POST MENOPAUSAL SYNDROME

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Abstract

Ayurveda is the flawless ancient science of life; the word “Ayur” literally means life and Veda the science or knowledge. Ayurveda stresses upon the do’s and don’ts one has to follow, which favours the well-being of each individual to lead a healthy, happy, comfortable and advantageous life physically, mentally and socially. It also emphasis the adage-“Prevention is better than cure”.

Ayurveda healing for women addresses the need to treat the root cause of feminine disturbance rather than accepting the myths that symptoms of discomfort, pain and emotional swings are normal throughout the life. It is the best healing method to treat the root cause of symptoms by treating constitutionally that is treating the whole person as an individual. In modern era, Premature menarche, Delayed puberty and some problems in the menstruation pattern prior to menopause are seen.. So, it has been tried to concentrate on the causes of such problems and provide a healthy citizen to the society who is free from all these diseases.

Keywords

Menopause, Hot flushes, Climacteric, Perimenopause, Androstendione, Estradiol

INTRODUCTION

Ayurveda healing for women addresses the need to treat the root cause of feminine disturbance rather than accepting the myths that symptoms of discomfort, pain and emotional swings are normal throughout the life.

Women are known as women due to their reproduction power and motherhoodness. According to Ayurveda, “Srotamsi khalu parinamamapadyemananam dhaturaamabhivahini bhavantaye yanarthen.” means the one which carry the aahara – rasa after being transformed into Prasad – bhag(nutritive part) and kitta-bhag(excretory part) to their places is called as Srotas. Acharya Sushruta has explained three extra srotas in females named as Stanyavaha which carries breast milk during lactation and Artavavaha scrotas, the channels which carry Menstrum. Ayurveda mentions best definition of human physiology that is equilibrium of the body. The above definition of health is now past for many women due to changing life style, food habits, long working schedule, stressful environment, career demands, late marriages and late pregnancies, contributing all if women still ignore body signs and symptoms such as irregular, heavy or scanty
menses etc. leads to serious health hazards of Artavavaha srotas.

AIMS & OBJECTIVES
In Modern Era, Premature menarche, Delayed puberty are the common problems. Keeping those problems in mind, it has been tried to concentrate on the causes of such problems & provide a healthy citizen to the society who is free from all these diseases.

This work is a fact finding activity purely based on fundamental research. No hypothesis is proposed or tested. This work may have no immediate or planned application but may later result into further research of an applied matter.

DISCUSSION
The first menses in woman’s life is called Menarche whereas the end of Menses is called as Menopause.

Artava Nivriti (Ayurvedic concept)
Prayayas of Artava Nivriti
1. Artava Bandha
2. Artava Nasha
3. Rajo Nivriti

Artava Nivriti Kala:
“Tad Varshad Dwadasad Kale

Vratmanasrik Puna.
Jarapakaw Shariranan Yati Panchashat Kshyam.”

[Sushruta Shareersthana [3/11]

Rajo Nivriti is a physiological process occurring in the life of a woman. It ceases at an average age of fifty years.

Rajo Nivriti Types:
Acharya Sushruta has said that Artawa Nivriti is of two types:
1. Kalaj Rajo Nivriti
2. Akalaj Rajo Nivriti

If cessation of menses takes place at the normal age i.e. up to the age of fifty years, it is termed as Kalaj Rajo Nivriti. If ceases before the normal age or after the normal age, then it is termed as Akalaj Rajo Nivriti.

Lakshnas of Rajo Nivriti:
1. Dosaj Laksanas
2. Dhatu Khsayaj Lakshnas
3. Mansike Laksnas

1) Doshaj Laksnas:
a) Vataj Lakshnas includes:
   Sira sula
   Kati sula
   Hrid spandana
   Vibandh
b) Pittaj Laksnas includes:
Usan ashishnuta
Daha
Murcha
Sweda aadhikya

b) Kaphaj Laksnas: -
   Bhrama
   Sandhi Shaithilya
   Nidra Nasa

2) Dhatu Kshayaj Laksnas: -
   a) Rasa Dhatu Kshayaj Laksnas: -
      Hrid dravatva
      Klama
      Trishna
      Shrama
      Sosa
   b) Rakta Dhatu Kshayaj Lakshwas: -
      Twak Rukshta
      Sira Shaithilya
      Twak sphutnam
   c) Mamsa Dhatu Kshyaj: -
      Raukshya
      Toda
      Gataranam sadanam
   d) Meda Dhatu Kshayaj Lakshanas: -
      Shrama
      Rukshta
      Sandhi sunyta
   e) Asthi Dhatu Kshayaj: -
      Asthi toda
      Kesa prapatnam
   f) Majja Dhatu Kshayaj: -
      Bhrama

