

QUALITY OF LIFE OF THE MENOPAUSAL WOMEN: A HOLISTIC APPROACH

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Article Received on
31 July 2023,

Revised on 21 August 2023,
Accepted on 11 Sept. 2023

DOI: 10. 20959/wjpr202316-29665

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ABSTRACT

The physiological function of most organ systems tends to decline with age with a wide range of variation in each individual, especially in women. Menopause is a part of that physiological process that universally affects all women. Every woman deserves attention, precise diagnosis and assessment of her condition along with personalised management. It is a critical period in the woman's life where loss of ovarian follicular activity is characterized biologically by decline in fertility, endocrinologically by alteration of hormone levels, and clinically by variation in menstrual cycle length and experience of a variety of symptoms. For decades, estrogen, either alone or in combination with progestins (HRT) has been the therapy of choice, which has associated risk factors as well. Search for safer alternatives to provide optimum physical and mental health is a necessity of the

time. Ayurveda considers aging as *Nishpratikriya* (changes cannot be resisted) and *Swabhavabala Roga* (natural disease). *Rajonivritti* (menopause) occurs in *Jara pakva Shareera* (aged body) with gradual diminution in the qualities of *Dosha*, *Dhatu*, *Mala*, *Agni* and *Ojas*. Countering aging and related changes by use of *Vayasthapana*, rejuvenating the aged body by *Jeevaneeya Dravyas*, *Rasayana* and *Sthanika Chikitsa* are recommended. This paper is a review of probable causes and therapeutics based on Ayurvedic principles which can be further understood and applied to improve the quality of life in women of menopausal age.

KEYWORDS: Menopause, *Rajonivritti*, Hormone Replacement Therapy, Ayurveda.

INTRODUCTION

Menopause is an undeniable aging process in women facing challenge in organ function both physiologically and pathologically. Currently, 43 million women are in menopausal age and estimation projects of 103 million in 2026.^[1] According to contemporary medical science, this physiological transition from reproductive to post-reproductive life is associated with decline in estrogen levels. Over time, this decline may be experienced as a change in the skin elasticity, altered cognitive abilities, hot flushes or flashes, night sweats, menstrual irregularities, vaginal dryness and osteoporosis. Other symptoms, such as depression, nervous tension, palpitations, headaches, insomnia, lack of energy and difficulty concentrating also noted. For decades, Hormone Replacement Therapy (HRT) is in use to overcome short-term and long-term consequences of estrogen deficiency. HRT imposes risk of endometrial and breast cancer, venous thromboembolism, coronary heart disease and altered lipid metabolism.^[2,3]

Ayurveda considering aging as *Nishpratikriya* and *Swabhavabala Roga* and *Rajonivritti* occurs in *Jara pakva Shareera* with gradual diminution in the qualities of *Dosha*, *Dhatu*, *Mala*, *Agni* and *Ojas* occurring about the age of 50. There is transmission from middle age of *Pitta Pradhanya* to old age of *Vata Pradhanya*, resulting in imbalance in *dosha* level. During the transmission due to diminution of *Dhatuvagni* and *Bhutagni*, *Uttarottara Dhatu Kshaya* leads to *vata* vitiation and degenerative changes, *Kshaya* of *Indriya*, *Bala* and *Virya*. *Ama* is formed due to *Mandagni* causing *Srothvarodha* leading to *dushti* of *Medo Dhatu* causing disorder in fat metabolism with weight gain, *Asthi Dhatu* leading to bone degenerative changes due to *Ashraya Ashraye Bhava* with *Vata* impairing its function of *Shareera Dharana*, *Sukra Dhatu* leading to impairment of sexual functionality. *Prakruti* of an individual plays a role as *Pitta Prakruti* women is susceptible for *Akalaja Rajonivritti*, *Kapha Prakruti* having tendency of delayed manifestation of aging and *Vata Pitta Prakruti* are more prone to menopausal symptoms.^[4]

SWASTHYA RAKSHANA

Preventive measures are the important component of *Chikitsa* to attain *Dhatusamyata*. Observing *Dinacharya*, *Ritucharya*, removal of aggravated *Dosha* according to the *Ritu* by *Panchakarma*, proper implementation of *Ahara Vidhi* and regular utilization of *Rasayana* and

Vajikarana. Following regimes like *Rajaswala*, *Garbhini* and *Sutika Paricharya* maintains the healthy reproductive life.^[5]

VIKARA PRASHAMANA

Advancing age, its associated changes and menopausal symptoms are the 2 main factors needs where the *chikitsa* to be tailored using *yukti* with multiple variables as per individual needs to be advocated.

