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Research Article

Holistic Menstrual Healthcare in India: Revival of Sanatan Rajaswala Paricharya

Poorna Krishna[a]

[a]Email: poorna@ruyii.in

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Abstract

Addressing menstrual health in India requires confronting a critical reality: the current 'one-size-fits-all' approach fundamentally fails diverse lived experiences. This failure stems from a dangerous knowledge gap, driven by interconnected factors: historical biases in medical research often excluding female experiences, the erosion of valuable traditional wisdom, and unchecked commercial pressures pushing inadequate, generic solutions. These issues collectively prevent recognising that women bleed differently and result in standard approaches and products that are often unsuitable. Drawing insights from extensive conversations with hundreds of individuals, mostly women and supporting data, this article details this multifaceted crisis. It presents Ruyii, an integrated community approach, as a necessary solution. Ruyii directly counters the problem by valuing lived reality, fostering peer support, and synthesising diverse expert insights (across traditional and modern domains) to offer personalised, culturally relevant care. Built on valuing every individual's journey and diverse knowledge, this community space is envisioned to eventually scale using a technology platform (FEMTEC) to empower individuals and transform menstrual health nationwide.

Keywords: Holistic Menstrual Healthcare, Traditional Menstrual Practices, Menstrual Health Knowledge Gap, Integrated Community Approach, Personalized Menstrual Care.

***Corresponding Author: Poorna Krishna**

Email: *poorna@ruyii.in*

1. Introduction

Menstrual health, a fundamental and lifelong aspect of well-being for a significant portion of the population, remains remarkably underexplored and underserved in India. Beyond its biological function, menstruation is deeply intertwined with complex cultural norms, socioeconomic factors, and access to accurate, relevant information and support.

A prevalent approach often defaults to fragmented solutions and a rigid "one-size-fits-all" mentality. This fails to adequately capture and address the diverse needs, varied cultural contexts, and nuanced lived experiences of individuals across the vast landscape of the country. This widespread neglect has culminated in a critical and dangerous knowledge gap with profound and far-reaching consequences, impacting not only physical health but also mental well-being, educational attainment, economic productivity, and environmental sustainability.

A deep understanding of the true depth and inadequacy of the current approach does not solely stem from population data, but critically, from having conversations with hundreds of women, listening to their part of the story. These extensive ground-level discussions reveal that the standard narrative and existing solutions often fail because:

i. *Individuality is Ignored:* Women bleed differently; it is not about averages. Reliance on generalised data and approaches misses the nuanced reality of individual cycles and bodies.
ii. *Traditional Practices are Lost:* Traditional practices that offered holistic support, including understanding that rest was a mandatory part of menstrual care, have been increasingly sidelined in favor of modern conveniences and a focus on uninterrupted activity.
iii. *Wisdom is Overlooked:* Despite this erosion, there is incredible wisdom in every conversation about lived experiences, challenging the notion that only formal or clinical knowledge holds value.
iv. *Diversity of Knowledge is Untapped:* There is a richness (incredible diversity) of ancient to traditional grandma wisdom which differs across cultures, representing a rich, often untapped, resource for personalised care.
v. *Product Suitability is Lacking:* With higher product commercialisation, we have largely failed to find answers as to what suits the body. The current system lacks accessible options and information about products which work for different bodies.

These insights underscore that the problem is rooted in a fundamental disconnect between the prevailing "norm," based on insufficient generalised understanding, and the diverse realities individuals experience.

Objectives of the Study:

- Evaluate systematic gaps in menstrual healthcare, including the biases in research, lack of personalisation, and dominance of standardised solutions.
- Understand the rationale behind current products and practices to question their relevance, safety, and effectiveness for diverse bodies.
- Emphasise individual well-being—physical, emotional, cyclical—as central to any meaningful approach to menstrual health.
- Document and revive traditional knowledge systems like Rajaswala Paricharya, integrating them meaningfully with modern insights.
- Center lived experiences as legitimate and essential sources of knowledge in shaping care and product development.
- Propose Ruyii as a community-led, integrated care model that weaves together peer support, diverse expert collaboration, sustainable product access, experiential learning, and deeper awareness—including the 'why' behind choices.
- Scale the approach through a tech platform (FEMTEC) and align with national initiatives (NEP 2020, AYUSH 2025, Swachh Bharat, Skill India) for systemic impact.

