

## AN AYURVEDIC MANAGEMENT OF RAJONIVRITTI JANYA LAKSHANA (MENOPAUSAL SYNDROME)

Dasondi Ami M.<sup>1</sup>Donga S. B.<sup>2</sup>Rupapara Amit<sup>3</sup>Mistry I. U.<sup>4</sup><sup>1</sup>Medical Officer (Ayu), Aolpad, Surat, Gujarat, <sup>2,3</sup> Dept. of Streeroga and Prasutitantra,<sup>4</sup>Department of Kaumarbhritya, IPGT & RA, GAU, Jamnagar, Gujarat, India

### ABSTRACT

*Rajonivritti* (Menopause) is the aging manifestation in female affects 1/3 population and 1/3 life span of women, among them 50-60% women seek medical help for their physical and psychological problems. This condition occurs due to degenerative changes at the junction of middle and old age of women. Ayurveda having plenty of medication regarding degenerative processes among them one of the best management is *Rasayana Chikitsa*. For the present study *Rasayanakalpa Vati* was selected. It was open clinical trial. 15 patients were registered. *Rasayanakalpa Vati* 3 tablets (each of 500 mg) thrice a day orally with luke warm water was given for duration of one month. The signs and symptoms were assessed by the specially designed assessment criteria before and after treatment. Significant effect was observed in both somatic as well as psychological symptoms.

**Keywords:** Menopausal syndrome, *Rajonivritti*, *Rasayana Chikitsa*, *Rasayanakalpa Vati*

### INTRODUCTION

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 amenorrhea.<sup>1</sup> This period is usually associated with inevitable manifestation of aging process in women.<sup>2</sup> This failure often begins in the late 30s and most women experience near complete loss of production of estrogen by their mid-50s.<sup>3</sup>

During reproductive years, women are protected by female hormones i.e. estrogen and progesterone. In menopause, women enter an estrogen deficient phase in their lives, which accelerates the ageing process resulting in to inevitable scars of menopause. With increasing life expectancy, woman spends one third of her lifetime under menopausal period. Hot flushes, sweating, changes in mood and

libido are some important outcomes affecting the quality of life (QoL). Quality of life covers physical, functional, emotional, social and cognitive variables up to 85% of menopausal women.<sup>4</sup>

In Ayurveda, Menopause deals with '*Jara Pakva Avastha*'<sup>5</sup> of body. *Jara* and *Rajonivritti* are manifested due to progressive reduction in the functional ability of *Agni*, which results into an inadequate tissue nutrition. According to *Sushruta*<sup>6</sup> and various other references<sup>7</sup> 50 years is mentioned as the age of *Rajonivritti*.

In modern science, Hormone Replacement Therapy (HRT) is one and only alternative for this health hazard by which one can get spectacular achievement in combating the disease, but it has a wider range of secondary health complications like vaginal bleeding, breast cancer, endometrial cancer, gallbladder diseases

etc.<sup>8</sup> On the other hand, this therapy is not much effective in the psychological manifestations of this stage.

*Rajonivritti Janya Lakshana* is a group of symptoms produced by degenerative changes. So, *Rasayana Chikitsa* is described by *Acharyas* to check the degenerative process of our body tissues can be very useful in the management of disorder like menopausal syndrome. Hence, in this study, *Rasayanakalpa Vati* had been selected for the management of menopausal syndrome.

### AIMS AND OBJECTIVES

To evaluate the clinical efficacy of the *Rasayanakalpa Vati* on menopausal syndrome

### MATERIAL AND METHOD

#### Preparation of Drug

***Rasayanakalpa Vati (Anubhuta)*:** The dried powdered of ingredients of *Rasayanakalpa Vati* i.e. *Haritaki (Terminalia chebula Retz)*, *Amalaki (Emblica officinalis Gaerth)*, *Guduchi (Tinospora cordifolia Willd)*, *Mandukaparni (Centella asiatica Linn)*, *Jatamansi (Nardostachys jatamansi DC)*, *Suddha Guggulu (Commiphora mukul)*, *Pravala Bhashma (Corallium rubrum)* were procured all in equal quantity and formulated as *Vati* after giving seven *Bhavanas* of *Amalaki Svarasa* (Juice) in pharmacy of Gujarat Ayurved University, Jamnagar.

