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THERAPY IN ITS MANAGEMENT**

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## REVIEW OF MENOPAUSAL SYNDROME AND SCOPE OF RASAYAN THERAPY IN ITS MANAGEMENT

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### ABSTRACT:

*Menopause is defined as permanent cessation of ovarian function resulting in permanent amenorrhoea. Menopause i.e. Rajonivritti, a natural event and a part of normal ageing process has detrimental effects on the quality of women's life. Earlier much concern on Menopausal symptoms was not paid considering it a part of normal ageing and the associated problems remained untreated. With changing time, life expectancy of females has increased. Average age of menopause is 47.5 yrs in Indian women with an average life expectancy of 71 years. Thus postmenopausal women have significant number of valuable years of their life ahead. The increasing incidence of premature menopause is suggestive of early ageing due to flawed dietetics, life style and early hysterectomy. During menopausal period imbalanced state of doshas results in anomalous production of foremost rasa dhatu, this is not able to nourish the successive body tissues. The consequential dhatukshaya and prakupita vata dosha eventually result in artavanash i.e. rajonivritti along with other systemic effects. Modern sciences depict menopause due to ovarian ageing. As a result ovaries become resistant to pituitary hormones FSH and LH. Hence the production of estrogen and progesterone ceases and various deleterious effects e.g. depression, anxiety, hot flushes, genitourinary symptoms, osteoporosis etc. HRT prescribed by Modern science carries potential risks such as breast cancer, endometrial cancer, ovarian cancers, stroke etc. Ayurveda advocates the people to live complete span of happy and healthy life; moreover a long and healthy life has been cherished since ages. Rasayan Therapy has a vast scope in this perspective since Ayurveda regards the state to be manageable by the use of rasayan therapy. Rasayan therapy provides individual with paramount body tissues (rejuvenating and regenerating effect). Numerous drugs have been detailed in this regard. Thus the development of such a specialised health care system in this direction can be a major achievement. The present work is an attempt to provide the details of all the above mentioned facts.*

**KEY WORDS:** Ageing, Dhatukshaya, Menopause, Rasayan, Rajonivritti.

## INTRODUCTION

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Among humans female is considered prime because of her reproductive ability. This ability starts at the age of menarche (12-14yrs) and remains upto menopause. The chief factor responsible for this is functioning of hypothalamo-pituitary ovarian axis, which is under the feedback control of various hormones e.g. oestrogen, progesterone, FSH, LH etc. This physiology is responsible for her fertility and youth and considered normal by her regular monthly menstruation, which intern indicates her ovarian normalcy. As the age advances, ovarian ageing also ensues and at perimenopausal age (45- 50 years) her normal menstruation process gets disturbed finally followed by complete cessation of menstruation i.e. menopause. This phase comprises of several psychological and physical changes which incapacitate a women from their daily activities and hence cause unfavourable effects on their quality of life.

Few decades ago Menopause was considered as a normal aging process and symptoms associated with it were not treated or treated symptomatically. But with changing time, life expectancy of females has increased. According to Indian Menopausal society<sup>1</sup>, the number of menopausal women in India is about 43

million and the figure will increase in successive years. Postmenopausal women have 1/3<sup>rd</sup> of their life ahead to spend qualitatively. Therefore there is a need of specialized health care systems and proper attention to problems of postmenopausal women.

Menopause is a natural event and is suggestive of reproductive ageing. Premature menopause is also becoming frequent due to dietary aberrations etc. *Acharyas* have mentioned the use of *rasayan* therapy in management as well as prevention of the natural disorders. Therefore use of specific *rasayan* drugs can be a great tool in managing the menopausal syndrome. *rasayan* is a measure of attaining excellent body tissues by providing nutrition to them. Thus youthfulness is maintained and longevity is prolonged. Moreover this eminent therapy has been cherished as a separate branch of *ashtanga Ayurveda* with the aim to prevent the premature ageing, delay of normal ageing process and sustain young age for extended period.

**AIMS & OBJECTIVES**

1. To search the multidimensional aspect of Menopausal syndrome (*rajonivritti janya lakshana*) from the compendium.
2. To explore the implication of *Rasayan* Therapy in the management of Menopausal syndrome.

**CLASSICAL REVIEW OF  
MENOPAUSE (RAJONIVRITTI)**

Definition: Menopause is defined as permanent cessation of ovarian function resulting in permanent amenorrhoea. It

takes 12 months of amenorrhoea to confirm that menopause has set in.

There are very few references regarding menopause in Ayurvedic texts. Age of menopause i.e. *rajonivritti* has been declared around 50 yrs due to ageing process and *Acharya* have considered the postmenopausal female as *vridhha*<sup>2</sup>. But in view of *Arundutta* these ages are nearby and not fixed and slight variation is acceptable<sup>3</sup>.

