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### RESEARCH ARTICLE

#### EFFECT OF AYURVEDIC THERAPEUTIC INTERVENTIONS IN THE MANAGEMENT OF PERIMENOPAUSAL SYNDROME : A CASE SERIES

Dr. Amrutha A.<sup>1</sup> and Dr. Mythrey R.C<sup>2</sup>

1. Second Year, MD Scholar, Dept. of Post-Graduate studies in Kayachikitsa, Government Ayurveda Medical College, Mysuru, India.
2. HOD and Professor, Dept. of Post-Graduate studies in Kayachikitsa, Government Ayurveda Medical College, Mysuru, India.

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#### Abstract

Perimenopausal syndrome is a menopausal transition phase in women and it involves a spectrum of changes in all the aspects of women, comprising of somatic, psychological and uro-genital symptoms. Hormonal replacement therapy (HRT) in the conventional system of medicine is found to be less efficient in treating psychological symptoms, which is more prevalent in perimenopausal phase. In Ayurveda, Perimenopausal syndrome can be understood as Swabhavika-kalaja-vyadhi and the management protocol consists of therapeutic measures to pacify the deranged Vata and Pitta Doshas. The present case series is aimed to evaluate the effect of ayurvedic therapeutic interventions including Shirodhara, Padaabhyanga and Ayurvedic formulations in the management of Perimenopausal syndrome. Shirodhara with medicated buttermilk, Padaabhyanga with ksheerabala thaila was given for 7 days along with administration of Ayurvedic formulations on 8 subjects for the 30 consecutive days. Stages of Reproductive Ageing workshop [STRAW] classification was used as diagnostic criteria and Greene climacteric scale was used as assessment criteria. Assessment was done on before intervention on 0<sup>th</sup> day, during intervention, on 8<sup>th</sup> day after Shirodhara and Padaabhyanga and on 31<sup>st</sup> day after intervention. Assessment of perimenopausal syndrome parameters showed marked improvement in all the 8 subjects. This case series demonstrates the scope of Ayurveda in the management of perimenopausal syndrome. The study should be carried in a larger sample size with the maximum duration of intervention.

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#### Introduction:-

Women plays a central role in family and community and women's health is elemental for the development of a sustainable society. Perimenopausal syndrome is a menopausal transition from reproductive to non-reproductive stage in women<sup>[1]</sup>. World Health Organization (WHO) referred the term menopausal transition as the phase of the Perimenopause before the final menstrual period. Age of menopause is defined as in between 40 and 55 years. Indian Menopausal Society states that there will be a large increase in the perimenopausal women in India about 65

**Corresponding Author:- Dr. Amrutha A.**

Address:- Second Year, MD Scholar, Dept. of Post-Graduate studies in Kayachikitsa, Government Ayurveda Medical College, Mysuru, India.

million women around 45 years of age in this age group<sup>[2]</sup>. Reduction in the level of estrogen hormone leads to under reactive parasympathetic action and over reactive sympathetic action, leading to development of Heart beating quickly or strongly, feeling tense or nervous, difficulty in sleeping, excitability, attacks of anxiety and panic, difficulty in concentrating, feeling tired or lacking energy, loss of interest in most things, feeling unhappy or depressed, crying spells which are categorized under psychological symptoms. Feeling dizzy or faint, pressure/tightness in head, feeling of numbness over body, headache, muscle and joint pain, loss of feeling in hands/feet, breathing difficulties are considered under physical symptoms. Hot flushes, sweating at night, loss of interest in sex comes under vasomotor symptoms.<sup>[3]</sup>The management in conventional system includes Hormonal replacement therapy (HRT). HRT is useful in treating vasomotor symptoms, sleep disturbance and genitourinary symptoms and less efficient in treating psychological symptoms, which is more prevalence in perimenopause. Risk of endometrium cancer, breast cancer, venous thromboembolism, coronary heart disease, dementia etc. further cause limitation of extensive uses of HRT<sup>[4]</sup>. As Perimenopausal symptoms have both physical and emotional symptoms, an intervention that can tackle both physical and emotional symptoms is to be highlighted.

