

Managing Menopause: The Ayurvedic Way

***A Research Paper
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INTRODUCTION

Depending on whom you ask, Menopause can be labeled as either a disease or a life transition. Typically, people in Western societies see Menopause as a “disease.” People from Eastern descent often sail through menopause without a wave.

Dr. Robert Svoboda eloquently states, “In those societies where age is valued over youth, a woman is seen as coming into her own at menopause, and so is likely to have less problems with the transition. Where youth is emphasized, as in the West, the opposite is the case, and she is likely to perceive herself as being on the slippery slope of a steep and terrible decline.”¹

The history of menopause dates back to the 1800’s when the term Menopause was coined in 1821 from a French physician.² In the 1930’s interest grew and people started to refer to menopause as a deficiency disease.³ In the 1970’s medicalization of menopause was complete.⁴ The symptoms associated with menopause were attributed to estrogen deficiency and estrogen (hormone) replacement therapy was promoted as the ultimate liberation of middle aged women.⁵ The development of synthetic estrogen occurred in 1938, long before its popularity.⁶

In developing countries like India, China and Africa, the feeling toward menopause has not changed considerably over the years and menopause is often viewed with a positive outlook. In Western countries, women see menopause as a “crisis.” Once they hit this stage of life, they scramble for remedies to alleviate their symptoms. Between the 1900’s and early 2000’s, Hormone Replacement Therapy (HRT) was seen as the only viable treatment for menopause. However, with the influx of natural therapies and the growing influence of Ayurvedic healing in Western countries, women are now beginning to realize that there are many natural healing alternatives to HRT.

In addition, looking at menopause from an Ayurvedic Perspective, we begin to learn just why menopause is not seen as a disease in Eastern cultures. The intention for this research paper is to enlighten women on how to manage menopause from an

early age so that when menopause does occur it is not seen as a “crisis,” rather a natural progression into the later years of life.

MENOPAUSE DEFINED

In Dr. Marc Halpern’s book, *Clinical Ayurvedic Medicine*, the western definition of menopause is the cessation of menses for one year due to a natural decrease in ovarian function. Artificial menopause is menopause that is induced by surgery or radiation that destroys the uterus.⁷ The ayurvedic interpretation according to Dr. Marc Halpern states that menopause is a natural phenomenon and is not in and of itself a disease or imbalance, unless the condition occurs unnaturally early. Dr. Halpern goes on to say that symptoms of discomfort and early onset of menopause reflect an inherent imbalance in the doshas.⁸ In the Classical Ayurvedic text, the *Astanga Hridayam*, it is said: “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.)”⁹

The meaning of yoni can be interpreted in different ways. Yoni is another word for vagina. In Sanskrit, yoni means place of birth, source or origin. Yoni can also be considered as Shakti, the creative force that moves through the whole universe. In the *Caraka Samhita*, diseases of the vagina are called *Yoni Vyapat*.¹⁰ Therefore, when we think of the yoni closing at the end of the period suitable for contraception, our imaginations can wander with many interpretations of the message being written by the *Astanga Hridayam*!

In Nancy Lonsdorf’s book, *The Ageless Woman*, she breaks down menopause into two definitions: Natural Menopause and Menopause. Natural Menopause is further broken down into the medical definition and the common definition. The medical definition states that menopause occurs according to the body’s own timing and not due to any medical intervention, such as hysterectomy or chemotherapy.¹¹ The common definition says that menopause occurs according to the body’s own timing and does not involve any prescribed medicines, such as HT or drugs, for treating symptoms or complications.¹²

Nancy goes on to define “Menopause” as the acknowledged end of menstruation. Technically, only one day in a woman’s life when she has gone twelve months in a row without a period or her ovaries are removed or damaged.¹³ Menopause according to Nancy Lonsdorf lasts for just one day. Hence, when managing menopause, we must also look at

what has been going on in a women's body and life during perimenopause and the years before.

In Dr. Halpern's book, *Clinical Ayurvedic Medicine*, he defines perimenopause as the transitional period prior to the onset of menopause, lasting anywhere from 1 to 10 years.¹⁴ During this period, women usually experience hormonal fluctuations and menstrual irregularity. According to Dr. Halpern, this is a transition between the pitta stages of life and the vata stage.¹⁵ Vata is rising, especially the qualities of the air element, there is greater instability at this time.¹⁶

