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STUDY OF "POST MENOPAUSAL SYNDROME" & THERAPEUTIC RESPONSE OF UNANI DRUGS-A RESEARCH ARTICLE

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ABSTRACT

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. These symptoms constitute the postmenopausal syndrome; they are impairing to a great extent to the woman and management of these symptoms has become an important field of research lately. This chapter attempts to understand these symptoms, the underlying pathophysiology and the management options available. Most commonly females attained menopause after the age of 40 years or more, as it is due to hormonal changes occurring in the body that makes them vulnerable to deal with many consequences physiological and sometime pathological too. The age at menopause attained is crucial and keep the public health and clinical interest as it may reveal health and aging. Menopause and climacteric are peculiar to the human race, but in lower animals ovulation and fertility continues up to old age. In Unani system of medicine, there is no exact description of menopause but it can be revealed under Ehtibase Tams (cessation of menstruation) and can be correlated with Sinne Yaas. Zakariya maintains that menstruation ceases due to dominance of Barid (cold) and viscous Akhlat (humours) near the vicinity of uterus or its vessels due to obstruction or increased viscosity of blood. Ibn Sina stated it is the weakness of Quwate Dafiya (faculty of excretion) of the body which alter the normal cycle and ultimately stops the cycle. Sinne Yaas is the transition from reproductive to non-reproductive state usually achieved at the age of 50 years, sometimes at the age of 40 years too. In this paper we try to evaluate truth about menopause stated in Unani system of medicine and possible treatment with some specific Unani formulation a after attaining the physiological milestone in a women's life.

KEYWORDS: Post Menopausal Syndrome, Unani formulation**.**

I. INTRODUCTION OF POST MENOPAUSAL SYNDROME

Post menopause women comprise an ever-increasing percentage of the population. the alteration in the ovarian function with loss of cyclic hormonal activity after menopause appears to be an actual endocrinopathy that produce definite metabolic effects. Four criteria are necessary for endocrinopathy to be present morphologic changes, functional changes, hormonal changes and target tissue changes. The menopausal transition is a progressive endocrinologic continuum that takes reproductive aged women from regular, cyclic and predictable menses that are characteristics of ovulatory cycles to a final menstrual period associated with ovarian senescence. With improvement in treatment and increased focus on preventive health care, average life expectancy has increased. As a result, most women can now expert to live at least one third of their lives in the post menopause period, specifically in the 2010 nearly 42 million women were aged 55 years and older. Importantly, menopausal transition and the years of life spent in the post-menopausal state bring with them issue related to both quality of life and disease preventive and management.

Post menopause is defined by the WHO, the term post menopause is defined as dating from the final menstrual period, regardless whether the menopause was induced or Spontaneous. The post menopause lasts about 10-15 years and is followed by the senescence from about 65

years of age to the end of life. This age limit is marked by the successive occurrence of the maximum rate of cardio vascular, orthopedic and oncologic disease. After this age, estrogen substitution may be accompanied by higher vascular and oncologic risks. The ovaries of postmenopausal women gradually un responsive to gonadotropins, with advancing age and its function declines. This unresponsiveness is associated with and probably caused by decline in the number of primordial follicles. The ovaries no longer secrete progesterone and 17 B estradiol in appreciable quantities. The uterus and vagina gradually become atrophic.as the negative feedback effect of the estrogen and progesterone is reduced, secretion of FSH and LH is increased, and the plasma FSH and LH rise to high levels. The menstrual cycle usually becomes irregular and ceases between the ages of 45-55. The average age at onset of menopause has increased since the turn of the century is currently it has been declared as 52 years of age. The postmenopausal women experience sensations of warmth spreading from trunk to the face (hot flushes also called hot flashes), night sweats, and various mood swing symptoms. Hot flushes are said to occur in 75% of menopausal women, they are prevented by administration of estrogen. Every woman experiences the years leading up to menopause which are technically known as peri menopause the variation range from the onset of symptoms to the amount that affects them. these symptoms can affect a woman literally from head to toe, and many are inter corrected so, with the onset of one symptom invariably arrives many.

II. AIM AND OBJECTIVES

1) To evaluate the problems of awarizaat-e-sinn-e-yaas clinically and its management with Unani drugs.
2) To develop economically, safe and effective remedy to improve the quality of life for menopausal women.
3) To reduce the risk of post-menopausal problems.

III. MATERIAL AND METHODS

The study is carried out to assess the efficacy and therapeutic response of unani drugs in the management of post-menopausal syndrome in the PG Dept of Qabalath-o-Amraz-e-Niswan, at Government Nizamia Tibbi College and Government Nizamia General Hospital, Charminar, Hyderabad. 60 patients were registered and 40 patients were selected for the trial. These 40 patients were divided into two groups with 20 patients in each group. Consent is taken after counseling and explanation. The consent was taken in form of Unani management for post-menopausal syndrome, a special case sheet proforma was made for this purpose.

A. Criteria for selection of patients

a. Inclusion Criteria

- Women those who were attained natural or artificial (surgical) menopause between the ages of 35 to 60 years were included in this study.
- In artificial (surgical) menopause cases included after 6 months of surgical procedure
- Cases will natural menopause will be taken after one year of cessation.
- Patient with Diabetes mellitus, HTN have been included.

b. Exclusion criteria

1) Women with systemic disorders and malignancies.
2) Post-menopausal bleeding.
3) Cardiac disorders.
4) Women with Thyroid disorders.

VI. Pharmacognosy of drugs

Drugs which are selected for the trial were finalised on the basis of their efficacy in the management of postmenopausal syndrome, and their pharmacological effects, easy availability with least side effects in both groups. Group-A and Group-B.

Group A medicine has been categorized as musakin-e-dard (analgesic), mufarah, muqawwi-reham, muhalil, muqwwi-e-bah (aphrodisiac), lipolytic, cardioprotective.

Group B medicine contains as nutritional supplements like high protein, and Vitamins, calcium and iron. Along with this medicine a common humool for local application a suppository is also prepared.

