

CLINICAL MANAGEMENT OF CLIMACTERIC STATE IN FEMALE

BY AMRITADI RASAYANA

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ABSTRACT

The world population of the elderly is increasing, and by the year 2050 adults above 65 yrs. will comprise 1/5th of the global population. Steadily increased life expectancy leads to increase in percentage of women in the post menopausal age. Menopause is a natural physiological process, which cannot be escaped by any women in her course of life. It occurs at the age of 40-55 yrs. It is the ending of a woman's monthly menstrual periods and ovulation. It also signals other changes to the body and mind. The aim includes improving the quality of life in perimenopausal women by alleviating symptoms. In modern science for prevention and management of perimenopausal syndrome, HRT-(Hormone Replacement Therapy) is to be given not for months even for years. Recent research findings suggest that long-

term HRT use is associated with more risks than benefits. There is an early harm of coronary artery disease, stroke, thrombo-embolism and prone to cancer of uterus and breast etc. Such a situation forces the research in our system of medicine to evolve a comprehensive clinical trial with the preparation of the compound drug 'Amritadi Rasayana'.

The trial was conducted on 30 patients taken from outpatient department of prasootitantra & streeroga, P.G unit, Dr.B.R.K.R.Govt.AyurvedicHospital, Erragadda, Hyderabad. Though the perimenopausal syndrome is not a disease, it requires support and management till the women feels comfort. . The diagnosis was made clinically. Subjective symptoms are taken up as the parameters for assessment. Results were graded. The patients were observed and classified into different categories for the purpose of statistical analysis. The gross results were calculated as 83% being completely relief, 10% partially relief, while 7% not responded to the treatment.

Keywords: - menopause, Rasayana, women, Amritadi.

INTRODUCTION

Since, the turn of the century, life expectancy has steadily increased, and today a majority of women survive to an age well past the menopause. The percentage of women in the postmenopausal age is therefore increasing.¹ This group of women has the need to restore their self-esteem, allay their feelings of loss of femininity, and to prevent the early development of skeletal and cardiovascular disorders. Nowadays the women in the society need to fulfill many activities in day to day life as such to look after her children, house hold work, studies and job etc., which make her prone to so many disorders.^{2&3}

In the present era early-hysterectomised patients between the ages of 20-30 themselves are increasing due to some pathological reproductive cycles. It is again pulling them towards attaining menopausal symptoms earlier than normal, and its adverse effects are both physical and mental upsets and early ageing process etc., this is the bitterest thing to the women.^{4&5}

Dhatu kshayam starts after the age of 40 in the women. So this is the starting of climacteric state with vaata predominance, and nothing but the ageing process. Stanyam and Rajas are the upadhatu of rasa. Dhatu ksheenam (degeneration) leads upadhatu ksheenam. Cessation of menstruation is understandable that dhatu kshayam already have taken place. At this age they are more prone to vaata disorders. So vaata vridhhi lakshanas like sandhi soola (joint pains), vishada(disinterest)) suptata(numbness), raatri jaagarana(lose of sleep), toda(itching) etc., may occur^{6,7&8}

Rasayana chikista is unique therapy in Ayurveda, which can effectively cure & prevent the ageing process without any complications.^{9,8.}

MATERIALS AND METHODS

Materials used for clinical study are Medicine & Patients.

a) Ingredients of Medicine are 1. *Guduchi churna*(*Tinospora cordifolia*) 2. *Amalaki churna* (*Phyllanthus emblica linn*) 3. *pippali churna*(*Piper longum*) 4. *jatamansi churna* (*Nardostachys jatamansi*) 5. *kumari churna* (*Aloe vera*).^{10,11,12,13.}

b) **Patients:** 30 patients with complaints of perimenopause were selected from the OPD of prasoothi tantra & streeroga out-Patient unit, Government Ayurvedic Hospital, Erragadda, Hyderabad.

c) Preparation of the drug:-Equal parts of Guduchi, Amalaki, Pippali, Jatamansi & Kumari are taken in powder form& mixed well for a compound preparation.^{14&9}

d) posology:-5grams twice daily morning on empty stomach and evening 2hrs before meals for 3 months.

e) Anupana: - Cow's Milk

f) Inclusion criteria: - Female Patients in climacteric state were randomly selected from the age group of 30-70.

g) Exclusion criteria: - Females suffering from diabetic mellitus, ulcerative colitis, all kinds of malignancies were excluded from the study.

h) Subjective Parameters: - symptoms of perimenopause i.e., Hot flushes, insomnia, sweatings, palpitations, joint pains, irritation& depression etc.

i) Follow-up:- parameters are studied on the patients in three consecutive months.j) Gradation of the result: - are categorized as 1) Complete relief- If total symptoms are subsided 2) Partial relief - If symptoms are relieved partially 3) No relief - If no relief observed after the treatment.