In Ayurveda, the menopause is termed as Rajonivrutti and it can be understood as Swabhavika-kalaja-vyadhi and the management protocol consists of therapeutic measures to pacify the deranged Vata and PittaDoshas.. Assessment of perimenopausal syndrome parameters showed marked improvement in all the 8 subjects. This case series demonstrates the scope of Ayurveda in the management of perimenopausal syndrome

## Materials and Methods:-

### Materials:-

The materials used in the present study were as follows

### Procedures

1. For shirodhara – medicated butter milk

Ingredients

1. Amalaka- 200 gms
2. Musta- 100 gms
3. Milk – 1 and ½ litres
4. Water – 10 litres

2. For Padaabhyanga – ksheerabala thaila – sufficient quantity

### Ayurvedic Drugs

1. Tab. Menosan (Himalaya)-1-0-1 –B/F

Ingredients

1. Asoka – saraca indica- 130 mg
2. Shatavari- asparagus racemosus-110 mg
3. Kukundanda twak bhasma- 125 mg
4. Haritaki – Terminalia chebula- 110 mg
5. Bala – sida cordifolia – 105 mg
6. Yastimadhu – Glycyrrhiza glabra – 100 mg
7. Manduka parni – centella asiatica – 50 mg

2. Tab. Reosto (Himalaya) 1-0-1- A/F

Ingredients

1. Guggulu- Commiphora wighti- 235 mg
2. Godanti bhasma – 120 mg
3. Rasna – vanda roxburghi -50 mg
4. Arjuna – Terminalia arjuna – 45 mg
5. Ashwagandha – withania somnifera-45 mg
6. Bala –sida cordifolia -45 mg
7. Kukkudanta twak bhasma – 35 mg

3. shatavari- Asperagus racemosa

Aswagandha –Withania somnifera

Amalaki- Phyllanthus emblica

Haridra-Curcuma longa

Shunti-Zingiber officinale

5 gms from the mixture of the above 6 drugs are advised to take with lukewarm water in the early morning, empty stomach

Tab reosto and tab menosan was procured from Himalaya wellness company. Mustha churna, amalaka churna, shatavari churna, aswagandha churna, haridra, mentha, shunti were specifically procured from B.V pundits sadvaidyasala private limited, Nanjangud, Mysuru

## Methods:-

### Source Of The Data

Subjects were selected from OPD and IPD of government Ayurveda medical college and hospital, Mysuru and government Hitech panchakarma hospital, Mysuru

### Duration Of Intervention

30 Days

### Diagnostic Criteria-

Menopause rating scale

### Assesment Criteria-

Greene climacteric scale

### Assessment Schedule

Assessment was done on before intervention on 0<sup>th</sup> day, during intervention, on 8<sup>th</sup> day after Shirodhara and Padaabhyanga and on 31<sup>st</sup> day after intervention using greene climacteric scale

### Investigations

No mandatory investigations were conducted for the diagnosis and assessment of the subjects of the study.

### Intervention

Duration of intervention- 30 days

All 8 subjects received the following intervention

Shirodhara with buttermilk medicated with mustha and amalaka was done for 45 minutes.

Padabhyanga with ksheerabala thaila were advised to do at night before sleep

### Ayurvedic formulations:-

Tab.reosto – 1-0-1 – A/F

Tab menosan 1-0-1- b/f

Powders of equal quantity of shatavari, Aswagandha, Amalaki, Haridra, Shunti were taken. 5 gms from the mixture was advised to take in early morning in empty stomach with lukewarm water.

## Results:-

**Table no 1:-** Showing the results in Greene climateric scale after 30 days of intervention.

SYMPTOMS	CASE 1			CASE 2			CASE 3			CASE 4			CASE 5			CASE 6			CASE 7			CASE 8		
1.Heart beating quickly or strongly	3	1	1	2	0	0	2	0	0	3	1	1	0	0	0	2	1	1	0	0	0	2	1	1

