

POST MENOPAUSAL SYNDROME

Shilpa Gupta^{1*} and Nand Kishore Dadhich²

*¹Shekhawati Ayurved College, Pilani (Raj.)

² S.K.D. Govt. Ayurvedic College, Muzaffarnagar (U.P.)

Received: 6th December 2014 / Accepted: 20st December 2014 / Published: 10th January 2015



Greentree Group

©International Journal of Ayurveda and Pharmaceutical Chemistry, 2014

Shilpa et al

✉ drshilpagupta46@gmail.com

Int J Ayu Pharm Chem Vol. 1, Issue 2, 2015

Abstract

Ayurveda is the flawless ancient science of life; the word “Ayur” literally means life and Veda the science or knowledge. Ayurveda stresses upon the do’s and don’ts one has to follow, which favours the well-being of each individual to lead a healthy, happy, comfortable and advantageous life physically, mentally and socially. It also emphasis the adage- “Prevention is better than cure”.

Ayurveda healing for women addresses the need to treat the root cause of feminine disturbance rather than accepting the myths that symptoms of discomfort, pain and emotional swings are normal throughout the life. It is the best healing method to treat the root cause of symptoms by treating constitutionally that is treating the whole person as an individual. In modern era, Premature menarche, Delayed puberty and some problems in the menstruation pattern prior to menopause are seen.. So, it has been tried to concentrate on the causes of such problems and provide a healthy citizen to the society who is free from all these diseases.

Keywords

Menopause, Hot flushes, Climacteric, Perimenopause, Androstendione, Estradiol

INTRODUCTION

Ayurveda healing for women addresses the need to treat the root cause of feminine disturbance rather than accepting the myths that symptoms of discomfort, pain and emotional swings are normal throughout the life.

Women are known as women due to their reproduction power and motherhoodness. According to Ayurveda, “Srotamsi khalu parinamamapadyemananam dhatunaamabhivahini bhavantaye yanarthen.” means the one which carry the aahara –rasa after being transformed into Prasad –bhag(nutritive part) and kitta-bhag(excretory part) to their places is called Greentree Group

as Srotas. Acharya Sushruta has explained three extra srotas in females named as Stanyavaha which carries breast milk during lactation and Artavavaha scrotas, the channels which carry Menstrum. Ayurveda mentions best definition of human physiology that is equilibrium of the body. The above definition of health is now past for many women due to changing life style, food habits, long working schedule, stressful environment, career demands, late marriages and late pregnancies ,contributing all if women still ignore body signs and symptoms such as irregular, heavy or scanty

menses etc. leads to serious health hazards of Artavavaha srotas.

AIMS & OBJECTIVES

In Modern Era, Premature menarche, Delayed puberty are the common problems. Keeping those problems in mind, it has been tried to concentrate on the causes of such problems & provide a healthy citizen to the society who is free from all these diseases.

This work is a fact finding activity purely based on fundamental research. No hypothesis is proposed or tested. This work may have no immediate or planned application but may later result into further research of an applied matter.

DISCUSSION

The first menses in woman's life is called Menarche whereas the end of Menses is called as Menopause.

Artava Nivriti (Ayurvedic concept)

Prayayas of Artava Nivriti

1. *Artava Bandha*
2. *Artava Nasha*
3. *Rajo Nivriti*

Artava Nivriti Kala: -

"Tad Varshad Dvadasad Kale

Varatmanasrik Puna.

Jarapakaw Shariranam Yati Panchashat Kshyam."

[Sushruta Shareersthana ^[3/11]]

Rajo Nivriti is a physiological process occurring in the life of a woman. It ceases at an average age of fifty years.

Rajo Nivriti Types: -

Acharya Sushruta has said that Artava Nivriti is of two types: -

1. *Kalaj Rajo Nivriti*
2. *Akalaj Rajo Nivriti*

If cessation of menses takes place at the normal age i.e.: - upto the age of fifty years, it is termed as Kalaj Rajo Nivriti. If ceases before the normal age or after the normal age, then it is termed as Akalaj Rajo Nivriti.

