

CASE STUDY

Role of Ayurveda in Menopause Vs HRT Management of Menopausal Syndrome through Ayurveda - A Case Report

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ABSTRACT

Menopause is a unique phenomenon, also known as “the change of woman life”. It is the ending phase of a woman’s monthly menstrual period and ovulation which is defined as a time of cessation of ovarian function resulting in permanent amenorrhea i.e., cessation of menstruation for 6 months to 1 year at approximate age of 45 years or above. Due to a decline in the amount of the oestrogen and progesterone hormone which are produced by her body causes several changes physically and mentally both. In Ayurveda, there is no specific description for menopause but the word *Rajonivrutti* is mentioned at 50 years.

The depletion of Ovarian follicles in menopause leading to decrease in ovarian hormones results in manifestation of aging process in women, hot flushes, sweating, mood changes, irritation, lack of concentration, loss of libido, forgetfulness, osteoporosis etc. In Allopathic science this condition is treated by oestrogen, either alone or in combination with progestins (HRT) but in Ayurveda, physiological system based on balance of “*vata*”, “*pitta*” and “*kapha*”. *Rajonivrutti* is predominant by *vata* so, there is a significant tendency to develop more degenerative changes. So, Rasayana therapy described by Acharyas which promotes longevity is very helpful in alleviating the *vata* and associated symptoms along with Panchakarma therapies like *shirodhara*, *shiropichu*, *nasaya* play a very important role in stress management, improvement in quality of life. A detailed description of menopause is elaborated in the paper highlighting the role of Ayurveda in abating the symptoms of menopause with a case study on successful Ayurvedic management of menopausal syndrome.

Key Words Menopause, HRT, *Rajonivrutti*, *Rasayana*, *Panchakarma*

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INTRODUCTION

Menopause is defined as the permanent cessation of menses¹. However, manifestations that occur around the time of menopause are caused by the underlying ovarian changes. Various hormonal

changes take place in the body during this phase of life. Above 60 million women in India are above the age of 55 years. Due to increase in life expectancy, women spend one third of their life

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in postmenopausal age. Age for menopause ranges from 45-50 years².

Hence, there is a need for definitive management during the Menopausal stage which involves management of age-related changes to improve the quality of life of individuals.

Depletion of primordial ovarian follicles resulting in diminished oestradiol levels. There is 66% reduction in oestrogen. Gonadotropins increase as a result of the absence of negative feedback of ovarian steroids, hence FSH (40 IU/L) increases markedly is essential criteria for diagnosis of menopause, reflecting fall in oestrogen and LH rises moderately. Over time, this decline may be experienced as a change in the skin elasticity, altered cognitive abilities, vasomotor symptoms like hot flushes, headache, dizziness, night sweats, menstrual irregularities, dyspareunia, incontinence, valvular pruritis lack of energy, difficulty concentrating, vaginal dryness, sleep disturbances and also influence on carbohydrate and lipid metabolism results in increase in insulin resistance and hyperlipidaemia, cardiovascular disease respectively.

Its deficiency leads to increase in osteoclastic activity results in osteoporosis. There is fall in 2-hydroxylated oestradiol which has neuroprotective action². Depression, mental stress is more common in these women due to increased level of FSH and cortisol and serotonin deficiency².

Incidence and prevalence rate of postmenopausal syndrome is 78% of population, but only 19.5% of the symptomatic women take treatment³.

In modern medicine, the management of menopausal syndrome is through hormone replacement therapy (HRT). Often there is spectacular relief from the symptoms of the disease but there is an associated risk of serious side effects such as increased probability of developing breast cancer, uterine cancer, venous thromboembolism, stroke, etc⁴.

HRT, however, is not very effective in managing the psychological symptoms associated with menopause. An effort to manage this with long-term use of sedatives, hypnotics, and anxiolytic drugs leads to side effects like drowsiness, impaired motor function, loss of memory, antisocial behaviour, allergic reactions, etc.

Menopausal syndrome does not find mention as disease in Ayurvedic literature, however, the context of Menopause is depicted as “Jara Pakva Avastha” of body and Rajonivrutti⁵. According to Acharya Sushruta and various other references, 50 years is mentioned as the age of Rajonivrutti. Rajonivrutti janya lakshan is a group of symptoms produced by degenerative process of body tissue. Menopause involves doshas, dhatu, srotas and manas. The clinical features would be in accordance to it and treatment should be multi-dimensional.

Moreover, Menopause is linked with Vata dosha dominated stage of life. Anxiety, nervousness, insomnia, depression, sabdasahisunta, dryness of skin, vagina, palpitations, bone and joint pain are Vata dominant features. Along with that Pitta dosha symptoms like hot flushes, irritability, mutradaha, amlodgara, short temper etc are seen,

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during this phase. Excessive sleep, agnimandya, lethargy, weight gain, sluggishness are due to the dominance of kapha⁵.

MATERIALS AND METHODS

Ayurvedic literature related to Rajonivrutti (Menopausal Syndrome) are searched. Other research journals, papers related to Menopausal Syndrome are also explored. Patient attending the Outdoor Patients Department of Streeroga & Prasooti tantra, SDMCAH, was randomly incorporated into the study irrespective of caste, religion etc.

