



E-ISSN: 2321-2187  
P-ISSN: 2394-0514  
IJHM 2019; 7(6): 43-46  
Received: 14-09-2019  
Accepted: 18-10-2019

**Akhila M**  
Department of Prasuti Tantra  
and Streeroga, IPGT & RA,  
Gujarat Ayurved University,  
Jamnagar, Gujarat, India

**Dr. Laxmipriya Dei**  
Department of Prasuti Tantra  
and Streeroga, IPGT & RA,  
Gujarat Ayurved University,  
Jamnagar, Gujarat, India

**Corresponding Author:**  
**Akhila M**  
Department of Prasuti Tantra  
and Streeroga, IPGT & RA,  
Gujarat Ayurved University,  
Jamnagar, Gujarat, India

## Ayurvedic management of menopausal syndrome with *Vayasthapana gana*: A case report

**Akhila M and Dr. Laxmipriya Dei**

### Abstract

Menopause marks the permanent cessation of menstruation resulting from irreversible changes in the hormonal and reproductive functions of the ovaries and is associated with large number of symptoms ranging from physical, psychological and genitourinary. In the present scenario menopausal health demands priority due to increase in life expectancy and growing population of menopausal women. The present case report documents the efficacy of Ayurvedic treatment in improving the menopausal symptoms. The patient was diagnosed as having menopausal syndrome by Australasian Menopause Society diagnosing symptom score sheet. The patient was given *Vayasthapana Gana Churna Ksheerapaka Basti* for 8 days and *Vayasthapana Gana Choorna* with milk orally before food for two months. Symptoms were assessed using Menopause rating scale and MENQOL Questionnaire. Results showed significant improvement in the vasomotor, physical and psychological symptoms and moderate relief on sexual symptoms respectively. Study concluded that Menopausal syndrome can be successfully managed through Ayurveda.

**Keywords:** Rajonivritti, vayasthapana gana ksheerapaka vasti, rasayana

### 1. Introduction

Menopause is defined retrospectively as the time of final menstrual period followed by 12 months of amenorrhoea [1]. Menopausal syndrome is characterized by psychosomatic, vasomotor and urogenital symptoms. The number of women approaching menopause is increasing nowadays and a majority of the women spend a greater part of their life in postmenopausal years. Projected figures in 2026 have estimated the poation in India will be 1.4 billion, people over 60 years 173 million, and the menopausal population 103 million [2]. The major health concerns after menopause are urogenital atrophy, osteoporosis, cardiovascular disease and Alzheimer's disease. Treatment of Menopausal Syndrome includes Hormone Replacement Therapy which has complications like breast cancer, endometrial cancer, undiagnosed abnormal genital bleeding, active thromboembolic disease and active liver or gallbladder disease. In *Ayurveda* it is described as *Rajonivritti* which means end of *Artava pravritti* (menstrual blood). It occurs in *Jarapakwa sareera* at the age of fifty years [3]. *Rajonivritti* is a sign of *Jara* and is considered as a natural disease. *Ayurvedic* management includes *Rasayana chikitsa* (rejuvenation and revitalization therapy), *Panchakarma* therapy, yoga, *pranayama* (control of breath) and *Satvajaya chikitsa*.

### 2. Case report

#### 2.1 Presenting concerns

A 50 year old lady came to O.P.D of Prasutitantra and Streeroga department of IPGT & RA Jamnagar on 19/09/2018 presented with the complaint of absence of menses for one year. Since one year she has been experiencing hot flashes, night sweats and increased sweating. She had complaint of flatulence, muscle and joint pain especially knee joint, low back ache, headache, bloatedness, increased weight gain and tiredness. She felt poor memory, increased anger, headache, disturbed sleep, depression, anxiousness for last one year. Since last six months, she was having decreased sexual desire, pain during coitus and vaginal dryness. Since three months she presented with decreased amount of micturition and burning sensation during micturition. The symptoms were severe enough to disturb the quality of her life and for the above said complaints she consulted gynaecologist and advised to take hormonal therapy.

The patient had history of Hypertension since 2 years and since then was on ayurvedic medication. Her past menstrual history revealed that she had menarche at the age of 14 years, having regular cycles, with 2-3 days duration and moderate amount of bleeding. Her last menstrual period was on 16/8/2017. Her obstetric history was gravida 3; Parity 3; Abortion 0; Living 3. All were full term normal vaginal delivery.

