

**A CONCEPTUAL REVIEW OF LITERATURE OF RAJONIVRUTTI (MENOPAUSE)  
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**INTRODUCTION**

Menopause represents a natural biological phenomenon and a stage of life when women experience multiple endocrine somatic and psychological changes. The physiologic hallmark of menopause is a decline in ovarian estrogen production that can have both significant long term and short term consequences. The symptoms of Menopause, which are related directly to the withdrawal of estrogen, compromise the quality of life for many women. The majority of women report menopause related symptoms including hot flushes, vaginal dryness, night sweats, insomnia, mood swings, and depression. 80% women suffering from these troublesome symptoms. Though menopause is a natural event as a part of the normal process of aging, it is turning into a major health problem in recent years in developed as well as developing countries like India. In our country, more than one third of women are aged over 50 years and within the next two decades the numbers of women of this age group will exceed that of women under 20 years. Moreover, recent evidences has shown that in 2003, there are almost 40 million menopausal women in India and this figure is expected to creep-up to 60 million in this year. So, there is a grow in the number of older women who will be facing "triple jeopardy" of being aged, being menopausal (change of life) and being dependable in the world.

The studies of last two decades shows that older women report more psychological distress and they are less satisfied with life than men. So, this demographic change will undoubtedly force every field to concentrate on the significant problems of this age group in women including menopausal syndrome. Being an alarming problem, it needs an effective and safe treatment. In modern science, Hormone Replacement Therapy (HRT) is one and only alternative for this health hazard by which one can get spectacular achievement in combating the disease, but it has a wider range of secondary health complications like vaginal bleeding, breast cancer, endometrial cancer, gallbladder diseases etc. On the other hand, this therapy is not much effective in the psychological manifestations of this stage. They manage them by the long term use of Sedative, Hypnotics and Anxiolytic drugs, which may lead to various side effects like drowsiness, impaired motor functions, loss of memory, allergic reactions, non social behaviours, drug dependence etc. Therefore, there is a wide scope of research to find out safe, potent, cost effective remedy from Ayurveda for the management of afore said lacuna. From the previous works, it is well proved that this health hazard can be well managed with certain Ayurvedic therapeutics having Rasayana properties.

Research in the area of menopause has greatly expanded in recent years. Several options now exist for women having difficulty during perimenopause. In the past clinicians often resorted to initiating HRT before menopause in women who were willingly symptomatic. Recent study has cast doubt on the cardio protective effects of HRT. Concerns have been further accentuated based on recent result of the women's health initiative trial where combination of estrogen and progesterone therapy led to increased risk of invasive breast cancer, coronary heart disease, stroke, and pulmonary embolism. Besides that as compared to HRT there are several drawbacks which are overcome by herbal remedies. Also herbal remedies are more suitable to body physique. - It subsequently drop down rebound osteoporosis, mental dysbalance, anxiety of menopause.

**Conceptual Review**

To study menopausal disorder It is very essential to know the Prakriti of female reproductive system. From childhood to old age many changes occurs in female reproductive system. Hence there exist a considerable difference of reproductive organs In a child, young lady and in lady after menopause. In childhood reproductive organs have to mature properly. In child bearing period the genital organs undergo periodical cyclic changes every month whereas during and after menopause

regressive changes take place in the genital organs. Thus the necessity arises to study and understand the anatomy and physiology of female reproductive system, and this is dealt here in neither descriptive nor indescriptive way. But, for the sake of understanding of the subject it's worth while to have a brief description as follows. The female genital tract has been mentioned by Acharyas, in short, in Ayurvedic texts.

✚ **Bahiramukha Strotas:-** Female have three extra Bahiramukha Strotas, two in breast (one in each breast) and one downwards to excrete Artava, which is situated below the Smaratapatra.

✚ **Artavavaha Strotas:-** These are two in number, having root in Garbhashaya and Artavavahi Dhamanis, injury to these produces infertility, dyspareunia and amenorrhoea.

#### ✚ **DHAMANI**

1. **Udhvaga Dhamani:-** Women possess two Dhamanis to carry stanya to the breast, analogous to those carry Shukra in males.

2. **Adhogami Dhamani:-** Adhogami Dhamani carry Artava downwards. Males have two Dhamanis for formation of Shukra and two for its excretion. Analogous to these carry Artava in females.

✚ **YONI:-** The Yoni of the woman resembles to Shankhnabhi (the neval of conch shell) in shape and has three Avartas (involved hung). The word Yoni sometimes means the vagina, sometimes the uterus and sometimes the whole female genital tract.

