



Om Dhanvantaraye Namah!


One of the most ancient
systems of medicine of the
world

Cultural and Intellectual
heritage from India

Dated to be more than
10,000 years old

Traces its origin to Gods

Efficacy, Acceptance and
Availability of Ayurvedic
herbs has kept Ayurveda
alive



Ayurveda for the Management of Menopausal Syndrome – A Holistic Individualized Approach

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Topics covered

- Understanding menopause - Medical science and Ayurvedic point of view
- Types of menopause and presenting symptoms
- Understanding Ayurvedic management principles for menopause
- Customizing the approaches of management

Menopause

An unavoidable manifestations of aging process

Physiologically- Transition from reproductive to post-reproductive life

Biologically –Decline in fertility

Endocrinologically – In women it is associated with decline in estrogen levels

Clinically – Cessation of menstruation and experience of a variety of symptoms

Epidemiology



Current number of menopausal women in the world- about **43 million**

In the United States- Approximately **1.3 million** women become menopausal **each year**

Worldwide By 2030- it is estimated that **1.2 billion** women will be menopausal or postmenopausal

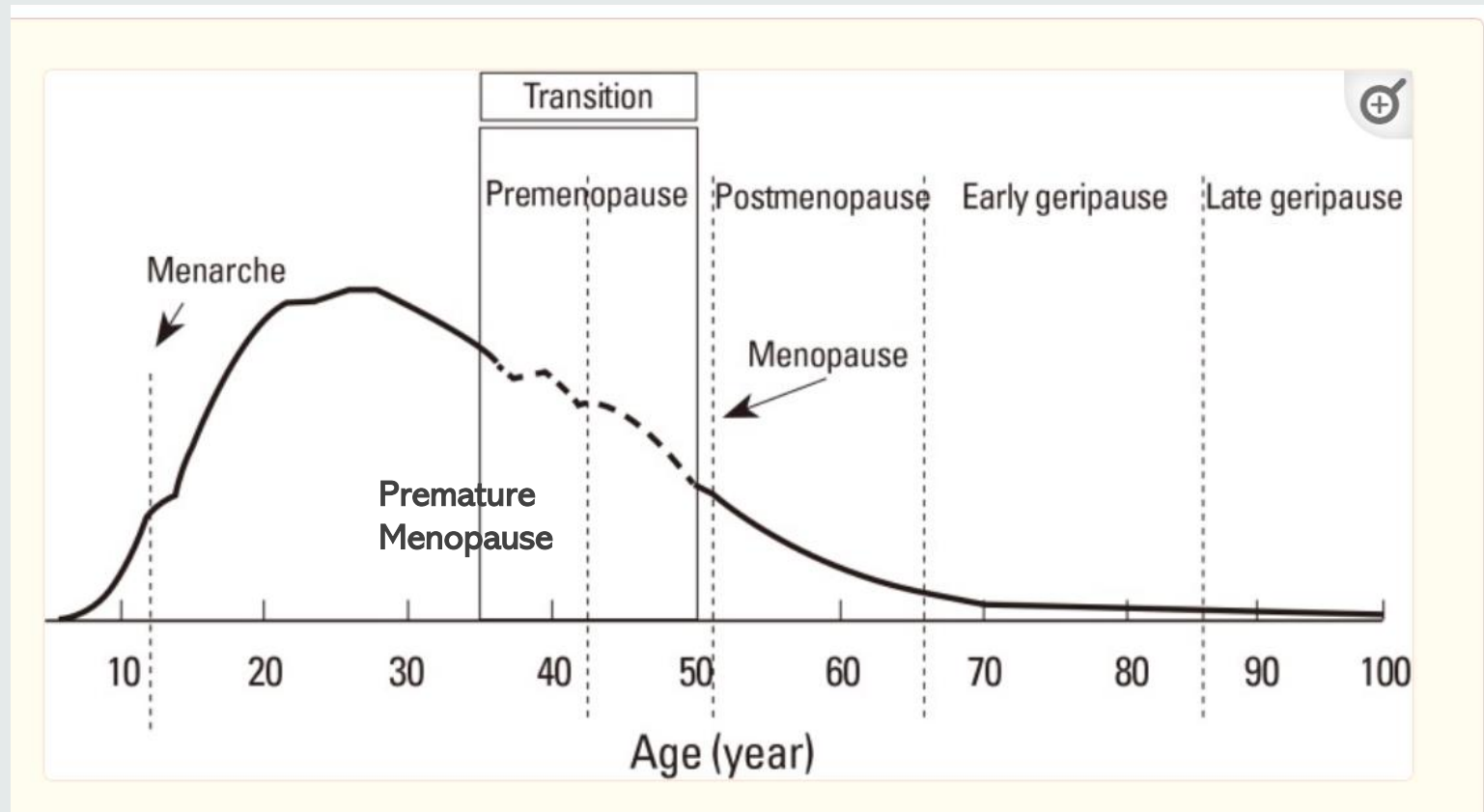
85 %Experience one or more symptoms

10% seek medical help

Types of Menopause

❖ **Rajonivritti-age**
of 50 years
Ref- S S Sh 3/11

- **Menopause** is confirmed after 12 consecutive months of no menstrual bleeding.
- Median age- 51
- **Premature Menopause** – below age 40



Vasomotor Symptoms

- Approximately 75% of women experience vasomotor symptoms.