After proper *Ama pachana*, *Snehana Karma* is recommended externally and internally. *Basti* therapy is considered as prime among all the therapeutic measures. *Yapana basti* helps to slow down the aging process.^[6] *Basti* with *Tikta Dravya Ghrita* and *Kshira* is recommended in *Asthi kshaya*.^[7] *Abhyanga* with *taila* such as *Mahanarayana Taila*, *Ksheerbala Taila* or *Masha Taila* for external *snehana* done regularly as daily routine to check vitiating *Vata*.^[7] *Shirodhara*^[10] and *Virechana Karma* is useful in mitigating *Vatapittaja* symptoms. *Ghrita* is *Vata Pitta Shamaka*, *Vrishya*, *Vayasthapaka* and its *Yogavahi* nature increase bio availability of the drugs with examples like *Amalaki Ghrita*, *Shatavari Ghrita*, *Guduchi Ghrita* and *Panchatikta Ghrita*.

Dravyas, the drugs of *Vayasthapana*^[13], *Jeevaneeya Gana* and *Balya Maha Kashaya* improves *Bala* and *Virya*. There are phytoestrogenic drugs like *Shatavari*, *Ashoka*, *Ashwagandha*, *Jeeraka*, *Bala*, *Amalaki*, *Methika*, *Kumari* and *Yashtimadhu* helps to reduce severity of the symptoms.^[8] *Rasayanas* acts on the body tissues by regeneration, revival and revitalization of *dhatu*^[9] with *Haritaki*, *Vibhitaki*, *Amalaka*, *Ashwagandha*, *Yastimadhu*, *Chyavana Prashana*, *Brahma Rasayana* and *Medhya Rasayana*.^[11] The protocol needs to be tailored for each individual depending on the level of variability and applied to improve the quality of life providing *Dirgha Hitakara* and *Sukhakara Ayu*.

AIM AND OBJECTIVES

A quick pilot study was conducted with the aim to analyse the quality of life of women in their perimenopausal and menopausal period who had taken ayurvedic intervention And to compare the significance with the subjects who had not undergone any intervention.

MATERIAL AND METHODS

The subjects who fulfilled STRAW criteria^[18] for perimenopause/menopause and aged between 40 to 60 years were included. The subjects who undergone hysterectomy, bilateral

oophorectomy and on hormonal medication were excluded. The standardized self-assessment quality of life questionnaire MENQOL^[12] was sent to the subjects and the feedback data received was analysed.

OBSERVATION AND RESULT

A total of 31 subjects volunteered to participate in the study in which 15 subjects had taken ayurvedic intervention(A), 13 subjects had not undergone any treatment(B). 3 subjects had undergone other system of medication (such as homeopathy and siddha) was excluded from the study.

The average age of the participants was 50.1 among them 64.2% have attained menopause with the average age of 47.2, in which 67.85% were home makers and 32.14% them are employed and 14.28% them are doing regular routine exercise.61.3% of them were graduates and was well aware of the symptoms. The MENQOL consists of 29 questions in which most affected symptom of the group was aching muscles and joints 85.7%, aches in back of neck or head 71.4%, feeling anxious and nervous 67.9% and least affected was involuntary urination when laughing and coughing 17.9% & facial hair 17.9%. The questions were grouped under 4 domains like vasomotor, psychosocial, physical and sexual. The severity of each question was marked using Likert's scale of 0-6 and scored using scoring criteria for MENQOL^[12] (Table.1,2). The results were analysed using SPSS software version 20.1. The mean value of vasomotor symptoms that bothered the quality of life of subjects in A was 28.88% while 36.53% in B, Psychosocial symptoms 30.6%(A) and 36.1%(B), Physical symptoms 33.8% (A) and 35.5% (B) and sexual symptoms 26.1%(A) and 25.6%(Chart.1,2). though there was quality of life found to better comparatively between A and B except in sexual domain, in overall there was no significant difference was noted statistically (P>0.05).