2. Literature Survey

i. Gaps in Menstrual Healthcare

• Menstrual health remains systematically excluded from national health frameworks and public health priorities

• Healthcare systems lack comprehensive menstrual health protocols, leaving women without proper medical guidance

• Under-investment in menstrual health research perpetuates inadequate care and policy gaps

ii. Harmful Impacts of Commercial Products

• Menstrual products contain undisclosed chemicals, heavy metals, and toxic substances with unknown long-term health effects

• Regulatory oversight is insufficient, with limited ingredient transparency and safety testing

• Commercial prioritisation of profit over safety results in products with inadequately studied health impacts.

iii. Value of Traditional Practices

• Traditional menstrual management systems offer culturally appropriate, environmentally sustainable approaches aligned with natural processes

• Indigenous practices provide holistic care integrating physical, emotional, and spiritual dimensions absent from medical and commercial frameworks

• These systems require systematic validation and adaptation while preserving cultural wisdom and effectiveness

iv. Broader Gender Research Context

• Women's health research systematically excludes female physiology, compromising diagnosis, treatment, and care outcomes

• Only 6% of sports science focuses on female athletes, limiting menstrual cycle-informed guidance for training and health

• Gender data gaps across healthcare, policy, and technology render women's menstrual health needs invisible in system design.

3. Methodology

i. Research Design

This This study combines personal experience with community conversations to understand menstrual health holistically. The approach treats lived experience as valid research data, especially important in menstrual health where women's voices have been historically excluded. The research integrates multiple perspectives—personal transformation, community narratives, expert knowledge, and existing literature—to build a complete picture.

Data Collection Tools

1. Autoethnographic Self-Study

- *Duration:* 12 months of systematic self-experimentation and reflection
- *Method:* Personal narrative documentation tracking:
  - Lifestyle modifications aligned with natural cycles
  - Emotional regulation practices and outcomes.
  - Dietary and environmental changes
  - Integration of traditional and modern health approaches
  - Pain and symptom tracking before/after interventions

Outcome: Transition from 18 years of menstrual pain to pain-free cycles, providing proof-of-concept for holistic approaches

2. In-Depth Conversational Interviews

- *Participants*: 120+ women from diverse backgrounds
- *Method*: Semi-structured, narrative-focused conversations exploring:
  - Individual menstrual experiences and challenges
  - Effective and ineffective management strategies
  - Emotional, physical, social, and cultural dimensions
  - Previously silenced experiences (shame, burnout, intuitive knowledge)
- *Approach*: Informal but systematic conversations prioritising depth over standardisation

3. Expert Consultation Interviews

- *Participants*: Cross-disciplinary practitioners including:
  - Ayurveda practitioners and traditional healers.
  - Yoga teachers and movement specialists.
  - Allopathic medical doctors.
  - Womb healers and somatic therapists
  - Sustainable product developers and innovators
- *Purpose:* Integrate multiple knowledge systems beyond single-framework thinking

4. Secondary Research Synthesis

- *Sources*: Academic literature, medical studies, policy documents, and industry reports.
- *Focus Areas:*
  - Gender bias in medical research and diagnosis.
  - Delayed diagnosis patterns in women's health conditions.
  - Drug testing and dosage disparities affecting women.
  - Funding inequities in reproductive health research.

- Toxicity concerns in commercial menstrual products.
- Cultural and structural barriers to menstrual health.

4. Discussion

The severe impact of neglecting comprehensive menstrual health, as understood from both data and lived experiences, is quantifiable and widespread within the Indian context. As evidenced by collected data from urban India:

i Significant Health Burdens:

- 45% of urban Indian women suffer from dysmenorrhea (painful menstruation).
- 17% experience menorrhagia (heavy bleeding), with prevalence rates notably higher in metro cities.

ii Economic Strain:

- Menstrual symptoms lead to an average of 1.3 lost school days annually among affected students (13.8% affected).
- Result in a striking 8.9 lost workdays per year for affected women (80.7% affected), directly impacting national productivity.

iii Environmental & Public Health Risks:

- Environmental Burden: Approximately 12.3 billion sanitary napkins annually contribute substantially to landfill waste from 336 million menstruating women in India.
- Chemical Exposure: Commercial pads, including those distributed by government schemes, often contain harmful chemicals (lead, arsenic, PFAS) creating serious long-term public health risks. Introducing pads for all may not make a lot of sense, as some women are better off without it, yet information and access to safer, varied options is limited.

iv Mental Health Challenges:

- Prevalence: 20-32% experience Premenstrual Syndrome (PMS); 3-8% suffer from Premenstrual Dysphoric Disorder (PMDD).
- Help Seeking: Only 25% seek medical help for menstrual mood disorders (58-60% cases go undiagnosed).
- Adolescent Impact: 60-70% of adolescent girls report negative impacts on daily activities.
- Compounding Factors: Limited mental health resources (77% deficit psychiatrists), lack of specialised services in 90% of districts, cultural stigma (70% women don't discuss), lack of provider training (65%).

This pervasive lack of awareness and widespread misinformation contribute to a fragmented approach that prioritises temporary fixes over holistic care, worsening long-term health outcomes and increasing healthcare costs. The failure to provide support that accounts for individuality and traditional practices like mandated rest contributes significantly to these burdens, impacting the quality of life.