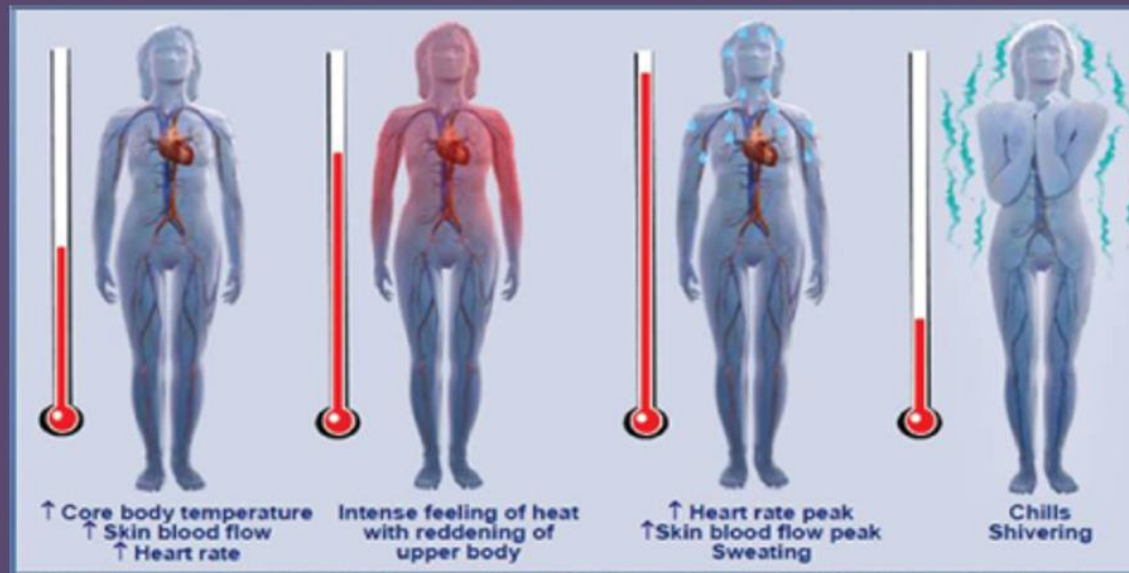
- Hot flashes

- Night sweats

- Palpitations

- Migraines

Hot flash physiology illustration

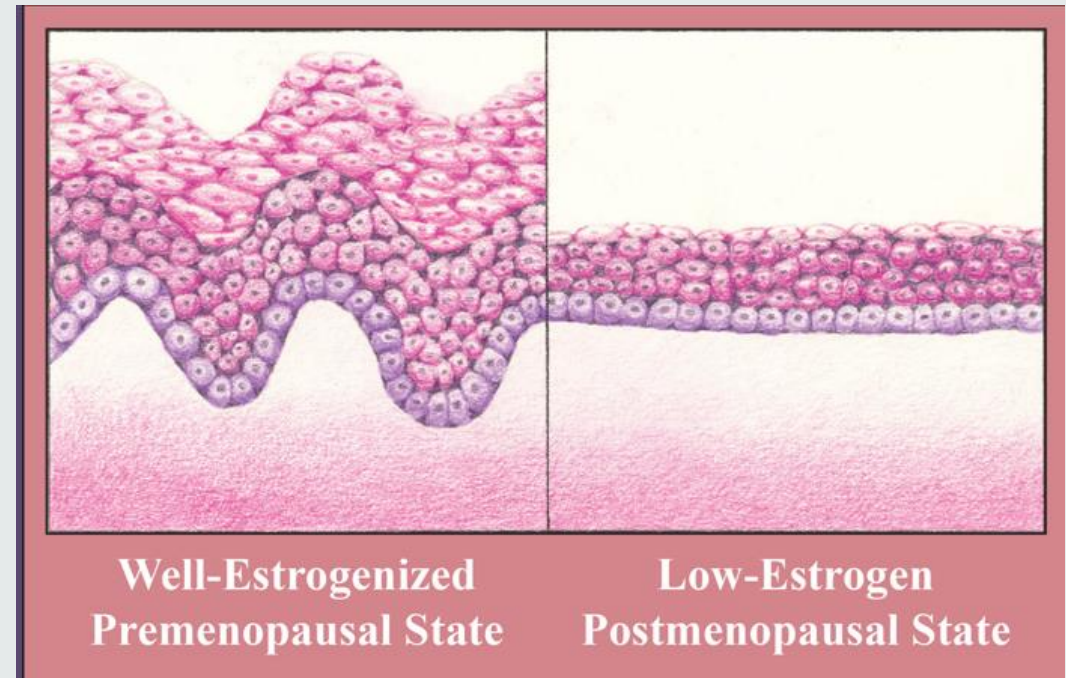


Genitourinary Syndrome of Menopause (GSM)

New terminology for vulvovaginal atrophy from the International Society for the Study of Women's Sexual Health and the North American Menopause Society

GSM affects approximately 50% of middle-aged and elderly women

- Genital **dryness** and itching
- **Decreased lubrication** during sexual activity
- Discomfort or **pain** during sexual activity
- Post-coital **bleeding**
- **Burning and itching** of vulva and vagina
- Dysuria (**painful urination**)
- Urinary frequency and urgency



Psychogenic Symptoms

- Approximately 45% of women experience psychogenic symptoms.
 - Anger/irritability
 - Anxiety/tension/loss of concentration
 - Depression
 - Sleep disturbance
 - loss of self-esteem/confidence



Aging and Menopause in Ayurveda

- Ayurveda terms aging as **Vradhhavastha (old age)** or **Jirna (degeneration)**, signified by **Kshaya (decay)**.
- With advancing age there is **gradual diminution** in the qualities of **Dosha, Dhatu, Mala, Agni and Oja**.
- Ayurveda considers aging **Nishpratikriya (changes that cannot be resisted)** and **Swabhavabal Roga (natural disease)**.
- **JARA CHIKITSA** the branch of medicine dealing exclusively with the problems of ageing and disease of elderly.
- Women at that time belonged to a society which had Ayurveda as its health standard.
- They entered in old age as **kalaja vridhhavastha (timely aging)** and **Rajonivritti (menopause)** occurring at the age of 50 years passed uneventful.

Role of diet and lifestyle on age of natural menopause

ncbi.nlm.nih.gov/pmc/articles/PMC3955043/

Lifestyle and dietary factors determine age at natural menopause

[Shilpa Sapre](#) and [Ratna Thakur](#)

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ncbi.nlm.nih.gov/pmc/articles/PMC3955043/

levels. High intake of fruits and vegetables delays the onset of menopause and prolongs the reproductive lifespan because of the presence of antioxidants in fruits and vegetables that counteracts the adverse effects of reactive oxygen species on the number and quality of ovarian follicles. Higher intake of total calories, high carbohydrate, and high protein intake are found to be associated with delayed age at menopause; however, the correlation of carbohydrate diet with ANM has conflicting results with some studies documenting inverse or no relationship. Dietary fiber, soy products, and red meat have inconsistent results in various studies; and hence, the need for larger studies. High intake of polyunsaturated fats accelerates ANM, while total fat and saturated fat intake has no effect on menopause. Current calcium supplementation and lifelong fish consumption influencing ANM need larger studies for confirmation. Thus; apart from genetic, reproductive, socioeconomic, and demographic factors influencing ANM there has been increasing insight and research in modifiable risk factors like diet and lifestyle, but still larger prospective studies are needed. There is a growing need of menopausal clinics and health awareness campaigns to initiate preventive strategy specially in developing nations[[38](#),[39](#),[40](#),[41](#)] like India[[42](#)] where the ANM is 2-3 years earlier than the industrialized nations.