Her personal history revealed she had reduced appetite, constipated bowel, disturbed sleep, decreased frequency and burning micturition.

**2.2 Clinical findings**

Her vital signs revealed afebrile, having blood pressure 150/90 mm Hg, heart rate 72/minute and respiratory rate 14/minute. She is of *Kapha Pitta prakriti* with *Madhyama satwa*. Her Pelvic examination showed no signs of redness, swelling, cystocele and rectocele on inspection. Per Speculum examination revealed narrow vagina with no discharge; small sized cervix with no changes of erosion. Per vaginal examination revealed anteverted uterus with small cervix and fornix was found non tender.

**2.3 Diagnostic focus and Assessment**

The patient was diagnosed as having Menopausal syndrome by Australasian Menopause Society Symptom Score Sheet,

**Table 1:** Australasian Menopause Society Symptom Score Sheet

Symptoms	None-0	Mild-1	Moderate-2	Severe-3
Hot Flashes				3
Light headed feelings		1		
Irritability				3
Depression				3
Unloved feelings				3
Anxiety				3
Mood changes				3
Sleeplessness				3
Unusual tiredness				3
Backache				3
Joint pains				3
Muscle pains			2	
New facial hair	0			
Dry skin			2	
Crawling feelings under skin			2	
Less sexual feelings				3
Dry vagina				3
Uncomfortable intercourse				3
Urinary frequency				3
Headache				3

The patient attained a score of 49 which suggests that she needs treatment.

**2.4 Investigations**

Haematological, biochemical and routine urine examination was done on 20/09/2018. Haematological investigations include total WBC count, haemoglobin, E.S.R, total R.B.C count, platelet count. Biochemical investigations includes serum FBS, serum cholesterol, serum triglycerides, serum creatinine, S.G.P.T and S.G.O.T. Sonography was done to assess endometrial thickness, to rule out any pelvic pathology if present and was found to be normal.

**2.5 Therapeutic intervention**

The patient was given *Deepana pachana* with *Trikatu churna* with warm water for three days from 23/09/2019. Then she was admitted in I.P.D on 26/09/2018 and was given *Ksheerapaka Vasti* of *Vayasthapana Gana Choorna* [4] for 8 days in morning. Fine powder of *Vayasthapana Gana* (total 30gm) was boiled with 15 parts of *Ksheera* (450 ml) and 15 parts of water (450ml) until only milk part remains [5]. Thus obtained *Ksheera Paka* is filtered and used for *Vasti* procedure.

**2.6 Poorva karma**

Drugs and instruments required for *Snehana*, *Swedana* were collected. A Patient was asked to lie down on table comfortably, local *Abhyanga* with lukewarm *Bala Taila* was given for 20 minutes and *Nadi sweda* was given for 20 minutes.

**2.7 Pradhana karma**

After completion of *Poorvakarma*, patient was asked to lie down in left lateral position of table. Freshly prepared *vasti* was administered through rectal route. At the time of insertion of *vasti*, patient was asked to inhale and exhale deeply and kept her relaxed as possible.

**2.8 Paschat karma**

Patient was advised to lie down supine for 1 hour and proper rest was advised. After the completion of *vasti* for 8 days, she was advised to take *Vayasthapana Gana Choorna* orally 5gm before food with milk for two months.

**2.9 Follow up**

Follow up was done for one month.

**3. Results**

**Table 2:** Menopause Rating Scale

Symptoms	Score									
	BT					AT				
	0	1	2	3	4	0	1	2	3	4
1. Hot flushes, Sweating					4		1			
2. Heart Discomfort			2				1			
3. Sleep Problems					4		1			
4. Depressive Mood					4		1			
5. Irritability					4		1			
6. Anxiety					4		1			
7. Physical & Mental Exhaustion					4		1			
8. Sexual problems					4			2		
9. Bladder problems					4		1			
10. Vaginal Dryness					4			2		
11. Joint and muscular pain					4		1			
					42					13

None = 0 Mild = 1 Moderate = 2 Severe = 3 Very Severe = 4

**Table 3:** MENQOL Method

Number	Symptoms	Score	
		BT	AT
<b>Vasomotor</b>			
1	Hot flushes	8	2
2	Night sweats	8	2
3	Sweating	8	2
<b>Psychosocial</b>			
4	Being dissatisfied with personal life	7	3
5	Feeling anxious or nervous	7	3
6	Experiencing poor memory	6	3

