

The Integrated Impact of Tibetan Rites and Breathology on Premenstrual Symptoms Reduction¹Somya Rajput, PG Student, IPS Academy College of Pharmacy, Indore²Dr. Neelam Balekar, Professor, IPS Academy College of Pharmacy, Indore**Corresponding Author:** Dr. Neelam Balekar, Professor, IPS Academy College of Pharmacy, Indore**How to citation this article:** Somya Rajput, Dr. Neelam Balekar, “The Integrated Impact of Tibetan Rites and Breathology on Premenstrual Symptoms Reduction”, IJMACR- August - 2024, Volume – 7, Issue - 4, P. No. 69 – 77.**Open Access Article:** © 2024, Dr. Neelam Balekar, et al. This is an open access journal and article distributed under the terms of the creative common’s attribution license (<http://creativecommons.org/licenses/by/4.0>). Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.**Type of Publication:** Original Research Article**Conflicts of Interest:** Nil**Abstract**

Premenstrual Syndrome (PMS) is a widespread gynaecological issue presenting various physical, emotional, and behavioral symptoms that arise a few days before menstruation and subside once it begins. The present paper aims were to investigate the role of Tibetan rites and breathology in managing PMS relief, while assessing the impact of integrating these practices on overall PMS symptom reduction. A total of 80 university students (age range: 18-25 years) only females were randomly selected and assigned to three groups that is, Control Group (n=20), Tibetan Rites Group (n=20) and Control Group (n=20), Tibetan Breathology Group (n=20). The control group underwent pre- and post-assessment without any intervention, while the tibetan rite and tibetan breathology received a three-month intervention consisting of 30-min sessions. After the three months, participants who were engaged in tibetan rites and tibetan breathology experienced significant improvements in various premenstruation symptoms for

the treatment group. This research underscores the value of incorporating Tibetan techniques into wellness strategies, paving the way for more effective management of PMS and contributing to a more comprehensive approach to female health and resilience. Future research could explore the long-term benefits of Tibetan Rites and Breathology beyond the immediate relief of premenstrual symptoms. Additionally, examining optimal practice duration, frequency, and adaptability across different ages and cultures could enhance the development of tailored interventions. This comprehensive approach could further validate the role of Tibetan practices in managing premenstrual symptoms and contribute to more effective and culturally sensitive wellness strategies.

Keywords: Premenstrual Syndrome, Tibetan Rites, Tibetan Breathology, Women.**Introduction**

Premenstrual Syndrome (PMS) is a widespread gynaecological issue presenting various physical, emotional, and behavioral symptoms that arise a few

days before menstruation and subside once it begins. Approximately 40 million women globally experience PMS, with 20% facing significant disruptions to their daily lives and overall quality of life, while 90% encounter milder symptoms. This condition, notably affecting female students, involves over 300 recognized symptoms that impact physical, psychological, emotional, behavioral, and social aspects. The transient nature of PMS highlights the necessity for effective management strategies to improve women's well-being during this reproductive phase.¹

Premenstrual Syndrome (PMS) affects millions of women, presenting a range of emotional, physical, and behavioral symptoms that intensify before menstruation and ease after it begins. Tibetan yoga, particularly the "5 Rites," and Tibetan breathology, known as "Tsa lung Trul khor," integrate physical movements, breath control, and meditation. These practices, rooted in Buddhist teachings, aim to enhance well-being, reduce stress, and improve physical and mental health. The integration of these ancient techniques offers a holistic approach to alleviating PMS symptoms and improving the quality of life for women.^{2,3,4}

Tibetan Rites, a set of five exercises rooted in ancient Tibetan traditions, are believed to enhance physical, mental, and spiritual well-being. These exercises include spinning, leg raises, kneeling backbends, tabletop, and upward and downward dog positions. Practitioners have reported numerous benefits such as improved joint flexibility, enhanced physical strength, better blood circulation, reduced anxiety, and improved sleep. By integrating these exercises, which emphasize coordinated breathwork and movement, individuals can potentially achieve greater harmony and balance within their bodies, contributing to overall well-being.^{5,6,7}

