

CASE STUDY

Management of *Rajjonvrti* (Perimenopausal Symptoms) by *Panchkarma*: A Case Report

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ABSTRACT

Woman - a marvelous creation of almighty goes through variable stages during her reproductive life. The alterations in her body during puberty, reproductive, menopausal and postmenopausal stages, create affinity towards different diseases. Menarche and Menopause are the landmarks of reproductive stage of woman's life. Though, *Rajonivritti* as a diseased condition is not described separately in classical Ayurveda text. In Ayurveda Menopause deals with the *JaraPakwaAwastha* of body¹. Menopause is generally defined as cessation of periods for 12 months or a period equivalent to three previous cycles or as time of cessation of ovarian function resulting in permanent amenorrhea². The Menopause is thus a gradual and natural transitional phase of adjustment between the active and inactive ovarian function and occupies several years of a women's life and involves biological and psychological adjustments. This period is usually associated with unavoidable manifestation of aging process in women. Quality of life covers physical, functional, emotional, social and cognitive variables. Menopause is a natural event as a part of the normal process of aging, it is turning into a major health problem in recent years in developed as well as developing countries. HRT (Hormonal replacement therapy) is effective treatment for menopausal syndrome but not safe and with dangerous side effects like endometrial hyperplasia, CA etc. Thus; we can make a safe approach through Ayurveda to minimize these perimenopausal symptoms.

Aim & Objective: The present study is an effort to understand the disease according to Ayurvedic principles & to evaluate the role of safer and cost effective Ayurvedic management modalities in perimenopausal symptoms. **Materials & Methods:** Patient with age 49 years with 2 years of menopause accompanied by symptoms of excessive sweating and sleep disturbance during night. The probable cause found after routine examinations and history taking was perimenopausal changes in patient. She was visiting the OPD of PTSR Department for this complaint and *sirodhara* and *basti* were advised in treatment. **Results:** Patient got relieved after the *panchkarma* procedure i.e; *sirodhara*, *basti*. **Conclusion:** Hence; it has been concluded that *Panchkarma* can be practiced as palliative management for perimenopausal symptoms by Ayurvedic gynecologists with promising outcome.

Key Words *Rajjonivritti*, *Perimenopausal Symptoms*, *Sirodhara*, *Basti*

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INTRODUCTION

Ayurvedic science has divided all diseases into 4 major types: -*Agantuj*, *Sharira*, *Manasa* and *Swabhavika*. *Swabhavika* type of disease included all naturally occurring conditions. *Acharya Sushruta* has also mentioned a group of naturally occurring diseases under the heading of *SwabhavabalaPravritta* includes *Kshudha* (Hunger); *Pipasa* (Thirst), *Nidra* (Sleep), *Jara* (Aging) and *Mriyu* (Death)³ and like these *Rajonivritti* is a naturally occurring condition in every woman as that of *Jaravastha* etc. *SwabhavikaVyadhies*. *Rajonivritti* literally means “the end of *ArtavaPravritti*” i.e., the stopping of menstruation, not described as a disease condition but it is a representative syndrome of *Praudhavastha*, which lies in a *Sandhikala* (mid-period) between *Yuvavastha* and *Vridhdhavastha*. Menopause is generally defined as cessation of periods for 12 months and the menopausal transition is a progressive endocrinologic continuum that takes reproductive-aged women from regular, cyclic menses to abnormal menstrual period and ovarian senescence. Women enter an estrogen deficient phase in their lives with menopause, which is a major cause to accelerate the ageing process resulting into greater vulnerability. Thus, menopause is a gradual and natural transitional phase of adjustment between the active

and inactive ovarian function and occupies several years of a women's life and involves biological and psychological changes adjustments.

ENDOCRINOLOGY OF MENOPAUSE

The menopause is a consequence of estrogen deficiency due to the depletion, or relative absence of primordial follicles responsive to the rising levels of gonadotropins as in table 1.

Table 1 Endocrinology of Menopause

FSH	>30 U/L
LH	>15 U/L
E2	< 40 PG/ ML

Jara and *Rajonivritti* are manifested due to progressive reduction in the functional ability of *Agnis*, which results into an inadequate tissue nutrition. This nutritional imbalance triggers the irreversible degenerative changes in ‘*Sapta Dhatus*.’ First of all, classics have quoted the age around 50 years as the probable age for *Rajonivritti*. This age limit is dominated by “*Vata Dosha*” and obviously it is easily getting vitiating during this time. There is no direct reference available regarding *Lakshanas* of *Rajonivritti* in the ayurveda, the clinical symptoms manifested by the patients of *Rajonivritti* have to be grouped under following Ayurvedic parameters. (A) *DoshajaLakshanas* (B) *DhatukshayajaLakshanas* (C) *ManasikaLakshana*. As this condition is characterized by generalized *Vatavridhi*, the *VatajaLakshanas* are more dominantly observed.