Lakshnas of Rajo Nivriti: -

1. *Dosaj Laksanas*
2. *Dhatu Khsayaj Lakshnas*
3. *Mansike Laksnas*

1) Doshaj Laksnas: -

a) Vataj Lakshnas includes: -

Sira sula

Kati sula

Hrid spandana

Vibandh

b) Pittaj Laksanas includes: -

- Usan ashishnuta*
Daha
Murcha
Sweda aadhikya
- b) Kaphaj Laksnas: -
Bhrama
Sandhi Shaithilya
Nidra Nasa
- 2) Dhatu Kshayaj Laksnas: -
- a) Rasa Dhatu Kshayaj Laksnas: -
Hrid dravatva
Klama
Trishna
Shrama
Sosa
- b) Rakta Dhatu Kshayaj Lakshwas: -
Twak Rukshata
Sira Shaithilya
Twak sphutnam
- c) Mamsa Dhatu Kshayaj: -
Raukshya
Toda
Gataranam sadanam
- d) Meda Dhatu Kshayaj Lakshanas: -
Shrama
Rukshata
Sandhi sunyta
- e) Asthi Dhatu Kshayaj: -
Asthi toda
Kesa prapatnam
- f) Majja Dhatu Kshayaj: -
Bhrama

- Timira Darshan*
Asthi sula
- f) Sukra Dhatu Khsayaj: -
Panduta
Maithun asakti
- 3) Mansik Laksanas: -
Krodha
Sira sula
Bhaya
Chinta
Dwesa
Smriti haani
Utsaah haani

Rajo Nivriti (Chikitsa): -

“Nishpratikriya Iti Sadharam Chikitsa

Rasayan Varjya Ch.

Pratikriyte Rasaynen Tu Pratikriyte Ch.”

[Charak Shareersthana ^[1/115]]

1. Nidana parivarjane is the first step in the treatment of Rajo Nivriti.
2. Rasayan should be administered for Swabhavika Rogas.
3. Rasayan and Yogaasan for Jara Rogas.
4. Brimhana and Balya Oushadies for Dhatu Kshay.

MODERN CONCEPT OF

MENOPAUSE: -

Menopause: - The term Menopause is made up of two words. Meno means Month and pause means stop.

Definition: - It is defined as the permanent cessation of menstruation at the end of reproductive life resulting from the loss of Ovarian follicular activity.

Peri menopause: - It includes the period beginning with the first clinical, biological and endocrinological features of the approaching menopause and ending 12 months after the last menstrual period.

Menopausal Transition: - This term is used synonymically with pre menopause. The most significant symptom of this is Menstrual irregularity.

Climacteric: - It refers to a period of time from cessation of reproductive function to an infinite time after menopause which is period of senility.

Pre menopause: - This term is often used to refer 1 or 2 years immediately before the menopause or to the whole of the reproductive period prior to the Menopause.

Post – Menopause: - It is defined as the dating from the final menstrual period,

regardless of whether the menopause was induced or spontaneous.

Premature Menopause: - Defined as Menopause that occurs at the age less than two standard deviations below the mean estimated for the reference population. The age of 40 years is frequently used as an arbitrary cut – off point, below which it is said to be premature.

Age at Menopause: - The age range for Menopause is between 45 and 55. The average age varies according to geographic location. In some developing countries, such as India and Philippines, the median age of natural menopause is considerably earlier at 44 years.

ENDOCRINOLOGY IN RELATION TO MENOPAUSE

The process of basic endocrine changes begin about few years prior to menopause. So, the endocrinology of climacteric can be understood in 2 ways.

1. Several years before the Menopause.
2. After establishment to Menopause.

A) Several years before Menopause: - Loss of follicles and oocytes ultimately result in a series of endocrine changes in

the hypothalamic – pituitary – gonadal axis and gradual fall in the levels of estrogen. Decreased levels of estrogen results in raised levels of follicle – stimulating hormones, which is the first laboratory indication of perimenopause.

B) After establishment of Menopause; -
After Menopause, extragladular estrogen production is the major pathway for estrogen synthesis.

