An analysis of Psychological Issues during Menopause and its integrative management

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ABSTRACT

Menopause is indeed a normal physiological stage in a woman’s life, typically occurring in the late 40s to early 50s, although the exact timing can vary from person to person. This transitional phase is frequently associated with a spectrum of physical, mental and cognitive symptoms. During the menopausal transition, many women commonly encounter physical symptoms like hot flashes, night sweats, vaginal dryness, irregular menstruation, sleep disturbances, depletion of bone health, weight gain and a decrease in sexual desire. Additionally, this phase can contribute to fluctuating hormone levels which can precipitate mental issues like mood swings, anger and irritability, heightened anxiety, loss of self-esteem, loss of confidence, low mood and feelings of sadness or depression. Memory and cognitive changes like forgetfulness and difficulty in concentration are often reported during menopause, sometimes referred to as “brain fog” or "menopausal cognitive impairment.” For some, these symptoms serve as early indicators of the onset of this life transition. Integrative management of mental health problems during menopause involves a holistic approach that combines conventional medical treatments with complementary and alternative therapies to address both the physical and emotional aspects of menopausal symptoms. It includes stress reduction techniques, lifestyle modifications, counselling and psychotherapy, dietary supplements, internal-external medications and regular health care check-ups. Many women consider menopause as inherently a negative experience as it comes with various challenges and symptoms. Seeking medical advice and support can help women navigate this transition more smoothly and positively.

Key words: Menopause, Psychological symptoms, Integrative management

INTRODUCTION

Menopause is one of the stages in a woman’s life that affects her psychological health. Approximately 1.5 million women undergo the menopause transition each year.¹ For many women, the onset of menopause and symptoms associated with hormonal changes and cessation of ovulation can affect quality of life and perceptions of health and well-being. Several studies have proven the relation between menopause and psychological issues. Among mental issues, the most frequent is being anxiety and depression. Depression is one of the most frequent and debilitating psychological problem in postmenopausal women, with a considerable impact on their economic, social, and personal well-being. Prevalence of depression among perimenopausal and postmenopausal women in India is 42.47%²

Older women have higher levels of anxiety than men, as the menopausal period causes a series of hormonal changes that affect women’s psychological state, producing emotional wear. Prevalence of anxiety is 53.75%³ in menopausal women. That is why it is necessary to use different methods for menopause treatment.
**Materials and Methods**

Literature search of Menopause (*Rajonivruthi*) was done from Ayurvedic literature, research articles and clinical trials.

**Review of Literature**

The word menopause comprises of two words, men and pause. Men meaning month and Pause means cease/ stop. By Definition, it is the Permanent cessation of menstruation due to loss of ovarian follicular activity and marks the end of reproduction.[4]

It typically occurs between the ages of 45 and 55, although the exact timing can vary. Symptoms of menopause can be divided as physical, psychological, memory and cognition. Physical symptoms include hot flashes, night sweats, vaginal dryness, irregular menstruation, Sleep disturbances, Depletion of bone health, weight gain, decrease in sexual desire. Feelings of sadness or depression. Heightened anxiety, anger and irritability, loss of self-esteem, loss of confidence, low mood, mood swings are the most important psychological symptoms. Difficulty in concentration and forgetfulness are the symptoms associated with memory and cognition.[5]

Main cause of psychological symptoms is depletion in levels of Estrogen.[9] It has mood enhancing effects; thus, it’s decrease may lead to depression like symptoms.[9] Causes also include combination of biological, hormonal, psychological, and environmental factors. One study showed that women are two to four times more likely to experience a major depressive episode during menopause.[2] Severity of symptoms vary from person to person. According to Ayurveda, its correlated as *Rajonivruthi*. “Rasadeva Striya Raktam Raja: Sanjam Pravarthathe …………………….. Yathi Panchashatha: Kshayam.”[6]

Same opinion is obtained in other references also.[7][8]

According to Ayurveda, Menopause occurs at the age of 50. According to Arunadatta, After 50 years, because of the age the integrity of *Dhatus* are lost and it leads to the *Kshaya of Raja* and *Stanyaa*. Women of age group 32-50 years is called *Athirudha* and after 50 years is called as *Vridha*. Coitus is contraindicated for them. Menopausal women is compared with an old flower. Just as the smell is not appreciable in small flowers (buds) and old flowers (due to exhaustion) likewise, *Rajas* (menstrual blood) and *Stanya* (breast milk) are not appreciable or produced in females beyond 50 years.[10]

**Management**

Due to different range of symptoms, an integrative management will be appropriate. It includes: Stress reduction techniques, lifestyle modifications, counselling and psychotherapy, Regular health care checkups, dietary modifications, Yoga and meditation, Internal and external medications, HRT (Hormone Replacement Therapy), nonhormonal medications (certain antidepressants and anti-seizure medications).