Tibetan breathology, encompasses various breath exercises designed to enhance physical, mental, and spiritual well-being. Techniques such as the Balancing Breath, Power Breath, Invincible Breath, Shakti Breath, Vibrational Breath, Super Brain Breath, Aura Builder, Sun in the Heart Breath, Initiate Breath, and Immortal Breath are integral to this practice. Each exercise aims to harmonize energy channels, boost immunity, improve mental clarity, and elevate overall vitality. Practitioners report benefits such as enhanced brain function, improved blood circulation, heightened awareness, and strengthened energy anxiety, mood swings, irritability, and physical discomfort.⁸

The present paper aims of this research study was to investigate the role of Tibetan rites and breathology in managing premenstrual symptoms relief, while assessing the impact of integrating these practices on overall Premenstrual symptom reduction. To achieve this goal, a meticulous and structured methodology was employed, encompassing several key research components. The study initiated by recruiting a diverse pool of participants aged 18-25 and randomly allocating them into two distinct groups the control group and the Tibetan Breathology + Tibetan Rites group. This approach aimed to provide a comprehensive evaluation of the effectiveness of these techniques in alleviating premenstrual symptoms compared to these methods.

Examining the impact of Tibetan rites and breathology on alleviating premenstrual symptoms offers a significant and valuable research opportunity. This investigation explores alternative and holistic methods to reduce the physical discomfort and emotional fluctuations associated with PMS. Tibetan rites, which include specific physical exercises, along with breathology techniques, highlight the interconnectedness

of the mind and body, suggesting potential natural, non-pharmacological strategies for managing PMS. The findings from such research could expand our understanding of complementary therapies in women's health, providing valuable insights into the effectiveness of these practices. Ultimately, this study could offer women additional options for relieving PMS symptoms, broadening the range of available approaches to menstrual health.⁹

Research Methodology

Study Design

The present research employed a randomized controlled trial (RCT) design to comprehensively assess PMS in female and evaluate the impact of integrating Tibetan Rites and breathology practices on their symptoms. Participants were provided with a consent form detailing the study and signed consent was obtained. Confidentiality was maintained throughout the study.

Intervention and Study Material

The effectiveness of integrated mind-body practices in alleviating PMS symptoms was analyzed in the present study.

Participants

A total of 80 university students (age range: 18–25 years) only female was randomly selected and assigned to three groups that is, Control Group (n=20), Tibetan Rites Group (n=20) and Control Group (n=20) Tibetan Breathology Group (n=20).

Research Design

The present study employed a RCT design. The control group underwent pre- and post-assessment without any intervention, while the Tibetan Rites and Tibetan Breathology group received a three-month intervention consisting of tibetan rites and tibetan breathology sessions (Table 1)

Inclusion Criteria

Those participants were included in the present study who expressed willingness to participate voluntarily, were aged between 18–25 years, demonstrated mild PMS symptoms, and had not practiced physical activity or breathing exercises in the past six months.

Exclusion Criteria

Subjects were excluded if they were below 18 years or above 25 years of age, experienced breathing difficulties, were practicing any other relaxation technique, used medications that could interfere with the study protocol, or had serious premenstrual disorder or chronic diseases.

Research Procedure

Consent Form

A consent form was filled out by the participants, ensuring their confidentiality and the research purpose.

Baseline Questionnaires

Baseline questionnaires were filled out by the participants to assess PMS symptoms. The severity and frequency of PMS symptoms were evaluated using the Premenstrual Symptoms Scale (PSS).

