Int. J. Pharm. Investigation, 2025; 15(4):1332-1339.
https://www.jpionline.org

Original Article

Correlation of Pradhana Deha Prakriti with Menstrual Signs and Symptoms During Menses in Mid-Age Healthy Women of Belgaum District: An Observational Study

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ABSTRACT

Background: Prakriti is a unique concept, which exceptionally finds its presence in Ayurveda. It is the unique psychosomatic constitution of an individual, constituted on the basis of the innate qualities of the matruja beeja and pitruja beeja, along with the external factors present at the time of conception that determine the prakriti at that time itself. Having analyzed the lack of awareness as to the signs and symptoms of a good menstrual cycle, the enhancement of menstrual health was found to be crucial. **Objectives:** To establish a correlation between women belonging to dwandwaja deha prakriti and the menstrual signs and symptoms experienced by them, during their menses. **Materials and Methods:** A total number of 450 healthy volunteers, belonging to the age group 18 to 40 years, were randomly selected from Streeroga Prasuti OPD KLE Shri B. M. Kankanwadi Ayurveda Mahavidyalaya, Belagavi. The volunteers were first assessed by means of a validated prakriti questionnaire, and the same individuals were then also assessed for presence of menstrual signs and symptoms experienced by them during their menses. The obtained data was statistically analyzed to establish a correlation between prakriti of an individual and menstrual signs and symptoms experienced by them. **Results:** Women with PK (Pitta-Kapha) and PV (Pitta-Vata) prakriti had higher reports of viscous blood and moderate flow, while those with VK (Vata-Kapha) and VP (Vata-Pitta) types of prakriti experienced dysmenorrhea. However, KV (Kapha-Vata) showed fewer issues overall, especially with loose stools and constipation. PV (Pitta-Vata) and PK (Pitta-Kapha) prakritis experienced higher rates of headaches and other symptoms, while VK (Vata-Kapha) and KV (Kapha-Vata) prakritis had lower occurrences of most symptoms, particularly nausea and vomiting. VP (Vata-Pitta) prakriti showed a notable frequency of headaches and other symptoms, but lower instances of vomiting and anorexia. **Conclusion:** The study showed significant positive statistical correlation pertaining between prakriti and menstrual signs and symptoms.

Keywords: Deha prakriti, Menstrual signs and symptoms, Ayurveda, Prevention.

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Received: 28-03-2025;
Revised: 19-05-2025;
Accepted: 09-07-2025.

INTRODUCTION

The concept of Prakriti is distinct and is remarkably found in Ayurveda. The individual's distinct psychosomatic constitution, which is based on the inherent characteristics of the matruja and pitruja beeja as well as the external factors that existed at the time of conception, determines the prakriti at that particular moment. Each person is different from others depending on his/her Prakriti. Moreover, leading a prakriti based lifestyle in addition to dinacharya, ritucharya and sadvrutta palana results in preservation and upliftment of health which is the primary objective of Ayurveda.

Menstruation, as defined in the Taber's dictionary, is the cyclic, hormonally generated sloughing of the uterine endometrium, which occurs between puberty and menopause and is accompanied by bloody vaginal discharge. It is not merely a physiological phase, but an event accompanied with a variety of symptoms varying from person to person. However, several observation-based studies have accentuated the existence of menstrual signs and symptoms which are associated with menses among majority of women across the globe. The enhancement of menstrual health was found to be crucial further to analyzing the lack of awareness with regard to the signs and symptoms of a good menstrual cycle (Whitehead *et al.*, 1990).

Hence, this study was planned and conducted to establish a correlation between women belonging to six dwandwaja deha prakriti and the menstrual signs and symptoms experienced by them, during their menses (Mehetre *et al.*, 2020).

DOI: 10.5530/ijpi.20250294

MATERIALS AND METHODS

A total number of 450 healthy volunteers were randomly selected from Streeroga Prasuti tantra OPD of KLE Shri B. M. Kankanwadi Ayurveda Mahavidyalaya Belagavi. The prakriti was assessed by means of a pre-validated questionnaire, in order to determine the dwandwaja prakriti of the participants. Then, the same participants were assessed for presence of menstrual signs and symptoms by means of separate questionnaires. All the study participants' data was meticulously collected for the period of one year and statistical analysis (Chi square Test) was done. The collected data was analyzed to establish the correlation.

