



UNDERSTANDING OF PREMENSTRUAL DYSPHORIC DISORDER FROM AN AYURVEDIC PERSPECTIVE

Ayurveda

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ABSTRACT

Premenstrual syndrome affects around twenty percent to forty percent of them, while premenstrual dysphoric disorder affects two percent to eight percent of them. It is characterised by cognitive-affective and physical symptoms in the week before to menstruation, and it fades after three to five days of menstruation. The symptoms of Premenstrual Dysphoric Disorder (PMDD) may be attributed to imbalances in the Vata Pitta dominating Tridosha, namely during the phases of Raja Srava Kala and Rithuvyateeta Kala. The monthly period, known as Raja srava kala, is mostly influenced by vata dosha, whereas the premenstrual phase, known as ritu vyateeta kala, is primarily influenced by pitta dosha. The primary objective should be Tridosha Hara Chikitsa, which aims to restore equilibrium in the body and mind by directly treating the fundamental doshic imbalances that contribute to the symptoms of PMDD.

KEYWORDS

Ayurveda, Premenstrual dysphoric disorder, Dysphoria.

INTRODUCTION

Premenstrual syndrome affects around twenty percent to forty percent of them, while premenstrual dysphoric disorder affects two percent to eight percent of them. It has been stated that the prevalence of premenstrual dysphoric disorder (PMDD) in India ranges from 3.7% to 65.7%.² Research that may be relied upon indicates that premenstrual symptoms, which can range from moderate to severe, were experienced by ninety percent of women of reproductive age.³ According to the findings of a comprehensive research that included more than 3500 women, the prevalence of mood-based premenstrual syndrome that ranged from mild to severe was found to be 10.7% in women aged 15 to 24, 8.6% in women aged 25 to 34, 11.2% in women aged 35 to 44, and 10.8% in women aged 45 to 54.⁴

Premenstrual diseases were first referred to as "menstrual moodiness" in the eighteenth century. Subsequently, in the early nineteenth century, they were referred to as "premenstrual tension." Finally, in the fifties, they were referred to as "premenstrual syndrome." Premenstrual dysphoric disorder, which was previously known as late luteal dysphoric disorder (LLDD), is a severe type of premenstrual syndrome, which is a severe mood disorder. It is characterised by cognitive-affective and physical symptoms in the week before to menstruation, and it fades after three to five days of menstruation.^{5& 6} Premenstrual dysphoric condition may be seen as a disorder of Vata and kapha Dushti in pitta kala (Ritu vyatita kala) that vitiates mano dosha (satwa and raja). However, this understanding is not entirely accurate. Consequently, it is a dysfunction of both the psyche and the soma.⁷ This review devotes its attention to doing an in-depth investigation of premenstrual dysphoric disorder.

MATERIALS AND METHODS

The analysis of premenstrual dysphoric condition included consulting and reviewing Ayurvedic texts, textbooks of clinical medicine, and online articles.

OBSERVATION AND ANALYSIS

The concept of Premenstrual Dysphoric Disorder (PMDD) has evolved from being included in the DSM IV criteria to the more current DSM V criteria. Pre-menstrual dysphoric disorder (PMDD) is a condition characterised by physical and psychological symptoms that are caused by fluctuations in sex steroid hormones throughout the menstrual cycle. Identifying PMDD relies significantly on mood symptoms. The diagnoses in both the DSM-IV and DSM-V are determined by the presence of at least five physical, affective, and/or behavioural symptoms that occur in relation to the menstrual cycle. At least one of the key affective symptoms must be present, such as mood swings, tearfulness, sensitivity to rejection, irritability or anger leading to increased conflicts with others, marked depressed mood, feelings of hopelessness or self-deprecating thoughts, or anxiety, tension, or a constant feeling of being on edge.

DIAGNOSTIC CRITERIA

Presently, PMDD is categorised as a distinct condition in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), specifically under Depressive disorders. The diagnostic criteria for PMDD are as follows:

Criterion A requires the presence of at least 5 out of the following 11 symptoms, including at least one of the first 4 mentioned. These symptoms include

1. A very sad mood, feelings of despair, or self-deprecating thoughts.
2. Intense anxiety, stress, and a sense of being highly alert or nervous.
3. Pronounced emotional instability
4. Sustained and pronounced anger or irritation, or heightened interpersonal conflicts
5. Diminished enthusiasm for typical activities (e.g., job, school, socialising, and hobbies)
6. Perceived difficulty in focusing attention
7. Lethargy, excessive tiredness, or significant loss of energy
8. Noticeable alteration in appetite, excessive consumption of meals, or distinct desires for certain foods
9. Excessive sleepiness or difficulty sleeping
10. A subjective feeling of being inundated or lacking control
11. Additional physical symptoms may include breast discomfort or swelling, headaches, joint or muscle pain, a sense of bloating, or weight gain.

Criterion B - Symptoms must be sufficiently severe to seriously impair social, occupational, sexual, or scholastic functioning.

Criterion C states that the symptoms must be specifically linked to the menstrual cycle and should not simply be a worsening of symptoms from another disorder, such as major depressive disorder, panic disorder, dysthymic disorder, or a personality disorder (although the symptoms may overlap with these disorders).