According to *Sanskrit* language the root word for "*Rajah*" means to give colour to the substance. It is formed from *prasad* part (pure essence) of *rasadhatu*, reaches to uterus and comes out for 3 days every month and is called *artava* also. Thus in present concept *rajah* indicates menstruation. *Nivritti* is cessation i.e. permanent cessation of *artavapravritti* is termed as *Rajonivritti* (menopause).

Factors influencing *rajonivritti*:

It is not mentioned in the classics as a separate disease, therefore no direct information is available regarding its description. Still few important factors influencing this condition are as under:

1. **Kala:** *Kala* is an important *karan dravya* on which a particular stage of living being depends. As *kala* passes away, ageing starts in every cell and system of individual. Around 50 yrs, in females mainly reproductive aging is manifested as menopause and as the age advances i.e. after 60yrs there is gradual increase in *dhatukshya* and *vatadosha* which makes the person susceptible to deteriorating physical and mental abilities<sup>4</sup>.

2. **Swabhava:** Menopause is a sign of ageing, which is considered a *swabhavika roga*. *Swabhava* means there is no reason i.e. naturally occurring entity. The concept of *swabhavoparamvaada* i.e. everything in

this universe is perishable naturally<sup>5</sup> further stresses the fact that menopause is a natural event.

3. **Abhigata:** *Artavavahastrovighata* (hysterectomy) leads to *artavanasha*<sup>6</sup> and thus *akalajarajonivritti* (early menopause) ensues.

4. **Food habits and Lifestyle:** Intake of substandard diet, *viruddha* (incompatible), *vidahi*, *abhishyandi* diets and abandoning the rules of dietetics as described in texts. Moreover performing excessive and irregular exercise, not controlling the impulses of greed, grief, fear, anger, infatuation etc.<sup>7</sup> are the factors due to which nourishing fluid of good quality is not produced, *strotoavrodha* (obstruction of channels) is manifested, as a result nutrition of *rasadidhatu*s is also impaired and imbalance in *doshas* occurs. This makes the person susceptible for sufferings of various *dhatu*s and *ojokshya* along with signs of premature ageing, one of which may be premature menopause.

Types:

*Rajonivritti* is a naturally happening phase of ageing i.e. *Svabhava Bala Pravritta Vyadhi*. *Sushruta* has divided *Svabhava Bala Pravritta Vyadhis* into two groups viz. *Kalaja* and *Akalaj*. Thus *jara* can be divided into two types *Kalaj Jara* and *Akalaj Jara*, so is *Rajonivrittiviz.as kalakrita* and *akalakrit*<sup>8</sup>.

*Kalaja Rajonivitti:* *Rajonivritti* occurring naturally at its probable age i.e. around 50 years while following protective measures of healthcare i.e. even after following the seasonal and daily routine described in *Swasthavritta* and use of *Shodhana* at proper time. This aging may be of less intensity and slow progressing and thus may not be very troublesome is considered *kalaja*.



*Akalaja rajonivritti: Rajonivritti* occurring before or long after its probable age because of failure to follow the rules of maintaining health is termed as *akalaja rajonivritti*. This type of ageing may be of greater intensity and rapidly progressing, if no care is taken to check it through proper treatment. Here the usage of *gramya ahara* (inferior diets) as described by *aharya Charaka* can be a major causative factor for the predisposition to suffer from *akalaj rajonivritti*.

There is no curative remedy for *Kalaja Jara* and it is considered *Yapya* i.e. managed by the use of *Rasayana* therapy. The ill effect of ageing can be checked for some time by its use and the ageing process may be slowed down or halted to some extent. The second type i.e. *Akalaj Jara* is curable and should be treated according to the *dosha* and the complaints of the person.

Probable *Samprapti* of *rajonivritti*:

Although pathogenesis of *rajonivritti* has not been elaborated in Ayurvedic texts, still it may be understood in the following way:

*Raja* is the *upadhatu* of *Rasadhatu*<sup>9</sup>. During *prodhavastha* i.e. 45-50 yrs there is natural dominance of *pitta* with *madhayam vata* and decline in *kapha* and during *vridhdhavastha* there is *vata* dominance with *madhayam pitta* and *kapha kshaya*. During menopausal period woman is heading from *prodhavastha* to *vridhdhavastha* i.e. *vata* is getting aggravated in accordance with *madhayampitta* and *kaphakshya*. *Vikrit vata* leads to *vishamagni*, as a result *Adidhatu* rasa is malformed and does not perform its function of “*Preerana* (nourishment)” to the rest of *dhatu*s and body<sup>10</sup>. Therefore, there is decline in traits of *rasaraktadidhatu*s. Dietary aberrations