Table 1: Research Design

Groups	Age	No. of subjects	Pre-intervention preparatory session in days	Intervention method	Intervention (3 months alternate days in a week)		
					First month	Second month	Third month
Control	18-25	20	10	No Intervention	No Session	No Session	No Session
Tibetan Breathology	18-25	20	10	Tibetan Breathology	30 Min	30Min	30 Min
Tibetan Rites	18-25	20	10	Tibetan Rites	30 Min	30 Min	30 Min

Pre-assessment Parameters

Prior to the investigation, various parameters were measured. The data of the control and treatment groups were obtained using measurements such as blood pressure, pulse rate, lung capacity, oxygen level, PMS baseline questionnaires for the assessment of premenstrual symptoms.

Randomization

Participants were randomly assigned to either the control group or the tibetan rites and tibetan breathology groups.

Intervention

The tibetan rites and tibetan breathology group received a three-month intervention consisting of 30-min sessions of tibetan rites and breathology alternative for three months. These practices included Spinning, Leg raise, Kneeling backbend, Tabletop, Upward-downward facing dog, Balancing Breathe, Power breathe, Invincible breath, Shakti breathe, vibrational breath, Super-brain breath, Aura-builder breath, Sun in the heart breath, Immortal breathe.

Post – Assessment Parameters

Measurements were taken again for all parameters assessed during the pre-assessment phase.

Statistical Analysis

Descriptive statistics, including percentages, means, and standard deviations, were calculated for categorical data. One-Way Analysis of Variance (ANOVA) followed by a “Tukey-Kramer” multiple comparison test of $p < 0.05$ & $p < 0.01$ significance level using “GraphPad Prism” version 10.0.3 for windows, GraphPad Software, San Diego, California, USA (www.graphpad.com).

Results

Outcomes of Tibetan Rites and Tibetan Breathology on Physiological Parameters

The present study found that, tibetan rites and tibetan breathology practices positively impacted various physiological parameters after 3 months. Physical activity and controlled breathing techniques improved respiratory control and lung function and also played a significant role in reducing systolic and diastolic blood pressure and pulse rate. Tibetan rites and tibetan breathology enhances physical and emotional wellbeing,

potentially benefiting cardiovascular health and relaxation. Overall, these practices collectively demonstrated the potential benefits of a holistic mind–body approach (Table 2&3, Fig.1,2,3 &4).

Table 2: Comparison of Physiological Parameters of Baseline, 1, 2, and 3 Months of Tibetan Rites

S.No	Parameters	Control	Baseline	1 Month	2 Months	3 Months
			Treatment (T1)	Treatment (T2)	Treatment (T3)	Treatment (T4)
1	SBP (mmHg)	127.4 ± 4.8	127.5 ± 4.6	125.4 ± 4.4	123.6 ± 3.8 ^b	121.7 ± 2.7 ^b
2	DBP (mmHg)	84.7 ± 2.9	84 ± 3.0	83.2 ± 3.6	81.9 ± 3.5 ^a	81.0 ± 3.8 ^b
3	Pulse Rate (BPM)	95.0 ± 3.2	93.8 ± 3.9	92.6 ± 3.8	92.8 ± 2.9 ^b	90.5 ± 4.1 ^b
4	Oxygen Level (%)	97.4 ± 0.8	97.5 ± 1.4	97.4 ± 4.3	99.1 ± 2.3 ^b	99.7 ± 1.2 ^b
5	Inhale (Sec)	9.5 ± 3.9	10.3 ± 4.7	13.1 ± 1.2	15.1 ± 0.5 ^b	16.8 ± 1.4 ^b
6	Hold (Sec)	15.3 ± 6.2	15.3 ± 5.7	18.5 ± 1.5	23. ± 3.5 ^b	29.2 ± 1.7 ^b
7	Exhale (Sec)	10.2 ± 5.3	10.3 ± 4.9	12.2 ± 2.7	13.9 ± 2.3 ^a	14.2 ± 1.0 ^b

Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP)