Criterion D requires that criterion A, B, and C be supported by consistent daily ratings for a period of at least 2 consecutive menstrual cycles with symptoms present. A preliminary diagnosis may be established prior to its definitive confirmation.

AETIOLOGY

Multiple studies suggest that individuals who suffer traumatic events, such as sexual assault, conflict or the loss of a close family member, are prone to develop Premenstrual Dysphoric Disorder (PMDD). In Ayurveda, the Chakrapani commentary makes a similar reference to the loss of a son, which might have certain consequences leads to vishada, often known as depression. PMDD has also been associated with pre-existing anxiety problems, elevated stress levels, and spells of depression.⁹ Individuals of alpa satwa are more susceptible to experiencing depressive illnesses. Patients with PMDD have reduced

serotonergic activity during the luteal phase, which is a neurotransmitter implicated in mood modulation.

Neuroimaging methods revealed that women with PMDD had elevated levels of the excitatory neurotransmitter glutamate and decreased levels of the primary inhibitory neurotransmitter GABA during the luteal phase of the menstrual cycle. These neurotransmitter imbalances have been linked to unpleasant emotional states. Women diagnosed with premenstrual dysphoric disorder (PMDD) have an elevated neuroendocrine threshold in response to the cyclic fluctuations of oestrogen and progesterone. The symptoms of Premenstrual Dysphoric Disorder (PMDD) may be attributed to imbalances in the Vata Pitta dominating Tridosha, namely during the phases of Raja Srava Kala and Rithuvyateeta Kala. The monthly period, known as Raja srava kala, is mostly influenced by vata dosha, whereas the premenstrual phase, known as ritu vyateeta kala, is primarily influenced by pitta dosha.

Premenstrual dysphoric disorder is characterised by mood-related symptoms, including feelings of sadness (shokam), depression (vishadam), hopelessness, worthlessness, and significant mood swings (anavasthita chittatwa). Other symptoms may include abrupt episodes of sadness or tearfulness, heightened impatience and rage, and frequent confrontations. Common manifestations include heightened anxiety and a persistent sense of unease, whether in familial or professional settings. According to Charaka Acharya, menstruation occurs as a result of vata dosha.

When one does not adhere to proper behaviour and fails to follow the code of conduct during the menstrual cycle, it may result in the aggravation of the Vata dosha, leading to mood-related symptoms such as anxiety and melancholy. This is because Vata plays a role in directing the mind. In the same vein, an excessive amount of tension (Atichinta) also results in vata prakopa. Elevated Vata dosha may result in manifestations such as worry, agitation, and fluctuations in mood. In the context of Premenstrual Dysphoric Disorder (PMDD), an imbalanced Vata dosha might intensify emotional instability and anxiousness during the premenstrual period.

An increased Pitta dosha may lead to irritation, rage, and heightened emotional sensitivity. In Premenstrual Dysphoric Disorder (PMDD), an excessive amount of Pitta, one of the three doshas in Ayurveda, may amplify emotional reactions and inflammatory processes, hence exacerbating symptoms. During this period, Kapha imbalances may intensify sensations of sluggishness, melancholy, or heightened emotional dependence.

In addition to mood-related symptoms, premenstrual dysphoric disorder is also characterised by frequent behavioural symptoms. The symptom of lack of energy (Utsaha Hani) may be ascribed to an imbalance in Vata dosha, which is responsible for regulating movement and energy levels. Diminished enthusiasm for typical activities, A decreases in interest may be attributed to an exacerbated Kapha dosha or imbalances that induce lethargy. focus issues: An imbalance in Vata might potentially cause mental unrest and impede focus. Fluctuations in hunger, such as excessive eating or strong desires for certain meals, as well as irregular eating patterns, might be linked to imbalances in digestion, specifically related to the vata and pitta doshas. Alterations in sleep patterns, characterised by either excessive sleepiness (hypersomnia) or difficulty sleeping (insomnia). Disrupted sleep may be associated with an imbalance in Vata or Pitta.

DISCUSSION

An excessive Vata dosha may result in emotional instability, leading to fluctuations in mood and feelings of worry. An imbalance in Vata may also lead to disturbances in sleep and energy levels, worsening tiredness and impacting concentration. Heightened Pitta dosha may intensify emotional reactions and irritation. An imbalance in Pitta may also impact appetite, resulting in either excessive eating or particular food cravings. Additionally, it might alter one's interest in activities owing to emotional changes. While Kapha imbalance may not have a direct correlation with PMDD, its attributes, such as lethargy and alterations in food or sleep, might intensify symptoms of low energy and impact the general mood during this period.

CONCLUSION

Regarding PMDD, the specific constitution and existing imbalances of a person might impact the appearance and intensity of symptoms. The

primary objective should be Tridosha Hara Chikitsa, which aims to restore equilibrium in the body and mind by directly treating the fundamental doshic imbalances that contribute to the symptoms of PMDD. To enhance the quality of life for those afflicted with PMDD, it is beneficial to treat the fundamental imbalances in the doshas with therapies that soothe and purify, while also promoting general well-being through lifestyle improvements.

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