and unwholesome life style, consequent in poor quality *rasa* formation also causes deterioration in bodily tissues. Decreased *rasadhatu* results in *kshaya* of *updhatuartava*. Thus dominating *doshas* in menopause are *vata**pitta*. Alongwith *dhatukshaya* and augmented *vata**dosha*, *rukshata* and *shosha* of *artavavahastrotas* takes place and all these things lead to *artavanash*, which manifests as *rajonivritti*. Thus increased *vata dosha* produces its ill effects e.g. wrinkling, mental instability, osteopenia etc. on all systems of body by virtue of its *laghu* and *ruksha* etc. characters<sup>11</sup>. Medium *pitta dosha* generates its ill effects e.g. vasomotor symptoms (hot flushes and night sweats, irritability) due to its *ushana*, *tikshana* characters. *Kaphakshaya* results in various amenities owing to defects of *sneha*, *stharya* and *pichhila* characters.

*Lakshan:*

Symptoms of *rajonivritti* can be considered under *jaravyadhi*. Therefore features of *dhatukshaya* and *vata**pitta* dominance are seen.

#### Immediate symptoms

*Vata**vikriti:* *Padasuptata*(paraesthesia), *Anaavasthitchitatvam* (lack of concentration), *Asvapana* (insomnia), *vishada* (depression), *Atipralapa* (delirious), *Bhrama* (giddiness), *Rukshata*, *Shosha*, *Sramsata*, *Bhransha* (prolapse of uterus)<sup>12</sup>.

*Pitta**vikriti:* *Daha* (hot flushes), *Antardaha* (sense of heat), *Paka* (Urinary tract infections), *Sveda* (sweating)<sup>13</sup>

*Kapha**vikriti:* *Gurugatrata* (heaviness in body), *Alasaya*(laziness), *Atisthoulya* (obesity)<sup>14</sup>.

**Remote effects:** Degenerative changes are accelerated after 60 years and *vata* is the dominant *dosha*, therefore a person is prone to develop *vataja* diseases.

Following are the main effects of augmented *dosha*:

- 1) **Asthikshaya:** *AsthiDhatu* (osteocyte) is necessary to fabricate the body<sup>15</sup>. *Vatadosha* and *asthidhatu* have *ashrayaashrayi* relation i.e. *vata* stays in *asthidhatu*. Therefore *Asthikshaya* (osteopenia) occurs in escalated state of *vatadosha*. The associated symptoms of *asthikshaya* include pain in bones, tooth decay, brittleness of nails, pain in joints<sup>16</sup>. As a result a woman is prone to fractures with mild injuries and osteoarthritis.
- 2) **Hridayavikar:** Due to *roukshyata* of *vatadosha*, hardening of blood vessels takes place, hence a female is prone to develop ischemic heart diseases.
- 3) **Mastulungakshaya:** *Mastulunga* (brain matter) develops from *sneha*<sup>17</sup>. Increasing *vatadosha* causes deficiency of this *sneha*, thus the outcome is degenerative changes in brain. *Shira* is the site of *Indriya* i.e. it contains all the centres of physical, sensory and psychological activities. So degeneration of a particular area results in defective function of respective entity.

### Modern Review

Menopause has come from the Greek word 'menos' meaning menstruation and 'pause' meaning cessation of menstruation. Therefore menopause is defined as a time of stoppage of menstruation. The cause of menopause is burning out of ovaries. Throughout life, 450 primordial follicles grow and ovulate and thousands of ova degenerate. The ova are depleted due to programmed cell death. As a result ovaries

become less responsive to pituitary hormones FSH and LH. Hence there is less production of estrogen and progesterone. The ovarian stroma is unaffected so androgen production is spared. The term menopause and climacteric are commonly used interchangeably although strictly speaking menopause occurs when spontaneous menstruation ceases for 6 months to one year, at approximate age of 45 years or above up to 55 years, average being 50 years. The perimenopausal period encompasses the time before, during and after the menopause. It begins in the mid to late 40's and lasts up to 7 years. The period of hormonal transition is sometimes known as menopausal transition period. Symptoms that begin with the menopausal transition continue into the postmenopausal period.

### Abnormal menopause:

**Premature Menopause:** It is defined as menopause occurring spontaneously before the age of 40 years. The causes are genetic disorders, autoimmune diseases, Tuberculosis of genital tract, smoking, hysterectomy, enzyme defects and induction of multiple ovulations during infertility work up.

**Delayed menopause:** If the menopause fails to occur beyond 55 years of age. The common causes are constitutional, uterine fibroids, diabetes mellitus and estrogenic tumour of ovary.

### Changes in menopausal period

**Hormonal changes:** Most of circulating estrogen in menopause is oestrone which is 1/10<sup>th</sup> potent as compared to estradiol. It is mainly derived from the peripheral aromatization of circulating androstenedione (androgens). After menopause 85 % androstenedione comes from adrenals. With time sources fail to supply the precursors of estrogen and after

5 -10 years there is sharp fall in estrogens and other trophic hormones. A trace amount of progesterone is detected in menopause which is adrenal in origin. Gonadotropins (FSH, LH) increase, hence are elevated in blood and urine.

