

**RAJONIVRUTTI – A GRACEFUL TRANSITION & ITS MANAGEMENT: CLINICAL STUDY****Vanishree. S. K**

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Article Received: 06/01/2025 - **Peer Reviewed:** 30/01/2025 - **Accepted for Publication:** 09/02/2025.**ABSTRACT**

Menopause is not just a state of few hot flushes, night sweats, or irritability and an end to the menstrual flow. Still, it is a naturally occurring transitional phase of a woman's life and a normal ageing process, which is an inevitable process as mentioned in Ayurvedic classics. It marks the end of the fertile stage in a woman's life. She has to overcome the stigma, thus accepting and embracing it. Every individual goes through three phases, namely childhood, adulthood, and old age or balya, madhya, and Vriddha avastha during their lifespan, dominated by Tridosha's, respectively. Especially the Vata dosha, which is much more predominant & Dhatukshaya (depletion of tissue) occurs at the Vriddha avastha stage, which is more challenging for women. Menopause is the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. The age at menopause appears genetically determined and is unaffected by race, socioeconomic status, age at menarche, or number of prior ovulations. Symptoms in the menopausal phase, like insomnia, anxiety, urinary symptoms, and osteoporotic changes, are due to the dominance of vata dosha. Additionally, pitta dosha symptoms like hot flushes, irritability, etc, are seen during this phase. Of course, it is temporary and will eventually go away on its own. Still, sometimes, the expression of this change can be unmanageable and become an alarming call to pay the most attention to elderly women's health. So, with awareness, we should consciously support this transition more healthily physically, mentally, socially, and spiritually by adopting preventive and promotive approaches. Ayurveda, the science of life, has an excellent solution for the safest & happiest transition into Rajonivrutti. It advocates a holistic treatment by modifying diet & lifestyle by utilising various purified herbs and minerals with deepana, pachana,

Medhya, balya, vayasthapana, and srothoshodhana properties. Different therapies like Samshamana, Panchakarma, Rasayana, and Yoga are advocated as reliable options for conventional treatment. Rajonivritti can be well managed by the Ayurvedic treatment protocol, which helps the woman pass the stage gracefully.

Keywords: *menopause, yoga, pranayama, Rajonivritti, Menopause, Ayurveda, graceful transition.*

INTRODUCTION

Women go through variable stages during their reproductive life. Menarche and Menopause are the landmarks of the reproductive stage of a woman's life. Menopause is generally defined as the cessation of periods for 12 months or a period equivalent to three previous cycles or as a time of cessation of ovarian function resulting in permanent amenorrhea. It represents the end of her reproductive life. During this period, there is a gradual progressive loss of ovarian follicular activity. *Rajonivritti* occurs between the ages of 40-55 years; ageing gracefully isn't always easy, especially when the uncomfortable symptoms of menopause set in. It is often accompanied by psychological symptoms such as mood disturbances, insomnia, anxiety, depression, memory loss, and somatic disturbances. The menopausal syndrome begins with menstrual irregularities and extends to one year after permanent cessation of menses. Modern medicine tries to manage menopausal syndrome with hormones. However, hormonal therapy has its shortcomings. Stress and modern living conditions disturb this transitional phase in a woman's life, and the quality of life gets impaired. This is where the Ayurvedic line of treatment can restore the quality of life without any toxic side effects. *Yoga* and *pranayama* have been proven to reduce stress effectively. This paper discusses clinical studies where ayurvedic medicines, yoga, and pranayama are concerned with fruitful outcomes.

Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. It is the point of time when the last and final menstruation occurs.¹ Menopause is a gradual and natural transitional phase of adjustment between the active and inactive ovarian function. It occupies several years of a woman's life and involves biological and psychological changes. This period is

usually associated with the unavoidable manifestation of the ageing process in women. During reproductive years, women are protected by female hormones, i.e., estrogen and progesterone. With Menopause, women enter an estrogen-deficient phase in their lives, which accelerates the ageing process, resulting in greater vulnerability to psychosomatic problems. Hot flushes, sweating, changes in mood, depression, memory problems, sleep disturbances, vaginal dryness, and libido are some important outcomes affecting the quality of life during climacteric in women, which are collectively called menopausal syndrome. Quality of life covers physical, functional, emotional, social, and cognitive variables in up to 85% of menopausal women. In *Ayurveda*, Menopause deals with the *Jara Pakwa Awastha* of the body. *Jara* and *Rajonivritti* are manifested due to a progressive reduction in Agni's functional ability, resulting in inadequate tissue nutrition. This nutritional imbalance triggers irreversible degenerative changes in '*Sapta Dhatus*.'

