

The Ayurvedic Approach to the Menopausal Transition

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Abstract

Menopausal transition, also known as perimenopause, is the period of the ageing process in which a woman goes from a reproductive to a non-reproductive stage. It is the time period between the late reproductive years, which is generally between the late 40s and the early 50s. It begins with irregular menstrual cycles and lasts for one year following menstruation cessation. Because of the progressive reduction of ovarian follicular activity, most women begin to experience a variety of physical, psychological, vasomotor, and urogenital symptoms long before they satisfy the criteria of menopause. Perimenopausal symptoms are quite severe for around 20% of women. The condition is referred to as rajakshaya in Ayurveda. According to traditional sources, "jara pakwa sareeranam yathi panchasata:kshayam" (regular menstrual flow progressively diminishes after the age of 50 years). 2 Rajas is regarded as the rasa³ or raktha⁴ upadhatu. 1 The usual amounts of dhatus are gradually depleted throughout the perimenopausal period, resulting in rajakshaya. As a result, it is classified as a Swabhavabala pravrutta vyadhi⁵ with jara or vardhakya symptoms. Agni mandya, pitta kshaya, vata aggravation, kapha medo dushti, and uttarothra dhatu kshaya occur during this period, resulting in rajakshaya. There is no clear account of perimenopausal symptoms in Ayurvedic texts. Various perimenopausal symptoms indicated in samhithas in the context of yonirogas can be seen. These symptoms can be bothersome at times and have a negative impact on one's quality of life. For the treatment of perimenopausal symptoms, Ayurveda has efficient techniques and herbal formulations. Rasayana, balya, dhatukrith, and rasa raktha prasadana should be used to deal with them and receive

symptomatic relief. Treatment concepts based on Jwarasamaka or Santhapasamaka can be used. Lifestyle changes such as a balanced diet, exercise, and certain yogasanas and pranayama can help improve the quality of life throughout the menopausal transition.

Keywords: - Ayurveda, Rajakshaya, Perimenopause, Upadhatu, Yogasanas, Pranayama

INTRODUCTION

Women may be thought of as the axle around which the entire family and society revolves, and each stage of a woman's life is graceful and lovely. Perimenopause is the time period preceding menopause. Perimenopause, also known as menopausal transition, is the time when a woman transitions from a reproductive to a non-reproductive stage, lasting 6-10 years before and following menopause. Because of the progressive reduction of ovarian follicular activity, many women begin to experience a variety of physical, psychological, vasomotor, and urogenital symptoms long before they satisfy the criteria of menopause. Perimenopausal symptoms, particularly hot flushes and night sweats, are extremely distressing for around 20% of women. It causes more social impairment, work-related challenges, and other difficulties such as worry, exhaustion, disrupted sleep, lethargy, impatience, and decreased attention. Menopause occurs between the

ages of 45 and 55, with the average age being 47 to 49. Little is known about the variables that influence menopause age. It does not appear to be connected to menarche age or age of previous pregnancy, breastfeeding, oral pill use, socioeconomic variables, race, weight, or height. Thinner women experience menopause earlier. Perimenopause should cover the period immediately preceding menopause as well as the first year following menopause. This is also known as menopausal transition, and it is the stage of the ageing process in which a woman transitions from the reproductive to the non-reproductive stage. The term menopausal transition should be retained for the time of Final Menstrual Period (FMP) when menstrual cycle unpredictability is typically enhanced.

A few years before menopause, coupled with ovarian follicle depletion, the follicles become resistant to pituitary gonadotropins. As a result of decreased

estradiol synthesis, effective folliculogenesis is hindered. This reduces the negative feedback impact on the hypothalamic-pituitary-ovarian axis, leading to a rise in FSH. The rise in FSH is also attributable to a decrease in inhibin. Following that, the level of luteinizing hormone (LH) rises. Anovulation, oligo-ovulation, premature corpus luteum, or corpus luteal insufficiency may occur from disturbed folliculogenesis during this phase. Endometrial hyperplasia and clinical manifestations of menstrual irregularities before to menopause may be caused by a prolonged amount of oestrogens. The average cycle duration is greatly reduced. The length of the luteal phase stays unchanged. The rate of follicular depletion accelerates during the late menopausal transition. Finally, no more follicles are accessible, and if some do exist, they are resistant to gonadotropins, resulting in no endometrial development and no menstruation. 6 menopausal transition symptoms include Menstrual changes such as shorter cycles and irregular bleeding, vasomotor symptoms such as hot flushes, night sweats, and sleep disturbances, psychological symptoms such as irritability, mood swings, poor memory, and depression, sexual dysfunctions, and

other symptoms such as back aches and joint aches are all common.