Ayurvedic doctrine of Menopause

- As per Ayurvedic division age of fifty years falls under the category of middle age and have **physiological predominance of pitta**.
- In menopausal women **kshaya of dhatus leads to** increase of Vata.
- During middle age besides physiological predominance of pitta, the women possess **artava**, this results in **more agneyatva in body**.
- Age related **decrease in pitta is gradual**, yet **cessation of artava** is comparatively faster.
- Change **in agneyatwa** and **increasing predominance of vata** in otherwise pitta dominant phase influences the status of pitta.

Ayurvedic doctrine of Menopause



- This alteration in doshic status **does not tends to cause any symptoms.**
- However, in event of **failure in the homeostasis (Dosha- Dhatu- imbalance)** the symptoms of aggravation of vata and/or pitta and some times kshaya of kapha may lead to menopausal symptoms.

Vata dominant Rajonivritti

- Generalized vata vriddhi → **generalized raukshya, shosha and kshaya**

Clinically manifestation-

- Raukshaya- Dryness of mucous membranes lining all over the body respiratory, digestive, respiratory and genitourinary systems
- Dryness, thinning and wrinkling of skin
- **Balakshaya** (generalized weakness), **Anidra** (sleep disturbances or in somnia), **Vibandha** (constipation)
- **Genito urinary symptoms** like urinary incontinence, dryness of vagina, recurring UTI, dyspareunia
- Scanty bleeding in perimenopausal women
- **Shula** - Sandhi shula (pain in joints), back ache, muscular pain, headache
- Trouble concentrating, Anxiousness, worry, and fear

Pitta dominant Rajonivritti

Due to generalized vata vriddhi, **Ashayapakarsha of Pitta** takes place

Ashayapakarsha - pitta dosha is not vitiated, but aggravated vata dosha displaces the prakrita pitta dosha from its ashayas and manifests the symptoms

- Most common symptoms are **burning, excessive sweating, hot flashes and night sweats**
- Heavy bleeding during perimenopause
- **Angry outbursts • Irritability • Short temper**
- **Urinary tract infections (UTI's) • Skin rashes**

Kapha dominant Rajonivritti

- Generalized vata-vridhhi leads to increased laghu, ruksha, khara, chala **qualities of Vata which acts against guru, snigdha sthira guna of kapha dosha**
- Feeling of tiredness all the time
- Difficulty concentrating
- Weight gain • Sleepiness
- Sluggishness • vaginal itching and fungal infections
- Slow digestion • Fluid retention

Prognosis - Sadhyasadhyata

- Rajonivritti/ **Menopause is a swabhavika vyadhi** and considered "Nispratikriyah" or Asadhya (incurable).
- **Menopausal symptoms can be managed.**
- According to **Cakrapani** - this condition can be made “**Yapya**” (managed with difficulty) with **Rasayana chikitsa**.
- **Dalhana** says that there is no treatment to kalakrit swabhavika roga, but can be made "Yapya" by **Rasayana** and **Dhatusamy Chikitsa**.
- (Cakrapani commentary on C.S. Sa. 1/115)

Chikitsa

Preventative

- **Dhatu- samya Chikitsa** (Maintaining the homeostasis of Doshas)
- **Nidanaparivarajana** (removal of causative factors)
- **Swasthavritta** (Lifestyle, Dinacharya, Ritucharya)
- **Sadvritta** (Code of right conduct)
- **Aahar** (Food and Eating habits)

Therapeutic

- **Jara Chikitsa/ Rasayan Chikitsa** (Cellular Rejuvenation)
- **Sanshodhan-** Panchakarma (Detoxification therapies)
- **Sanshaman Chikitsa** (Herbs and formulations)
- **Vajikaran Chikitsa** (Sexual rejuvenation therapy)

“Dhatusamyak kriya chokta Tantrasasya Prayojanam”

Pathya Sevan –

- **Wholesome food** – Dosha balancing food, seasonal fruits and vegetables, ghee, turmeric, milk, Godhum (wheat), old rice, green mung beans
- **Unwholesome food** – heavy to digest, overeating, overindulgence in sour, salt and bitter, kshar (alkaline), ruksha (dry), Abhishyandi, puti (spoiled food), paryushita (stale food).
- **Wholesome lifestyle** – abhyanga, walking, yoga, pranayama, kindness and forgiveness
- **Unwholesome lifestyle** – overindulgence in alcoholic drinks, tea and coffee, hot water bath and shower, exertion