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Perimenopausal symptoms

Menstrual pattern

- Shorter cycles (typical)
- Longer cycles (possible)
- Irregular bleeding

Vasomotor

- Hot flushes
- Night sweats
- Sleep disturbances

Psychological/cognitive

- Worsening PMS
- Depression
- Irritability
- Mood swings
- Poor concentration
- Poor memory

Sexual dysfunction

- Vaginal dryness
- Decreased libido
- Dyspareunia
- Somatic
- Headache
- Dizziness

Breast

- pain/enlargement
- Joint aches and back pain

Others

- Urinary incontinence

Dry, itchy skin

Weight gain

Vataja Lakshana – *Balakshaya, Sandhivedana, Katishula, Adhmana, Atopa, Vibandha, Anidra, Sirahshula, Hasta pada supti, Hridaspandanaadhikya*

Pittaja Lakshana - *Daha, Trisha, Mutradaha, Ushnaanubhuti, Swedahikyata, Glani, Yonivedana*
Kaphajakshaya Lakshana - *Hriddravatva, Twakrukshata, Bhrama*

Probable *Samprapti* of symptoms in this case was mentioned in figure 1 and probable *samprapti* of *rajjonivrti* was described by figure 2.

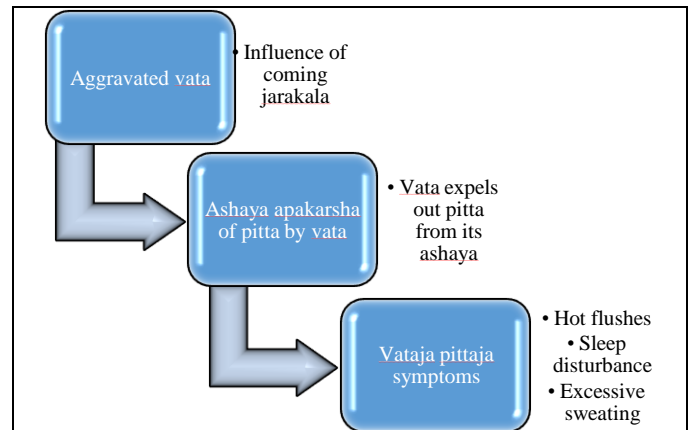


Figure 1 samprapti of rajjonivrti symptoms

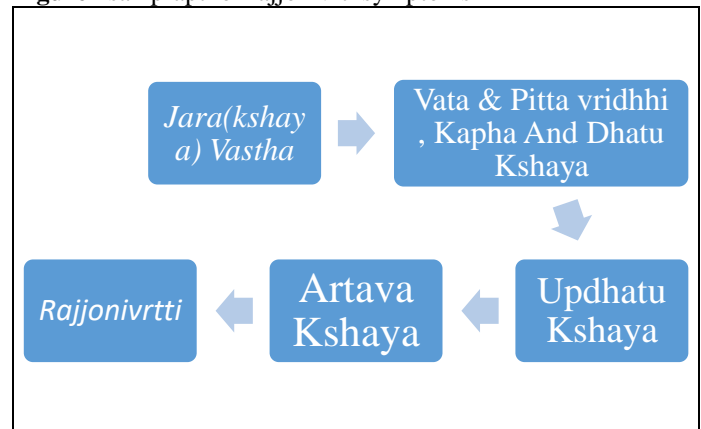


Figure 2 Samprapti of rajjonivrti

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Sampraptighatak

DOSHA: - *Vatapitta*

DUSHYA: - *Sapta dhatu including udhatuartava*

AGNI: - *Jathargnivishamta / Dhatvagnivishamta*

SROTAS: - *Rasavaha, Raktavaha, Artavavah*

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A 49 years old woman reported the *Prasutitantra* and *Streeroga* outpatient department (OPD) with the complaint of excessive sweating with *gabhrat*(anxiety) since 2 to 3 years. On enquiry she said that she is having the problem of hot flushes (excessive heat) followed by profuse sweating for 5 to 10 minutes mostly during night. She had 2 to 3 episodes of these hot flushes in night and sometimes 1 to 2 episodes in day time. She also had complained of palpitations during day time and also in night. Because of all these she had sleep disturbances. On further enquiry, she said that she had heaviness in head from the last 2 months and also feeling of *chakkar*(dizziness). On ophthalmic examination for eye sight, everything was found normal. She had taken a lot of treatment for the same problems, still she did not get relief. During her first visit to PTSR OPD, she was advised routine hematological and urine examinations. All her routine examinations were within normal limits. She had no previous surgical illness. Menstrual history revealed cessation of menses for past 2 years. No any other abnormality

was detected. Probable cause behind these problems was menopause transitional endocrinological changes. On general examination, no systemic disease was detected. *Prakruti* assessment revealed that she was having *PitaVataPrakruti*.