**Metabolic changes:** Estrogen influences carbohydrate metabolism in liver. There is increased insulin resistance. With decrease of estrogen, there is increase of Low density lipoproteins (LDL) and decrease in high density lipoproteins (HDL), which results in more atherogenic lipid profile. These changes make the postmenopausal women vulnerable to cardiovascular disease and metabolic syndrome.

Changes in mood and behaviour:

**Depression:** Although it is a widely held belief that depression is increased during the perimenopausal period, may be due to increased levels of FSH, cortisol and deficiency of serotonin, yet studies have failed to show a direct relationship between clinical depression and hormonal status. This finding would suggest that many psychiatric symptoms occurring during this period may be more related to psychosocial events such as changes in relationships with children, marital status etc. than to changes in hormonal status. Estrogen deficient women may develop Alzheimer's disease.

**Anxiety and irritability:** Many women report increased levels of anxiety and irritability during perimenopausal period. Therefore these symptoms have become a prominent part of what is termed as the climacteric syndrome. These feelings can be exacerbated by sleep deprivation as a result of vasomotor symptoms (hot flushes and night sweats). Although the incidence of overt psychiatric disorders may not be increased, these complaints become more frequent following menopause. Multiple

studies have found no evidence to suggest that psychological symptoms experienced during menopausal transition are related to oestrogen changes. These changes are clearly associated with psychosocial factors than with the estrogen status.

**Decreased libido:** Vaginal changes associated with menopause e.g. lacks of vaginal lubrication contributes to decreased sexual satisfaction.

**Menstrual changes:** Cessation of menstruation may occur any of three ways i.e. there may be abrupt cessation of menstruation or gradual tapering of amount of blood flow or menstruation may be irregular with or without excessive bleeding. In excessive bleeding in perimenopausal period, one should exclude malignancy before declaring it as usual premenopausal period.

**Vasomotor changes:** The classic symptom associated with estrogen deficiency is "hot flush", which is characterized as recurrent, transient periods of flushing, sweating and a sensation of heat often accompanied by palpitations, feeling of anxiety and sometimes followed by chills. The entire episode lasts for 1 to 3 minutes and may recur as many 5 to 30 times per day. Hot flushes occurring at night are referred as night sweats, which are believed to exert their effects by interruption of sleep pattern. The cause of hot flushes is not known. Probably they occur due to the hypothalamic alterations brought about by declining estrogen levels.

**Skin Changes:** Estrogen has a positive effect on collagen and loss of collagen leads to skin wrinkling and skin thinning. Genital and urinary tract changes: Estrogen deficiency leads to atrophy and retrogression of genital organs. Vagina becomes narrowed, pale, thin and dry.



Vaginal symptoms include dryness, dyspareunia, and recurrent vaginal infections. Urinary symptoms may include dysuria, urgency, and recurrent urinary tract infections.

**Osteoporosis:** The association between both natural and surgical menopause and osteoporosis has been clearly established. Osteoporosis is the reduction of bone mass, which has progressed to a point that specific parts of skeleton are so thin that they have an enhanced susceptibility to fractures. Bone loss increases 5% per year during menopause and this may lead to back pain, loss of height and kyphosis. The cause of osteoporosis is multifactorial. The crucial factors are heredity, age, estrogen status and dietary calcium intake.

**Remote Complications:** They are important cause of morbidity in old age in females. Postmenopausal women may present with arthritis, fractures, strokes, osteoporosis, cardiovascular accidents, Alzheimer's disease, reproductive organ cancer and tooth decay.

**Management of Menopausal syndrome with Rasayan**

*Rasayan* Therapy yields qualitative *Rasa*, which then continues the production of best *rasraktadidhatus* with the help of respective *dhatwagni* upto *ojas* formation and balances *doshas*. As has been cleared in the previous literature that *Rajonivritti* is a natural phenomenon of ageing process, which is considered incurable<sup>19</sup>. In another verse *Acharya Charaka* considers it to be *yapya* (palliable)<sup>20</sup>. This indicates that though ageing cannot be cured but the patient can be kept symptom free by suitable therapy. *Acharayas* have mentioned *Rasayan* Therapy as the most appropriate one for managing *jara* (ageing)<sup>21</sup>. Thus *rasayan* therapy is effective in managing *akalaj* as well as

*kalajrajonivritti* as it prevents the former and retards the latter.