**Stress reduction techniques**[11]

**AR** - Applied Relaxation - therapist ask clients to take a deep breath, think the word “relaxing” while exhaling. While also scanning the body for spots of tension and releasing that tension (differential relaxation) as they engage in daily life activities.

**MBSR** - Mindfulness Based Stress Reduction - originally designed for stress management. This includes an eight week course with duration of 2.5 hour/week with a one day retreat. Formal mindfulness meditation techniques involving simple stretches and postures.

**Hypnotherapy** - A type of mind-body intervention. Hypnosis is used to create a state of focused attention.

**Lifestyle modifications**

Healthy diet, regular exercise, managing stress, avoiding triggers like caffeine and alcohol, ccessation of smoking.[4]

**Counselling and psychotherapy**

Therapies like CBT (Cognitive Behavioral Therapy) have proven to be very beneficial.

**Regular health care check-ups**

For monitoring hormone levels, assessing bone health, cancer screenings, assessing cardiovascular health, assessment of menopausal symptoms and Mental health evaluation.
Dietary modifications

For reducing mental health problems, foods containing Omega3 fatty acids and Vitamin B are very useful. Fatty Fish, flaxseeds, chia seeds, walnuts and eggs contain Omega 3 fatty acids. Beef liver, tuna, salmon, fortified cereals, chickpeas, poultry are good sources of Vitamin B. Vitamin B6 and Mg complement each other to reduce anxiety and depression during menopause.[12] Some vegetables and fruits, especially dark leafy greens, bananas, papayas, oranges. Calcium and Vit D intake is needed for bone health. Intake of fruits, fish, nuts, legumes, seeds are essential for cardiovascular health.

Yoga and meditation

Asanas
Padmasana, Sidhasana, Vajrasana, Padahastana, Tadasana, Makarasana, Sholasana and Yoganiyada will be effective.

Pranayama
Anuloma Viloma Pranayama, Brahmari Pranayama and Chandrabhedana Pranayama can be advised.

Meditation and Omkara chanting

Meditation is a valuable tool for promoting well-being and managing the physical and emotional aspects of menopause. Omkara chanting can indeed enhance the meditation practice by creating a serene and focused mental state, making it a valuable tool for managing the mental and emotional aspects of menopause.

Internal medications

Vata Vridhi and Dhathu Kshaya is occurring in Rajonivruthi. So, treatment plan should be Vata Samaka, Balya, Jeevaneeya, Rasayana and Rasadhi Dhatu Varadhaka. Drugs like Bala, Aswagandha, Satavari, Lasuna, Satapushpa, Yastimadhu, Brahmi and Sankhapushpi will be useful.[13]

External therapies

Includes Siropichu, Sirovasti, Abhyanga, Snehavasti, Yonivasti can be done accordingly.

While coming to Yogas, Ashokarista, Aswagandha Choorna, and Pravala Pishti have shown to be effective. Asokarista is having Madhura, Tikta, Kashaya, Katu Rasa, Sheeta Virya, Madhura Vipaka, Laghu Guna, and Tridoshashamaka properties. In case of Manasa Tarpana, it is having anti-stress effect due to alcohol, alkaloids and glycosides and also supports sound sleep. Aswagandha Choorna is Balya and Vaya-Sthapan. It directly acts as Rasayana and causes Dhatu Pushhti. Pravala is used to treat disorders with Pitta aggravation and calcium deficiency because it has got properties like cooling and soothing effect. Thus, Pravala Pishti will also be useful. It also acts as an herbal phytoestrogen.[14]
DISCUSSION AND CONCLUSION

Menopause signifies the conclusion of the reproductive stage in a woman's life. This phase often brings forth a multitude of symptoms. The stages of perimenopause and post-menopause also manifest a range of physical, psychological, and memory-related symptoms. An integrative management approach proves to be highly effective in addressing the challenges faced by women navigating this stage. Many women consider menopause as inherently negative experience as it has different symptoms and challenges to be faced. Indeed, a thorough understanding and effective management are essential to address this issue. The relation between body and mind is clearly mentioned in our sastra. According to Ayurvedic principles, any imbalance or disease affecting the physical body can indeed have an impact on mental health, and conversely, mental disturbances can manifest as physical ailments. This should also be taken into consideration. Furthermore, the valuable support of family and friends plays a pivotal role in providing comfort and assistance during this transformative period. Exploring the psychological dimensions of menopause and tailoring integrative management plans to individual needs can empower women to embrace this life transition with resilience and grace.

REFERENCES


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