OBSERVATIONS & RESULTS

Table no.1: Classification of the menopause

s.no	Classification	No.of patients	Percentage
1	Induced	10	33.33%
2	Natural Premenopause	2	6.66%
	Menopause	8	26.66%
	Postmenopause	10	33.33%
	TOTAL	30	100%

Table no.2: Based on age

S. No	Age group in years	No. of patients	Percentage
1	26-35	9	30%
2	36-45	10	33.33%
3	46-55	11	36.66%
	TOTAL	30	100%

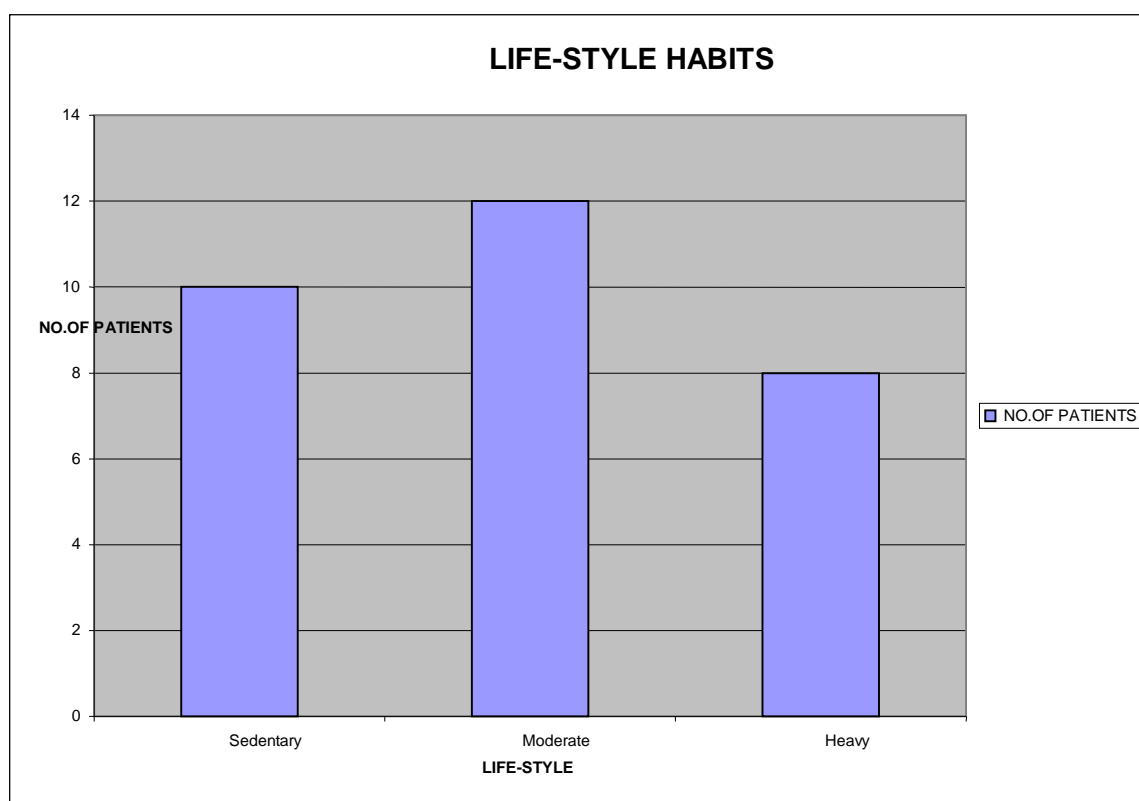
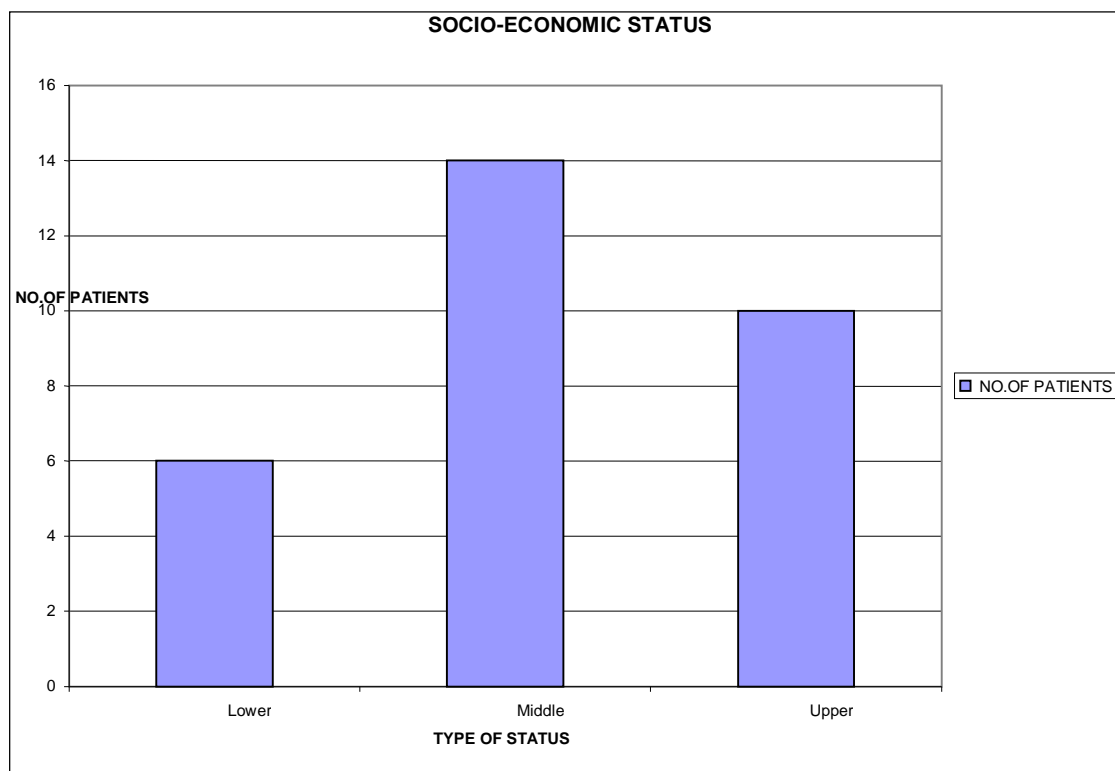


