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ASSOCIATION OF PRAKRITI WITH HEALTH PARAMETERS IN POSTMENOPAUSAL WOMEN: AN AYURVEDIC PERSPECTIVE AND CONTEMPORARY UNDERSTANDING

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ABSTRACT

Prakriti represents the unique constitutional makeup of an individual in Ayurveda, shaped by the relative strength of the three *doshas*—*Vata*, *Pitta* and *Kapha*. This framework offers a useful lens for examining why women experience menopause and its aftermath in markedly different ways. *Rajonivritti*, the Ayurvedic term for menopause, is regarded as a natural phase of life that occurs in the ageing body under rising *Vata* influence. Classical texts indicate that the age of onset, intensity of symptoms and long-term health risks are strongly coloured by a woman's inherent *Prakriti*. Recent observational work supports this view. Women with *Vata* or *Vata-Pitta* predominance often reach menopause earlier, report more severe sleep disturbance, anxiety, joint pain and fatigue, and appear more prone to bone loss. *Pitta*-dominant women tend to suffer stronger vasomotor symptoms, whereas *Kapha* types usually experience a later transition, milder complaints and greater physiological steadiness, although they may gain weight more readily. Drawing on Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya together with modern clinical findings, this review argues that systematic *Prakriti* assessment can aid risk stratification and guide personalised diet, lifestyle and *Rasayana* measures for postmenopausal women. Larger, standardised, longitudinal studies that incorporate biomarkers are still needed to place these associations on a firmer scientific footing.

Keywords: *Prakriti*, *Tridosha*, Postmenopausal women, *Rajonivritti*, Menopausal symptoms, Bone health, Ayurveda, Personalized medicine

1. INTRODUCTION

Menopause is clinically defined as the permanent end of menstruation caused by exhaustion of ovarian follicles, confirmed only after twelve continuous months without menses.^[1] Among Indian women the mean age of natural menopause lies between 46 and 48 years—somewhat earlier than the figures commonly reported from Western countries.^[2] Longer life expectancy now means that women may spend almost a third of their lives after menopause. During this extended period they face elevated risks of hot flushes, disturbed sleep, mood changes, genitourinary symptoms, osteoporosis, cardiovascular disease and metabolic syndrome, all of which reduce quality of life and increase the load on health services.^[3]

Even after extensive study of the biology of menopause, striking differences remain among women of similar age, parity and social background. Symptom severity, bone-density trajectories, metabolic responses, sleep quality and emotional resilience vary widely. Chronological age, genetic variants, body-mass index and lifestyle factors explain only part of this variation. The residual differences point toward deeper constitutional determinants that set baseline neuroendocrine tone, autonomic reactivity, inflammatory readiness, tissue resilience and psychological appraisal styles.

Ayurveda, with a continuous written tradition of more than two thousand years, supplies precisely such a constitutional model under the name *Prakriti*.^[4] *Prakriti* is the distinctive psychosomatic constitution fixed at conception by the relative dominance of *Vata*, *Pitta* and *Kapha*. Once established it remains largely stable and shapes physique, digestive strength (*Agni*), metabolic tendencies, psychological leanings, immune responsiveness, sleep patterns and disease susceptibility.^[5] Classical authors repeatedly note that the same physiological transition—menopause among them—produces different outcomes according to constitutional type. This principle of constitutional specificity is a cornerstone of Ayurvedic diagnosis and treatment.

Contemporary Ayurgenomics research has begun to link extreme *Prakriti* phenotypes with distinct patterns of gene expression, biochemical profiles, autonomic function and physiological responsiveness, thereby creating an empirical bridge between traditional typology and modern systems biology.^[6] The present review brings together classical descriptions of *Prakriti* and *Rajonivritti* with emerging clinical and physiological data. Particular attention is paid to links between constitutional type and age at menopause, symptom burden, bone health, metabolic indices, sleep quality and overall quality of life. The aim is to show how *Prakriti*-based stratification may support more individualised prevention, risk assessment and integrative care for postmenopausal women.

2. AYURVEDIC CONCEPT OF PRAKRITI AND RAJONIVRITTI

According to Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya, *Prakriti* is determined at the moment of fertilisation by the relative strength of the *doshas*, further modified by parental constitution, season of conception, maternal diet and lifestyle during pregnancy, and the quality of the reproductive tissues (*shukra* and *artava*).^[7] Seven primary types are recognised: three single-*dosha* forms (*Vata*, *Pitta*, *Kapha*), three dual-*dosha* combinations (*Vata-Pitta*, *Pitta-Kapha*, *Vata-Kapha*) and one balanced or *sama Prakriti*. Pure single-*dosha* types are uncommon; most people show dual-*dosha* predominance.