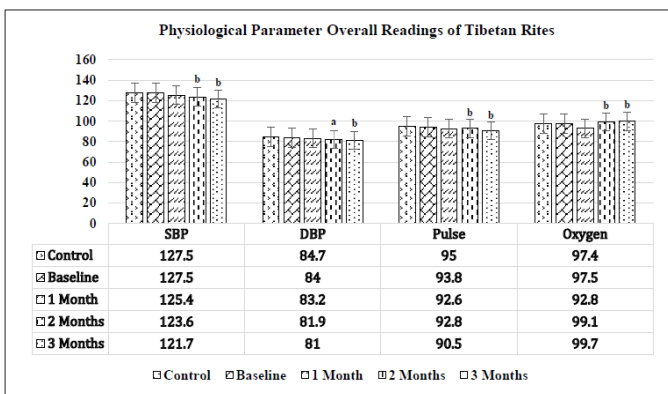
(n= 20 in each group), Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.

Table 3: Comparison of Physiological Parameters of Baseline, 1, 2, and 3 Months of Tibetan Breathology

S.No	Parameters	Control	Baseline	1 Month	2 Months	3 Months
			Treatment (T1)	Treatment (T2)	Treatment (T3)	Treatment (T4)
1	SBP (mmHg)	127.5 ± 4.8	126.6 ± 4.7	125.9 ± 3.6	123.7 ± 4.7 ^a	122.1 ± 3.1 ^b
2	DBP (mmHg)	84.7 ± 2.9	83 ± 2.5	82.3 ± 3.8	81.2 ± 3.9 ^b	80.0 ± 3.3 ^b
3	Pulse Rate (BPM)	95.0 ± 3.2	93.9 ± 3.8	92.7 ± 3.7	92.9 ± 2.8 ^b	90.7 ± 4.1 ^b
4	Oxygen Level (%)	97.4 ± 0.8	97.5 ± 1.6	97.3 ± 1.5	99 ± 3.3 ^b	99.8 ± 1.4 ^b
5	Inhale (Sec)	9.5 ± 3.9	9.8 ± 3.7	13.1 ± 2.1 ^b	14.8 ± 2.7 ^b	16.8 ± 1.4 ^b
6	Hold (Sec)	15.3 ± 6.2	14.5 ± 5.4	18.4 ± 4.4	20.9 ± 2.7 ^b	22.4 ± 1.3 ^b
7	Exhale (Sec)	10.2 ± 5.3	9.5 ± 4.2	11.1 ± 1.3	14.1 ± 1.4 ^b	14.2 ± 1.2 ^b

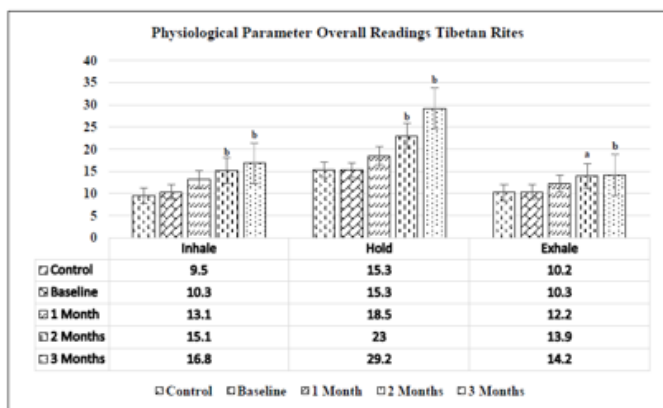
Systolic Blood Pressure (SBP), Diastolic Blood Pressure (DBP)

(n= 20 in each group), Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.



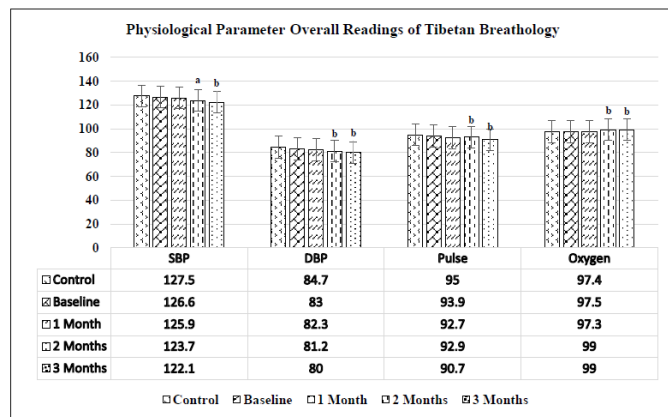
Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.