Androstenedione: - After Menopause, circulating level of androstenedione is about half that seen prior to menopause. Most of this is derived from the adrenal gland, with only a small amount secreted from the ovary.

Testosterone: - Post menopausal ovary in most women secretes more testosterone than the premenopausal ovary. The total amount of testosterone produced after menopause, is decreased because the amount of the primary source, the peripheral conversion of androstenedione is reduced.

Estradiol: - The circulating estradiol level after menopause is approximately 10 – 20 pg/ml, most of which is derived from the peripheral conversion of

estrone.

CHANGES DURING MENOPAUSE: -

a) Changes in genital organs: -

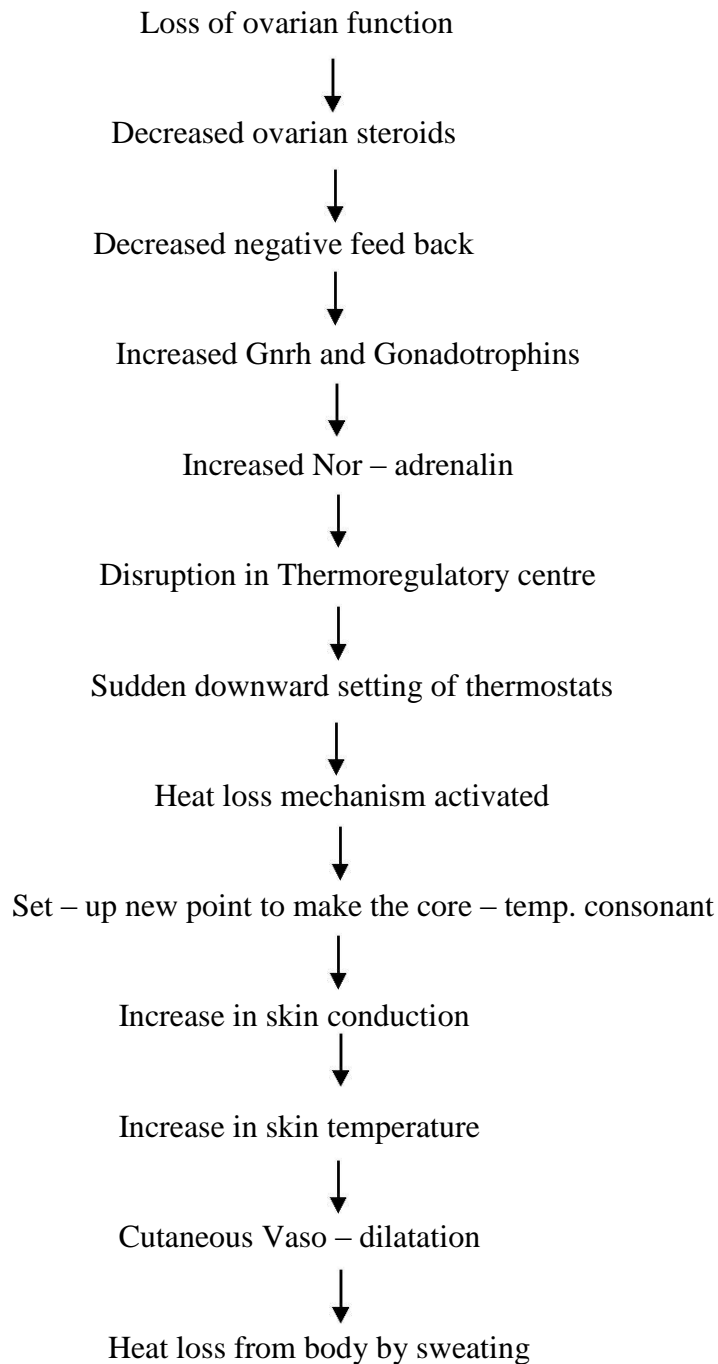
- 1. Ovary: -** The ovaries become shrunken with grooved surfaces. There is relatively more of medulla than the cortex.
- 2. Fallopian tubes: -** The fallopian tubes show feature of atrophy. The muscle coat becomes thinner by their plain muscles atrophy.
- 3. The uterus: -** The uterus and cervix also show gradual shrinkage due to the myometrial atrophy.
- 4. The vagina: -** The vagina become narrower and smaller due to the gradual loss of elasticity.
- 5. The breast: -** The breast tissue get reduced and the breasts gradually become pendulous.
- 6. The Bladder & Urethsa: -** The epithelium of bladder becomes thin and is prone to damage & infections.