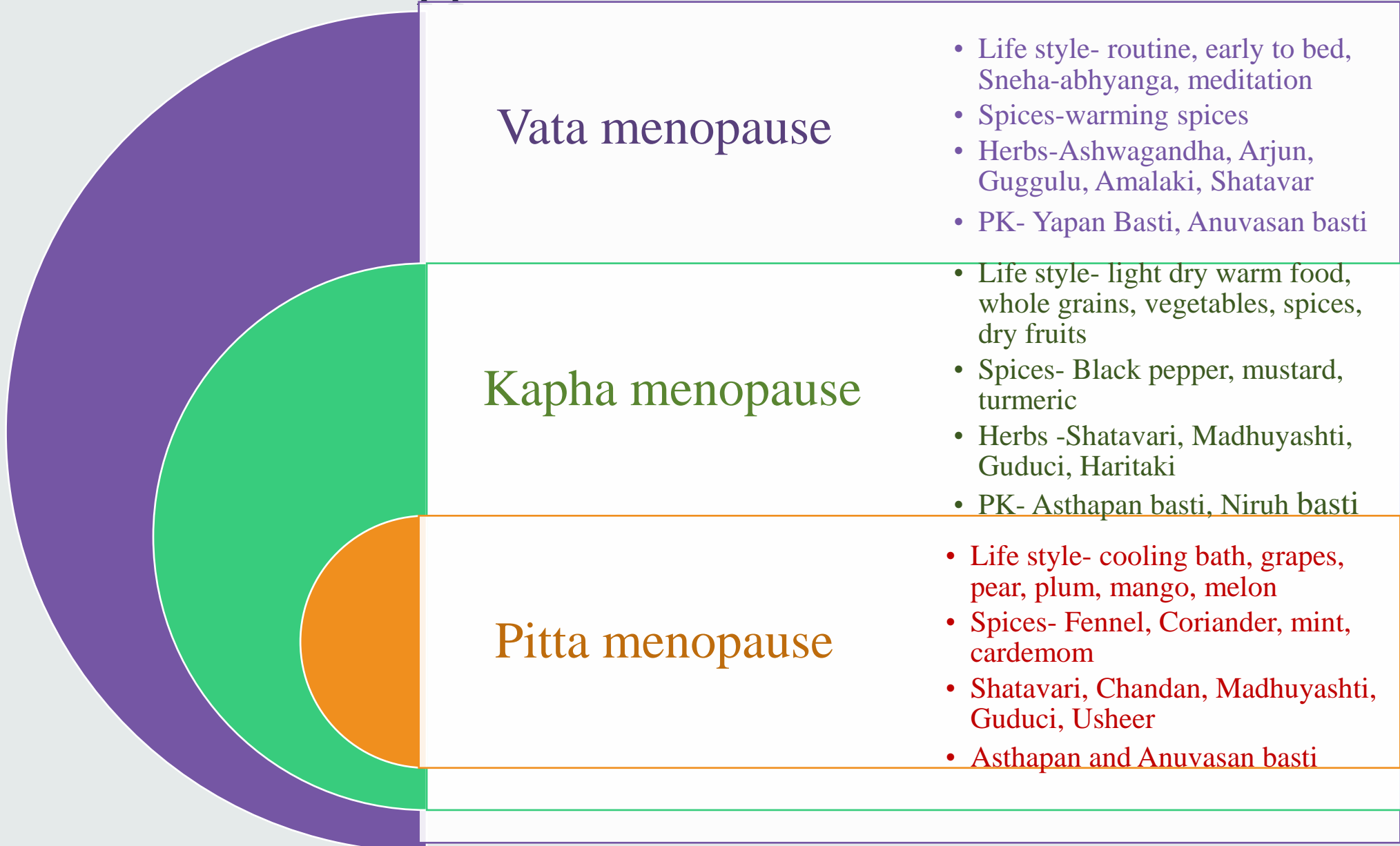
Doshapratyanika Chikitsa

Maintaining the homeostasis of Dosha -
Unique to every individual according to
their Prakriti

Factors to consider while designing Doshapratyanika chikitsa

- **Generalized Vata increase** due to aging.
- **Disturbed Dhatu formation and metabolism** due to increased Vata.
- **Generalized Dhatukshaya**, which again aggravates the Vata dosha and this forms a vicious cycle.
- Special focus on **Rasa dhatu kshaya** in perimenopausal women who still are getting their periods.
- "**Upadhatu rajah**" will also deteriorate quantitatively and qualitatively.

Individualized approach



Rasayana Chikitsa

Rasayana – **Dhatu Poshana + Dhatu Vardhan**

- **Food- Ahar Rasayana** - Ghee, milk, dates
- **Behavior- Achar Rasayana** – Code of good conduct
- **Herbs -AushadhaRasayana** – Shatavari, Guduci, Ashwagandha, Amalki
JatharAgni – Chitrak, Vidang, Haritaki
DhatvAgni - Pippali, Bhallataka, Rasona, Guggulu, Amrita, Kumari
Medhya Rasayana- Madhuyashti, Brahmi, Mandukparni

Charak Samhita Chikitsa Sthana 1 chapter : 1- 4 Paad

Specific Herbs for Menopausal Symptoms

- **Digestion-** Cumin, Coriander, Jeeraka, Ginger, Fenugreek, Ajwain, Ajmoda, Saunf
- **Dhatu Kshaya-** Draksha, Guggulu, Pippali, Rasona
- **Restorative** –Amrita, Haritaki, Amalki, Shatawari
- **Vitalizers/strengthening** - Aswagandha, Bala, Ksheerparni, Mansaparni
- **Nootropics to boost cognitive abilities** – Brahmi, Guduchi, Yashtimadhu, Kushmanda
- **Age stabilizers** - Ashwagandha, Shatawari, Guduchi, Pippali, Amalki, Haritaki

Ashwagandha *Withania somnifera*



List > Biomed Res Int > PMC4609357

BioMed Research
International

[Biomed Res Int](#), 2015; 2015: 284154.

PMCID: PMC4609357

Published online 2015 Oct 4. doi: [10.1155/2015/284154](https://doi.org/10.1155/2015/284154)

PMID: [26504795](https://pubmed.ncbi.nlm.nih.gov/26504795/)

Efficacy and Safety of Ashwagandha (*Withania somnifera*) Root Extract in Improving Sexual Function in Women: A Pilot Study

[Swati Dongre](#), ¹ [Deepak Langade](#), ^{2, *} and [Sauvik Bhattacharyya](#) ³

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This article has been [cited by](#) other articles in PMC.

