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"A REVIEW OF AYURVEDIC PERSPECTIVES ON MENOPAUSE: TRADITIONAL INSIGHTS AND MODERN APPLICATIONS"

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ABSTRACT:
Menarche and menopause are the two major turning points in a woman's reproductive life cycle. The most important event that causes the body to undergo both physical and mental change is menopause. It happens naturally between the ages of 45 and 55. Along with other symptoms like irregular menstruation, hot flashes, vaginal dryness, urinary issues, changes in appearance, GIT-related issues, mood swings, difficulty sleeping, palpitations, changes in sexual desire, osteoporosis, and heart disease, this phase is linked to the manifestation of the aging process. Menopausal syndrome refers to the collection of symptoms and indicators which are linked to the menopausal era.

Menopause and menopausal syndrome are referred to in Ayurvedic texts as "*Rajonivrutti"* and *"Rajonivrutti anubandhaja vyadhies*," respectively. According to Acharyas, this is a normal physiological state. According to Ayurveda, menopausal symptoms are a normal byproduct of aging and are characterized by an imbalance of *Tridosha*, *Dhatukshaya*, and *Agni*. Hormone Replacement Therapy (HRT), which is used in modern medicine to treat this illness, has a number of side effects but is a successful short-term treatment. Given the shortcomings of contemporary medical treatment, Ayurveda offers a great remedy and potent medication for the menopausal transition period. Correcting hormonal imbalances with appropriate food, lifestyle changes, *Shamana*, *Shodhan chikitsa*, and *Rasayan* therapy are all part of the Ayurvedic treatment for menopause.

KEYWORDS: Aging, Ayurveda, Hormone Replacement Therapy (HRT), Menopause, *Tridosha*.

INTRODUCTION

Women have never been self-sufficient since ancient times. However, the entire situation has changed in the information and technology age. Women possess a multifaceted mindset and hold a unique position in society due to their exceptional achievements in nearly every single profession. As a result, every stage of a woman's life is exquisite and kind. The physical, psychological, social, and emotional elements of a woman are significantly impacted by the "menarche" and "menopause" stages. The word "menopause" has its etymological roots in the Greek words "meno" (menses/month) and "pause" (stop/cease) [1].

At the average age of 51, menstruation permanently stops, a phenomenon known as menopause. Menstrual cycle cessation and the end of the reproductive stage of life are not the only highlights of menopause; they also have a significant impact on women's lifetime health and cause significant lifestyle adjustments. This stage lasts for over one-third of a woman's life. This stage also marks the conclusion of a woman's natural reproductive cycle. "Menopausal syndrome" refers to the collection of symptoms and indicators connected to the menopausal era. Menopause is a normal byproduct of aging and usually happens over a number of years. For up to 85% of menopausal women, quality of life encompasses physical, functional, emotional, social, and cognitive aspects.

This occurrence is viewed differently in Ayurveda, where it is called "*Rajonivritti*," which implies the end of *Artava Pravritti* or the end of menstruation. *Rajonivritti* is characterized as a normal physiological state rather than a distinct clinical condition. The *'Jara Pakva Avastha'* of the body is the focus of menopause in Ayurveda. Agni's functional ability gradually declines, leading to insufficient tissue nutrition and the manifestation of *Jara* and *Rajonivritti*. The irreversible degenerative alterations in "*Sapta dhatus*" are brought on by this nutritional status imbalance [2,3].

Menopause is a serious issue that requires a safe and efficient therapy. Hormone replacement therapy, or HRT, is the only treatment available for these health risks in modern science. It can produce amazing results in the fight against the disease, but it also has a greater number of secondary health problems, such as gallbladder diseases, breast cancer, endometrial cancer, and vaginal bleeding. There are differences in psychological characteristics at this point, and hormonal therapy is not very effective.

The long-term use of sedatives, hypnotics, and anxiolytic medications is how modern medicine treats them. This can have a number of negative effects, including drowsiness, reduced motor function, memory loss, allergic reactions, non-social behaviors, and drug dependence. As a result, Ayurveda manages menopausal syndrome safely and effectively without causing any negative side

effects. Therefore, it is now more important than ever to treat this transitional phase.

Rajonivritti Kala

Acharya Sushruta and other sources state that the age of *Rajonivritti*, when the body is completely overcome by senility, is fifty years old. According to *Acharya Arundatta*, the age of 50 is a likely one rather than a set one. In this sense, there might be some differences. In order to sustain health, Ayurveda has placed greater emphasis on *Ahara* and *Vihara*; these aspects should be taken into account for this fluctuation.

