YES !!! WOMEN -- SHOULD BE HAPPY TO BLEED

Dr. Thombare Prakash\textsuperscript{1} Dr. Choudhari Manojkumar\textsuperscript{2} Dr. Sole Aparna\textsuperscript{3}

\textsuperscript{1} Assistant Professor, Dept. of Swasthavritta, \textsuperscript{2} Assistant Professor, Dept. of Samhita Sidhant, \textsuperscript{3} Associate Professor, Dept. of Kaychikitsa, Ashtang Ayurved Mahavidyalaya, Pune 30

ABSTRACT

Menstruation is a unique phenomenon for women occurring every month, which starts at around the age of 12 yrs and lasts around the age of 50 yrs. Instead of looking scientifically towards menstruation, it has usually been associated with various taboos and myths, which restricts women from many aspects of socio-cultural life. In India impact of menstruation and its various taboos is so deeply rooted that very few women/girls openly speaks about their menstruation. And there is no doubt that the cycle of menstruation is having an influence on physical, mental, and social health of women. Here is an attempt to see various aspects of menstruation, possible reasons of menstruation, Ayurvedic view of menstruation, suppression of menstruation and benefits of menstruation on female health.

Key words: Menstruation, Ayurveda, suppression

INTRODUCTION:

If the Ovum is not fertilized, the corpus luteum in the ovary suddenly involutes, and the ovarian hormones (estrogen and progesterone) decreased in level and causing menstruation\textsuperscript{1}. Menstruation can be debilitating, relieving, disappointing or simply an inconvenient fact of life; and for half of the population it comes three to five days each month each year for about 40 years of life. When you shake the tree of life, you will find that only a handful of mammals aside from us – primates, a small number of bat species, and the elephant shrew – have opted for the monthly bleed \textsuperscript{2}. During normal menstruation, approximately 40 ml. of blood and an additional 35 ml. of serous fluid are
lost\textsuperscript{3}. Menstrual fluid is the correct name for the flow, which contains some blood, cervical mucus, vaginal secretions, and endometrial tissue. Menstrual fluid is a reddish brown, a slightly darker color than venous blood. About half of menstrual fluid is blood. This blood contains sodium, calcium, phosphate, iron, and chloride. It also contains vaginal secretions, endometrial tissue, water and common electrolytes and at least 14 proteins.

**Menstrual Disorders:**\textsuperscript{[5]} There is a wide spectrum of differences in how women experiences Menstruation. There are several ways that it can be differ from normal, it can be as follows:

<table>
<thead>
<tr>
<th>No.</th>
<th>Symptoms</th>
<th>Termed As</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Infrequent Periods</td>
<td>Oligomenorrhea</td>
</tr>
<tr>
<td>2</td>
<td>Short or extremely light periods</td>
<td>Hypomenorrhea</td>
</tr>
<tr>
<td>3</td>
<td>Too frequent periods</td>
<td>Polymenorrhea</td>
</tr>
<tr>
<td>4</td>
<td>Extremely heavy or long periods</td>
<td>Hypermenorrhea</td>
</tr>
<tr>
<td></td>
<td>(i) soaking a sanitary napkin every hr.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(ii) menstruating for longer than 7 days.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Extremely painful periods</td>
<td>Dysmenorrhea</td>
</tr>
<tr>
<td>6</td>
<td>Breakthrough bleeding (spotting) between</td>
<td>Metrorrhagia</td>
</tr>
<tr>
<td></td>
<td>periods; normal in many females.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Absent periods</td>
<td>Amenorrhea</td>
</tr>
</tbody>
</table>

Possible causes of Menstruation\textsuperscript{[6]}: To know the mechanism of Menstruation one should have the knowledge of decidualization, the production of a thickened endometrial lining is the key process. All mammals prepare a specialized membrane for embryo implantation, but most mammals exhibit triggered decidualization, where the fertilized embryo itself initiates the thickening membrane. While most primates have spontaneous decidualization which occur even in the absence of fertilized embryo. So the question arises why do humans have spontaneous decidualization.
Self protective mechanism: The first possible answer that Emera D suggests is entirely evolutionary and is relative with maternal-fetal conflict. The mother and fetus have an adversarial relationship, and mother’s best interest is to survive pregnancy to bear children again and so her body tries to conserve resources for the long haul.

