



Review Article

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A REVIEW ON BEYOND HORMONE REPLACEMENT THERAPY (HRT): AYURVEDIC MANAGEMENT OF PERIMENOPAUSE.

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ABSTRACT

According to WHO statistics, 467 million women were projected to be in perimenopause state in the year 1990, and this number is expected to increase to 1200 million by 2030. It is defined as the transitional period of two to eight years, antecedent to menopause and one year following the last menstrual period when the endocrinological and biological changes occur. In today's scenario, women have a multifaceted perspective and contribute to society by their preposterous physical and mental achievements in every domain. The menopausal transition is amalgamated by different vasomotor, mental, genital, locomotor and GIT-related manifestations and consequently requires treatment for the same. In Ayurvedic texts, perimenopause can be compared with Rajonivritti janya kaal. When estrogen production falls below a critical value, it no longer impedes the production of FSH and LH; instead, they are produced in large and continuous quantities around menopause, but as the remaining primordial follicles become atretic, the production of estrogen by the ovaries falls eventually. The following physiological changes are noticed due to the loss of estrogen in the female body: Hot flushes characterized by extreme flushing of the skin, psychic sensation of dyspnea, irritability, fatigue, anxiety, decreased strength and calcification of bones throughout the body. There is a need for multi-centred randomized trials and future research in this domain where the fundamentals of Ayurveda can be incorporated into menopause management.

Keywords: Perimenopause, Rajonivritti, Phytoestrogen, estrogen.

INTRODUCTION

According to WHO statistics, 467 million women were projected to be in perimenopause state in the year 1990 and this number is expected to increase to 1200 million by 2030. It is defined as the transitional period of two to eight years, antecedent to menopause and one year following the last menstrual period when the endocrinological and biological changes occur.¹

Women, in today's scenario, have a multifaceted perspective and lend a hand of contribution to the society by their preposterous physical and mental achievements in every domain. In their entire life span, they stumble across various physiological and psychological changes because of hormonal fluctuation.

Owing to the fact that menopause is a physiological process in females, it is transforming into a significant medical issue globally. By and large, these unsettling hormonal changes achieve the stage of illness known as "menopausal syndrome", which is amalgamated by different vasomotor, mental, genital, locomotor and GIT-related manifestations and consequently require treatment for the same. As the population's life span is escalating due to developed medical facilities and advanced medical technologies, there is a surge in cases of reporting of this problem.²

In Ayurvedic texts, perimenopause can be compared with Rajonivritti janya kaal. Rajonivritti comprises two words: Raj means menstruation phase, and nivritti means ending.³ So, the permanent cessation of menstruation resulting from the loss of

ovarian follicular activity as the number of primordial follicles approaches zero. When estrogen production falls below a critical value, it no longer impedes the production of FSH and LH; instead, they are produced in large and continuous quantities around menopause, but as the remaining primordial follicles become atretic, the production of estrogen by the ovaries falls eventually. The following physiological changes are noticed due to the loss of estrogen in the female body as hot flushes are characterized by extreme flushing of the skin, psychic sensation of dyspnoea, irritability, fatigue, anxiety, decreased strength and calcification of bones throughout the body. Daily estrogen in small quantities gradually alleviates the symptoms and avoids severity.⁴ Taking into consideration the physiology of the decline in ovarian function and the systemic hormonal changes, the proper and timely management of the issues is a pressing priority.

Need of the Review

It is aforementioned that a large percentage of perimenopausal women, approximately 73%, do not treat their symptoms, as menopause can be a challenging and sometimes uncomfortable transition. The ages of 45-55 are considered as a critical decade for women's health, and it is important to prioritize self-care and lifestyle changes during this time to reduce the risk of chronic diseases and ensure a wholesomeness in the quality of life in later years.

Hormone Replacement Therapy (HRT) was once heavily promoted as a treatment for menopausal symptoms, but its recommendation has decreased due to potential side effects such

as increased risk of breast cancer and heart attacks and limited evidence of cognitive benefits.⁵ It is encouraging that experts are developing a more positive view of menopause and focusing on ways to prevent chronic health problems (osteoporosis, heart disease, rapid ageing) rather than simply treating symptoms.