Nidana

There are only a few sporadic mentions to R*ajonivritti* in the classics, and it is not discussed as a distinct illness. Few elements can be taken into consideration when focusing on the likely Nidana. Acharyas cite "*Rajah Utpatti hetus*" as one of the reasons. These elements are also referred to as "*Rajah Nivritti hetus*." The following are some particular circumstances that are frequently thought to be the cause of *Rajonivritti*.

1. Swabhava
2. *Kala*-caused *Jarapakvasharira*
3. *Dhatukshaya*
4. Dosha's Impact
5. *Vayu*
6. *Abhighata*
7. The environment or karma
8. The *Rajastrava*

Types

Agantuja, Sharira, Manas, and *Swabhavika* are the four main categories into which Ayurveda has classified all illnesses. Focusing on the "*Swabhavika*" type, it encompasses all of those naturally occurring circumstances. Natural disorders have been categorized by *Acharya Sushruta* under the name of "*Swabhava balapravritta*." Contains:

- *Pipasa* (thirst)
- *Kshudha* (hunger)
- *Nidra* (slumber)
- *Jara* (aging)
- Death, or *Mrityu*

Despite being naturally occurring, these illnesses can also be acquired and are referred to as "*Doshaja*." They are further separated into two categories: *Kalakrita* and *Akalakrita.* In a similar vein to Jaravastha and other natural conditions, *Rajonivrutti* also occurs spontaneously in all women.

1. Kalaja Rajonivrutti [7]

2. Akalaja Rajonivrutti

Kalaja Rajonivrutti

Rajonivritti is referred to be *Kalaja Rajonivrutti* if it manifests at its likely age. *Acharya Sushruta* asserts that premature Rajonivritti (natural illnesses such as aging) only happens when preventative healthcare measures are followed. This condition is *Yapya* by *Rasayana*.

Akalaja Rajonivrutti

Akalaja Rajonivritti is the word used when *Rajonivritti* arises either before or after its likely age. It occurs as a result of the lack of protective health care measures. According to *Acharya*

Dalhana, it ought to be handled according to the type of *Roga* (disease) and the *Dosha* that is involved. Therefore, compared to *Kalaja Rajonivritti*, *Akalaja Rajonivritti* is easier to treat. According to *Prakriti*, the states of *Kalaja* and *Akalaja Rajonivritti* vary from person to person, as *Acharya Charaka* stated in *Viman Sthana*.

Samprapti

According to Acharya Sushruta, women reach the Rajonivritti stage at the age of fifty, and there *is Shareera-shithiltain* in *Vrudha-avastha* (old age). The dominating Vata dosha at this age has an impact on the female body. *Dravata* of Rasa dhatu is reduced by *Laghu* and *Ruksha guna* of the dominant *Vata*. Consequently, *Rasa dhatu* is reduced in both qualitative and quantitative ways, leading to Dhatukshaya. *Updhatu kshaya* follows *Rasa-Raktadi dhatu* initially. No more *Dhatu* is produced, and *Artava nasha* is brought on by *kshaya* in addition to *Dhatu* and *Updhatu*. Numerous psychological disorders result from the vitiated *Vata dosha's* disruption of the *Manas dosha* (*Raja* and *Tama doshas*).

Rajonivirutti Anubandh Lakshana

There is no precise definition of Rajonivritti's clinical characteristics in Ayurveda. Rajonivritti is seen by Ayurveda as a natural physiology that occurs in the body [8]. Age-related increases in Vayu among the three Doshas lead to a drop in Pitta and Kapha, which in turn causes a decline in all of the Saptadhatus, from Rasa to Sukra, as well as Ojas. Under Jaravyadhi, all menopausal symptoms are taken into consideration. Therefore, in addition to a small number of *Manasik lakshana*, *Lakshana* of *Dhatukshaya* and *Vatapitta* preponderance are frequently detected [5].