DISCUSSION

Ayurvedic perspective of menopausal transition

Ayurvedic texts split life phases into baalyavasta, madhyamavasta, and vridhnavasta. Susruthacharya divides the age of madhyamavasta into vridhi, youvana, sampurna, and parihani. and the 41-70 age range falls into the parihani stage, where dhatu degeneration occurs. Pitta rules the Madhyamavata of life duration; "Madhyame pittameva tu" 7. Adhirudha's age group (35-50 years) is characterised as madhyamavasta in Bhavaprakasha. As a result, these stages might be regarded menopausal transitional age, and vata dosha dominates in vridhnavasta of life.

"Jara pakwa sareeranam yathi pancha satam kshayam," says Rajakshaya/rajonivrutthi. The term rajakshaya is used in Ayurveda to describe the situation of perimenopause. Except for yonirogas, which mirror menopausal symptoms, there is no direct account of rajonivrutthivikaras in our classics. According to Acharyas, normal menstrual flow begins to decline at the age of 50. Because rajas is regarded the upadhatu of

rasa or raktha, there is a steady decrease of normal levels of dhatus during the perimenopausal period, resulting in rajakshaya. As a result, it is classified as a Swabhavika vyadhi, and signs of jara or vardhakya are observed. Agni mandya, pitta kshaya, vata aggravation, kapha medo dushti, uttarothra dhatu kshaya, and rajakshaya are all present throughout this era. Kala is the source of all change in the world, and nothing can stop the passage of time. It is a significant role in ageing. As a result, rajakshaya is thought to be caused by swabhava and kala. The paithika aspect of the body shifts to vatika during perimenopause. All of this eventually leads to arthavadhatu kshaya, and then to Rajonivrutti.

Tridosha-related perimenopausal symptoms - These symptoms are designated as vataja, pittaja, or kaphaja in our classics. Nidranasa, vakparushyam, brama, anavasthithachittatwa, vakparushyam, alpabalatwa sandhivedana, admana, atopa, and gatra spuranam⁸ are vatavrudhalakshana. In the menopausal transition, vataja locomotor symptoms like as osteoporosis and psychological symptoms such as worry, stress, vaginal dryness, and so on can be detected. Santapa, moorcha, and seethakamitwa are Pitta vruddha lakshanas. ⁹ Perimenopause

is characterised by pittaja vasomotor symptoms such as hot flushes, night sweats, and urinary symptoms such as recurrent urinary tract infections, among others. Soonyata of sleshmasaya, roukshya, and sandhi saithilya are kapha kshaya lakshanas. ¹⁰ Cardiovascular problems and obesity are examples of kaphaja symptoms connected with menopausal transition.

Perimenopausal symptoms and dhatu - As previously explained in Rajakshaya, koshtagni mandya and dhatwagni mandya occur, both of which impact dhatu parinama. Because rasa dhatu is not correctly created, further dhatu production is hampered. Rasa and raktha dhatu vaishamya are connected with loss of skin tone and complexion, increased thirst, weariness, and skin discolouration. Obesity and abnormal lipid metabolism have been linked to mamsa medo dhatu dushti. Asthi and majja dhatu dushi are related with osteoporotic alterations. Finally, rajakshaya is related to arthava kshaya. There will be irregular menstruation or no menstruation in artava kshaya.

Ojokshaya lakshanas are also linked to perimenopausal symptoms. Fear (of death), debility, excessive concern,

discomfort in the sense organs; bad complexion, unstable mind (mental problems), dryness and emaciation of the body, and psychological abnormalities such as mood swings, impatience, and poor memory may be noted in association with perimenopause. 11

Yoni rogas and the perimenopause-12
Certain yoni rogas stated in Susruta samhitha, Charaka samhitha, and Ashtangahridaya might be linked to gynaecological issues experienced after menopause. Vatiki yoni vyapath karkasyam, toda, suptata, and ruk may be connected as roughness and pain over vagina observed in atrophic vaginitis accompanied with perimenopausal symptoms. Vatiki yoni vyapath treatment is available here. Sushka yoni vyapath-yoni sosha observed in sushka yoni vyapath can be connected with atrophic vaginitis and may cause dyspareunia and a burning feeling. The vaginal epithelium thins owing to oestrogen deprivation. Vatiki yoni vyapath chikitsa can also be used to relieve discomfort and dryness over the vagina.

Vivrutha/srasta/prasramsini - seen in prastrasta yoni, which also has yoni vivruthatwa (widened introitus). It is associated with pelvic organ prolapse