THE WESTERN PATHOLOGY OF MENOPAUSE AS IT RELATES TO THE MENSTRUAL CYCLE

In Lonnie Barbach's book, *The Pause*, Dr. Jordan Horowitz, a San Francisco obstetrician and gynecologist equates the menstrual cycle and menopause to making popcorn. He states: "Imagine the eggs as corn kernels and the hormones as heat. During puberty the eggs are all there. But it's not until the hormones are turned up that periods begin. Most young women are prone to irregular ovulation for a while, much like the first kernels of popcorn that go off intermittently. In the middle of reproductive life, like the middle of the popcorn analogy, we see regular ovulation and regular popping. But, as you have fewer kernels left, they again pop more irregularly. In fact, just before all the kernels have popped, there may be a quiet moment when you think everything's finished. Then suddenly a few more kernels pop. That is what happens as you get close to menopause. You may have a few months without ovulation and suddenly you'll ovulate again, until, finally, everything that is going to pop has popped. And you have reached menopause." When looked at this way, it becomes very apparent that menopause is not a disease. Rather, a natural progression of our bodies moving from the reproductive years to our wisdom years. Ayurvedically speaking, Dr. Robert Svoboda states, "Menopause also serves her personal evolution, for as age advances, ojas retreats. When it no longer contains sufficient ojas to contribute to production of new life, a woman's body shuts down its reproductive capabilities, and redirects its ojas to other projects."¹⁸

We see that the fluctuation of the menstrual cycle, peri-menopause and menopause over the years is due to the rise and fall of the hormones in our body. For our purposes, we will discuss the four major hormones that play a role in these fluctuations.

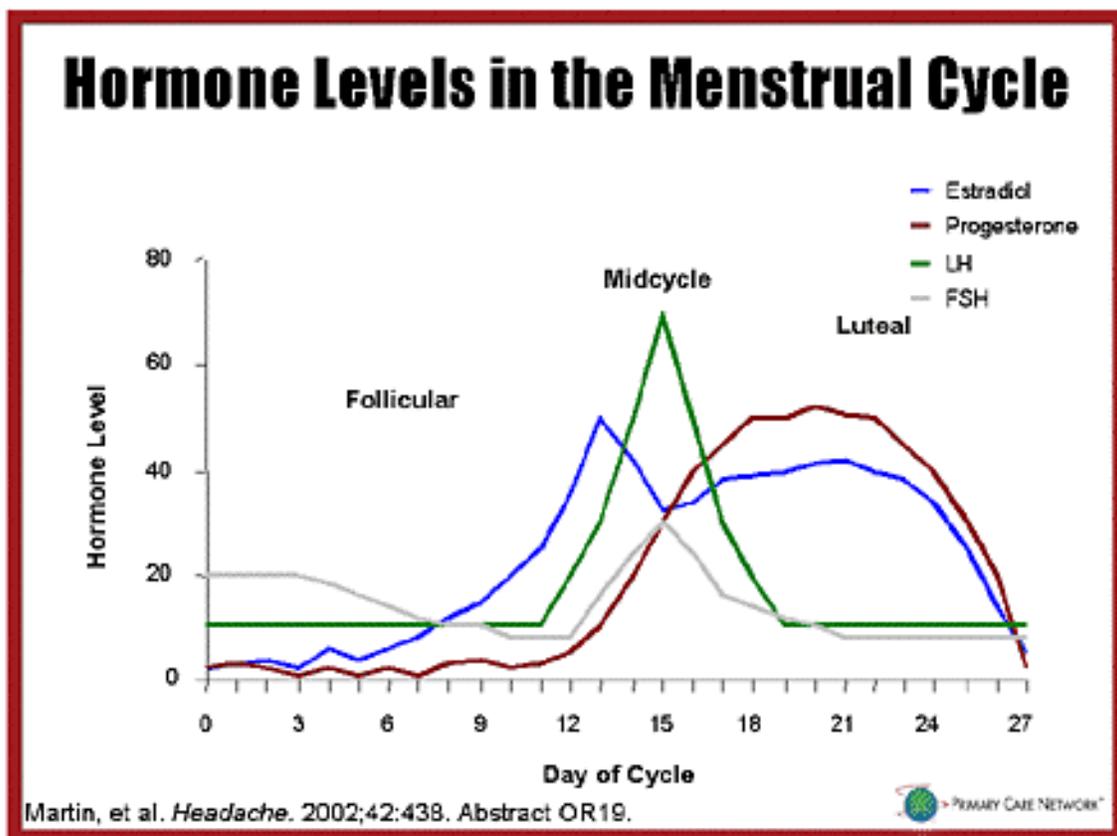
These hormones include estrogen, progesterone, FSH (follicle stimulating hormone), and LH (luteinizing hormone). We know that a normal menstrual cycle lasts 28 days. On day 1, the bleeding starts. At this point, estrogen and progesterone are at their lowest level. The pituitary gland is then stimulated to produce FSH. FSH encourages the follicles in the ovary to ripen.¹⁹ Initially, FSH causes a number of follicles to develop, but usually only one will mature to ovulation. As the follicles are developing, they each secrete estrogen.²⁰ FSH is increasing between days 1 and 3 and then gradually declines until day 12 where there is a big spike in FSH. Estrogen levels rise gradually throughout this first phase of the menstrual cycle (follicular phase) and then surge between days 9 and 12.²¹ On day 12, we also see the LH surge which is believed to be triggered by the rising estrogen levels. The rising level of LH along with the spike in FSH prepares the egg to be released on day 14.²²