✚ **Garbhashaya:-** Women possess one extra eight Ashaya as Garbhashaya, which is situated in third Avarta of Yoni, behind the urinary bladder, in between Pittashaya and Pakvashaya (multiple coils of intestine), covered with Jarau (peritoneum). It resembles mouth of Rohita fishes. Dalhana says that it is hollow inside just like mouth of Rohita fishes. The Basti (urinary bladder) is behind the Bhaga (vulva) and uterus is above this. Vagbhatta II has enumerated Dimbha amongst the structures of Kostha and Arundatta says that it is made from essence of Rakta and Mansa and is derived from intestines.

#### **MODERN REVIEW**

✚ **Ovulation:-** Maturation of the graffian follicle and liberation of the ovum is termed ovulation. When the graffian follicle ruptures a little bleeding occurs, a clot is formed in the cavity of the follicle, and cells which have a yellow appearance grow into this clot from the wall of this follicle and form the corpus luteum or yellow body. If the escaped ovum should be fertilized the corpus luteum continues to grow for several months, becomes quite large and begins to atrophy at about 5 to 6 month. If the ovum is not fertilized the corpus luteum persists for only 12 to

14 days, until just before the onset of the next menstrual period, then it atrophies and is replaced by scar tissue. The gonadotrophic hormones of the anterior pituitary control the production of hormones by the ovary itself. Follicle stimulating hormone (FSH) is essential for the early development of the graffian follicle, and the pituitary also controls this growth by the luteinizing hormone (LH) and the secretion (luteoerophin) of the corpus luteum. Oestrogens are secreted by the ovary from childhood until after the menopause. They are described as follicular hormones as they are constantly produce by numerous ovarian follicles and like all hormones circulate in the blood stream. They provide for the development of the female sex organs and for the secondary sex characteristics which bring about the changes in a girl at puberty, and are necessary for the maintenance of the physical and mental qualities which distinguish the normal woman. Progesterone is secreted by the corpus luteum. It continues the work begun by the oestrogens on the endometrium and causes it to become thick, soft and velvety, ready for the reception of a fertilized ovum progesterone inhibits.

✚ **Changing Functions of Ageing Ovaries :-** Age related changes in ovarian morphology and functions are identified by the following biological markers:

1. A progressive decrease in fecundity rates.
2. Menstrual irregularity, including an increased number of unovulatory cycles or those with luteal phase defects.
3. Changes in circulating levels of sex steroids, inhibin and pituitary gonadotrophin
4. Neuroendocrine changes of thermoregulation, sleep, mood and behaviour.

#### **RAJAH**

**Nirukti:-** According to Bhavaprakash, "Malarupa Rudhira" which makes its appearance through vagina every month i.e. menstrual blood, is called as Rajah. The presence of regular menstruation indicates the starting of Reproductive life of a woman, which is indicated by Bhavaprakash as 'Stridharma'

The substance, which stains the vagina or the yoni, is termed as Rajah, since its purity and impurity is to be tested by means of the stained cloth (Amarkosh on page 210), it stains the cloth also and as such it is termed as Rajah. - Acharya Vagbhata has thrown some more light on the definition of Rajah.

Exclusively in female, the substance, which is formed from Rasadhatu as a part of physiology and comes out through the female genital track every month for the duration of three days, is termed as Rajah.

In female, a substance produced from Rasa, having the colour of Rakta, flowing every month through the female genital track for the duration of 3 to 7 days, commencing

at the age of 12 years, ceasing at the age of 50 years except during pregnancy and lactational period is called as Rajah.

### Rajah Utpatti Hetu

After screening the classics no direct description is available regarding factors, which are responsible for the production of "Rajah" or "Artava". With the help of some scattered references mentioned in different context, few factors can be squeezed out which have an important role in the production of 'Rajah'. They can be plotted as below.

### Rajah Upatti Hetu

1. Kala
2. Swabhava
3. Dhatu Paripurnata
4. Karma –
5. Vayu - Malarupa Artava or Shodhana Prakriya Chandra and Mangalgraha

✚ **Kala:** On the basis of Vaya Kala of stri, Rajah Utpati takes place at the age of 12 years. Kala & Vaya bring the Rajah in vyaktavastha, which has been in Mukul or bud form during childhood.

✚ **Swabhava:** As Rajah Utpatti is a swabhavika phenomenon for every woman it is considered as a causative factor for Rajah Utpatti.

