



CONTEMPORARY AND TRADITIONAL PERSPECTIVE: A WOMAN'S QUALITY OF LIFE IN MENOPAUSE

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ABSTRACT Menopause or Rajonivritti, is one of the most significant milestones and it is normal physiological change in a woman's life. Natural menopause is an age-related change in endocrine function of ovaries. A woman enters in menopausal age at or after 40-45. The potential benefits of comprehensive lifestyle remain a potential powerful tool to improve the overall health and quality of life. Though there is need to improve quality of life most of Indian women have negligence toward health. In view of increasing burden, there is a need to explore new options for the management of these symptoms.

KEYWORDS : Rajonivritti, Menopause, Quality Of Life.

INTRODUCTION:

Menopause is normal physiological change and an important transition in women's life. Onset of menopause has important implication on women's fertility and health. Natural menopause is an age-related decrease in endocrine function of ovaries. Natural menopause occurs at or after age 45-55 years. Menstruation either stops suddenly or becomes irregular or less in quantity. At the beginning of menopause physical, physiological and psychological changes occur.

Menopausal syndrome includes mood changes, bloating, aches and pains, headaches, hot flushes, night sweats, tiredness, insomnia, weight gain, depression, irritability, forgetfulness, urinary frequency, dyspareunia and lack of concentration. These symptoms vary in severity and characters from person to person.

The ancient Acharyas termed Rajonivritti as a normal physiology. Menopausal syndrome varies in severity and may decrease health related quality of life because in today's era there is lots of stress, work, anxiety, fear so complications are increasing. Today women are living sedentary lifestyle because of improvement in technology as little things like shopping, banking everything is done at home with one click. Though there is need to improve quality of life most of Indian women have negligence toward health. In view of increasing burden, there is a need to explore new options for the management of these symptoms.

TRADITIONAL PERSPECTIVE

CONCEPT ON RAJONIVRITTI:

The term 'Rajonivritti' is made up of two different words. "Rajah" and "Nivritti".

"Rajah" - meanings of Rajah like Artavaand Stripushpa.

"Nivritti" - meaning of Nivritti is understood as end or ceasing.

The whole term Rajonivritti means end of Artava Pravritti or Cessation of Menstruation.

RAJONIVRITTI KALA-

Rajonivritti kala is mentioned by almost acharyas without any controversy few direct orientations regarding the age of menopause i.e. 50 years. Acharya Sushruta said that due to the effect of aging menopause occur at the of 50 years (Sushrut Sharirsthana 3/9). Vagbhata and Bhavamishra mentioned the same age for Menopause.

NIDANA OF RAJONIVRITTI-

Rajonivritti is not described in the classics as a separate disease there is no evidence available regarding its Nidana, Purvarupa, Rupa, Samprapti.

Following factors can be considered as Rajah Nivritti hetus

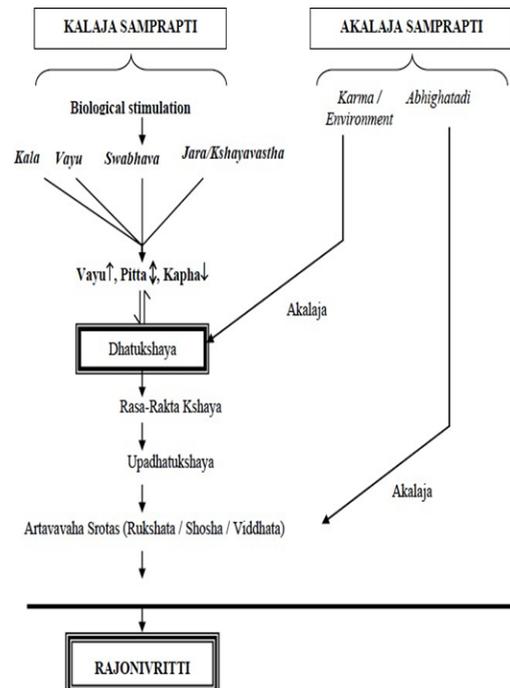
- Kala
- Vayu (Apan and Vyan)

- Dhatukshaya
- Swabhava
- Karma or Environment

TYPES OF RAJONIVRITTI:

- 1) Kalaja Rajonivritti- Rojonivritti occurs at its probable age at about 50 years. (Sushrut Sutrasthana 28/8)
- 2) Akalaja Rajonivritti- If Rajonivritti occurs before or after its probable age. (Dalhana on SushrutSutrasthana 24/7). In this type of Rajonivritti, symptoms are very acute. According to Acharya Dalhana, they should be treated on the basis of nature of illness on the basis of dosha involved in it.