Table no.3 according to the socio-economic status

S.no	Socio-economic status	No. of patients	percentage
1	Lower	6	20
2	Middle	14	46.66%
3	Upper	10	33.33%
	TOTAL	30	100%

S. No	Life-Style	no. of patients	Percentage
1	Sedentary	10	33.33%
2	Moderate	12	40%
3	Heavy	8	26.66%
	TOTAL	30	100%

Table no.4 according to the life-style habits

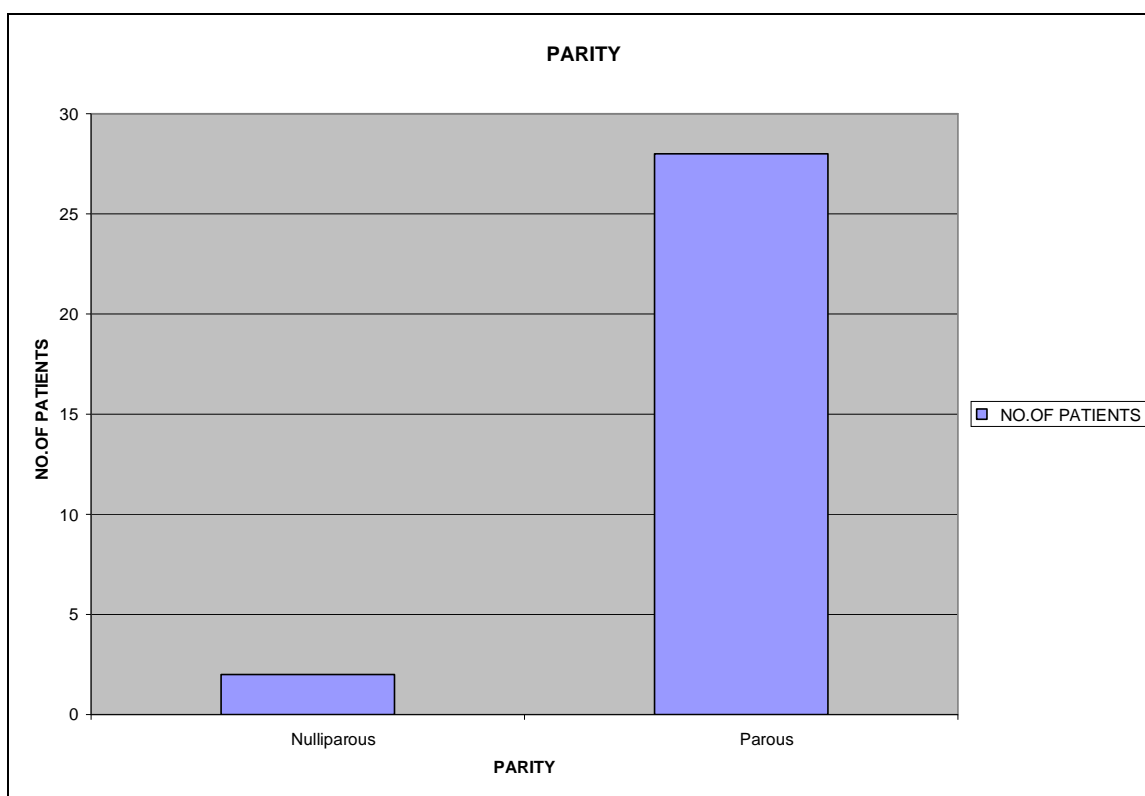
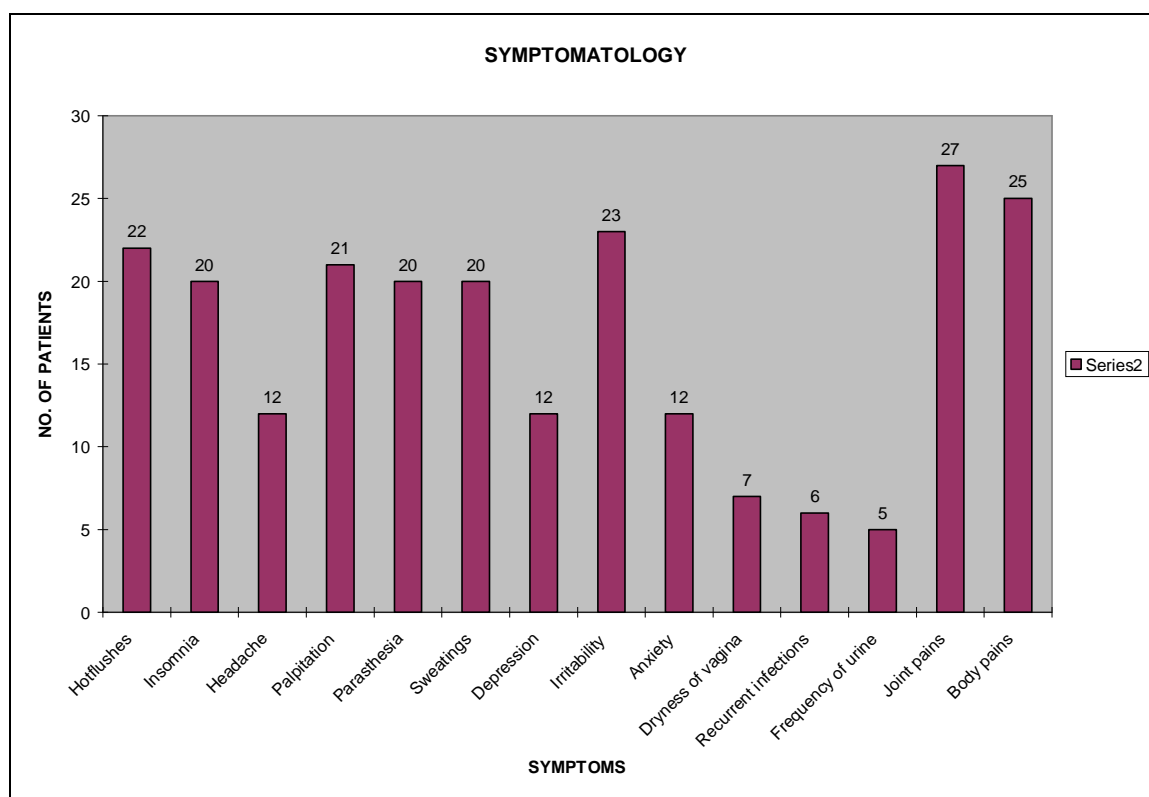