Table 1: *Doshaja Lakshanas*

Vata Lakshanas	***Pitta Lakshanas***	***Kapha Lakshanas***
Shirahshoola	*Ushnaanubhuti*	*Ati sthaulaya*
Hrid Spandana	*Daha*	*Yoni kandu*
Hasta Pada Supti	*Svedaadhikyata*	*Yoni srava*
Shabda Asahishnuta	*Mutradaha*	
Bala- Kshaya	*Yonidaha*	
Anidra/Alpanidra	*Santapa*	
Smritimandhya	*Murcha*	

Table 2: *Dhatukshayaja Lakshanas*

Rasa Kshaya	***Rakta Kshaya***	***Mamsa Kshaya***	***Meda Kshaya***	***Asthi Kshaya***	***Majja Kshaya***	***Shukra Kshaya***
Shabdasah-atva	*Twakaruksh ata*	*Sphik- Gandadi*	*Anga Rukshata*	*Asthitoda*	*Asthi Saushirya*	*Yoni vedana*
Hriddravatva	*Sira shaithilya*	*Toda*	*Shrama*	*Danta, Nakha,*	*Asthitoda*	*Shrama*

				Kesha, Roma, Rukshata		
Shula		*Rukshata*	*Shosha*	*Sandhi-shaithilya*	*Daurbalya*	*Daurbalya*
Shrama		*Glani*	*Krusata*		*Brahma*	*Panduta*
Shosha		*Sandhi Vedana*			*Tamo darshan*	
Trishna		*Dhamani shaithilya*				

Manasika Lakshanas

By the Ayurvedic point of view, psychological symptoms also commonly observed due to vitiation of *Manovahasrotas*. *Lakshanas* as follows:

- *Krodha*
- *Bhaya*
- *Smriti Hras*
- *Dairya Hani*
- *Vishada*
- *Medhahras*
- *Shoka*
- *Dwesha*
- *Utsaha Hani*
- *Shirah Shula*
- *Chinta*
- *Alpa Harsha* and *Priti*.

Modern View

A permanent halt of ovarian function and follicular activity, which results in permanent amenorrhea, is the common definition of menopause. When menstruation stops for twelve (or six) consecutive months and there is no other apparent pathological or physiological reason, the clinical diagnosis is confirmed. A woman is therefore considered to have reached menopause. Menopause often happens between the ages of 40 and 55, with an average age of 50. Climacteric, a phase of weaning ovarian activity, can start two to three years following menopause and last for another two to five years. There is a decrease in ovarian activity during the phase [6].

When ovulation is unsuccessful, the ovary does not produce a corpus luteum or progesterone. As a result, an irregular and anovulatory menstrual cycle frequently precedes menopause. Estrogen action is therefore inhibited, graffian follicle growth likewise stops, and endometrial atrophy ultimately results in amenorrhea. As a result, the pituitary gland increases FSH and LH while the estrogen level falls. Amenorrhea is caused by endometrial shrinkage and later graffian follicle development, which also inhibits estrogen function. As a result, the anterior pituitary gland produces a rebound surge in FSH and LH and a decrease in estrogen levels.

Causes of Menopause

1. Genetically: Menopause results from the ovaries' innately deteriorating function. and progressively generates reduced amounts of the hormone's testosterone, progesterone, and estrogen.

2. Surgery: Hysterectomy, oophorectomy, and other pelvic operations can cause surgical menopause. Ablations, which include removing the uterine lining, might cause menopause by halting menstruation.

3. Medical menopause: this can happen during different medication regimens and following medical procedures like radiation therapy and chemotherapy.

Menopausal Symptoms

- Hot flushes
- Night sweats
- Palpitations
- Insomnia
- Mood changes
- Vaginal dryness
- Osteoporosis
- Urinary incontinence

Diagnosis

Age, past menstrual history, symptoms, and the findings of a pelvic exam are typically used to diagnose menopause. If symptoms are severe, additional illnesses are suspected, or other issues make diagnosis challenging, more examinations and tests could be required.

1. Clinical criteria: During the climacteric period, menstruation must stop for a continuous 12-month period.

2. Menopausal symptoms such as "hot flush" and "night sweat" may manifest.

3. Vaginal cytology exhibiting a minimum Maturation Index of 10/85/5 [a sign of low estrogen]

4. Hormonal evaluation: serum FSH and LH are greater than 40 ml U/ml (three readings at weeks' interval are needed); serum estradiol is less than 20 pg/ml.

Sadhyasadhyata

Acharya Charaka believed that they were either naturally incurable or untreatable. Though it is "*Yapya"* by *Rasayana Chikitsa*, Acharya Chakrapani remarked that *"Nisha Pratikriya*" signifies that regular treatments and measures have no effect on aging *(Rajonivritti)*. Additionally, *Acharya Dalhana* stated that *Kalakrita* had no known cure. They could become "Yapya" through dietetics, *Rasayana*, etc. Since the Vyadhi is reported to reoccur as soon as the treatment is stopped at the "*Yapya*" stage, the sickness is said to be partially amenable to treatment.