The fetus on the other hand benefits from the wrestling as much from mother as it can, sometimes to the mothers detriment. Fetus also manipulates the mother’s hormones to weaken the insulin response, so less sugar is taken up by mother’s cells, making more available for the fetus. There are three varients depending upon how fetus sinks its placental teeth into the uterus. In epithelochorial the connection is entirely superficial, others are endotheliochorial in which the placenta pierces the uterine epithelium. And in humans its most invasive hemochorial and actually breaches maternal blood vessels. All the mammalian species that menstruate are hemochorial.

Thus menstruation is a consequence of self defense, females build up thickened uterine lining in advance to protect and insulate themselves from the greedy embryo and its selfish placenta. So in species with especially invasive embryos, its may be late to wait for the moment of implantation – instead they build up the wall preemptively before and in case of fertilization. Then if fertilization doesn’t occur, the universal process of responding to declining progesterone levels by sloughing off the lining occurs: the menstruation.

Selection for healthy fetus: Another process that goes on is that the lining of the uterus is also a sensor for fetal quantity, detecting chromosomal abnormalities and allowing them to be spontaneously aborted early.

Thus having a prepared uterus not only helps to fend off overly aggressive fetuses, it allows mother a greater ability to be selective in which fetuses she carries to term.

AYURVEDIC CONCEPTS OF MENSTRUATION

1. In women the Rajas (menstrual blood) which is the product of Rasa (first dhatu), flows out of the body for three days, every month, after the age of twelve years and undergoes
diminution by the age of fifty years. Stanya (breast milk) and Artav are the updhatu of Rasa dhatu[7].

2. Artav (Menstruation) is a Upadhatu of Rasa Dhatu; and the moola of Rasa dhatu is Hriday (Heart) and Rasavahi ten Dhamanya (Arteries)[8].

3. There are nine bahya srotas (external orifices, channels): two in eyes, two in ears, two in nose, one in mouth, one in rectum, one in urethra, but in women there are three more: two in the breasts and one in for the passage of Artava[9] (menstrual fluid).

4. Dhatu Pramana: Pramana (quantity of menstrual blood) according to vaghbhat is four Anjali[10].

5. Features of pure menstrual blood: Stains of menstrual blood present on cloth when washed with water should disappear completely without leaving any trace, such a blood is said to be pure (unvitiated) and suitable for reproduction[11].

6. Formation of Artav (Menstruation): Artav which has accumulated slowly during one month is brought out by Vata through the orifice of the Yoni (vagina) either in slightly black in color and of unusual smell[12].

7. Regimen of the menstruating woman: from the day of menstruation for a period of three days, the woman should harbor only good thoughts, avoid excess wiping and ornaments on the body, sleep on darbha grass mattress, eat little according to appetite which should create downward movement of vata, and she should observe celibacy[13] (avoid sexual activity).

8. Artav vaha Srotas (Channels of menstrual blood): These are two; their moola are Garbhashaya (uterus) and arthav vahi dhamani (arteries carrying menstrual blood), injuries to these leads to sterility, intolerance of copulation and loss of menstrual flow. (Amenorrhea)[14].

9. Period suitable for conception: Rutu (period of conception) is of twelve nights (day/night) of which first three days of menstruation are inauspicious[15].

10. Cessation of menstruation after pregnancy: In women who have conceived the channels of Artav (menstrual blood) gets blocked due to fetus; hence menstrual flow is not seen in pregnant woman. Thus obstructed below, it (flow) moves upward and helps the development of
Apara (placenta), the remaining portion moving still upward reaches the breasts; hence pregnant women will have enlarged and elevated breasts\(^{[16]}\).

11. Purification of body: due to menstrual flow per month, female body gets purified physically and also her Vatadi doshas, due to which disease Prameha is less observed in females\(^{[17]}\).

**Suppression of Menstruation\(^{[18]}\):**
There are certain incidences when women wants to postpone her monthly periods, like for holistic functions, sports events, picnic etc. There are oral Contraceptive pills (OCPs) available in the market, that are commonly used for suppression or prolonging the menstruation.

OCPs are combined pills of Levonorgestrel and Ethinyl estradiol. Traditionally OCPs are taken 21 days followed by 7 days of placebo tablets but **Seasonale and Seasonique** are taken for 84 days consecutively followed by the 7 days of placebo pills, in both conditions when lady on placebo pills, due to fall in hormonal levels she gets her menstruation.

**Withdrawal bleeding:** Menstrual period of a women using hormonal contraception is sometimes called as a withdrawal bleeding, because it’s a body’s reaction to the cessation of hormonal dose of OCPs; instead of a natural menstrual cycles controlled by the body’s own hormonal functions.