Study Design

It was an observational survey study conducted for a period of one year in OPD of KLE Shri B. M. Kankanwadi Ayurveda Mahavidyalaya Belagavi.

Source of data

All the data needed for the study were collected from the study participants. The assessment of prakriti was done according to the validated CCRAS Prakriti Parikshana Chart.

Data Collection

Study Participants

The subjects enrolled in the study were selected irrespective of caste and socioeconomic status. A total number of 450 healthy female volunteers were randomly selected from Streeroga Prasuti tantra OPD of KLE Shri B. M. Kankanwadi Ayurveda Mahavidyalaya Belagavi based on inclusion and exclusion criteria. All the study participants were given informed consent before enrolling in the study.

Inclusion criteria

Healthy females belonging to the age 18 to 40 years irrespective of caste, socio-economic status and religion.

Exclusion criteria

Females suffering from menstrual disorders like PCOD, uterine fibroids or any other diseases.

Ethical Considerations

The written informed consent was acquired from each participant after Information regarding the study was provided to the patients and their families. The institutional Ethical Committee gave its approval to the study (IEC number: BMK/2023-KS/01).

RESULTS

The Table 1 summarizes the demographic and menstrual health characteristics of 450 study participants. Most of the participants were in the age group of 18-22 years i.e 238 (52.9%), with smaller proportions in the 23-28 age group 151 (33.6%) and those 29 years or older 61 (13.6%). A large majority 364 (80.9%) reported having regular menstrual cycles, while 86 (19.1%) had irregular cycles. Regarding bowel movements, 384 (85.3%) experienced normal movements, and 66 (14.7%) had constipation. The majority 414 (92%) reported moderate menstrual flow, with only 20 (4.4%) experiencing excess flow and 16 (3.6%) scanty flow. Most of the women used three pads per day, i.e accounting 221 (49.1%) and two pads per day was 179 (39.8%). XL-sized pads were the most commonly used 288 (64%), and viscous menstrual blood was of the most reported consistency 306 (68%). The smell of the blood was normal for 395 (87.8%) of participants, and most 389 (86.4%) reported medium flow intensity. Additionally, 136 (30.2%) experienced dysmenorrhea, while 314 (69.8%) did not (Table 1).

The bar graph visually represents the prevalence of various signs and symptoms experienced during menstruation. Headaches were reported by 30.2% of participants, with the majority (69.8%) not being affected. Nausea was less common, affecting 16.9%, while 83.1% did not experience it. Anorexia (loss of appetite) affected 10.9%, with most participants (89.1%) not experiencing this symptom. Vomiting was rare, reported by only 4.9% of women, with 95.1% unaffected. Additionally, 31.8% of participants reported other unspecified symptoms, while 68.2% did not. This graph highlights that while some symptoms like headaches and "other" symptoms were relatively frequent, others such as vomiting were uncommon (Figure 1).

The pie chart illustrates the distribution of Prakriti types among the 450 participants. The PK (Pitta-Kapha) prakriti is the most common representing 36% of the participants, followed by PV (Pitta-Vata) at 26%. The KP (Kapha-Pitta) prakriti makes up 20%, while VP (Vata-Pitta) constitutes 14%. The less common prakriti types are KV (Kapha-Vata) at 3% and VK (Vata-Kapha) at 2%. This chart visually reinforces the dominance of dual-dosha prakriti types involving Pitta among the study population (Figure 2).

The bar graph visually represents the prevalence of different signs and symptoms during menstruation across various Prakriti types. PV had the highest percentage of headaches (40%), followed by PK (28.4%) and VP (29.2%). Nausea was more common in VK (30%) and KV (25%), with VP showing a lower prevalence (18.5%). Anorexia was most frequent in KV (16.7%) and PV (16.4%), while VK reported no cases. Vomiting was relatively rare but was more common in KV (16.7%) and VP (10%), with PV having the lowest prevalence at 1.8%. The graph highlights that PV and PK types experienced more frequent headaches, while KV had higher instances of nausea, anorexia, and vomiting compared to other Prakriti types (Figure 3).

