



Review Article

A CONCEPTUAL REVIEW OF PREMENSTRUAL SYNDROME IN THE LIGHT OF AYURVEDA

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ABSTRACT

Premenstrual Syndrome (PMS) is a common psychosomatic condition affecting women of reproductive age, characterized by cyclical physical and psychological symptoms during the luteal phase of the menstrual cycle and subsides when menstruation starts. It is not directly described in classical Ayurvedic texts, but its features can be explained through Ayurveda. **Objective:** To conceptually correlate Premenstrual Syndrome with Ayurvedic principles and to explore relevant management approaches. **Methods:** Classical Ayurvedic texts, including *Charaka Samhita*, *Susruta Samhita*, and *Astanga Hridaya*, were reviewed for concepts related to menstrual physiology, Normal and abnormal functions of *Dosha*. Electronic databases (PubMed, AYUSH Research Portal etc.) and Ayurveda journals were searched using key terms related to PMS, *Ritu chakra* and *Tridosha*. Articles were reviewed for relevant concepts, and selected literatures were analyzed. **Results:** Premenstrual Syndrome is not described as a distinct disease entity in classical Ayurvedic texts; however, its symptomatology can be conceptually correlated with *Rituvyateetakala vyadhi*. Classical literature identifies lifestyle factors (*Mithya ahara-vihara*), psychological factors (*Prajnaparadha*), and improper sensory engagement (*Asatmendriyarthasamyoga*) as contributors to *Tridosha kopa*, *Agni vaigunya*, and *Manovaha srotodushti*, which are relevant to PMS manifestations. Contemporary literature reports PMS to be associated with hormonal fluctuations involving estrogen and progesterone and alterations in neurotransmitters such as serotonin and GABA. **Discussion and Conclusion:** PMS can be understood as a *Rituvyateetakala-janya*, *Vata-pradhana Tridoshaja Vyadhi*. Ayurvedic management emphasizing *Nidana parivarjana*, lifestyle regulation, *Vata-Pitta shamana*, and *Satvavajaya chikitsa* offers a holistic approach.

INTRODUCTION

Premenstrual Syndrome (PMS) is a common psychosomatic disorder affecting women of reproductive age, characterized by a constellation of physical, emotional, and behavioral symptoms occurring during the luteal phase of the menstrual cycle and resolving with the onset of menstruation. It significantly impairs quality of life, work efficiency, and interpersonal relationships. Contemporary management strategies primarily focus on symptomatic relief and often involve long-term

pharmacological interventions, which may be associated with adverse effects and recurrence of symptoms.

Although PMS is not described as a distinct disease entity in classical Ayurvedic texts, its symptomatology closely resembles various *Raja-kala* related disorders and *Manasika* disturbances attributed to *Dosha* imbalance, particularly *Vata* and *Pitta*. Ayurveda emphasizes a holistic understanding of health, integrating *Sareerika* (physiological factors) and *Manasika bhavas* (psychological factors), and offers a comprehensive framework for interpreting menstrual disorders through fundamental principles such as *Tridosha*, *Agni* (digestive enzymes), *Dhatu* (body tissues), and *Srotas* (channels). Hence, the present conceptual review attempts to explore premenstrual syndrome in the light of Ayurvedic

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principles to provide a rational and holistic understanding of its pathophysiology.

AIMS AND OBJECTIVES

This conceptual review aims to critically analyze the available classical Ayurvedic literature and contemporary research to understand Premenstrual Syndrome through fundamental Ayurvedic principles, and to explore its etiopathogenesis in relation to *Dosha*, *Dhatu*, *Agni*, and *Manas* involvement. The objectives of the present review are to: (1) Compile and review the descriptions related to menstrual physiology and woman's health available in classical Ayurvedic texts; (2) Conceptually correlate Premenstrual Syndrome with Ayurvedic principles, considering it as an *Anukta Vyadhi*; (3) Analyze the role of *Tridosha*, particularly *Vata* and *Pitta*, in the manifestation of premenstrual symptoms; (4) Elucidate the *Nidana* (Etiological factors) and *Samprapti* (Pathogenesis) of Premenstrual Syndrome from an Ayurvedic perspective.