Table no.5 according to the marital status

S. No	Marital status	no. of patients	Percentage
1	Unmarried	1	3.33%
2	Married	27	90%
3	Widows	2	6.66%
	total	30	100%

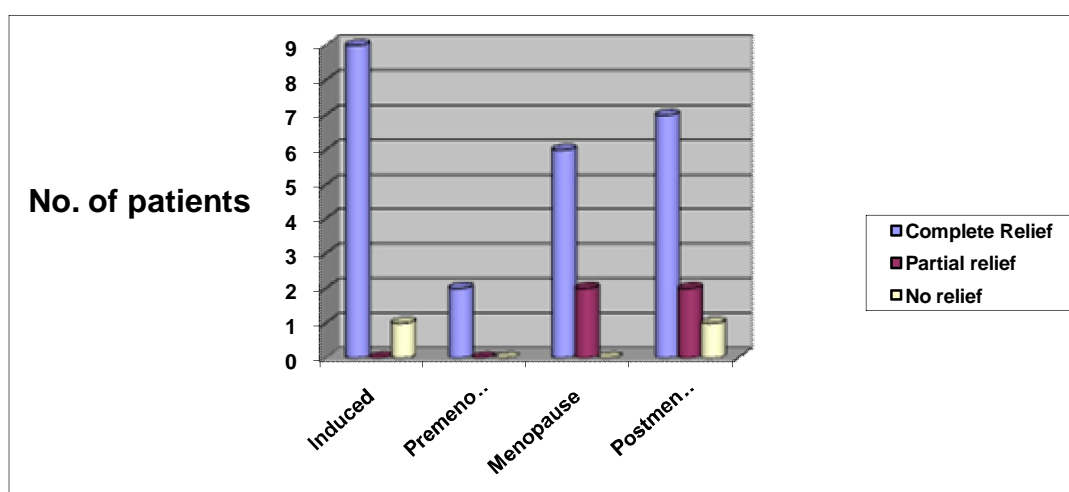
Table no.6 according to the parity

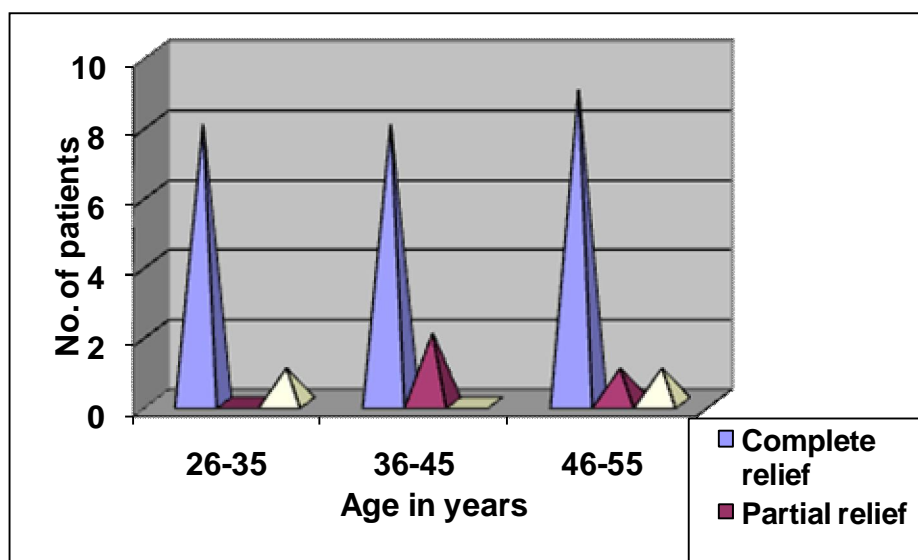
S. No	Parity	No. of Patients	Percentage
1	Nulliparou	2	6.66%
2	Parous	28	93.33%
	TOTAL	30	100%