#### Selection of patients

##### Criteria for selection of patients

The patients attended the Out Patient Department of *Stree Roga & Prasooti Tantra*, Institute for Post Graduate Teaching and Research in *Ayurveda* (IPGT & RA) and fulfilling the diagnostic criteria of Menopausal syndrome were randomly selected for present study.

##### Inclusion criteria

1. Women aged between 35 – 55 years

2. Amenorrhea for 12 months or more
3. The associated symptoms like *Dhatukshyatmaka Lakshana* were also taken into consideration

##### Exclusion criteria

1. Complicated cases of menopausal syndrome.
2. Surgical menopause.
3. Crippling conditions like Malignancy, chronic disorders- hyper tension, diabetes mellitus, rheumatoid arthritis, coronary artery disease etc.

**Investigations:** Routine and microscopic examinations of blood and urine were done.

**Ethical approval:** The research protocol was approved by the Institutional Ethics Committee, IPGT&RA, Jamnagar.

**Study design:** Present study was designed as randomized open clinical trial to evaluate the efficacy of trail drugs on menopausal syndrome

##### Treatment protocol

##### Grouping

After proper diagnosis, all patients were given *Haritaki Churna* 3gm at night with Lukewarm water for 3days for *Koshtha Shuddhi* and then given *Rasayanakalpa Vati* 3 tablets (each of 500 mg) TID for one month with lukewarm water.

**Follow up Study:** Two weeks after completion of treatment.

##### Assessment criteria

Based on improvement in signs and symptoms reported by the patient, relief in physical and mental health was assessed on the basis of score developed for grading these clinical factors followed by statistical analysis.

##### Overall effect of therapy

- Markedly improvement (>75-100% relief in sign and symptoms).
- Improvement (51-75% relief in sign and symptoms).

- Mild improvement (26-50% relief in sign and symptoms).
- No improvement (0-25% relief in sign and symptoms).

**Statistical test:** Based on observations, the data obtained were statistically analyzed in terms of mean, standard deviation, standard error and unpaired ‘t’ test was considered at the level of  $p < 0.001$  as highly significant,  $p < 0.05$  or  $p < 0.01$  as significant and  $p > 0.05$  as insignificant to assess the result.

### OBSERVATIONS AND RESULTS

The observation made on 15 patients of Menopausal syndrome showed the maximum number of ladies were between the age group 35-40 i.e. 46.67% suggests that in this particular age group climacteric changes are gradually developing, 93.33% were Hindus, being dominance of Hindu population in the area, 66.67% of patients belong to Urban locality, 66.67% house wives, 53.33% were from middle class family suggesting that, women always try to adjust their status with society. This family adjustment gives a stressful condition to the ladies which easily hamper the nutritional status of *Dhatus* which leads to menopausal syndrome. 93.33% of married patients got into instability & discomfort regarding the sexual life. 66.67% and 46.67% of the

patients had *Vata-Pita Prakruti* and *Mandagni* respectively.

### Effect of therapy

#### Effect on menopausal symptoms

The productive result of *Rasayanakalpa Vati* was observed in all the features of menopause syndrome. The result was observed statistically highly significant ( $P < 0.001$ ) in hot flushes (83.74%), headache (77.78%), sleep disturbance (82.33%), excessive sweating (70.09%), depression (78.25%), palpitation (74.25%), pain in joints (52.92%), backache (65.21%) and loss of appetite (74.21%). [Table 1]

#### Effect on *Dhatukshyatmaka Lakshana*

The productive relief was observed in *Dhatukshyatmaka Lakshana*. The result was observed in *Rasa* (88.29%), *Rakta* (82.19%), *Mansa* (65%), *Meda* (73.21%), *Asthi* (68.75%), *Majja* (72.42%) and *Artava* (19.64%) *Dhatukshyatmaka Lakshana*. [Table 2]