MATERIALS AND METHODS

Classical Ayurvedic texts and contemporary scientific literature were reviewed to collect information related to Premenstrual Syndrome from an Ayurvedic perspective. Classical texts such as *Charaka Samhita*, *Susruta Samhita*, and *Astanga Hridaya* were referred to for concepts related to menstrual physiology, *Tridosha* theory, *Nidana*, and *Samprapti*.

Electronic databases including PubMed and the AYUSH Research Portal were searched using relevant keywords such as "Premenstrual Syndrome," "PMS," "Ayurveda" and "*Ritu chakra*" etc. Manual searches of selected Ayurveda journals and references cited in retrieved articles were also undertaken. Only English-language review and clinical articles were included, while preclinical studies and articles with insufficient methodological details were excluded. The collected literature was critically analyzed to interpret Premenstrual Syndrome in the light of fundamental Ayurvedic principles.

RESULTS

A direct description of Premenstrual Syndrome as a distinct disease entity was not found in the classical Ayurvedic texts. However, extensive references relevant to the symptomatology, causative factors, and pathophysiological mechanisms of PMS were identified under various concepts such as *Rituvyateetakala*, *Yonivyapad*, *Artava Vyapad*, *Manovikara*, and *Vata-pradhana Tridoshaja Vyadhi*. Maximum conceptual explanations related to cyclical physiological changes, *Dosha* variations, and *Manasika vikaras* (psychological symptoms) were available in *Charaka Samhita* (*Sutra Sthana*, *Sareera Sthana*, and *Chikitsa Sthana*), *Sushruta Samhita* (*Sareera Sthana* and *Uttara Sthana*), and *Ashtanga Hridaya* (*Sharira* and *Sutra Sthana*). References describing *Prajnaparadha*

(intellectual error), *Asatmendriyarth Samyoga* (improper use of sense organs), *Agni Vaigunya*, and *Manovaha Srotodushti*, which are relevant to PMS pathogenesis, were also identified across these texts.

On applying the predefined search strategy in PubMed, Ayush Research Portal, and UGC-CARE Group I journals, a total of 49 articles were initially identified. After removal of duplicates and exclusion of articles that did not meet the inclusion criteria, 36 articles were included for final review. These studies primarily addressed the prevalence, symptom patterns, psychosomatic aspects, and Ayurvedic therapeutic approaches for premenstrual disorders under varied terminologies. The available literature collectively supports the understanding of PMS as a *Rituvyateetakala-janya*, *Vata-pradhana Tridoshaja* condition with significant *Manasika* involvement.

Premenstrual Syndrome

Premenstrual syndrome can have a significant impact on a women's quality of life, affecting her relationships, work, and overall well-being. Accurate diagnosis and treatment are essential to alleviate symptoms and improve daily functioning^[1]. PMS is developed due to the fluctuations in the complex interactions of hormones, neurotransmitters and neuro-steroids in combinations with the psycho social stress. The factors influencing the development of PMS are hormonal fluctuations, neurotransmitters disturbances, neuro-steroids fluctuations, increased levels of inflammatory parameters, genetics^[2,3]. Diagnostic criteria for premenstrual syndrome according to WHO ICD -10 mild physiological symptoms such as: sensation of bloating, weight gain, breast tenderness, swellings on the hand and feet, muscular and joint pain, poor concentration, anxiety, emotional lability, sleep disturbances, appetite change, craving for certain foods.^[4-6] Classical symptoms include breast tenderness, abdominal bloating, headache, insomnia, fatigue, mood swings, irritability, depression, fluid retention, and weight gain. These usually appear 7-14 days before menstruation. Psychological symptoms worsen as menstruation approaches. Irritability and hostility may become severe. These are common reasons for seeking medical care.^[7]