MENSTRUAL HISTORY

Menarche – At the age of 13 years

Past Menstrual history revealed normal cycles having duration of 3-4 days and interval of 30-32 days without any associated pain, smell and clots during menstrual period.

LMP- Cessation of menses in the last 2 years

CONTRACEPTIVE HISTORY

Nil

FAMILY HISTORY

No family history of DM, HTN, TB and thyroid dysfunction. No history of exposure to radiation, any toxin or chemical agent.

EXAMINATION OF PATIENT

General Examination & P/S-P/V findings was in table 2 and *ASHTVIDHA PARIKSHA* in table no 3 and *DASHVIDHA PARIKSHA* in table no 4 was also performed.

Table 2 Genral examination

PARAMETER	RESULTS
Weight	47kg
Height	160cm
BMI	18.3kg/m ²
BP	110/68 mm of Hg
Pulse Rate	88 bpm
Breast Examination	NAD
P/A	Soft, non-tender
P/S	Cervix normal size, regular.

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P/V	Uterus- AV, normal size, mobile, non- tender, fornixes-clear, non-tender
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Table 3 Ashtavidha Pariksha

PARAMETER	RESULTS
<i>Nadi</i>	88bpm
<i>Mala</i>	Once a day
<i>Mutra</i>	3-4 times/day, <i>peetabhshwet varna</i>
<i>Jivha</i>	<i>Anavritta</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Anushna sheet</i>
<i>Druk</i>	<i>Nirmal</i>
<i>Akriti</i>	<i>Madhyam</i>

Table 4 Dashvidha Pariksha

PARAMETER	RESULTS
<i>Prakruti</i>	<i>PittaPradhan vata</i>
<i>Vikriti</i>	<i>Artavavahasrotasvikriti</i>
<i>Sara</i>	<i>Hina</i>

Menopause rating scale (MRS⁴)

Table 1 Symptoms before treatment

NO	Symptoms	None	Mild =1	Moderate=2	Severe =3	Very Severe =4
1	Hot flushes			+		
2	Heart discomfort		+			
3	Sleep problems			+		
4	Depressive mood			+		
5	Irritability			+		
6	Anxiety				+	
7	Sexual problems				+	
8	Physical and mental exhaustion			+		
9	Bladder problems			+		
10	Vaginal dryness			+		

INVESTIGATIONS

INVESTIGATIONS OF PATIENT

Routine Investigations of patient was carried out as in table no 6 and within normal limit.

PARAMETER	RESULTS
Hb	12 g/dl
RBS	98 mg/dl
TSB	0.6mg/dl
DSB	0.3mg/dl

<i>Samhanan</i>	<i>Madhyam</i>
<i>Praman</i>	<i>Madhyam</i>
<i>Satmya</i>	<i>Mishrit</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Ahar Shakti</i>	<i>Madhyam</i>
<i>Vyayam Shakti</i>	<i>Madhyam</i>
<i>Vaya</i>	<i>Prodhavastha</i>

CRITERIA OF ASSESSMENT: The assessment of the therapy was done on the basis of subjective as well as objective criteria by menopause rating scale (table no 5).

The score of hot flushes based on number of complaints per day: Slight (more than 5), Moderate (5-10) and Severe (more than 10)

SGOT	20IU/L
SGPT	22IU/L
B. Urea	23 mg/dl
S. Creatinine	0.7mg/dl
S. Uric acid	3.3mg/dl
TSH	1.58uIU/ml
HIV	Negative
HBsAg	NR
VDRL	NR

TREATMENT PLANNED



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As patient was suffering from hot flushes, sleep disturbance, palpitations, heaviness in head and headache which are all *Vata Pitta* Pradhan symptoms including *Mansi* symptom thus, following treatment was planned

- *Shirodhara* with *Balaashwagandha Taila* for 16 days
- *KAAL BASTI* (*Mustadi Yapna Basti* with *Anuvasna Basti Balaashwagandha Taila*)

DOSE GIVEN TO THE PATIENT:

Mustadi yapnabasti – 480 ml

Balaashwagandha Anuvasnabasti – 120 ml (Route of administration – rectal route)

Shirodhara with *Balaashwagandha Taila*

Mode of administration –

Basti was given in *kalbasti yoga* as explained in table no 7.

