Menopause

from an Ayurvedic perspective

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Introduction

In my practice as a yoga teacher, cleansing facilitator, Ayurvedic Health Educator and woman, hundreds of women have come to me complaining about their menopausal symptoms. They believe (or have been taught by western medical science) to chase their symptoms with external hormones will make them happier and symptom free. They strongly believe that they cannot survive without these hormones and that the quality of their life improves with hormone replacement therapy.

When I was in my 30’s I just listened.

Now at 47 I have something to say. Personally I have no overt symptoms other than mustering the courage at 45 to leave my spiritual community of 20 years and my marriage of 16 years. This implies radical change within. I am less apt to sit by quietly when I don’t agree and am driven to create a life of stress free happiness for myself and my two sons. Before this research paper, when women talk to me about their personal menopausal experience I have promoted herbal therapy, slowing down and stress reduction techniques.

The intention of this paper is to show the connection between menopause, rasa and ojas, specifically hot flashes. Research on hot flashes and Ayurveda was limited. This paper assumes a working knowledge of Ayurveda from its readers.
What is menopause?

The Ayurvedic ancient text, the Astanga Hridayam, has an eloquent answer to this question “Just as the lotus closes at the end of the day, so also the yoni after the rtu kala (the period suitable for conception); thereafter she will not be receptive for sukra (semen)”¹ This could be related to the period of the moon each month and also could be considered the passage of a woman’s time for procreation in the grand scheme of her life.

In another ancient Ayurvedic text, the Caraka Samhita, the term for diseases of the female reproductive system is Guhyaroga and Garbharoga is the term for the disease of the uterus. Diseases of the vagina are called Yoni Vyapat.² For this paper the vagina, uterus and female reproductive organs will be called the yoni.

“Menopause is the permanent end of a woman’s menstrual periods. Menopause occurs naturally, or it can be caused by surgery, chemotherapy, or radiation. Natural products or mind and body practices are sometimes used in an effort to relieve menopausal symptoms such as hot flashes and night sweats.”³

Perimenopause is this period of transition from normal cycles and levels of sex hormones to menopause. Menopause is when it has been a year since our last period, and it is driven and accompanied by more dramatic changes with our sex hormones. Perimenopause is considered to last anywhere from a couple years to twelve or more before menopause and although this is not implicitly stated, the term tends to be applied more to women who are experiencing discomfort with the transition. Progesterone starts dropping at age 35, we could argue that most women enter perimenopause as that time and that it progresses as our sex hormones diminish. The more imbalanced our hormones, the more likely it is that perimenopause will be difficult. If our hormones are balanced, it is possible to go from age 35 to 55 without any discomfort.

³
When menopause is induced by surgery or radiation, which radically alters the yoni it is called artificial menopause. There are several hormonal changes that are occurring as a woman enters her later reproductive years including decreases in the production of estrogen and progesterone, decrease receptiveness of the ovaries to FSH (follicle stimulating hormone) and LH (luteinizing hormone) and a decrease in the post ovulation levels of progesterone. All of these changes decrease fertility.

**Symptoms of menopause**

- Hair loss
- Digestive disturbances
- Cystitis
- vaginitis
- anxiety, nervousness and depression
- vaginal dryness
- sweating/hot flashes
- irregular periods
- sore breasts
- fatigue, dizziness
- joint pain
- headaches
- fast heartbeat
- decreased libido
- bladder incontinence
- vaginal atrophy (thinning of the vaginal tissue)
"What are hot flashes?"

The most common menopause-related discomfort is the hot flash (sometimes called a hot flush). Although their exact cause is a matter of speculation, physiologically hot flashes are thought to be the result of changes in the hypothalamus, the part of the brain that regulates the body's temperature. If the hypothalamus is unstable and mistakenly senses that a woman is too warm, it starts a chain of events to cool her down. Blood vessels near the surface of the skin begin to dilate (enlarge), increasing blood flow to the surface of the skin in an attempt to dissipate body heat. This produces a red, flushed look to the face and neck in light-skinned women. It may also make a woman perspire to cool the body down. An increased pulse rate and a sensation of rapid heart beating may also occur. Hot flashes are often followed by a cold chill. A few women experience only the chill. "Hot flashes have also been shown to increase when a woman is anxious or tense." ix

How long will hot flashes go on?

- Hot flashes typically stop on their own over time, and may not require any treatment. If treatment is needed, hot flashes can usually be reduced or eliminated completely." xi

Claudia Welch says, "our popular culture has caught on that menopause is not a disease, it's a natural process." xii During menopause, the yang rises. Our hidden power, our inner fire, comes to the surface. This fire may give us the energy we need to begin a new career, remodel our bodies with a fitness and dietary regime, leave or invigorate a stale relationship, develop an abandoned talent, travel the world, give back to our community or to the Earth. Whatever is it that you have been putting off, whatever part of yourself remains underdeveloped, whatever your dreams whisper to you at night, now is your time to really listen and follow through." xiii

This "is not a discrete hormonal event but a complex period in women’s lives in which hormonal factors, family relationships, work status, and self-concept change. It is important to examine whether these changes alter quality of life and to disentangle the specific pathways related to health-related quality of life in mid-life women." xiv This is a time when many women begin to manifest some of the fierce need for self-expression that so often goes underground at adolescence. Mid-life women are dangerous to any forces existing that seek to turn them into silent old ladies, dangerous to the deadening effects of
convention and niceness and dangerous to any accommodations made that are stifling who they are now becoming. She scrutinizes every aspect of her life and relationships eradicating any dead wood that held her back or no longer served who she had become. Women in mid-life are at a turning point, either they continue living with relationships, jobs and situations that they have outgrown – a choice that hastens the aging process and the chance for disease dramatically – or they can do the developmental work that their bodies and hormones levels are calling out for.