Management-modern^[8]

The management of premenstrual syndrome (PMS) in modern medicine primarily focuses on alleviating symptoms and improving quality of life. Treatment is individualized based on the severity of symptoms and their impact on daily activities. The main approaches include lifestyle modification, psychological interventions, and pharmacological therapy.^[9]

Lifestyle Modification

Regular physical exercise, adequate sleep, stress reduction techniques, and dietary modifications form the first line of management. A balanced diet rich in complex carbohydrates, fruits, and vegetables, along with reduced intake of caffeine, salt, and refined sugars, has been shown to reduce premenstrual symptoms. Avoidance of alcohol and smoking is also advised.

Psychological and Behavioral Therapy

Cognitive Behavioral Therapy (CBT) and stress-management techniques are beneficial, especially in women with predominant mood and behavioral symptoms. Counseling and emotional support play a significant role in reducing anxiety, irritability, and depressive symptoms associated with PMS.

Pharmacological Management

Non-steroidal anti-inflammatory drugs (NSAIDs)

Used to relieve somatic symptoms such as abdominal pain, headache, and musculoskeletal discomfort.^[10,11]

Selective Serotonin Reuptake Inhibitors (SSRIs)

Considered the first-line pharmacological treatment for moderate to severe PMS and Premenstrual Dysphoric Disorder (PMDD), particularly for mood-related symptoms.^[12,13]

Hormonal therapy: Combined oral contraceptive pills (OCPs) are prescribed to suppress ovulation and stabilize hormonal fluctuations.

Diuretics: May be used to manage bloating and fluid retention in selected cases.

Calcium and Vitamin B6 supplementation: These may provide symptomatic relief in some women.^[14,15]

Despite the availability of various therapeutic options, modern management is largely symptomatic and long-term drug use may be associated with adverse effects, highlighting the need for safer and holistic approaches

Ayurvedic Perspective of Womanhood and Menstrual Physiology

Classical Ayurvedic literature accords profound importance to the role of women in reproduction. In the *Atharva Veda*, a woman is metaphorically compared to the earth, emphasizing her nurturing and generative capacity. Just as the earth receives rainwater and facilitates the germination of seeds, a woman receives *Bija* and supports the formation and growth of *Garbha* (embryo).^[16]

“Yadheyam prithvi mahi bhootaanaam garbhamaadadhe |

Evaa te dhreyataam garbho anusootam savitave ||”
(Atharva Veda 6/17)

This analogy highlights the foundational role of women in progeny, which is further emphasized in Ayurvedic texts stating “*Streehi moolam*

apathyaanaam”, signifying that a woman is the root cause of lineage. Hence, Ayurveda strongly advocates the maintenance of both physical and psychological well-being of women. Acharya Charaka specifically emphasizes the importance of a pleasant mental state for successful conception, stating “*Soumanasyam garbhadhaaranaanaam sreshtam*”, thereby underlining the role of mental health in reproductive physiology.^[17]

From an Ayurvedic perspective, a woman's life is broadly divided into distinct physiological phases characterized by specific bodily and psychological changes. These phases correspond to *Bala*, *Madhyama*, and *Vridhdha avasthas*. The onset of menstruation marks the *Rajaswala* phase, which is further classified into *Taruni* (16–32 years) and *Adhirudha* (32–50 years), representing a *Pitta-pradhana* stage of life. This period is particularly sensitive to hormonal and emotional fluctuations.

In the contemporary context, increasing psychosocial stressors such as lifestyle changes, occupational demands, and familial responsibilities significantly influence women's physical and mental health. These factors may predispose women in the reproductive age group to menstrual irregularities and psychosomatic conditions such as Premenstrual Syndrome (PMS), highlighting the need to understand PMS through fundamental Ayurvedic principles.