Table 7 Kaal Basti Protocol

Basti	Day
<i>Balaashwagandha oil Anuvasnabasti</i>	1
<i>Balaashwagandha oil Anuvasnabasti</i>	2
<i>Mustadi yapnabasti</i>	3
<i>Balaashwagandha oil Anuvasnabasti</i>	4
<i>Mustadi yapnabasti</i>	5
<i>Balaashwagandha oil Anuvasnabasti</i>	6
<i>Mustadi yapnabasti</i>	7
<i>Balaashwagandha oil Anuvasnabasti</i>	8
<i>Mustadi yapnabasti</i>	9
<i>Balaashwagandha oil Anuvasnabasti</i>	10
<i>Mustadi yapnabasti</i>	11
<i>Balaashwagandha oil Anuvasnabasti</i>	12
<i>Mustadi yapnabasti</i>	13
<i>Balaashwagandha oil Anuvasnabasti</i>	14
<i>Balaashwagandha oil Anuvasnabasti</i>	15
<i>Balaashwagandha oil Anuvasnabasti</i>	16

Basti procedure

Purva karma-*Sarvang, Sneehana* and *Swedna*

Pradhana karma-Patient should lie in left lateral position with semi flexed right leg. *Basti Dravya* should be given slowly with constant pressure by using *Basti Netra*.

Pashchata karma-*Basti Dravya* should be returned within 45 minutes. After that *Laghu* and *Supachya Aahaar* should be taken.

Shirodhara procedure

Duration of *Shirodhara*- 30 minutes

Purva karma-*Sarvang Snehana*, proper *Snehan* (massage) on head and *Swedna*

Pradhana karma-Patient should be asked to lie on the supine position on the *Shirodhara* table and keep the head on the extra projection of the table. Both the eyes of the patient are covered with cotton, gauge piece. The fluid is then poured in *Dhara Patra* and the fluid is allowed to flow through the wick of cotton that is pushed down through the hole of the *Shirodhara Patra* on the forehead of patient.

Pashchata karma-The head of the patient should be wiped out, dried and followed by a short duration of rest and massage of the body including head with oil and then a lukewarm bath.

RESULT AFTER TREATMENT (In August 2021)

Result after 1 month of treatment was shown in table no 8 and she got maximum relief after 2nd round of treatment which is shown in table no 9.



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Table 8 Symptoms after one round of treatment

No	Symptoms	None	Mild =1	Moderate=2	Severe =3	Very Severe =4
1	Hot flushes		+			
2	Heart discomfort		+			
3	Sleep problems		+			
4	Depressive mood		+			
5	Irritability				+	
6	Anxiety				+	
7	Sexual problems				+	
8	Physical and mental exhaustion				+	
9	Bladder problems				+	
10	Vaginal dryness				+	

Table 9 Symptoms after two Rounds of Treatment

NO	Symptoms	None	Mild =1	Moderate=2	Severe =3	Very Severe =4
1	Hot flushes	+				
2	Heart discomfort	+				
3	Sleep problems	+				
4	Depressive mood	+				
5	Irritability		+			
6	Anxiety		+			
7	Sexual problems	+				
8	Physical and mental exhaustion		+			
9	Bladder problems		+			
10	Vaginal dryness	+				

DISCUSSION

Shirodhara is characterized by dropping oil on the forehead, in a randomized, controlled protocol involving a novel approach using a robotic system and originated from *Kerliya Panchakarma*, a component of the systematic purification techniques of Panchakarma. It is a type of *Parisheka* among the *Murdha Taila* and was selected in the present context to deal with the psychic problems occurring in menopause. The reasoning behind using it in *Manas Vikaras* is that it is the preferred treatment to control Vayu, which plays the main role in creating pathology at the level of the psyche. Charaka has clearly mentioned that *Snehana* should

be the first line of treatment in all *Vata Vikaras*. **Effect on Marmas** *Sushruta* regards *Marma* as the seat for the soul, mind, Vata, and others⁵ and there are 23 *Marma* situated in the head. Hence, we can say that it has effects on mainly *Sthapani*, *Utkshepa*, *Shankha*, and *Adhipati Marmas*. *Shirodhara* stimulates these *marmas* and improves their circulation by vasodilatation effect as the oil used for *Shirodhara* is always warm and thus improves the blood circulation of the brain. As a result, the higher intellectual functions, which are related to the hypothalamus, frontal area, etc are improved. Probably *Shirodhara* normalizes the two important neurotransmitters Serotonin and Norepinephrine, which regulates a wide variety of