#### Total effect of therapy

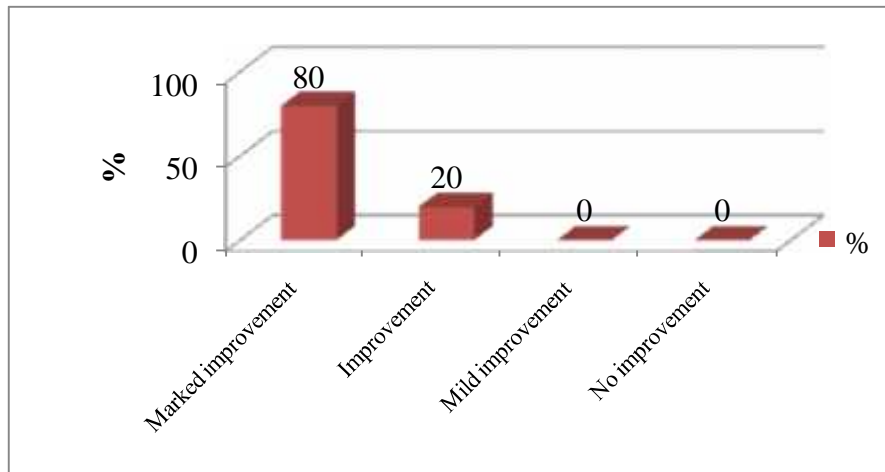
On the basis of criteria of assessment allotted, the total effect of therapy was carried out, which shows that 80% of the patients had marked improvement and 20% of the patients had improvement, while none of the patients was found with mild improvement and remained unchanged respectively [Figure-1].

**Table 1: Effect of therapy on cardinal symptoms**

Sl No	Symptoms	Mean Score		No of pts.	% Relief	SD	SE	T	p
		BT	AT						
1	Hot flushes	2.46	0.4	15	83.74	0.59	0.15	13.73	<0.001
2	Headache	2.07	0.46	13	77.78	0.77	0.21	7.67	<0.001
3	Sleep disturbances	2.15	0.38	13	82.33	0.60	0.17	10.41	<0.001
4	Excessive sweating	2.14	0.64	14	70.09	0.52	0.14	10.71	<0.001
5	Depression	2.46	0.53	15	78.25	0.52	0.13	14.00	<0.001
6	Palpitation	2.33	0.6	15	74.25	0.46	0.12	14.85	<0.001
7	Pain in joints	2.4	1.13	15	52.92	0.59	0.15	8.47	<0.001
8	Backache	1.73	0.6	15	65.21	0.52	0.13	8.69	<0.001
9	Loss of appetite	2.21	0.57	14	74.21	0.63	0.17	9.65	<0.001

**Table 2: Effect of therapy on Dhatukshyatmaka Lakshana**

Sl No	Dhatukshaya	Mean Score		%
		BT	AT	
1	Rasa	94	11	88.29
2	Rakta	73	13	82.19
3	Mansa	60	21	65.00
4	Meda	56	15	73.21
5	Asthi	64	20	68.75
6	Majja	21	06	72.42
7	Artava	56	45	19.64



**Figure 1: Total effect of therapy**

**DISCUSSION**

Menopause is a transitional period from reproductive years to a post menopausal life. This period is characterized by progressive loss of ovarian function leading to or attended with many somatic, endocrinal and psychological disturbances. Menopause occurs as a result of exhaustion of ovarian follicles. The stoppage of follicular development leads to decrease secretion of oestrogen and other hormones. This decrease results in the negative feedback on hypothalamic pituitary centers. This leads to increase secretion of gonadotrophins. The concentration of Follicle Stimulating Hormone would be more than the Luteinizing Hormone<sup>9</sup>.