Test group

GROUP-A MEDICINES: It cosists of sufoof, joshanda, humool

1) NUSQ-E-SAFOOF (ORAL)

No.	Name of the drug	Dosage in grams
1.	Asgand (Withania somnifera dunal)	3 grams
2.	Kashniz khushk (Coriandrum sativum linn)-	3 grams
3.	Suranjaan (Colchicum luteum baker)	3 grams
4.	Tabasheer (Bambusa spinosa rotz)-	3 grams

Total 12 grams in 3 divided doses i.e, 4 grams in each dose for 3 months.

2) NUSQ-E-JOSHANDA

No.	Name of the drug	Dosage in grams
1.	Baranjasif (Achilea Millefolium linn)	10 grams
2.	Gul-e-Shurkh(Rosa damascena mil):	5 grams

Total 15 grams daily 2 times for 3 months.

GROUP-B MEDICINES: It consists of sufoof and humool.

1) NUSQ-E-SAFOOF (ORAL)

NO.	Name of the drug	Dosage in grams
1.	Soyabean (Anantheum sowa roxb)-	10grams.
2.	Khurma(Phoenix dactylifera linn)-	4 grams
3.	Mung Phalli (Arachis hypogaea linn)-	10 grams.

Total 24 grams in 3 divided doses,8 grams in each dose for 3 months

HUMOOL (local application) (**Common in Both Groups**)

No.	Name of the drug	Dosage in grams
1.	Luaab Gheegawar (Aloe barbadensis officinalis	2 tola
2.	Safoof-e-Phalli-e-Babool (Acacia arabica willd)	1gram
3.	Safoof-e-Chairaita (Swertia chirata ham)	1/2 gram.
4.	Safoof-e-Chopzard (Curcuma longa linn	1/2 gram

A. Preparation of decocotion(joshanda)

Gul-e-surkh 10 grams and Baranjasif 5 grams both the drugs have been soaked in overnight in 200 ml of water and boil in morning after preparation of decoction and it should be divided into two doses one dose given in the morning and second dose given in the evening before meals.

B. Preparation of powder (sufoof) of group-A medicine

Asgand 3 grams, Suranjan 3 grams,tabasheer 3 grams, kishniz khusk 3 grams, took in dry form and grinded upto fine powder and divided into three doses each dose given 4grams TID after meals for 10 days course for 3 cycles.

C. **Preparation of powder (sufoof) of group-B medicine**

Soya bean 10 grams, Khurmas grams, Mung phalli 10 grams took in dry form and grinded upto fine powder and divided into three doses each dose given 8 grams powder thrice daily after meals for 10 days course for 3 cycles.

D. Preparation of humool

The humool is common for both group A and group B and its method of preparation follows. Luaab –e-gheeghawar 2 tola.sufoof-e-phalli babool 1 gram.sufoof-e-chairata ½ gram Sufoof-e-chopzard ½ gram are mixed thoroughly and soaked in cotton ball. This cotton. Ball tagged with a thread and thread are kept in posterior fornix for 6-8 hours daily for 10 days course and the same procedure repeated in 3 cycles.

Name of Drugs	Chemical constituents	Pharmacological action
Gul-E-Surkh **Botanical name:** Rosa damascene mill. **Family**: Rosaceae.	It contains volatile essential oil, fat, resin,malic, tartaric and tannic acids. aromatic volatile oil, a glucoside quercitri, gallic acid.	Mildly astringent, aperients, carminative, refrigerant, muqawi-e-qalb-o-dimag,muqawi-e-badan, musakkin- e-hiddat-e-safra.
Biranjasif **Botanical name:** Artemisia vulgaris linn. **Family**: Asteraceae.	Organic: Carbohydrates, glycosides, proteins, resins, steroids, terpenoids, tannins, phenols. Inorganic: aluminium, calcium, iron, lead, magnesium, potassium, and sodium.	Muhallil, (resolvent), Mulattif (demulcent), Muddirr-e-baul (diuretic), mufatteh (deobstruent), daf-e-humma (antipyretic).
Asgand Botanical name: Withania somnifera Dunal. **Family**: Solanaceae	It contains a bitter alkaloid somniferin, resin, fat, and coloring matters. Sugar, phytosterol, ipuranol	It acts as Uterine tonic. It expels balgham and sauda, Aphrodisiac, puerperal tonic.
Suranjan **Botanical name**: Colchicum autumnale linn **Family**: Liliaceae.	Alkaloids, glycosoids, proteins, amino acids, arbohydrates, resins, steroid, triterpenes, Iron, calcium, potassium, sulphate, hosphate, sodium, chloride.	Qabiz, Habis ud dam, Mubbarid and Mujaffif.
Tabasheer **Botanical name**: Bambusa arundinacea **Family**: Gramineae	Tabasheer contains silicaas hydrate of silicic acid, peroxide of iron, potash, lime, vegetive matter, proteolytic enzyme and emulsifying enzyme.	It is used for heart and liver, sedative, it prevents thirst, it is used in palpitation, coma and safrawi fevers.
Kishneez khushk **Botanical name**: Coriandrum sativum Linn. **Family**: Umbelliferae.	**Organic**: flavonoids, fixed, oils, glycosides, proteins, aminoacids, reducing sugars, resins, saponins, steroids, triterpins, volatile oil	Fruit is aromatic, stimulant, carminative, and stomachic, antibilous, refrigerent, tonic, diuretic, and

