared to those having irregular cycles 12.6%.

3. Distribution of subjects according to the presence of clots in menses - subjects having clots in menses is more, i.e. 56.3%, compared to those with no clots, i.e. 43.6%.

4. Distribution of subjects according to the presence of colour in menses - maximum i.e.122 subjects have dark red colour, i.e. 55%, bright red 27%, brownish red 14% and Pale red, i.e. 4% of menstrual blood.

5. Distribution of subjects according to stickiness in menses - subjects with no stickiness in menses, i.e. 59.4%, are more in number than those with stickiness 40.5%.

6. Distribution of subjects according to abnormal smell in menses—subjects having no abnormal smell, i.e. 61.7%, are more numerous than subjects having foul smell, i.e. 38.2%.

7. Distribution of subjects according to leucorrhoea—subjects without leucorrhoea (72.5%) are more numerous than subjects with leucorrhoea (27.4%).

8. Distribution of subjects according to a burning sensation in genitalia - subjects with no burning sensation in genitalia are more in number, i.e. 87.8%, compared to the subjects with burning sensation, i.e. 12.1%.

9. Distribution of subjects according to loss of hunger during menses—39.6% of subjects feel hunger loss during menses, whereas 60.3% do not.

10. Distribution of subjects according to pyrexia during menses—the subjects not having pyrexia, i.e. 83.3%, are more numerous than those with pyrexia, 16.6%.

11. Distribution of subjects according to acne near periods - subjects not having acne are more in number, i.e. 65.7%, compared to those with acne, i.e. 34.2%.

12. Distribution of subjects according to excess thirst - out of 222 subjects, 23.8% have complained of excess thirst, and the remaining have no excess thirst, i.e. 76.1%.

13. Distribution of subjects according to nausea /vomiting during menses—Out of 222 subjects, 22.9% complain of nausea, and 76.1% have no complaint.

14. Prevalence of menstrual irregularities—55.4% of the total enrolled students complain of menstrual irregularities, which indicates the prevalence of menstrual irregularities in the selected area.

15. Prevalence of menorrhagia - only three subjects have complained of menorrhagia. The prevalence of menorrhagia is 1.3%

16. Prevalence of hypomenorrhoea - out of the total subjects, only 20 subjects have complained of hypomenorrhoea. The prevalence of hypomenorrhoea is 9%.

17. Prevalence of dysmenorrhea - out of the total subjects, 80 subjects have complained of dysmenorrhea. The prevalence of dysmenorrhea is 36%

18. Prevalence of oligomenorrhea - out of 222 subjects, 28 have complained of oligomenorrhea. The prevalence of oligomenorrhoea is 12.6%

19. Prevalence of Polymenorrhoea - out of 222 subjects, only two subjects have complained of Polymenorrhoea. The prevalence of Polymenorrhoea is 0.9%

B) Assessment of Prakriti of the subjects having menstrual irregularities -

The prevalence of menstrual irregularities was 55.4% (123 subjects). Among those 123 subjects, 60 were randomly selected for the *Prakriti* Assessment, which was done using the CCRAS *Prakriti* Assessment Scale.

Table no 1 shows the distribution of subjects according to Prakriti

S.NO	Prakriti	Number	Percentage (%)
1.	Vata-Pitta	16	26.6
2.	Pitta-Kapha	31	51.6
3.	Kapha-Vata	13	21.6
Total		60	100

As per the table, among the 60 subjects, the maximum i.e.31 subjects (51.6%) of *Pitta-Kapha Prakriti*, followed by 16 subjects (26.6%) of *Vata-Pitta Prakriti* and 13 students (21.6%) of *Kapha-Vata Prakriti* have been found.

C) Assessment of association between menstrual irregularities and different types of Prakriti –

- For this, Odd’s Ratio was calculated using Graph Pad Instat 3.10 Software.
- Two by two columns were made in which-
Exposure – Prakriti Outcome - Menstrual Irregularities
- The data analysed by performing Fisher’s Exact Test are as follows -

1. The association between Vata- Pitta Prakriti and Dysmenorrhea –

- The two-sided P value is 0.0722, which is not considered significant.
- Odds ratio = 3.957
- The odds ratio is more than 1, showing a strong association between *Vata-Pitta Prakriti* and dysmenorrhea.

2. The Association between Vata- Pitta Prakriti and Menorrhagia -

- The two-sided p-value is 1.0000, which is considered not significant.
- Odds ratio = 1.400
- The odds ratio is more than 1, showing an association between *Vata-Pitta Prakriti* and menorrhagia.