“At menopause there is a more drastic change in our levels of sex hormones, but this isn’t necessarily a problem.”

“The prevalent medical belief that falling estrogen levels are solely responsible for all the symptoms we currently attribute to menopause is a mistake. While there is a very definite drop in estrogen and progesterone during perimenopause and menopause, women in their forties and fifties are showing other signs of aging that may have been going on for decades.”

“Menopausal symptoms are due in part to chronic depletion of women’s metabolic resources during the perimenopausal years. The ease of transition into this stage depends upon the strength of a woman’s adrenals and the state of her general nutrition. In a healthy woman, the adrenal glands will be able to gradually take over hormonal production from the ovaries. Many women, however, approach menopause in a state of emotional and nutritional depletion that has affected optimal adrenal function. Under these conditions a woman may require hormonal, nutritional, emotional and other support until her endocrine balance is restored.”

“Since we no longer make and bear babies, we no longer need to maintain the potential to nourish another being. We still require nourishment ourselves, however, and provided we have not consumed too much yin (author’s note: yin and ojas are used interchangeably in this paper) in our earlier years by plowing through life’s obstacles, our bodies can still provide us with what we need. Postmenopausal women still produce 40-60% of their premenopausal levels of hormones and estrogen falls only 40-50% at menopause and that we have the ability to synthesize sex hormones sufficient for our natural postmenopausal needs via the adrenal glands and our various bodily tissues.

To make estrogen, we need estrogen precursors and aromatase - the enzyme necessary to convert precursors into estrogen – and women have both of these just about everywhere in their bodies, even
after menopause. So we have great potential to synthesize sufficient estrogen. This is why not all older women have osteoporosis or deficient estrogen or progesterone. Many women navigate menopause with minimal discomfort and have never had hormone replacement therapy of any sort. They hike, bike, swim, garden and walk up a storm and have healthy hearts and strong bones.

Estrogen deficiency may simply be due to a long-term excess of stress hormones draining sex hormones. Adding more estrogen via hormone replacement therapy without calming the stress is like pouring water into a bucket with a hole in it. Stress renders her less responsive to normal amounts of hormones and pretty much ensures hormonal imbalance. For example, a woman with excess cortisol but normal amounts of estrogen may get hot flashes or other symptoms typically associated with estrogen deficiency.

If this woman were to treat these symptoms with estrogen replacement therapy she would possibly then develop estrogen-dominant symptoms such as weight gain, water retention, and mood swings.

By the time women reach menopause, many have already drained their reserves of yin sex hormones (depleted our ojas). Now when her ovaries are producing a smaller quantity of sex hormones, her adrenal glands are supposed to kick in and produce more of the hormones and hormone precursors needed. But what if these glands are already burnt out from producing lots of stress hormones to manage stressful lives over the last 20 or more years and by producing the DHEA required to assuage the effects of excess cortisol? They will be tapped and tired out and unable to deliver postmenopausal hormonal requirements.

In Western terminology this translates as high or low cortisol levels (low when they’ve been high too long and crash), a deficiency of sex hormones, thyroid problems, adrenal burnout, and a host of other imbalances. The result can be a menopause accompanied by:

- Insomnia
- Hot flashes
- Mood swings
- Compromised immune systems
- Osteoporosis and heart disease
Hot flashes are a good indicator of hormonal imbalance. About 80% of menopausal women (Dr. Halpern cites 75% in his textbook of Clinical Ayurvedic Medicine) will experience at least one hot flash, making this a significant symptom accompanying menopause. Generally the more intense the symptoms of menopause the more out of balance the hormones are. xx

THE DOSHAS

Disturbance in the doshas lies at the root of most midlife symptoms of mild intensity and once a woman has determined which of her doshas is out of balance she will be able to correct her milder symptoms for a smooth symptom free transition. xxi To Begin with, “without the aggravation of Vata, the vagina does not get disordered in women; hence this should be won over first and the others treated next.”xxii

In relation to this midlife transition Vata governs the secretion and delivery of hormones (reproductive or other) from their glands of origin to their organs of destination: brain, vagina, skin, liver, bones. Vata also keeps the every-cycling biological rhythms in balance and attuned to the cycles of the moon and seasons. Vata is primarily responsible for guiding the body’s adjustment to change. xxiii

And “As Menopause is associated with the movement into old age, the Vata stage, symptoms are primarily of high Vata with increased nervousness, anxiety, insomnia and depression.” xxiv

There are three types of menopause:

Vata – Type

Menopausal symptoms are “precipitated and aggravated by Vata vitiating regimens such as cold, dry and light foods and a high-stress, fast-paced lifestyle. This condition is further aggravated when a woman does not embrace the change of life and attempts to continue on with the responsibilities of the pitta time of life. Child rearing and professional accomplishment during the Vata phase of life is out of harmony with life’s rhythms.