Abstract

Go to:

Background. Many women experience sexual dysfunction where there are orgasm disorders and sexual difficulties. Ashwagandha (*Withania somnifera*) is a herb known to improve the body's physical and psychological condition. **Objective.** The purpose of the study was to determine the efficacy and safety of a high-concentration ashwagandha root extract (HCARE) supplementation for improving sexual function in healthy females. **Methods.** In this pilot study, 50 study subjects were randomized to either (i) HCARE-treated group or (ii) placebo- (starch-) treated group. The subjects consumed either HCARE or placebo capsules of 300mg twice daily for 8 weeks. Sexual function was assessed using two psychometric scales, the Female Sexual Function Index (FSFI) Questionnaire and the Female Sexual Distress Scale (FSDS), and by the number of total and successful sexual encounters. **Results.** The analysis indicates that treatment with

Kushmanda Benincasa hispida

Clinical evaluation of *Kushmanda Ghrita* in the management of depressive illness

[Rajni Chandre](#),¹ [B. N. Upadhyay](#),² and [K. H. H. V. S. S. Narasimha Murthy](#)³

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Abstract

[Go to:](#) ▶

Depressive illness has been considered as a problematic mental illness since antiquity. The treatment modalities of depressive illness are of many kinds. Use of *Medhya Rasayana* drugs is a unique method of treatment described in *Ayurveda* for depressive illness. *Kushmanda* (*Benincasa hispida*) is one of the *Medhya Rasayana* as described by *Bhava Mishra*. *Ghrita* is also considered as *Medhya Rasayana* by almost all *Acharyas*. Keeping this background *Kushmanda Ghrita* has been selected as a trial drug to treat the patients of depressive illness. The study was carried out in 35 clinically diagnosed cases of depressive illness by using DSM-IV diagnostic criteria of depressive illness. All patients were given 20 ml of *Kushmanda Ghrita* in two divided doses morning and evening with 40 ml of lukewarm water for a period of one month. It has shown statistically significant results with psychometric parameters-Hamilton depression rating scale ($t = 24.36, P < 0.001$), Hamilton anxiety rating scale ($t = 26.20, P < 0.001$), immediate memory span direct ($t = 4.35, P < 0.001$), and indirect test ($t = 3.43, P < 0.01$) along with clinical symptoms.



Shatavari

Asparagus racemosus



Review > Biomed Pharmacother. 2018 Jul;103:46-49. doi: 10.1016/j.biopha.2018.04.003.

Epub 2018 Apr 7.

Impact of stress on female reproductive health disorders: Possible beneficial effects of shatavari (Asparagus racemosus)

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PMID: 29635127 DOI: 10.1016/j.biopha.2018.04.003

Abstract

Stress is deeply rooted in the society and women are frequently exposed to psychological, physical and physiological stressors. Psychological stress disturbs reproductive health by inducing generation of reactive oxygen species (ROS) and thereby oxidative stress (OS). The increased OS may affect physiology of ovary, oocyte quality and cause female reproductive health disorders. To overcome stress-mediated reproductive health disorders in women, shatavari (*Asparagus racemosus*) is frequently recommended in Ayurvedic system of medicine. Although shatavari is one of the major health tonics and most popular rasayana drugs to treat reproductive ailments of women, underlying mechanism of shatavari action at the level of ovary remains poorly understood. Based on the existing

Madhuyashti Glycyrrhiza glabra



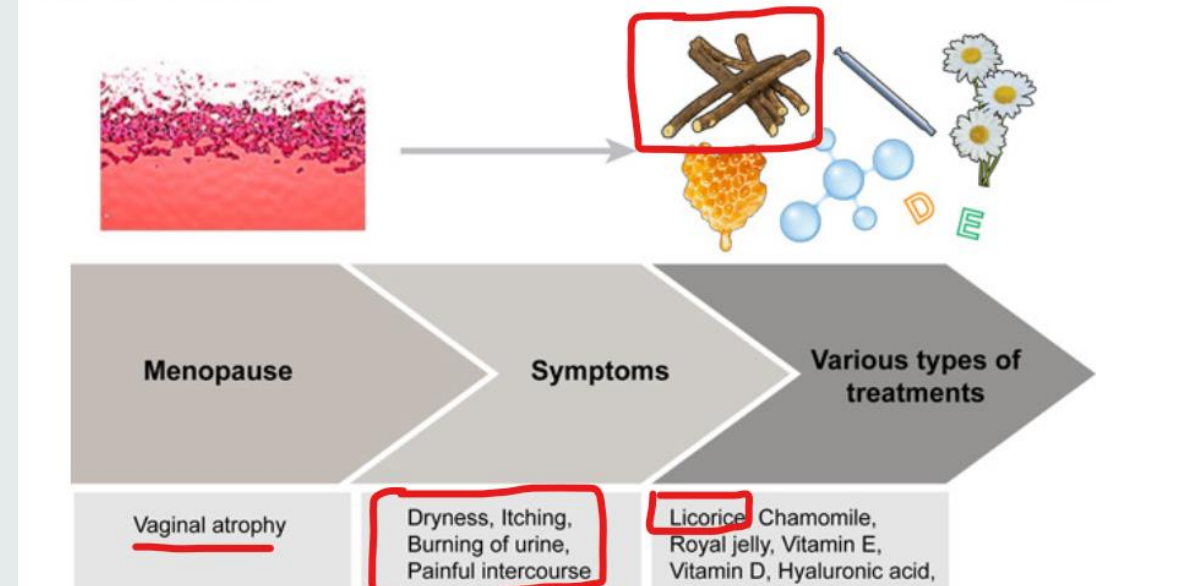
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7475289/>

and analyzed by searching the Scopus, Pubmed, Web of Science, Magellan, Indian Registry of Clinical Trials (IRCT), and Cochrane Library databases. The inclusion criteria were clinical trials for vaginal atrophy and menopause. Based on the selection criteria, articles with a Jadad scale score of 3 and above were included in the study and qualitatively analyzed. Overall, 15 clinical trials met the inclusion criteria. In total, 12 articles examined the efficacy of pharmacological treatments (including three herbal medicines, three vitamins and dietary supplements, and two chemical drugs) in treating vaginal atrophy in postmenopausal women. Various types of medication have been used to improve vaginal atrophy, and effective treatments include licorice, chamomile, royal jelly, vitamin E, vitamin D, hyaluronic acid, and Vagifem; however, the results of studies on fennel have been inconsistent. However, considering the small number of studies reviewed, further studies with a stronger methodology are needed to confirm the efficacy of these medications.