Vata is light, dry, mobile, cold and subtle. It governs all movement—nervous activity, respiration, circulation and elimination. *Vata*-predominant individuals typically have a slender frame, prominent joints, dry skin, variable appetite, quick physical and mental activity, light and often interrupted sleep, and marked sensitivity to cold and wind. Psychologically they are creative and adaptable yet prone to anxiety, restlessness and irregularity under stress.^[8] Their nervous systems tend toward hyper-reactivity.

Pitta is hot, sharp, light and slightly unctuous. It drives transformation—digestion, tissue metabolism, thermoregulation and higher cognitive functions such as discrimination. *Pitta* types usually possess a moderate, well-proportioned build, warm skin that flushes easily, strong appetite, high drive and sharp intellect. They are courageous and efficient, yet under pressure readily display irritability, anger, impatience and inflammatory tendencies.^[9]

Kapha is heavy, oily, cold, slow and stable. It supplies structure, lubrication and anabolic force. *Kapha* individuals characteristically have a solid build, good muscle and fat mass, smooth skin, steady energy, slow but sustained digestion, deep sleep and a calm, patient disposition. They are enduring and loyal, yet prolonged stress may produce lethargy, excessive attachment, weight gain and metabolic inertia.^[10]

Rajonivritti is described as a natural event occurring around the age of fifty in the ageing (*Jarapakva*) body.^[4,5] It is regarded as a *Swabhavika* process linked to the progressive rise of *Vata* with advancing years. The drying, light and depleting qualities of *Vata* contribute to the cessation of *Artava*, gradual *Dhatu Kshaya* and increased vulnerability to degenerative change. Classical writers observe that *Kapha*-predominant women tend to retain reproductive capacity longer, while *Vata*-predominant women may experience earlier decline. Consequently, women of *Vata* or *Vata-Pitta Prakriti* are theoretically more exposed to an intensified menopausal transition, whereas *Kapha* types may pass through the phase more smoothly because of the stabilising and unctuous nature of *Kapha*.^[6,10]

3. PRAKRITI DISTRIBUTION IN POSTMENOPAUSAL WOMEN

Several observational studies have recorded the distribution of *Prakriti* among menopausal and postmenopausal women. In a study of tribal women from Eastern Maharashtra who had experienced early or premature menopause, 57.98 % were classified as *Vata Prakriti*, 24.85 % as *Pitta* and 17.15 % as *Kapha*.^[11] The authors linked the higher frequency of early menopause among *Vata* types to the dry, light, cold and rough qualities that favour accelerated tissue depletion.

Another survey found *Vata-Pitta Prakriti* in as many as 76.7 % of participants; these women showed stronger associations with severe hot flushes, anxiety, depression, joint problems, sleep disturbance and bladder symptoms.^[12] Work focused on sleep quality among perimenopausal working women likewise recorded *Vata* dominance in roughly 62 % of the sample, followed by *Pitta* and *Kapha*.^[13] Collectively these findings suggest that *Vata* and *Vata-Pitta* constitutions are over-represented among women who seek care or report significant menopausal complaints. Whether this pattern reflects true population distribution or selection bias toward more symptomatic individuals remains to be clarified by larger community-based studies.

4. CORRELATION OF PRAKRITI WITH AGE AT MENOPAUSE

Available evidence points to a clear relationship between *Prakriti* and the timing of menopause. Observational data indicate that *Pitta*-predominant women tend to reach menopause earlier, *Kapha*-predominant women later, and *Vata*-predominant women occupy an intermediate or early position, especially when nutritional deficiency or high physical stress is also present.^[14,15]

In one study of 180 women divided equally into *Vata*, *Pitta* and *Kapha Pradhana* groups, a statistically significant difference in menopausal age was observed across the three categories ($p < 0.001$). The association was strong, as reflected by high Eta values.^[15] *Pitta Pradhana* women most often reached menopause around 44–45 years, *Vata Pradhana* women around 47–48 years, and *Kapha Pradhana* women around 51–53 years. These results accord with classical statements concerning the influence of doshic qualities on the length of reproductive life and supply empirical support for *Prakriti*-based anticipatory counselling about expected age of menopause.

