



Ayurvedic Management Of Menopausal Syndrome: A Comprehensive Approach

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Abstract

Hormonal variations cause a variety of physiological and psychological changes that accompany menopause, a normal transition in a woman's life. Menarche and menopause are two major turning periods in women's reproductive life cycles. Menopause is the most significant event in terms of the body's physical and mental changes. Typically, this occurs between the ages of 45 and 55. The feminine hormones progesterone and estrogen protected women while they were of reproductive age. An estrogen-deficient phase that occurs as people age causes ovarian function to decline, hastening the aging process and leading to menopause.

Through dietary changes, lifestyle adjustments, and herbal therapies, *Ayurveda* provides a comprehensive approach to controlling menopausal symptoms, placing an emphasis on balance.

This paper explores *Ayurvedic* perspectives on menopause, drawing on classical texts and contemporary findings, and presents practical strategies to enhance the quality of life during this phase.

Key words – Menopause, *Rajonivritti*, Lifestyle modification

Introduction

Menopause signifies the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. A woman's menopause is a natural phase of life, not a disease. The menopause is a major physical turning point in a woman's life.

In *Ayurvedic* scriptures, menopause is called "*Rajonivritti*" and menopausal condition is called "*Rajonivrittijanya vyadhies*." According to traditional *Ayurveda*, it is a normal aging process that is controlled by the *Vata dosha's* dominance. According to *Ayurveda*, menopausal symptoms are a normal part of aging and are brought on by an imbalance *between Tridosha, Dhatukshaya, and Agni*.

Menopausal symptoms have become worse due to modern lives and eating patterns, requiring medical attention. *Ayurvedic* remedies, which have their roots in traditional knowledge, are a good substitute for traditional medical care because they are low in side effects and work to restore equilibrium.

Aims and Objectives

1. To elucidate the *Ayurvedic* understanding of menopause.
2. To explore the role of diet, lifestyle, and herbal remedies in managing menopausal symptoms.
3. To compare *Ayurvedic* approaches with modern therapeutic interventions.
4. To recommend practical *Ayurvedic* treatments for alleviating menopausal discomfort.

Methodology:

Modern concept:

It implies "around menopause" (peri menopause). At approximately forty years of age, women start to show signs of menopause. It can also start at age 35 in some circumstances. Numerous physical and psychological problems are caused by the sharp decline in estrogen levels that occurs during the perimenopause. This, in turn, leads to irregular menstrual cycles. She sometimes experiences protracted menstruation. Hot flashes, anovulatory irregular menstrual cycle, sleep issues, vaginal dryness, and night sweats are among her medical symptoms, which are accompanied by mood swings, rage, and even despair. Consequently, selecting the appropriate drugs is essential for managing these vague symptoms.⁽¹⁾

Sign and Symptoms of Early Menopause:

Estrogen levels can drop sharply in early menopause, which increases the severity and duration of symptoms. Shows following symptoms

Age between 40-45

Irregular periods for 12 months

Suffering from common symptoms including hot flashes, headache, weight gain, depression, insomnia, mood swings, fuzzy thinking or fatigue.

Menopause:

When ovarian follicular activity declines toward the end of reproductive life, menopause occurs, resulting in a permanent stop of menstruation. A sickness is not menopause. It is a typical aspect of women becoming older. The term "perimenopause" or "menopausal transition" refers to the period of time preceding menopause.

Age of Menopause: ⁽²⁾

Menopause normally occurs between the age of 45 to 50. The average age is 47 years. The delayed menopause may be related to good nutrition and better health. Menopause before 40 is called premature menopause. Menopausal age is not related to menarche race, socioeconomic status, number of pregnancies, lactation, taking oral contraceptives etc. It is directly associated with smoking and genetic disposition. Smoking induces premature menopause.

Anatomical Changes: ⁽³⁾

Genital organs undergo atrophy and regression. The ovaries shrink and their surfaces become grooved and furrowed. The tunica albuginea thickens. The menopausal ovary measures less than 2x1.4x1 cm. in size (8ml in volume) as seen on ultrasound.

The uterus become smaller through atrophy of its plain muscle. Endometrium is represented by only the basal layer with its compact deeply stained stroma and few simple tubular glands. The cervix becomes smaller and its vaginal portion is represented by small prominence at vaginal vault. The vaginal fornices gradually disappear as the cervix shrinks after the menopause.

The vagina becomes narrow and its epithelium becomes pale, thin, dry and gets easily infected. The vulva atrophies and vaginal orifice narrows. The skin of labia minora and vestibule becomes thin, pale, dry and considerable reduction in the amount of fat contained in the labia majora. The pubic hair is reduced and becomes grey. The pelvic cellular tissues becomes lax and ligaments that supports uterus and vagina lose their tone.

