



ISSN 2456-3110

Vol 3 · Issue 3

May-June 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

A Survey on Menopausal Symptoms in relation to Prakruti

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ABSTRACT

Menopause is a universal phenomenon and an unavoidable physiological transition process in a women's life, which marks the end of women's reproductive capacity. It is caused by the depletion of ovarian function followed by the cessation of menstruation. In Ayurveda literature, the term *Rajonivṛtti* (menopause) is used for menopause and it considered as a sign of aging or *Jarā*. As a result of change in hormones after menopause certain psychological and biological changes affect women's health and degrade her quality of life. *Ācāryā Vāgbhaṭa* had mentioned that in *Kaphaprakṛti* (body type) individual, and women who are having a habit of taking ghee (*Vātapitta Prasamana* - pacify *Vata Pitta* humors) and milk (*Jeevaniya*), and who are having a pleasant mind in those subjects the *Ārtava* (menstruation) retains long. The aim of the study was to assess the menopausal symptoms that is mentioned in the menopausal rating scale (MRS) in relation to *Prakruti* of an individual. For that a survey study is conducted in 250 menopausal women in *Sakthikulangara* village (Kollam district) who satisfy the inclusion and exclusion criteria. It was observed that out of the 11 menopausal symptoms 9 symptoms shows statistically significant association with *Vātapittaprakṛti*.

Key words: Menopause, MRS, Prakruti, Menopausal Symptoms, Hot Flushes.

INTRODUCTION

Menopause is an integral part of aging process in women's life. World Health Organization (WHO) defines menopause as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Natural menopause is recognized as 12 consecutive months of amenorrhea for which there is no other obvious pathological cause. As the

life of expectancy of women is increasing world wide, women are expected to spend 1/3rd of their life in the post-menopausal period. Women are having a more complex and stressful aging process, resulting from hormonal changes that occurs during the transition period. Menopause brings psychological and biological changes that effect women's health and degrade her quality of life. According to World Health Organisation (WHO) in the year 1990 there were 467 million women aged 50 years and above globally. (40% of them lived in the developed countries, where as 60% were in the developing countries). The global figure is expected to hit 1200 million by the year 2030. Significantly, as the proportion of post menopausal women living in the developed region is expected to decline by over 16%, it in turn causes an alarming situation for the developing countries.^[1] This read along with the statistical data put forward by IMS (Indian Menopause Society) research, that there are about 65 million Indian women above the age of 45 makes the Indian scenario crucial by demanding

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Submission Date : 24/05/2018

Accepted Date: 18/06/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: [10.21760/jaims.v3i3.12877](https://doi.org/10.21760/jaims.v3i3.12877)

utmost priority to menopausal health. In India, it is worth while to note that the number of studies in this field are scarce. Some scattered studies have focused only on estimating the menopausal age and symptoms. Few describe the symptoms in terms of both frequency and severity. Only very limited research data was available regarding menopausal symptoms experienced by women in Kerala. In India there is considerably lack of awareness regarding menopausal symptoms among the public. The side effects including risk of malignancy in hormone replacement therapy which stays as the main line of management in modern medicine stands incognizant to the Indian mob.

HRT is the main line of management of the menopausal symptoms and most of women are less aware regarding the side effects including the risk of malignancies. In classics also only a few reference regarding the menopause (*Rajonivṛtti*). For a better understanding of this condition, an earnest attempt is made to assess the *Prakṛti* of a menopausal women coupled with the occurrence of menopausal symptoms and to find out whether there is any relation between the occurrences of symptoms and her own *Prakṛti*. The relevance being the fact that, diet and life style modification can be advised even to the premenopausal women according to her *Prakṛti* in order to reduce the occurrence or severity of symptoms and thus improve the quality of life.

MATERIALS AND METHODS

A cross sectional survey study was done in Sakthikulangara village ward no: 2 (Kollam district) with an aim to observe menopausal symptoms in relation to *Prakṛti* and also to determine the frequency and intensity of menopausal symptoms. For that 250 menopausal women who satisfy the inclusion and exclusion criteria were selected. Data is collected by face to face interview method, with the aid of a self-administered questionnaire which consisting of 3 parts. Part-1 consist of socio- demographic data and reproductive profile, Part-2 consist of menopausal rating scale [MRS], for assessing the menopausal symptoms. Which composed of 11 items assessing

menopausal symptoms divided into three subscales: a) Somatic b) Psychological c) Urogenital and Part-3 consist of *Prakṛti* assessment questionnaire for determining *Prakṛti*'.

