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MENOPAUSAL TRANSITION - AYURVEDIC APPROACH

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ABSTRACT

Menopausal transition or perimenopause is the phase of aging process during which a woman passes from reproductive to non-reproductive stage. It is the period around the late reproductive years, usually late 40 s to early 50s. It begins with menstrual cycle irregularity and extends to one year after permanent cessation of menses. Most of the women begin to experience an array of physical, psychological, vasomotor and urogenital symptoms long before they meet the definition of menopause due to gradual loss of ovarian follicular activity. For about 20% of women with perimenopausal symptoms are highly problematic. In Ayurveda the term '*rajakshaya*'¹ is used to denote the condition. As explained in classical references the normal menstrual flow is gradually decreases by the age of 50 yrs "*jara pakwa sareeranam yathi panchasata:kshayam*".² *Rajas* is considered as the *upadhatu* of *rasa*³ or *raktha*⁴. In perimenopausal period there is gradual depletion in the normal levels of *dhatus* which result in *rajakshaya*. Hence it is considered as a *Swabhavabala pravrutta vyadhi*⁵ and symptoms of *jara* or *vardhakya* are seen. In this period there is *agni mandya*, *pitta kshaya*, aggravation of *vata* along with *kapha medo dushti* and *uttarothra dhatu kshaya* occurs which ultimately results in *rajakshaya*. No direct description about perimenopausal symptoms are available in Ayurvedic classics. Various symptoms mentioned in *samhithas* in the context of *yonirogas* can be seen in perimenopausal period. Sometimes these symptoms may be troublesome and may affect the quality of life badly. Ayurveda offers effective modalities and herbal formulations for the management of perimenopausal symptoms. To cope up these and to get symptomatic relief these, the line of treatment should be *rasayana*, *balya*, *dhatukrith* and *rasa raktha prasadana*. *Jwarasamaka* or *Santhapasamaka* treatment principles can be adopted. Life style modifications which include balanced diet, exercises along with specific *yogasanas* and *pranayama* can also improve the quality of life in menopausal transition.

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INTRODUCTION

Women can be considered as the axle where the whole family and society revolve and each period of women's life is gracious and beautiful. Perimenopause refers to the period around menopause. Perimenopause or menopausal transition is the period during which a woman passes from reproductive to non-reproductive stage and it covers 6-10 years before and after menopause. Many women begin to experience an array of physical, psychological, vasomotor and urogenital symptoms long before they meet the definition of menopause due to gradual loss of ovarian follicular activity. Perimenopausal symptoms are highly problematic for about 20% of women, mainly hot flushes and night sweats. It results in higher level of social impairment, work related complications and other difficulties such as anxiety, fatigue, disturbed sleep, lethargy, irritability and diminished concentration. The age of menopause ranges between 45-55 years and average age is considered as 47-49 years. Little is known about the factors, which determine the age of menopause. It does not appear to be related to age of menarche or age of last pregnancy, lactation, use of oral pill, socio-economic factors, race, weight or height. Thinner women have early menopause. The term perimenopause should include the period immediately prior to the menopause and at least the first year after menopause. This time period is also termed as menopausal transition and it is the phase of aging process during which a woman passes from the reproductive to the non-reproductive stage. The term menopausal transition should be reserved for that period of time Final Menstruation Period (FMP) when variability in the menstrual cycle is usually increased.