Fig. 1: Comparison of Physiological Parameters of Baseline, 1, 2, and 3 Months



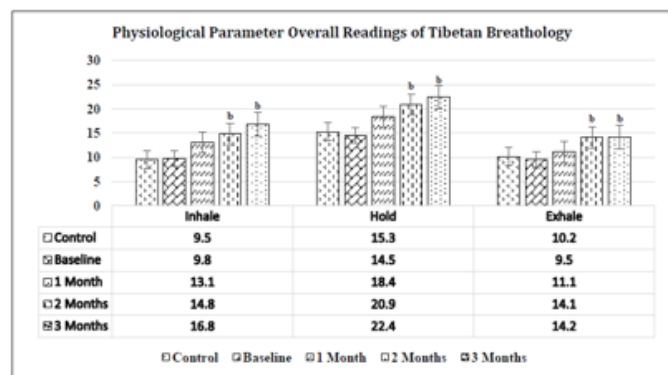
Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.

Fig. 2: Comparison of Physiological Parameters of Baseline, 1, 2, and 3 Months



Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.

Fig. 3: Comparison of Physiological Parameters of Baseline, 1, 2, and 3 Months



Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.

Fig. 4: Comparison of Physiological Parameters of Baseline, 1, 2, and 3 Months

Outcomes of Tibetan Rites on Premenstrual Symptoms

The present study revealed that after the three months, participants who were engaged Tibetan Breathology resulted in significant improvements in premenstrual symptoms for the treatment group. Initially, high levels of anxiety, irritability, mood swings, headaches,

dizziness, restlessness, nausea, crying episodes, forgetfulness, menstrual cramps, and backache were reported. By the end of the intervention, these symptoms showed marked reductions, demonstrating the effectiveness of Tibetan Breathology in alleviating premenstrual discomfort.

Table. 4 Comparison of PMS Baseline, 1 Month, 2 Months and 3 Months of Reading of Tibetan Rites for the Subject

S.No	Symptoms	Control Group	Baseline	3 Month
			Treatment Group	Treatment Group
1	Anxiety	2.4 ± 0.6	2.4 ± 0.6	1.2 ± 0.4 ^b
2	Irritability	2.3 ± 0.6	2.3 ± 0.6	1.2 ± 0.4 ^b
3	Mood Swings	2.4 ± 0.7	2.5 ± 0.6	1.2 ± 0.4 ^b
4	Headache	2.2 ± 0.7	2.2 ± 0.7	1.3 ± 0.4 ^b
5	Dizziness	2.1 ± 0.7	1.8 ± 0.6	1.4 ± 0.4 ^b
6	Restlessness	2.1 ± 0.7	1.8 ± 0.7	1.3 ± 0.4 ^b
7	Nausea	2.0 ± 0.7	1.8 ± 0.8	1.1 ± 0.4 ^b
8	Crying	2.0 ± 0.8	2.6 ± 4.7	1.2 ± 0.4 ^b
9	Forgetfulness	2.1 ± 0.8	1.7 ± 0.7	1.3 ± 0.4 ^a
10	Confusion	1.9 ± 0.8	1.7 ± 0.7	1.3 ± 0.4 ^a
11	Insomnia	2.0 ± 0.6	1.9 ± 0.7	1.3 ± 0.5 ^a
12	Breast Tenderness	2.0 ± 0.7	1.6 ± 0.6	1.1 ± 0.3 ^b
13	Abdominal Bloating	2.0 ± 0.8	1.9 ± 0.8	1.3 ± 0.4 ^a
14	Oily Skin	2.1 ± 0.7	1.9 ± 0.8	1.2 ± 0.4 ^b
15	Acne	2.1 ± 0.7	2.1 ± 0.9	1.3 ± 0.4 ^b
16	Backache	2.0 ± 0.8	1.8 ± 0.7	1.3 ± 0.4 ^b
17	Menstrual Cramps	2.5 ± 0.7	2.3 ± 0.7	1.3 ± 0.4 ^b
18	Skipping Work	2.3 ± 0.7	2.1 ± 0.7	1.3 ± 0.4 ^b
19	Avoiding Physical Activity	2.2 ± 0.7	2.0 ± 0.8	1.4 ± 0.4 ^b