Ayurvedic Way of Management

"*Swasthsya swastyarakshanam* and *Aturasyavikara prasamanamcha"* is the fundamental tenet of Ayurvedic Chikitsa, which holds that prevention is preferable to treatment. Since *Rajonirvritti* is a *Swabhavaja* state of life, it has not been treated in any Ayurvedic texts. However, based on etiopathology and *Dhatukshayajanya Vata-Pitta Prakopa's Lakshanas*, Ayurvedic fundamentals

such as periodic *Samashodhana, Rasayana* therapy, and *Satvavaja* chikitsa can be administered. In addition, one should regularly consume Ayurvedic herbs and adhere to the Doshaic diet and lifestyle.

The Dosha in which a woman's menopausal symptoms are appearing determines the kind of treatment.

Table 3: *Ahara* and *Vihar* as Per *Doshas*

	Vata	***Pitta***	***Kapha***
Diet	Opt for warm, spiced meals with cumin and fennel, herbal teas over cold drinks, and natural sweeteners instead of sugar. Avoid heavy spices, alcohol, and late-night meals, choosing light, digestible options like soups and stews.	Choose cooling foods, stay hydrated, and include fruits like grapes, pears, plums, mangoes, melons, and apples, along with yellow squash, cucumber, and organic options. Avoid hot, spicy foods, hot drinks, alcohol, and late-night meals.	Opt for light, dry, and warm foods, incorporating fruits, whole vegetables, and spices like black pepper, turmeric, and ginger. Avoid meat, cheese, sugar, and cold foods or drinks.
Life style	Adopt an early bedtime, practice oil massage with almond or olive oil, engage in meditation, yoga, and maintain regular exercise like walking.	Maintain a bedtime at 10 PM, practice oil massage with coconut and sesame oil, use meditation and other techniques to manage anger, and limit exercise and sun exposure.	For a balanced routine, waking up early at 6 AM and using mustard oil for massage can promote physical and mental wellness.
Herbs	*Ashwagandha, Arjun,* Cardamom, *Guggul, Sandalwood [4]*	*Aloe vera, Arjuna,* Saffron, *Sandalwood, Shatavari.*	Bay berry, *Guggulu,* Mustard.

Shaman chikitsa- *Agnideepana, Amapachana, Anulomana, Balya.*

Shodhana chikitsa:

Therapies such as panchakarma chikitsa completely cleanse and purify the body and mind

of pollutants, both mental and physical. Severe symptoms, such as moderate to severe mood swings and regular hot flashes, indicate deeper dosha imbalances. According to Ayurveda, *"Aama"* causes these enduring symptoms. *Panchakarma* therapy is used in order to get rid of these toxins.

Rasayana chikitsa

The symptoms of menopause are nature's way of reminding us to take better care of ourselves. According to *Acharya Sushruta*, the menopause is brought on by aging and illnesses. According to *Jararoga Chikitsasutra*, the sole method to get rid of Jara-related symptoms is through *Rasayana* therapy. *Rasayana*, by definition, means giving the Rasadi sapta dhatus the best possible sustenance. *Rasayana* may therefore be a specialized form of treatment that affects the body's *Dhatus*, *Agni*, and *Strotas*, improving the body's ability to form and maintain *Sapta Dhatus*, preventing aging, boosting immunity, which increases resistance to illness, body strength, and mental well-being. Frequent intake of milk and ghee raises *Kapha*, delaying the onset of menopause.

Types of *Rasayana*

***Aachara Rasayana*:** It has to do with managing one's lifestyle. Following practices like *Sadvritta*, *Svasthavritta*, *Dinacharya*, *Ratricharya*, and *Ritucharya* is crucial since they reduce stress, slow down the aging process, and lessen menopausal symptoms.

Rasayana Aahara: Ojas-kshaya is the consequence of *dhatukshaya* in *Rajonivritti*. Meat soups, milk, ghee, black grams, and other dietary items must be ingested. Ghrita is very important for enhancing *Sukradhatu*.

***Dravya Rasayana*:** Actions of *Rasayana dravya* helps to

- Enhances memory and intelligence;
- Prevents senile degeneration;
- Encourages immunity
- Bodily resistance;
- Strengthens the body and mind;
- promotes longevity;
- frees the body from illness.

Ashwandhaghrita, Shatavari Ghrita, Rasonkshirpak, Bramhi Ghrita, Saraswatarishta, Chyawanprash, and other medication preparations.