		aphrodisiac.
Chiraita **Botanical name**: Swertia chirata. **Family**: Gentianaceae	Organic: It contains two intensely bitter principles ophalic acid and chiratin. Inorganic: calcium, magnesium, potassium sodium,	Qatil-e-deedan-e-ama (anti helminthic), Daf-e- humma (antipyretic), Mulayyin (laxative), Mufriz-e-laban (galactogogue).
Chop Zard **Botanical name:**Curcuma longa linn. **Family**: Scitaminaceae	It contains an essential oil, Resin and an alkaloid, and yellow coloring matter Curcumin and turmerol.	Aromatic, stimulant, tonic, carminative, antihelmintic
Gheekwar **Botanical name**: Aloe Barbadensis. **Family**: Liliaceae.	Organic: carbohydrates,proteins and tannins, Inorganic: Iron, calcium, potassium magnesium and sodium.	Kasir-e-riyah(carminative), Muqqavi(tonic), Hazim(digestive), Muhallil-e-warm (anti- inflammatory)
Phalli-e-babool **Botanical name**: Acacia Arabica Wild **Family**: Mimosaceae.	The pods of babul tree contains about 22.44% Tannin, calcium, potassium and magnesium.	Astringent, Demulcent, Aphrodisiac, Nutritive and Expectorant.
Mung phalli **Botanical name**: Arachis hypogaea linn. **Family**: Papilionaceae	Fixed oil contains glyserides of plamitin and olein, linolic and arachidic acid. It contains proteins, minerals and vitamins	Nutritious, aperient, and emollient, antioxidant Ground nuts are considered very bilious in some constitutions.
Khurma **Botanical name**: Phoenix Dactylifera linn **Family**: Palmae.	Dates contains valuable salts and iron in an assimilable form, tannin, extractive matter, mucilage, insoluble matter and lime. It contains vitamin A & B complex,	Dates are very Nutritive, Expectorant, Aphrodisiac, Tonic, Demulcent, Laxative, Diuretic, and highly saccharine.
Soya bean **Botanical name**: Soja hispida **Family**: Papilionaceae	The seeds contain phytoestrogens & lack of starch gives the beans favour as a diabetic food.	Nutritive. Carminative, digestive, tonic etc.

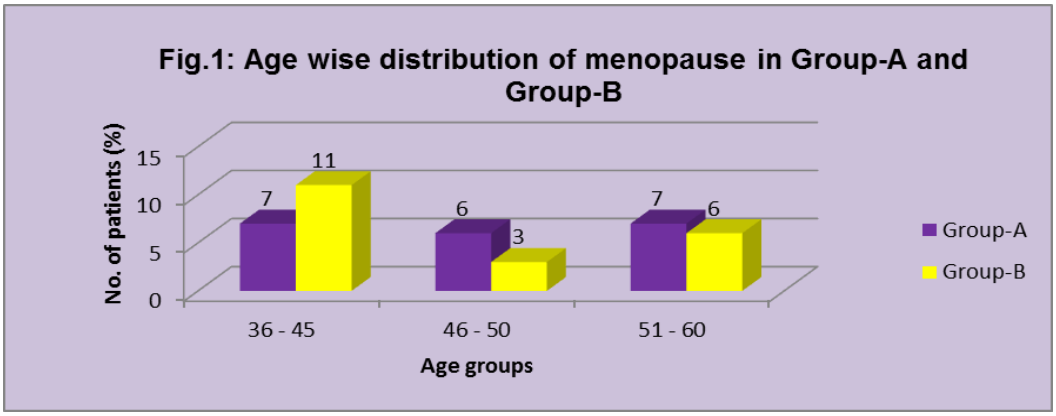
IV. OBSERVATIONS AND RESULT

The clinical profile and response with Group A and Group B medicine has been discussed as follows with statistical tables.

1) Age wise distribution of menopause
2) Socio economic status
3) Type of menopause according to socioeconomic status
4) Type of cessation
5) Temperament of patient in Group A and Group B
6) Common complaints of patients

Table 1: Age wise distribution of menopause in Group-A and Group-B patients.

No.	Age	Group-A		Group-B	
		No of Patients	%	No of Patients	%
1	36 – 45 (Premature menopause)	7	35.0	11	55.0
2	46 – 50 (Normal menopause)	6	30.0	3	15.0
3	51 – 60 (Late menopause)	7	35.0	6	30.0
	Total	20	100.0	20	100.0

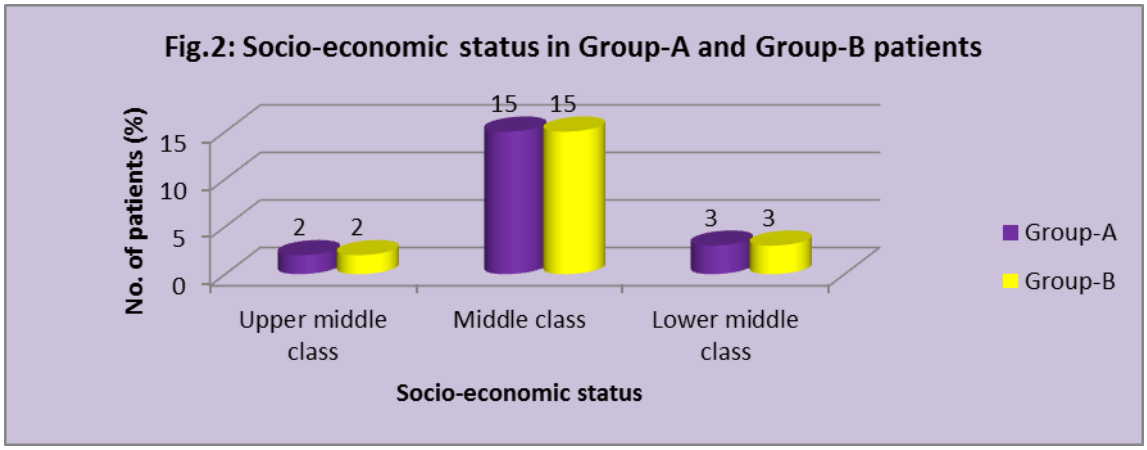


In the above observation the given data shows:
In group A, 7 (35%) were of 36- 45 years, 6 (30%) were of 46- 50 years, 7 (35%) were of 51-60 years. In group B, 11 (55%) were of 36-45 years, 3(15%) were of 46-50 years, 6(30%) were of 51-60 years.

Result: The above table shows that the number of patients who attained menopause permanently are from the age group of 36-45 years. The percentage of women who attained menopause early are 55 %. The lowest incidence seen in 15% in 46-50 years. From the above table the observation showing that of premature menopause has increased according to present study the number of patients who attained it are 11 and percentage is 55%.