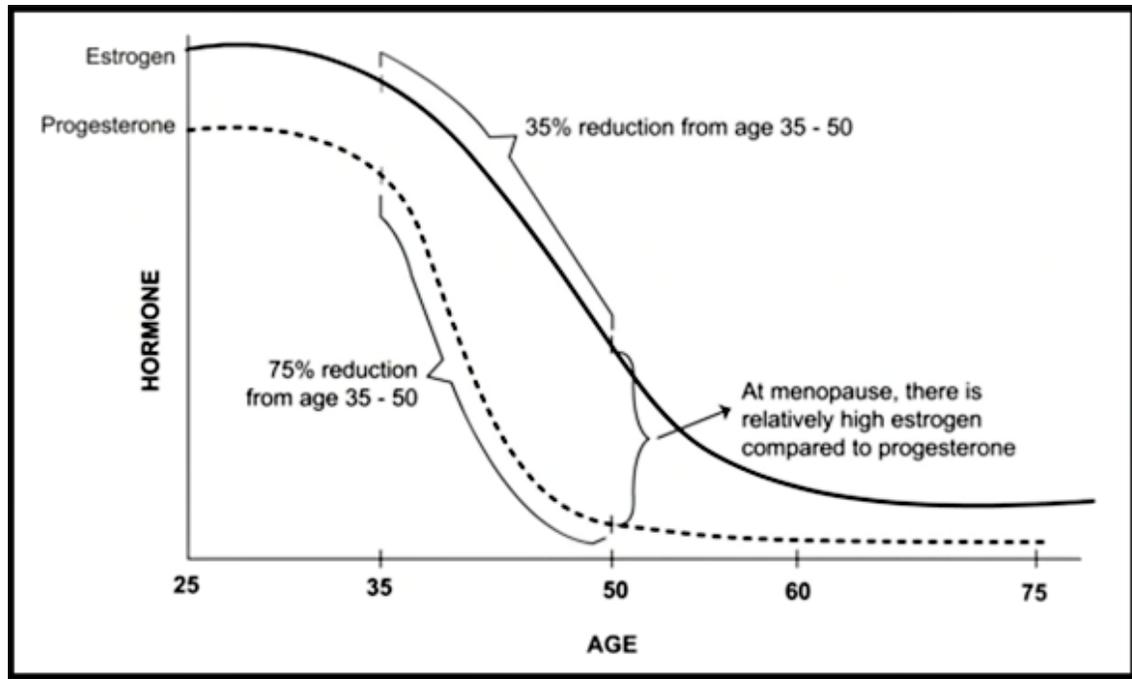
The second phase of the menstrual cycle is called the luteal phase. During this phase, the corpus luteum is formed from the empty follicle. The corpus luteum's main function is to secrete large amounts of progesterone and a small amount of estrogen. Progesterone is the hormone that matures the uterine lining created by estrogen and prepares it for pregnancy.²³ When progesterone reaches its peak, the pituitary gland is signaled to stop producing LH. At this point, both FSH and LH are not being produced. The corpus luteum is still producing estrogen and progesterone until about day 22. If fertilization occurs, the fertilized egg will begin to secrete hormones on its own. If fertilization does not occur, there is quick decrease in estrogen and progesterone levels. This decrease is seen five to seven days before menstruation and is responsible for producing premenstrual symptoms in many women.²⁴ Without estrogen and progesterone, the blood vessels in the uterine wall go into spasm and contract. As a result, the uterine lining breaks down and the blood cells and mucus that make up the lining are shed, bleeding begins and we return to day 1.²⁵

According to Sushruta, the monthly cycle begins in the 12th year. Most modern texts would say that the monthly cycle begins at puberty between ages 11 and 15 in response to an increase in production of FSH and LH.²⁶ The average onset of menopause according to most sources is between the ages of 50 and 51. However, in some cases menopause can occur earlier for many reasons. This happens to 1% of the population.²⁷

Hormonally, we start to see changes in the production of estrogen, progesterone, FSH and LH beginning in our 30's. This often marks the beginning of perimenopause. As we get older, we have fewer follicles left. FSH levels rise in response in an attempt to get the follicles to respond and produce a good egg.²⁸ We also see a rise in LH levels and a decrease in both estrogen and progesterone. During our perimenopausal years the levels of our sex hormones continue to gradually drop. At menopause, there is a significant drop in estrogen and progesterone.

The charts below paint a clear picture of what is happening hormonally in our bodies during the menstrual cycle, perimenopausal, menopausal and post menopausal years.





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In the second chart, we see a gradual decline in estrogen and progesterone during the perimenopausal years and a steep decline during menopause and post menopause. According to contemporary medical science, the physiological transition from reproductive to post-reproductive life is associated with decline in estrogen levels.³¹ This decline may be experienced as a change in skin elasticity, altered cognitive abilities, hot flushes or flashes, night sweats, menstrual irregularities, and vaginal dryness. Other symptoms including depression, nervous tension, palpitations, headaches, insomnia, lack of energy, difficulty concentrating, and dizzy spells are also reported.³² According to Nancy Lonsdorf, this prevalent medical belief that falling estrogen levels are solely responsible for all the symptoms we currently attribute to menopause is a mistake.³³ This leads us to the Ayurvedic Interpretation of Menopause.