Sattvavjaya Chikitsa: Guidance and Comfort Maintaining her physical and mental health is crucial because this is the time when many psychiatric symptoms arise. Adhering to S*advritta* (the righteous lifestyle) and *Swasthvritta* (the healthy lifestyle) is crucial for enhancing one's quality of life.

Modern Management of Menopausal Syndrome

Diet and Counselling- Maintaining her physical and mental health is crucial. She needs to learn about healthy eating. At least 1.2 grams of calcium and 400 mg of vitamins A, C, E, and D should be included in the diet. Weight-bearing activities are also required.

HRT (Hormone Replacement Therapy)– Hormones like oestrogen, DHEA, melatonin, and other systems are impacted during menopause.

Therefore, treating this illness only with estrogen replacement treatment is insufficient. Women who have been experiencing symptoms for three to six months require this therapy. However, the risk of Alzheimer's disease, osteoporosis, and CVD is significant. For those who require preventative HRT after surgical oophorectomy or premature menopause, estrogen should be administered at the lowest possible viable dosage for a brief duration of three to six months. In postmenopausal women, short-term estrogen therapy can help postpone osteoporosis and lower the risk of cardiovascular illnesses.

DISCUSSION

Every woman experience menopause. It marks the end of her ability to conceive and the point at which the menstrual cycle permanently terminates. Although *Rajonivritti* is not specifically mentioned in the classics, *Acharya Charaka* stated that there are countless ailments and that the Ayurvedic diagnostic method mostly relies on symptoms based on dosha involvement.

Menopausal syndrome can therefore be fully comprehended using *Dosha* and *Dhatu*. Though *Rajonivritti* is a physiological phenomenon, *Dhatukshyavastha*, which causes early aging, is frequently caused by fast life, rapid migration, stress, strain, tension, anxiety, and sadness. It reaches a pathological stage as a result of this aging process and inability to tolerate the condition. *Pitta* is at its highest during *Rajonivritti Kala*. Additionally, Vata continues to be in an exacerbated state as a result of *Jarakala's i*mpact. Hot flashes, heavy perspiration, disturbed ~~sleep~~, irritability, dry vagina, etc. are all signs of vitiated Pitta and aggravated Vata that are similar to those of *Vataja-Pittaja*.

Numerous psychiatric disorders are caused by the disruption of the other *Sharirika* and *Manasik doshas* (*Raja* and *Tama doshas*) by the *vata dosha*. These are just menopausal syndrome or *Rajonivritti Avastha Janya Lakshana*. According to a study, Shirodhara and other *Rasayana dravyas* like *Saraswatarishta* can be used to treat menopausal syndrome. It demonstrated superior efficacy in addressing Manas disruptions and the psychological and physical manifestations of menopause. As a result, it can frequently be used in place of HRT.[28] According to a different study, the combination of three medications *Ashokarishta, Ashwagandha Churna,* and *Praval Pishti* improves somatic-psychological disorders, gastrointestinal disorders, hot flashes, and white discharge, among other symptoms.

[29] Women benefit from Shatavari's effects at every stage of their lives. It is referred to by Charaka as *Shukrajanana, Vayasthapana,* and *Balya*. Because it includes natural phytoestrogens, it can be used to naturally balance estrogen levels and replace synthetic hormone replacement therapy. Hormone replacement treatment (HRT) is used more frequently in modern research and is useful in the short run. This treatment gives the body a small amount of estrogen, which helps to reduce symptoms including vaginal dryness and

hot flashes. One study found that HRT helps reduce colorectal cancer and osteoporotic fractures [9].

Another study found that HRT medication is ineffective in avoiding cardiovascular disease occurrences in postmenopausal women, whether or not they have cardiovascular disease. HRT is therefore discouraged due to evidence that it increases the risk of myocardial infarction, venous thromboembolism, stroke, and invasive breast cancer [10]. Based on the aforementioned study, it can be concluded that Ayurveda offers a menopausal care strategy that is both preventive and therapeutic.

CONCLUSION

Based on the core ideas of Ayurveda, modern scientific theories, and the aforementioned information, the terms *"Rajonivritti"* and "menopause" have the same meaning. *Rajonivritti* is defined as a physiological state of life rather than a sickness. For a complete understanding of menopausal symptoms, Tridoshic analysis, *Dhatu*, and *Agni avastha* are required. Thus, it can be said that Ayurveda offers good management through Panchakarma treatments, herbal medications, Rasayana treatment, and daily routines with dietary and lifestyle changes that-benefit the body. Consequently, it aids in the treatment of menopause.

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