APPENDIX

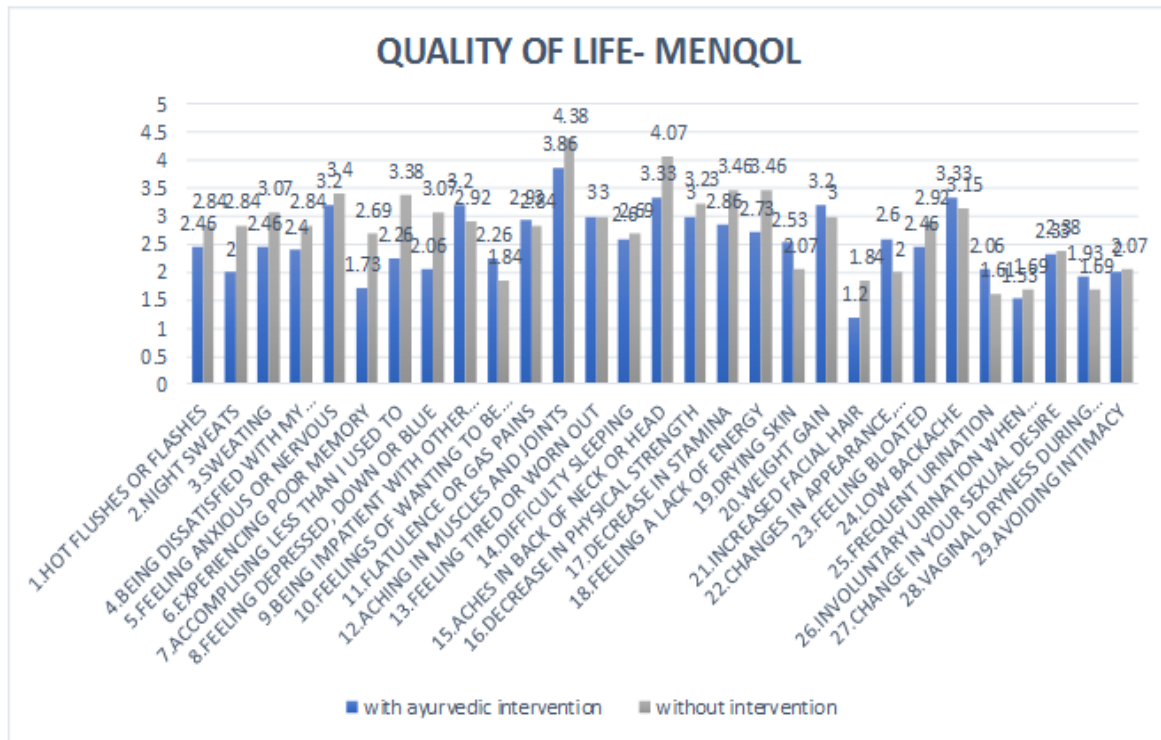


CHART 1.