Assessment is done for each of the 11 menopausal symptoms with *Prakṛti*.

Statistical analysis is done using Pearson's chi square test or the chi square test of association is used for evaluation, using Software - SPSS version 20.

RESULTS

Menopause is an important health issue around the world, ultimately affecting all women. The prevalence of menopausal symptoms varies widely in individuals of the same population and in different population groups. The variation in the frequencies of symptoms are influenced by socio-demographic / socio-cultural factors, economic stress, general health status, individual perception of menopause, genetic, racial differences and reproductive parameters like parity^[2] etc. In Āyurveda classics also we may find references like exposure to precipitating factors like, *Avara Satva*, *Mithyāhāra* and *Vihārā*, *Mānasika Doṣā* etc. that further accelerate the gravity of various distressing symptoms. In the present study, a total of 250 subjects between the age group of 40-60 years are selected. Out of them a good majority that is 41.5% falls within the age group of 50-54 years. The mean age of women selected for the study was 51.89 years and the mean age at which they attained menopause is 46.56 years.

Each of the 11 menopausal symptoms with was assessed with the 3 *Dvi-doṣaja Prakṛti* (combination of humors) (*Vātapitta*, *Vātakapha* and *Pittakapha*) and the result are as follows.(chart 1)

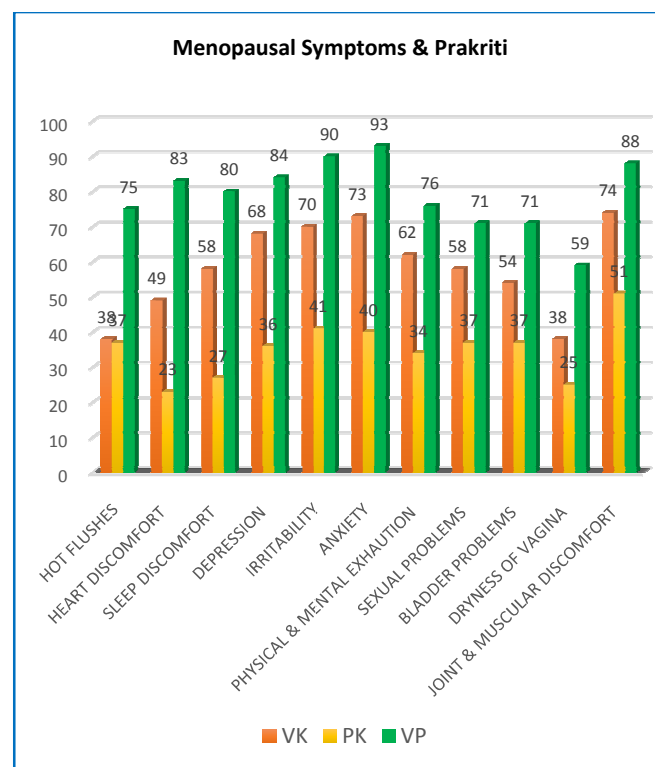
SN	Menopausal Symptoms	p	Significance with Prakṛti
1	Hot Flushes	0.0001 < 0.05	H.S. in <i>Vātapitta Prakṛti</i>
2	Heart Discomfort	0.0001 < 0.05	H.S. in <i>Vātapitta Prakṛti</i>

3	Sleep Problems	0.0001 < 0.05	H.S. in <i>Vātapitta Prakṛti</i>
4	Depressive Mood	0.003 < 0.05	S. in <i>Vātapitta Prakṛti</i>
5	Irritability	0.001 < 0.05	S. in <i>Vātapitta Prakṛti</i>
6	Anxiety	0.0001 < 0.05	H.S. in <i>Vātapitta Prakṛti</i>
7	Physical and Mental Exhaustion	0.036 < 0.05	S. in <i>Vātapitta Prakṛti</i>
8	Sexual Problems	0.257 > 0.05	N.S. with any of the 3 <i>Dvidośaja Prakṛti</i>
9	Bladder Problems	0.041 < 0.05	S. in <i>Vātapitta Prakṛti</i>
10	Dryness of Vagina	0.014 < 0.05	S. in <i>Vātapitta Prakṛti</i>
11	Joint Problems	0.78 > 0.05	N.S. with any of the <i>Dvidośajaprakṛti</i>
H.S. - highly significant, S - Significant, N.S. - Non significant			