(Mild=1, Moderate=2, Severe=3)

(N= 20 in each group), Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.

Outcomes of Tibetan Rites on Premenstrual Symptoms

The present study revealed that after the three months, participants who were engaged in tibetan rites practices experienced significant improvements in various Premenstrual symptoms. Tibetan Rites, the treatment group showed significant improvements in various

premenstrual symptoms compared to baseline. Anxiety, irritability, mood swings, headaches, dizziness, restlessness, nausea, crying episodes, forgetfulness, menstrual cramps, and backaches all saw notable reductions.

These results highlight the effectiveness of Tibetan Rites in alleviating premenstrual symptoms, demonstrating substantial positive changes over the intervention period.

Table. 5 Comparison of PMS Baseline, 1 Month, 2 Months and 3 Months of Reading of Tibetan Breathology for the Subject.

S.No	Symptoms	Control Group	Baseline	3 Month
			Treatment Group	Treatment Group
1	Anxiety	2.4 ± 0.6	2.3 ± 0.7	1.2 ± 0.4 ^b
2	Irritability	2.3 ± 0.6	2.2 ± 0.6	1.3 ± 0.4 ^b
3	Mood Swings	2.4 ± 0.7	2.5 ± 0.5	1.1 ± 0.3 ^b
4	Headache	2.2 ± 0.7	2.2 ± 0.7	1.2 ± 0.4 ^b
5	Dizziness	2.1 ± 0.7	1.8 ± 0.7	1.3 ± 0.4 ^b
6	Restlessness	2.1 ± 0.7	1.7 ± 0.6	1.3 ± 0.4 ^b
7	Nausea	2.0 ± 0.7	1.8 ± 0.8	1.2 ± 0.4 ^b
8	Crying	2.0 ± 0.8	1.9 ± 0.9	1.1 ± 0.3 ^b
9	Forgetfulness	2.1 ± 0.8	1.9 ± 0.8	1.1 ± 0.3 ^b
10	Confusion	1.9 ± 0.8	1.8 ± 0.8	1.1 ± 0.3 ^b
11	Insomnia	2.0 ± 0.6	1.8 ± 0.8	1.2 ± 0.4 ^b
12	Breast Tenderness	2.0 ± 0.7	1.8 ± 0.8	1.2 ± 0.4 ^a
13	Abdominal Bloating	2.0 ± 0.8	2.0 ± 0.8	1.2 ± 0.4 ^b
14	Oily Skin	2.1 ± 0.7	1.8 ± 0.8	1.1 ± 0.3 ^b
15	Acne	2.1 ± 0.7	2.1 ± 0.9	1.1 ± 0.3 ^b
16	Backache	2.0 ± 0.8	1.8 ± 0.9	1.2 ± 0.4 ^b
17	Menstrual Cramps	2.5 ± 0.7	2.3 ± 0.7	1.3 ± 0.4 ^b
18	Skipping Work	2.3 ± 0.7	2.1 ± 0.7	1.3 ± 0.4 ^b
19	Avoiding Physical Activity	2.2 ± 0.7	2.0 ± 0.8	1.4 ± 0.4 ^b

(Mild=1, Moderate=2, Severe=3)

(N= 20 in each group), Values were expressed in Mean ± SD; Data were analyzed using one way ANOVA followed by Tukey-Kramer multiple comparison test, where $p_a < 0.05$ & $p_b < 0.01$ as compared with control group.