The symptoms of Vata imbalance during menopause while quite variable are generally those of depletion. Hot flashes are the most common symptom. Additional common symptoms include vaginal dryness, atrophic vaginitis, insomnia, irritability, anxiety, palpitations, tachycardia, cystitis, urinary incontinence and constipation. Vata accumulates and becomes aggravated in the purishavaha srota. It overflows to the
Menopause, Deva Khalsa

Relocation to the artavavaha srota causes vaginal dryness and possible atrophic vaginitis. Relocation into the annavaha srota sharply disturbs samana vayu leading to hot flashes. Relocation to the mutravaha srota results in possible cystitis and incontinence. Relocation into the origin of the rasavaha srota results in palpitations and tachycardia. Relocation to the ashtivaha srota leads to osteoporosis. When Vata relocates to the manovaha srota women may experience emotional instability, insomnia, irritability and anxiety.” xxv

“The actual stimulus of menopause is Vata entering the shukra dhatu of the artavavaha srota preventing maturation of the follicles. This is normal during this stage of life and requires no treatment in and of itself. Symptoms that are present are caused by an aggravation of a pre-existing Vata imbalance or a concurrent vata-vitiating lifestyle which is made worse by the changes of life.” xxvi

Tonic therapy at this time of life slows the rate of depletion allowing a gradual transition to take place.

Dr. Halpern recommends Rejuvenative therapies to build the dhatus and restore ojas: Abhyanga, shirodhara, anuvasana basti and chakra basti over the svadhisthana chakra. xxvii

“In diseases of the vagina of vata origin - oleation, sudation and enema, which mitigate vata are highly valuable, especially in those which are caused by vata.” xxviii “Regular routines are always important for supporting vata dosha and are particularly important for stabilizing samana vayu.” xxix

Vata/Pitta – Type

In general, the Pitta dosha is responsible for keeping digestion strong, metabolism balanced and weight normal in the face of changing hormones. Pitta guides the chemical reactions that occur within the cells after hormonal stimulation. Pitta provides the heat of hot flashes. xxx “As the transition vitiates Vata dosha, the disturbance in air fans an already vitiated fire increasing Pitta dosha. As a result hot flashes are most intense with a Pitta nature. Additional complications include greater inflammation and burning as occurs in cystitis and vaginitis. Emotionally there is greater anger and intensity which, like the hot flashes comes and goes.” xxxi “Pitta type menopause appears as anger, irritability and short temper, with more frequent or pronounced hot flashes.” xxxii

Vata/Kapha – Type
A woman with a Kapha nature or imbalance often enters the Vata time of life with fewer symptoms than those with a more Vata or Pitta nature or imbalance. This is due to the moist stable and cool nature of Kapha which naturally antidotes the condition. Women with a Kapha imbalance often find that Vata pushes Kapha further out of balance. This causes a steady rise in body weight that is accompanied by lethargy and melancholy. The qualities of imbalance present in most Vata/Kapha imbalances are heavy, cold and dry. Often the body is sluggish but the mind is active unless there is more Vata then a more mobile mind. While is it most important to pacify Vata during the menopausal transition, the management of kapha should not be ignored. xxxiii

“Kapha involves feeling of heaviness, sleepiness, lack of motivation, weight gain or holding of water.” xxxiv

After menopause, Kapha dosha is responsible for keeping a woman’s joints, skin, eyes and vaginal tissues moist and lubricated, also providing strength and stamina to emotions, behavior and the immune system. xxxv

**Doshas and the hot flashes**

The highly irregular, unstable pattern of temperature control reflects Vata’s quality of irregularity. The heat factor (Pitta) of hot flashes is a secondary phenomenon. But Vata is cool and Pitta is hot. Ayurveda seeks to treat the primary cause first, xxxvi which reinforces treating Vata first.

**DHATUS**

The dhatus are the basic tissue elements of the body. They are seven in number, namely, (1) rasa or chyle or plasma, (2) rakta or the red-blood corpuscles, (3) mamsa or muscle tissue, (4) medas or fat tissue, (5) asthi or bone tissue, (6) majja or bone marrow and (7) sukra and rajas or the sperm and ovum which are responsible for procreation. These dhatus or basic tissue elements remain in a particular proportion in the human body and any change in their equilibrium leads to disease and decay. Their functions are described in detail in Ayurvedic classics. Diseases are produced only -when the doshas interact with these dhatus and this happens only when there is disturbance in their equilibrium. If there is any change in the equilibrium of these dhatus certain signs and symptoms are manifested in the body. From these signs and symptoms, the physician can ascertain the mahabhautic requirement of the body for the correction of the
disease, and drugs are selected accordingly. xxxvi

Rasa Dhatu

Rasa dhatu is the clear serum portion of the blood and in menopause can experience these symptoms: very dry skin, premature graying or wrinkling of the skin, mild or occasional vaginal dryness, excess mucous or respiratory congestion, feeling of weakness and tiredness, lack of stamina, ovarian or breast cysts now or in the past (fluid-filled only). xxxviii