**Probable mode of action of Rasayanakalpa Vati**

*Rasayanakalpa Vati* is composed of *Haritaki, Amalki, Guduchi,*

*Mandukaparni, Guggulu & Pravala Bhasma. Haritaki, Amalki & Guduchi* are *Rasayana* drugs. *Mandukaparni* is a *Medhya Rasayana*. *Jatamansi* is *Bhutaghna & Manasdosahara*. *Guggulu* by its *Medohara* properties open the channel. By that way *Dhatu*s get nutrition properly. *Pravala Bhasma* is *Pitta Shamaka* drug & good source of calcium.<sup>10</sup> *Pravala* is used with herbal phytoestrogen for better and early result. Also, the drugs *Amalki, Guggulu, Guduchi* etc. which are proved anti inflammatory, anti aging, antirheumatic and antiarthritic drugs and *Pravala Bhasma*, a good source of calcium may help to extinguish the arthritic complaints of this stage. So from above references the idea can fix that by *Rasayana, Sroto Sodhana & Manasdosahara* properties this drug can be able to correct the *Samprapti*. [Chart-1]

## CONCLUSION

Rajonivritti (Menopause) is natural aging manifestation in women. Rasayana therapy is a unique preventive Ayurvedic health care measure that deals with Jara (Aging process). Rasayanakalpavati had significant effect in duration of one month. But better results could have been gained if treatment was continued for long period, as disease is Yasya in nature. There was no any drug reaction found. So, it is safe in menopause.

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## REFERENCES

1. Howkins & Bourne (2005), Shaw's a Textbook of Gynecology. Menopause, Reprinted, edit., Published by ELSEVIER, Pp. 56-67
2. Mashiloane CD, Bagratee J, Moodley J. Awareness of an attitude toward menopause and hormone replacement therapy in an African Community, International Journal of Gynecology and Obstetrics, 2001;76:91-93.
3. AACE Menopause Guidelines, Endocr Pract. 2006;12 (No. 3) endocrine practice Vol 12 No.3 May/June 2006 317
4. Blumel JE, et al. Quality of life after menopause: a population study. Maturitas 2000; 34: 17-23.
5. Sushruta Samhita (1980), edited by Acharya J.T, Chaukhamba Orenatila, Varanasi, Sootrasthana 14/7, 54
6. Sushruta, Sushruta Samhita, Sutra Sthana, Shonitvarnaniya Adhyaya 14/6

Ambika Dutta Shastri, 'Ayurveda-Tattva-Samdipika' Vyakhya, Reprinted 2<sup>nd</sup> ed. Chaukhamba Samskrit Samsthan, Varanasi, 2006; p. 48

7. Vagbhata, Asthanga Hridaya, Sharira Sthana, 1/7, Commentary by Kavi Atridev Gupta, Reprinted. Chaukhamba Surbharti Prakashan raj Varanasi2007; p. 170

8. Anklesaria BS, Soneji RM. "Risk – Benefit Balance" in Management of Menopause in Menopause Current Concepts by C.N. Purandare, federation of Obstetric and Gynaecological Society of India. Reprint ed New Delhi: Jaypee, 2006; p. 194-205

9. D.C. Datta, textbook of gynaecology, "Menopause", edited by Hiralal Konar, Fifth edition, New central book agency(p) LTD Kolkata publication, 2008: p. 55-58

10. Apoorva Bhat. A comparative pharmaceutico clinical study of Praval Pishiti and Praval Bhasma in special reference of management of Hyperacidity. Jamnagar, Gujarat: Rasa Shastra and Bhaishajya Kalpna Department, IPGT and RA; MD thesis, 2003.

## CORRESPONDING AUTHOR

Dr. Shilpa B. Donga  
Reader, Streeroga & Prasutitantra,  
IPGT&RA  
Gujarat Ayurved University,  
Jamnagar, Gujarat  
E-mail: drshilpadonga@yahoo.com

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**Chatr-1 Mode of action of Rasayanakalpa Vati**

