

Effect of Rasayan Therapy in Post-Menopausal Geriatric Females: A Holistic and Conceptual Approach

Dr. Bharti Kalia¹, Dr. Shashi Singh², Dr. Shweta Mishra³, Dr. Ruchi Tiwari⁴

¹PG scholar, Government Ayurveda College and Hospital, Chaukaghat Varanasi, Uttar Pradesh, India

²HOD & Reader, Dept of Prasuti Tantra evum Stree Roga, Government Ayurveda College and Hospital, Chaukaghat Varanasi, Uttar Pradesh, India

³Assistant professor, Dept of Kayachikitsa, Government Ayurveda College and Hospital, Chaukaghat Varanasi, Uttar Pradesh, India

⁴Assistant professor, Dept of Kaumarbhritya, Government Ayurveda College and Hospital, Chaukaghat Varanasi, Uttar Pradesh, India

ABSTRACT

Menopause is just puberty's evil sister. Geriatric women are passing through various physiological changes of body like premenopausal symptoms, perimenopause and post menopause. Menopause is a normal physiologic process in ageing women. Although many women over age 65 have persistent menopausal symptoms, there are limited data to guide therapy among older women. Approximately 9-16% of women over the age of 65 continue to have menopausal symptoms and 13.7% of those women are using some form of menopausal hormone therapy (HT). In geriatric age cognitive disturbance, urinary symptoms, vasomotor symptoms, psychogenic symptoms, sexual dysfunction, mood changes etc. have been linked to hormonal changes and increasing age among females. These changes are generally due to disturbed Vata dosha and Dhatukhaya. In geriatric women it is better to balance aggravated doshas so that the intensity of these diseases will be far less. This can be restrained with the unique therapeutic method known as Rasayana chikitsa which minimize the intensity of problems occurring during this phase of life. The focus of the article is to describe the pathophysiologic symptoms related to menopausal transition and to review the effect of rasayana therapy in geriatric women with special care of menopausal symptoms. If implemented properly Rasayana can give a better result instead of hormonal replacement therapy.

KEYWORDS: Menopause, Rasayana therapy, dhatu kshaya, dosha

ARTICLE DETAILS

Published On:
14 November 2022

Available on:
<https://ijmscr.org/>

INTRODUCTION

Geriatrics is the branch of medicine that focus on health promotion, prevention, diagnosis and treatment of disease and disability in older people. Menopause is a normal physiological process in ageing women. As age advances in women their ovarian follicle diminish in number associated with decline in granulosa cells of ovary which further leads to increased production of FSH and LH and decreased production of estrogen. Throughout her life a woman Plays different social roles viz daughter, wife, mother, grandmother and care giver which influences the health of her family. At this stage the protective advantage of hormone is lost and woman become more vulnerable to certain diseases. Approximately 9-16% of women over the age of 65 continue

to have menopausal symptoms and 13.7% of those women are using some form of menopausal hormone therapy (HT). Rasayana is a unique therapeutic method to minimise the intensity of problems occurring during degenerative phase of life. During old age we cannot increase the capacity of rasadi dhatus but they can be preserved and rejuvenated. Rasayana will increase and promote circulation of vital essence all over body which further causes nourishment of uttrottar dhatu with good quality and quantity. Rasayana therapy endows vyasthapanana and imparts longevity, age sustainer rogapharana through enriching the immunity. Rasayana dravya act as immunomodulator and also as antioxidants.

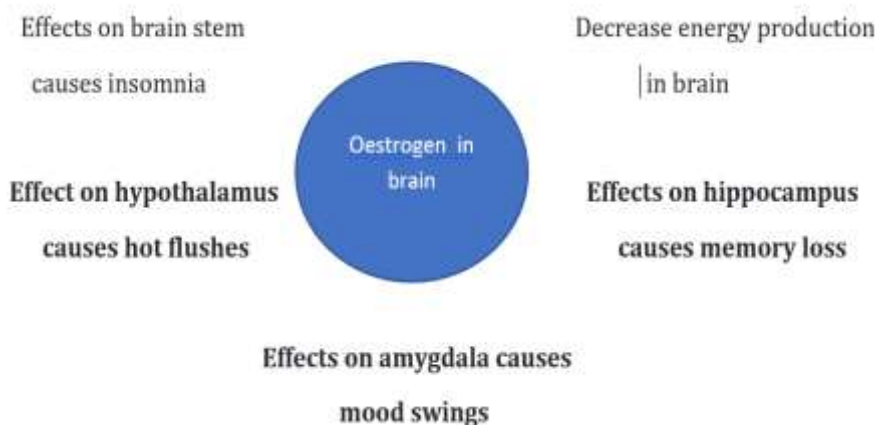
Effect of Rasayan Therapy in Post-Menopausal Geriatric Females: A Holistic and Conceptual Approach

PATHOPHYSIOLOGY: -Menopause occurs as a result of genetically programmed loss of ovarian follicle. The earliest stage of menopause typically around two years prior to onset of menstrual regularity begins when inhibinB concentration falls due to decreased number of follicles which cause serum FSH and LH levels to rise. During this transition estradiol secretion is relatively preserved (normal or high estradiol level) due to increase in aromatase activity. Menopause progression leads to high FSH, and low estradiol level occur as a result of decrease aromatase and inhibinB activity which results in clinical manifestation of menopause. Common menopausal symptoms are:-

1. Vasomotor Symptoms: - An estimated 15% of women age 66 or older and 10% of women more than 70years of age have persistent bothersome symptoms of 10 to 20 years post menopause which include hot flashes, night sweats, palpitations and migraines¹
2. Urogenital symptoms: -Urogenital symptoms persist and often version with age approximate 60% of women includes vagina atrophy, urethral atrophy¹. About 1 in two women have some symptoms related to atrophic vaginitis. About 7 in ten women in their seventies have some symptoms. Vaginal atrophy results in dryness,

pruritus and dyspareunia. Urethral atrophy results in stress incontinence, frequency, urgency, and dysuria.