7	Accomplishing less than I used to	6	3
8	Feeling depressed, down or blue	7	2
9	Being impatient with other people	7	2
10	Feelings of wanting to be alone	7	2
<b>Physical</b>			
11	Flatulence (wind) or gas pains	8	2
12	Aching in muscle & joints	7	3
13	Feeling tired or worn out	7	2
14	Difficulty in sleeping	7	2
15	Aches in back of neck or head	6	2
16	Decrease in physical strength	6	2
17	Decrease in stamina	6	3
18	Feeling a lack of energy	6	3
19	Drying skin	5	2
20	Weight gain	6	4
21	Increased facial hair	0	0
22	Changes in appearance, texture or tone of your skin	5	2
23	Feeling bloated	7	3
24	Low backache	7	3
25	Frequent urination	0	0
26	Involuntary urination when laughing or coughing	1	1
<b>Sexual</b>			
27	Change in your sexual desire	7	4
28	Vaginal dryness during intercourse	7	4
29	Avoiding intimacy	7	2
		165	68

**Table 4:** Laboratory findings before and after treatment

					<b>BT</b>					<b>AT</b>				
Hb					12.5 gm					12.2 gm				
Total WBC					7200 /mm <sup>3</sup>					7600/mm <sup>3</sup>				
N	E	B	L	M	59	03	0	35	3	62	04	0	31	
ESR					28 mm/hr					08 mm/hr				
FBS					89 mg/dl					96 mg/dl				
Serum Creatinine					0.9 mg/dl					0.9 mg/dl				
Serum Cholesterol					154 mg/dl					152 mg/dl				
Serum triglyceride					110 mg/dl					94 mg/dl				
Serum HDL					81 mg/dl					41 mg/dl				
SGOT					06 IU/L					25 IU/L				
SGPT					18 IU/L					25 IU/L				
Urine Routine					Pus cells 13-14/hpf RBC-1-2/hpf Epithelial cell-4-5/hpf Casts-nil Crystals-calcium oxalate (4-5)					Pus cells 0-1/hpf RBC-Nil Epithelial cell-0-1/hpf Casts & crystals-nil				

### 3.1 Outcome

It was observed that after eight days of *vasti*, the patient got marked relief of hot flashes, micturition problems, bloatedness, gas trouble, disturbed sleep and emotional disturbances. After two months of treatment, patient got better relief of almost all symptoms except for sexual problems, weight gain and vaginal dryness. Her blood pressure became normal. She felt good appetite, regular bowel, wellness of mind and body.

### 4. Discussion

*Ayurveda* describes *Rajonivritti* as the end of *Artava pravritti*. This occurs in *jarapakwa sareera* and may get manifested from the age of 50. In *Jaraparipakwa sareera*, there will be degradation in the formation of *Artava* which is the *Upadathu* of *rasa* due to *Applnana* [6]. There will be gradual depletion of *dhatu*, *upadhatus* and ultimately *ojas*. *Ras-rakta dhatu kshaya* causes *kshaya* of *nagapushpa* and *Bahya pushpa* resulting in *Rajonivritti*. *Rasayana* (Rejuvenation therapy) delays the degenerative process of our body may be useful in