THE AYURVEDIC PATHOLOGY OF MENOPAUSE

Similar to Western Medicine, Ayurveda recognizes the falling level of sex hormones beginning around age 35. While western medicine equates the symptoms of menopause to these declining hormonal levels, Ayurveda interprets the symptoms to also be part of the aging process. Ayurveda considers aging Nishpratikriya³⁴ (changes cannot be resisted) and Swabhavabal Roga³⁵ (natural disease). Rajonivritti(menopause) occurring in Jarapakva

Shareer(aged body) at the age of 50 years.³⁶ is comparable to the present day studies showing the mean age of menopause to be 51 years. With advancing age there is a gradual diminution in the qualities of Dosha, Dhatu, Mala, Agni and Oja.³⁷ Both men and women approaching their 40's and 50's will notice changes in their bodies, skin, sex drive and memory. Nancy Lonsdorf, points out, "Most men at midlife go through a similar transition due to aging- developing middle aged spread, wrinkles, and flagging libido, even forgetting a name here or there- yet they are not suddenly losing estrogen. "³⁸ There was a study done in rural England of more than fifteen hundred men and women. The study showed little difference between the genders for midlife health symptoms. In fact, only two symptoms occurred more often in middle aged women than men, hot flashes and vaginal dryness.³⁹ In conclusion, we see that many of the symptoms associated with perimenopause and menopause are not only due to declining sex hormones but also due to the natural process of aging.

Looking at cultural differences, we also see that women in countries where there is less stress rarely have any symptoms of perimenopause and menopause. In Nancy Lonsdorf's book, *Ageless Women*, she states, " In tribal and rural India, women living simple, low-stress lives rarely have menopausal problems. 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 hormone levels."⁴⁰ In Maya Tiwari's book, *Women's Power to Heal*, she adds, "Native women eagerly awaited this time of life as it meant the beginning of reprieve, reflection and inner peace. Nothing in the world would have enticed a native woman to fetch the burden of youth for another decade or so, by pushing menopause farther into the vision of her future, even if she had at her disposal the chance for biomedical intervention to do so."⁴¹

Expanding on the ayurvedic interpretation that there is a gradual decline in the qualities of Dosha(one of three bodily humors that make up ones constitution),⁴² Dhatu(Tissue), Mala(Waste), Agni(Digestive Fire), and Oja(Immunity) for both men and women beginning in their early 40's and 50's, leads us into further investigation as to what is the pathology of both the symptoms of menopause and the natural process of aging. We have already determined that aside from hot flashes and vaginal dryness, these symptoms are the same for both men and women.

SYMPTOMS OF MENOPAUSE

- HOT FLASHES
- INSOMNIA
- MOOD CHANGES
- VAGINAL DRYNESS
- ATROPIC VAGINITIS
- CYSTITIS
- DRYING OUT AND THINNING OF THE SKIN
- THINNING HAIR
- PALPITATIONS
- MIGRAINES
- ANXIETY/DEPRESSION
- MENTAL FOGGINESS
- OSTEOPOROSIS
- ENDOCRINE IMBALANCE UNTIL OVARIES STOP PRODUCING OVA⁴³

The symptoms listed above for Menopause are all symptoms of disturbed Vata. Vata Dosha is made up of the elements air and space. It has the qualities of being light, cool, mobile, irregular, subtle, dry and rough. While all three doshas, Vata, Pitta and Kapha are always present in the body, their dominance changes according to season, age, time of day and the individual's particular constitution. For our purposes, we will concentrate on age. In Ayurveda, menopause marks the transition from the Pitta stage of life to the Vata stage of life. Kapha stage is birth until about age 19. Hence, it should be no surprise that most of the symptoms of menopause have to do with Vata imbalance. One might think that hot flashes are more a pitta imbalance, pitta being composed of fire and water. In Robert Svoboda's book, *Ayurveda for Women*, he notes: "Even hot flashes, although they are hot, are primarily manifestations of this quality of disparity that becomes prominent due to Vata imbalance. If pitta has accumulated over the years the hot flashes are likely to be more frequent, more intense, and more irritating, and your mood is likely to be more irritable."⁴⁴ A person whose constitution is primarily kapha will also experience symptoms of menopause. However, kapha type symptoms are more in line with kapha tendencies toward weight gain and fluid retention. This transition from Pitta dominance to Vata dominance causes most of the

symptoms of menopause, for Pitta is more akin to metabolic activities and Vata has an active role in degeneration.⁴⁵