SAMPRAPTI OF RAJONIVRITTI: (Flow chart no. 1)



LAKSHANA OF RAJONIVRITTI: (Table no.1:)

Vata	Pittaja	Kaphaja
Lakshana	Lakshana	Lakshana
Balakshaya	Daha	Hriddravatva
Sandhivedana	Trisha	Twakrukshata
Katishula	Mutradaha	Bhrama
Adhmana	Ushnaanubhuti	

Atopa	Swedahikyata	
Vibandha	Glani	
Anidra	Yonivedana	
Sirahshula		
Hasta pada supti		
Hridaspandana		
Adhikya		

MANAGEMENT OF RAJONIVRUTTI:

Chikitsa mentioned in the classical text for Rajonivrutti is essentially Rasayana Chikitsa, Vata Shamaka and Dhatu Vardhak, having preventive as well as curative or both aspects.

1) Ayurveda talk about healthy lifestyle in the form of Dinacharya and Ritucharya (Daily and season wise regimen) to maintain good health and quality of life.

2) Rasayana therapy: It is used as preventive as well as curative aspect. Rasayana helps in body nutrition, enhances the immune power. Rasayana is a specialized branch of Ayurveda which helps for proper function of Dosha, Dhatus, Agnis and Strotas of the body.

3) Mansik (mental) chikitsa: Yoga and meditation is useful for controlling mental problems mainly to stress and strain. Astang Yoga includes Yama, Niyam, Asan, Pranayam, Pratyahar, Dharana, Dhyan and Samadhi. Out of these Asana, Pranayam and Dhyan can be effectively used in menopausal female. Meditation is a process whereby consciousness looks in and acts upon itself. Along with yoga and meditation: proper counselling of menopausal female about these physiological changes holds much value.

CONTEMPORARY PERSPECTIVE

Menopause is defined as permanent cessation of ovarian function resulting in permanent amenorrhea.

Menopause is generally occurring between age of **45-50** years of average is **47** years. Climacteric is phase of weaning ovarian activity and may begin 2 - 3 years of menopause and continue for 2 – 5 years of after that.

During the phase there occurs decline in ovarian activity. In starting ovulation fails, therefore no corpus luteum and hence no progesterone is secreted by the ovary. Therefore, menopause is often preceded by anovulatory and irregular menstrual cycle. After some time, griffin follicle formation also stops, estrogen activity and finally atrophy of endometrium leads to amenorrhea. As the result of fall in estrogen level, there is rebound increase of FSH and LH by anterior pituitary gland.

SYSTEMIC EFFECTS: (Table no 2):

Vasomotor symptom	Hot flush, night sweats, headache are the most distressing symptoms of menopause are from hypothalamic origin due to LH discharge. These are more severe after surgical menopause.
Psychological symptoms	Many females are affected with anxiety, depression, decrease in libido & dementia due to decreased estrogen levels. Alzheimer's disease is lately reported due to estrogen deficiency at menopause, and hormonal therapy is beneficial in preventing or delaying its onset.
Urogenital symptoms	Urinary incontinence (urge-due to reduced vascularization which decreases urethral pressure & impaired muscle response, stress-connective tissue becomes less due to atrophy, this decreases intra urethral pressure resulting into stress incontinence.), vaginal dryness (due to atrophied vaginal mucosa which leads to decrease in glycogen levels and disappearance of do reline bacilli& vaginal pH becomes 5.5.) and dry vagina can cause dyspareunia, loss of libido adds to sexual dysfunction. Rarely senile vaginitis can cause vaginal bleeding. Prolapse of uterus (due to laxity of muscles and uterine support) are very important.
Skeletal system	Diminution of the calcium content in the bones is called as osteoporosis. At the age of 40 years, total bone calcium is 1200g. When the critical level of 750g is reached, the women become susceptible to fracture. Bone forming units are responsible for skeletal growth, repair and replacement. They are under the influence of various factors, i.e. parathormone, calcitonin, growth factor. Soestrogen replacement therapy partially helps in remineralization of bones and in prevention of fracture.