the management of Menopausal Syndrome. Drugs mentioned under *Vayasthapana Gana* have the property of *rasayana*, *vyadhi nasanam*, *medhya*, *balya*, *jeevaneeya*, *dhatu pushti Kara*. Most of the drugs have *Tikta*, *Madhura* and *Kashaya rasa* and having *Madhura Vipaka*. *Tikta*, *Kashaya rasa* are *Pittashamak* and also subside *Kapha dosha*. *Madhura rasa* having soothing effect promotes strength and pacify *Pitta* and *Vata Dosha*. So, *Vayasthapana Gana choorna* works as *Tridosha Shamaka* and reduce the *Rajonivritti janya lakshanas* by balancing *Tridosha*. Most of the drugs having *Dipana*, *Pachana* property which improves the status of *Agni* in this patient. *Amalaki*, *Shatavari*, *Jatamansi*, *Mandukparni*, *Guduchi*, *Shalparni* and *Punarnava* have *Hridya* property; *Amalaki*, *Shatavari*, *Jatamansi*, *Mandukparni*, *Haritaki*, *Jivanti* have *Medhya* property. The drug *Punarnava*, *Mandukparni*, *Shatavari* and *Aparajita* helps to reduce psychological symptoms of patient. Researches shown that *Aparajita* induces feeling of calm and peace promotes good sleep and relieves anxiety and mental fatigue [7]. Researches shown that the drug *Punarnava* possess antistress, adaptogenic, immunomodulatory, antibacterial activity [8]. *Punarnava*, *Jivanti* and *Shatavari* have *Mutrala* Properties which reduced bladder problems. *Punarnava*, *Amalaki* and *Guduchi* normalized the blood pressure of the patient. Vasomotor symptoms of the patient is mainly improved by phytoestrogenic activity of *Shatavari* [9] and due to *Seeta virya* of *Amalaki*, *Jeevanti*, *Mandukparni*, *Shatavari*; *dahasamani* property of *Guduchi*. The physical symptoms of patient were improved mainly by *Vata* pacifying action of *Rasna*; anti-inflammatory action of *Guduchi*, *Sthira* and *Punarnava*. The increased physical and mental well-being of the patient may be due to the rejuvenative action of *Abhaya* and *Aamalaki*. Majority of the drugs of *Vayasthapana Gana* has been investigated in modern pharmacology for its antioxidant, free radical scavenging, cytoprotective, immunomodulatory, adaptogenic, antifungal, anti-inflammatory, anti-aging, neuroprotective properties by which it reduces genito urinary syndrome of Menopause [10]. *Basti* is the most important treatment for *vata*, drugs given in *basti*

form has specific target action and quick absorption. *Ksheera* is *jeevaneeya*, *medhya*, *rasayana*, *brimhana*, especially *pitta samana* and in form of *basti* maximum absorption would be ensured. Owing to this properties of *vasti*, the patient felt marked improvement the patient got marked relief of hot flashes, joint pain micturition problems, bloatedness, gas trouble, disturbed sleep and emotional disturbances.

## 5. Conclusion

Menopause viewed as part of ageing, intricately relates the biological, cultural and social aspects of women's life. *Rajonivritti*, a sign of *jara*, can be better managed by *rasayana* drugs especially *Vayasthapana Gana*. The case study showed better efficacy in the improving vasomotor symptoms mainly hot flashes, night sweats and night sweating; physical symptoms such as joint pain, gas trouble, bloatedness, disturbed sleep and micturition problems. The patient felt better relief on psychological symptoms and moderate relief in sexual symptoms. The case study concluded that Menopausal syndrome can be successfully managed with *Vayasthapana Gana Churna Ksheerapaka Vasti* and orally with *Vayasthapana gana churna* with no adverse reactions noted and can avoid the hazardous effects of Hormone therapy, gold standard for the management offered by conventional system.

## 6. Acknowledgement

IPGT and RA, Gujarat Ayurved University, Jamnagar, supported the study.

## 7. References

1. Hawkins and Bourne, Shaws A textbook of Gynecology. Menopause: Reprinted, edited and published by Elsevier, 2005, 56-57.
2. Jyothi Unni. Third consensus meeting of Indian Menopausal Society a summary, Journal of midlife health. 2010; 1(1):43-47. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc3139265>.
3. Ambika Dutta Sastri. Commentary: Ayurveda Tatva Sandeepika on Susruta samhita of Susruta, Sarira sthana. Second edition, Chaukamba Sanskrit Series, Varanasi, 2008, 27.
4. Sharma PV. Charaka Samhita of Charaka, Sutra sthana. Second edition, Chaukamba Sanskrit series, Varanasi, 2008.
5. Yadavji Trikamji Acharya. Dravyagunavijnanam. Second edition, Uttarardha Parobhasha Khanda, Mumbai, 2008, 33-34.
6. Ambika Dutt Sashtri (Editor). Commentary: Ayurveda Tatva Sandeepika on Sushruta Samitha of Susruta, Sutrasthana, Chowkhambha Sanskrit Series, Varanasi, 2010.
7. <https://pdfs.semanticscholar.org>.>
8. <https://www.ijpsdr.com> 2010.
9. <https://www.researchgate.net> article available at [www.ijpba.info](http://www.ijpba.info)
10. [https://www.iamj.in/posts/images/upload/692\\_700.pdf](https://www.iamj.in/posts/images/upload/692_700.pdf)