EFFECTS OF MENOPAUSE: -

A) Vascular instability: -

feeling of intense heat with sweating and rapid heartbeat, and may typically last from two to thirty minutes for each occurrence.

- 1. Hot Flushes: -** A common symptom of menopause is experienced as a

Mechanism of hot flushes: -

2. Night sweats: - Sleep hyperhidrosis more known as the night sweats, is the occurrence of excessive sweating during sleep.

3. Atherosclerosis: - It is a syndrome affecting arterial blood vessels. It is chronic inflammatory response in the walls of arteries, in large part due to the accumulation of macrophage white blood cells & promoted by low density lipoproteins without adequate removal of fats and cholesterol from the macrophages by functional high density lipoproteins.

4. Migraine: - It is increased frequency of headaches during perimenopause.

B) Urogenital Atrophy: - Also known as Vaginal atrophy.

Thinning of the membranes of the vulva, the vagina, the cervix

Itching, Dryness, Bleeding, Watery Discharge, Polyuria, Urinary urgency, Urinary incontinence,

C) Skeltal Changes: -

Osteoporosis: - It is condition where bone mineral density is lower than

normal.

D) Changes in skin & soft tissues: -

Breast Atrophy

Skin thinning & Becoming drier

Decreased elasticity of skin.

D) Psychological changes:-

Mood Disturbance

Irritability

Fatigue

Memory loss

Depression

Anxiety

Sleep Disturbances

E) Sexual changes:-

Decreased libido

Vaginal dryness & vaginal atrophy

Dysparaunia

MANAGEMENT OF PMS

1. **Hormone therapy also known as Hormone Replacement Therapy:-**

In this therapy, one or most estrogens, usually in combination with progesterone are administered.

2. **Exercise:-** Adequate exercise and aerobics and muscle binding is an aspect of management of PMS.

3. **Diet:-** Non – fattening diet rich in anti-oxidants and fibres is recommended.
4. **Nutritional supplements:-** Nutritional Supplements with vitamin, minerals and essential fatty acids have a great potential for reducing the symptoms associated with menopause. Vit. B₆, Vit. B₁₂ & Folic acid supplementation reduces the risk of osteoporosis and cardiovascular disease.
Calcium & magnesium Supplements:- These slow down the bone loss.
Blood pressure medicines:- These drugs have special consideration by women suffering from high B.P & hot flushes.
5. **Complementary & alternative therapies:-** Herbal remedies help relieve menopausal symptoms. Some botanical resources, referred to as phytoestrogens are known to have an estrogenic effect on the body.
6. **Other therapies:-** Lack of

lubrication is a common problem during and after primenopause. Vaginal ,moisturisers can help women with thin vaginal tissue or dryness, and lubricants can help with lubrication difficulties that may be present during intercourse.

CONCLUSION

Artava is linked to body status of a lady in so many ways. It has an important role to play in female's body starting from Puberty, Young age, Reproductive age, Marital Status, Garbhavastha, Prasavavastha, Stanyavastha and Artava Nivriti.

So, it is concluded that late or early menopause is one of the important aspects in determining the status of lady's health. It is a window into the general health and well-being of a women, and not just end of reproductive event. It can indicate the status of bone health, heart disease, ovarian failure as well as long term fertility.

REFERENCES

- [1] Sushruta Samhita Shareersthana ^[3/11], Vyakyakar-Kaviraj Dr. Ambika Dutt Shastri, Chaukhambha Bharti Academy, Varanasi (2009), pp.27
- [2] Charak Samhita Shareersthana ^[1/115], Vyakyakar- Pt. Kashinath Shastri, Dr. Gorakhnath Shastri Chaukhambha Bharti Academy, Varanasi (2009), pp.826
- [3] <http://emedicine.Medscape.com/article953945> (Menstruation disorders).