**Adverse effects of Oral Contraceptive Pills:** \(^{[19]}\)

1. **Cardiovascular effects:** Use of OCPs (combined) was associated with an excess mortality due to cardiovascular causes that is myocardial infarction, cerebral thrombosis and venous thrombosis with or without pulmonary embolism, and the risk increased substantially with age and cigarette smoking.

2. **Carcinogenesis:** There might be possible association between the use of hormonal contraceptives and neoplasia indicated a trend towards increased risk of cervical censer with increased duration of use of oral contraceptives.

3. **Metabolic effects:** these might be elevation of blood pressure, alteration of serum lipids, blood clotting, elevation of blood glucose and plasma insulin.

4. **Liver disorders:** Use of OCPs may lead to hepatocellular adenoma and gall bladder diseases.
5. Breast tenderness: Breast tenderness, fullness and discomfort have been associated with intake of OCPs.

6. Other effects: weight gain, headache and migraine may be associated or aggravated by OCPs.

Women enjoy Longer life spans\[^{20}\]: The survival advantage of women is seen in every country, in every year and for which reliable records exist. Consider the fact of Sweden, which offers the most reliable historic records. In 1800, life expectancy at birth was 33 years for women and 31 years for men; today it is 83.5 and 79.5 years respectively. In both cases women live about 5% longer than men.

Factors such as smoking, drinking, and overeating may partly explain why size of the gender gap varies so widely between countries. As Russian men are likely to die 13 years earlier than Russian women, for instance, partly because they drink and smoke more heavily.

But the fact is that female Chimpanzees, Gorillas and Gibbons also consistently outlives the males of the group and you do not see apes-male or female with cigarettes and beer glasses in their hands. The answer also lies in our evolution; although social and lifestyle factors do have bearing but there does appear to be something deeper engrained in our biology, says Tom Kirkwood.

i) Starting with the bundles of DNA known as chromosomes within each cell which comes in pairs, and whereas women have two X chromosomes, men have an X and Y chromosome. Having two X chromosomes, women keep double copies of every gene, meaning they have a spare if one is faulty. Men don’t have that backup. The result is that more cells may begin to malfunction with time, putting men at greater risk of disease.

ii) Jogging female heart – hypothesis, the idea that a women’s heart rate increases during the second half of the menstrual cycle, offering the same benefits as moderate exercise. The result is delayed risk of cardiovascular disease later in life.

iii) Female sex hormone estrogen is an antioxidant, meaning that it mops up poisonous chemicals that cause cell stress. Also they escapes the risk of testosterone.
These are some explanations why women lives longer than male, in that surely there biological structure plays a important role that is of chromosomes, menstruation and hormone estrogen .

**CONCLUSION:**

Menstruation is a unique phenomenon happening in female every month from age of 12 to around 50. It has various influences on women’s physical, mental and social health. It’s our responsibility to wipe out all the taboos and myths associated with Menstruation; and also provide scientific knowledge to her about menstruation. Also we should guide every women how to maintain good hygiene and health during those days.

As Menstruation is a part of normal physiology one should not interfere with natural functioning of the body. According to Ayurved Artav(Menstruation) is a Upadhatu of Rasa Dhatu; and the moola of Rasa dhatu is Hriday (Heart) and Rasavahi ten Dhamanya (Arteries). So any manipulation with hormonal drugs on menstruation in long term will affect the women health with Cardiovascular diseases, stroke, obesity , liver disorders etc.

On the other hand there are menstruation is having positive role in women’s health as it protects her from greedy fetus, chromosomal defective fetuses . Also menstruation plays a important role all over the world in the extra life expectancy compared to males of that country.

Over all women’s should be feel herself happy to Bleed: A natural phenomenon of Menstruation

**REFERENCES :**


D. Emera,1,* R. Romero,2 and G. Wagner1


[7]Ashtang Hridayam, Pandit Harishastri Bhishagachraya. AH. Sharir sthan 1/7

“YES !!! WOMEN -- SHOULD BE HAPPY TO BLEED”


[16] Susruta Samhita Prof. K. R. Srikantha Murthy, Choukhamba Orientalia, Varanasi Susruta Sharirsthan
[18] National women’s health network, Menstrual suppression. www.nwhn.org/menstrual-supression

Source of Support: NIL
Conflict of Interest : None

Corresponding Author
Dr. Thombare Prakash
Assistant Professor, Dept. of Swasthavritta, Ashtang Ayurved Mahavidyalaya, Pune 30
Email: prakashpillu@yahoo.co.in