3. The Association between Vata- Pitta Prakriti and Hypomenorrhea -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 1.038
- The odds ratio is more than 1, showing an association between *Vata-Pitta Prakriti* and Hypomenorrhea.

4. The Association between Vata- Pitta Prakriti and Polymenorrhoea -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 0.8788
- The odds ratio is less than 1; it shows no association between *Vata-Pitta Prakriti* and Polymenorrhoea.

5. The Association between Vata- Pitta Prakriti and Oligomenorrhoea -

- The two-sided P value is 0.1121, which is considered not significant.
- Odds ratio = 0.2500

- The odds ratio is less than 1; it shows no association between *Vata-Pitta Prakriti* and Oligomenorrhoea.

6. The Association between *Pitta-Kapha Prakriti* and Dysmenorrhea -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 1.118
- The odds ratio is more than 1; it shows an association between *Pitta-Kapha Prakriti* and dysmenorrhea.

7. The Association between *Pitta-Kapha Prakriti* and Menorrhagia -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 1.931
- The odds ratio is more than 1; it shows an association between *Pitta-Kapha Prakriti* and Menorrhagia.

8. The Association between *Pitta-Kapha Prakriti* and Hypomenorrhea -

- The two-sided P value is 0.7449, which is considered not significant.
- Odds ratio = 0.7372
- The odds ratio is less than 1; it shows no association between *Pitta-Kapha Prakriti* and Hypomenorrhea.

9. The Association between *Pitta-Kapha Prakriti* and Polymenorrhoea -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 2.902
- The odds ratio is more than 1; it shows an association between *Pitta-Kapha Prakriti* and Polymenorrhoea.

10. The Association between *Pitta-Kapha Prakriti* and Oligomenorrhoea -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 0.9091
- The odds ratio is less than 1; it shows no association between *Pitta-Kapha Prakriti* and Oligomenorrhoea.

11. The Association between *Kapha-Vata Prakriti* and Dysmenorrhea -

- The two-sided P value is 0.0242, which is considered significant.
- Odds ratio = 0.2083
- The odds ratio is less than 1; it shows no association between *Kapha-Vata Prakriti* and Dysmenorrhea.

12. The Association between *Kapha-Vata Prakriti* and Menorrhagia -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 0.4709
- The odds ratio is less than 1; it shows no association between *Kapha-Vata Prakriti* and Menorrhagia.

13. The Association between *Kapha-Vata Prakriti* and Hypomenorrhea -

- The two-sided P value is 0.6899, which is considered not significant.
- Odds ratio = 1.463
- The odds ratio is more than 1; it shows an association between *Kapha-Vata Prakriti* and Hypomenorrhea.

14. The Association between *Kapha-Vata Prakriti* and Polymenorrhoea -

- The two-sided P value is 1.0000, which is considered not significant.
- Odds ratio = 1.148
- The odds ratio is more than 1; it shows an association between *Kapha-Vata Prakriti* and Polymenorrhoea.

15. The Association between *Kapha-Vata Prakriti* and Oligomenorrhoea -

- The two-sided P value is 0.0456, which is considered significant.
- Odds ratio = 3.818
- The odds ratio is more than 1; it shows an association between *Kapha-Vata Prakriti* and Oligomenorrhoea.

DISCUSSION

Ayurveda is one of the oldest traditional medicine systems accepted worldwide. Its motto is to preserve

the health of a healthy person and treat ailments by breaking the causative factors of pathogenesis. According to Ayurveda, the body is made up of three components, i.e. *Dosha* (3), *Dhatu* (7) and *Mala* (3). The equilibrium state of these *Dosha*, *Dhatu*, and *Mala* are considered a healthy state of the individual.

A) Prevalence of Menstrual Irregularities among the students at the National Institute of Ayurveda

Among the 222 enrolled subjects, Menstrual Irregularities among the National Institute of Ayurveda students was 55.4%. The prevalence of Dysmenorrhea was 36%, Oligomenorrhoea was 12.6%, Hypomenorrhoea was 9%, Menorrhagia was 1.3%, Polymenorrhoea was 0.9%, The prevalence of Dysmenorrhea was maximum, it may be due to changing lifestyle (as most of the students have now shifted from home to hostel for studying), intake of spicy and junk food, stress, family history, Pelvic Inflammatory Diseases etc.

B) Prakriti of the subjects with menstrual irregularities

Among those 123 subjects, 60 were randomly selected for the *Prakriti* Assessment and then after the assessment, maximum, i.e. 31 subjects (51.6%) of *Pitta-Kapha Prakriti*, followed by 16 subjects (26.6%) of *Vata-Pitta Prakriti* and 13 students (21.6%) of *Kapha-Vata Prakriti* have been found.

