Case Report

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CLINICAL EFFICACY OF HIMASAGARA TAILA SHIROPICHU AND ORAL YASHTIMADHU CHURNA IN THE MANAGEMENT OF PERIMENOPAUSAL SYNDROME: A CASE REPORT

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ABSTRCAT

Background: Perimenopausal syndrome is a transition phase before menopause and may present with irregular menstruation, hot flushes, mood swings, sleep disturbances and impaired concentration. In Ayurveda, this period may be understood in relation to age-associated vata predominance, dhatu kshaya (tissue depletion) and rasakshaya (depletion of rasa dhatu). Objective: to assess the clinical response to himasahara taila shiropichu (continuous application of medicated oil over the scalp) and oral Yahstimadhu churna (liquorice powder) in a patient with perimenopausal syndrome. Case presentation: A 42-year-old woman presented with irregular menstrual cycles, hot flushes, mood swings, disturbed sleep and poor concentration for six months. The baseline Greene Climacteric Scale (GCS) was 35. Intervention: Yashtimadhu churna 2g twice daily with milk before food was administered for 30 days, along with Himasagara taila shiropichu for 30 minutes daily for seven consecutive days. Outcome: The total GCS Score decreased from 35 before treatment to 22 after treatment and was 23 at one-month follow-up. Improvement was observed in somatic, psychological and vasomotor symptoms, sleep quality and menstrual well-being, without reports of adverse effects. Conclusion: The intervention showed clinical improvement in this single case. Controlled studies with larger samples are required to determine its efficacy and safety.

Keywords: Shiropichu, Rasayana, Medhyarasayana, Himasagara taila, Perimenopausal syndrome, Rajonivrutti, Striroga.

INTRODUCTION

Menopause is a physiological change where there is permanent cessation of menstruation at the end of the reproductive life due to loss of ovarian follicular activity. The average age of menopause is 50 years, ranging from 45-55 years. Perimenopause is a period before menopause and is followed by 1 year of amenorrhea. It covers 5-10 years on either side. The age range is 40–50 years. According to the "Stage of Reproductive Ageing Workshop", perimenopause falls under Stage -2, Stage -1, and Stage +1a[1]. In India, the female population in perimenopause undergoes various psychological, physical and vasomotor changes like hot flushes, night sweats, mood swings, sleep disturbances and difficulty in concentration. These symptoms, if left ignored, may lead to serious psychiatric issues, cognitive impairment, osteoporosis and depression[2]. In terms of management of the perimenopausal syndrome, hormonal replacement therapy is widely practised. But this has many complications like endometrial cancer, breast cancer, coronary heart disease and Alzheimer's[3]. Initially, ovarian activity declines, followed by impaired folliculogenesis due to anovulation, oligo-ovulation, failure to form a corpus luteum, or corpus luteal insufficiency. As a result, there will be no production of progesterone. As a result, cycles become anovulatory and irregular. In later stages, there will be an increased rate of follicular depletion. No availability of follicles; if available, they will be resistant to pituitary gonadotrophins or fail to develop into Graafian follicles. This reduces oestrogen production. As a result, there is no endometrial growth, and endometrial atrophy is appreciated. Hence, absence of menstruation is noticed[2].

In Ayurveda, perimenopause is correlated to rajonivrutti, where rajah refers to menstrual blood and nivrutti refers to cessation. It is termed as the period of transition from Pitta-predominant middle age to vata-predominant old age. Acharya Sushruta terms it as rajokshayam, and Acharya Bhavamishra terms it as rajonasha[4]. This can be considered an imbalance of vata, pitta, and kapha that occurs as a natural, gradual consequence of ageing. The classical texts do not mention the specific reason for rajonivrutti. The probable reasons are swabhava, dhathukshaya, the effects of doshas, vayu, and abhighata. It is mentioned that, for the above reasons, swabhavika jara avastha mainly acts on vata, pitta, and kapha doshas, aggravates vata and pitta, and alleviates kapha. This leads to saptha dhathu and upadhathu kshaya leading to arthava nasha, ojo nasha. Ultimately leading to rajonivrutti[5]. Acharya Charaka mentions rajonivrutti under swabhavika vyadhis; hence, they are incurable by nature. For the same, Acharya comments that this condition can be managed only through rasayana therapy. He also mentions that till the effect of rasayana therapy remains, the person will not experience death. But the condition recurs if treatment is discontinued. Thus, the swabhavika diseases are yapya or asadhya in nature[6].

CASE REPORT

A 42-year-old female attended the outpatient department of Prasooti Tantra evam Srti Roga, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India, with complaints of irregular menstrual cycles, hot flushes, mood swings, difficulty in sleeping and concentrating for six months.