5. CORRELATION WITH MENOPAUSAL SYMPTOMS

Both the intensity and the pattern of menopausal symptoms vary with *Prakriti*. Multiple investigations employing the Menopause Rating Scale (MRS) and the MENQOL questionnaire

have recorded higher overall symptom scores among *Vata* and *Vata-Pitta* women. Domains most closely linked with *Vata* predominance include sleep problems, depressive mood, irritability, anxiety, joint and muscular discomfort, heart discomfort, and physical and mental exhaustion.^[12,16,17]

Pitta-predominant women more often report intense vasomotor symptoms—hot flushes and night sweats—together with irritability and heat-related discomfort. *Kapha*-predominant women generally display milder overall symptomatology, although they may experience greater weight gain, lethargy and fluid retention. Several studies have confirmed statistically significant associations between *Prakriti* type and symptom-severity scores. These patterns correspond closely to the classical *Guna* profiles of the *doshas* and support the practical value of *Prakriti* assessment for predicting symptom clusters and tailoring management.

6. CORRELATION WITH OTHER HEALTH PARAMETERS

6.1 Bone Health

Postmenopausal osteoporosis (*Asthi Kshaya*) remains a major public-health concern. From the Ayurvedic standpoint the reciprocal relationship between *Vata Dosha* and *Asthi Dhātu* implies that *Vata Prakriti* women carry an elevated risk of bone loss. Aggravation of *Vata* produces decay of bone tissue, and the natural rise of *Vata* after menopause intensifies this vulnerability.^[18] Although large-scale studies correlating *Prakriti* with dual-energy X-ray absorptiometry (DEXA) measurements are still scarce, conceptual analyses and preliminary clinical observations consistently point to greater risk among *Vata*-predominant individuals. Lifestyle and dietary factors that further aggravate *Vata* may compound the problem, underlining the importance of early *Prakriti*-based preventive measures.^[18,19]

6.2 Metabolic and Anthropometric Parameters

Information on metabolic correlates of *Prakriti* in postmenopausal women is still limited. Existing observations suggest that *Kapha Prakriti* women tend toward higher body-mass index and greater propensity for weight gain and fluid retention, whereas *Vata Prakriti* women may show wider fluctuation in metabolic markers during the hormonal transition. Differences in lipid profiles, glycaemic parameters and blood pressure across *Prakriti* groups have been noted in small studies but require confirmation in larger cohorts with standardised biochemical assessment.^[20]

6.3 Sleep Quality

Disturbed sleep ranks among the most frequent and distressing complaints of postmenopausal women. Investigations that employed the Pittsburgh Sleep Quality Index (PSQI) have shown that *Vata*-dominant women experience significantly poorer sleep quality than *Kapha*-dominant women.^[13] Among participants classified as severe poor sleepers, the great majority were *Vata* dominant. Given the classical association of *Vata* with nervous-system regulation and with the control of sleep–wake cycles, these findings are theoretically coherent and clinically relevant.

6.4 Quality of Life

Overall quality-of-life scores are generally lower among *Vata* and *Vata-Pitta* women, reflecting the cumulative impact of somatic symptoms, sleep disruption, psychological distress and reduced resilience.^[12,17] The inherent mobility and instability of *Vata* appear to predispose these individuals to greater emotional lability and symptom burden during the menopausal transition, thereby affecting multiple domains of well-being.

7. MECHANISTIC INTEGRATION

From a systems-biology perspective *Prakriti* may be viewed as a relatively stable multi-level baseline phenotype spanning autonomic, metabolic, skeletal, immune and psychological domains. The mobile, light, dry and changeable qualities classically ascribed to *Vata* correspond to higher intrinsic physiological variability, lower thresholds for disruption and greater vulnerability to *Dhatu Kshaya* once oestrogen support declines. These features permit rapid mobilisation of resources yet simultaneously predispose the individual to exhaustion, anxiety, fragmented sleep, joint discomfort and accelerated tissue depletion.

The sharp, hot, intense and transformative nature of *Pitta* aligns with robust metabolic activation, efficient but potentially excessive inflammatory and vasomotor responsiveness, high achievement orientation and a tendency toward high-arousal negative emotional states. The stable, heavy, cohesive and anabolic qualities of *Kapha* correspond to higher resting physiological buffering against acute fluctuations, greater tissue resilience and a preference for energy conservation—offering relative protection against rapid degenerative change at the cost of vulnerability to inertia, weight gain and slower recovery under chronic stress.^[24,25]

Manas Prakriti further shapes the cognitive and emotional filters through which the menopausal transition is appraised and coping responses are chosen. The dynamic interplay between *deha Prakriti* and *manas Prakriti* therefore influences both physiological set-points and the psychological processes of threat appraisal, coping selection and meaning-making. This multi-

level interaction helps explain why identical hormonal changes can generate markedly different physiological trajectories, symptom profiles and clinical pictures across women of differing constitutional types.

