UNDERSTANDING OF ANDROPAUSE AND ITS AYURVEDIC MANAGEMENT: A CONCEPTUAL STUDY

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ABSTRACT
The term andropause has been used to denote age related decline in testosterone concentration. Although this term is misnomer because, there is no discrete time when testosterone concentrations decline abruptly. In epidemiologic surveys, low total and bio-available testosterone concentration have been associated with decreased self protected physical functions, depression, impaired cognitive functions. Male sexual dysfunction has been elaborately described as Klaibya in Ayurvedic classics. Age of a person is divided into three parts, viz., jaghanya (childhood), medhya (adulthood) and pravara (old age). According to Acharya Charaka in old age there is progressive diminution of dhatu i.e. tissue element, strength of sense organs, vitality, manliness, valour, power of understanding, retention, memory power, speech and analyzing facts. There is gradual diminution in the qualities of dhatu and dominance of vata. Testosterone replacement therapy is used now a days for the treatment but associated with a number of side effects like prostate cancer and exacerbate cardiovascular risks. Ayurvedic treatment approach like use of rasayana, vajikarana dravya, medhya dravya provide great opportune for successful treatment of such conditions.

Keywords: Andropause, testosterone, depression, vajikarana and vrishya.

INTRODUCTION
The terms "male menopause" and "andropause" are used in the popular media and are misleading, as they imply a sudden change in hormone levels similar to what women experience in menopause.¹ The term andropause has been used to denote age related decline in testosterone concentration.² There is no discrete time when testosterone concentrations decline abruptly.³ Late onset hypogonadism is the condition which represents andropause in males. Male sexual dysfunction has been elaborately described as klaibya in Ayurvedic classics. The word klaibya in vajikarna refers to impotence i.e. a man who is unable to perform sexual intercourse, being powerless, helpless or the inability to carry out sexual activities.⁴ In the old
In Ayurvedic text, *jrajanya klaibya* is explained with etiological factors, symptoms. *Jrajanya klaibya* seem to carry a very scientific approach indicating that *virya* get *sheena* with age. Presentation of late onset hypogonadism is similar to *Jrajanya klaibya*. Late-onset hypogonadism is an endocrine condition as well as a result of aging. Late-onset hypogonadism is a rare condition in older men, characterized by measurably low testosterone levels and clinical symptoms mostly of a sexual nature, including decreased desire for sex, fewer spontaneous erections, and erectile dysfunction. It is the result of a gradual drop in testosterone; a steady decline in testosterone levels of about 1% per year can happen and is well documented in both men and women. 20% of men in their 60s and 30% of men in their 70s have low testosterone and around 5% of men between 70 and 79 have both low testosterone and the symptoms, so are diagnosed with late-onset hypogonadism. Change occurs in all men, may occur as early as age 45 to 50 and more dramatically after the age of 70 in some men, and that women's and men's experiences are somewhat similar phenomena.

According to *Acharya Charaka* old age is from 60 to 100 years. There is gradual diminution in the qualities of *dhatu* and dominance of *vata*. According to Ayurvedic text, *sukra dhatu* is the final tissue element produced from progressive metabolic transformation of *annarasa*. It is responsible for *Bala* (strength), *Varna* (color) and *upacaya* in both males and females and by this it can be presumed probably the whole endocrine system with special reference to hypothalamo hypophysial gonadal hormone can be included under the term *sukra*. *Jarajanya klaibya* is caused due to depletion of *rasa dhatu* which occur in old age due to intake of substandard (*gramya*) diet and ingredients of food which are sour, saline, pungent and alkaline, intake of dry vegetables, meat, sesame seeds and pastries, intake of freshly harvested corn with bristle and pulses, sexual enjoyment with women and alcoholic drinks, excessive physical strain, excessive fear, hunger, grief, greed, infatuation and overwork. These all causes srotodusti. Srotodushti is the important state of routine pathogenesis of any disease. The word *klaibya* in *vajikarna* refers to impotence i.e. a man who is unable to perform sexual intercourse, being powerless, helpless or the inability to carry out sexual activities.
Symptoms of Andropause
The international society for the study of the aging male defines late-onset hypogonadism as a series of symptoms in older adults related to testosterone deficiency that combines features of both primary and secondary hypogonadism. The European male aging study (a prospective study of ~3000 men) defined the condition by the presence of at least three sexual symptoms (e.g. reduced libido, reduced spontaneous erections, and erectile dysfunction) and total testosterone concentrations less than 11 nmol/l (3.2 ng/ml) and free testosterone concentrations less than 220 pmol/l (64 pg/ml). Some men present with the symptoms, but with normal testosterone levels, and some men with low testosterone levels have no symptoms and the reasons for this are not known. Some men in their late 40s and early 50s develop depression, loss of libido, erectile dysfunction, and other physical and emotional symptoms such as irritability, loss of muscle mass and reduced ability to exercise, weight gain, lack of energy, difficulty sleeping, or poor concentration. Many of these symptoms arise from a midlife crisis or as the results of a long-term unhealthy lifestyle (smoking, excess drinking, overeating, lack of exercise) and may be best addressed by lifestyle changes, therapy, or antidepressants. According to Ayurvedic text various symptoms are sheena dhatu, daurbalya, vaikrat sharira, effected by many diseases. It is a psychosomatic disorder and further chinta (worry), shoka (grief), bhaya (fear), krodha (anger), avisrambha (lack of trust towards female factor) causes sensory inhibition to brain which lead to development of psychogenic impotence. As such when dhatus are vitiated, srotas are also affected as a natural consequence. Obstruction of the channels of circulation, panduata (anemia), impotency (Klaibya), Sadhi (asthenia), Krishangta (emaciation), Agni-nash (loss of the power of digestion), ayathaa kaal valaya palitya (premature appearance of wrinkles and greying of hairs) Due to the vitiation of shukra the individual becomes impotent (Klaibya) and there will be aharshan (even if there is erection of the genital organ there is no power of penetration).