Ayurveda does indeed consider menopause a natural transition and offers various treatments and lifestyle modifications to help manage symptoms and promote overall health during this time. These can be a helpful way to manage mood changes during menopause and reduce the risk of cognitive decline. With this point of view, this review aims to explore the safe and effective options in Ayurveda for the management of perimenopausal women and guide for better treatment planning.

The concept in classical texts

In Ayurveda, menopause is viewed as a natural and inevitable stage in a woman's life, known as "Rajonivritti". The term "Rajonivritti" is derived from the Sanskrit words "Raja", which means "menstrual blood", and "Nivritti", which means "cessation" or "stoppage". Therefore, Rajonivritti refers to the permanent cessation of menstrual bleeding, which typically occurs in menopause. In our classical literature, women experiencing menopause are described as "Nishphala" or "Gatartava", which translates to "barren" or "devoid of energy". However, Ayurveda also recognizes that menopause can be a transformative time in a woman's life as she transitions from the role of caregiver and nurturer to one of self-care and personal growth.

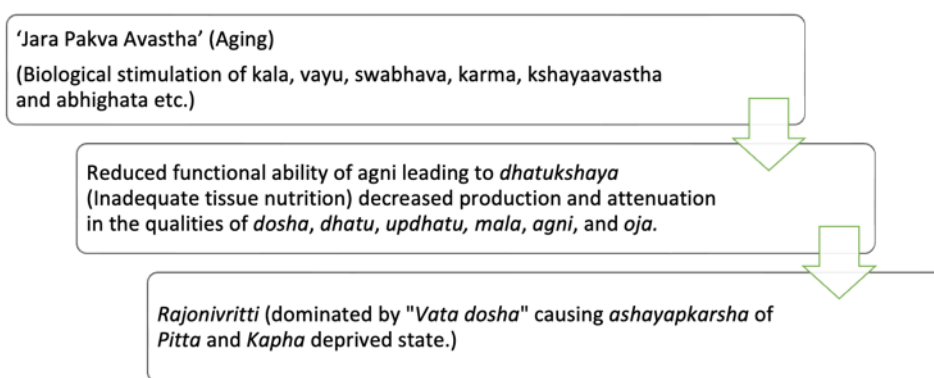


Figure 1

Table 1

Article	Research Scholar	Sample size	Treatment	Outcomes
A clinical study on the management of climacteric stage in women with special reference to Menopausal syndrome by using certain Ayurvedic formulations	Dr. Kirtidevi Gohil	100 Group A: 28 B: 30 C: 42	Group A: Rasayana kalpa vati B: Urjaskalpa vati C: Placebo	Group A: 100% relief in headache, irritability and dyspepsia 90% relief in hot flush, excessive sweating, sleep disturbance, fatigue, depression, palpitation, constipation, serum FSH level decreased. Group B: 92.44% relief in headache, 68.75% relief in irritability, 75.18% relief in sleep disturbance, 76.62% relief in palpitation. Group C: 46.80% relief in headache, 46.58% relief in flatulence and constipation. ⁷
Comparative study b/w Rasayana – kalp vati and Shankhapushpi vati in Clinical Study on rajonivritti	Dr. Ajay Sood	50 Group A: 23 Group B: 27	Group A: Rasayan kalpa vati Group B: Shankhapushpi vati	Group A: 86.91% relief in palpitation, 75% had relief from excessive sweating, depression, and headache, and 70% had relief from hot flashes and sleep disturbance. Group B: 87.5% relief in palpitation, 85.83% relief in sleep disturbance 79.11% relief in vaginal dryness. ⁸
A comparative pharmacoclinical study of Rasayana Kalpa vati and Manshyadi vati on Rajonivritti – Avastha Janya Lakshana	Dr. Amit Modi	30 Group A: 15 Group B: 15	Group A: Rasayana kalp vati Group B: Manshyadi vati	Group A: 80% patients and, Group B: 66.67% of patients showed marked improvement. ⁹
A clinical study on Manas Bhavas in Menopausal syndrome and its management by Medhya Rasayana vati and Shirodhara	Dr. Manju Pateria	20 Group A: 10 Group B: 10	Group A: Medhya Rasayana yoga (Shankhapushpi, Mandukaparni, Yashtimadhu, Guduchi, Ashoka) Group B: Shirodhara	Group A: 30% of patients had marked improvement in (positive and negative emotions). 90% of patients had moderate improvement in psychic and somatic symptoms. Group B: 22.22% of patients had complete remission, and 44.44% had moderately improved psychic and somatic symptoms. 77.78% of patients showed marked improvement. 11.11% of patients showed moderate improvement. ¹⁰
Clinical evaluation of Ashokarishta, Ashwagandha Churna and Praval pishiti in the management of menopausal syndrome	Dr. Mansi Modi	52	Ashokarishta Ashwagandha churna	Significant decrease in hot flushes, sleep problems, depressive mood, irritability, anxiety, physical and mental exhaustion, bladder problems, and kraurosis. ¹¹