References regarding the menopausal or post-menopausal period of women's lives are not described in detail in classical texts. *Almost all Acharyas mention Rajonivritti kala* without controversy, and few direct references are available. According to *Sushruta*² and various other references too³, 50 years is mentioned as the age of *Rajonivritti*, when the body is entirely in grip of senility. *Acharya Arunadatta* opines that the age mentioned above is a probable age and not a fixed one. There may be some variations in this regard⁴. Though Menopause is a natural event as a part of the normal ageing process, it has become a significant health problem in recent years in developed and developing countries like India. Being an alarming problem, it needs effective and safe treatment. In Modern science, Hormone Replacement Therapy (HRT) is the only alternative for

this health hazard by which one can achieve spectacular achievement in combating the disease. Still, it has a broader range of secondary health complications like vaginal bleeding, breast cancer, endometrial cancer, gallbladder diseases, etc. On the other hand, this therapy is not very effective in the psychological manifestations of this stage. *Ayurvedic* medicine like *Ashokarishta*, *Ashwagandha ksheerapaka*, *Kushmanda rasayana*, *Manasa mitra vatakam*, *yoga asanas* *Suryanamaskara*, *Shavasana*, *vajrasana* and *pranayamas* like *anuloma viloma*, *nadi shuddhi*, *shitali* and *ujjayi pranayamas* along with *Yoni pichu* with *Dhanwantara taila* for 7days are taken as a trial in 10 female patients in menopause. Results are interpreted after 2 months of treatment and a follow-up of 1 month.

AIMS AND OBJECTIVES

To assess the efficacy of *Ayurvedic* medicines along with *yoga* and *pranayama* practice in treating menopausal syndrome.

CASE REPORT :

10 patients in the age group of 40-55years, both working and homemakers by occupation, who visited
Assessment criteria:

Symptoms	Present	Absent
Hot flushes	P	A
Sleep disturbance	P	A
Night sweats	P	A
Irritability	P	A
Vaginal dryness	P	A
Mood swings	P	A

INTERVENTION

The study was conducted for 2 months, which included treatment and a follow-up study of 1 month.

- *Ashokarishta* 2tsp BD (A/F)
- *Ashwagandha ksheerapaka* to be done twice daily.
- *Kushmanda rasayana* 1tsp BD (bf),
- *Manasa mitra vataka* 100mg pill BD,
- *Yoni pichu* with *Dhanwantaram taila* for 15days
- *Yoga asanas* and *pranayama*: *shavasana*, *vajrasana*, *pada Hastasana*, *baddha konasana*, *Trikonasana*, *janu shirshasana*, *Setubandhasana*,

the OPD of KTGAMC dept of Prasuti tantra and stree roga were considered for the study with the chief complaints of- Hot flushes, Night sweats, Sleep disturbance, Irritability, Vaginal dryness, Mood swings since past 5-6 months along with menstrual irregularities.

Inclusion and exclusion criteria: Patients in the 40-55 age group with symptoms of menopausal syndrome are included. Patients with psychological disorders or any systemic illness interfering with treatment are excluded from the study.

Past, treatment history, family history, and occupational history are non-contributory to a menstrual history of irregular periods for the past 4-5 months with an increased or decreased flow.

Necessary investigations like Hb% and RBS were done.

Duration of study

- Before treatment: First day of treatment.
- After treatment : after 2months of treatment.
- Follow up: After 1month of completion of treatment.

Adho mukha swanasana, *Marjarasana*, *Viparita karini*, *shirshasana*, *anuloma viloma*, *shitali*, *ujjayi*, *nadi shuddhi* etc,

Symptoms were analysed, and the presence or absence of symptoms was noted. A chi-square test was done before treatment (BT), after treatment (AT), and at follow-up (AF).