Keyword: Atrophic vaginitis, Menopause, Systematic review

Graphical Abstract

Go to:



Sanshodhana Chikitsa

Panchakarma

CVS	Hypercholestramia	Lekhana basti		
UROGENITAL	Bph,oilgospermia	Anuvasana, asthapana etc		
RESPIRATORY	Bronchial asthma, allergic rhinitis	Vaman virechana but acc to age		
NERVOUS	Neurodegenerative	Basti,	Sirobasti,	Shirodhara,
SYSTEM		Kayaseka, patra sweda		
SKIN	Wrinkling , pigmentation,dryness	Snehana, swedana. Abhyamnga		
LOCOMOTOR	Amavata, spondylosis, gout	Snehana,swedana,patrapinda sweda,		
SYSTEM		basti etc		
ENT	Pratishyaya, deafness	Nasya, karnapurana, shirodhara		

Charaka Samhita, Siddhi Sthana, Basti Siddhim Adhyaya, 10/8

Basti therapy promotes *Bala* (strength), *Varna* (complexion), *Harsha* (sense of exhilaration), *Mardavatva* (tenderness) and *Snehana* (unctuousness) of the body

Yapana basti- Enhances *Bala* (Strength) and increases the quality and quantity of *Shukra*

A Polyherbal combination for menopause

Sr. No	Dravya	Rasa	Guna	Virya	Vipaka	Doshaghnta	Karma
1	Shatavari (Asparagus Racemosus)	Madhur Tikta	Guru Snigdh Mrudu	Shit	Madhur	Pittaghna Vataghna Rasayan Medhya	Balya Rasayan Vayasthapna
2	Shatpushpa (Anethum Sowa)	Katu	Ushna Laghu Tikshna Ruksha	Ushna	Katu	Vatakaphghna	Dhatwagnidipan
3	Chandrshur (Lepidium Sativum)	Katu Tikta	Laghu Snigdh Picchil	Ushna	Katu	Kaphavataghna	Balavardhan Pushtikar
4	Bala (Sida Cordifolia)	Madhur	Snigdh Guru	Shit	Madhur	Vatapittaghna	Rasayan Balya Bruhaniya
5	Shankhapushpi (Convolvulus Pluricaulis)	Kashay	Snigdh Picchil	Ushna	Madhur	Tridoshaghna	Medhya Rasayan Vrushya Smrutikantibalprada

Vajikaran chikitsa (Sexual Rejuvenation)

- **Charak Samhita (Chikitsa 2)**–

 - “A person regains sexual potency through Vajikarana therapy”.

- Vaajikaran chikitsa is unique to Ayurveda -

 - ❖ **Nourish Shukra and Shukra dhatu (reproductive tissues and organs).**

 - ❖ **Improves the function of reproductive system.**

 - ❖ **Enhances the sexual function and experience.**

- **Research shows that it is anti-stress, adaptogenic and helps alleviate anxiety associated with sexual desire and performance.**

- **Vajikaran Chikitsa relieves the symptoms of sexual desire disorder, orgasmic disorder and sexual function disorder.**

Vrishya Aushadha

1. *Shatawari* Asparagus racemosus Asparagaceae *Stanyashodhan, Rasayan*
 2. *Yashtimadhu* Glycyrrhiza glabra Linn *Rasayan, Balya, Shukrala*
 3. *Kapikachhu* Mucuna prurita Fabaceae *Vrishya, Brimhana*
 4. *Amalaki* Embelia ribes Euphorbiaceae *Vrishya, Rasayana*
 5. *Musli* Curculigo orchioides *Vrishya, Rasayan*
 6. *Candana* Pterocarpus santalinus Fabaceae *Vrishya*
 7. *Cinnamon* C. zeylanicum Lauraceae *Sukrala, Balya*
 8. *Ghritakumari* Aloe vera Liliaceae *Brimhana, Balya, Vrishya*
- Charak Samhita (Chikitsa 2)**

Perimenopause

- Perimenopause is a transition easily confused with menopause.
- It lasts for several years.
- This phase presents similar symptoms to menopause that gradually increase, including fatigue, irritability, mood swings, and weight gain.
- The difference is that women in perimenopause continue to have periods, although they may be irregular.
- **Managemant-** Dhatusamya chikitsa and Rasayan Chikitsa

Early menopause

- Also called as premature menopause.
- It occurs in women between the ages of 40 and 45 years of age.
- It occurs naturally, and is not medically or surgically initiated.
- Symptoms are same as menopause.
- **Nidan Parivarjan and Rasayan Chikitsa**

Nidanparivarjan Chikitsa

pubmed.ncbi.nlm.nih.gov/19010615/#:~:text=The%20most%20common%20risk%20factors,%25)%20and%20irritabili

Epidemiology of risk factors and symptoms associated with menopause in Spanish women

José Antonio Martínez Pérez ¹, Felipe Chavida Garcia, Santiago Palacios, Maite Pérez

Affiliations + expand

PMID: 19010615 DOI: [10.1016/j.maturitas.2008.10.003](https://doi.org/10.1016/j.maturitas.2008.10.003)

Methods: Cross-sectional descriptive study encompassing **women aged 45-65 years** in the whole Spanish territory. The study population sample was collected through random sampling. A total of 10,514 women were included. The sociodemographic, medical history and lifestyle data were assessed by means of a survey. The Kupperman scale was used to assess the severity of menopausal symptoms.

Results: The prevalence of risk factors for osteoporosis and cardiovascular disease were 67.6% and 74.8%, respectively. The most common risk factors were physical inactivity (53.6%), obesity (44.3%), arterial hypertension (36.6%), hypercholesterolemia (31.4%), low calcium intake (30.1%) and smoking (28.7%). The predominant symptoms experienced by menopausal women were hot flushes (51.4%), insomnia (45.7%) and irritability (42.2%). These were severe in 3.3% of the sample, moderate in 27.3%, mild in 24.6% while 44.8% had no symptoms. The prevalence of joint pain (40.1%) and depressive mood (40%) was higher in perimenopausal than in postmenopausal women. Logistic regression

Factors affecting age of onset of menopause and determination of quality of life in menopause

[Burcu Ceylan](#)^{1,*} and [Nebahat Özerdoğan](#)²

Table 1

Factors affecting onset age of menopause

Onset age of menopause of the mother,
Age at menarche,
Gestational age,
Irregular menstrual cycle,
Use of oral contraceptives,
Number of pregnancies,
Body Mass Index (BMI),
Use of tobacco and alcohol,
Physical activity,
Unilateral oophorectomy,
Serum lead levels,
Consumption of polyunsaturated fat,
Socioeconomic status,
Educational level.