Menopausal symptoms ⁽⁴⁾

In majority of females, apart from cessation of menstruation no more symptoms is evident but in some females, symptoms appear which may be grouped as Vasomotor, Genital and Urinary, Psychological and Health Hazards.

Vasomotor Symptoms

Hot flushes, Night sweats, Trouble sleeping /Insomnia Symptoms, Palpitation

Genital and Urinary

Genital symptoms includes- Dyspareunia, Features of Atrophic vaginitis, Endometritis, Loss of libido

Urethral symptoms includes - Urinary urgency, Dysuria, Recurrent urinary infection, Stress incontinence

Psychological Symptoms

Anxiety, Headache, Insomnia, Irritability, Depression, Dementia, Mood swings, Inability to concentrate.

Health Hazards

It includes Osteoporosis, Joint pain, Fatigue and Fracture

Diagnosis of Menopause ⁽⁵⁾

1. Cessation of menstruation for consecutive 12 month during climacteric.
2. Appearance of menopausal symptoms "hot flush" and "night sweat".
3. Vaginal cytology – showing maturation index of at least 10/85 /5 (feature of low estrogen)
4. Serum estradiol ; <20 pg /ml
5. Serum FSH & LH > 40 mIU/ ml (three value at weeks interval required)

Ayurvedic View of Menopause

In the classic, *rajonivrutti* is not listed as an illness. *Acharya Sushruta* and *Vagbhat (AstangaHridayam)* state that *Rajonivrutti* was fifty years old when senility completely overtakes the body ⁽⁶⁾⁽⁷⁾. In Ayurveda, aging is called *nishpratikriya* (unavoiding changes) and *swabhavabalroga* (natural sicknesses). According to contemporary research, the typical menopausal age is 50, which is also the age at which *Rajonivrutti* (menopause) is *jara avasthajanya sharir* (aged body). As people age, menopausal symptoms, which are seen as a "disproportion of the *Dosha (Vata, Pitta, and Kapha)* and naturally deteriorate. ⁽⁸⁾

Nidan of Rajonivrutti

There is no information about *Rajonivrutti's nidan, purvarupa, rupa, or samprapti* in the classics. *Rajonivrutti* is a natural occurrence that happens when people age gradually. The following list of specific factors may also be regarded as causal causes. ⁽⁹⁾

1. *Kala* (Time)
2. *Vayu* (*aapan* and *vyan*)
3. *Dhatukshaya* (Deficiency disorders)
4. *Swabhava* (Natural phenomenon)
5. *Karma* (Activities)
6. *Abhighat* (Injury)

Ayurvedic Pathophysiology of Menopause

Menopause is described in *Ayurveda* as a result of *Dhatukshayajanya avastha* (tissue depletion) and increased dominance of *Vata dosha*. Dominance of *Vata*, *Pitta* and *Kapha doshas* further manifests specific symptoms and causes following symptoms as per dominance of *doshas*.

Vata Dominance:—Nervousness, anxiety, pain, mood swings, vaginal dryness, loss of skin tone, feeling cold, irregular periods, insomnia, mild hot flushes, constipation, palpitation, bloating and joint pain etc.

Pitta dominance: Excessive sweating, irritability, more prone to Hot temper, anger, irritability, feeling hot, hot flushes, night sweats, excessive bleeding, urinary tract infections, skin rashes and acne etc.

Kapha dominance: Weight gain, lethargy, fluid retention, depression, lacking motivation, slow digestion etc.

Ayurvedic Management Strategies

Menopause symptoms are mostly caused by *vata* aggravation, with other *Doshic* factors *pitta* and *kapha*. The intensity of menopausal symptoms might be lessened or even eliminated by harmonizing the aggravating factors in the early premenopausal phase. By following the *Dosha*-based dietary and lifestyle recommendations that accompany regular use of *Ayurvedic* medications, this can be achieved. In the event that symptoms persist, *Ayurvedic* detoxification, or "*Panchakarma*," is recommended. It assists in balancing out vitiated humors or *doshas*. Through a balanced diet, *yoga*, *rasayana* therapy, *sattvavajaya chikitsa*, *shodhan chikitsa* (*panchakarma* therapy), and *samshamana chikitsa* (internal medicines), *Ayurvedic* treatment for menopausal symptoms aims to balance *dosha*.