Ayurvedic Interpretation of Premenstrual Syndrome

Premenstrual Syndrome (PMS) is not described as a distinct disease entity in the classical Ayurvedic texts. Acharya Charaka emphasizes that it is not possible to assign specific names to all disease conditions, and a competent physician should identify disease based on the state of *Dosha* equilibrium or disequilibrium and initiate appropriate management accordingly.^[18]

“Vikaranamakusalo na jihrniyat kadacana |

Na hi sarvavikarāṇaṃ namataḥ asti dhruva sthitiḥ ||”

On this basis, PMS can be understood through fundamental Ayurvedic principles. Clinically, PMS manifests during the late luteal phase, approximately 5–7 days prior to the onset of menstruation, and subsides with the commencement of menstrual flow. In Ayurveda, this period corresponds to *Rituvyateetakala*, during which *Pitta* remains in a state of *Prakopa* and *Vata* undergoes *Sanchaya*. Exposure to *Pitta-varhdhaka* factors during this phase may aggravate *Pitta*, leading to obstruction of *Vata gati* and subsequent *Vata vridhdhi*, with associated disturbance of *Kapha dosha*.

Hence, PMS may be conceptualized as a *Rituvyateetakala-janya*, *Vata-Pitta pradhana tridoshaja vyadhi*. Some contemporary Ayurvedic scholars have also correlated PMS with *Pitta-avarita Vyana Vayu*,

considering the involvement of disturbed *Vyana Vata* in cyclical physiological and psychological symptoms.

Phases of the Menstrual Cycle from an Ayurvedic Perspective

According to Ayurveda, the menstrual cycle (*Ritu Chakra*) is divided into three distinct phases, namely *Rajah Kala* (menstrual phase), *Ritu Kala* (proliferative phase with ovulation), and *Rituvyateetakala* (luteal or secretory phase). Each phase is characterized by the predominance of specific *Doshas* and their sequential states of *Chaya*, *Prakopa*, and *Prashamana*. These cyclical variations in *Dosha avastha* reflect the dynamic physiological changes occurring throughout the menstrual cycle.^[19]

Among these phases, *Rituvyateetakala* is of particular significance in the context of premenstrual

syndrome. During this phase, *Pitta* attains a state of *Prakopa*, while *Vata* remains in *Chaya avastha*, with relative *Kapha prashamana*. The aggravation of *Pitta Dosha* during this period contributes to symptoms such as irritability, anger, mood fluctuations, digestive disturbances, and dermatological manifestations commonly observed in PMS.

Pitta, being *Agni Mahabhuta* predominant, explains the physiological rise in basal body temperature observed during the post-ovulatory period. Additionally, the presence of *Purana Raja* and *Yoni Sankocha* during *Rituvyateetakala* indicates the preparatory changes in the reproductive tract. The involvement of *Pitta* and *Rakta Dosha* further accounts for the glandular and vascular modifications occurring within the endometrium during this phase.

Pitta Dosha Guna and Associated Premenstrual Symptoms

Pitta Guna	Clinical Features in Premenstrual Syndrome
<i>Ushna</i>	Heat intolerance, irritability, increased anger, burning sensations, dermatological manifestations.
<i>Teekshna</i>	Mood swings, anger outbursts, emotional lability, depressive tendencies, digestive disturbances.
<i>Sara</i>	Altered bowel habits, fluid retention, weight gain, breast tenderness.
<i>Laghu</i>	Digestive disturbances, restlessness, behavioral and emotional changes.

Pitta Dosha plays a significant role in the manifestation of premenstrual syndrome, particularly during *Rituvyateetakala*, when it attains a state of *Prakopa*. The inherent *Gunas* of *Pitta* such as *Ushna* and *Teekshna* contribute to psychological symptoms including irritability, anger, and mood fluctuations, while its influence on *Agni* explains the frequent occurrence of digestive disturbances. The *Sara guna* is reflected in fluid retention and altered bowel habits, whereas *Laghu guna* manifests as restlessness and behavioral changes. Thus, the predominance of *Pitta Dosha* and its qualitative attributes provide a rational Ayurvedic explanation for the physical and emotional symptoms observed in PMS.