The Table 2 shows a statistically significant association between Prakriti types and both age groups (p=0.033) and menstrual cycle regularity (p=0.004). Women in the 18-22 age group were most

prevalent across all Prakriti types, particularly in PK (59.3%) and VK (60%). Irregular cycles were more frequent in VK (50%) and VP (32.3%), while regular cycles were most common in PK (85.2%) and PV (85.5%). No significant associations were found for bowel movements (p=0.304), menstrual flow quantity (p=0.503), pad usage (p=0.598), pad size (p=0.474), or menstrual blood consistency (p=0.307), with moderate flow and viscous consistency being the most common. Similarly, no significant associations were found for symptoms like dysmenorrhea (p=0.334) or flow intensity (p=0.764), although VP (40%) and PV (33.6%) had the highest rates of dysmenorrhea. Overall, only age and menstrual regularity showed statistically significant associations with Prakriti type (Table 2).

The Table 3 shows the association between different Prakriti types and bowel irregularities during menses. A statistically significant association was found for loose stools (p=0.026), where PV (25.5%) and PK (17.9%) reported the highest prevalence, while KV and VK reported no cases. For constipation, although no significant association was observed (p=0.571), VP (21.5%) and PV (18.2%) had the highest prevalence. Similarly, bloating did not show a significant association (p=0.569), but KV (33.3%) and KP (25.3%) had higher rates. Regarding normal bowel movements, no significant association was found (p=0.711), although PK (58%) and KP (53.8%) showed higher rates. Overall, while loose stools were significantly associated with Prakriti type, other bowel irregularities like constipation and bloating did not show statistically significant associations (Table 3).

The Table 4 shows that there were no statistically significant associations between different Prakriti types and various signs and symptoms during menstruation, as all p-values were greater than 0.05. For headaches, PV had the highest prevalence (40%), followed by PK (28.4%), but the association was not significant (p=0.186). Nausea was most common in VK (30%) and KV (25%), yet this too was not significant (p=0.819). Anorexia was reported most frequently in PV (16.4%) and KV (16.7%), but again, the association was not significant (p=0.261). Vomiting was relatively rare, with KV (16.7%) having the highest incidence and PV (1.8%) the lowest, but with no significant association (p=0.220). Lastly, other symptoms were most frequently reported in PV (37.3%), but the association was not significant (p=0.569). Overall, while certain symptoms were more common in specific Prakriti types, none of the associations reached statistical significance (Table 4).

DISCUSSION

The notion of prakriti is distinct and is remarkably found in Ayurveda medicine. At the moment of creation, the prakriti is determined by the individual's distinct psychosomatic constitution, which is formed by the inherent properties of the matruja and pitruja beeja in addition to external influences. The prakriti of an individual signifies the dominance of certain dosha(s) in the body which influence and show their dominance in systemic as well as phenotypic effects. Hence, also playing a significant role in the variation in signs and symptoms experienced by women during their menstrual cycle, especially during menstruation (Baby *et al.*, 2021)

In the present study, among 450 participants, 52.9% belonged to 18-22 age group which is the youvan awastha, thus, there is an implicit predominance of pitta dosha in the individuals. Furthermore, 60.4% participants were assessed as having pitta pradhana prakriti, within which PK (Pitta-Kapha) prakriti participants formed the majority of 36% among dwandwaja prakritis. Synchronization of pradhana dosha in prakriti as well