CASE REPORT

A 48-year-old lady came to O.P.D of PrasutiTantra and Streeroga department of SDMCAH presented with the complaint of generalised weakness, body ache associated with headache for 3 months. For one year she has been experiencing hot flushes, night sweats. She had complaint of low back ache, muscle and joint pain especially knee joint, disturbed sleep, depression, anxiousness. The patient had history of hypothyroidism and Diabetes mellitus for 5 years and since then was on modern medication. Menstrual history includes absence of menstruation for 8 years. Obstetric history includes G3P3L3D0A0, three full term normal deliveries.

Table 1 Diagnostic focus and Assessment The patient was diagnosed as having Menopausal syndrome by Australasian Menopause Society Symptom Score Sheet⁴ -

Symptoms	None - 0	Mild - 1	Moderate - 2	Severe - 3
Hot flushes				3
Light headed feelings		1		
Irritability			2	
Depression				3
Anxiety		1		
Mood changes			2	
Sleeplessness				3
Unusual tiredness				3
Back ache				3
Joint pains				3
Muscle pains				3
New facial hair		1		
Dry skin		1		
Dry vagina		1		
Urinary frequency			2	
Headache				3

The patient attained a score of 35 according to the scoring scale given by Australian Menopause Society symptom as mentioned above in Table 1, highly suggests that she needs treatment.

COURSE OF TREATMENT

To overcome these above mentioned features our Acharyas mentioned *Rasayana therapy, balya, vayasthapka* type of drugs, *Abhyanga* and *shirodhara, shiropichu* for *Mansika chikitsa*. The type of treatment depends upon the dosha in

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which woman's menopause symptoms are manifesting. In order to reduce the signs symptoms of *Rajonivrutti* some important *Rasayana* are used. In this, patient was administered *Shirodhara* up to 20 min with one litre of *ushna jala* (as shown below in Figure-1) and *shiropichu* with *kotambchukadi taila* for 7 days (as shown below in Figure-2) and *ksheerabala capsules* and *Maha Rasnadi Kwatha* 20 ml twice daily, after food for 1 month was given orally.

1) BALA (*Sida cordifolia*)- In menopause age it helps as a *Rasayana* as a *Balya* and *Bruhaniya* by normalizing *vata* and *pitta*. Hence it is used in diseases which are caused due to vitiation of *vata* and *pitta*.

2) LAHSUNA (*Allium sativum*) – According to Kashyapa, it acts as *Amruta* and *Rasayana*. Menopause is associated with an increase in oxidative stress and a decrease in some antioxidant parameter. Consumption of garlic extracts and crude black seed may have beneficial effect on improved balance between blood oxidants and antioxidants in healthy menopausal women.

3) Mode of action of *Shirodhara* and *Shiropichu*-Penetration of topically applied drug into the skin follows passive diffusion.

Effect on endocrine system-An effect of *Shirodhara* on hormone secretion has also been postulated considering the effect on the hypothalamus⁶.

Effect on anxiety and depression-
Shirodhara may have an anti-depressant effect

like Mono Amine oxidase inhibitors. Inhibition of the MAO-A decreases the deamination of Nor-Adrenaline (NA) and to a lesser extent of 5-HT which is associated with the antidepressant action. It may decrease anxiety by facilitating the inhibitory presynaptic action of GABA and sedative activities in limbic system. It can be postulated that *Shirodhara* has some effect on the hypothalamus, with resulting relief of most of the psychic and somatic disorders⁶.



Figure 1 *Shirodhara* with *ushna jala*



Figure 2 *Shiropichu* with *Kotambchukadi taila*

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RESULTS

Table 2 Menopause rating scale⁴

Parameters	Before treatment	After treatment
Joint pain	++++	+
Muscle pain	+++	+
Weakness	+++++	+
Hot flushes	+++	+
Anxiety and mood swing	+++	+
Headache	++++	++

After course of treatment of 7 days and orally administration of drugs for 1 month, a highly significant result was noted symptomatically, as stated above in the Table 2.

DISCUSSION

Menopause is simply not an oestrogen deficiency state but it is associated with large number of symptoms which disturbs women's routine life. There is no specific description regarding clinical features of *Rajonivrutti* as Ayurveda considers *Rajonivrutti* is a natural process of aging, signified by *Vata* vitiation and *dhatukshya* further respective *Updhatu kshaya* takes place. The vitiated *Vata dosha* also disturbs the other *Sharir* as well as *Manas dosha (Raja and Tama dosha)* leading to various psychological disturbances. Thus, leading to *Artava nasha* (amenorrhea). Thus, modern science mainly concentrates on tackling the physical problems of menopause, but the psychological aspect is often neglected. Therefore, here we have made an attempt to focus on the other side of the coin, i.e., the psychological aspects of menopause can be well treated by *Shirodhara* and *Shiropichu* and to

combat the degenerative process of the body tissue Acharyas have described *Rasayana Chikitsa*. There is a great scope for research in *Ayurveda* to find a cure for the management of menopause which can improve the quality of life as well as life expectancy of aging female population with safer aspects as compared to HRT.

CONCLUSION

Menopause viewed as part of ageing, intricately relates the biological, cultural and social aspects of women's life. *Shirodhara*, *shiropichu* and *Shaman Yoga* combined is better in various psychological disturbances mainly include headache, irritability, depression, mood swings, sleep disturbances, etc as compared to HRT. So, it can be concluded that in women with mild to moderate symptoms of menopausal syndrome, a *Shaman Yoga* along with *Shirodhara* and *Shiropichu* gives better result in both somatic as well as psychological complaints. No any adverse effect was noted during the study.

Therefore, it could be a safe alternative therapy of HRT. It is found to be an effective therapy in psychological and somatic problems related with menopausal syndrome.

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