Cardiovascular Disease	Estrogen deficiency increases the risk of atherosclerosis, ischemic heart disease and angina in a postmenopausal woman. Estrogen is therefore cardioprotective in prevention of cardiovascular disease. It also increases HDL and decreases LDL, cholesterol and triglycerides. Estrogen is most effective when taken orally as far as its effect on lipid profile is concerned. Estrogen and tibolone are strongly cardioprotective in menopausal women. Incidence of stroke increases in menopausal women.
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MANAGEMENT OF MENOPAUSE:

1) Counselling -

It is very important to maintain her physical and mental status. She should be educated about proper diet. Diet should include at least 1.2 gm of Ca, vitamin A, C, E, D (400 mg) + weight bearing exercises are also necessary.

2) HRT (Hormone Replacement Therapy) –

Only oestrogen replacement therapy is not sufficient to overcome this problem. Because many other hormones e.g. DHEA, melatonin and various systems are affected in menopause. Moreover, menopause is the natural process of transition to a new phase of life for a woman. Therapy needed in woman who are - Symptomatic for 3-6 months. High risk for CVD (Cardiovascular Disease), osteoporosis, Alzheimer's disease. After surgical oophorectomy, premature menopause. Who demand prophylactic HRT Oestrogens should be given in smallest effective dose for a short possible period of 3-6 months. Short term oestrogen therapy is beneficial in delaying osteoporosis & reducing the risk of cardiovascular diseases in post-menopausal woman.

3) Diet and exercises in postmenopausal condition-

Diet:

Calcium: Milk, yogurt, cheese, sardines or small fish with bones, vegetable such as broccoli, as well as nuts and seeds.

Vit. D: Oils, fish, lentils, eggs and brown rice.

Phosphorus: Peanuts, meat, cheese, onions, garlic.

Iron: Meat and fish sources: Beef, pork, lamb, eggs and seafood. Green leafy vegetables, spinach, asparagus, broccoli, collard greens, mustard greens, kale, parsley, cabbage, dried beans and certain fortified foods - cereals, oatmeal. Dried fruits-apricots, raisins, dates prunes, figs.

Magnesium: Halibut, nuts, cereals, grains, seeds and vegetables (especially green leafy ones).

Zinc: Shellfish, liver, oxtail and corned beef, chickpeas, pumpkin seeds, nuts, wholegrains and cheese. Selenium: Brazil nuts, wheat germ, kidney and liver, oily fish including tuna, sunflower seeds, lentils, cashew nuts.

Copper: Liver, sesame seeds, raw cashews, soybeans, barley, raw sunflower seeds.

Iodine: Sea food, vegetables grown on iodine rich soil, iodine fortified food.

Vitamin A: Liver (beef, pork, chicken, turkey, fish), carrots, broccoli - especially in the leaves, sweet potatoes, kale, butter, spinach and leafy vegetables and pumpkin.

Vitamin C: Rose hips, oranges, kiwi, lemon, berries-like blackberries, blueberries, strawberries, peppers, sprouts, kale and spring greens.

Vitamin E: Avocado, nuts such as almonds or hazelnuts and seeds. Spinach and other green leafy vegetables. Vegetable oils like sunflower and olive oil. Wheat germ, wholegrain foods, milk and asparagus).

Pantothenic Acid: Whole-grain cereals, legumes, eggs, meat, and royal jelly.

Vitamin B1: Oatmeal, flax, brown rice whole grain flour (rye or wheat), asparagus kale, cauliflower, potatoes, oranges, pork liver (beef or pork), eggs.

Vitamin B6: Meats, whole grain products, vegetables and nuts.

Vitamin B12: Meat, dairy products and eggs and vitamin 812 fortified food.

Niacin: Meat, wheat germ, dairy products and yeast.

Folate: Leafy vegetables such as spinach, turnip greens, lettuces, dried beans and peas, fortified cereal products, sunflower seeds.

EXERCISES:

Types of Exercises Recommended in Menopause

1. Aerobic conditioning for heart health and calorie-burning (walking, cycling, swimming, aerobics).
2. Strength training for muscles, bones and metabolism (dumbbells, weight machines, exercise bands).
3. Stretching for flexibility (stretching, yoga, Pilates, etc.)
4. Recreational activities such as tennis, dance, martial arts, etc. can provide additional muscle and bone-building benefits and increase fun factor.

CONCLUSION:

Throughout menopausal period, hormonal and biochemical changes give rise to various symptoms in the woman's body. In this period, physical, psychological, social and sexual changes have a depressing effect on quality of life in women. There is a gap in knowledge about actual health of women during menopause. Due to present lifestyle quality of life hamper so Rasayana therapy, Yoga, diet and changes in lifestyle gives a holistic approach for menopause. The intention of this review is to look at the aspects affecting the onset age of menopause and the measures of quality of life related to menopause.

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