Precipitating Factors

- Current disorders such as hypertension, Rheumatoid arthritis
- Loss of partner / relationship
- Life stressors like Divorce/ separation/ partner infidelity
- lack of access to medical/surgical treatment
- Economic difficulty

Premature and Early menopause

Critical study of *Jara* (aging) and its management -

Ghee as Rasayana

Group A – Panchagavya ghee

Group B - Plain ghee

- Amalak Ghrita
- Shatavari ghrita
- Guduchi ghrita
- Chitraka ghrita
- Panchakola ghrita
- Panchatikta ghrita

ncbi.nlm.nih.gov/pmc/articles/PMC3611658/

Abstract

Go to: ▶

Jara Avastha (stage of old age) is the later phase of life in which maximum decline of bodily elements is observed. *Paramanuvibhaga* (cell division) takes place at every moment; particularly in old age, it will be fast in comparison with other phases of life. Some organ related changes also take place during this period, which are the decades of *Balya*, *Vridhhi*, *Chhavi*, *Medha*, *Twak*, etc., In this study, applied aspects of *Medha Hani*, *Twak Hani*, and *Drishti Hani* were evaluated subjectively as well as objectively. Patients were selected from the OPD of Department of Basic Principles, I.P.G.T. and R.A., Gujarat Ayurved University, Jamnagar, irrespective of their sex, caste, religion, etc., and randomly divided into two groups. Patients in Group A were treated with *Panchagavya Ghrita* and Group B with plain *Go Ghrita* for 90 days and the dose of drug was 10 g/day at *Nirannakala* (early morning with empty stomach). Both groups showed significant results, the difference in between the groups is statistically insignificant.

Keywords: Aging, *Drishti Hani*, *Jara*, *Medha Hani*, *Panchagavya*, *Twak Hani*

Introduction

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Jara[1] is a term which indicates the declining phase, especially old age or aging process. In other words, it is a catabolic procedure. For example, if the word *Jara* is used in relation to *Ahara Pachana*, it denotes digestion of food; if a person eats *Ushana*, *Sniqdha Ahara*, it gets digested easily.[2] If it is

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3611658/>

Surgical menopause

- Surgical menopause is a result of surgery such as hysterectomy, oophorectomy (removal of ovaries,) and other pelvic surgeries.
- Ablations, procedures to remove the lining of the uterus, can mimic menopause by stopping menstrual periods.
- Women whose ovaries are saved suffer less.
- **Rasayan Chikitsa and Vajikaran Chikitsa**

Medical menopause

- Medical menopause may occur after medical treatments such as chemotherapy, radiation therapy, and during the course of various drug regimens.
- GnRH agonist that suppresses estrogen production such as Zoladex, Lupron.
- **Rasayan Chikitsa and Vajikaran Chikitsa**

The effectiveness of "traditional mental health promoting practices" - Swasthavritta, Sadvritta and Sattvavajaya Chikitsa

Charak Samhita
Chikitsa Sthana
1/4/30-35

pubmed.ncbi.nlm.nih.gov/23858273/

Ayurvedic concepts related to psychotherapy

Prakash B Behere¹, Anweshak Das, Richa Yadav, Aniruddh P Behere

Affiliations + expand

PMID: 23858273 PMCID: PMC3705701 DOI: 10.4103/0019-5545.105556

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Abstract

The perfect balance of mind, body and soul is considered as complete health in Ayurveda. Ayurveda has its own identity as most ancient and traditional System of Medicine in India. Even Ayurveda emphasizes its treatment modalities into three parts viz. Satwawajaya Chikitsa, Yuktivyapashray and Daivyapashray Chikitsa. Sattvavajaya therapy mentioned in Charakasamhita and it used as new concept of psychotherapy in Ayurveda. The effectiveness of "traditional mental health promoting practices" was identified as health regimens (swasthvrtt), correct behavior (sadvrtt), and yoga. Sattvavajaya as psychotherapy, is the mental restraint, or a "mind control" as referred by Caraka, is achieved through "spiritual knowledge, philosophy, fortitude, remembrance and concentration. Ayurvedic psychotherapy would play a dual role: First, as a revival of authentic medical culture, the exercise of a practice with an assumed primordial dimension, and second as a discovery of authentic subjectivity, the revelation of a self with an assumed interior depth. When we integrate the contemporary art of psychotherapy with the ancient science of Ayurveda, it becomes a powerful combination that is called Psycho Veda. The integration of Psycho and Veda is motivated by the

<https://pubmed.ncbi.nlm.nih.gov/23858273/>

Yoga Asanas Pranayama



- Shoulderstand (Salamba Sarvangasana)
- Head-to-Knee Forward Bend (Janu Sirsasana)
- Reclining Bound Angle Pose (Supta Baddha Konasana)
- Downward-Facing Dog (Adho Mukha Svanasana)
- Reclining Hero Pose (Supta Virasana)
- Bridge Pose (Setu Bandha Sarvangasana)
- Wide-Legged Forward Bend (Prasarita Padottanasana)

Yoga therapy

ncbi.nlm.nih.gov/pmc/articles/PMC3122509/

Yoga and menopausal transition

ncbi.nlm.nih.gov/pmc/articles/PMC3122509/

The integrated approach of *Yoga* therapy can improve hot flushes and night sweats. It can also improve cognitive functions such as remote memory, mental balance, attention and concentration, delayed and immediate verbal retention and recognition test.[8] A pilot study of a Hatha *Yoga* treatment for menopausal symptoms also showed improvement in menopausal symptoms except hot flushes.[9] Even eight weeks of an intergrated approach to yoga therapy resulted in better outcome as compared to physical activity in reducing climacteric symptoms, perceived stress and neuroticism in perimenopausal women.[10]

■ Sleep



Herbs and formulations for better sleep

- Brahmi (*Bacopa monnieri*)
- Shankhapushpi (*Convulvulus pluricaulis*)
- Vacha (*Acorus calamus*)
- Sarpagandha (*Rauvolfia serpentine*)
- Ashwagandha (*Withania somnifera*)
- Jatamansi (*Nardostachys jatamansi*)
- Jatiphala (*Myristica fragrans*)
- Khas-khas (poppy seeds)