Iron-deficiency anemia is a common problem for perimenopausal women who have heavy bleeding with their periods. If her digestion is weak, her blood may not be able to absorb adequate iron from her diet to meet her body’s needs. This means her blood plasma (rasa) will be deficient in iron, which is essential for the next tissue in line, the red blood cells (rakta). Without enough iron, her red blood cells will be smaller than normal and therefore carry less oxygen. The next tissue down the line, the muscles (mamsa) will be undersupplied with oxygen and become easily fatigued. This is how weak (rasa and rakta) translates to tired muscle (mamsa) less exercise tolerance and stamina, and a generally run-down condition. xxxix

Dr. Lad says that excess heaviiness, water retention and swelling are all kapha symptoms associated with rasa. These are symptoms of menopause. xl

One of my favorite teachers, Mary Thompson from the California College of Ayurveda held a menopause workshop in January 2012. She said that during menopause the body no longer has estrogen to build the rasa dhatu so then a perimenopausal woman cannot stabilize rasa and heat in the body. She recommends a rasa tea. Rasa Tea helps eliminate hot flashes, migraines and constipation due to dehydration.

Thompson says “the thicker the tea the more rasa that gets built”.

RASA TEA

1 Tbsp Fenugreek or slippery elm or Shitavari (cut and sifted)
1 Tbsp Flax or chia seeds
1 Tbsp Fennel Seeds
1 Tbsp Marshmallow root

Pour one quart of hot water over the herbs in a quart size mason jar. Steep up to 30 min. and drink as it cools. Astragalus root is an adaptogen and can be added as well in equal parts in
weight. xi

Rakta Dhatu

Rakta dhatu is the red blood cells and bile and in menopause women can experience these imbalances: severe hot flashes or frequent feeling of excessive heat, very heavy bleeding, frequent or chronic skin rashes, acne, pustules or hives, gallstones now or in the past, bleeding hemorrhoids, constant thirst

Mamsa Dhatu

Mamsa dhatu is the muscle tissue and in menopause can experience these imbalances: constant muscle aches or easily fatigued muscles, chronically swollen tonsils or lymph glands in the neck, itchy ear canals or eczema of ear canal or excess ear wax, fibroids of the uterus (now or in the past), fibrous or glandular lumps in the breasts, severely dry, cracking lips.

Medas Dhatu

Medas dhatu is the fat, hormone and carbohydrate metabolism and in menopause can experience these imbalances: weight gain (10 pounds or more) or inability to lose weight, high blood sugar, high cholesterol, chronic sweat or body odor, fatty cysts under the skin or scalp or in the breasts, thyroid disorder, frequent night sweats or sweats during the day associated with hot flashes.

Asthi Dhatu

Asthi dhatu is the bone, cartilage, hair and nail tissues and in menopause can experience these imbalances low bone density, hair breaking or hair very dry and lacking luster, problems with teeth (breaking easily or many cavities), nails breaking frequently, constant joint pains or arthritic conditions, deep pains in the bones. xiii

“Exercise is best treatment for osteoporosis. In response to stress place on bones, nature has designed our bodies to increase bone density. Hence, daily exercise is important. Weight bearing exercise is the most important form of exercise. Thus walking is more beneficial than swimming.” xiii Standing yoga poses are also beneficial.

“During menopause, asthi agni becomes hyperactive because the body produces less estrogen. When less estrogen is present, asthi agni becomes overactive in an effort to compensate for that lack of estrogen in
an effort to compensate for that lack of estrogen and the agni it contains. The result can be osteoporosis. Eating a vata provoking diet will worsen osteoporotic changes.\textsuperscript{xlvi}

The Ayurvedic texts state that abhyanga helps to prevent osteoporosis and increase bone strength. The skin is one of the main sites where estrogen is formed in the body after menopause. Dr. Lonsdorf thinks that the abhyanga enhances production of estrogen by the skin cells, helping the body make up for less hormone production by the ovaries. Taking a few minutes each morning to do a self-massage with oil will help counteract the spaciness, dryness, anxiety, stiffness, aches and pains that come from Vata rising in the body and mind. The Charaka Samhita tells us that one who does abhyanga regularly will not injure as easily and if injured will heal more quickly. Recent research has shown that sesame oil has anti-inflammatory properties as well as antibacterial and anticancer effects on the skin.\textsuperscript{xlv}

**Majja Dhatu**

Majja Dhatu is the central nervous system tissue and in menopause can experience these imbalances: frequent or recurring infections, excess secretions of the eyes, dryness of skin on upper eyelids, constant spacey and distractible feeling, inability to focus or concentrate, pain in the tendons, easily injured tendons or recurrent tendonitis, frequent feeling of faintness or dizziness.