During perimenopausal period, *vata* is getting aggravated in accordance with *madhayam pitta* and *kaphakshya*. Therefore *rasayan* drugs having *vata* pacifying traits ought to be selected for use during perimenopausal period and preferably *vata* pacifying *rasayan* drugs should be used after absolute menopause establishes. These agents have *madhura*, *guru*, *snigadha* and *sheeta* properties and they act at level of *rasa* by improving the nutritional value of *poshakrasa* which helps to obtain the best quality of *dhatu*s. Intake of such drugs ideally is advised in middle age i.e. in late thirties, so as to arrest the premature ovarian ageing and to boast symptomless natural menopause. Thus a female acquires longevity, luster, improved intellect, immunity and happiness.

**Principles of usage of Rasayan Therapy:**

**Eligibility Criteria:** *Rasayan* therapy bestows those individuals who are devoid of physical and psychological impurities and are self-controlled. Thus practicing *Acharya Rasayana* and following *Sadavritta* benefits the person with unimaginable benefits. People afflicted from physical and psychological impurities are not suitable for *rasayana*, as they are not benefitted by its use. A person with a clear and controlled mind derives the best out of this therapy<sup>22</sup>. *Acharya Sushruta* has denied the use of therapy to persons with awful psyche, lazy, poor, addicted, people performing sinful activities and not following the commands of physician<sup>23</sup>.

**Samshodhan therapy:** *Acharyas* have advised *Samshodhana* (purification) therapy as a *purvakarma* of initiation of *rasayan* therapy for *sharirika* and



*manasikadoshashudhi* (purification of channels of body and mind) to flourish the person with the best qualities of therapy. *Haritakyadichurna* i.e haritaki mixed with rocksalt, *amalaki*, *guda vacha vidanga haridra pipali shunthi* along with hot water is indicated for purification<sup>24</sup>. The person should be given barley gruel (*yavaka*) with *ghrita* as diet for three, five or seven nights for *Samsarjan*. *Acharyas* have advised it to start preferably in young age and if not started at that age then at the middle age<sup>25</sup>.

Mode of usage of *Rasayan* therapy in Menopausal syndrome:

(A). **Ajastrika**: The measures of dietetics and life style performed in routine for maintenance of health come under this category, such as:

(1) **Acharya Rasayan**: *Acharyas* have given the precise description of code of conduct to be strictly followed such as being truthful, having control over mental faculties of ego, anger etc., peaceful, steady and stable, friendly and respectable attitude towards elderly people, teachers, *Brahmans* and gods, kindness towards all animals, regular eating and sleeping habits,

leading the sensory organs and mind towards spiritualism, good conduct, philanthropy, abstinence from jealousy and violence, firm belief in god<sup>26</sup>. Constant study, discussion, consulting other treatises and devotion to expert scholars are also advised for the maintenance of psychological health. Such persons get the best results of *Rasayan* therapy.

(2) **Nutritious Diet**: Use of *milk*, *ghrita*, *madhu* empty stomach to sustain the youthfulness i.e. to prevent premature menopause (*Su.Chi.27/6*) Use of boiled *shaali* and *shashtika* rice with milk (*Su.Chi.28/3*), barley with milk (*Su..Chi.28/4*).

(B) **Kamya Rasayan**: These are used to accomplish specific desires e.g. vitality, long life, intellect and physical beauty.

(1) **Pranakamya**: These are the agents used to promote vitality and longevity, retard the process of degeneration thereby making the aging process slow i.e. prevent the premature menopause. Following drugs can be used as *pranakamya*.

Table No 1: Properties of *Pranakamya* Rasayan drugs

S.No.	Name of drug	Ayurvedic properties	Chemical constituents	Pharmacological properties
1.	<i>Varahimula</i> ( <i>Su.Ch.27/11</i> )	<i>Rasa- Katu, Tikta, Madhura</i> <i>Guna - Laghu, Snigdha</i> <i>Veerya - Ushna</i> <i>Vipaka - Katu</i> <i>Doshaghata- Tridoshahar</i> <i>Karma- Vrishya, Balya,</i> <i>Vranaropana, Anulomana,</i> <i>Krimighna, Raktashodhaka, Deepana,</i> <i>Pramehaghna,</i>	disogenin, sorbitol, lutein, diosbulbin, neoxanthine, sitosterol, carbohydrates furanoid nordeterpenes	Anorexiant, diuretic, hunger suppressant.
2.	<i>Haritaki</i> ( <i>Ch.Ch.1-1/25</i> )	<i>Rasa -Kashaya, Tikta, Madhura,</i> <i>Katu, Amla</i> <i>Guna - Laghu, Ruksha</i> <i>Veerya -Ushna</i> <i>Vipaka - Madhura</i> <i>Prabhava-Tridoshashamaka</i> <i>Karma - Shothahara, Medhya Vranaropana,</i> <i>Pachana, Nadibalya, Chakshushya,</i> <i>Deepana, Anulomana,</i> <i>Mridurechana, Krimighna, Vrishya,</i>	Anthraquinone glycoside, chebulinic acid, chebulagic acid, tannic acid, terchebin, tetrachebulin, vitamin C (fruits); arachidic, behenic, linoleic, oleic, palmitic and stearic acids (fruit kernels); chebulin	Antimicrobial, antifungal, antibacterial, antistress, antispasmodic, hypotensive, anti hepatitis B virus activity, hypolipidaemic, inhibitory activity, against HIV-1 protease, anthelmintic, purgative.

