



## CONSERVATIVE MANAGEMENT OF MENOPAUSAL SYNDROME: A CASE STUDY

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## ABSTRACT

**Introduction-** When menopausal syndrome incorporates vasomotor, genito-urinary, psychological, and general indicators of natural ageing, it can be disturbing. Hormone Replacement Therapy (HRT) was assumed to be the only therapeutic approach for menopause. HRT and selective oestrogen receptor modulators (SERMs) are only advantageous for short-term usage since they are associated with a risk of developing breast cancer, ovarian cancer, heart attacks, strokes, gall bladder disease, thromboembolism, and urine incontinence. Single drugs and compound formulas described in several *Ayurvedic* scriptures and validated by scientific findings open new paths in the treatment of menopausal syndrome which is reported in this paper. **Diagnosis and outcome-** The onset of dyslipidemia, osteoarthritis, and metabolic disorders with the onset of menopause confirmed the diagnosis of menopausal syndrome. The patient became asymptomatic at the end of three months of treatment with improved liver, lipid, and diabetic profile. **Conclusion-** The findings of this case paper can be useful in the prevention of harmful effects of prolonged HRT and a holistic treatment protocol can opt for the management of similar cases.

**Keywords:** *Ayurveda*, geriatrics, HRT, *Jara*, menopause, *Rajonivrutti*

## INTRODUCTION

Throughout her existence, a woman goes through numerous stages that have a significant impact on her health. In a culture that values youth and productivi-

ty, thinking about menopause and the alterations that follow it can be intimidating. Menopause can be difficult, but it can also provide an opportunity to re-

align with your health and embrace self-care. The first references to the description of menopause stem from the time of *Acharya Charaka and Sushruta*. Menopause is not referred to as a condition in *Ayurvedic* scriptures. The natural phenomenon is referred to in *Ayurveda* as “*Rajonivrutti*”. Menopausal women are identified as *Nishphala*, *Gatartava*, and the advent of old age is recognised. *Vata Vruddhi*, as well as *Kapha and Pitta Kshaya*, are related to this stage of life and are accountable for all morphological and cognitive changes.

**Case details**

A 50-year-old female, housewife by occupation came to the outpatient department on 24th Dec 2021 with complaints of-

1. Bilateral knee joint pain for 4-5 years
2. Increased weight, increased frequency of urination, hot flushes for 3 months
3. Abdominal pain for 3days.

**Menstrual history-** attained menopause 1 year back.

Previous menstrual history-

1. Regularity- Regular
2. Interval- 30-31 days
3. Duration- 4-5 days
4. No. of pads used- 2-3/day (fully soaked)
5. Consistency- thin
6. Colour- red
7. Odour- no foul smell

**Obstetric history-** P<sub>4</sub> A<sub>1</sub> L<sub>1</sub> D<sub>2</sub>

**Table 1- obstetric history**

	YEAR	MODE OF DELIVERY	Sex	LIVE/DEAD
P <sub>1</sub>	30 years back	Full-term vaginal delivery at home	Male child	Death a few days after birth
P <sub>2</sub>	28 years back	Full-term vaginal delivery at the hospital	Female child	Death 3 months after birth
P <sub>3</sub>	26 years back	Full-term vaginal delivery at the hospital	Female child	Live
P <sub>4</sub>	23 years back	Vaginal delivery after induction in the 8 <sup>th</sup> month of pregnancy at the hospital	Male child	Still birth

**General examination**

1. Blood pressure-150/90 mmhg
2. Pulse rate-80 beats per minute
3. Temperature- afebrile
4. Weight- 81 kg
5. Diet- vegetarian
6. Appetite- Decreased
7. Sleep- Disturbed
8. Bowel- Clear (1time/day)
9. Urine- 8-9/ 1-2, no burning micturition
- 10.Pallor- absent
- 11.Icterus- absent
- 12.Clubbing- absent
- 13.No lymphadenopathies

**K/C/O** – HTN/CAD/IHD/ lumbar spondylosis/ adhesive capsulitis of bilateral shoulder joint HTN – on medication for 20 years

**Family history of** – DM-II/ HTN/CAD (father and both brothers)

**Surgical history of** –

1. Benign tumour resection from the urinary bladder in 2009
2. Abscess- incision and drainage o from anterior abdominal muscles in 2015

**Local examination**

1. P/A- no discoloration was observed.
  - Longitudinal Incision mark present from umbilicus up to the suprapubic region
  - Horizontal incision mark present in the left lumbar region. Palpation- soft, no tenderness, hepatomegaly +
2. P/S- not done.
3. P/V- not done.

The patient had no complaints regarding genitourinary symptoms (e.g., dryness of the vagina, abnormal discharges, incontinence of urine, dyspareunia, etc.)

**Chikitsa /treatment adopted.**

1. Oral Medications-

Table 2- Drugs prescribed to the patient.