RESULTS:

There was a remarkable change in various symptoms, as shown below:

Hot flush: before treatment and after treatment, before treatment and at follow-up, the p-value

($p < 0.001$) is statistically highly significant with λ^2 values of 16.36 and 13.32, respectively

Sleep disturbances: before and after treatment, before treatment and at follow-up, the p-value ($p < 0.001$) is statistically highly significant with λ^2 values 13.32 and 13.32, respectively.

Night sweats: before and after treatment, before treatment and at follow-up, the p-value ($p < 0.001$) is statistically highly significant with λ^2 values of 16.36 and 20, respectively.

Irritability: before and after treatment, before treatment and at follow-up, the p-value ($p < 0.001$) is statistically highly significant with λ^2 values 10.76 and 16.36, respectively. Vaginal dryness: Before treatment and after treatment, before treatment and at follow-up, the p-value ($p < 0.01$) is statistically highly significant with λ^2 values 16.36 and 20, respectively.

Mood swing: before and after treatment, before treatment and at follow-up, the p-value ($p < 0.001$) is statistically highly significant with λ^2 values of 10.76 and 16.36, respectively.

Menstrual irregularities pertaining to cycle days and amount of flow were also reduced after the treatment.

DISCUSSION

In Ayurveda, *Rajonivritti* is not described as a diseased condition. It is a naturally occurring condition in every woman observed later in life when the body is entirely in the grip of senility. Almost all *Acharyas* have described the age of *Rajonivritti* as approximately 50 years^{5,6}, which is also true in the current era. *Rajah* is a byproduct of *Rasadhatu*, and the functions of *Rasadhatu* are better in *Taruna Avastha* (i.e. *Yuvavastha*), which subsequently reduces during the *Praudha Avastha*, resulting in *Rajonivritti*. As *Rajonivritti* is a naturally occurring condition in the female body, it can be categorised under *Swabhavika* vyadhis as that of *Jara* (ageing), *Kshudha* (Hunger), *Pipasa* (thirst), *Nidra* (sleep), and *Mrityu* (death) described in the classics.

According to the classical reference, *Kushmanda rasayana*⁸ has properties like *Medhya*, *smriti*, *bruhmana*, and *bala vardhaka*. It has phytoestrogens, which help in reducing anxiety and irritability mood swings

during menopause. *Manasamithra vatakam*⁹ has properties like *sarva manodoshahara*, *Medhya*, and *pratiba*, which in turn help in reducing the symptoms of menopause like depression, forgetfulness, palpitations, headaches, and sleep disturbances. *Manasamithra vatakam* is indicated in the management of *Mano vikaras*. The majority of the *Lakshanas* of *Rajonivritti* are due to *Vata Vriddhi*, *Kapha Kshaya*, *Ashayapakarsha* of *Pitta* by aggravated *Vata*; vitiation of *Manovaha Srotas*; and *Dhatukshaya*, which all are manifesting as a part of ageing. Considering this stage as a generalised *Kshaya Avastha*, *Rasayana* therapy seems to be a treatment of choice to nourish the *Dhatu*s. However, *Rasayana* is also not a complete cure for the *Rajonivritti* *Janya Lakshanas*, as it can very well check or delay the process of symptomatology for some time and also prevent the adverse effects in the post-menopausal period. As in *Rajonivritti*, as the *Vata Dosha* is dominant, most symptoms occur due to *Vata vriddhi*.

Kushmanda, by its *Snigdha Guna*, acts against *Ruksha Guna* of *Vata Dosha* and pacifies it. So, the majority of *Rajonivritti*'s symptoms subside. Moreover, *Agnimandhya* is also the typical manifestation of *Rajonivritti*. The drug *Kushmanda rasayana*, by its *Deepana-Pachana action*, acts on *jatharagni* and relieves the symptoms of *GIT* effectively, like *Dyspepsia*, *Decreased appetite*, *Flatulence*, and *Constipation*. Here, *Kushmanda*, *Shunti*, *pippali*, and *Ela* are *hridya* and *balya* and act as *rasayana karma* which may cause *dhatu Pushti*, which results in *samprapti vighatana* and ultimately lead to *lakshanopashamana*. *Pippali* acts as *Medhya* and *mano indriya tarpaka*, decreasing *chinta*, *shoka* and sleep disturbances.