This critical knowledge gap is compounded by systemic issues and worrying trends, as highlighted by both research concepts and lived experiences:

• **Bias in Research:** Historical biases in medical research, which often operated on models inadequately representing female physiology and sometimes excluded women from trials (referencing the concept from sources like the Patient Safety Learning blog, mentioned below), have resulted in a dangerous knowledge gap. Standard approaches and data ("one-size-fits-all" solutions) are often based on insufficient representation, failing to adequately understand how conditions manifest or treatments work differently in female bodies. This legacy contributes to the current inadequacy of many conventional solutions and

reinforces the idea that women bleed differently; it is not about averages.

• **Erosion of Wisdom**: Traditional practices like Rajaswala Paricharya offered valuable holistic support grounded in body understanding and tailored to individual needs. However, these are being increasingly sidelined by a "Medicalisation Bias" and reliance on commercial solutions. This trend results in the loss of the extensive and diverse wisdom found in ancient and traditional knowledge systems, which provided culturally specific and personalised care.

•**Commercial Pitfalls:** Unchecked commercialisation, divorced from diverse needs and traditional understanding, has failed to find answers as to what suits the body. The commercial pushing one idea to all makes it all the worse, leaving people without answers and support. This is compounded by the fact that this situation forces individuals to further resort to products which come from research which has female exclusion, perpetuating a cycle of inadequate, potentially harmful solutions that do not account for individual body differences or the need for varied product access. The act of commercialization focused solely on selling products without incorporating research based on female physiology and diverse needs significantly adds to this problem, creating a market flooded with solutions that may not be truly effective or safe for everyone.

Addressing these multifaceted and deeply rooted challenges requires a fundamental shift – adopting an integrated model for menstrual health directly informed by the understanding gained from hundreds of conversations and lived experiences. This is precisely why Ruyii came into being. It is built as a community space aiming to bridge the critical gap between individuals seeking comprehensive menstrual support and the diverse caregivers and resources available. Ruyii's initial focus is on fostering this integrated approach through community support and facilitating the exchange of diverse knowledge, explicitly rejecting the one-size-fits-all mentality and aiming to serve as a platform for all by valuing lived reality.

Based on the insights confirming the wisdom in every conversation and the need for diverse perspectives to shape a true solution, Ruyii's integrated approach is built on key pillars:

i. Community Support Ecosystem: Building robust community forums for open conversation, sharing unique lived realities, asking questions, and peer support.

ii. Diverse Knowledge & Expert Collaboration: Bringing together experts from a wide spectrum of varied domains including traditional healing practices (Ayurveda, Siddha), yoga, womb healers, and supportive medical professionals.

iii. Access to Varied Products: Facilitating access to information and options for products which work for different bodies, including sustainable options like organic cotton pads, bamboo products, period panties, and reusable cloth pads.

iv. Educational Integration: Promoting understanding of natural menstrual phases, incorporating insights from traditional practices, and addressing emotional well-being.

v. Mental & Emotional Well-being: Integrating practices like flow yoga, yoni steaming, food/lifestyle amends, and sound therapy.

This integrated community approach is envisioned to eventually scale through a technology platform (FEMTEC) to expand reach and accessibility, aligning with several critical national priorities:

• *National Education Policy 2020*: Developing age-appropriate menstrual health curriculum.

• *AYUSH Vision 2025:* Documenting and validating Ayurvedic approaches.

• *Skill India:* Training women in SHGs to produce sustainable menstrual products.

- *Swachh Bharat Mission:* Reducing disposable pad waste.

5. Conclusion

The current reality of menstrual health in India shows significant neglect and serious impacts. Our findings suggest there are major gaps in understanding, made worse by old biases (like not including women in research), losing valuable traditional wisdom (like the nature of rest, its variance across cultures and understanding of different body types), and commercialism pushing unhelpful, standard solutions. A "one-size-fits-all" approach fundamentally fails because women bleed differently; it is not about averages, and the needed holistic support, including rest depending on body type, is absent.

The commercialisation and just selling products without research that accounts for female physiology and diverse needs significantly adds to this problem, leaving individuals without suitable options and often resorting to products stemming from biased research. The clear path forward, we believe, lies in adopting an integrated model. This model would be profoundly informed by the wisdom found in every conversation with individuals, not just women but men, truly valuing every person's lived experience.

This approach, embodied by Ruyii's community, will actively incorporate diverse knowledge streams from both a supportive community and onboarded experts across traditional and modern domains, providing access to products suited for different bodies, and be built collaboratively with and for the community. Envisioned to eventually scale via technology, this model aims to empower individuals with comprehensive understanding and personalised choices. By bridging the gaps, challenging outdated norms, and fostering an ecosystem of support, it enables India to lead the way in redefining menstrual health to truly serve the well-being of all by fundamentally valuing personalised understanding and integrated care over generic, insufficient norms.

Ethical Statement

Not Applicable.

Competing interests

NIL

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