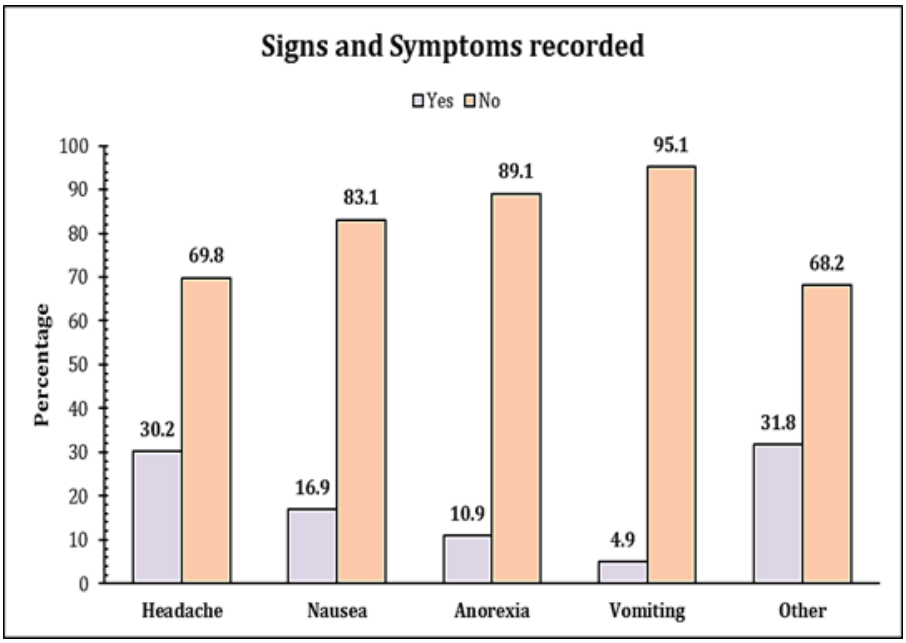

Figure 1: Associated Signs and symptoms.

Table 1: Demographic and Frequency distribution of overall study participants observations.

Variables		Number (N)	Percentage (%)
Age groups	18-22	238	52.9
	23-28	151	33.6
	29 and above	61	13.6
Regularity in Menstrual Cycle	Irregular	86	19.1
	Regular	364	80.9
Bowel Movement	Normal	384	85.3
	Constipation	66	14.7
Quantity	Excess	20	4.4
	Moderate	414	92
	Scanty	16	3.6
Pad per Day	One	10	2.2
	Two	179	39.8
	Three	221	49.1
	Four	30	6.7
	Five	10	2.2
Size of the pad	Small	10	2.2
	Normal	131	29.1
	XL	288	64
	XXL	21	4.7
Consistency	Clot	76	16.9
	Viscous	306	68
	Watery	68	15.1
Smell	Foul	55	12.2
	Normal	395	87.8
Intensity	High	41	9.1
	Medium	389	86.4
	Scanty	20	4.4
Dysmenorrhea	No	314	69.8
	Yes	136	30.2

as awastha kaala, in terms of youvan awastha, intrinsically results in aggravated effects of pitta dosha; it has Ashraya-Ashrayi Bhava with rakta dhatu owing to which increased menstrual signs and symptoms have been observed in pitta pradhana prakriti (Patil *et al*., 2016).

Regular menstruation was observed in 80.9% of participants which can clearly be understood, again due to the Ashraya-Ashrayi Bhava between rakta and pitta (the prakriti of majority of participants was observed to be pitta pradhana). On the other hand, menstrual irregularity, i.e. vishamata, was observed in VP (vata pitta) and VK (vata kapha) prakriti as result of vata dosha predominance (Patil *et al*., 2021).

Majority of the participants claimed to have a moderate and viscous menstrual flow, in addition to being regular. As mentioned priorly, 36% of participants belonged to PK (pitta-kapha) prakriti. This can be explained as a conjoint result of drava guna of pitta and snigdha guna of kapha (Athira *et al*., 2022).

Among the several menstrual signs and symptoms, headache was the most prevalent among the participants. This is apparently because of involvement of pitta dosha resulting in pradhanata of ushna and teekshna guna. These may have several mechanisms of development of a headache; ushnata results in increased body temperature leading to vasodilation and headaches, ushnata and teekshnata results in decreased water concentration in the body which is a prime cause for headaches, and the emotional and stress factors must not be forgotten while focusing on the inherent effects of pitta dosha on the body (Rani *et al*., 2019).