Tableno.7 according to the symptoms^{15, 16, 17.}

s. no	symptoms	no. of patients	percentage
1	VASOMOTOR		
	Hotflushes	22	73.33%
	Insomnia	20	66.66%
	Headache	12	40%
	Palpitation	21	70%
	Parasthesia	20	66.66%
	Sweatings	20	66.66%
2	PSYCHOLOGICAL		
	Depression	12	40%
	Irritability	23	76.66%
	Anxiety	12	40%
3	GENITO-URINARY		
	Dryness of vagina	7	23.33%
	Recurrent infections	6	20%
	Frequency of urine	5	16.66%
4	OTHERS		
	Joint pains	27	90%
	Body pains	25	83.33%





RESULTS

Table no.8 classification-wise results

S. no	Classification	No. of patients	Complete relief no. - %	Partial relief no. - %	No relief no. - %
1	Induced	10	9 - 90%	-	1 - 10%
2	Natural Premenopause	2	2 - 100%	-	-
	Menopause	8	6 - 75%	2 - 25%	-
	Postmenopause	10	7 - 70%	2 - 20%	1 - 10%

Table no.9 age-wise results

S. no	Age group in years	No. of patients	Complete relief no. - %	Partial relief no. - %	No relief no. - %
1	26 - 35	9	8 - 88.88%	-	1-11.11%
2	36 - 45	10	8 - 80%	2 - 20%	-
3	46 - 55	11	9 - 81.81%	1 - 9.09%	1 - 9.09%

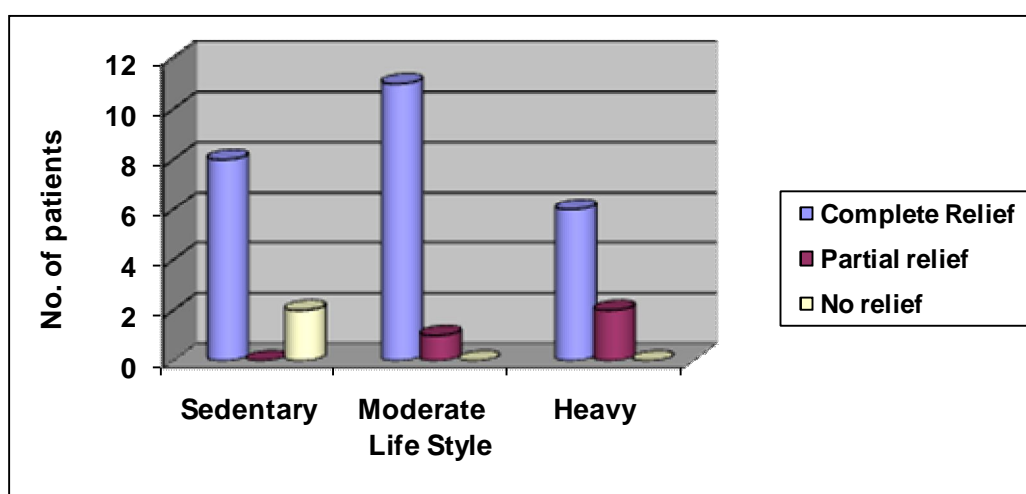
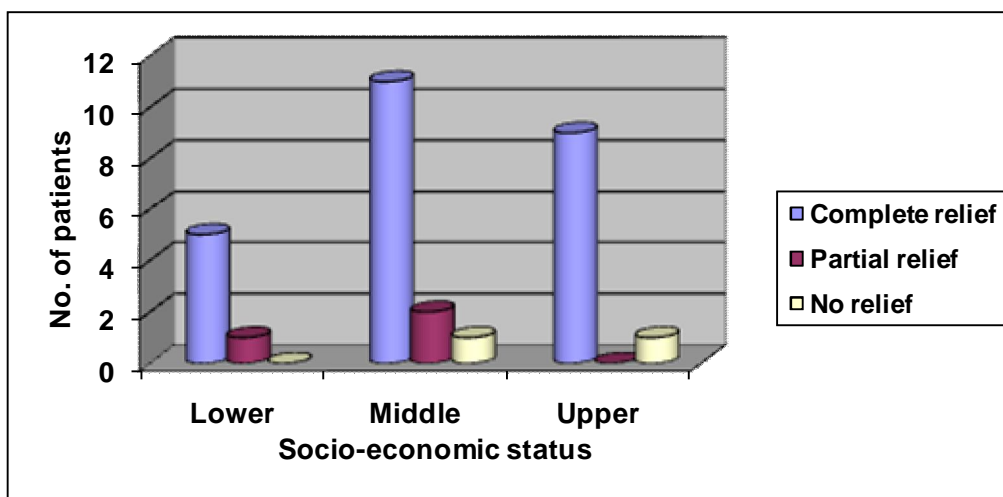


Table no.10 socio-economic status wise results

S. no	Socio-economic status	No. of patients	Complete relief no. - %	Partial relief no. - %	No relief no. - %
1	lower	6	5 - 83.33%	1 - 16.66%	-
2	Middle	14	11 - 78.57%	2 - 14.28%	1 - 7.14%
3	Upper	10	9 - 90%	-	1 - 10%