Endocrinology of menopausal transition and menopause

Few years prior to menopause, along with depletion of the ovarian follicle, the follicles become resistant to pituitary gonadotropins. As a result effective folliculogenesis is impaired with diminished estradiol production. This decreases the negative feedback effect on hypothalamo pituitary ovarian axis resulting in increase in FSH. The increase in FSH is also due to diminished inhibin. The increase of luteinizing hormone (LH) occurs subsequently. Disturbed folliculogenesis during this period may result in anovulation, oligo-ovulation, premature corpus luteum or corpus luteal insufficiency. The sustained level of oestrogens may even cause endometrial hyperplasia and clinical manifestation of menstrual abnormalities prior to menopause. The mean cycle length is significantly shorter. This luteal phase length remains constant. In late menopausal transition, there is accelerated rate of follicular depletion. Ultimately no more follicles are available and even some exist, they are resistant to gonadotropins leads to no endometrial growth to absence of menstruation.⁶ Symptoms in menopausal transition includes Menstrual changes which include shorter cycles and irregular bleeding, vasomotor symptoms which are hot flushes, night sweats and sleep disturbances, psychological symptoms which includes irritability, mood swings, poor memory and depression and sexual dysfunctions and other symptoms like back aches and joint aches.

DISCUSSION

Ayurvedic perspective of menopausal transition

In Ayurvedic classics stages of life are divided into *baalyavasta*, *madhyamavasta* and *vridhdhavastha*. *Susruthacharya* divides *madhyamavasta* of age again into *vridhi*, *youvana*, *sampoorna* and *parihani*. and 41-70 years age group comes under *parihani* stage, where there is deterioration of *dhatu*s occur. *Madhyamavata* of life span is dominated by *pitta*; "*Madhyame pittameva tu*".⁷ Age group of *adhirudha* (35-50 yrs) is described in *Bhavaprakasha* as *madhyamavasta*. Hence these phases can be considered as menopausal transitional age and in *vridhdhavasta* of life is dominated by *vata dosha*.

Rajakshaya /*rajonivrutti* - "*Jara pakwa sareeranam yathi pancha satam kshayam*". In Ayurveda the term *rajakshaya* is used to denote the condition of perimenopause. No direct description about *rajonivruttivikara*'s are available in our classics except *yonirogas* which resemble some symptoms of menopausal transition. Acharyas describe the normal menstrual flow is gradually decreasing by the age of 50 yrs. Since *rajas* is considered as the *upadhatu* of *rasa* or *raktha*, in perimenopausal period there is gradual depletion in the normal levels of *dhatu*s which result in *rajakshaya*. Hence it is considered as a *Swabhavika vyadhi* and symptoms of *jara* or *vardhakya* are seen. In this period there is *agni mandya*, *pitta kshaya*, aggravation of *vata* along with *kapha medo dushti*, *uttarothra dhatu kshaya*, which ultimately results in *rajakshaya*. *Kala* is the cause for all changes in the world and none can block the flow of time. It is an important factor in aging. Hence *swabhava* and *kala* are considered as then causes of *rajakshaya*. In perimenopause the *paithika* nature of body changes to *vatika*. All these ultimately lead to *arthavadhatu kshaya* and finally *rajonivrutti*.

Perimenopausal symptoms in relation to tridoshas - In our classics these symptoms can be classified as *vataja*, *pittaja* and *kaphaja* types. *Vatavrudhalakshana* are *nidranasa*, *vakparushyam*, *brama*, *navasthithachittatwa*, *vakparushyam*, *alpabalatwa sandhivedana*, *admana*, *atopa* and *gatra spuranam*.⁸ Out of these *vataja* locomotor symptoms like osteoporosis and psychological symptoms like anxiety, stress, vaginal dryness etc. can be seen in menopausal transition. *Pitta vrudhdha lakshanas* are *santhapa*, *moorcha*, *seethakamitwa*.⁹ Out of these *pittaja* vasomotor symptoms like hot flushes, night sweats and urinary symptoms like recurrent urinary tract infections etc. can be seen in perimenopause. *kapha kshaya lakshanas* are *soonyata* of *sleshmasaya*, *roukshya*, *sandhi saithilya*.¹⁰ Out of these *kaphaja* cardiovascular diseases and obesity can be included in *kaphaja* symptoms associated with menopausal transition.