**RASAYAN THERAPY IN MENOPAUSAL SYNDROME**

		<i>Hridya, Grahi, Shonitasthapana, Srotah-shodhana, Rasayana Prajasthapana,</i>	(flowers);	
3	<i>Amalaki (Ch.Ch.1-2/8)</i>	<i>Rasa - Amla, Madhura, Kashaya, Tikta, Katu Guna - Guru, Ruksha, Sheeta Veerya - Sheeta Vipaka - Madhura Doshagnata - Tridoshashamaka, especially Pittashamaka Karma - Dahaprashamana, Chakshushya, Keshya, Medhya, Balya, Rochana, Deepana, Anulomana, Amlatanashaka, Sransana, Hridya, Shonitasthapana, Vrishya, Garbhasthapana, Pramehaghna, Rasayana</i>	A good source of vitamin C, carotene, nicotinic acid, riboflavine, D-glucose, D-fructose, myoinositol and a pectin with D-galacturonic acid, D-arabinosyl, D-xylosyl, L-rhamnosyl, D-glucosyl, D-mannosyl and D-galactosyl	Spasmolytic, hypolipidaemic, antiatherosclerotic, antimutagenic, antimicrobial, antioxidant, immunomodulatory, antifungal, antitumour, hypoglycaemic, antiinflammatory, antibacterial, antiulcer, adrenergic potentiating, HIV-1 reverse transcriptase inhibitory action.
4.	<i>Shatavari (Ch.Ch.1-2/12)</i>	<i>Rasa - Madhura, Tikta Guna - Guru, Snigdha Veerya - Sheeta Vipaka - Madhura Doshagnata- Vatapittashamaka Karma- Mootrala, Medhya, Raktapittashamaka, Rasayana, Chakshushya, Pittashamaka, Balya, Gharbhaposhaka, Stanyajanana, Shukrala.</i>	sarsaponin, rutin, diosgenin, sitosterol, shatavarine, asparagamine, quercitine	anticancer, antifungal, gastric-sedative, antibacterial, antiabortifacient), antioxytoxic, galactagogue, hypoglycaemic, phagocytic, hypotensive,
5.	<i>Chandana (Ch.Ch.1-1/25)</i>	<i>Rasa - Tikta, Madhura Guna - Laghu, Ruksha Veerya - Sheeta Vipaka - Katu Doshagnata - Kaphapittashamaka Karma -, Dahaprashamana, Durgandhahara, Varnya, Twagdosahara, Medhya,, Saumanasyajanana, Hridya, Raktashodhaka, Jwaraghna Raktapittashamaka, Mootrajanana, Vishaghna Mootramargakothaprashamana, Angamardaprashamana,</i>	Santanone, santene, fructose isovaleraldehyde, sana tanone, betullic acid, linoleic acid, palmitone, sitosterol	Distinfectant, blood purifier, intellect promoting, cardi tonic, diuretic, analgesic, expectorant, antipyretic, tonic, haemostatic, Antigonorrhoeal, antioxidant, chemopreventative and antifungal.
5.	<i>Punarnava (Ch.Ch.1-2/12)</i>	<i>Rasa - Madhura, Tikta, Kashaya Guna - Laghu, Ruksha Veerya- Ushna Vipaka - Madhura Doshagnata - Tridoshashamaka Karma Karma- Shothahara, Lekhana, Deepana, Anulomana, Hridya, Raktavardhaka, Kasahara, Vrishya, Mootrajanana, Swedajanana, Kushthaghna, Rasayana, Vishaghna.</i>	Punarnavoside, rotenoids, lignans, flavones, sterols, isofuroxanthone, glucoside. boeravine	Diuretic, aphrodisiac, antiinflammatory, laxative and tonic. useful in all types of inflammations, strangury, cardi tonic, antihypertensive, hepatoprotective, antibacterial significant antifibrinolytic.

(2) *Medhakamya*: These *Rasayan* promote the cognitive functions. Following drugs are used as *medhakmya*.