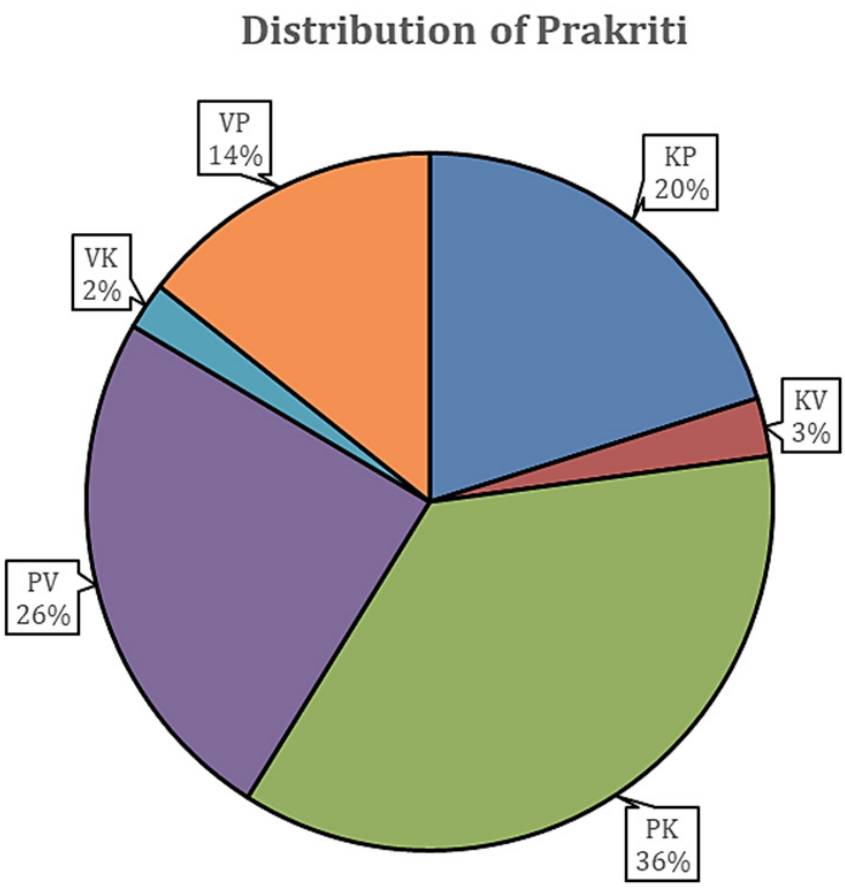

Figure 2: Distribution of Prakriti.