Medical history: Known case of thyroid dysfunction
Surgical history: Laparoscopic right ovarian cystectomy
Family history: No significant family history

Personal History
Diet – Mixed
Appetite – Reduced
Sleep – Disturbed
Bowel – Irregular
Micturition – Regular
Habits – No significant habits

Menstrual History
LMP – 24-11-2025
Menstrual cycle – Irregular
Duration – 5 Days
Interval – 3 Months
Obstetric History: P1L1A0D0
Contraceptive History: No significant history

Ashtasthana Pareeksha
Ashtasthana Pareeksha (eightfold clinical examination): Nadi (pulse) – Pitta-Kapha; Mala (stool) – Vikruta (abnormal); Mutra (urine) – Prakruta (normal); Jihwa (tongue) – Anupalipta (uncoated); Shabda (speech/voice) – Spashta (clear); Sparsha (touch/temperature) – Anushnasheetha (not excessively warm); Drik (eyes) – Prakruta (normal); Akruti (built) – Madhyama (moderate).

Dashavidha Pareeksha
Dashavidha Pareeksha (tenfold clinical examination): Prakruti (constitution) – Pitta-Kapha; Vikruti (pathological state) – Vata-Pitta, with Rasa, Rakta and Arthava as the affected Dhatus/functional components; Sara (tissue excellence) – Rasasara; Samhanana (body compactness) – Madhyama; Satwa (mental strength) – Avara; Satmya (suitability) – Madhyama; Pramana (body measurement) – Madhyama; Ahara Shakti (food capacity) – Avara; Jarana Shakti (digestive capacity) – Madhyama; Vyayama Shakti (exercise capacity) – Madhyama; Vaya (age) – Madhyama.

General Examination
Decubitus: Sitting
Nourishment: Well Nourished
Appearance: Normosthenic
Pallor: Absent
Icterus: Absent
Cyanosis: Absent
Lymphadenopathy: Absent
Odema: Absent
Height: 150 cm
Weight: 68 kg
BMI: 30.22 kg/m²

Diagnostic Assessment
The diagnosis of perimenopausal syndrome was established based on clinical presentation, menstrual irregularity and Greene climacteric scale[7] (GCS) assessment.

Therapeutic Intervention
The patient received Yashtimadhu Churna 2g twice daily with lukewarm milk before food for 30 days[8]. Himasagara Taila[10] Shiro Pichu[9] was applied over the vertex for 30 minutes daily for seven consecutive days.
Yashtimadhu churna was administered as described in the classical source. Himasagara Taila Shiro Pichu was administered according to the classical description of Murdhni Taila (medicated oil application to the head), and Himasagara Taila was selected from the classical formulation reference.
Dietary advice included easily digestible, wholesome food; adequate hydration; regular sleep; stress reduction; and avoidance of excessive spicy foods and caffeine.

Outcome and Follow Up
The patient showed appreciable improvement after completion of treatment. Hot flushes were reduced considerably. Sleep quality improved, mood swings became less frequent and concentration improved. Menstrual well-being also improved. The Greene Climacteric Scale score decreased by 37.1% after treatment (35 to 22). At one-month follow-up, most improvements were maintained with only a slight increase in somatic score, while psychological and vasomotor symptoms continued to improve. No adverse drug reactions or treatment-related complications were reported.

Table 1: Greene Climacteric Scale scored before treatment, after treatment and at one-month follow-up

GCS	Before treatment	After treatment	Follow up
Somatic score	23	17	19
Psychological score	4	3	0
Vasomotor score	6	4	2
Sexual dysfunction score	3	3	2
Total	35	22	23

Table 1 shows improvements in the overall GCS score and individual symptom domains, with the total score decreasing from 35 before treatment to 22 after treatment and remaining at 23 at follow-up.

Medicines during first visit
Yashtimadhu Churna 2 g – 0 – 2 g with milk before food for 30 days.
Shiro Pichu with Himasagara Taila for 30 minutes daily for 7 days.

DISCUSSION

Perimenopause results from progressive ovarian follicular depletion leading to hormonal fluctuations, anovulatory cycles and eventual oestrogen deficiency. These endocrine alterations contribute to vasomotor instability, disturbed neurotransmitter regulation, psychological symptoms and menstrual irregularities[11]. From the Ayurvedic perspective, this condition represents rajonivruttikala, where ageing-associated vata prakopa, along with pitta vaishyamya, depletes rasa, raktha, and arthva dhtahu. The resulting dhatu kshaya manifests clinically as irregular menstruation, disturbed sleep, anxiety, hot flushes and reduced physical well-being[12].