2.feeling tense or nervous	3	1	1	2	1	1	2	0	0	0	0	0	2	1	1	3	2	1	3	1	1	3	2	1
3.difficulty in sleeping	3	2	1	2	1	1	2	1	0	3	1	0	3	1	1	3	1	1	3	1	0	3	1	0
4.excitable	2	1	1	2	1	1	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5.attacks of anxiety, panic	1	0	0	1	0	0	2	1	1	0	0	0	2	1	1	2	1	0	2	0	0	3	2	2
6.difficulty in concentrating	2	1	1	2	1	1	1	0	0	2	1	1	0	0	0	1	0	0	0	0	0	2	2	1
7.feeling tired or lacking energy	4	2	1	3	1	1	3	1	1	3	0	0	2	1	0	3	2	2	3	1	1	3	2	1
8.loss of interest in most things	3	2	1	1	0	0	3	1	1	2	1	1	0	0	0	2	1	1	0	0	0	2	1	1
9.feeling unhappy or depressed	2	1	1	2	1	1	3	1	1	1	1	1	2	1	1	0	1	1	3	1	1	2	1	0
10.crying spells	0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11.irritability	1	0	0	1	0	0	2	1	1	2	1	1	3	2	1	3	0	0	3	1	1	2	1	0
12.feeling dizzy or faint	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2	1	1	0	0	0	0	0	0
13.pressure /tightness in head	1	0	0	1	0	0	1	0	0	2	1	0	2	1	1	0	0	0	0	1	1	1	1	0
14.part of body feel numb	3	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15.headache	3	1	1	1	0	0	3	1	1	3	2	2	3	1	1	3	0	0	3	3	2	3	2	2
16.muscle and joint pain	3	2	2	2	1	1	0	1	1	3	2	1	3	1	1	3	2	1	3	1	0	3	1	0
17.loss of feeling in hands or feet	3	1	1	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0
18.breathing difficulties	0	0	0	0	0	0	0	0	0	0	0	0	3	2	2	3	1	1	2	1	1	2	1	1
19.hot flushes	2	1	1	3	2	1	3	0	0	3	2	1	3	2	0	3	1	0	3	1	1	2	1	0
20.sweating at night	0	0	0	0	0	0	1	0	0	3	2	2	2	1	0	3	1	0	3	1	1	0	0	0
21.loss of interest in sex	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SCORE	40	17	14	27	9	8	38	11	8	30	15	11	30	15	10	39	15	10	35	15	10	37	20	11

In the case 1 total score in greene climacteric scale was reduced from 40 to 14.Second case has shown marked reduction in scoring from 27 to 8.Case3 had score reduced from 38 to 8,where as in case 4 it was from 30 to 11.there was a 20 point reduction in case 5 and 19 in case 6.In case 7 and 8 the total score had a reduction of 10 and 11 respectively. Overall assessment of green climacteric scale shows that there was marked reduction in their symptoms

### Discusssion:-

#### Takradhara

The procedure of takradhara is already proven on improvement of psychological stress and psychosomatic diseases.Scientificity of takradhara as a standard treatment procedure and as a a efficacious method in treating

tachycardia, hypertension is stated in many scientific articles. The established effect of takradhara on improving sleep quality, perceived stress scale, WHO well being scales as well as in modulation of autonomic balance may be useful in managing psychological ailments of perimenopausal women

**Padaabhyanga**

According to Ayurvedic science, padaabhyanga mitigates vata dosha and it is mentioned as jarahara (prevents ageing). In the textbook of Nadi darpana, there are 10 nadis in head and it is explained that 2 siras in centre of the foot has a direct connection with eyes in Astanga hrudaya. The procedure of massaging feet is established to restore the balance between serotonin and norepinephrine. Thus padaabhyanga may be useful in balancing neuropsychological process in women belonging to perimenopausal age.

**Ayurvedic Formulations**

Ayurvedic drugs and formulations used in the study acts as calcium supplements and phytoestrogen that was necessary in women of perimeopausal age group. The action of drugs as adaptogenic, neuroprotective and hypolipidemic might have helped in reduction of their objective and subjective symptoms.

**Conclusion:-**

Ayurvedic therapeutic interventions may be efficacious in managing perimenopausal syndrome. The encouraging results from the study demonstrates the scope of treating and managing the ailments of women of perimenopausal age group.

**References:-**

1. Kalhan M, Singhanian K, Choudhary P, Verma S, Kaushal P, Singh T. Prevalence of Menopausal Symptoms and its Effect on Quality of Life among Rural Middle Aged Women (40-60 Years) of Haryana, India. *Int J Appl Basic Med Res.* 2020 Jul-Sep;10(3):183-188. doi: 10.4103/ijabmr.IJABMR\_428\_19. Epub 2020 Jul 11. PMID: 33088741; PMCID: PMC7534715.
2. Meeta, Digumurti L, Agarwal N, Vaze N, Shah R, Malik S. Clinical practice guidelines on menopause: An executive summary and recommendations. *J MidlifeHealth* 2013;4:77-106
3. Hurd WW, Ames LS, Randolph JF., Jr .Menopause. In: Jonathan SB, editor. *Novak's gynecology*. 13th ed. Philadelphia: Lippincott Williams and Wilkins 2002:450-463.
4. HP Pattanaik PC Mahapatra, An Update on Menopause, Jaypee Brothers Medical Publishers (P) Ltd. New Delhi, 1st EDn 2008 page 51-60.