Snehan- Sarvanga Abhyanga (Whole body massage)

- Sesame oil, Coconut oil
- Almonds oil, Bala tail,
- Ksheerbala tail,
- Balaaswagandha tail
- Mahanarayan Tail
- Masa tail



Customized approach

- From the options presented, evaluation based on *Rogi – Roga Pariksha* - examination of the Rogi as an individual and associated Vyadhi - examination of the Roga and then the therapeutics can be selected as per individual needs

Conclusion

- Menopause as a physiological process universally affects all women who reach midlife.
- Menopausal syndrome does not find mention as disease in Ayurvedic literature
- Menopause is incurable but menopausal syndrome can be addressed
- Ayurvedic interventions are holistic in approach, it helps create wellness at physical, mental and spiritual planes.
- There are many research evidences to prove the efficacy of Ayurvedic herbs, formulations and other therapeutic practices.

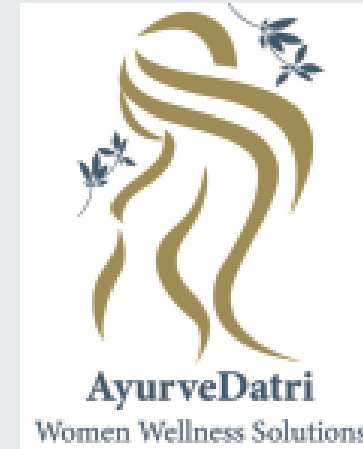
References

1. <https://www.ncbi.nlm.nih.gov/books/NBK507826>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6780739/>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4561742/>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4561742/>
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3705695/>
6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5448442/>
7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3942911/>
8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5833251/>
9. <https://pubmed.ncbi.nlm.nih.gov/29635127/>
10. <https://pubmed.ncbi.nlm.nih.gov/19912493/>
11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3524799/>
12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3031101/>
13. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3711258/>

Thank You!



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Ayurveda for the Management of Menopausal Syndrome – A Holistic Individualized Approach

by Vandana Baranwal, AD, BAMS, MD (Ayu)
May 2022

Chat Submitted Q&A

1. How many times is the recommended time for having intercourse during menopause?

Span of menopause is spread over a long period of time. Women who experience early menopause can indulge themselves more frequently than the women in their late fifties. There is no fixed number.

It is important to keep in mind that Ayurveda divides span of life in three phases- Childhood, middle life and old age. Old age is associated with more Satvik way of life. Sex in older age should be a sacred and spiritual experience and not just for sensorial pleasure.

2. Doesn't lightness of the body also increase Vata? So why do you suggest that?

Lightness of body could be a state of balance and may not necessarily increase Vata.

3. Excellent talk Doc. Can we use natural lubricants like sesame before copulation? Thank you.

Oil can be used as a lubricant.

External application of oil may not be helpful in all the cases. During intercourse, dryness of internal part of vagina makes the experience painful for many women. Basti such as Anuvasan and Yapan basti would be a better option for them.

4. Is there a natural way to delay menopause?

Rasayana chikitsa of Ayurveda helps age staying young. For better results, Rasayana chikitsa should be started from the middle age, and it should be used after Panchakarma. Cleansing of Srotas prepares the body for Rasayana herbs.

Age of menopause is influenced by genetics also. Women achieve early or delayed menopause due to genetic predisposition. There is no study to show the role of Rasayan chikitsa in such women.

- 5. I like how you have individuals dosha recommendations. But what in case of dual doshas? For instance, a Vata pitta phase, doesn't taking cooling herbs increase more coolness and in turn vata?**

Vata and Pitta has many properties and properties that does not interfere the balance of both should be selected. There are twenty Gunas that are also taken into consideration.

- 6. Why do you suggest taking too much alkaline food is bad? Isn't that what modern science says? Consume more alkaline foods?**

I did not say that, I said according to Ayurveda Kshar enhances aging. Kshara as described in Ayurveda is extract of the ashes of different Ayurvedic herbs, can be given internally as well as externally in different disease conditions. Kshara internally is given for remedy for worms, indigestion, kidney stones, skin diseases, and obesity. Problem comes when Kshar is translated to mean alkaline. Acid- and alkaline-based foods have a great impact on our bodies, but not necessarily as a result of how one might think they can induce pH changes in our bodies by eating certain kind of food. Ph of the body is maintained by the function of kidney and lungs.

- 7. Isn't Bala banned in the US? Any other recommendations?**

Yes, it is. Bala is *Sida cordifolia*, it contains ephedrine. It may cause high blood pressure, heart attacks, muscle disorders, seizures, strokes, irregular heartbeat, loss of consciousness and its use is banned in USA.

Other Balya (strengthening herbs) of Ayurveda are Shatavari, Aswagandha, Shalparni (*Uraria picta*).

- 8. Doesn't shatavari have side effects? I have seen extreme heat and inflammation by taking just shatavari**

Ayurvedic herbs do not cause side effects when taken correctly. They are powerful herbs. People who do not understand the herb suffer side effects.

- 9. Can I just keep adding more ghee to my diet after 40? Doesn't it increase weight?**

Anyone who wants to eat ghee should eat according to their digestive capacity. Even before causing increase of weight, body will give signals of ghee excess such as bloating, belching, indigestion, dryness of mouth, excess thirst, uneasiness in stomach. When the person will not listen to body, eventually weight gain may happen.

10. Can we do Yoni pichu proactively?

Yoni pichu in menopausal women is indicated in vaginal dryness. Yoni pichu can be done proactively as part of Panchakarma shodhan in aging women.

11. Is madhuyashti just topically or orally?

Topically as well as orally.

12. What is the best herb for vaginal itching?

Yoni kandu (vaginal itching) is due to aggravation of vata kapha doshas. It is also described to be associated with other gynecological disorders. Addressing the root cause is better management approach. There is no single herb that fits all problems. Turmeric, Daruharidra (Berberis aristate) as single herb, Dhatkyadi varti, Shodhani varti as suppositories, Yoni prakshalan (douche) with Triphala, Guduci and Yoni Dhoopan with Haridra, daruharidra and Brihatiphala are classically described for the management of vaginal itching.