Table 2: Showing distribution of patients according to socio economic status in Group –A and Group –B.

S. No	Socio Economic Status	Group-A		Group-B	
		No of Patients	Percentage	No of Patients	Percentage
1	Upper middle class	2	10.0	2	10.0
2	Middle class	15	75.0	15	75.0
3	Lower middle class	3	15.0	3	15.0
	Total	20	100.0	20	100.0

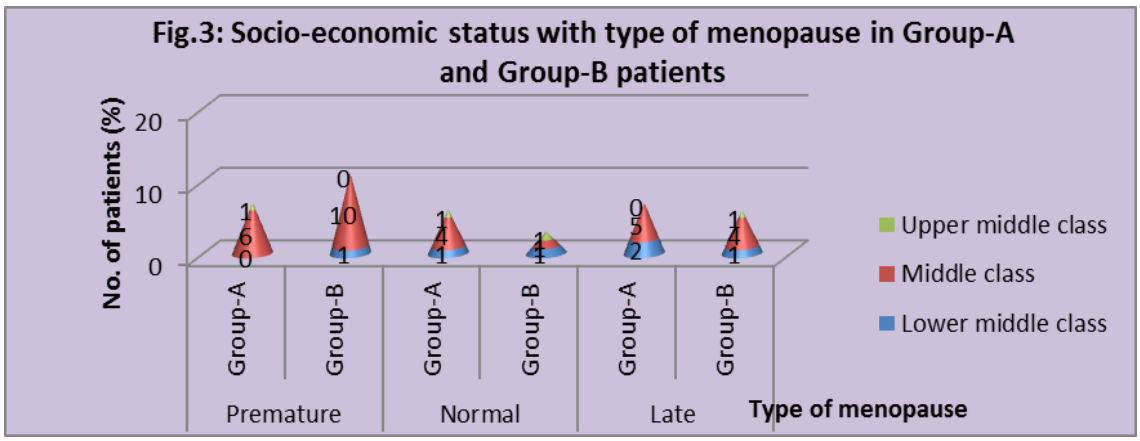


In the above table the given data shows:
In group A, 2(10%) were of upper middle class, 15(75%) were of middle class, 3(15%) were of lower middle class. In group B, 2(10%) were of upper middle class, 15 (75%) were of middle class, 3 (15%) were of lower middle class.

Result: It has been observed that maximum number of patients are from middle class. From the above table the observation showing that from the collected sample more number of patients are from middle class group i.e.15 and its percentage is 75%.

Table 3: showing comparison of socio-economic status with type of menopause in Group-A and Group-B patients.

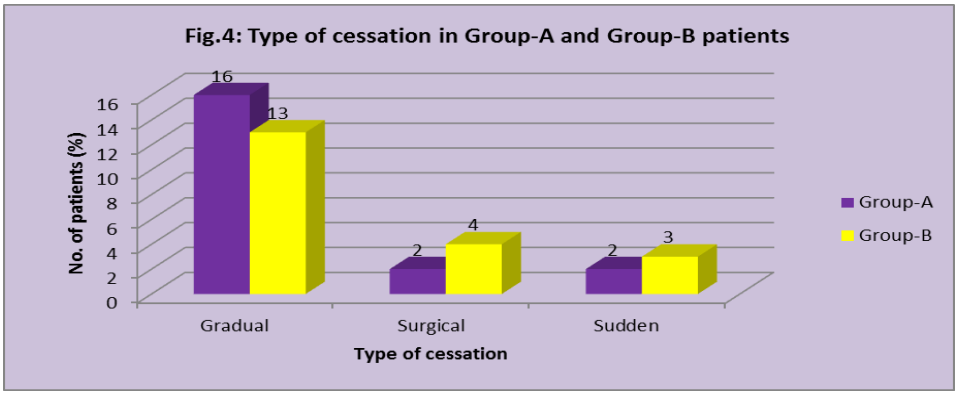
Socio economic status	Premature menopause		Normal menopause		Late menopause	
	Group A	Group B	Group A	Group B	Group A	Group B
Upper middle class	1 (5.0)	0 (0.0)	1 (5.0)	1 (5.0)	0 (0.0)	1 (5.0)
Middle class	6 (30.0)	10(50.0)	4 (20.0)	1 (5.0)	5 (25.0)	4 (20.0)
Lower middle class	0 (0.0)	1 (5.0)	1 (5.0)	1 (5.0)	2 (10.0)	1 (5.0)
Total	7	11	6	3	7	6



In the above table the given data shows:
In group A 1(5%) were of attained menopause prematurely are from high income group, 6(30%) were from middle income group, and 0(0%) were from low-income group.1(5%) were of attained menopause normally were from high income group,4(20%) was from middle income group.1(5%) were from low-income group. 0(0%) were of attained menopause late were from high income group, 5(25%) were from middle group, 2(10%) were from low-income group In group B 1(5%) were of attained menopause prematurely were from high income group, 10(50%) were from middle income group, and 1(5%) were from low-income group.1(5%) were of attained menopause normally were from high income group,1(5%) was from middle income group.1(5%) were from low-income group. 1(5%) were of attained menopause late were from high income group, 4(20%) were from middle group, 1(5%) were from low-income group. Result it has been observed that the highest incidence is seen in 10(50%) of patients are from middle income group.

Table 4: Showing distribution of patients depending upon the type of cessation in Group –A and Group –B.