**Artava Dhatu**

Artava dhatu is the ovum and its supportive tissues and in menopause can experience these imbalances: absence of libido (no sex drive), severe vaginal dryness, overall lack of sexual attractiveness, dull, unclear eyes, history of more than one miscarriage, infertility.\textsuperscript{xvi}

“Artavavaha srota (female reproductive system) includes the fallopian tubes, ovaries, uterus, cervix, vulva and vaginal passage. The functions of artavavaha srotas include menstruation, ovulation and conception. The cessation of artava happens during menopause.” \textsuperscript{xvii}

**OJAS**

Ojas is “the most refined and subtle essence of the physical body. When fully activated, ojas is the bliss factor that goes beyond good health to keep you fully immune and strengthened again all disease. Ojas is the superfluid slide that links the underlying intelligence of Nature to its expressions in your mind and body. Ojas is a supremely refined health giving elixir resulting from perfect digestion, which permeates
every cell with life-giving energy. Ojas is responsible for keeping all the cells of your body functioning coherently together, much as the conductor of a symphony orchestra keeps all the instrumentalists playing as a coordinated whole, in perfect harmony. When your ojas is enlivened, you have a healthy glow on your face, and the light in your eyes burns brightly. Your hormones are communicating the right messages, at the right times, in the right amounts to your cells and DNA. When ojas is high due to ama-free digestion and metabolism, menopause symptoms are minimal and your body adjusts easily to its inner shift to hormones.
HERBS

Herbs for Vata

“Herbs for Vata should be utilized and formulas prepared should be cooling in nature and dipanas should be added to formulas that pacify both Vata and Pitta such as fennel, cumin, coriander, peppermint, and chamomile. Burning when present is best treated with sweet demulcent herbs such as shitavari, a sweet, cool demulcent that is also a reproductive tonic providing estrogenic support. For the mind, the best herbs for pacifying both doshas (VP-) are brahmi and shank pushpi.\textsuperscript{viii}

Menopause treatment requires special herbs for strengthening or rejuvenating the female reproductive system, along with herbs to help regulate the hormones and calm the emotions. The general treatment for Vata type menopause is similarly anti-Vata. Frawley recommends herbs which tonify the female reproductive system, including aloe gel, shitavari, saffron, kapikacchu, ashwaganda taken in milk decoctions (Swami Sada Shiva Tirtha adds saffron and myrrh to this list for Vata herbs\textsuperscript{v}, if possible, or in their different preparations like shitavari compound. Chinese tonic herbs such as dong quai, rehmannia, white peony, lycium and women’s precious pills are good. Aloe gel is specific for maintaining the youthfulness of the female reproductive organs.\textsuperscript{vi}

Dr. Alakananda Devi taught me a Shitavari kulpa in January 2012 in Santa Fe at a pulse workshop with Amadea Morningstar.

Shitavari Kulpa

1 cup Shitavari

1/3 cup turbinado sugar or coconut sugar

2 Tbsp ghee

½ tsp cardamom

Pinch of saffron

Simmer on low in a cast iron frying pan until golden brown.
This formula increases the demulcent properties throughout the body building rasa and rakta. Dr. Alakananda Devi recommends eating with a spoon for menopausal women that are hot and bothered. She suggests it is too heavy for kapha though.

Herbs for Pitta

Treatment for Pitta type menopause is anti-pitta including aloe vera gel and shitavari tonics or a saffron milk decoction or shitavari compound.

Herbs for Kapha

Treatment for Kapha type menopause is anti-kapha. Hot spices are used like the trikatu formula along with aloe gel. More herbs recommended for Kapha are pippili and ginger. Lekhanas to support weightloss increase the medagni include guggul, chitrak. Nervine stimulants can be taken to pacify kapha in the majja dhatu as well as the manovaha srota reducing both lethargy and melancholy repectively, calamus, bayberry, and Tulsi.

“According to Ayurveda, a woman should take natural herbal estrogen that is present in Shitavari and other herbal remedies. Shitavari is effective in preventing osteoporosis during menopausal age.\(^{lv}\)

“Estrogen promoting herbs are often used in the treatment of menopause symptoms. Common herbs that are generally accepted to mimic estrogen include motherwort, red clover and saw palmetto. Motherwort has the strongest history for use in treating female reproductive complaints. Other herbs such as dong quai, vitex, blue cohosh, black cohosh, wild yam and licorice have also been found to have estrogen like effects though they are weaker than those previously noted. The most common of these are dong quai, vitex, wild yam and black cohosh. In India the most common herb used is Shitavari with its estrogen like effects. These herbs are most effective in the treatment of hot flashes and vaginal dryness. For dry vaginitis and painful intercourse these herbs can be prepared in a medicated ghee and applied topically.

In the management of post-menopausal palpitations, in addition to the estrogen-promoting herbs, circulatory tonics such as bala should be used. These nourish the rasa dhatu while strengthening and regulating the heartbeat. Arjuna and hawthorn berries may also be beneficial.\(^{vii}\) Dr. Halpern recommends “patients should take the herbs until menopause is complete and then gradually reduce the dosage with
the hope of getting off the herbs altogether.” While herbs can ease the transition, occasionally symptoms return when the patient goes off of the herbs.
### Pathology of Menopause

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<th>Subdosha</th>
<th>Dhatu</th>
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<td>VATA</td>
<td>A/A</td>
<td>Vata</td>
<td>Apana</td>
<td>Rasa</td>
<td>Purishavaha</td>
<td>Demulcents</td>
<td>Licorice, shitavari, aloe vera</td>
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It is important to note that this pathology articulated above represents imbalances created by menopause.