**Table No 2: Properties of Medhaya rasayan drugs**

S. No.	Name of drug	Ayurvedic properties	Chemical Constituents	Pharmacological properties
1.	<i>Shankhapushpi</i> (Ch.Ch.1-3/30-31),	<i>Rasa – Tikta, Katu, Kashaya</i> <i>Guna – Snighdha, Pichchhila, Sara</i> <i>Veerya – Sheeta</i> <i>Vipaka – Madhura</i> <i>Prabhava – Medhya</i> <i>Doshagnata-</i> <i>Tridoshashamaka</i> <i>Karma- Nadibalya, Sara,</i> <i>Nidrajanana, Deepana,</i> <i>Anulomana, Balya, Hridbalya,</i> <i>Rasayana,</i> <i>Prajasthapana Mootravirechan</i> <i>eeya, Vrishya,</i> <i>Dahaprashamana,</i>	Microphylllic acid, 6-methoxy-7-hydroxycoumarin, glucose, maltose, kaempferol-kaempferol-3-glucoside, 3,4-dihydroxycinnamic acid, rhamnose, sucrose, hexacosanol, triacontanol,	Spasmolytic, hypotensive, sedative, antifungal, antimicrobial, antiinflammatory, antistress, hypoglycaemic, antiulcer, hypolipidaemic, anti-anxiety,
2.	<i>Mandukaparni swarasa</i> (Su chi.28/4),	<i>Rasa - Tikta, Kashaya, Madhura</i> <i>Guna - Laghu, Sara</i> <i>Veerya - Sheeta</i> <i>Vipaka - Madhura</i> <i>Prabhava - Medhya</i> <i>Doshagnata -</i> <i>Tridoshashamaka</i> <i>Karma- Medhya,</i> <i>Vayasthapana, Rasayana, ,</i> <i>Agnivardhaka, Hridya,</i> <i>Raktapittashamaka, Balya</i> <i>Raktashodhaka, Shothaghna,</i> <i>Stanyajanana,</i> <i>Stanyashodhana, Amapachana,</i> <i>Mootrajanana</i>	Asiaticoside, brahmoside, brahminoside, Asiatic acid, vallarine, hydrocotylline	Antiprotozoal, spasmolytic, alterative, astringent, antiinflammatory, antifertility, sedative, CNS depressant, antitubercular, antileprotic, hepatoprotective, antispasmodic, antiamoebic, hypotensive
3.	<i>Brahmi swarasa</i> (Su chi. 28/5).	<i>Rasa – Tikta</i> <i>Guna - Laghu</i> <i>Veerya - Ushna</i> <i>Vipaka – Katua</i> <i>Prabhava- Medhya</i> <i>Doshagnata-</i> <i>Kaphavatashamaka</i> <i>Karma- Shothahara,</i>	Brahmine, herpestine, saponine, triterpene, some steroids.	Tranquillizer, Alcoholic extract increased the learning performance of rats and activity is attributed to saponin. Hersaponin



		<i>Vishaghna, Medhya, Pachana Akshepahara, Deepana, Mootrala, Artavajana, Anulomana, Raktashodhaka,</i>		exhibited sedative action in mice
4.	<i>Madhuyashati (Ch.ch.1-3/30-31),</i>	<i>Rasa – Madhura Guna - Guru, Snigdha Veerya - Sheeta Vipaka - Madhura Doshagnata- Vatapittashamaka Karma- Dahashamaka, Varnya Medhya, Nadibalya, Mootrala, Vatanulomana, Mridurechana, Shonitasthapana, Jeevaneeya Kaphanissaraka, Balya, , Sandhaneeya, Rasayana, Chakshushya</i>	<i>Glycyrrhizine, licoaigrone; methyl- isoflavone, methoxy methylisoflavone and 7- hydroxy- 2 methyl isoflavone; coumarin, licurasi de, liquiritoside, rhamnoliquiritin, triterpenoid, liquoric acid</i>	<i>anti-microbial, hypolipidaemic, antiantherosclerotic, hypotensive, hepatoprotective, anti-exudative, spasmolytic, antidiuretic, antiulcer, antimutagenic, antioxidant, antiinflammatory, anti-nociceptive,</i>
5.	<i>Guduchi(Ch Ch.1-3/30-31),</i>	<i>Rasa - Tikta, Kashaya Guna - Guru, Snigdha Veerya - Ushna Vipaka - Madhura Doshagnata-Tridoshahara Karma- Deepana, Pachana, Pittasaraka, Anulomana, Sangrahi, Krimighna, Hridya, Raktashodhaka, Pramehahara Raktavardhaka, Vrishya, Balya, ,Mootrajanana, Jwaraghna, Dahaprashamana, Rasayana</i>	<i>Tinosporine, tinosporon, tinosporic acid, tinosporol, tinosporide, tinosporidine, columbin, chasmanthin, palmarin, berberine, giloin, giloinisin, 1,2- substituted pyrrolidine, diterpenoid furanolactone,</i>	<i>Antihyperglycaemic, antibacterial, antimicrobial, antipyretic, antiinflammatory, antiarthritic, antiallergic, hepatoprotective, immunostimulant, antineoplastic, antistress, adaptogenic, antioxidant, antiendotoxic, hypotensive,</i>

(C) *Naimmitaka*: Rasayan Therapy used as an adjunct of specific therapy in certain diseases. The above mentioned drugs can also be used as *naimmitikarasayan*.