Perimenopausal symptoms in relation to dhatu - As described earlier in *rajakshaya*, *koshtagni mandya* and *dhatwagni mandya* occurs which affect *dhatu parinama*. Since *rasa dhatu* is not properly formed, subsequent formation of *dhatu*s will be adversely affected. Loss of skin tone, complexion, increased thirst, tiredness and discoloration in skin is associated with *rasa* and *raktha dhatu vaishamya*. Obesity and altered lipid metabolism are seen in association with *mamsa medo dhatu dushti*. Osteoporotic changes are seen in associated with *asthi* and *majja dhatu dushi*. Finally *rajakshaya* is seen in associated with *arthava kshaya*. In *artava kshaya* there will be scanty irregular menses or absence of menstruation.

Ojokshaya lakshana's are also seen in associated with perimenopausal symptoms. *Ojokshaya lakshanas* like fear (of loss of life), debility, too much of worry, discomfort in the sense organs; bad complexion, unstable mind (mental disturbances), dryness and emaciation of the body and psychological disturbances like mood swings, irritability, poor memory may be seen in associated with perimenopause.¹¹

Yoni rogas in relation to perimenopause-¹² Certain *yonirogas* mentioned in *Susrutha samhitha, Charaka samhitha* and *Ashtangahridaya* can be correlated to gynaecological disorders experiencing during menopausal transition. *Vatiki yonivyapath - karkasyam, toda, suptata* and *ruk* of *vatiki yoni vyapath* may be correlated as roughness and pain over vagina seen in atrophic vaginitis associated with perimenopausal symptoms. Treatment of *vatiki yoni vyapath* can be adopted here. *Sushka yoni vyapath- yoni sosh* seen in *sushka yoni vyapath* can be correlated with atrophic vaginitis and there may be dyspareunia and burning sensation associated with it. Thinning of vaginal epithelium due to estrogen deficiency is seen. Here also *vatiki yoni vyapath chikitsa* can be adopted to reduce pain and dryness over vagina. *Vivrutha /srasta/prasramsini* – seen in *prasrasta yoni* in which *yonivivruthatwa* (widened introitus) can be seen. It is correlated with pelvic organ prolapse (first and second degree), cystocele, urethrocele, rectocele etc. where deficiency of oestrogen in this age cause laxity of supporting structures. *Paithiki yoni vyapath - daha, paka, ushna* and *jwara* are seen *paithika yoni vyapath* also can be correlated with the specific hormonal symptoms such as hot flushes and night sweats and which results in burning sensation and increased heat over vaginal epithelium. Management includes *pitta samana seka abyanga pichu kriya* in *yoniroga*. *Pariplutha yoni vyapath- sparsasahatwa* and *arthi* seen in *pariplutha yoni vyapath* is due to vitiation of *vata* and *pitta*. This is also seen in atrophic vaginitis due to estrogen deficiency. Treatment includes *seka, abhyanga, pichu* with *vata pitta samana dravyas* and *vasthi* with *madhura drugs*. *Viplutha yoni vyapath-* due to vaginal dryness and thinning of vaginal epithelium associated with estrogen deficiency seen atrophic vaginitis. This causes severe itching and irritation of vaginal skin. *Kaphaja yoni roga chikitsa* is applicable here. *rooksha ushna oushadhas* are using including *dhatakyadi taila-abhyanga, pichu* and *vasthi*. *Rakthayoni/ asrigdaram* – is a condition due to vitiation of *vata, pitta* and *raktha dosha* in which abnormal and excessive menstrual flow is seen. It is mentioned in ayurvedic classics as a complication of untreated *yonirogas*. This condition can be correlated with dysfunctional uterine bleeding seen in anovulatory cycles. These results in menorrhagia and cystic glandular hyperplasia (metropathica hemorragica, Schroeder's disease) in which endometrial shedding with heavy bleeding is seen due to hormonal imbalance. This is usually met in premenopausal women. Abnormal uterine bleeding is also seen in conditions of adenomyosis, fibroid uterus also. Pelvic pathologies like endometriosis and endometrial malignancies can be associated with these conditions. Treatment principles of *rakthapitta, raktharsas* and *rakthathisara* can be applied. *Lohitha kshaya/arajaska* – vitiation of *vata* and *pitta* causes decrease in *rajas*. This may produces burning sensation, emaciation and discoloration. These can be correlated with hypomenorrhoea, oligomenorrhoea seen during menopausal transition age. *Nashthartha* -*Vata* and *kapha* obstruct the channels carrying *artava* and destroying it. So there is no periodic discharge of menstrual blood. Same condition is seen in menopause i.e. absence of menses.