DISCUSSION

As there are only a few references regarding the menopausal symptoms in *Āyurvedic* classics, menopausal symptoms is a representation of symptoms in the *Parihani* stage (transition stage) (a mid- period between *Yuvāvasthā* (young age) and *Vṛddhāvasthā* (old age) but by analysing the *Doṣā* predominance in each menopausal symptoms we can classify these symptoms under *Vāta Pradhāna Lakṣaṇa's* (signs specific *Vata* humors), *Pitta Pradhāna Lakṣaṇa* and *Kapha Kṣaya Lakṣaṇa's*. As *Vāta* is the *Pradhāna Doṣa* during the late age of life and *Pitta Doṣa* is the *Pradhāna Doṣa* during the *Madhyamavaya* (middle age). As there is shift from the *Pitta* dominant stage to a *Vāta* dominant stage during the perimenopausal period the women may

experience symptoms of *Vāta Vṛddhi*, along with *Pitta Vṛddhi* and *Kapha Kṣaya Lakṣaṇa*. And which produce



certain signs and symptoms which we can correlate under the different menopausal symptoms mentioned under MRS. *Ācāryā Vāgbhaṭa* had mentioned that in *Kapha Prakṛti* individual, and women who are having a habit of taking *Ghrita (Vātapitta Prasamana)* and *Kshreera (Jeevaniya)*, and who are having a pleasant mind in those subjects the *Arthava* retains long and in other *Prakṛti's* it is said that '*Viparītasthatho Anyathā*' [it can also be interpreted with the base of the present study that in *Vātapitta Prakṛti* individual had more severe menopausal symptoms than *Vātakapha* and *Pittakapha Prakṛti*. In the present study it is observed that,

Hot flushes - The symptoms of hot flushes can be considered under the *Pitta Nanatmaja Vikāra's* like *Oṣaṃ, Dhūmaka* etc. It clearly states the role of *Pitta Doṣa* in occurrence of hot flushes. On analysing the result it is seems that 76% *Vātapitta Prakṛti* individuals had hot flushes, it may be because of the *Chala Guṇa* of *Vāta* which increases the *Dāha* and *Uṣṇa Guṇā* of *Pitta* which may be the reason for the high statistical significance of *Vātapitta Prakṛti* and hot flushes.

Heart discomfort (palpitation) - The symptom of palpitation can be considered *Ashṛddrava* which is mentioned in *Nanatmajavāta Vikāra*, *Vātika Hṛdroga*, in *Rasakṣaya* and also in *Kapha Kṣaya*. From these it is clear that *Vāta Doṣa* has a role in palpitation. In 84% of *Vātapitta Prakṛti* individuals had palpitation, it may be because of the *Chala Guṇā* of *Vāta* and *Sara Guṇā* of *Pitta* may contribute to this increased incidence.

Sleep problems - *Nidrānasa* is multifactorial, it can occur due to so many factors like *Vāta Vṛddhi* (when *Vāta* increases *Rajo Guṇa* also increases causing reduction in *Tamo Guṇa*), *Pitta Vṛddhi* (*Pitta Vṛddhi Vikāra* like hot flushes), *Manastāpa* (Psychological symptoms) *Dhātu Kṣaya* and *Kapha Kṣaya* (as age advances there is *Kapha Kṣaya*) may affect the *Svābhāvika Nidrā*. In the present study also it is evident that the association of *Vāta* and *Pitta* had an effect in *Nidrānasa* as 81% of *Vātapitta Prakṛti* individuals suffer from *Nidrānasa*.

Psychological symptoms - As *Ācāryā* has mentioned that *Prāṇa Vāyu* is responsible for the normal functioning of *Buddhi*, *Indriya* and *Manas*. *Manovikaras* like *Viśādā* (depression), *Udvega* (anxiety), etc. may occur when there is disturbance of *Vāta Doṣa* (as *Vāta Prakṛti* individuals are more prone to *Vāta Vṛddhi Vikāra's*) and also it may be due to the *Śighraguṇā* of the *Vāta Doṣā* those *Prakṛti* persons are more subjected to getting irritated easily especially during the late period of life. From the present study it is evident that, among *Vātapitta Prakṛti* individuals 91.8% suffered from the symptoms of irritability.