Timira Darshan
Asthi sula
f) Sukra Dhatu Khsayaj: -
   Panduta
   Maithun asakti

3) Mansik Laksanas: -
   Krodha
   Sira sula
   Bhaya
   Chinta
   Dwesa
   Smriti haani
   Utsaah haani

Rajo Nivriti (Chikitsa): -
“Nishpratikriya Iti Sadharam Chikitsa
Rasayan Varjya Ch.
Pratikriyte Rasaynen Tu Pratikriyte Ch.”

   [Charak Shareersthana [1/115]]
1. Nidana parivarjane is the first step in the treatment of Rajo Nivriti.
2. Rasayan should be administered for Swabhavika Rogas.
3. Rasayan and Yogaasan for Jara Rogas.

MODERN CONCEPT OF
MENOPAUSE: -
Menopause: - The term Menopause is made up of two words. Meno means Month and pause means stop.

Definition: - It is defined as the permanent cessation of menstruation at the end of reproductive life resulting from the loss of Ovarian follicular activity.

Perimenopause: - It includes the period beginning with the first clinical, biological and endocrinological features of the approaching menopause and ending 12 months after the last menstrual period.

Menopausal Transition: - This term is used synonymically with pre menopause. The most significant symptom of this is Menstrual irregularity.

Climacteric: - It refers to a period of time from cessation of reproductive function to an infinite time after menopause which is period of senility.

Premenopause: - This term is often used to refer 1 or 2 years immediately before the menopause or to the whole of the reproductive period prior to the Menopause.

Post-Menopause: - It is defined as the dating from the final menstrual period, regardless of whether the menopause was induced or spontaneous.

Premature Menopause: - Defined as Menopause that occurs at the age less than two standard deviations below the mean estimated for the reference population. The age of 40 years is frequently used as an arbitrary cut-off point, below which it is said to be premature.

Age at Menopause: - The age range for Menopause is between 45 and 55. The average age varies according to geographic location. In some developing countries, much as India and Philippines, the median age of natural menopause is considerably earlier at 44 years.

ENDOCRINOLOGY IN RELATION TO MENOPAUSE

The process of basic endocrine changes begin about few years prior to menopause. So, the endocrinology of climacteric can be understood in 2 ways.

1. Several years before the Menopause.
2. After establishment to Menopause.

A) Several years before Menopause: - Loss of follicles and oocytes ultimately result in a series of endocrine changes in
the hypothalamic – pituitary – gonadal axis and gradual fall in the levels of estrogen. Decreased levels of estrogen results in raised levels of follicle – stimulating hormones, which is the first laboratory indication of perimenopause.

B) After establishment of Menopause; -
After Menopause, extraglandular estrogen production is the major pathway for estrogen synthesis.

Androstenedione: - After Menopause, circulating level of androstenedione is about half that seen prior to menopause. Most of this is derived from the adrenal gland, with only a small amount secreted from the ovary.

Testosterone: - Post menopausal ovary in most women secrets more testosterone than the premenopausal ovary. The total amount of testosterone produced after menopause, is decreased because the amount of the primary source, the peripheral conversion of androstenedione is reduced.

Estradiol: - The circulating estradiol level after menopause is approximately 10 – 20 pg/ml, most of which is derived from the peripheral conversion of estrone.

CHANGES DURING MENOPAUSE: -
a) Changes in genital organs: -

1. Ovary: - The ovaries become shrunken with grooved surfaces. There is relatively more of medulla than the cortex.

2. Fallopian tubes: - The fallopian tubes show feature of atrophy. The muscle coat becomes thinner by their plain muscles atrophy.