General management of perimenopausal symptoms - The treatment approach should begin with eliciting the major symptoms at individual level. *Vyadhiprathyanika chikitsa* is useful as first line of management to obtain symptomatic relief. To cope up with menopausal transition symptoms, the line of treatment should be *rasayana, balya, dhatukrith* and *rasa raktha prasdana*. *Jwarasamaka* or *Santhapasamaka* treatment principles can be adopted. Life style management includes positive attitude towards menopausal symptoms and adjustment in new life style plays a greater role in managing menopausal problems. Sleep is also important for the woman entering menopause. The balanced, regular and adequate diet is required to reduce the risk of malnutrition, obesity and under nutrition. Small frequent meals are advisable than three large meals. High caloric diet should be avoided as there is tendency to put on weight. The diet should contain essential micro and macronutrients, high fibre and sufficient water. Phytoestrogens are also known as nutraceuticals. These substances have chemical structure similar to oestrogen. The sources of availability are plants and they express some estrogen like activity. Antioxidants are the substance that protect the body against the deleterious effects of the free radicals which are the byproduct of normal metabolism. *Guduci* (*Tinospora cordifolia*), *Amalaki* (Indian gooseberry) and *haridra* (curcumin) have a lot of antioxidant properties.

Rasayana chikitsa- As *rajakshaya* is an irreversible process, the associated morbidities should be tried to manage with suitable *samana rasayana*. *Rasayana yogas* which contain more *amalaki* is used to build nutrition and has also natural anti-oxidant properties. Use of *triphala* is seems to be beneficial to calm the deranged *pitta*. *Medya rasayana*¹³ are also seem to be beneficial in these conditions. *Stanika chikitsa*¹⁴-They are the local treatments doing in vaginal area. *Stanika chikitsa* play an important role in the management of perimenopausal symptoms since vagina absorbs water, electrolytes and low molecular wt. Some of them are *yonidhavana* (vaginal washing), *pichu dharana* (vaginal filling), *varti prayoga* (vaginal tablets) *yonipoorana* (vaginal filling) and *yonilepana* (vaginal ointments). These are useful to relieve the symptomatic relief in atrophic vaginitis, first and second degree uterine prolapse, cervicitis and vaginal dryness associated with menopausal transitional period.

Pathya -According to *Acharya Vagbhata*, women suffering from *yoniroga* have to use *taila(oil)* and *abhayaarishtha*¹⁵ (medicinal alcoholic preparations) depending upon the predominance of *dosha* along with *ksheera* (milk) or *mamsarasa* (meat soup). Food like soyabeans, tomato, carrots, cucumber, beets, apple, oats, barley dates, cherries, wheat, garlic, red beans etc. are helpful in treating vasomotor symptoms and reducing vaginal dryness as they are rich source of phytoestrogens. **Apathya** -Avoiding certain types of food can make the menopausal transition a lot more bearable. Fatty meat, chocolates, tea, coffee, oily fried and spicy food, sugar and refined carbohydrates, alcohol, tobacco etc. should be avoided.

CONCLUSION

Menopausal transition is simply a transition, and like any other transition, disarray and discomfort arise because of imbalance of normal *doshas* and *dhatus* of body. Objective of Ayurveda is to accomplish physical, mental, social and spiritual wellbeing by adopting preventive and promotive approaches as well as treating disease with a holistic approach. In fact the classical texts do not refer to it as a disorder. Following Ayurvedic principles and guidelines for good health can dispel the discouraging negative connotations of menopause. This will definitely make her menopausal transitional period a gracious one.

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