Discussion

The primary objective of this research study was to investigate the role of Tibetan rites and breathology in managing premenstrual symptoms relief, while assessing the impact of integrating these practices on overall

Premenstrual symptom reduction. To achieve this goal, a meticulous and structured methodology was employed, encompassing several key research components. The study initiated by recruiting a diverse pool of participants aged 18-25 and randomly allocating them into two distinct groups the control group and the Tibetan Breathology + Tibetan Rites group. This approach aimed to provide a comprehensive evaluation of the effectiveness of these techniques in alleviating premenstrual symptoms compared to these methods.

Integrating Tibetan breathology and rites into daily routines has shown significant promise in alleviating physical and emotional symptoms associated with PMS. Research indicates these practices can reduce headaches, fatigue, abdominal bloating, anxiety, irritability, and mood swings. Studies and reviews support the multifaceted benefits of Tibetan breathology and rites, highlighting their effectiveness in improving overall well-being. These practices offer a valuable complementary treatment option alongside conventional symptom management strategies for managing PMS.

In a randomized controlled trial conducted by Archong and Plianbangchang in 2022. Tibetan yoga was found to significantly increase serum estradiol levels in women, particularly perimenopausal women. The researchers concluded that Tibetan yoga might be a viable natural treatment for managing hormonal imbalances. This is crucial since estrogen levels impact PMS, with fluctuations exacerbating symptoms like mood swings, irritability, and physical discomfort. Adequate estrogen levels help regulate the menstrual cycle and stabilize mood-regulating neurotransmitters, reducing PMS severity. Conversely, low or imbalanced estrogen levels contribute to more pronounced PMS symptoms,

including anxiety, breast tenderness, and abdominal bloating.³

Tibetan breathology has been effective in reducing symptoms of depression, sleep disturbances (including insomnia), anxiety, and fatigue. Research suggests these practices can alleviate persistent sadness, loss of interest, hopelessness, and low energy associated with depression. Additionally, Tibetan breathology improves sleep quality by promoting relaxation and reducing insomnia. The calming effects also decrease anxiety and fatigue, providing a comprehensive approach to managing these interconnected issues.¹⁰

Both the Leg Raise (Viparita Karani) and the Kneeling Backbend (Ustrasana) are effective for alleviating PMS symptoms, but they work in slightly different ways. The Leg Raise reduces abdominal girth, strengthens the lower abdomen, and improves blood circulation to the pelvic region, which relieves cramps, bloating, and menstrual discomfort. It also promotes relaxation, reducing stress and emotional imbalances. In contrast, the Kneeling Backbend stretches and strengthens the abdominal and pelvic regions, improves blood circulation to the pelvic area, and enhances spinal and shoulder flexibility, relieving upper body tension and improving posture. Additionally, it stimulates the adrenal glands, balancing hormones and managing mood swings.^{11,12}

Alternative nostril breathing (Nadi Shodhana Pranayama) effectively manages PMS by balancing energy, reducing stress and anxiety, and calming the nervous system. It improves respiratory function, increases blood oxygenation, and reduces fatigue. This technique also balances hormones, alleviates headaches and cramps, and aids digestion by reducing bloating and

constipation. Regular practice offers comprehensive relief from physical and emotional PMS symptoms.¹³

The Invincible Breath boosts immunity and manages PMS fatigue. Shakti Breath balances hormones, reducing anxiety and mood swings. Vibrational Breath helps with heart palpitations and respiratory issues. Super Brain Breath improves memory and reduces cognitive symptoms. Aura Builder protects against negative energies and emotional instability. Sun in the Heart Breath purifies the heart chakra and relieves emotional distress and breast tenderness. Initiate Breath reduces back pain. Immortal Breath promotes hormonal balance and reduces PMS symptoms.⁸

The treatment group showed significant improvements in blood pressure, pulse rate, and breath control compared to the control group. Additionally, Tibetan Breathology notably reduced premenstrual symptoms like anxiety and mood swings, highlighting its effectiveness. Tibetan Rites also significantly reduced premenstrual symptoms like anxiety and mood swings, demonstrating effective symptom relief. While Comparing Tibetan Breathology and Tibetan Rites so tibetan breathology is more effective for premenstrual symptoms than tibetan rites.