Vata Dosha Guna and Associated Premenstrual Symptoms^[20]

Vata Guna	Clinical Features in Premenstrual Syndrome
<i>Ruksha</i>	Disturbed sleep, dryness of skin
<i>Chala</i>	<i>Anavasthita chittatva</i> (psychological instability, restlessness)
<i>Sheeghra</i>	<i>Sheeghra kshobha vikara</i> (easy irritability), <i>Alpasmriti</i> (forgetfulness)
Karma of Vata	
<i>Niyanta praneta cha manasaha</i>	Vitiated <i>Vata</i> results psychological disturbances
<i>Harsha utsahayoho yoni</i>	Vitiated <i>Vata</i> does not support a state of mental stability, happiness (<i>Harsha</i>), or enthusiasm (<i>Utsaha</i>)
<i>Sameerano agnehe</i>	Vitiated <i>Vata</i> disturbs the normal functioning of <i>Agni</i>
<i>Kshepta bahirmalanam</i>	Vitiation of <i>Vata</i> causes constipation

Vata Dosha plays a pivotal role in the pathogenesis of premenstrual syndrome due to its governing influence over neurological, psychological, and motor functions. The *Ruksha guna* of vitiated *Vata* contributes to sleep disturbances and dryness of the skin, while its *Chala guna* results in mental instability (*Anavasthita chittatva*), manifesting as anxiety and restlessness. The *Sheeghra guna* explains rapid

emotional fluctuations, increased irritability, and impaired memory functions.

Classical Ayurvedic texts describe *Vata* as the regulator of mental activities ("*Niyanta praneta cha manasaha*"). When vitiated, it leads to psychological disturbances, emotional instability, and reduced enthusiasm (*Harsha* and *Utsaha*). Additionally, *Vata* governs *Agni* ("*Sameerano agnehe*"), and its derangement results in digestive impairment. Its role

in the expulsion of waste products (“*Kshepta bahirmalanam*”) explains the occurrence of constipation and bowel irregularities commonly observed in PMS.

Nidana

Premenstrual Syndrome can be understood in Ayurveda as a multifactorial condition arising due to *Mithyachara*, *Bijadoṣa*, *Daiva*, and *Trividha Karaṇa*. Improper dietary habits (*Mithya Ahara*), faulty lifestyle practices (*Mithya Vihara*), sedentary habits, mental stress, and neglect of *Rajaswala Charya*, *Dinacharya*, and *Ritucharya* disturb the normal balance of *Doṣas*, leading to physical and psychological manifestations of PMS. Genetic predisposition (*Bijadoṣa*) also contributes to increased susceptibility. The components of *Trividha Karaṇa*, *Prajnaparadha*, *Asatmendriyārtha Saṃyoga*, and *Pariṇama* play a pivotal role in disease manifestation. Errors of intellect and excessive sensory stimulation aggravate mental disturbances, while *Pariṇama*, particularly during *Rituvyateetakala*, facilitates the expression of underlying *Doṣa vaiṣamya*.

Samprapti

In *Sukumara* and *Alpa-sattva* women, indulgence in etiological factors such as *Mithya Ahara-Vihara*, *Asatmendriyārtha Saṃyoga*, and *Bijadoṣa*, particularly during *Rituvyateetakala* (premenstrual period), leads to vitiation of *Tridoṣas*. During this phase, *Vata Chaya* and *Pitta Prakopa* normally occur; however, when aggravated by improper lifestyle practices, these act as *Sannikṛṣṭa Nidana* and initiate disease manifestation.