S. No	Type of cessation	Group-A		Group-B	
		No of Patients	Percentage	No of Patients	Percentage
1	Gradual	16	80.0	13	65.0
2	Surgical	2	10.0	4	20.0
3	Sudden	2	10.0	3	15.0
	Total	20	100.0	20	100.0

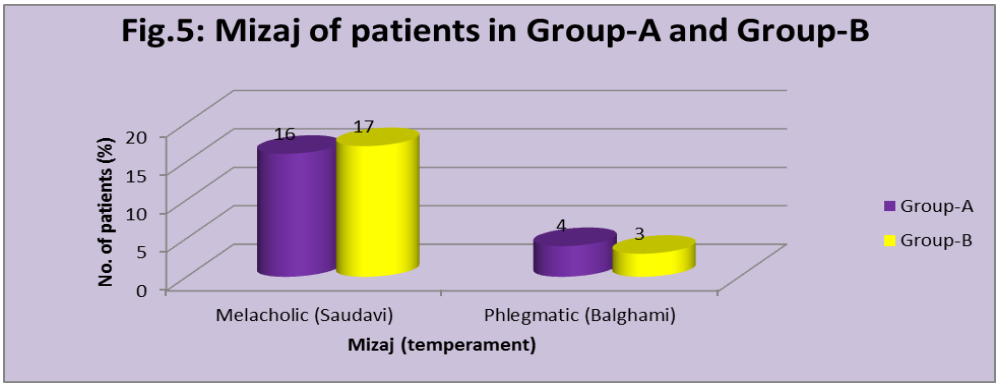


In the above table the given data shows:
In group A 16(80%) were of gradual type of cessation, 2(10%) were of surgical, 2(10%) were of sudden. In group B 13(80%) were of gradual type of cessation, 4(10%) were of surgical, 3(10%) were of sudden.

Result: It has been observed that the highest incidence of type of cessation seen in gradual 16(80%). from the above table the observation showing that 16 i.e. (80%) of women attained menopause gradually.

Table 5: Showing Mizaj (temperament) of patients in Group-A and Group-B.

Temperament(Mizaj)	Group-A		Group-B	
	No of Patients	Percentage	No of Patients	Percentage
Melancholic (Saudavi)	16	80.0	17	85 .0
Phlegmatic (Balghami)	4	20.0	3	15.0
Total	20	100.0	20	100.0

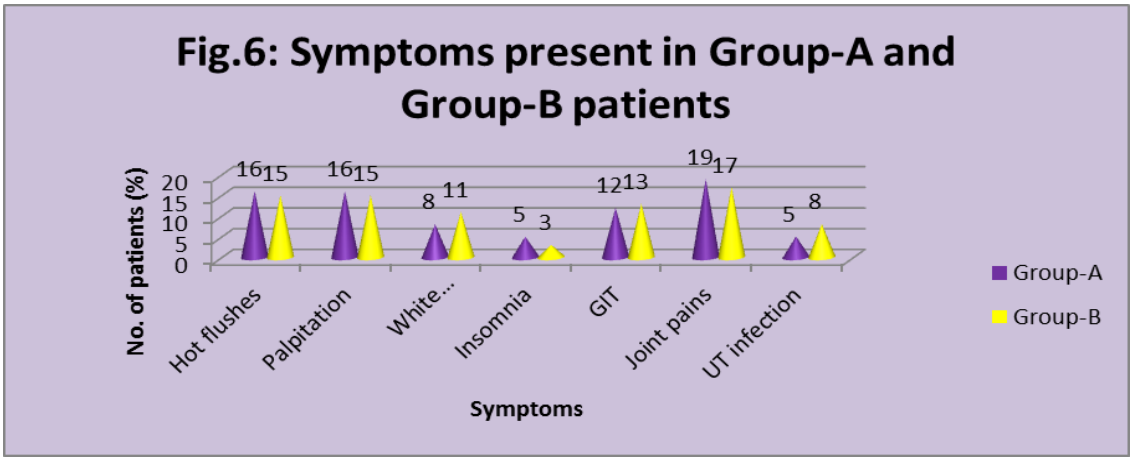


In the above table the given data shows:
In group A, 16(80%) women have melancholic temperament, 4 (20%) women have phlegmatic temperament. In group B, 17(85%) women have melancholic temperament, 3 (15%) women have phlegmatic temperament.

Result: It has been observed that the highest incidence seen in 17(80%) women were of melancholic temperament. From the above table the observation showing that the maximum number women attained menopause 17 patients i.e. (85%) were of melancholic temperament. Because the post-menopausal women are of melancholic temperament, due to dominance of humour "SAUDA".

Table 6: Showing the common complaints of the patients in Group-A and Group-B.

S.NO	Symptoms	Group-A		Group-B	
		No of Patients	Percentage	No of Patients	Percentage
1	Hot flushes	16	80.0	15	75.0
2	Palpitation	16	80.0	15	75.0
3	White discharge	8	40.0	11	55.0
4	Insomnia	5	25.0	3	15.0
5	GIT	12	60.0	13	65.0
6	Joint pains	19	95.0	17	85.0
7	UT infection	5	25.0	8	40.0



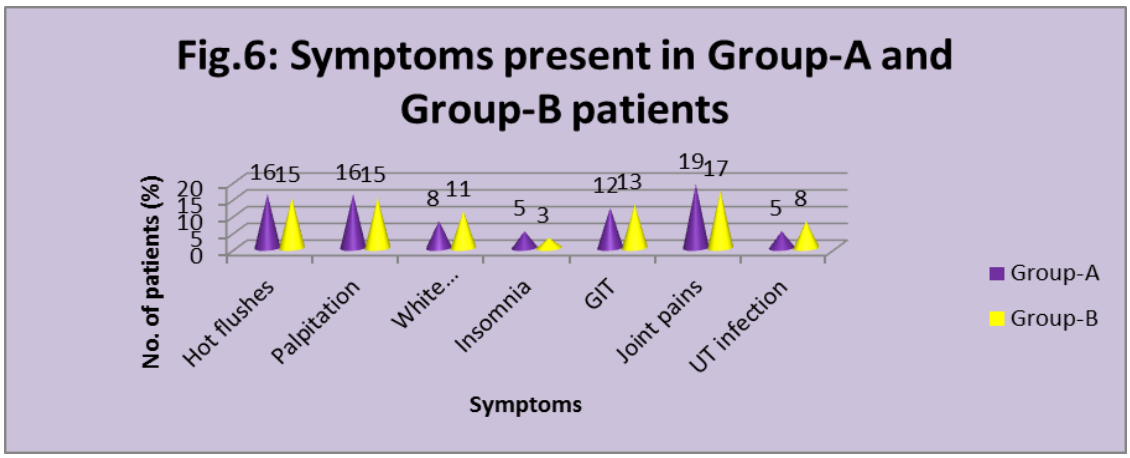


Fig.6: Symptoms present in Group-A and Group-B patients
No. of patients (%)
20
15
10
5
0
16 15
16 15
8 11
5 3
12 13
19 17
5 8
Hot flushes
Palpitation
White...
Insomnia
GIT
Joint pains
UT infection
Symptoms
Group-A
Group-B