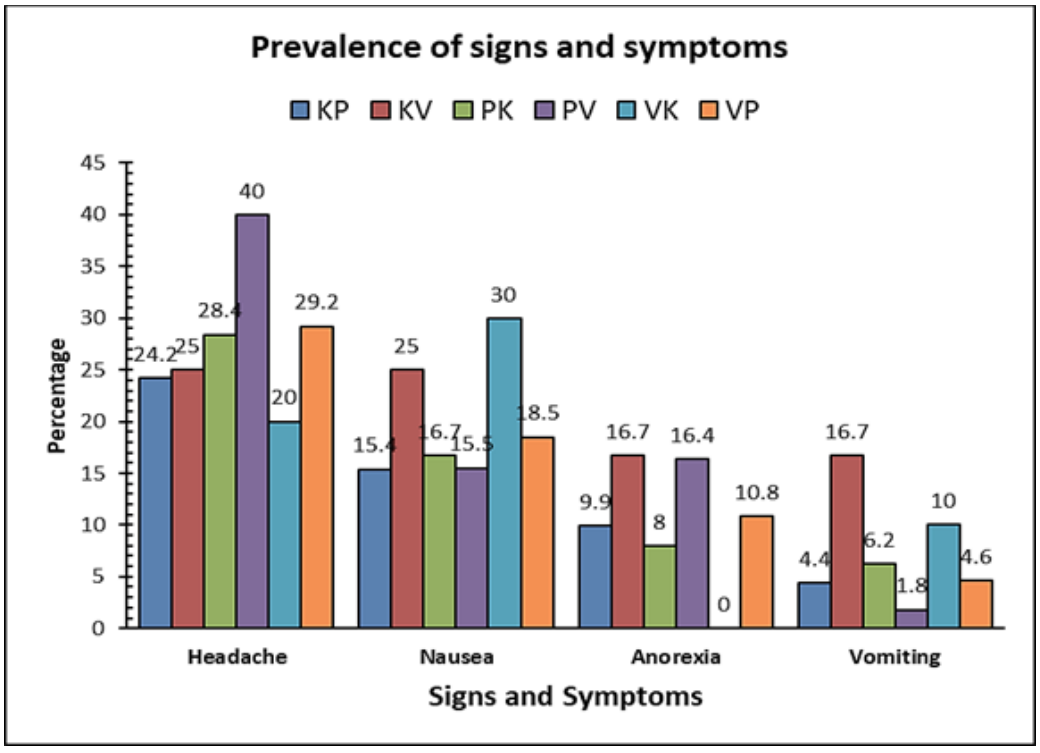

Figure 3: Prevalence of signs and symptoms by type of prakriti.

Table 2: Study participants recorded observations by type of prakriti.

Variables		Type of Prakriti n (%)						Chi-square value (*p* value)
		KP (91)	KV (12)	PK (162)	PV (110)	VK (10)	VP (65)	
Age groups	18 - 22	48 (52.7)	7 (58.3)	96 (59.3)	54 (49.1)	6 (60)	27 (41.5)	19.651 (0.033) *
	23 - 28	25 (27.5)	2 (16.7)	50 (30.9)	46 (41.8)	4 (40)	24 (36.9)	
	29 and above	18 (19.8)	3 (25)	16 (9.9)	10 (9.1)	0 (0)	14 (21.5)	
Regularity in Menstrual Cycle	Irregular	17 (18.7)	3 (25)	24 (14.8)	16 (14.5)	5 (50)	21 (32.3)	17.192 (0.004) *
	Regular	74 (81.3)	9 (75)	138 (85.2)	94 (85.5)	5 (50)	44 (67.7)	
Bowel Movement	Normal	80 (87.9)	10 (83.3)	143 (88.3)	93 (84.5)	7 (70)	51 (78.5)	6.025 (0.304)
	Constipation	11 (12.1)	2 (16.7)	19 (11.7)	17 (15.5)	3 (30)	14 (21.5)	
Quantity	Excess	4 (4.4)	0 (0)	4 (2.5)	8 (7.3)	0 (0)	4 (6.2)	9.310 (0.503)
	Moderate	82 (90.1)	12 (100)	150 (92.6)	100 (90.9)	10 (100)	60 (92.3)	
	Scanty	5 (5.5)	0 (0)	8 (4.9)	2 (1.8)	0 (0)	1 (1.5)	
Pad per Day	1	1 (1.1)	0 (0)	6 (3.7)	1 (0.9)	0 (0)	2 (3.1)	17.832 (0.598)
	2	35 (38.5)	7 (58.3)	69 (42.6)	38 (34.5)	4 (40)	26 (40)	
	3	43 (47.3)	5 (41.7)	78 (48.1)	61 (55.5)	4 (40)	30 (46.2)	
	4	10 (11)	0 (0)	5 (3.1)	7 (6.4)	2 (20)	6 (9.2)	
	5	2 (2.2)	0 (0)	4 (2.5)	3 (2.7)	0 (0)	1 (1.5)	
Size of the pad	Small	1 (1.1)	0 (0)	4 (2.5)	3 (2.7)	0 (0)	2 (3.1)	14.690 (0.474)
	Normal	23 (25.3)	6 (50)	43 (26.5)	28 (25.5)	3 (30)	28 (43.1)	
	XL	63 (69.2)	6 (50)	109 (67.3)	73 (66.4)	6 (60)	31 (47.7)	
	XXL	4 (4.4)	0 (0)	6 (3.7)	6 (5.5)	1 (10)	4 (6.2)	
Consistency	Clot	17 (18.7)	2 (16.7)	29 (17.9)	17 (15.5)	1 (10)	10 (15.4)	11.676 (0.307)
	Viscous	61 (67)	8 (66.7)	107 (66)	78 (70.9)	4 (40)	48 (73.8)	
	Watery	13 (14.3)	2 (16.7)	26 (16)	15 (13.6)	5 (50)	7 (10.8)	
Smell	Foul	12 (13.2)	1 (8.3)	18 (11.1)	15 (13.6)	1 (10)	8 (12.3)	0.686 (0.984)
	Normal	79 (86.8)	11 (91.7)	144 (88.9)	95 (86.4)	9 (90)	57 (87.7)	
Intensity	High	9 (9.9)	2 (16.7)	11 (6.8)	13 (11.8)	1 (10)	5 (7.7)	6.589 (0.764)
	Medium	79 (86.8)	9 (75)	143 (88.3)	94 (85.5)	9 (90)	55 (84.6)	
	Scanty	3 (3.3)	1 (8.3)	8 (4.9)	3 (2.7)	0 (0)	5 (7.7)	
Dysmenorrhea	No	68 (74.7)	9 (75)	117 (72.2)	73 (66.4)	8 (80)	39 (60)	5.721 (0.334)
	Yes	23 (25.3)	3 (25)	45 (27.8)	37 (33.6)	2 (20)	26 (40)	