Dr. Halpern says that the most important herbs are reproductive tonics as these ease the hormonal transition and all related symptoms. Additional herbs should be given as needed for specific symptoms.

However, and I want to emphasize this, the practitioner should not attempt to treat each and every symptom if many are present. It is best to choose the most significant symptom directly while correcting the underlying depletion.

Sebastian Pole recommends a beautiful red fruit famed for its taste as well as being a fertility symbol and balancing estrogen! He goes on to say, “pomegranates are useful for maintaining healthy levels of oestrogen as they contain small amount of estrone.” Pole recommends eating the fresh fruit, juice of the seeds regularly during menopause and that the sweet flavor can help to cool sensations of burning and flushing.

For dhatu imbalances Dr. Lonsdorf recommends adding these herbs described below to CCF (cumin, coriander, fennel tea). Use ¼ tsp of each cumin, coriander and fennel. Cumin helps absorb and use

<table>
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<tr>
<th>RMD</th>
<th>Incontinence</th>
<th>Vata</th>
<th>Udana</th>
<th>Mamsa</th>
<th>Mutravaha</th>
<th>Urinary tonics</th>
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<tbody>
<tr>
<td>RMD</td>
<td>Palpitations/ tachycardia</td>
<td>Vata</td>
<td>Vyana</td>
<td>Rasa</td>
<td>Rasavaha</td>
<td>Gokshura, punarnava</td>
<td>Licorice, shitavari, slippery elm</td>
<td>Hawthorn Berries, arjuna, bala</td>
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<tr>
<td>RMD</td>
<td>Osteopenia/ osteoporosis</td>
<td>Vata</td>
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<td>Ashwagandha, bala, haritaki</td>
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<tr>
<td>RMD</td>
<td>Endocrine imbalance until ovaries stop producing ova*</td>
<td>Vata</td>
<td>n/a</td>
<td>Shukra</td>
<td>Artavaha</td>
<td>Bone tonics Endocrine tonics</td>
<td></td>
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</tbody>
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*Once ovaries stop producing ova, no treatment is required
nutrients, coriander helps eliminate toxic chemicals and wastes through your kidneys and fennel helps reduce gas and bloating and normalizes digestions (agni).

Rasa ~ 1/8 tsp ajwan seeds (skip if having lots of hot flashes though as they are sometimes heating)

Rakta ~ ¼ tsp manjistha

Mamsa ~ 1/8 tsp Indian sarsaparilla

Medas ~ 1/8 tsp black cardamom seeds or 3 green pods of whole cardamom

Asthī ~ ¼ tsp marshmallow root

Mājja ~ ¼ tsp bala root

Artava ~ ¼ tsp Shitavari
HORMONE REPLACEMENT THERAPY

Studies have reported that women’s attitudes, beliefs, and values primarily influence their decision making on management strategies for menopausal symptoms. Women with more positive or optimistic outlooks about menopause (for instance, those who considered menopause not illness but part of the normal aging process) were less likely to use hormone replacement therapy (HRT) to treat symptoms and were able to tolerate symptoms. In contrast, a pessimistic appraisal of menopause was significantly related to increased numbers of symptoms. In this study, the findings on management strategies for and the meaning of symptoms showed that midlife women across the ethnic groups considered menopausal symptoms a sign of aging and a result of their normal lifespan development. Most women chose “no management” as a management strategy, and only those who had serious symptoms took HRT for temporary relief. Interestingly, many Asians adopted mind control strategies such as “trying to be optimistic” and “trying to calm down” to manage symptoms. The findings also supported that ethnicity was a significant predictor of the total number or severity of symptoms across ethnic groups, and that level of acculturation was a significant predictor of the total number of total symptoms among Asian women, which agrees with previous studies. Several studies demonstrated reduced frequencies of menopausal symptoms among Asian women.

Ethnic Differences in Menopausal Symptoms.

There was a statistically significant ethnic difference in the total number of symptoms experienced during the menopausal transition; physical symptoms, psychological symptoms and psychosomatic symptoms. Hispanics and Whites reported significantly larger numbers of total symptoms, physical symptoms, and psychosomatic symptoms than Asians. African Americans reported a significantly larger number of psychosomatic symptoms than Asians. There were statistically significant ethnic differences in the frequencies of 41 individual symptoms. “In cross-sectional studies, perimenopausal women report greater bodily pain and role limitations due to physical health or emotional problems, poorer perceived health, and more physical or somatic symptoms than do premenopausal women. These studies are based on diverse populations, including women from...
England, Holland, Taiwan, Chile, France, Sweden, and the United States, where women of Japanese,
Chinese, Hispanic, African, and European origin have participated. Several studies also suggest that
women who choose to use HRT during the menopause have poor health-related quality of life. Several
studies suggest that statistical controls for emotional symptoms remove the effect of menopausal status
on somatic symptoms. Stated differently, women who report high levels of anxiety, depression, and other
emotional symptoms are the women who report poor quality of life during menopause. This is consistent
with data showing that women at other life stages who report emotional symptoms also report a poor
quality of life.”

Women’s ability to manage symptoms associated with this normal life transition has been reported to
greatly influence their quality of life and impose physical, psychological, and economic burdens. Hence,
strengthening women’s ability to manage symptoms during the menopausal transition in culturally
competent ways is imperative for the health and well being of more than 40 million midlife women in the
U.S.