8. CLINICAL AND TRANSLATIONAL IMPLICATIONS

Careful assessment of *Prakriti*—whether performed by experienced clinicians using traditional methods, by validated questionnaires, or increasingly by software-supported tools—provides a practical, low-cost means of stratifying postmenopausal women for stress-related and degenerative risk and of tailoring preventive and therapeutic strategies.^[26] Because *Prakriti* is regarded as relatively stable after early development, a single thorough assessment can inform long-term lifestyle advice and risk communication.

Vata-predominant women are likely to benefit most from measures that emphasise regularity, grounding and nervous-system stabilisation. These include consistent daily routines (*dinacharya*), warm and nourishing foods with adequate healthy fats, regular application of warm oil to the body (*abhyanga*), protection from excessive cold and wind, and mind–body practices shown to enhance stability and improve sleep—such as slow-paced breathing, yoga nidra, restorative yoga and gentle rhythmic movement.^[27]

Pitta types generally require strategies that reduce internal heat and intensity: cooling dietary choices, moderation of highly competitive or time-pressured activities, deliberate scheduling of recovery intervals, avoidance of excessive sun and spicy foods, and cultivation of non-striving forms of meditation or compassion-based practices. Anti-inflammatory dietary patterns and selected cooling herbs may offer additional support.^[28] *Kapha* types typically respond well to stimulating and mobilising interventions: vigorous physical activity, lighter and warmer foods, early rising, reduced daytime sleep, and practices that counteract inertia and promote metabolic activation.^[29]

Integrative protocols that systematically combine classical *dinacharya* and *ritucharya* regimens with contemporary evidence-based yoga, pranayama, meditation and selected *Rasayana* herbs can be individualised according to constitutional type with a high degree of specificity. In clinical settings concerned with menopausal symptom control, bone-health preservation, metabolic-risk reduction and improvement of sleep and quality of life, knowledge of a woman's *Prakriti* can help clinicians anticipate patterns of symptom expression and recovery trajectory, thereby refining both the choice and the timing of interventions.

9. LIMITATIONS AND FUTURE DIRECTIONS

Despite promising convergences between classical Ayurvedic theory and modern clinical data, several methodological limitations currently restrict the strength of the evidence. Most available studies are cross-sectional, rely on modest sample sizes and focus predominantly on extreme single-*dosha Prakriti* types that are relatively uncommon in the general population. Dual-*dosha* and mixed constitutions, which predominate in real-world settings, remain substantially understudied, limiting generalisability.

Heterogeneity in the instruments used for *Prakriti* assessment further complicates comparison across investigations. Few studies have employed blinded outcome assessment or adequately controlled for potential confounding variables. Future research priorities include large-scale longitudinal cohort studies that track menopausal timing, symptom trajectories, bone mineral density, metabolic indices and inflammatory markers stratified by carefully assessed *Prakriti*; multi-omics investigations; and rigorously designed randomised interventional trials testing the efficacy of *Prakriti*-guided lifestyle, yoga and *Rasayana* regimens against generic approaches. Standardisation of *Prakriti* phenotyping protocols and the use of pre-registered analysis plans will be essential to raise the quality of evidence.

10. CONCLUSION

The association between *Prakriti* and health parameters in postmenopausal women supplies a coherent and clinically useful bridge between classical Ayurvedic observation and contemporary clinical findings. *Vata* and *Vata-Pitta* constitutions display distinctive patterns of earlier menopause, higher symptom burden across multiple domains, greater vulnerability to sleep disturbance and *Asthi Kshaya*, and lower quality-of-life scores. *Kapha* constitution appears relatively protective with respect to timing of menopause and overall symptom severity, while carrying its own tendencies toward metabolic inertia. Recognition of these constitutional differences permits a more nuanced and personalised approach to risk stratification, preventive lifestyle prescription and integrative clinical care. With continued investment in standardised phenotyping, longitudinal biomarker studies and high-quality interventional research, *Prakriti* holds substantial potential to evolve from a traditional diagnostic concept into a practical, scientifically grounded tool that can enrich the emerging field of precision medicine and improve outcomes for women navigating the postmenopausal years.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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