✚ **Dhatuparipurnata:** As Rajah is an updhatu of Rasa, Dhatuparipurnata is considered by many acharyas as an utpatti hetu for Rajah.

✚ **Karma:** Karma is also considered as etiological factor for Rajah utpatti, Acharya Kashyapa has categorically mentioned importance of karma in manifestation of Shukra in male and Shonita i.e. Artava in female body.

✚ **Vayu:** Vyana vayu and Apana vayu are mainly responsible for Rajah utpatti.

✚ **Others:** Rajah is produced as a part of shodhana prakriya of female body, as per Acharya Dalhana. Influence of Chandra and Mangal grahas also responsible for Rajah utpatti.

### Rajah Utpatti

The production of "Rajah" is described as a part of "Dhatu Utpatti Prakriya" in the classics, almost all acharyas have considered Rajah as the Upadhatu of Rasa, but with the same time Acharya Sharandhara has mentioned it as the Upadhatu of Rakta The general line of production of Rajah through the process of Dhatu utpatti can be described as below. First, by Kshirdadhi nyaya of Dhatu Utpatti.

### According to Kedarikulya Nyaya

Rajah is produced from prasadamasa of annarasa which is being acted by Rasadhatvagni, while according to Khalekapota Nyaya Rasagni is acted on ahararasa and produce Rajah as an Upadhatu of Rasadhatu. After understating the process of Rajotpatti, which is generally accepted by Acharyas, concentration has to be paid to the opinion of Acharya Sharandhara. according to whom

Rajah is being produced as Upadhatu of Rakta, which can be understood as

Ahara → Annarasa → Rasadhatu → Raktadhatvagni → Raktadhatu -----▶ Rajah  
Actually, these both opinions are identical because Rakta either Dhaturupa or Artava rupa is always derived from Rasa, hence, charaka etc. acharyas have mentioned the earlier stage, while Sharandhara has mentioned the later stage.

### DISCUSSION ON RAJONIVRUTTI

Rajonivritti is not described separately as a pathological condition or severe health problem in Ayurvedic classics. The ancient acharyas termed it as a normal physiology.

- **Etymology:**-The term 'Rajonivritti' is made up of two different words viz. "Rajah" and "Nivritti".
- The word Rajah is used synonymously for various substances (Amarkosha) like,
  - ✓ Artava or stripushpa (Menstrual blood)
  - ✓ Raja Guna (A type of Manas dosha)
  - ✓ Parag (Pollen grains offlower)
  - ✓ Renu (Minute dust particles)
  - ✓ Synonym of a plant named Parpata etc.

Here, in the context of this subject, the meaning of Rajah like artava and stripushpa i.e. menstrual blood is taken into consideration.

### Rajonivritti Kala (Age of Menopause)

Though Rajonivritti as a diseased condition is not described separately in the classics, But Rajonivrittikala is mentioned by almost all < acharyas without any controversy, few direct references are available regarding it,

According to Sushruta and various other references too, 50 years is mentioned as the age of Rajonivritti, when the body is fully in grip of senility. Acharya Arundatta opines that the age mentioned above is a probable age and not a fixed one. There may be some variations in this regard. (Arundatta on A.H. Sha. 1/7). Considering the variations, factors influencing it, can be logically quoted as either environmental or the individuality of a women. As Ayurveda has given more importance to Ahara and Vihara in the maintenance of health, these factors too, should be considered for this fluctuation.

### Nidana of Rajonivritti

As it is already mentioned that Rajonivritti is not described in the classics as a separate disease there is no information available regarding its Nidana, Purvarupa, Rupa, Samprapti etc. So, to understand this condition as a disease, certain Basic principles have to be considered here. Concentrating on the probable Nidanas (etiological factors) regarding the condition Rajonivritti, few factors can be squeezed out. Some of these factors are mentioned by Acharyas in the context of "Rajah utpatti hetus", too. These factors can be considered as Rajah nivritti hetus also.

- **Types of Rajonivritti:-** Ayurvedic science has divided all diseases into 4 major types. Agantu, Sharira, Manas and Swabhavika.