- [4] A Literary study of Updhatus with special reference to Artava.
- [5] Charak Samhita Vimanasthana [^{5/3}], Vyakyakar - Pt. Kashinath Shastri, Dr. Gorakhnath Shastri Chaukhambha Bharti Academy, Varanasi (2009) pp.709.
- [6] A Book of Gynaecology, Dr.D.C.Dutta, Edited by Hiralal Kotur, Reference to a chapter of Puberty Normal and Abnormal, Jaypee Publishers New Delhi(2013).
- [7] A Book of Gynaecology, Dr.D.C.Dutta, Edited by Hiralal Kotur, Reference to a chapter of Menopause. Jaypee Publishers New Delhi(2013).
- [8] A Book of Gynaecology, Dr.D.C.Dutta, Edited by Hiralal Kotur, Reference to a chapter of Menstruation Jaypee Publishers New Delhi(2013).
- [9] A Book of Gynaecology, Dr.D.C.Dutta, Edited by Hiralal Kotur, Reference to a topic of Premature Menarche, chapter of Menstruation Jaypee Publishers New Delhi(2013).pp.53
- [10] Sushruta Samhita Shareersthana , Vyakyakar-Kaviraj Dr. Ambika Dutt Shastri, Chaukhambha Bharti Academy, Varanasi (2009).
- [11] A Book of Gynaecology, Dr.D.C.Dutta, Edited by Hiralal Kotur, Reference to a topic of Changes in Genital organs A chapter of Menopause. Jaypee Publishers New Delhi(2013).pp.58.
- [12] A Book of Gynaecology, Dr.D.C.Dutta, Edited by Hiralal Kotur, Reference to a topic of Menopausal symptoms, A chapter of Menopause. Jaypee Publishers New Delhi(2013).pp.59.
- [13] A Book of Gynaecology, Dr.D.C.Dutta, Edited by Hiralal Kotur, Reference to a topic of Management of PMS A chapter of Menopause. Jaypee Publishers New Delhi(2013).pp.61.
- [14] A Book of Lower limb and Abdomen, Dr.B. D .Chaurasia, Reference to a chapter of Female Reproductive Organs, CBS Publishers and Distributors pvt.ltd. Vol.2, Fifth Edition, [2010].
- [15] A Book of Human Embryology, Dr.Inderbir Singh, G.P.PAL, Reference to a chapter of Menstrual cycle, Macmillan Publishers India Limited, Eighth Edition, [2007], pp.26
- [16] A Book of Physiology, Dr.K.Sembulingum, Prema Sembulingum, Reference to a chapter of Menopause , Jaypee Brothers Medical Publishers Pvt.LTD, Fifth edition [2010]. pp.474.
- [17] A Book of Sharir Kriya Vigyan , Prof.Puranchand Jain, Chaukhambha Sanskrit Pratishtan, Ind vol.(2009). pp.166.
- [18] A Book of Sharir Kriya Vigyan , Shiv Kumar Gaud, Nathpustak Bhandar Rohtak. pp.166.
- [19] Book of Ayurvediya Sharir Kriya Vigyan , Vaidya Ranjit Roy Desai, Shri Vaidyanath Ayurveda Bhawan Limited, Naini Illahabad, Chaturth Sanskaran. pp.643.
- [20] Book of Ayurvedic Physiology, Prof.S.B.Kotur, Dr.Shashikala Kotur, Reference to a chapter of Dhatu Vijnaneeya A dhyaya, Chaukhambha Orientalia, Varanasi. Fifth Edition. 2007. pp.221.

- [21] A Textbook of Concise Medical Physiology, Chaudhari, Reference to a chapter of Female Reproductive Physiology, New Central Book Agency Pvt. Ltd. 4th Edition [2002], pp. 322.

Shilpa et al *Int J Ayu Pharm Chem Vol. 2, Issue 1, 2014*

 drshilpagupta46@gmail.com