Table showings symptoms in group A & group B:
In group A 16 patients i.e. (80%) suffered from hot flushes, 16 patients i.e. (80%) suffered from palpitation,8 patients i.e. (40%) suffered from white discharge,5 patients i.e. (25%) suffered from insomnia,12 patient i.e. (60%) suffered from GIT,19 patients i.e. (95%) suffered from joint pains,5 patients i.e. (25%) suffered UT infections.

In group B 15 patients i.e. (75%) suffered from hot flushes, 15patient i.e. (75%) suffered from palpitation,11 patients i.e. (55%) suffered from white discharge,3 patients i.e. (15%) suffered from insomnia,13 patients i.e. (65%) suffered from GIT,17 patients i.e. (85%) suffered from joint pains,8 patients i.e. (40%) suffered from UT infections.

Result: It has been observed that are 19(95%) number of patients out of 20 number registered complaints of joint pains during menopause in first place and secondly, they complained of GIT symptoms. From the above table the observation showing that the common complaints after menopause is joint pains 95% and the second common complaint are GIT symptoms 17 (85%) in number.

DISCUSSION

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. These symptoms constitute the postmenopausal syndrome; they are impairing to a great extent to the woman and management of these symptoms has become important. Post menopause women comprise an ever-increasing percentage of the population the alteration in the ovarian function with loss of cyclic hormonal activity after menopause appears to be an actual endocrinopathy that produce definite metabolic effects. Four criteria are necessary for endocrinopathy to be present morphologic changes, functional changes, hormonal changes and target tissue changes.With improvement in treatment and increased focus on preventive health care, average, and life expectancy has increased. The average age of menopause in India is 47.5 years, with an average life expectancy of 71 years. Therefore, Indian women are likely to spend almost 23.5 years in menopause.

There is a wide variation in the frequency with which women from different ethnic groups and different socioeconomic and educational backgrounds report the occurrence of symptoms associated with menopause. Socioeconomic status is an important determinant of health and nutritional status, as well as morbidity and mortality. The variables that affect the socioeconomic status are different in the urban and rural population.

Post menopause is defined by the WHO, the term post menopause is defined as dating from the final menstrual period, and regardless whether the menopause was induced or spontaneous.

In unani literature this period of life in women is termed as SINN-E-YAAS. Greek Medicine does not consider menopause to be a pathological condition. While much the Hippocratic gynecology is discussed in term pathology, the cessation of menstruation due to old age is believed to be natural.

In Kamil-us-sana by Ali Bin Abbas al Majoosi, stated that in post-menopausal Women with passing years the size of uterus will be decreased and it will lead to Atrophy. In kitab-ul-Havi by Abu Bakar Mohd Bin zakariya razi (925-865 BC) it is said that if a women experiences amenorrhea in old age the women does not require any Treatment, it is because the blood supply will be reduced to the reproductive Organs and the temperament will be cold which leads to cessation of Menstruation. In zakeera-e-qwarezam-shahi by Hakeem Sharfuddin Ismail jurjani(1140 AD) It is also mentioned that women do not menstruate after 40 and regarded It is a natural phenomenon and also described how to manage the cold and dry Temperament of the Post-menopausal Women.

In talimul qabila by Hakeem abdul Razzak menopause is considered normal. It is Described that as women ages there is decrease in blood reserves and Production of blood is slows down and the reproductive tract loses its vigour and Vitality also there is less blood supply to the reproductive organs which leads to Amenorrhoea and considered three stages to be normal with age and not pathological.

Ali Bin Rabbani Tabri (850 AD) in his treatise Firdous ul Hikhmat also mentioned about the treatment of cold and dry temperament of post-menopausal women. Razi quoted that menstruation may ceased due to weakness of liver caused by other associated organs.

Saabit bin Qurrah mentioned that menstruation stops at the age of 35 – 60 years once the menstruation ceases various disease and complication occurs.

In the 20th century menopause had become a medical disease to be dealt with rather than part of the natural aging process.

Normal age for menopause was given as 50 years but sometimes. It may be premature (i.e. in 40 years) Pre mature is defined as ovarian failure occurring two standard deviations in year before the mean menopausal age. It is clinically defined as secondary amenorrhea for at least 3 months with raised FSH, raised FSH/LH ratio, and low E2 level in a women under 40 years.and sometimes the women can menstruate up to 60 years of age.

Patho physiology of menopause: During climacteric, ovarian activity decline. Initially ovulation fails, no corpus luteum forms, and no progesterone is secreted by the ovary.

Therefore, the pre-menopausal menstrual cycles are often anovulatory and irregular. Later graffian follicles also fails to develop, estrogenic activity is reduced and endometrial atrophy leads to amenorrhea. Cessation of ovarian activity and a fall in the estrogen level as well as inhibin level causes a rebound increase in the secretion of FSH and LH by the anterior pituitary gland. The FSH levels may rise as much as 50-fold and LH 3-4-fold.

In post-menopausal women there is 10-fold to 20fold increase in the FSH level and 3-5fold increase in LH level and estradiol level fall below 50 pg / ml.

Menopause is a hypoestrogenic state, which can result in the various effects. The postmenopausal women experience a sensation of warmth spreading from trunk to the face (hot flushes also called hot flashes), night sweats, and various mood swing symptoms. Hot flushes are said to occur in 75% of menopausal women. Low estrogen level is a prerequisite for hot flush.