About Phytoestrogens

“Phytoestrogens occur naturally in plants and act like estrogens in some tissues, including bone and
cardiovascular tissue. Some botanical products, such as soy and red clover, contain phytoestrogens. Plants
rich in phytoestrogens have been studied for treating menopause symptoms. However, much remains to
be learned about these plant products, including their effects in the human body. Doctors caution that
certain women need to be particularly careful about using phytoestrogens, especially:

• Women who have had or are at increased risk for diseases or conditions that are affected by hormones,
such as breast, uterine, or ovarian cancer
• Women who are taking medications that increase estrogen levels in the body, such as birth control pills;
menopausal hormone therapy; or a type of cancer drug called selective estrogen receptor modulators
(SERMs), such as tamoxifen.

Thompson said that when a woman is taking HRT, the body will confuse HRT and thyroid hormone hence
there will be more thyroid floating around in the blood. Thyroid hormone will be over absorbed because
the receptor site is the same for thyroid hormone and estrogen. She also believes that this problem will
self-correct in six months as receptor sites decrease. Initially this could account for the weight gain and fatigue of a woman on HRT. She said a thyroid glandular from animals for the first 6 months would help to counteract this issue and begin to produce T3 and T4 in her system. She also suggested kelp, which is rich in iodine to support the thyroid gland to produce more hormones.\textsuperscript{lxv}

**DHEA**

DHEA is a naturally occurring substance that is changed in the body to the hormones estrogen and testosterone. DHEA is manufactured and sold as a dietary supplement. A few small studies have suggested that DHEA might possibly have some benefit for hot flashes and decreased sexual arousal, although small-randomized controlled trials have shown no benefit. Because levels of natural DHEA in the body decline with age, some people believe that taking a DHEA supplement can help treat or prevent conditions related to aging; however, there is no scientific evidence to support this notion.

Concerns have been raised about whether DHEA is safe and effective. Its long-term effects, risks, and benefits have not been well studied, and it remains unclear whether it might increase the risk for breast or prostate cancer. There is the possibility that even short-term use of DHEA supplements might have detrimental effects on the body. Before using DHEA for any purpose, people should talk to their health care provider about potential benefits and risks.\textsuperscript{lxvi}

“Each woman’s menopause experience is different. The greatest differences observed are between women who have natural menopause and those whose menopause is early or induced, which typically requires specialized care. Many women who have natural menopause report no physical changes at all during the perimenopausal years except irregular menstrual periods that eventually stop when menopause is reached. In addition to irregular menstrual periods, some women experience symptoms of hot flashes, difficulty sleeping, and/or vaginal dryness. The severity of these changes varies from woman to woman, but for the most part, they are perfectly natural and normal. In fact, some experts and women prefer not to call perimenopausal changes “symptoms,” a term usually reserved to describe diseases.”\textsuperscript{lxvi}
**HRT for hot flashes**

“Hot flashes are one of the major reasons that women turn to estrogen-replacement therapy or hormone replacement therapy which is a combination of estrogen and progestin.”

The best treatment depends on how severe the hot flashes are, how much they interfere with a woman’s quality of life, her personal philosophy and preferences, and her health profile. If treatment is needed, hot flashes can usually be reduced or eliminated completely with lifestyle changes, nonprescription remedies, and prescription therapies. Systemic estrogen therapy is the only therapy approved by the U.S. Food and Drug Administration (FDA)—and Health Canada—for treating hot flashes.

Some experts suggest that taking estrogen as a therapy may not create the same beneficial effects as the estrogen produced by your body. Continuous exposure to HRT, taken at the same dose day after day can lead to a desensitization of the target cells, the cells can close their doors to more estrogen entering by decreasing the number of estrogen receptors available, a natural adjustment called down-regulation. We can understand this as the body’s inner intelligence telling it that this amount of hormone is unnatural and unhealthy and the cells adjust accordingly.

If you give a woman synthetic estrogen, her menstruation can return, or she may develop pitta symptoms, because estrogen is pitta provoking. In addition, there is the possibility of cancer. It is more balancing to use natural herbal estrogen, which is present in shitavari, gaduchi and aloe vera as these all decrease pitta.

Recently (Dr. Lonsdorf’s 2004 book) ultralow-dose estrogen (1/4 of the usual dose) was found to significantly increase bone density in postmenopausal women without any reported side effects in three years. Whether that will translate long-term into fewer fractures and an absence of side effects is yet to be determined. In women with ovaries intact, any amount of estrogen taken as therapy is still more than the body is making naturally – a setup for long term side effects.”
**DIET**

The Astanga Hridayam claims that twenty diseases of the vagina arise because of consuming bad food. In tribal and rural India, women living simple, low-stress lives rarely have menopausal symptoms. Physical exertion and a diet of fresh foods (especially wild yam), grains such as quinoa and amaranth, and spices with estrogenic effects all have a modulating or balancing effect on fluctuating hormone levels.