C) Association of Menstrual Irregularities and different types of Prakriti

In *Vata-Pitta Prakriti* subjects, the dominant association was found for Dysmenorrhea (Odds ratio-3.957); in *Pitta-Kapha Prakriti*, it was for Polymenorrhoea (Odds ratio-2.902) and in *Kapha-Vata Prakriti* it was for Oligomenorrhoea (Odds ratio-3.818).

The disturbed menstruation associated with specific *Dosha* vitiation can be examined based on following criteria⁸ -

Vata dominant *Prakriti* individuals may intake *Vata Prakopaka Ahara-Vihara*, which consequences in aggravation of *Vata* that results in *Dhatu Kshaya* of *Rasa* and then *Rakta (Anulomakshaya)* since *Artava* is considered as *Upadhatu* of *Rasa Dhatu*. So, there may be a decrease in *Upadhatu* formation and a less-

er quantity of *Artava* formed than usual. This would worsen the *Vata Dosha*, which develops *Kshobha* in the *Garbhashaya*, which is similar to an ischemic situation in the uterus and causes agony. It manifests *Toda* and *Vedana (Yoni-Satodanam Savedanam Artava Pravritti)*. That may be one of the causes of *Kashtartava*, i.e. dysmenorrhea.

Pitta dominant *Prakriti* individuals may intake a faulty diet and regime that leads *Rakta* and *Pittavrita Apana Vayu* vitiation causes *Asrigdara*, an illness. As a result, *Vata* is covered by vitiated *Pitta* and *Drava Guna* of *Pitta Dosha* & the *Chala* & *Sara Guna* of *Vayu* play crucial in constructing the fundamental *Samprapti* of *Asrigdara*. *Apana Vayu Vaigunya*, *Pitta Avruta Vata*, and *Ama* formation lead *Rakta Pramana Vriddhi (Rakta Pramana Utkramya Garbhashayagata Sira)* that due to *Rasabhava* and *Dravata* of *Pitta Rajavahi Srotas* of *Garbhashaya Raja-Vriddhi Atipravrutti Asrigdara* i.e. profuse menstrual bleeding for a more extended period and scanty flow for a brief period during the intermenstrual phase have characteristics that are associated with particular *Dosha*.⁹ Related symptoms exist, i.e., burning in *Adho Vankshana*, pelvic, *Prishta*, and *Shoola* in *Garbhashaya*.¹⁰ That may be one of the causes of *Asrigdara*, i.e. Polymenorrhoea.

Kapha dominant *Prakriti* individuals may intake *Vishama Anna Sevana*, *Ajeerna*, Eating cold and *Sankeerna Bhojana* and *Akala Nidra Sevana*, *Vegadharana* leads to vitiated in *Kapha Dosha* that causes *Agnimandya* which further hampers the formation of *Rasa Dhatu*.¹¹ *Vyana Vata*¹² is concerned with the *Samvahana* of *Rasa Dhatu*, *Sravana* of *Rakta*, and *Gati* of substances, while *Apana Vata* is concerned with the expulsion of *Artava* (menstrual blood) by the virtue of its *Adhogati*.¹³ So improper *Samvahana* will lead to *Vikruta Rasa Dhatu* and hence *Updhatu Artava* and to hampered expulsion of *Malarupi Artava*, leading to manifestation of *Artava Kshaya*, i.e. Oligomenorrhoea.

CONCLUSION

Among the 222 enrolled subjects, menstrual irregularities among the students at the National Institute of

Ayurveda 55.4% were found. The prevalence of Dysmenorrhea was 36%, Oligomenorrhoea was 12.6%, Hypomenorrhoea was 9%, Menorrhagia was 1.3%, and Polymenorrhoea was 0.9%. Out of 60 subjects, 31 (51.6%) of *Pitta-Kapha Prakriti*, 16 (26.6%) of *Vata-Pitta Prakriti* and 13 students (21.6%) of *Kapha-Vata Prakriti* were found. In *Vata-Pitta Prakriti* subjects, the dominant association was found for Dysmenorrhea (Odds ratio-3.957); in *Pitta-Kapha Prakriti*, it was for Polymenorrhoea (Odds ratio-2.902) and in *Kapha-Vata Prakriti* it was for Oligomenorrhoea (Odds ratio-3.818). Hence, it can be concluded that there is a positive association between *Prakriti* and menstrual irregularities.

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