Menstrual symptoms: The three classical ways in which the menstrual period ceases are: 1) Sudden cessation, 2) Gradual diminution in the amount of blood loss with each regular period until menstruation stops, 3) Gradual increase in the spacing of the period until they cease for at least a period of 1 year.

Other symptoms**:** Almost 60-70 % women go through menopausal period without problems. Rest Need guidance and treatment. The important symptoms and health concerns of Menopause are: 1) vasomotor symptoms, 2) urogenital atrophy, 3) osteoporosis and Fracture 4) cardiovascular disease, 5) cerebro vascular disease, 6) psychological Changes, 7) skin and hair, 8) Sexual dysfunction,9) Dementia and cognitive decline.

Menopausal women through chronic deficiency are liable to develop such complications like psychological changes: There is increased frequency of anxiety, headache, insomnia, irritability, dysphasia and depression, changes in Skin and hair that is there is thinning, loss of elasticity and wrinkling of the skin, menopausal arthropathy, osteoarthritis, arthritis, fibrositis, following menopause there is a decline in collagenous bone matrix resulting in osteoporotic changes. It is characterized by micro architectural deterioration of bone mass resulting in increased fragility and predilection to fracture, Alzheimer disease is reported in delayed menopausal symptoms due to estrogen deficiency.

After careful study of parameters of the post-menopausal syndrome and keeping in view of sign and symptoms of menopause and Patho physiology of menopause, and complication of menopause research medicine were selected, formulated and divide into two groups. Group A and Group B.treatment was given as outpatient and inpatient basis. In each group special coded medicine has been formulated, prepared and given to the patients for 10 days course in each cycle and has been repeated for next 3 consecutive cycles.

After 3 cycles of treatment with pre and post evaluation results were analyzed statistically for significant improvement of subjective and objective parameters. The result was analyzed by T test, chi square test, standard deviation and tabulated in the form of tables and figures which are as follows.

Table 1: Age (35-60 years): Out of 20 patients in group A, In group A, 7 (35%) were of 36- 45 years, 6 (30%) were of 46- 50 years, 7 (35%) were of 51-60 years, whereas in group B 11 (55%) were of 36-45 years, 3(15%) were of 46-50 years, 6(30%) were of 51-60 years.

The above table shows that the number of patients who attained menopause permanently are from the age group of 36-45 years. The percentage of women who attained menopause early are 55%, the lowest incidence seen in 15% in 46-50 years.

From the above observation showing that the incidence of premature menopause has increased and in present sample the number of patients who attained it are 11 and percentage is 55%.

Table 2: Socio economic status: Out of 20 patients in group A 2(10%) were of upper middle class ,15(75%) was of middle class, 3(15%) was of lower middle class, whereas in group B 2(10%) were of upper middle class, 15 (75%) were of middle class, 3 (15%) were of lower middle class. It has been observed that maximum number of patients are from middle class. From the above observation the data shows that from the collected sample more number of patients are from middle class group is 15 and its percentage is 75%.

Table 3: Comparison of socio-economic status and type of menopause: Out of 20 patients in group A 1(5%) were of attained menopause prematurely are from high income group, 6(30%) were from middle income group, and 0(0%) were from low-income group.1(5%) were of attained menopause normally were from high income group, 4 (20%) was from middle income group.1(5%) are from low income group. 0(0%) were of attained menopause late were from high income group, 5(25%) were from middle group, 2(10%) were from low income group, where as in group B 1(5%) were of attained menopause prematurely were from high income group,10(50%) were from middle income group, and 1(5%) were from low income group.1(5%) were of attained menopause normally were from high income group,1(5%) were from middle income group.1(5%) were from low income group. 1(5%) were of attained menopause late were from high income group, 4(20%) were from middle group, 1(5%) were from low-income group, with this study it has been observed that the highest incidence is seen in 10(50%) were from middle income group.

Table 4: Type of cessation: Out of 20 patients in group A, 16(80%) were of gradual type of cessation, 2(10%) were of surgical, 2(10%) were of sudden. Where as in group B 13(80%) were of gradual type of cessation,4(10%) was of surgical ,3(10%) was of sudden, it has been observed that the highest incidence of type of cessation seen in gradual 16(80%). from the above observation the data shows that 16 patients (80%) of women attained menopause gradually.

Table 5: Temperament: Out of 20 patients, suffering from post-menopausal syndrome according to the unani concept patients were divided into two groups of temperament i.e Balghami and Saudavi, in Group A, 16(80%) women have melancholic (saudavi) temperament, 4 (20%) women have phlegmatic (balghami) temperament, where as in group B, 17(85%) women have melancholic temperament,3 (15%) women have phlegmatic temperament. It has been observed that the highest incidence seen in 17(80%) women were of melancholic temperament. From the above observation the data shows that the maximum number women attained menopause 17(85%) were of melancholic temperament. Because the post-menopausal women are of melancholic temperament, due to dominance of humour "SAUDA.

Table 6: Complaints: In group A 16 patients i.e. (80%) suffered from hot flushes, 16 patients i.e. (80%) suffered from palpitation,8 patients i.e. (40%) suffered from white discharge,5 patients i.e. (25%) suffered from insomnia,12 patient i.e. (60%) suffered from GIT,19 patients i.e. (95%) suffered from joint pains,5 patients i.e. (25%) suffered UT infections.

In group B 15 patients i.e. (75%) suffered from hot flushes, 15patient i.e. (75%) suffered from palpitation, 11 patients i.e. (55%) suffered from white discharge,3 patients i.e. (15%) suffered from insomnia,13 patients i.e. (65%) suffered from GIT,17 patients i.e. (85%) suffered from joint pains,8 patients i.e. (40%) suffered from UT infections.

It has been observed that maximum number of patients out of 20 number registered complaints of joint pains during menopause in first place and secondly, they complained of GIT disturbances. From the above table the observation showing that the common complaints after menopause is joint pains 95% and the second common complaint are GIT symptoms 17 (85%) in number.