Table no.11 life style-wise results

S. no	life style	No. of patients	Complete relief no - %	Partial relief no - %	No relief no - %
1	Sedentary	10	8 - %	-	2 - 20%
2	Moderate	12	11 - 91.66%	1 - 8.33%	-
3	Heavy	8	6 - 75%	2 - 25%	-

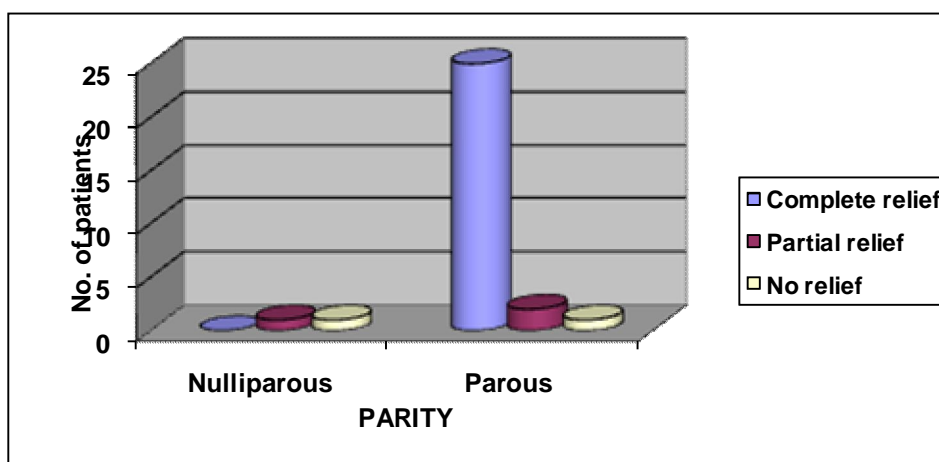
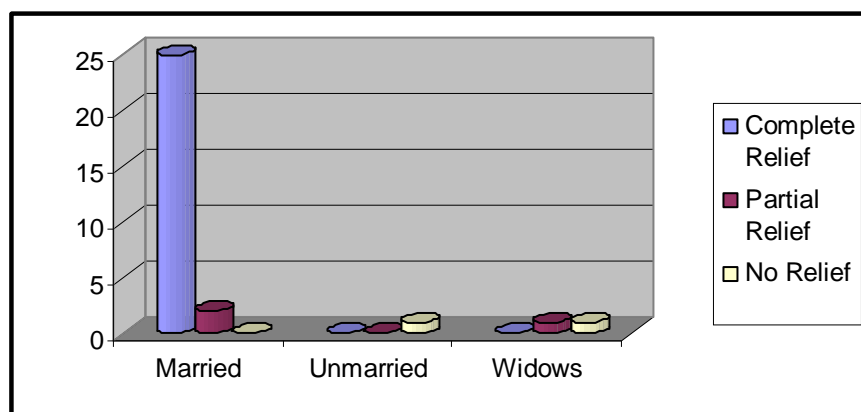


Table no.12 marital status-wise results

S.no	Marital status	No. of patients	Complete relief no.- %	Partial relief no. - %	Norelief no. - %
1	Married	27	25 - 92.59%	2 - 7.04%	-
2	unmarried	1	-	-	1- 100%
3	Widows	2	-	1 - 50%	1 - 50%

Table no.13 parity -wise results

S. no	Parity	No. of patients	Complete relief no. - %	Partial relief no - %	Norelief no - %
1	nuliparous	2	-	1 - 50%	1 - 50%
2	Parous	28	25 - 89.28%	2 - 7.14%	1 - 3.57%