Manasamithra vatakam: Most of the drugs are *madhura rasa*, *katu tikta rasa*, *sheeta Virya*, *madhura Vipaka* act as *kaphavatahara*, *balya*, *brahmana*, *hridya*, *rasayana* properties which may cause *dhatu Pushti*, which results in *samprapti vighatana* and ultimately lead to *lakshanopashamana*. It tones up the function of the brain and reduces mental fatigue. It also acts as an antidepressant, antioxidant, antidiabetic, anticancer, anti-inflammatory, hepatoprotective, immunomodulatory and cardioprotective, reducing

depression, irritability, and sleep disturbances. It nutritionally supports the brain and normalizes the sleep pattern. *Bilwa, Shankhapushpi, Guduchi, and Prishniparni* nourish the central nervous system, enhance mental functions and reduce forgetfulness, mood swings, depression, anxiety, forgetfulness, and irritability. *Haritaki, Durva, gojihwa, padmakesara* are *Tikta, madhura, kashaya rasa* act as *kaphapittahara, hridaya, rasayana, sothahara*. *Rasna* is having properties like *Vatakaphahara, brumhana, balya, medhya, rasayana*. *Amalaki* having properties like *tridosha shamaka, rasayana, hridaya*. *Manasamithra vatakam* contains ingredients of *Jeevaniya gana* and has properties *laghu Snigdha guna, sheeta virya, vata pittahara, balya, brihmana, rasayana, hridaya*. It enhances the *rasa dhatu*, nourishes all other dhatus, and further harmonizes the *doshas* vitiated.

Ashoka is *Kashaya rasa*; hence, it acts as *rak-tasthambhaka* for irregular, excessive bleeding occurring during the perimenopausal period. It has phytoestrogen, which balances estrogen and stops bleeding. It acts as *vayasthapana, balya, medhya, manadoshahara, and vedanasthapana* properties. Ingredients include *deepana pachana*, which corrects *agni* and clears *srotas*, and the symptoms come down. *Ashwagandha* is included under *balya, brihmaniya gana*, is *vrushya, rasayana, pushtiprada, vatahara*. It is given in *ksheerapaka* form, which also controls *vata*. It has *snigdha, ushna virya, and excellent vatahara*; hence, menopausal symptoms come down. *Yoni pichu* with *Dhanwantaram taila* for 15 days was also done, which increases *snigdhatwa* in the *yonis*, thereby pacifying the symptom vaginal dryness by reducing aggravated *vata*.

Yoga asanas and pranayamas are practiced daily for 30 minutes to 45 minutes. *Yoga's ability to reduce stress, promote a healthy lifestyle, create a positive attitude, and regulate and balance the endocrine and hormonal systems makes it an excellent therapy to soften the transition into menopause. Yoga postures, breathing practices, and meditation* are all effective stress reduction and management methods. *Adi mudra* also is beneficial. All these *asanas* and *pranaya-*

mas control *vata*, the main factor responsible for symptoms.

CONCLUSION

The medicines used were found to be highly effective in the management of menopausal syndrome. It enhances the functional aspect of *rasa dhatu* and improves the strengthening of the tissues of the reproductive system. *Deepaka* and *pachaka* improve *dhatwagni* and enhance the *rasa dhatu*, which improves the *snigdhatwa*. They are *vata hara, balya* and *rasayana, deepaka, pachaka* and improve *dhatwagni* and enhance the *rasa dhatu*. All the medicines are *vatahara* in nature. *Yoni pichu* with *taila*, which is *vatahara*, reduces the symptoms by creating the *snehana* effect and controls *vata*, which is the leading cause. Thus, it reduces vaginal dryness and inflammation present in the pelvis, uterus, and vagina reduces mood swings and sleep disturbances and other symptoms. As this study was done on a small sample, it needs to be studied in a larger sample to generalize its effect and prove it with greater efficacy.

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