**AMA & Hot Flashes**

If a woman has moderate to severe symptoms – frequent hot flashes, insomnia, joint pains, painful vaginal dryness, extreme mood swings – and then its possible that she has blockages that are causing her symptoms. These blockages are the result of ama or metabolic wastes and toxins that have built up in the tissues. When digestion fails to break down your food completely, larger than normal food particles are permitted to enter the bloodstream and circulate to tissues. These misshapen food particles are permitted to enter the bloodstream and circulate to the tissues until they lodge in narrow passageways and get stuck, cutting off channels that would otherwise carry nutrients and hormones into your cells.

This blocking of hormone delivery and nutrients is an important way in which ama leads to more extreme symptoms of menopause and to degenerative conditions in later life. The hormones cannot reach or bind with the appropriate cells. This is why soy products and even hormone replacement therapy does not relieve a woman’s hot flashes or other menopausal symptoms. The soy or hormone molecules just never connect with the cells that need them. This is indicative that cleansing is necessary.

One of Dr. Lonsdorf’s mentors describes hot flashes in this way: When the channels are clogged with wastes, the Pitta from metabolism builds up in the tissues. The experience is a flashing of the sudden surge of heat and flushing as the body tries to dissipate the buildup. To cool this down, Pitta needs to be pacified but the tissues also need to be cleared of channel-obstructing ama so the heat can flow out. The mentor recommended a pure, simple cleansing diet and herbs to clear the ama and resolve the symptoms quickly.
Vata Diet

Vata pacifying diet emphasizes the use of the sweet taste as it is tonic and helps to support all of the dhatus and ojas.\textsuperscript{xxxvi}

Vata diet would consist of mainly warm, cooked, wholesome foods at each meal. Reserve salads and raw vegetables for the side dishes. Avoid cold drinks and iced desserts.\textsuperscript{xxxii} Thompson recommends heavy, moist dense foods to pacify Vata and to build Rasa Dhatu. She also recommends increasing oils such as flax, sesame or ghee up to 1 TBSP per meal in addition to the cooking oil. Thompson says that she must have jataragni (good tissue digestive fire) or cannot digest the oils and will get more ama in the system.\textsuperscript{xxxiii}

Pitta Diet

The best taste for both Vata/Pitta is the sweet taste. This is cool, moist, heavy and stabilizing—all quantities that benefit this condition. The bitter taste though cooling, should be avoided as the air and ether that make up the taste further aggravate Vata dosha.\textsuperscript{xxxix}

Pitta diet would be to avoid processed foods, cheese, yogurt, junk foods, red meat, hot spices, alcohol, caffeine, vinegar, sugar and fried foods. Eat organic wholesome foods with lots of fresh vegetables, sweet, juicy fruits and drink plenty of fresh pure water.\textsuperscript{x}

Kapha Diet

A Vata/Kapha pacifying food program emphasizes warm, spicy food that increases agni (digestive fire) and improves digestion. Sweet, nourishing foods prepared with warming spices should be taken in small quantities on a regular basis 3-5X per day will result in slow weight loss. In order to raise agni, stronger spices such as trikatu could be taken with meals.\textsuperscript{xli}

Delicious home-cooked meals for kapha with plenty of legumes, whole grains like barley and cooked vegetables spiced generously with thyme, basil, mint, oregano, cumin, turmeric, fresh ginger and black pepper. Avoid red meat, dairy, cold drinks and sugar.\textsuperscript{xlii}

Mary Thompson recommends menopausal women to eat in accordance with their appetite and not with their history. Watch portion size will help prevent over-eating. To ask herself this question; what is the right amount of food for this body?
CONCLUSION

Claudia Welch puts it perfectly; “We can have a much smoother menopause if we have established healthy habits earlier." Heading into menopause already depleted is a causative factor of hot flashes plus other menopausal symptoms. Cleansing also plays a large role in reducing and possibly eradicating menopausal symptoms. One of the doctors in my research makes a correlation between PMS and Menopausal symptoms. Increasing ojas, strengthening the body with doshic appropriate diet, good healthy routines to ground Vata in this time of transition and reducing ama with cleansing can help to reduce symptoms.

My goal in writing this paper was to show the connection between menopause, rasa, ojas and hot flashes. I was able to find abundant information on the connection between depleted ojas and hot flashes. Research on depleted rasa and hot flashes was limited.
Endnotes

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Abstracts


The purpose of the study was to explore ethnic differences in symptoms experienced during the menopausal transition among four major ethnic groups in the U.S. This study was done via a cross-sectional Internet survey among 512 midlife women recruited using a convenience sampling. The instruments included: questions on background characteristics, health, and menopausal status, and the Midlife Women’s Symptom Index. The data was analyzed using descriptive and inferential statistics. Significant ethnic differences in the total number and severity of the symptoms were found. The most frequently reported symptoms and predictors of the total number and severity of the symptoms differed by ethnic identity. More in-depth cultural studies are needed to understand the reasons for the ethnic differences in menopausal symptom experience.

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Symptoms and Health-Related Quality of Life and the Menopausal Transition

Karen A. Matthews, Ph.D. and Joyce T. Bromberger, Ph.D.
The objectives of this paper are to: (1) define health-related quality of life; (2) describe the measures of quality of life that have been used in studies of the menopausal transition; (3) evaluate the effects of the menopausal transition on quality of life; and (4) identify key gaps in our knowledge about the effects of menopause on health-related quality of life.