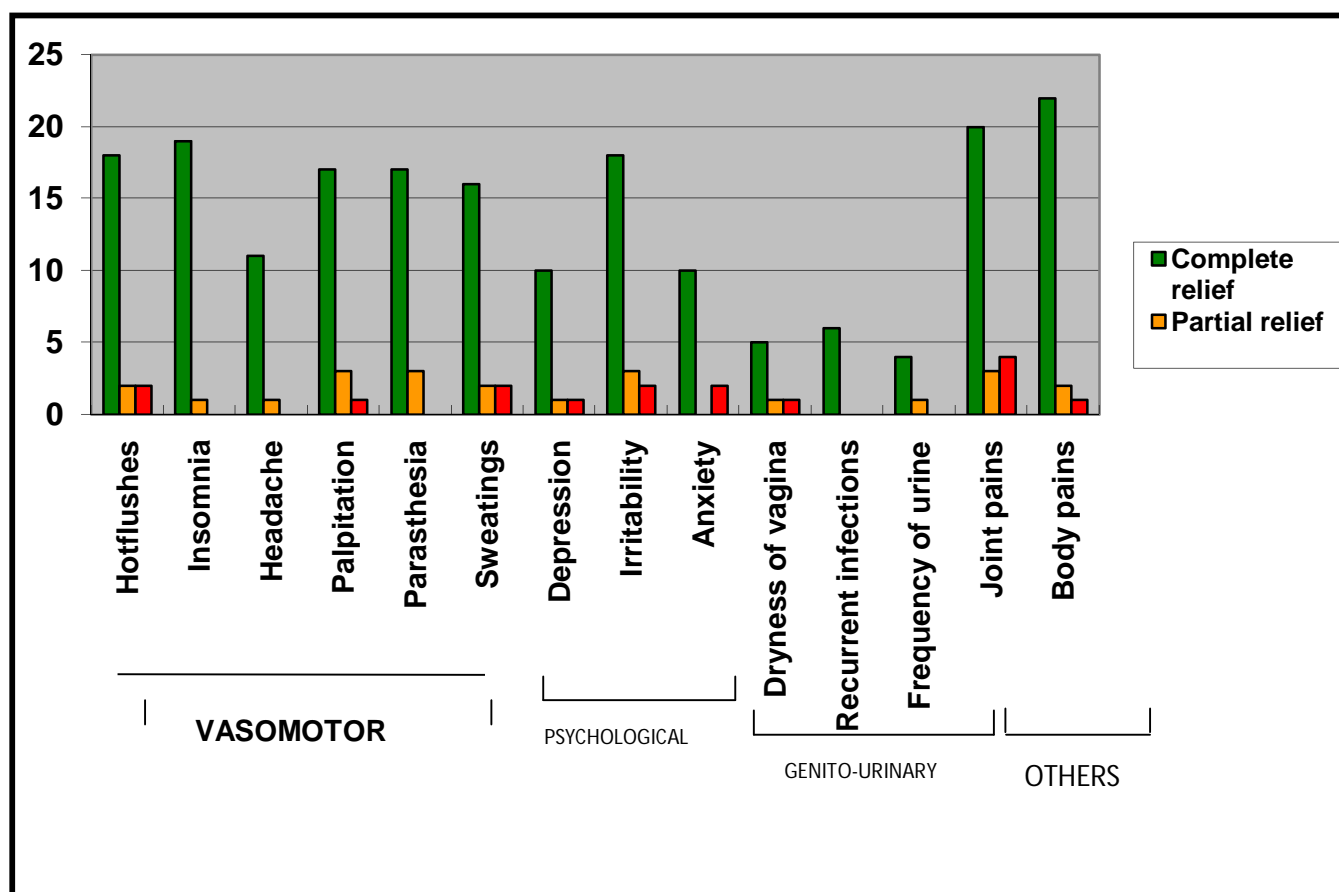


Table no.14 symptoms - wise results

S.no	Symptoms	No. of patients	Complete relief no. - %	partial relief no.- %	No relief no. - %
1	VASOMOTOR				
	Hotflushes	22	18 - 81.81%	2 - 9.09%	2 - 9.09%
	Insomnia	20	19 - 95%	1 - 5%	-
	Headache	12	11 - 91.66%	1 - 8.33%	-
	Palpitation	21	17 - 80.95%	3 - 14.28%	1 - 4.76%
	Parasthesia	20	17 - 85%	3 - 15%	-
	Sweatings	20	16 - 80%	2 - 10%	2 - 10%
2	PSYCHOLOGICAL				
	Depression	12	10 - 83.33%	1 - 8.3%	1 - 8.3%
	Irritability	23	18 - 78.26%	3 - 13.43%	2 - 8.69%
	Anxiety	12	10 - 83.33%	-	2 - 16.66%

3	GENITO- URINARY				
	Dryness of vagina	7	5 - 71.42%	1 - 14.28%	1 - 14.28%
	Recurrent infections	6	6 - 100%	-	-
	Frequency of urine	5	4 - 80%	1 - 20%	-
4	OTHERS				
	Joint pains	27	20 - 74.07%	3 - 11.11%	4 - 14.81%
	Body pains	25	22 - 88%	2 - 8%	1 - 4%
	TOTAL	232	193 - 83.18%	23 - 9.91%	16 - 6.89%

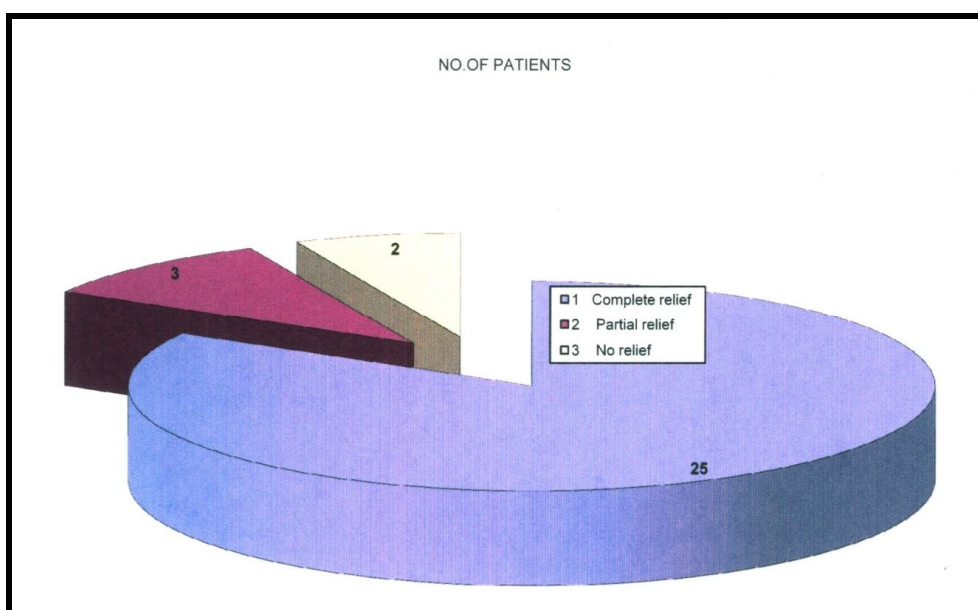


Table no.15 overall results

S.no	Results	No. of patients	Percentage (%)
1	Complete relief	25	83.18%
2	Partial relief	3	9.91%
3	No relief	2	6.89%