AYURVEDIC PATHOLOGY MENOPAUSE							
Stage	Evidence	Dosha	Subdosha	Dhatu	Srota	Herb Category	Example
A/A	PPM Constipation and gas	Vata	Apana	Rasa	PurishaVS	Laxative: Carminative:	Triphala Flaxseed Cumin
O	MT Systemic dryness	Vata	Vyana	Rasa	RasaVS	Demulcent:	Licorice Slippery Elm
O	MT Feeling cold Fatigue	Vata	Vyana	Rakta	RaktaVS	Circulatory Stimulants:	Ginger, Black Pepper
RMD	Vaginal Dryness	Vata	Vyana	Rasa	ArtavaVS	Demulcents:	Shatavari, Aloe Vera
RMD	Atropic Vaginitis	Vata	Udana	Mamsa	ArtavaVS	Muscle Tonics:	Shatavari, Bala
RMD	Anxiety Depression Insomnia	Vata	Prana Vyana Samana	N/A	ManoVS	Nervine Tonic: Nervine Sedatives:	Brahmi Shatavari Jatamansi
RMD	Hot Flashes	Vata	Samana	N/A	AnnaVS	Dipana:	Fennel, Coriander
RMD	Cystitis	Vata	Vyana	Rasa	MutraVS	Urinary Tonics:	Gokshura Punarnava
RMD	Palpitations	Vata	Vyana	Rasa	RasaVS	Cardiac Tonics:	Arjuna Hawthorn Berries
RMD	Osteoporosis	Vata	Apana	Asthi	AsthiVS	Bone Tonics:	Bala, Haritaki
RMD	Endocrine Imbalance	Vata	N/A	Shukra	ArtavaVS	Endocrine Tonics:	Dong Quai Wild Yam

The Pathology chart above assumes a working knowledge of Ayurveda. It should be noted that five out of seven dhatus are affected in this pathology including rasa, rakta, mamsa, asthi, and shukra. Hence, when treating menopause, it is important to build all the dhatus (tissues). In addition, according to Dr. Marc Halpern, "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.⁴⁶ We have already learned that this underlying depletion stems from the aging process and some people suffer more than others. In Dr. Claudia Welch's book, Balance Your Hormones,

Balance Your Life, she notes that the underlying depletion we may or may not face at menopause stems from draining our stress hormones earlier in life. Estrogen deficiency may simply be due to a long-term excess of stress hormones draining our sex hormones. Adding more estrogen via hormone replacement therapy without calming the stress in our lives is like pouring water into a bucket with a hole in it.⁴⁷ Dr. Welch goes on to say, “Stress renders us less responsive to normal amounts of hormones and pretty much ensures hormonal imbalance.”⁴⁷ Considering the natural aging process, stress and the transition into menopause, we now look at the Ayurvedic Management of Menopause.

AYURVEDIC MANAGEMENT OF MENOPAUSE

As with all Ayurvedic imbalances, treatment is based on the individual needs of the person. When treating women going through perimenopause and menopause, it is important to first learn what symptoms are being experienced. In some cases, it may be enough to bring the body back to homeostasis through regular routines, dosha specific pacifying diet, rejuvenation therapies and aphrodisiacs. In more extreme cases, hormone replacement therapy may be needed for a short period of time! In between, there are a variety of natural remedies that can be explored.

In reviewing the symptoms of menopause, it is clear that these symptoms are a result of Vata imbalance approaching the Vata stage of life. Ideally, maintaining Doshic balance is managed throughout ones entire life. Professor Vandana Baranwal notes, “The first and foremost objective of chikitsa (therapy) in Ayurveda is Dhatusamya (homeostasis) and is the most important component of preventive medicine. Observing Dinacharya (daily regimen), Ritucharya (seasonal regimen) and regular removal of aggravated Dosha according to Ritu (season) by Panchakarma are the means to keep dosha in harmony.”⁴⁹ This is a very good lesson for those women in their late 20’s and early 30’s to begin incorporating these regimens into their daily routines in an effort minimize the affects of both aging and hormonal changes later in life.

DIET AND LIFESTYLE

When managing menopause, Ayurveda would first look at lifestyle and dietary habits. Even though Vata symptoms mostly dominate, we still need to look at the individual before suggesting an appropriate diet. In most cases, diet will be Vata pacifying, however, in some

instances, we may be dealing with weight gain and or sensitivity to spicy foods, caffeine and alcohol. For our purposes, we will stick with a Vata pacifying diet. The sweet taste should be incorporated the most as it is tonic and will build both dhatus and ojas. Tonic therapy at this time of life slows the rate of depletion allowing a gradual transition to take place.⁵⁰ While the sweet taste is most tonic, sour and salty tastes will also pacify Vata. Favoring warm, cooked foods and warm beverages is suggested. In addition to choosing soft, unctuous foods like cooked grains, cooked vegetables, cooked cereals and soups over crunchy dry foods.⁵¹ Incorporating healthy oils into your cooking including olive oil, sunflower oil and organic sesame oil. Avoiding caffeinated beverages, spicy foods and alcohol. While following a Vata pacifying diet is very important, it is just as important to create routines and rituals around mealtime. This goes back to treating the underlying symptoms. Establishing regular meal times in a quiet pleasing environment where you give yourself the opportunity to savor both the meal and the ritual that surrounds it will be a contributing factor to reducing stress in your daily life. A variety of scientific studies attest to the fact that such regularity dramatically affects the inner rhythms of your hormones, blood pressure and even body temperature.⁵² This particular study included routines around bedtime and waking time as well as mealtime.