3. The uterus: - The uterus and cervix also show gradual shrinkage due to the myometrial atrophy.

4. The vagina: - The vagina become narrower and smaller due to the gradual loss of elasticity.

5. The breast: - The breast tissue get reduced and the breasts gradually become pendulous.

6. The Bladder & Urethra: - The epithelium of bladder becomes thin and is prone to damage & infections.

EFFECTS OF MENOPAUSE: -
A) **Vascular instability:**

1. **Hot Flushes:** A common symptom of menopause is experienced as a feeling of intense heat with sweating and rapid heartbeat, and may typically last from two to thirty minutes for each occurrence.

**Mechanism of hot flushes:**

- Loss of ovarian function
  - Decreased ovarian steroids
  - Decreased negative feedback
  - Increased GnRH and Gonadotrophins
  - Increased Nor–adrenalin
- Disruption in Thermoregulatory centre
  - Sudden downward setting of thermostats
  - Heat loss mechanism activated
  - Set–up new point to make the core–temp. consonant
  - Increase in skin conduction
  - Increase in skin temperature
  - Cutaneous Vaso–dilatation
  - Heat loss from body by sweating
2. **Night sweats**: - Sleep hyperhidrosis more known as the night sweats, is the occurrence of excessive sweating during sleep.

3. **Atherosclerosis**: - It is a syndrome affecting arterial blood vessels. It is chronic inflammatory response in the walls of arteries, in large part due to the accumulation of macrophage white blood cells & promoted by low density lipoproteins without adequate removal of fats and cholesterol from the macrophages by functional high density lipoproteins.

4. **Migraine**: - It is increased frequency of headaches during perimenopause.

B) **Urogenital Atrophy**: - Also known as Vaginal atrophy.

   *Thinning of the membranes of the vulva, the vagina, the cervix*
   *Itching, Dryness, Bleeding, Watery Discharge, Polyuria, Urinary urgency, Urinary incontinence,*

C) **Skeltal Changes**: -

   **Osteoporosis**: - It is condition where bone mineral density is lower than normal.

D) **Changes in skin & soft tissues**: -

   *Breast Atrophy*
   *Skin thinning & Becoming drier*
   *Decreased elasticity of skin.*

D) **Psychological changes**: -

   *Mood Disturbance*
   *Irritability*
   *Fatigue*
   *Memory loss*
   *Depression*
   *Anxiety*
   *Sleep Disturbances*

E) **Sexual changes**: -

   *Decreased libido*
   *Vaginal dryness & vaginal atrophy*
   *Dysparaunia*

**MANAGEMENT OF PMS**

1. **Hormone therapy also known as Hormone Replacement Therapy**: -

   In this therapy, one or most estrogens, usually in combination with progesterone are administered.

2. **Exercise**: - Adequate exercise and aerobics and muscle binding is an aspect of management of PMS.
3. **Diet:**- Non – fattening diet rich in anti-oxidants and fibres is recommended.

4. **Nutritional supplements:**- Nutritional Supplements with vitamin, minerals and essential fatty acids have a great potential for reducing the symptoms associated with menopause. Vit. B₆, Vit. B₁₂ & Folic acid supplementation reduces the risk of osteoporosis and cardiovascular disease.

**Calcium & magnesium Supplements:**- These slow down the bone loss.

**Blood pressure medicines:**- These drugs have special consideration by women suffering from high B.P & hot flushes.

5. **Complementary & alternative therapies:**- Herbal remedies help relieve menopausal symptoms. Some botanical resources, referred to as phytoestrogens are known to have an estrogenic effect on the body.

6. **Other therapies:**- Lack of lubrication is a common problem during and after primenopouse. Vaginal, moisturisers can help women with thin vaginal tissue or dryness, and lubricants can help with lubrication difficulties that may be present during intercourse.

**CONCLUSION**

Artava is linked to body status of a lady in so many ways. It has an important role to play in female’s body starting from Puberty, Young age, Reproductive age, Marital Status, Garbhavastha, Prasavavastha, Stanyavastha and Artava Nivriti.

So, it is concluded that late or early menopause is one of the important aspects in determining the status of lady’s health. It is a window into the general health and well-being of a women, and not just end of reproductive event. It can indicate the status of bone health, heart disease, ovarian failure as well as long term fertility.

**REFERENCES**