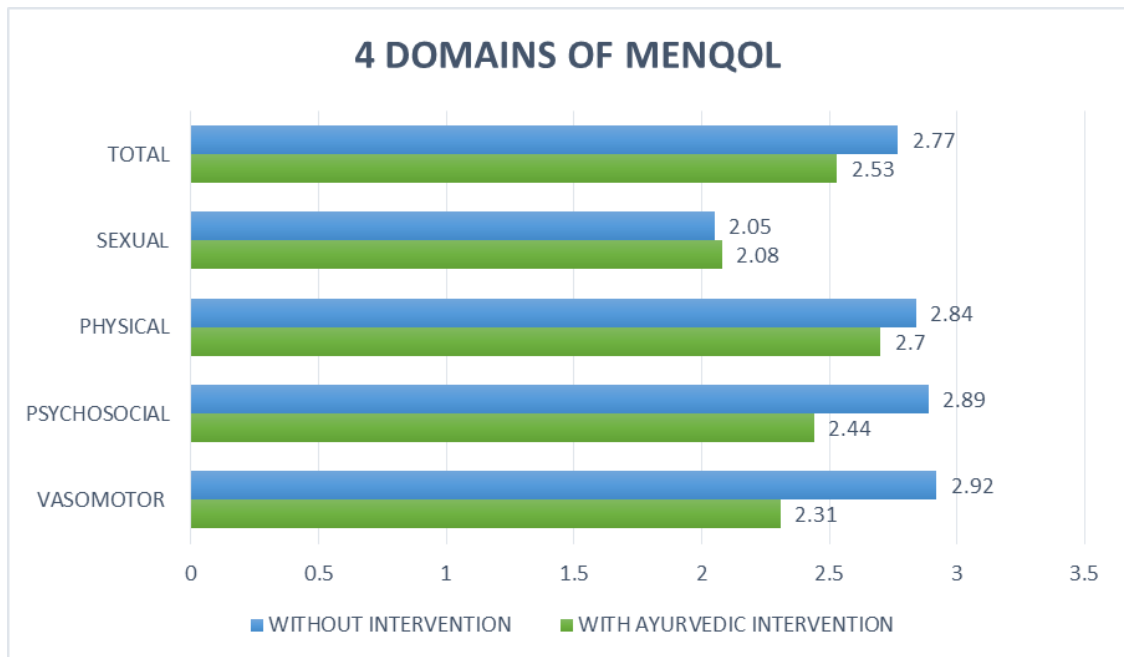


CHART 2.

Table.1.

DOMAIN	QUESTIONS	A		B		TOTAL A		TOTAL B	
		SCORE	%	SCORE	%	SCORE	%	SCORE	%
Vasomotor	1.HOT FLUSHES OR FLASHES	2.46	30.83	2.84	33.89	2.31	28.875	2.92	36.5
	2.NIGHT SWEATS	2	25	2.84	33.89				
	3.SWEATING	2.46	30.83	3.07	37.74				
Psychosocial	4.BEING DISSATISFIED WITH MY PERSONAL LIFE	2.4	30	2.84	27.64	2.44	30.5	2.89	36.125
	5.FEELING ANXIOUS OR NERVOUS	3.2	40	3.4	32.69				
	6.EXPERIENCING POOR MEMORY	1.73	21.66	2.69	17.78				
	7.ACCOMPLISHING LESS THAN I USED TO	2.26	28.33	3.38	29.32				
	8.FEELING DEPRESSED, DOWN OR BLUE	2.06	25.83	3.07	40.86				
	9.BEING IMPATIENT WITH OTHER PEOPLE	3.2	40	2.92	24.75				
	10.FEELINGS OF WANTING TO BE ALONE	2.26	28.33	1.84	15.14				
Physical	11.FLATULENCE OR GAS PAINS	2.93	36.66	2.84	21.39	2.7	33.75	2.84	35.5
	12.ACHING IN MUSCLES AND JOINTS	3.86	48.33	4.38	48.07				
	13.FEELING TIRED OR WORN OUT	3	37.5	3	28.12				
	14.DIFFICULTY SLEEPING	2.6	32.5	2.69	30.28				
	15.ACHES IN BACK OF NECK OR HEAD	3.33	41.66	4.07	37.74				
	16.DECREASE IN PHYSICAL STRENGTH	3	37.5	3.23	31.97				
	17.DECREASE IN STAMINA	2.86	35.83	3.46	35.81				
18.FEELING A LACK OF ENERGY	2.73	34.16	3.46	38.94					

	19.DRYING SKIN	2.53	31.66	2.07	22.11				
	20.WEIGHT GAIN	3.2	40	3	28.12				
	21.INCREASED FACIAL HAIR	1.2	15	1.84	21.39				
	22.CHANGES IN APPEARANCE, TEXTURE OR TONE OF YOUR SKIN	2.6	32.5	2	25				
	23.FEELING BLOATED	2.46	30.83	2.92	31				
	24.LOW BACKACHE	3.33	41.66	3.15	34.85				
	25.FREQUENT URINATION	2.06	25.83	1.61	14.42				
	26.INVOLUNTARY URINATION WHEN LAUGHING OR COUGHING	1.53	19.16	1.69	24.03				
Sexual	27.CHANGE IN YOUR SEXUAL DESIRE	2.33	29.16	2.38	29.32	2.08	26	2.05	25.62
	28.VAGINAL DRYNESS DURING INTERCOURSE	1.93	24.16	1.69	14.66				
	29.AVOIDING INTIMACY	2	25	2.07	18.99				
Total						2.53	31.62	2.77	34.625

Table 2.