(first and second degree), cystocele, urethrocele, rectocele, and other conditions where oestrogen shortage causes laxity of supporting tissues at this age. Daha, paka, ushna, and jwara are seen in Paithiki yoni vyapath. Paithika yoni vyapath can also be linked to particular hormonal symptoms like hot flushes and night sweats, which cause a burning sensation and increased heat across the vaginal epithelium. Pitta samana seka abyanga pichu kriya in yoni is used for management. Sparsasahatwa and arthi observed in pariplutha yoni vyapath are caused by vitiation of vata and pitta. This is also evident in atrophic vaginitis caused by a lack of oestrogen. Seka, abhyanga, pichu with vata pitta samana dravyas, and vasthi with madhura medicines are used in treatment. Atrophic vaginitis is caused by vaginal dryness and weakening of the vaginal epithelium as a result of oestrogen deprivation. This causes extreme vaginal itching and discomfort. The phrase "kaphaja yoni roga chikitsa" applies here. Rooksha ushna oushadhas use dhatakyadi taila-abhyanga, pichu, and vasthi. Rakthayoni/ asrigdaram is a disorder caused by vitiation of the vata, pitta, and raktha doshas, characterised by abnormal and profuse menstrual flow. It is noted as a complication of untreated yoni rogas in Ayurveda literature. This disorder is

linked to anovulatory cycles' dysfunctional uterine haemorrhage. Menorrhagia and cystic glandular hyperplasia (metropathica hemorragica, Schroeder's disease) develop from hormonal imbalance, with endometrial loss and severe bleeding. This is most commonly encountered in premenopausal women. Abnormal uterine bleeding is also found in adenomyosis and fibroid uterus. Pelvic diseases such as endometriosis and endometrial cancer can be linked to these illnesses. Rakthapitta, raktharsas, and rakthathisara treatment concepts can be used.

Lohitha kshaya/arajaska - rajas decreases due to vata and pitta vitiation. This can cause burning, emaciation, and discolouration. These are associated with hypomenorrhoea and oligomenorrhoea during the menopausal transition period.

Nashtarthava -Vata and Kapha impede and damage the conduits transporting artava. As a result, there is no menstrual blood discharge. Menopause is characterised by the lack of menstruation.

General management of perimenopausal symptoms - The therapy strategy should start with identifying the key symptoms at the individual level. Vyadhiprathyanika chikitsa is an effective first-line treatment

for symptomatic alleviation. Rasayana, balya, dhatukrith, and rasa raktha prasadana should be used to treat menopausal transition symptoms. Treatment concepts based on Jwarasamaka or Santhapasamaka can be used. A positive attitude toward menopausal symptoms and adaptability to a new lifestyle play a larger part in controlling menopausal difficulties. Sleep is also essential for women nearing menopause. To lower the risk of malnutrition, obesity, and undernutrition, a balanced, regular, and appropriate diet is essential. Smaller, more frequent meals are preferable than three large ones. A high calorie diet should be avoided since it has the potential to cause weight gain. The diet should include vital micro and macronutrients, as well as plenty of fibre and water. Nutraceuticals are another name for phytoestrogens. These compounds have a chemical structure that is similar to that of oestrogen. Plants are the sources of availability, and they have estrogen-like action. Antioxidants are substances that protect the body from the harmful effects of free radicals, which are produced as a result of regular metabolism. Antioxidant capabilities are abundant in Guduci (*Tinospora cordifolia*), Amalaki (Indian gooseberry), and haridra (curcumin).

Rasayana chikitsa- Because rajakshaya is an irreversible process, the related morbidities should be treated with appropriate samana rasayana. Rasayana yogas with greater amalaki are utilised to improve nutrition and have natural anti-oxidant qualities. The use of triphala appears to be useful in calming the overactive pitta. Medya rasayana 13 appears to be effective in these cases as well.

Stanika chikitsa¹⁴- They are the vaginal area local therapies. Stanika chikitsa are helpful in the treatment of perimenopausal symptoms because the vagina absorbs water, electrolytes, and low molecular weight. Yoni dhavana (vaginal cleaning), pichu dharana (vaginal filling), varti prayoga (vaginal pills), yoni poorana (vaginal filling), and yoni lepana are some of them (vaginal ointments). These are beneficial for symptomatic relief in atrophic vaginitis, first and second degree uterine prolapse, cervicitis, and vaginal dryness caused by the menopausal transition phase.

Pathya - According to Acharya Vagbhata, ladies suffering from yoniroga should take taila (oil) and abhayaarishta¹⁵ (medicinal alcoholic preparations) in addition to ksheera (milk) or mmsarasa (meat soup).

Foods high in phytoestrogens, such as soyabeans, tomatoes, carrots, cucumber, beets, apple, oats, barley dates, cherries, wheat, garlic, and red beans, can help relieve vasomotor symptoms and reduce vaginal dryness. Apathya -Avoiding certain foods might make the menopausal transition much easier. Fatty meat, chocolates, tea, coffee, greasy fried and spicy food, sugar and processed carbs, alcohol, cigarettes, and other addictive substances should be avoided.

CONCLUSION

Menopausal transition is merely a transition, and as with any other transition, disorder and pain develop due to an imbalance of the body's usual doshas and dhatus. The goal of Ayurveda is to achieve physical, mental, social, and spiritual well-being through preventative and promotional measures as well as illness treatment using a holistic approach. In reality, it is not referred to as a disease in traditional sources. Following Ayurvedic principles and instructions for optimal health might help to eradicate the depressing negative connotations associated with menopause. This will undoubtedly make her menopausal transition time more pleasant.

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