DISCUSSION

The sufferers in age group between 46-55yrs(36%) were more, The symptoms which occurred in induced menopause patients are also not negligible i.e., 30% the age between 26-35yrs^{table1&8}. These age group people responded very well i.e., 89% complete relief and 11%

partial relief. Remaining women aged between 36-55yrs also responded well i.e., 80% complete relief and 10% partial relief and 10% got no relief. The degeneration of the dhatus in them may be the reason for no relief. ^{table2&9}

While screening the Socio-economic status of the society, 46% of the patients were from middle class, 34% were from the upper status & 20% of the patients were found to be lower economical status. This is due to ignorance and may be lack of awareness also. However no relation may be established between the incidence of the disease and the socio economic status. In this group upper class women responded very well i.e. 90% this may be due to adequate intake of diet with high proteins and calcium etc. ^{table 3&10}

Majority of the patients life-style was moderately working i.e., 40% and sedentary people were 34%. Because of various tensions in their fields has mental instability and they are more prone to psychological disturbances. Heavily working women were 26%. In this study moderately working women got 91.6% complete relief and 8.3% got partial relief. Sedentary women got relieved completely from symptoms were 80% and 20% had no relief. ^{Table 4&11}

Basing on their marital status, majority of the patients i.e., 90% were married. Because the married women have more worried by the idea that the menopause means the end of the sexual and physical love, lose of femininity, lose of husband's affection and some due to fear of pregnancy. Only 3% were unmarried and 7% were widows. The married women got 92.6% complete relief and 7% partial relief. Widows had 50% partial relief and 50% got no relief. ^{table5&12} though it is a complex of symptoms not a disease, it needs good social and family support also. Who are living devoid of their families and support, they did not get complete relief, particularly in psychological symptoms.

According to the parity, maximum number of the patients 93% was recorded as multipara. This may be possible due to increased number of deliveries without proper nutrition they may prone to dhatukshaya earlier. Nulliparous women were only 7%, 50% got partial relief & 50% had no relief. The parous women got 90% complete relief, 7% partial relief and 3% no relief. ^{table6&13}

Based on symptoms 73% patients complained hot flushes, 70% came with palpitations, 67% suffered with insomnia, parasthesia & sweatings. 40% complained headache, and in some women it is almost negligible and not included. In these vasomotor symptoms 91% pts

completely relieved from headache & only 8% got partial relief. Insomnia got complete relief in 95% pts & 5% got partial relief, 85% patients with parasthesia got complete relief & 15% got partial relief. 82% relieved from hot flushes, 2% got partial relief & 2% had no relief. This may be due to improper (or) irregular usage of the drug (or) they may not be responded to this drug. 80% pts had complete relief from sweating & 2% partially relieved & 2% had no relief. This may be due to their constitution with predominance of pitta. The psychological symptoms wise 77% pts were worried with irritability & 40% each with depression & anxiety. This is due to lot of mental stress in the present era. Depression & anxiety pts got responded well with this drug, i.e., 83%. Irritability relieved in 78% pts & 13% had partial relief & only 8% had no relief.

While taking the history about genito-urinary symptoms only 23% women complained dryness of vagina, some women hesitated to express, 16% pts suffering with frequency of urine & 20% recorded with recurrent infections. 71% of the pts with dryness of vagina got relief completely. Only 14% had no relief & 14% had partial relief. 80% pts with frequency of urine had relief completely and 20% had partial relief. These patients may get complete relief if the drug has been continued for some more periods. Out of 30 patients 90% were complained joint pains and 83% complained body pains. This indicates the prevalence of musculo-skeletal symptoms in perimenopausal women. 88% pts had complete relief from body pains and 8% had partial relief. This may be due to vaatashamaka property drugs. 74% got complete relief from joint pains and 11% had partial relief and 14% had no relief. This may be due to late sequelae of menopause i.e., osteoporosis etc. The tiktaguna dravyas which we have taken may act very well on asthidhatu. ^{table 7 & 14}

Finally out of 30 pts 25 (83.18%) got complete relief, 3 (9.91%) got Partial relief, 2 (6.89%) were noticed no relief. ^{table 15}

CONCLUSION

The preparation of 'Amritadi rasayana' is safe and effective with the properties of rasayana & medhya (energetic & intellectual), vayahsthapana (stopping of early ageing), and tridosha hara in alleviating the perimenopausal symptoms and has no side effects. By observing the results, it is proved that the preparation is a promising option in the management of symptoms of perimenopause in the Indian population.

The present preparation appears to be a therapeutic alternative to most of its substitutes in modern medicine, especially when HRT is either contraindicated or patients are reluctant to initiate/continue because of fear of malignancy or side effects.¹⁷

Still the hormonal assay for phytoestrogens in these drugs can be assessed further, as it is the estrogen deficiency syndrome. Besides the medication the women in climacteric state needs proper awareness and emotional support from family members and husband.

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