* means statistically significant association at 5% level of significance ($p<0.005$).

Another attribute of pitta dosha which also possesses crucial clinical significance is its drava guna. The effect of this can be inferred in occurrence of loose stools among 18.2% of total participants, among whom 43.4% belonged to PV (Pitta-Vata) and PK (Pitta-Kapha) prakriti (Sharma *et al.*, 2008).

The nature of involvement of pitta dosha in menstruation seems evident, however, vata dosha has a very essential role to play in terms of being responsible for the contraction of the mesoderm in order to slough the uterine endodermal layer; as per Ayurveda, apana vayu is responsible for the same. These contractions in

Table 3: Study participants irregularity in bowels during menses by type of prakriti.

Irregularity		Type of Prakriti n (%)						Chi-square value (*p* value)
		KP (91)	KV (12)	PK (162)	PV (110)	VK (10)	VP (65)	
Constipation	Yes	13 (14.3)	1 (8.3)	21 (13)	20 (18.2)	2 (20)	14 (21.5)	3.855 (0.571)
	No	78 (85.7)	11 (91.7)	141 (87)	90 (81.8)	8 (80)	51 (78.5)	
Loose Stool	Yes	19 (20.9)	0 (0)	29 (17.9)	28 (25.5)	0 (0)	6 (9.2)	12.732 (0.026) *
	No	72 (79.1)	12 (100)	133 (82.1)	82 (74.5)	10 (100)	59 (90.8)	
Bloating	Yes	23 (25.3)	4 (33.3)	32 (19.8)	18 (16.4)	2 (20)	15 (23.1)	3.866 (0.569)
	No	68 (74.7)	8 (66.7)	130 (80.2)	92 (83.6)	8 (80)	50 (76.9)	
Normal	Yes	49 (53.8)	8 (66.7)	94 (58)	55 (50)	6 (60)	33 (50.8)	2.928 (0.711)
	No	42 (46.2)	4 (33.3)	68 (42)	55 (50)	4 (40)	32 (49.2)	

*means statistically significant association at 5% level of significance (p<0.005).

Table 4: Associated signs and symptoms by type of prakriti in the study population.