*Rasanyanyogas*:

*Vayasthapakamahakashaya (Ch.Chi.1-2/12), Brahmrasayan,*

*Jeevaneeyamahakashaya (Ch.Su. 4/1), Brinhaneeyamahakashaya, Amlaka Rasayan (Ch.Chi.1-1/75), Amlakaghrita (Ch.Chi.1-2/8), TriphalaRasayan (Ch.Chi.1-3), Yapnabasti (Ch.Si.12/2). dashmoola (Ch.Chi.1-1/62). Shatavarighrita (Su.Chi.28/21). These*

*yogas* can be used as *kamya* or *naimmitika rasayan*.

## DISCUSSION

The basic unit of society is woman. They enjoy empowering others and bringing out their best. Menopausal changes affect their life adversely. Though a natural ageing process, dietary aberrations and abnormal life style ultimately is causing enzymatic defects and autoimmune disorders resulting in manifestation of premature menopause. Hysterectomy in early age due to uterine or ovarian disorders also renders the female to suffer its sequel. During perimenopause, the changing status of dominant *doshas* i.e. earlier *vata* dominance explains the basis of hormonal changes and thus suffering viz. hot flushes, anxiety, irritability, depression, urogenital symptoms and changing menstrual pattern. In later years of established menopause, *vata dosha* dominates which results in wrinkling, osteoporosis and Alzheimer's disease. Modern science imparts Hormonal Replacement Therapy which carries significant risks. In *Ayurveda* the entity is entertained as *jarapakvaavastha* thus considered under *jaravastha* (ageing process) which is detailed as *swabhavika* disease. Premature menopause or *akalaj jara* is encountered if imperfect dietetics and regimens are adopted. Different causes of menopause ultimately result in depletion of *rasadidhatu* qualitatively as well as quantitatively. *Dhatukshaya* augments the *vata* and vice versa,

thus a vicious cycle is initiated leading to progressive degeneration. Hence there is prime importance of maintenance of qualitative *rasadidhatu* (bodily tissues). *Acharyas*, well versed of this concept proposed the use of *rasayan* therapy. *Rasayan* drugs influence the fundamental aspects of organism i.e. on *agni* (digestion and metabolism) and *strotamsi* (macro and micro circulatory channels) along with a rejuvenating effect and thus help in regeneration, revival of all bodily tissues and balance the *doshas*. Milk, *Ghrita*, *Varahi*, *Shatavari*, *Bala*, *jeevaneeyamahakashaya* and *brinhaniamahakashaya*, primarily deal with osteoporosis and osteoarthritis. While *Haritaki*, *Amalaki*, *Guduchi* are cardioprotectives. *Punarnava* and *Chandan* have legendary role in relieving urogenital symptoms. *Amlaki*, *Chandana* and *Guduchi* can be beneficial in hot flushes. *Mandukaparni*, *Shankhapushpi*, *Brahmi*, *Madhuyashti* (*medhyamahakashaya*) and *Vacha* have distinguished effects on psychiatric symptoms (anxiolytic, psychotropic, adaptogens). *Yapnabasti* is indicated for quick results. Root cause of all diseases is *adharma*<sup>26</sup> (unrighteous act), which is performed due to *prgyapradha*. Therefore ancient sages have emphasized to follow the *achara rasayana* and *sadvritta* (code of conduct) so as to deepen the psyche with optimistic outlook.

## CONCLUSION

Menopause is defined as permanent cessation of ovarian function resulting in permanent amenorrhoea. The disease is not entertained in classics as a separate entity; therefore no direct information is available regarding its portrayal. *Rajonivritti* considered under natural diseases, may be

classified as *kalakrita* and *akalakrit*. During perimenopausal period *vata* is aggravated with medium *pitta* and declined *kapha*. Anomalous *vata* leads to irregular *jatharagni*, as a result *adidhaturasa* is malformed and does not execute its function of rejuvenation to the

rest of *dhatu*s and body. Therefore, there is decline in *rasaraktadidhatu*s. Therefore features of *dhatukshaya* and *vata* dominance are seen. After absolute menopause, *vata* is the dominant dosha which increases the rate of *dhatukshaya*. Symptoms of *rajonivritti* can be

considered under *jaravyadhi*. *Acharayas* have mentioned *Rasayan* Therapy as the most appropriate one for managing *jara* (ageing), since it rejuvenates the dying bodily tissues. Hence there is a potential scope for *rasayan* therapy in managing menopausal syndrome.

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