CONCLUSION

Post menopausal syndrome is a common condition in a woman. It is defined as dating from the final menstrual period, regardless whether the menopause was induced or spontaneous and the common presenting symptoms are women experience a sensations of warmth spreading from trunk to the face (hot flushes also called hot flashes), night sweats, and various mood swing symptoms.

Hot flushes are said to occur in 75% of menopausal women. Other symptoms are joint pains, urinary tract infections and gastrointestinal symptoms. With improvement in treatment and increased focus on preventive health care, average life expectancy has increased. As a result, most women can now expert to live at least one third of their lives in the post menopause period, specifically in the 2010 nearly 42 million women were aged 55 years and older. Importantly, menopausal transition and the years of life spent in the post-menopausal state bring with them issue related to both quality of life and disease preventive and management.

Menopause, as part of a woman's aging process, does not warrant the definition of an estrogen deficiency disease against which a full-scale battle needs to be waged for the remainder of her postmenopausal years. Physical problems are usually of minor concern for most women but psychological difficulties due to an inability to come to terms with the aging process are inextricably linked to the socio-cultural environment.

The present study intended to investigate psychological distress in menopausal women in relation to life event, social support and physiological symptoms. This study will try to answer couple of question which will be helpful to develop further management in menopausal age group.

The present study was aimed to reduce the complications of post-menopausal syndrome and to prevent osteoporosis and serious medical illness. The drugs selected for the treatment of post-menopausal syndrome had minimal side effects and shown good results. The medicine selected are safe and effective. The therapeutic procedures or the treatment of this disease include poly herbal drugs and life style modifications. Ultra sound, serum estradial and serum calcium was done before and after treatment to notice the response of drugs. the subjective and objective parameters were assessed before and after treatment and over all scoring was done based upon laboratory investigations and special investigations.

The results were drawn statistically prove the efficacy of unani medicine.

After detailed study of post-menopausal syndrome, it can be concluded that

1) The maximum incidence found in the age group 36-45 years.
2) The syndrome is more common in multiparous women.
3) Maximum number of patients of this syndrome belongs to middle income group
4) It has been observed that the disease is more common in patients of saudavi mizaj because of dominance of khilt sauda.
5) It has been observed that the highest incidence of type of cessation seen in Gradual. Detailed history through gynecological examination of patient is required
6) Especially the bi manual examination to visualize the size position of uterus and cervix and to rule any lesions in the cervix.
7) The drug's use for trial in this study have the properties of tonic, nutritive, aphrodisiac, anti-inflammatory, laxative, carminative, antidepressant demulcent, igestive, analgesic.

8) From the present study there was an overall improvement in the remission of symptoms, all the investigations are improved after 3 cycles of treatment

In post-menopausal syndrome patients treated with 15 patients (75%) are cured in group A, while 16 patients (80%) in group B, 5patients (25%) in group A and 4 patients (20%) in group B are relieved, and there is no subject who did not respond to the treatment. Total percentage cured in group A are 75% which comparatively less than group B is 80 % The drugs selected in test group have tonic, nutritive, aphrodisiac, anti-inflammatory, disinfectant, laxative, carminative, antidepressant demulcent, digestive, analgesic effect which relieve the symptoms of post-menopausal complaints. These drugs were cost effective, easily available, and well tolerated by the patients without any side effects. After careful monitoring of patients towards special coded medicines and its Side effects, response of medicine is observed, documented, and analyzed statistically to prove the better efficacy of the group A and group B. After analysis with T test, Chi square test, and standard deviation the results achieved.

The mean therapeutic response was observed in group a is 93.4 ± 12.1(sd) and the mean response of group b is 96.6 ± 8.37(sd), both the groups have equal efficacy in the treatment of post-menopausal syndrome without any side effects. Both the groups are safe, patients responded well to both groups.

SUMMARY

The medical definition of the menopause is the end of menstruation, which results from a reduce production of estrogen by the body. The post menopause lasts about 10-15 years and is followed by the senescence from about 65 years of age to the end of life. The ovaries of postmenopausal women gradually UN responsive to gonadotrophins with advancing age and its function declines. This unresponsiveness is associated with and probably caused by decline in the number of primordial follicles. The ovaries no longer secrete progesterone and 17 B estradiol in appreciable quantities The menstrual cycle usually become irregular and ceases between the ages of 45-55. The average age at onset of menopause has increased since the turn of the century is currently it has been declared as 52 years of age. The levels of female hormones, oestrogen and progesterone, may fluctuate almost daily around the time of the menopause. Women's periods then stop due to the consistently low levels of oestrogen.

Fluctuating hormone levels result in a wide range of symptoms, including: Hot flushes, Night sweats, Mood disturbances / depression / forgetfulness/Vaginal dryness / urinary infections / pain during intercourse. The main aim of the study is to evaluate the problems of post menopause clinically and its management with Unani drugs. To develop economically safe, effective remedy to improve the quality of life of menopausal women, and to reduce the risk of post-menopausal problems. After the careful study of parameters of the post-menopausal syndrome and keeping inview of complaints and complications, research medicines were selected, formulated and divided into two groups. Group A and Group B. Treatment was given as OP/IP basis in each group .special coded medicine has been formulated, prepared and given to the patients for 10 days course in each cycle, and has been repeated for next 3 cycles. All selected drugs were safe, easily available, with no side effects. The drug's efficacy is better and patient tolerated well to the route of administration without overwhelming side effects. The response of drugs was monitored after administration of drugs for 10 days course of treatment. Subjective parameters shows almost 100% remission after treatment, and there was improvement in objective parameters.

After 3 cycles of treatment with pre-test and post-test evaluation results were analyzed statistically for significant improvement of subjective and objective parameters. The results were analyzed by T test, Chi square test, and standard deviation test and tabulated. Out of 20 patients 15 (75%) are cured in group A, while 16(80%) in group B, 5(25%) in group A and 4 (20%) in group B are relieved, and there is no subject who did not respond to the treatment. Total percentage cured in group A drugs are 75% which comparatively less than group B drugs is 80 %.

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