Diagnosis of andropause-
Testosterone levels decline gradually with age. Unlike females going through menopause, the decline in testosterone in men is gradual, and there is variation among individuals. Upon reaching 80 years of age, the rate of testosterone secretion has decreased about 50% for men. Researchers conclude there is no black-and-white cut off for "low" or "suboptimal" testosterone. Different symptoms show up at different testosterone thresholds. Muscle mass and strength do not decline until testosterone drops quite low (significantly below normal levels) whereas libido may dampen with relatively small decreases in the hormone. Agreement on the threshold of testosterone values below which a man would be considered hypogonadal has not been reached. Male total testosterone levels below 300 ng/dl from a morning serum sample (most accurate measurement) are generally considered low. To confirm the low levels of testosterone, doctors recommend repeating the measurement of morning total testosterone. A total testosterone level <200ng/dl measured by reliable assay in association with symptoms is evidence of testosterone deficiency. An early morning sample testosterone levels between 200 and 350 ng/dl the total testosterone level should be repeated and a free testosterone level should be measured. There is no Ayurvedic parameters for measurement of andropause but Acharaya Charaka says that when the men enter in vridhavastha his virya become shenna.

Ayurvedic management
Androgen replacement therapy is used in the modern science for treatment purpose. The Food and Drug Administration (FDA) stated in 2015 that neither the benefits nor the safety of testosterone have been established in older men with low testosterone levels. Adverse effects of testosterone supplementation may
include increased cardiovascular (CV) events (including strokes and heart attacks) and deaths, especially in men over 65 and men with pre-existing heart conditions. The minor side effects such as acne and oily skin, as well as significant hair loss and/or thinning of the hair. So, Ayurvedic management provide a effective treatment approach. Line of treatment of jara-janya klaibhya is

1. Sodhana therapy-. It is also directly indicated by Acharaya Charaka in jrajanya klaibhya and also before the use of rasayana and vajikaran dravya sodhana therapy should be given for better result. It include snehan,swedan and snehayukt verachanam.

2. Rasayana therapy- Rasayana has been defined it is specific type of therapy to maintain the normal and perfect structure and functions of body cells. The abnormal cell may be normalized and damaged cell can repair and regenerated through rasayana therapy. In this therapy cells are maintained in two ways. various rasayana can be used like bharama rasayana, shilaajat rasayana, chayavanparash rasayana.

3. Vajikarana use- According to Acharya Charaka the method of therapy which improve potentiality for getting offspring for the continuity of lineage ,treats all types of disorders of sukra, causes instantaneous sexual excitement and performance like a strong vajikaran. shatavari ghrita, apatyakar ghrita, vrisya basti can be used. Acharaya Sharangdher explains nagbala, kapikachu as vajikaran dravya.

4. Medhya dravya

In Charaka Samhita Acharya Charaka has also narrated that kama, krodha, bhaya, shoka etc. factors affects shukra, deha bala and satva bala leading to sexual dysfunction Medhya rasayana churna has provided better results and which does not possesses any vrishya property primarily acting at the level of manasa bhaya and higher functions relieve the psychological stress and in its remote rasayana effect may be act as on shukravaha srotasa as vajikarana and improves the sexual performance. Most of the drugs in medhya rasayana churna are having guru, snigdha guna, sheeta virya and madhura vipaka and vata shamaka too. Among them mandukaparni and shankhapespi are especially mentioned for medhya proper-

ties. Thus, it can be said that these drugs act at the level of manovaha srotasa, higher mental functions and relieves the psychological stress. At the same time all these drugs are rasayana in action, which means it enhances the bala of deha and indriya. Therefore, medhya drugs are first pacify vitiatated satva and then improves the quality of shukra dhatu due to rasayana effect.

5. Sukra dravya- ashvagandha, musli, shatavari, sharkara .


7. Basti Karma- Basti works on vata, shukra, shukravaha srotasa and is able to cure the mental disorders too. Regulation of mana by vata helps to overcome the anxiety and depression and also causes manovaharsana in turn significantly improves desire. Basti improves the status of shukra which is responsible for all type of regeneration. Also basti eliminates waste material in the pakvashaya and cleans the purishvaha srotodusti and clears shukravaha srotodushti too. Basti has been applauded by all the Acharyas for its efficacy in overcoming the aggravated vata and advised to use the basti for the management of any disease by using specific drug prescribed or suitable for that condition.

8. Other Yoga- Therapeutic measures described for the treatment of kshata-kshina. Medicated enema, medicated milk, medicated ghee, aphrodisiac recipes and rejuvenating recipes. Narsingha churn, puspdhanva ras, purnchandar ras, kamdev rasa, chandrodaya rasa,vanri vatika, aasvagandha ghrita, amritprash ghrita etc.

CONCLUSION-

Andropause in male is similar to menopause in females in which testosterone level decline at some point of age. It is characterized by condition hypogonadotropic hypogonadism in which there occur low level of testosterone, LH and GnRH. In Ayurveda this condition is represented by jara-janya klaibhya in which the virya get sheena with the age.In modern science use of androgen replacement therapy does not seem so much beneficial because of side effects.
Ayurveda provide a very effective treatment for management of this condition. It includes use of rasayana, vajikarana, medhya, sukral dravya and basti chikitsa.

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