3. Bone loss: - With increasing age there is significant reduction in bone formation this is due to shift from osteoblast genesis to predominant adipogenesis in bone marrow which also have a lipotoxic effect that affect matrix formation and mineralisation. During menopause estrogen deficiency increases osteoplastic activity such that there is imbalance of osteoclastic and osteoblastic activity this results in more bone being reabsorbed and overall bone loss.
4. **Arteries:** -Menopause is linked to increased risk of cardiovascular diseases which can be denoted by increased intima media thickness (layer of arteries). Oestrogen is believed to have a positive effect on tunica intima of artery walls helping to keep blood vessels flexible. Decrease oestrogen causes vessel constriction of wall and accelerated increase of low-density lipoprotein.
5. **Psychogenic Symptoms:** - Approximate 45% of women experience psychogenic symptoms which include anger, irritability, anxiety, tension, depression, sleep disturbance, loss of concentration and loss of self-confidence.



AYURVEDIC PATHOPHYSIOLOGY

In Vridha avastha Vata dosha is more predominant with its laghu and ruksha guna which results in reduction of dhatus i.e. Dhatukshaya which further leads to updhaturkshaya hence aartava kshaya (as aartava is considered as updhatu of rasa dhatu. As vata is considered as pradhan dosha by all aacharyas its vitiation causes disturbance in sharir as well as manas doshas which further leads to physical and psychological changes. In geriatric women it is better to balance aggravated doshas so that the intensity of these diseases will be far less. Ayurveda is a holistic science which got potential for prevention of diseases by health promotion describes rasayana chikitsa to fulfil this purpose and minimise symptoms associated with Vridha avastha.

RASAYANA THERAPY

Rasayana maintains the equilibrium of rasadi sapta dhatus & optimum the power of body and senses to enhance intellect,

memory, skin lustre, complexion, bodily glow, voice & generosity and preserve youth age. Rasayana therapy helps to prevent premature ageing and to treat manifestation due to ageing process.

Probable mode of action of rasayana therapy:-

By Ayurveda view- Rasayana may act at three levels of biosystem –

1. At the level of agni by promoting digestion & metabolism.
2. At level of srotas by promoting microcirculation & tissue perfusion.
3. At level of rasa itself by acting as direct.

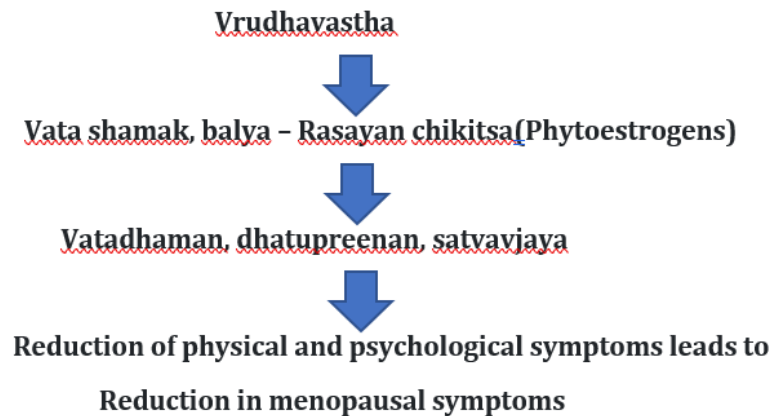
By Contemporary View

- Anti oxidant therapy- Amalaki
- Immunomodulatory action- Guduchi
- Haematopoietic action- Bhringraj, mandura, loha bhasma.
- Adaptogenic action- Ashwagandha, shatawari.

Effect of Rasayan Therapy in Post-Menopausal Geriatric Females: A Holistic and Conceptual Approach

- Anti ageing action- Amalaki, Bala, Ashwagandha
- Nutritive action- Ksheera, ghrita
- Anabolic action- Vidarikanda
- Neuro protective action- Ashwagandha, swarna bhasma, rajat bhasma.

Mechanism of samprapti bhang of Menopausal Syndrome by rasayan therapy:



CONCLUSION

Each phase of a woman's life is beautiful and should be considered as gracious. Several safer non hormonal treatment options are available to treat lingering menopausal symptoms. Ayurveda has excellent solution for a safe and happy transition into menopause. Now a days symptoms related to menopause are becoming a major problem; for which a safe and effective line of treatment is necessary. In Ayurveda special branch of Rasayana is explained; which is life promoting and deals with the aging problems, to improve health as well as longevity. Rasayana therapy can be proved efficacious in Menopausal stage providing Symptomatic cure and Preventive as well.

REFERENCES

- I. Managing menopausal symptoms in geriatric population: Moving beyond Menopausal Hormone Therapy.(Volume 17 – November10- October 2009).
- II. Managing menopausal symptoms in geriatric population : Moving beyond Menopausal Hormone Therapy.(Volume 17 – November10- October 2009).
- III. A review article: Ayurvedic approach for Menopausal women's life.(Dr. Usha Jangir).
- IV. <http://ijapr.in> An Ayurvedic and Contemporary Overview of Menopause- A conceptual approach (Volume6, Issue2: February 2018)
- V. Therapeutic utilisation of Rasayana chikitsa as per principles of Ayurveda February 2015 International Journal of Phytopharmacy
- VI. [www./books.google.co.in](http://www.books.google.co.in)
- VII. www.ncbi.nlm.nih.gov.in
- VIII. A textbook of Gynaecology Stree roga vijnan . Dr V.N.K. Usha
- IX. DC Dutta's Textbook of Obstetrics.