The vitiated *Vata (Samana, Apana, Vyana)*, *Pitta (Pacaka, Sadhaka, Bhrajaka)*, and *Kapha (Kledaka, Tarpaka)* disturb *Jatharagni*, resulting in *Agni vaigunya* and subsequent vitiation of *Rasa dhatu*, leading to impaired *Uttarottara dhatu* formation and altered *Artava* physiology. Concurrent involvement of *Manovaha Srotas* produces psychological symptoms such as *Soka*, *Krodha*, *Bhaya*, and *Irṣya*. *Pratiloma Gati* of *Vata* gives rise to abdominal distension, pelvic pain, and bowel disturbances, while aggravated *Pitta* and *Kapha* manifest as breast tenderness, heat intolerance, lethargy, heaviness, and excessive sleep.

Management

A direct description of premenstrual syndrome as a distinct disease entity was not found in the classical Ayurvedic texts. However, extensive references relevant to the symptomatology, causative factors, and pathophysiological mechanisms of PMS were identified under various concepts such as *Rituvyateetakala*, *Yonivyapad*, *Artava Vyapad*, *Manovikara*, and *Vata-pradhana Tridoshaja Vyadhi*. Maximum conceptual explanations related to cyclical physiological changes, *Dosha* variations, and *Manasika* manifestations were available in *Charaka Samhita*

(*Sutra Sthana*, *Sharira Sthana*, and *Chikitsa Sthana*), *Sushruta Samhita (Sharira Sthana and Uttara Sthana)*, and *Ashtanga Hridaya (Sharira and Sutra Sthana)*. References describing *Prajnaparadha*, *Asatmendriyārtha Saṃyoga*, *Agni Vaigunya*, and *Manovaha Srotodushti*, which are relevant to PMS pathogenesis, were also identified across these texts.

DISCUSSION

Premenstrual Syndrome (PMS) is a common psychosomatic disorder affecting women of reproductive age, characterized by cyclical physical and psychological symptoms during the luteal phase of the menstrual cycle. Although PMS is not described as a distinct disease entity in the Ayurvedic classics, the present review reveals that its clinical features and temporal pattern can be effectively understood through Ayurvedic principles.

Based on classical references, PMS may be considered an *Anukta Vyadhi* manifesting predominantly during *Rituvyateetakala*, a phase characterized by *Vata chaya* and *Pitta prakopa*. The predominance of these doshas explains the occurrence of somatic symptoms such as abdominal discomfort, bloating, breast tenderness, and fatigue, along with psychological manifestations like irritability, anxiety, anger, and mood swings. The involvement of *Manovaha srotas* further substantiates the psychological disturbances observed in PMS.

Nidanas such as *Mithya ahara* and *vihara*, *Prajnaparadha*, *Asatmendriyārtha samyoga*, and *Beeja dosha* play a significant role in precipitating dosha vitiation, particularly during *Rituvyateetakala* when the body is physiologically vulnerable. These factors lead to *Tridosha kopa* and *Agni vaigunya*, resulting in impairment of *Rasa dhatu* and *Artava*, which may be correlated with hormonal imbalance in contemporary terms.

Based on this *Samprapti*, Ayurvedic management of PMS should emphasize *Nidana parivarjana*, regulation of lifestyle, and maintenance of mental equilibrium. Measures aimed at *Vata-Pitta samana*, along with *Satvavajaya chikitsa*, *Medhya rasayana*, and adherence to *Dinacharya* and *Ritucharya*, are essential for addressing both physical and psychological symptoms. Practices such as *Yoga* and *Pranayama* further contribute to stress reduction and hormonal balance.

From a modern perspective, PMS is attributed to hormonal fluctuations, altered neurotransmitter activity, and psychosocial stress during the luteal phase. Management primarily involves lifestyle modification and pharmacological interventions such as NSAIDs, SSRIs, and hormonal therapy. However, these approaches are largely symptomatic and may be associated with adverse effects on long-term use.

CONCLUSION

Thus, Ayurveda offers a holistic, preventive, and individualized approach to PMS by addressing the underlying *Dosha* imbalance and mind-body disharmony. An integrative approach incorporating Ayurvedic principles alongside contemporary understanding may provide a comprehensive and sustainable strategy for the management of Premenstrual Syndrome.

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