Acharya Sushruta, Vagbhata (A.S. Sha. 1/11; A.H.Sha. 1/ 7) and Bhavaprakasa (B.P. Pu. 3/1, 204) have mentioned the age of 50 years as Rajonivritti when the body experiences senescence (jarapakwashariranaam yati pachashatah kshayam)⁶ and becomes vulnerable to the age-related disorders. However, according to Acharya Arundatta, there is no fixed timeline for when the body is entirely in the grip of senility, as the ageing process varies significantly from person to person. (Arundatta on A.H. Sha. 1/7).

According to Ayurveda, ageing (jara) is a nishpratikriya (changes cannot be resisted) and swabhavabal roga (natural disease). With the growing age, there is a gradual attenuation in the qualities of dosha, dhatu, mala, agni, and oja as per Ayurvedic principles. This leads to changes in the dominance of the three doshas - Vata, Pitta, and Kapha, in the body. As per Ayurvedic principles, Vata and Pitta doshas tend to increase while Kapha dosha decreases during Rajonivritti, resulting in dhatu kshaya (loss of tissues) and other symptoms. (Figure 1)

Various previous studies on this topic with positive outcomes have been summarized in Table 1.

Signs and Symptoms of Menopause according to contemporary science

While menopause is a natural part of ageing and not a disease or illness, the physical and psychological symptoms can have a significant impact on a woman's quality of life. Menopause is a natural biological process that demarcates the end of a woman's reproductive years. It typically occurs between the age of 45 to 55, although it may occur earlier or later. During menopause, a woman's ovaries gradually stop producing eggs, and her body produces less estrogen and progesterone, two hormones that regulate the menstrual cycle and play a role in maintaining bone density. As a result of these hormonal changes, women may experience a variety of physical and psychological symptoms, which are summarized in Table 2.

Table 2

Physical changes		Psychological changes
Organ	Changes	
In Ovary	The ovaries shrink in size.	Anxiety,
In Fallopian tubes	Atrophy.	Depression,
In Uterus	Reduced in size.	Tension,
In Cervix	Reduced in size.	Headache,
In Vagina	Gradual loss of elasticity	Irritability,
In Fornices	Gradually disappear as the cervix regresses.	Nervousness,
In Vulva	Atrophy occurs, more prone to infections, loss of tone of the ligaments, dyspareunia	Feeling unhappy,
In the Bladder and Urethra	Prolapse of the Urethro-vesicular junction occurs due to decreased pelvic support.	Insomnia,
In Breasts	Atrophy of the mammary glandular tissue. ¹²	Fatigue,
Other changes	Woman becomes coarser in build and appearance. A mild degree of acromegaly. The skin becomes wrinkled, thin, and more prone to damage. Hirsutism.	Excitability,
		Crying,
		Palpitations,
		Loss of interest in most things,
		Difficulty in concentrating,
		Attacks of panic. ¹³

DISCUSSION

Ayurveda considered Rajonivritti (cessation of menstruation) as one of the svabhavika prakriya, just like ksudha (hunger), pipasa (thirst) and nidra (sleep), etc.¹⁴ which is a natural bodily process that occurs due to the changes in a woman's hormonal balance and reproductive system. Ayurveda recognizes this as a regular part of a woman's life cycle and considers it a natural transition from the reproductive phase to the post-reproductive phase.