S. NO.	DRUG	DOSE	TIME OF ADMINISTRATION
1.	<i>Arjuna twak churna</i>	4-5 grams BD	After food with warm water
2.	<i>Phalatrikadi kwath</i>	20 ml BD	Empty stomach
3.	<i>Nishamalki churna</i>	3-5 grams BD	Before food with little milk or warm water
4.	<i>Chandraprabha vati</i>	2 tablet BD	After food with warm water
5.	<i>Ksheerbala oil</i>	L/A on the knee joint	Two times daily

2. *Marma* stimulation for knee joint: Lower limb- *Kshipra, Gulpha, Indravasti, Janu*

3. *Yoga and pranayama*

- *Anulom vilom*
- *Kapalbhati*
- *Suryanamaskar*
- *Vajrasana*

**Pathya advised.**

1. Vegetable juice in morning ( Aloe vera + beet root+ carrot+ spinach)
2. The patient was advised to change the flour from wheat to a mix of *Bajra*+ *yava* + soyabean+ gram flour.
3. The patient was advised to consume fruits daily at least once a day.
  - a. Strawberry
  - b. Cherry
  - c. Apple
  - d. Orange
  - e. Kiwi
  - f. Peach
  - g. Pears
4. Vegetables
  - a. Spinach
  - b. Carrot
  - c. Tomato

- d. Peas
- e. *Chenopodium album (bathua)*
- f. Fenugreek (*Methi*)
- g. Bitter gourd
- h. Radish
- i. Beans
- j. Garlic
- k. Onion
- l. Cucumber etc.
5. In dry fruit almonds, walnuts can be consumed.

**Apathya advised.**

1. Vegetables
  - a. Potato
  - b. Sweet potato
2. Fruits
  - a. Banana
  - b. *Kharjoor/ dates ( Phoenix dactylifera)*
  - c. *Chikoo/ Naseberry*
  - d. Mango
  - e. Pineapple
  - f. Watermelon
  - g. Papaya
3. Raisins, cashews
4. Curd, butter, fried food, refined wheat flour, packed fruit juice, stale food
5. Sleeping during daytime

Table 3- Results

S NO.	ASSESSMENT	BEFORE TREATMENT	AFTER TREATMENT
1.	DIABETIC PROFILE		
	HbA1c	7.6%	5.7%
	Average blood glucose	171 mg/dl	117 mg/dl
	RBS	265 mg/dl	108 mg/dl
2.	ULTRASONOGRAPHY		
	Fatty liver	Grade II	Grade I

	Size of liver	19.9 cm	16.5 cm
3.	LIPID PROFILE		
	HDL	44 mg/dl	42 mg/dl
	LDL	128 mg/dl	91 mg/dl
	Non-HDL	154 mg/dl	105 mg/dl
4.	CBC	Within normal limit	Within normal limit
5.	Weight	81 kg	70 kg (17/03/2022)
6.	Knee joint pain	++	Pain decreased significantly; the patient was able to climb stairs without difficulty.
7.	LFT		
	SGPT	67.43 U/L	49 U/L (11/02/2022)
	GGPT	75.59 U/L	47 U/L (11/02/2022)
	Alkaline phosphatase	174.04 U/L	120 U/L (11/02/2022)

HbA1= Glycated haemoglobin, RBS= Random blood glucose, HDL= High density lipoprotein, LDL= Low density lipoprotein, CBC= Complete blood count, SGPT= Serum glutamic-pyruvic transaminase SGOT= Serum glutamic-oxaloacetic transaminase

## DISCUSSION

Because menopause marks the shift from the *Pitta* to the *Vata* phases of life, if a woman has a large *Pitta* or *Vata* imbalance in the years preceding menopause, things are likely to worsen during menopause, which is a time when hormonal and other natural changes occur in the body. Mode of action of drugs prescribed for the patient-

1. **Arjuna churna-** Triterpenoids, sitosterol, flavonoids, and glycosides are among its beneficial phytoconstituents. Triterpenoids and flavonoids are thought to be responsible for their antioxidant and cardiovascular effects. The medication has shown encouraging results in the treatment of ischemic cardiomyopathy. It has been shown to be effective in the treatment of angina pectoris, moderate hypertension, and dyslipidemia.<sup>1</sup> The hypolipidemic action is thought to be mediated through increased hepatic clearance of cholesterol, down-regulation of lipogenic enzymes, and inhibition of HMG-CoA reductase.<sup>2</sup>
2. **Phalatrikadi kwath-** Its main constituents are alkaloids, Cardiac glycoside, Flavonoids, Tannins, Anthraquinone glycoside, Steroids, and Triterpenoides. Thus, *Phalatrikadi Kwath* proves to be a good antidiabetic drug.

3. **Chandraprabha vati** – Antihyperglycemic,<sup>3</sup> hypotensive, hypoglycaemic, anti-inflammatory, vasodilator, anti-bacterial, anti-fungal, spasmolytic, analgesic, anti-microbial.<sup>4</sup>
4. **Nishamlaki churna** – *Nishamlaki* is a group of various combination formulations of *Haridra* and *Amalaki*. It is effective in the clinical management as well as prevention of complications of *Madhumeha*, *Prameha*, and Diabetes.<sup>5</sup>
5. **Marma chikitsa-** In this study, osteoarthritis of the knee was managed by marma therapy, a knee joint also known as *Janu*, a type of *Vaikalyakara Marma*, recent studies show that when a *marma* point is wounded or sensitive, stimulating neighbouring *marma* points can relieve the discomfort. These subjective criteria were used to evaluate it: *Sandhi Shoola* (joint discomfort), *Sandhi Shotha* (joint swelling), *Sandhi Stabdhatta* (joint stiffness), and *Atopa / Sandhisphutana* (crepitus).

## CONCLUSION

In the current times with increasing cases of several cancers, *Ayurvedic* management of menopausal syndrome is serving unconventional information. This case paper provides preliminary evidence and may encourage clinicians to indulge in a holistic approach

to this common problem faced by millions of women every year.

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