S.no/Domains	A±SD	B±SD	P value
1) Vasomotor	2.31±0.26	2.92±0.13	0.098
2) Psychosocial	2.44±0.55	2.89±0.53	0.121
3) Physical	2.70±0.53	2.84±0.82	0.173
4) Sexual	2.08±0.21	2.05±0.34	0.187
Total	2.53±0.60	2.77±0.70	0.132

DISCUSSION

There is marked difference in daily routine, food habits, exercise, tensions, diseases and life style now a days. *Rajaswala, Garbhini, and Soothika Paricharya* was mentioned for the protection of women's health. In a survey study, more particulars regarding the practice of these *Paricharyas* in mothers and daughters were analysed. The mothers exhibited impressing better quality of life in their menopausal period with experiencing 12.5%

menopausal symptoms, as 75% of them had practiced *Rajaswala Paricharya* in their reproductive age.^[5]

In a clinical study there was reoccurrence of symptoms was noted within 7-15 days after completion of intervention of scientifically proven formulation. This study's finding gives the spot light for *Swasthya Rakshana*'s important after remission of the disease condition.^[15]

In a study, Group A were given conjugated estrogens 0.625mg, group B were given *Saraswatarishta*, & group C were given *Shirodhara* with *Bala Taila*. *Shirodhara* and *Saraswatarishta* also showed encouraging results in managing the associated somatic symptoms and the psychic symptoms. And was proposed be used as an alternative therapy to HRT.^[16]

In a review of previously conducted clinical studies, concludes with proper *Deepana*, *Pachana* and removal of *Ama*, *Pancha Karma* therapies like *Snehana*, *Swedhana*, *Basti*, *Virechana*, *Sthanika Chikitsa*, *Nasya* and *Shirodhara* should be followed for *Shamana* and *Shodhana* and administration of *Rasayana* improve the *Shareerika* and *Manasika* conditions in *Rajonivrutti Kala*.^[14]

Further, the state of *Dhathu Kshaya Avastha* needs to be supported well. As the *Rasa Dhatu*'s *Upadhatu Arthava Kshaya* happens physiologically along with *Uttharothara Dhatu Kshaya*. *Rajonivrithi* is a *Swabhavika vyadhi* as that of *Jara*. Acharya Chakrapani comments *jara* as *Nishpratikriya*. However, it is *Yapya* by *Rasayana chikitsa*. Acharya Dalhana also comments that there exists no treatment to *Kalakrita*. Though it may be managed as *Yapya* by *Rasayana*, *sadvrtha* and *swasthavrutta palana*.

There was limitation in the study as the sample size was small and merely supplementing with phytoestrogens are not enough. There is need of *Rasayana* for the preventive modality. Though *Sthanika chikitsa* like *Yoni Pichu*, *Yoni Dhoopana* and *Yoni Prakshalana* are beneficial in vaginal atrophy, vaginal dryness and dyspareunia, A holistic approach is need for improving the quality of life in long term as mentioned above.

CONCLUSION

Aging and its associated symptoms is determined by lifestyle, dietary habits, mental status, and even environmental factors in addition to the genetic factors. Faulty dietary habits,

lifestyle, and stressful living may wrongly influence one's biological aging which is the sole indicator of health and age-associated diseases.

Like other stages of women's life, menopause is also a very important natural biological event. Here to be noted that acharyas have given *Paricharyas* for each stage of life leaving the *Rajonivrutti Kala*. Practically it's high time to follow *Dinacharya*, *Ritucharya*, *Paricharyas* of reproductive age, *Ahara Viddhi*, *Rasayana Karma* and *Swathavrutta* as a holistic approach and its fruit can be enjoyed in the later stage of life.

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