In combination with Vata pacifying diet and establishing regular routines, the addition of abhyanga (self oil massage), professional abhyanga and shirodhara are some of the best ways to keep Vata under control. A clinical trial dating back to 2010 evaluated the efficacy of Shirodhara (steady flow of warm oil poured skillfully on forehead) and Saraswatarishta (herbal based medicine for anxiety) as compared to Hormone Replacement Therapy. There were 48 female patients between the ages of 40 and 55 years old. All of these patients were experiencing psychological manifestations of menopause. When subjected to the Panchakarma procedure of Shirodhara, all patients showed better effect in combating the disturbances of the mind and the psychic symptoms of menopause. Saraswatarishta also showed encouraging results.⁵³

Dr. Claudia Welch suggests learning and incorporating alternate nostril breathing into your daily routine along with meditation. She encourages, “Do 15 to 20 minutes of gentle, alternate nostril breathing every day. This helps to balance yin (sex hormones) and yang(stress hormones) in the body.⁵⁴

Exercise is also very important in the management of menopause as it one of the best treatments for osteoporosis. Weight bearing activities including yoga, jogging and or walking will all help to increase bone density. However, as Dr. Robert Svoboda points out, “If you have waited until menopause to begin to put your physical affairs in order, you may find your bone density decreasing despite all your best efforts to take calcium and exercise.⁵⁵

HERBAL SUPPLEMENTS

According to Dr. Marc Halpern, the most important herbs for managing menopause are reproductive tonics as they ease the hormonal transition and all related symptoms. ⁵⁶ In addition, estrogen-promoting herbs are also recommended. Common herbs that mimic estrogen include motherwort, red clover, and saw palmetto. ⁵⁷ Dong quai, vitex, blue cohosh, black cohosh, shatavari, wild yam and licorice have also been found to have estrogen effects.⁵⁸ Maya Tiwari adds, “Ayurveda’s most nourishing herbs for menopause are aloe vera gel, shatavari, ashwagandha, kapikacchu, triphala, dashamula, brahmi, gotu kola, vidari, saffron and amalaki. ⁵⁹ These herbs are recommended for all three dosha’s. Some of the herbal remedies for menopause include:

ASHWAGANDHA, SHATVARI AND HONEY PASTE (SERVES 2)

½ teaspoon ashwagandha powder

½ teaspoon shatavari powder

½ teaspoon vidari powder(ancient relative of wild yam)

¼ teaspoon ginger powder

1½ teaspoons honey

Combine the four powders in a small bowl and add honey. Mix into a paste and take twice daily, once after breakfast and then again after lunch for three to six months. Follow with half glass warm water.⁶⁰

SAFFRON AND SHATAVARI MILK (SERVES ONE)

1cup organic milk

10 strands saffron thistles

½ teaspoon shatavari powder

1teaspoon ghee

Bring the milk to a boil. Remove from heat. Stir in the powders and add the ghee. Drink an hour or so before bed. Take for a period of three to six months. ⁶¹

In many cases, the lifestyle, dietary changes, herbs and stress management therapies discussed above are enough to make women feel better during menopause. We see this to be especially true in Eastern countries. However, in the cases where it is not enough, women may explore Phytoestrogens, Bioidentical Hormones, and Hormone Replacement Therapy. All of these Western approaches carry their own baggage of side effects.

PHYTOESTROGENS

The definition of Phytoestrogens according to Nancy Lonsdorf is, “Phytoestrogens are a class of compounds found in plants. They are similar in structure to human estrogen and affect hormonal balance in a woman’s body when consumed.”⁶² Phytoestrogens can be in the form of concentrated herbal or extract formulas and in the form of whole foods. The concentrated herbal or extract formulas have the potential to create side effects and therefore should be taken under proper guidance.⁶³ A few examples of Phytoestrogens in whole food form include dietary soy, wheat, cashews, apples, almonds, flax seed, turmeric, wild yam and licorice. A 2013 study of treating vasomotor symptoms including hot flashes and night sweats with phytoestrogens, found no conclusive evidence to show that phytoestrogen supplements effectively reduced the frequency or severity of hot flashes and night sweats in perimenopausal or postmenopausal women.⁶⁴ However, some women find that progesterone alone (derived from wild yam) works well; others also add soy or licorice derived estrogens.⁶⁵ When choosing to use Phytoestrogens, it is best to work closely with your doctor.