Signs/Symptoms		Type of Prakriti n (%)						Chi-square value (*p* value)
		KP (91)	KV (12)	PK (162)	PV (110)	VK (10)	VP (65)	
Headache	Yes	22 (24.2)	3 (25)	46 (28.4)	44 (40)	2 (20)	19 (29.2)	7.502 (0.186)
	No	69 (75.8)	9 (75)	116 (71.6)	66 (60)	8 (80)	46 (70.8)	
Nausea	Yes	14 (15.4)	3 (25)	27 (16.7)	17 (15.5)	3 (30)	12 (18.5)	2.215 (0.819)
	No	77 (84.6)	9 (75)	135 (83.3)	93 (84.5)	7 (70)	53 (81.5)	
Anorexia	Yes	9 (9.9)	2 (16.7)	13 (8)	18 (16.4)	0 (0)	7 (10.8)	6.497 (0.261)
	No	82 (90.1)	10 (83.3)	149 (92)	92 (83.6)	10 (100)	58 (89.2)	
Vomiting	Yes	4 (4.4)	2 (16.7)	10 (6.2)	2 (1.8)	1 (10)	3 (4.6)	7.005 (0.220)
	No	87 (95.6)	10 (83.3)	152 (93.8)	108 (98.2)	9 (90)	62 (95.4)	
Other	Yes	30 (33)	2 (16.7)	49 (30.2)	41 (37.3)	2 (20)	19 (29.2)	3.865 (0.569)
	No	61 (67)	10 (83.3)	113 (69.8)	69 (62.7)	8 (80)	46 (70.8)	

*means statistically significant association at 5% level of significance (p<0.005).

turn may cause dysmenorrhea, commonly referred to as stomach cramps. The effect of predominance of doshas as a result of prakriti was again portrayed, wherein, 30.2% of participants claimed to experience dysmenorrhea, 73.6% of whom belonged to VP (Vata-Pitta) and PV (Pitta-Vata) prakriti (Venes *et al.*, 2019).

Moreover, participants having KV (Kapha-Vata) and VK (Vata-Kapha) prakriti also exhibited characteristic menstrual signs and symptoms presenting effects of dominance of kapha and vata doshas, consequently absence of dominance of pitta dosha. A distinct menstrual symptom was observed to be anorexia which was found among majority of participants belonging to KV (Kapha-Vata) prakriti, followed by VK (Vata-Kapha) prakriti. This can be further substantiated by the increased drava and sheeta guna of kapha dosha which when predominant, causes mandagni. When kapha pradhanata and drava guna get associated with pitta dosha, nausea and vomiting may be triggered which have also been portrayed here, statistically (Binorkar *et al.*, 2016).

However, it was rightfully observed that participants belonging to kapha pradhana prakriti claimed to experience overall least discomfort in contrast to pitta pradhana prakriti who claimed to experience various menstrual signs and symptoms enlisted, in addition to other discomforts endured during their menstruation. This further establishes kapha pradhana prakriti possessing uttama bala, and the inherent relation between kapha dosha-ojas-bala. It is as a result of this that kapha pradhana prakriti individuals exhibit a strong immunity as well as a good physical and mental tolerance. Consequently, kapha pradhana prakriti individuals exhibit relatively less complaints pertaining to health (Wickham *et al.*, 2016).

CONCLUSION

The study established a direct positive correlation between the prakriti and menstrual signs and symptoms, wherein pitta pradhana prakriti individuals showed highest reports of menstrual signs and symptoms, especially showing higher occurrence of headaches and bowel irregularities However,

vata pradhana prakriti individuals showed higher occurrence of dysmenorrhea. On the other hand, kapha pradhana prakriti individuals showed least occurrence of bowel irregularities, as well as, least occurrence of other menstrual signs and symptoms.

ACKNOWLEDGEMENT

The authors express their gratitude to the Vice Chancellor, Registrar and all the officials of KLE Academy of Higher Education and Research, Belagavi. Dr. Suhas Kumar Shetty, Principal KLE Shri BMK Ayurved Mahavidyalay Shahpur Belagavi. We also acknowledge the patients for their invaluable support. Their cooperation and will to cooperate were crucial to the successful completion of the study.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

FUNDING SOURCES

The research is funded by KLE Academy of Higher Education and Research, Belagavi.

ABBREVIATIONS

PK: Pitta Kapha; **PV:** Pitta Vata; **KP:** Kapha Pitta**; VP:** Vata Pitta; **KV:** Kapha Vata; **VK:** Vata Kapha.

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Cite this article: Solankure K, Gurav V, Sanu U, Bhagat N, Mall E. Correlation of Pradhana Deha Prakriti with Menstrual Signs and Symptoms During Menses in Mid-Age Healthy Women of Belgaum District: An Observational Study. Int. J. Pharm. Investigation. 2025;15(4):1332-9.