Conclusion

In conclusion, incorporating Tibetan Rites and Breathology as part of a holistic approach to managing premenstrual symptoms offers significant benefits. These practices not only provide relief from symptoms but also enhance overall well-being by promoting mental clarity, emotional stability, and physical health. This research underscores the value of integrating Tibetan techniques into wellness strategies, paving the way for more effective management of premenstrual symptoms and contributing to a more comprehensive approach to

student health and resilience. Future research should focus on exploring the long-term effects of Tibetan Rites and Breathology on premenstrual symptoms, investigating optimal practice regimens, and examining how these techniques can be adapted across different demographics and cultural contexts to maximize their impact.

References

1. Saglam H, Orsal O. Effect of exercise on premenstrual symptoms A systematic review. *Complement Ther Med.* 2020;48(2):102272.
2. Abbas K, Usman G, Ahmed M, Qazi R, Asghar A, Masood Shah A, Rizvi A, Abid K, Haq KU, Tahir A, Usama SM. Physical and psychological symptoms associated with premenstrual syndrome and their impact on the daily routine of women in a low socioeconomic status locality. *The Cureus Journal of Medical Science.* 2020;12(10): 66-67.
3. Archong N and Plianbangchang S. The effectiveness of Tibetan yoga toward estrogen hormone levels: a community-based randomized controlled trial. *IJM RAP.* 2023;12(3):16-23.
4. Rinpoche A and Zangmo A, *The Tibetan Yoga of Breath: Breathing Practices for Healing the body and Cultivating Wisdom.* Shambhala Boston & London publishers 2013:11-35.
5. Kelder Peter, *Ancient Secret of the Fountain of Youth.* Harbor Press, Inc. P.O. Box 1656 Gig Harbor; 1985: 67-100.
6. Chaoul A, Milbury K, Spelman A, Basen-Engquist K, Hall M, Wei Q, Shih Y, Arun B, Valero V, Perkins G, Babiera G. Randomized trial of Tibetan yoga in patients with breast cancer undergoing chemotherapy. *Cancer.* 2018;124(1):36-45.

7. Cohen L, Warneke C, Fouladi RT, Rodriguez MA, Chaoul-Reich A. Psychological adjustment and sleep quality in a randomized trial of the effects of a Tibetan yoga intervention in patients with lymphoma. *Cancer*. 2004;100(10):2253-2260.
8. Bonney J. 2021. The Ten Tibetan Breaths Available: <https://www.pinterest.com/pin/502784745907051192/>.
9. Samuel G. Unbalanced flows in the subtle body. Tibetan understandings of psychiatric illness and how to deal with it. *JORH*. 2019;58(3):770-794.
10. Milbury K, Chaoul A, Engle R, Liao Z, Yang C, Carmack C, Shannon V, Spelman A, Wangyal T, Cohen L. Couple-based tibetan yoga program for lung cancer patients and their caregivers. *Psychooncology*. 2015;24(1):117.
11. Naragatti, M & Rastogi, R. An ancient indian yoga system for enhancement of women health. *JETIR*. 2019;6(3):975-979.
12. Solanki N, Gangwal J, Somlata Jadoun DS, Kholiya S. Importance of ustrasana in present era. *IJRASET*. 2019;7(6):1776-1781.
13. Aggarwal, A, Rao, T, Palekar, T., Paranjape, P, & Singh, G. Effect of yogasanas and pranayama on pain, severity and quality of life in primary dysmenorrhea. *IJMEDPH*. 2020;10(1):38-42.