BIOIDENTICAL HORMONES

Bioidentical hormones are manufactured hormones that exactly match your body's own hormones in chemical structure. While many people feel they are the "natural" alternative to HRT, they are still manufactured and therefore highly processed substances. There is a lot of debate over their safety as compared to "synthetic" HRT. Unlike HRT, bioidentical hormone therapy has not been extensively studied for its side effects. Reason being, drug companies can't patent naturally occurring substances-which bioidentical hormones are.⁶⁶ No patent means anybody can make them. ⁶⁷According to Dr. Claudia Welch, without a monopoly, the marginal profits don't financially justify the major expense of comprehensive studies. ⁶⁸ While there has been some success with the use of bioidentical hormones for treating menopausal symptoms, the lack of evidence supporting their safety presents concerns in whether or not they should be prescribed. According to the US Food and Drug Administration and The Endocrine Society, there is little or no evidence to support claims that bioidentical hormones are safer or more effective than HRT.⁶⁹ However, according to K. Holtorf in his Bioidentical Debate study, He found bioidentical hormones to have less risk than HRT. According to K. Holtorf, "Physiological data and clinical outcomes demonstrate that bioidentical hormones are associated with lower risks, including the risk of breast cancer and cardiovascular disease, and are more efficacious than their synthetic and animal-derived counterparts."⁷⁰ While this particular clinical trial advocates the use of bioidentical hormones instead of HRT for the treatment of menopause, the debate continues due to lack of extensive clinical trials.

HORMONE REPLACEMENT THERAPY

While HRT was considered the ultimate liberation for middle-aged women back in the 1970's, now it is considered a last resort for those women whose menopausal symptoms are completely unmanageable. While it is true that HRT remains the fastest treatment for reducing hot flashes, night sweats and sleep disturbance, the negative side effects discovered in the Women's Health Initiative (WHI), outweigh these benefits. The WHI was halted back in 2002 because of the alarming side effects that began to show up in the women participating in this study. There were over 16,000 women involved in this study who were between the ages of 50-79. The study was stopped midstream because results started to show a 26% increase in breast cancer, 29% increase in heart attacks, 41% increase in strokes and 100% increase in blood clots.⁷¹ The risks of HRT are cumulative, and

therefore some feel HRT is reasonably safe to use for short periods of time. However, using HRT for a short period does not remove the symptoms of menopause. Once, you go off of HRT, the symptoms will come back.

CONCLUSION

Re-emphasizing Professor Vandana Baranwal's statement, "The first and foremost objective of Chikitsa (therapy) in Ayurveda is Dhatusamya (homeostasis) and is the most important component of preventive medicine,"⁷² it becomes clear that adhering to Ayurvedic Dinacharya (daily routine), diet and lifestyle will be the most effective prevention of both perimenopausal and menopausal symptoms. All women will travel through menopause, as it is a rite of passage. The question becomes, which route to take? We have seen that in Eastern Countries, women sail through menopause without a wave. Native women eagerly awaited this time of life as it meant the beginning of reprieve, reflection and inner peace.⁷³ While in the West, women perceive menopause to be a slippery slope of a steep and terrible decline.⁷⁴ We now know, menopause does not need to be the "crisis" many women view it to be. Educating women on Ayurvedic stress reducing therapies including, yoga, pranayama and meditation starting in their 20's and 30's will help ease the transition into the menopausal years later in life. In addition, maintaining Doshic balance from an early age will also minimize the symptoms of menopause. Consuming foods that are balancing to your constitution whether it be Vata, Pitta or Kapha becomes a tool for preventing symptoms of menopause and advancing age. Having exercise as part of your life starting in your 20's also leads to healthier bones when you are in your 50's and beyond. Taking time to "Pause" throughout your entire life will also help with "Menopause" later in life. Dr. Claudia Welch articulates, " Starting to think about menopause only when it hits is a little like trying to dig a well only when you get thirsty. Better to dig little by little so the water is available when you need it."⁷⁵

Endnotes

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- ¹⁵Ibid
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ABSTRACTS

Beyond HRT- Ayurveda for Menopause and Associated Aging Problems Prof. Vandana Baranwal Dept. of PTSR, SDM College of Ayurveda Hassan, Karnataka, India

Abstract: The physiological function of most organ systems tends to decline with age, but there is a wide individual variability. Every person deserves precise diagnosis and assessment of function together with individually tailored management. The climacteric is a critical period in women's life where loss of ovarian follicular activity is characterized biologically by decline in fertility, endocrinologically by alteration of hormone levels, and clinically by variation in menstrual cycle length and experience of a variety of symptoms. For decades, estrogen, either alone or in combination with progestins (HRT) has been the therapy of choice. The results of two large studies on HRT, The Heart and Estrogen/progestin Replacement Study (HERS) (1) and the Women's Health Initiative (WHI) Study (2) however, have modified the risk/benefit perception of HRT. Search for safe alternatives other than HRT to provide optimum physical and mental fitness are warranted. This review puts together probable cause and therapeutics based on Ayurvedic principals. It also lists the group of drugs that can be used in aging population to alleviate menopausal as well as associated aging problems, tailored according to the individual needs. Keywords: Menopause, Rajonivritti, Ama, Dhatu kshaya, Vayahsthapan.