In *Nanatmaja Vāta Vyādhi Ācāryā* had mentioned *Viśādā* as a psychological symptom due to the predominance of *Vāta*. As it may be the reason why 87.5% *Vātapitta Prakṛti* individual shown the incidence of the symptom. The *Tamoguṇa* may also contribute to the development of depression in the subjects it may be the reason why *Vātakapha* and *Pitta Kapha* subjects were also observed a higher rate of incidence. (*Vātakapha* - 72%) Anxiety or *Udvega* is seen in 94% of *Vātapitta Prakṛti* subjects

Physical and mental exhaustion - *Nanatmaja Vāta Vikāra*, *Glāni* and *Klama* is seen more in *Vātapitta Prakṛti* almost 77% of subject's symptom which is comparatively more according to the remaining *Prakṛti*.

Sexual problems - As *Śukra Dhātu* is responsible for *Harṣaṇa*. As there is *Dhātukṣaya* of *Uttara Dhātu's* which may lead to *kṣayam* of even *Śukra Dhātu* and certain other factors like psychological disturbances, vaginal dryness may also contribute to the change in sexual desire and it is evident from certain studies. In 72% of subjects of *Vātapitta Prakṛti*, 63% of *Pitta Kapha Prakṛti* subjects and 61% of *Vātakapha Prakṛti* subjects have sexual discomfort but none of the *Prakṛti* shows statistical significance with the sexual problems of the subjects.

Bladder problems - *Vāta Doṣa* is having major role in *Sandhānakara* of *Śārīra*. As a result of aging process due to *Kṣaya* of *Dhātu's*. *Māṃsa Dhātu* also get *Kṣaya* and affects the *Peśī* and *Snāyu* which may cause laxity and stress incontinence. Also leads to *Śaithilyam* and *Sraṃsana* which leads to the *Chuthaavastha* of *Vasthi* along with anterior vaginal wall and cause increased frequency of micturition. In this present study 68% of subjects with *Vātapitta Prakṛti* has the symptoms. 57.4% of *Vātakapha Prakṛti* had the symptoms of bladder problems. As we can see here the subjects with *Vāta Prakṛti* had an increased frequency of symptom compared to *Pitta Kapha Prakṛti* subjects.

Dryness of Vagina - (along with burning sensation and dyspareunia) In *Nanatmaja Vāta Vikāra's Ācāryā* has mentioned *Raukṣyam* and *Pāruṣyam* are due to increased *Vāta Doṣa*. And also while explaining *Śuṣka Yoni Vyāpat*, *Ācāryā* had mentioned *Yoni Shosham* as a result of increased *Vāta Doṣa*. Due to this dryness there is increased burning sensation and most of the patients have dyspareunia and lack of interest in sexual activity due to the pain and burning sensation and it may be due to the association of *Rūkṣa Pitta* there is further increase of *Vāta* which may contribute to the burning sensation which may be the reason why 60% of subjects with *Vātapitta* had the symptom

and due to the association of *Snigdha Guṇa* of *Kapha* only 40% of *Vātakapha* subject had the symptom. One of the limitation of my study that I couldn't collect the data from the 250 subjects regarding this parameters because 13.2% of subjects present in the study are widowed.

Joint and muscular discomfort - As there is *Āsraya* - *Āsrayi* relation between *Asthi* and *Vāta*. When the *Vāta Doṣa* increases as age advances there is *Kṣaya* of *Asthi Dhātu*. Which result in pain in the joints as 85% of subjects have this joint and muscular discomfort. 89% of *Vātapitta Prakṛti* subjects, 87% of *Pitta Kapha* subjects and 78% of *Vātakapha* subjects suffer from this symptoms. And none of the *Prakṛti* shows a significant relation with this symptom. As from the above facts it is clear that most of the menopausal women suffer from the joint and muscular discomforts rather than a particular group of subject.

CONCLUSION

This study showed that out of the 11 menopausal symptoms 9 symptoms shows statistically significant association with the *Vātapitta Prakṛti* of subjects, hence it can be concluded that *Vata Pitta Prakṛti* subjects are more prone to menopausal symptoms.

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How to cite this article: Dr. Divya Sreenath J, Dr. Hinavath, Dr. Anjali M. V, Dr. A. Nalinakshan. A Survey on Menopausal Symptoms in relation to *Prakruti*. J Ayurveda Integr Med Sci 2018;3:65-69.
<http://dx.doi.org/10.21760/jaims.v3i3.12877>

Source of Support: Nil, **Conflict of Interest:** None declared.