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neuropsychological processes along with sleep. The constant pressure and vibration are produced by *Sirodhara* and amplified by hollow sinus in frontal bone. These vibration after inward transmission to CSF may activate the function of thalamus and basal fore brain which then brings the amount of serotonin and catecholamine to the normal stage. Pressure has also played an important role in relaxing body. If prolonged pressure is applied to a nerve, part of body relaxes by interruption in impulse conduction. During this process the patient concentrates on the falling *Dhara Dravya* on his forehead, which increases the intensity of a-brain waves and decreases the brain cortisone and adrenaline level, which is also contributory in anti-stress effect of *Shirodhara*.

Shirodhara can block certain actions of adrenaline and noradrenaline and also modify the synthesis storage and uptake mechanisms of noradrenaline by Alpha Adrenergic blocking effect. Hypothalamus is the main controller of endocrine secretion and with limbic system it also regulates the feeling of rage, aggression, pain and pleasure and behavioral patterns of sexual arousal. The studies reflect the sympatholytic effect of *Shirodhara*.

Basti is considered as *Ardhchikitsa* (half part of treatment). Acharya *Charaka* described that *Vata* is the important factor in the manifestation of the disease and no other treatment than *Basti* is better remedy for the same. Meaning of word *Yapana*

which is found in classics suggests multiple actions. They are *Dharanam* means maintenance, *Rogasamanam* means disease curative, *Yutrakarai.e*; supportive of life⁶ and *Avasthāpayatī.e.*, maintenance of equilibrium of the body⁷. Acharya *Cakrapāṇi* classified the *Yāpana Basti* as the procedure which supports the life and promotes the longevity⁸. *Yapanabasti* is also useful in old age and not contraindicated either in conditions of health or disease. It is curative of all diseases and can be given in all seasons. Moreover, the *Yapana Basti* can be administered for longer duration without any adverse effects as it is having *Rasayana* effect. The mostly ingredient of *Mustadiyapanabasti* have predominant *Vatahara* and *Rasayanap* properties. Hence it does the *Shodhana* as it is being a type of *Niruha Basti*, but as well as it gives strength to the patient.

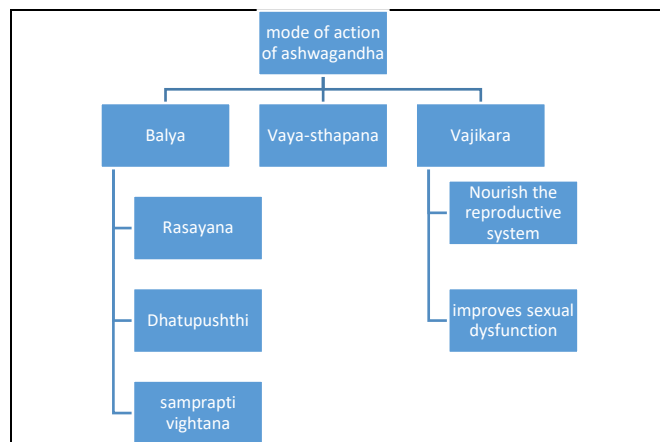


Figure 3 Mode of action of ASHWGANDHA

Another drug used is *ASHWGANDHA BALA TAILA* is for *Sirodhara* and *Anuvasanbasti* had *BALA* and *ASHWGANDHA* as a main key

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ingredient. Both have properties of *Rasayana*, *Balya*, *Vrshiya* and *Bhrinya*. Thus; they break the pathophysiology by *Dhatupushti* and *Rsayana* properties. Figure 3 explain the probable mode of actions of *Ashwgandha*. Thus, patient got relief in symptoms by breakdown of pathophysiology in different ways.

CONCLUSION

The patient got relief after two cycles of *Panchkarma* treatment planned in this case. Selected *Panchkarma* procedures are best palliative therapy for smooth sailing of women in transition phase from reproductive life towards proud elderly life. Judicious use of *Panchkarma* by considering the *prakruti*, *bala* and *kala* etc. can combat the menopause related symptoms without any hormonal replacement therapy for which women have to bear the cost of lot of side effects along with symptomatic relief.

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