Rasayana therapy

In Ayurvedic literature, Rajonivritti is a representative syndrome of praudhavastha or the old age stage, which lies in the sandhikala or the mid-period between yuvavastha (youth) and vriddhavastha (old age). During this period, the vitiated Vata dosha can cause the expulsion of Pitta dosha from its original place, known as ashaya apakarsh of Pitta by Vata, resulting in symptoms such as hot flushes, excessive sweating, sleep disturbances, irritability, dryness of the vagina, etc. These Rajonivritti symptoms are collectively known as a menopausal syndrome or avastha janya lakshana. In addition, reduction of bala or immunity can occur in different dhatus (body tissues) due to debility. Furthermore, Rajonivritti is also manifested due to the progressive reduction in the functional ability of Agni, which refers to cell and tissue metabolic activity. This can result in inadequate tissue nutrition, triggering irreversible degenerative changes in the sapta dhatus or the seven tissue elements, mainly in Rasa dhatu (plasma tissue). Rasayana therapy, which is a type of rejuvenation therapy in Ayurveda, can help to provide relief to patients during this transition and helps to break the samprapti of Rajonivritti.¹⁴

Rasayana therapy involves various techniques such as herbal medicines, diet, and lifestyle modifications to enhance the body's natural healing process. It promotes longevity, improves mental and physical health, and strengthens immunity. Some common rasayana herbs include Ashwagandha, Guduchi, Shatavari, Yastimadhu, Chandrashura, Bala and Amalaki. They are powerful antioxidants, cytoprotective and immune-modulatory action, which promotes anti-ageing activity and phyto-estrogenic properties.

Panchakarma

During menopause, Panchakarma therapy may be used to balance the three doshas (Vata, Pitta, and Kapha) and to help reduce symptoms associated with it. It may also help to improve overall well-being and reduce stress levels. The various procedures that can be beneficial are-
Snehan- Administration of oil both externally and internally.
Swedan- Sudation therapy
Shirodhara- For the management of psychological symptoms.
Nasya- Administration of oil through nostrils.
Uttarbasti- Medicated oil instillation through the vaginal or urethral opening
Pichu- Medicated tampons inserted per vagina.
Basti- Especially Anuvasan Basti (oil-based medicated enema).

Diet

A balanced vegetarian diet is the most important aspect of preventive menopause management. Vata shamak and Kapha vardhak dietary constituents help in preventing the effects of

dhatukshaya. Vagbhata quotes that ghee and milk act as Ajasrika Rasayana, which yields ayuprakashya, swara varna prasdana, medhya, chakshushya, shukravardhaka etc., hence providing rejuvenating benefits. Introduce a Vata-Pitta pacifying diet that is warm, light, cooked, fresh and unctuous (containing good oils) food. Avoid dry, cold, fermented, left-over foods, refined sugar, red meat, alcohol and caffeine.

Yoga and Meditation

Yoga and meditation are all practices that can benefit women going through menopause. Yoga is a physical and spiritual practice involving poses, breathing exercises, and meditation. It has been shown to be effective in reducing the symptoms of menopause, such as hot flashes, insomnia, and mood swings. Some yoga poses, such as forward bends, can also help to reduce stress and improve overall relaxation. Pranayama is a yogic breathing technique that can help to reduce stress and balance hormones. It can be beneficial for women experiencing anxiety or mood swings during perimenopause.

Meditation is a practice that involves focusing the mind on a particular object, thought, or activity to achieve a state of mental clarity and relaxation. It effectively reduces stress and improves overall well-being, which can be especially helpful during menopause. Overall, incorporating yoga, exercise, and meditation into a daily routine can be a helpful way to manage the symptoms associated with menopause while also improving overall health and well-being.

Counselling

Counselling and stress management techniques can help women to cope with the emotional and psychological changes that can occur during menopause. Developing a positive attitude towards menopause and viewing it as a natural transition rather than a negative experience can also be helpful in reducing stress and improving quality of life. In Ayurveda, sadvritta (code of good conduct for mental health and social behaviour) and Swasthavritta (healthy lifestyle) are key to improving quality of life. Counselling regarding stress management and developing a positive approach towards menopause can be helpful.¹⁵

CONCLUSION

Ayurvedic management is an effective option to relieve mild to moderate climacteric symptoms during perimenopause, with or without the use of contemporary medicine. However, its principles and therapies are not yet validated due to a lack of evidence-based scientific research. There is a scope for future research in this domain where the fundamentals of Ayurveda can be incorporated into the management of menopause and will relieve the women from the symptoms along with the prevention of many side effects associated with the use of HRT or surgeries like hysterectomy. Multicentered randomized trials or extensive observational studies are urgently needed on the fundamental principles of Ayurveda, which will benefit the women in addressing the condition and better planning the treatment.

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