Shiropichu is a murdhni taila procedure that continuously exposes the scalp to medicated oil. The vertex region is rich in vascular and neural networks that facilitate local absorption and provide a calming influence in the central nervous system. Oleation helps pacify aggravated vata, promotes relaxation, improves sleep, and

alleviates stress-related symptoms. Himasagara taila is a classical Ayurvedic medicated oil described in Bhaishajya Rathnavali Vatavyadhi Rogadhikara. It's a poly-herbal formulation prepared with multiple nourishing fresh juices, milk and aromatic herbal pastes processed in sesame oil. The therapeutic efficacy of Himasagara taila can be understood through its means of rasapanchaka and pharmacological actions. The Himasagara taila possesses madhura, tiktha and kashaya rasa. It has snigdha and guru guna, sheetha in veerya and madhura in vipaka. This collectively pacifies the aggravated vata and pitta doshas. This formulation is mainly sheetha, medhya, rasayana and nidrajanaka in nature. This is indicated in Vata-dominant and Vata-Pitta disorders, particularly those involving the nervous system, musculoskeletal system and degenerative conditions. Because it contains brimhana dravyas like shathavari, vidari, kushmanda, narikela, and ksheera, it effectively counteracts dhathukshaya and ojakshaya. Classical texts describe its efficacy in traumatic injuries, emaciation, neuromuscular weakness, speech disorders, burning sensation and chronic vata vyadhi. It's mostly used as abhyanga, shiropichu, and shirobasti. Several ingredients contain phytoconstituents such as flavonoids, alkaloids, terpenoids and phenolic compounds that exhibit neuroprotective and adaptogenic activities. They help in improving neuronal function and reduce stress-induced disturbances. The antioxidant constituents present help neutralise free radicals, reduce lipid peroxidation and protect cellular structures from oxidative injury. This action may help in reducing fatigue, cognitive disturbances and other age-related manifestations associated with perimenopause. The anti-inflammatory properties inhibit inflammatory mediators and improve tissue function. This action may be particularly beneficial in reducing musculoskeletal complaints such as joint pain, body ache and stiffness, which are frequently reported during perimenopause. The oil-based formulation itself plays a vital role in enhancing therapeutic efficacy. Taila is considered the best medium for pacifying vata dosha due to its snigdha and sukshma properties. The taila facilitates deeper tissue penetration, nourishes the dhatus and improves systemic absorption. Thus, the overall mode of action of Himasagara taila in perimenopausal syndrome appears to be multifunctional. Its vata-pittahara, rasayana, balya, medhya properties collectively address the factors underlying the perimenopausal syndrome and improve the overall quality of life of women.

Yashtimadhu is a classical rasayana known for its rejuvenating, balya, medhya and vayasthapana properties[13]. It is one of the medhya rasayanas mentioned by Acharya Charaka, with madhura rasa, madhura vipaka, guru and snigdha guna, sheetha veerya, and vata-pitta shamana action. Experimental studies have demonstrated antioxidant, adaptogenic, anti-inflammatory and neuroprotective actions. Glycyrrhiza contains flavonoids and phytoestrogenic constituents that may exert mild oestrogen-like activity, potentially improving menopausal symptoms. Its adaptogenic effects may also modulated the hypothalamic-pituitary-adrenal axis, thereby improving mood, sleep and stress tolerance[14].

The reduction in GCS score suggests improvement across multiple symptom domains following the combined intervention. Sexual dysfunction showed only modest improvement. Because this is a single case report without a comparator, we cannot definitively attribute the observed change to the intervention or generalise it. The case nevertheless provides preliminary clinical information that may support further controlled evaluation.

CONCLUSION

This case demonstrates clinical improvement in vasomotor, psychological and somatic symptoms following Himasagara Taila Shiro Pichu combined with oral Yashtimadhu Churna. Benefits were maintained at one-month follow-up and no adverse effects were reported. Larger, well-designed controlled clinical studies are required to evaluate efficacy and safety.

Patient Perspective

The patient reported noticeable relief from hot flushes, improved sleep, better emotional stability, and enhanced daily functioning after treatment. She expressed satisfaction with the therapy and did not experience any adverse effects.

Ethical Statement

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical information while maintaining confidentiality. The authors should insert the verified institutional ethics approval/waiver details before submission. If the case was conducted under the Indian Council of Medical Research ethical framework, the manuscript should state that the work was conducted in accordance with the National Ethical Guidelines for Biomedical and Health Research Involving Human Participants and the applicable Institutional Ethics Committee requirements

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