Dietary Adjustments:

- **Vata dominance:** Use- Warm, unctuous foods, spices like cumin and fennel, avoidance of caffeine and cold foods, refined sugars.
- **Pitta dominance:** Use- Cooling foods like cucumber, pomegranate, and sweet fruits (grapes pears, plums, mango, melons, and apples), increase water intake. reduced spices and avoid hot foods, spicy foods, hot drinks, alcohol, late eating and late sleeping.
- **Kapha dominance:** Light, dry, and warm foods with spices like turmeric and ginger, avoidance of sugar and processed foods, meat, cheese, sugar, cold foods & drinks.

Lifestyle Modifications:

- **Vata balancing:** Oil massages, *yoga*, and sufficient sleep.
- **Pitta calming:** Meditation and reduced sun exposure.
- **Kapha pacifying:** Regular exercise and stimulating activities.

Herbal Remedies:

Menopause symptoms can be effectively alleviated by certain herbs, including *Shatavari* (*Asparagus racemosus*), *Ashwagandha* (*Withania somnifera*), *Shatpushpa* (*Anethum sowa*), *Chandrshur* (*Lepidium sativum*), *Guggul* (*Commiphora mukul*), *Amla* (*Phyllanthus emblica*), *Kumari* (*Aloe vera*), *Garlic* (*Allium sativum*) and *Shankhapushpi* (*Convolvulus pluricaulis*). In addition to preventing senile degeneration, these medications boost immunity and defenses, improve memory and intelligence, raise vigor, provide freedom from illness, restore health, and lengthen life.

Samshamana Therapy- *Agnideepana, Amapachana, Anulomana, Balya chikitsa.*

Sattvajaya Chikitsa - Counselling and Reassurance

Panchakarma Therapy:

The primary objective of *Panchakarma* therapies is to release vitiated substances and *doshas* from their abnormal placements in peripheral tissues by using the body's natural elimination process. Thus, *Panchkarma* enhances both mental and physical well-being. *Abhyang, Mruduswedan*, and therapeutic enema with strength-promoting medications (*yapanabasti*), *mriduvirechan, basti* (enema) are included. detoxification treatments. Mental health is restored via *shirodhara*, or oil therapy. *Panchkarma* restores systemic balance and gets rid of poisons (*Ama*).

Yoga and Meditation: Practices like *Shavasana* and *Pranayama* reduce stress and promote hormonal regulation.

Rasayana medications: It functions by strengthening all seven *Dhatus*. *Rasayana* produces enduring memory, talent, a young, healthy physique, a dazzling complexion, a clear voice, physical and sensory strength, honesty, respect, and a radiant body, according to *Aacharya Charaka*. "*Rasayana*" is a virilific and vitality-promoting approach to health and vigor, according to *Aacharya Charaka* ⁽¹⁰⁾. "Delays the aging process, increases longevity, talent, and vitality, and makes the body fit to overcome the factors causing ailments," is how *Maharsi Susruta* describes the "*Rasayana*" technique ⁽¹¹⁾.

Flowchart of Ayurvedic Management

Menopausal Symptoms --> Dosha Assessment --> Diet Adjustments --> Herbal Remedies --> Panchakarma Detoxification --> Lifestyle Modifications --> Rasayana Therapy (Rejuvenation)

Discussion

In ancient literature, there are very few sporadic references to *Rajonivritti*. According to all *ayurveda acharyas*, the *rajonivritti* age is fifty years. Despite being a physiological process, incompatible foods, stress, poor eating habits, changes in lifestyle, and irregular sleep patterns can create mental or physical discomfort, which can progress to disease and necessitate medical intervention. Hot flashes, irritability, sleep difficulty, and other menopausal symptoms can all be associated with *vatapittaja lakshana*. The treatment of choice for preventing long-term negative effects on *rasadi saptadhatus* is *rasayana* therapy, since *rajonivritti* can be linked to *jaravastha* (senility). The *Ayurvedic rasayana* treatment is powerful, economical, and prolongs life.

Conclusion

Ayurvedic menopausal care offers a safe, natural substitute for the hormonal therapies. Detoxification with *panchakarma* reduces severe symptoms and enhances systemic harmony. by emphasizing *Panchakarma* detoxification, rejuvenation treatments, and *dosha*-specific interventions. *Ayurveda* improves general health by addressing the underlying causes of imbalances. In order to provide complete menopause care, future research should focus on combining *Ayurvedic* methods with contemporary healthcare systems. In addition to improving quality of life, combined strategies lower the risk of chronic issues like cardiovascular disease and osteoporosis. The epistemologies of modern medicine and *Ayurveda* are essentially different. *Ayurveda's* logic and philosophy are more concerned with health than disease. In addition to effectively treating menopausal symptoms, *Ayurvedic*-based

treatment for these symptoms was first introduced in midlife as part of preventative healthcare. It can also effectively address aging and associated problems. For the elderly female population, it can increase both life expectancy and quality of life.

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