An assessment of *Manasika Bhavas* in menopausal syndrome and its management

[Khyati Santwani](#), Ph.D. Scholar, [V. D. Shukla](#), [M. A. Santwani](#), M.D.(Medicine),¹ and [Gayatri Thaker](#)²

AbstractThe present clinical trial was conducted to evaluate the efficacy of *Shirodhara* and *Saraswatarishta* as compared to hormone replacement therapy (HRT) in the management of menopausal syndrome, along with the assessment of *Manasika Bhavas*. The subjects were randomly divided into three groups. A total 48 patients were selected for the study, out of which 43 patients completed the study. Specialized Ayurvedic rating scales like *Manasa Pariksha Bhavas* as well as the Hamilton Anxiety Rating Scale, Hamilton Depression Rating scale, and Menopause Rating Scale were adopted to assess the effect of therapy. The effects were examined on the chief complaints as well as the associated complaints. Patients undergoing *Shirodhara* had better relief of the disturbances of *Manasa Bhavas* and psychic symptoms of menopause as compared to the other two groups. *Saraswatarishta* also showed encouraging results in managing the associated somatic symptoms and the psychic symptoms. Hence, we conclude that it can be used as an alternative therapy to HRT

Phytoestrogens for menopausal vasomotor symptoms.

[Lethaby A¹](#), [Marjoribanks J](#), [Kronenberg F](#), [Roberts H](#), [Eden J](#), [Brown J](#).

Author information

ABSTRACT Ageing is inevitable. 'Sheeryate eti Shareeram' means degeneration is natural to human life. The percentage of women in the postmenopausal age is increasing day by day. 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. Ayurveda has the great therapy of Rasayana where modern medicine has lacuna in it. It is reported that Synthesized Hormonal Therapy (HRT) of modern medicine has many harmful side effects. Hence the compound preparation (kalabandadi rasayana) is taken for study to assess its efficacy in improving the quality of life of post-menopausal women by alleviating symptoms and by managing menopausal syndrome. Thirty patients suffering from menopausal syndrome between 30-70 years of age were selected from outpatient department of Andhra Pradesh Pranayama Research Centre, Secunderabad and necessary investigations were carried out. Kalabandadi rasayana preparation was given to each patient – 5gms. with milk twice daily before meals for 3 months. After treatment it was observed that majority of the patients were relieved of the symptoms and no side effects were found. Hence it is concluded that the drug is effective, safe and economical.

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A historical perspective on menopause and menopausal age.

[Singh A](#), [Kaur S](#), [Walia I](#).

Abstract

Earliest known references to menopause have been very scarce. Aristotle referred to age at menopause being 40 years. A French physician coined the term menopause in 1821. Medical interest in menopause increased considerably in mid 19th century. In 1930s people started describing it as a deficiency disease. Consequently, various replenishment therapies were advocated eg. testicular juice, crushed ovaries of animals. In 1970s medicalization of menopause was complete. Menopausal symptoms were ascribed to estrogen deficiency and estrogen (hormone) replacement therapy was exhorted as the ultimate liberation of middle aged women. Synthetic estrogen was developed in 1938. Medical industry (Pharmaceuticals) entered the scenario of menopause in a big way and dominated the center stage. In 1970s International Menopause Society was established. First International Congress on Menopause was also organized in Paris, France in 1976. Various countries have formed national societies on menopause. Symptomatology of menopause differs in different ares of the world e.g In West - hot flush, in Japan shoulder pain and in India low vision are the hallmarks of menopause. HRT use rate is high in West while it is low or negligible in countries like India. Age at menopause is also higher in West as compared to the range of 45-47 years in developing countries like India. Historically also a lower age at menopause was range documented in earlier times. This rose to the range of 50-51 years in the present era. Overall, women in western countries view menopause negatively. This is contrasted with a positive outlook towards menopause in a developing country like India.

The bioidentical hormone debate: are bioidentical hormones (estradiol, estriol, and progesterone) safer or more efficacious than commonly used synthetic versions in hormone replacement therapy?

[Holtorf K¹](#).

Author information

Abstract

BACKGROUND:

The use of bioidentical hormones, including progesterone, estradiol, and estriol, in hormone replacement therapy (HRT) has sparked intense debate. Of special concern is their relative safety compared with traditional synthetic and animal-derived versions, such as conjugated equine estrogens (CEE), medroxyprogesterone acetate (MPA), and other synthetic progestins. Proponents for bioidentical hormones claim that they are safer than comparable synthetic and nonhuman versions of HRT. Yet according to the US Food and Drug Administration and The Endocrine Society, there is little or no evidence to support claims that bioidentical hormones are safer or more effective.