Concentrating on 'Swabhavika' type; it is described that this type includes all those conditions, which are naturally occurring. Acharya Sushruta has mentioned a group of naturally occurring diseases under the heading of swabhavabala pravritta includes Kshudha (Hunger); Pipasa (Thirst), Nidra (Sleep), Jara (Aging) and Mrityu (Death)

**1) Kalaja Rajonivritti:-** If Rajonivritti occurs at its probable age (i.e. around 50 years of age) it is called as Kalaja Rajonivritti. According to Acharya Sushruta (Su. Su. 28/8), the timely Rajonivritti (i.e. natural diseases like aging) occurs only when the protective measurements of healthcare being practiced. This condition is Yasya by Rasayana etc.

**2) Akalaja Rajonivritti:-** If Rajonivritti occurs before or after its probable age (i.e. around 50 years) it is termed as Akalaja Rajonivritti. Akalaja Rajonivritti take place due to absence of the protective measurements of health care. In this type of Rajonivritti, symptoms are very acute and medical attention should be given to avoid its hazardous effects. According to Acharya Dalhana, they should be treated on the basis of nature of illness (Roga) surfaced due to pathology of Rajonivritti and on the basis of dosha involved in it. (Dalhana on Su. Su. 24/7). This Akalaja Rajonivritti is more likely treatable than Kalaja Rajonivritti.

#### Lakshanas Of Rajonivritti

As there is no direct reference available regarding lakshanas of rajonivritti in the Ayurvedic classics, the clinical symptoms manifested by the patients of rajonivritti have to be considered and can be grouped under following Ayurvedic parameters.

- (A) Doshaja lakshanas.
- (B) Dhatukshayaja lakshanas.
- (C) Manasika lakshanas.

**(A) Doshaja Lakshanas Of Rajonivritti:-** According to available symptoms, differentiation can be done as Vataja lakshanas, Pittaja lakshanas and Kaphaja lakshanas. As this condition is characterized by generalized vata vriddhi, the Vataja lakshanas are more dominantly observed than other two (Pittaja and Kaphaja) lakshanas.

1. Vataja Lakshanas - Shirah Shula, Hasta-Pada Supti Shabda Asahisnuta, Bala Kshaya, Adhmana, Atopa Vibandha, Anidra / Alpanidra, Bhrama, Katishula, Sandhi Vedana
2. Pittaja Lakshanas - Ushnanubhuti, Daha, Swedadhikyata Ratisweda, Trisha, Mutradaha Glani, Yonidaha, Hrid dravatva,
3. Kaphaja Lakshanas - Bhrama Hrid Spandanadhikya, Angamarda

**(B) Dhatukshayaja lakshanas:-** As this condition is a sequel of generalized dhatukshayajanya avastha, the

symptoms of dhatukshaya are also observed in the patients of rajonivritti, the individual dhatukshayaja lakshanas as follows.

1. **Rasakshaya:** Shabdasahtatva Hriddravatva Shula Shrama Shosha Ruksha
2. **Raktakshaya:** Twaka rukshata Sira shaithilya Sheeta prarthana
3. **Mamsa kshaya:** Sphik-gandadi shushkata Toda Rukshata Glani Sandhisphutana Sandhivedana Dhamani shaithilya
4. **Meda kshaya:** Anaa rukshata Shrama Shosha Krushata
5. **Asthi kshaya:** Asthitoda Danta - Nakha -Ksha Sandhishaitilya Rukshata
6. **Majja Kshaya:** Asthi saushirya, Asthi toda, Daurbalya, Bhrama, Tamodarshana.
7. **Shukra Kshaya:** Yoni vedana, Shrama, Daurbalya, Panduta.

**(C) Manasika lakshanas:-** After considering the clinically observed features of rajonivritti through Ayurvedic point of view, dividing them in doshaja and dhatukshayaja lakshanas certain Psychological symptoms also commonly observed due to vitiation of Manovaha srotas. So these symptoms can be grouped under the heading of manasika lakshanas as follows:-

Krodha, Shoka, Bhaya, Dwesha, Smritihras, Utsaha hani. Dairya Hani Shirah Shula, Vishada, Chinta, Medhahras, AlpaHarsha and Priti Parakrama hani.

#### SIGN AND SYMPTOMS ACCORDING TO MODERN SCIENCES

##### Symptoms with Acute / Sub acute onset

##### (1) VASOMOTOR

- (a) Hot flushes
- (b) Excessive sweating
- (c) Sleep Disturbances

##### (2) GENITAL AND SEXUAL

**(a) Genital:** Atrophic changes are take place in genitalia, due to waning ovarian function which are already mentioned previously.

**(b) Sexual:** Symptoms regarding sexual function concerned with menopausal syndrome are manifested as Dyspareunia and Decreased desire ofsexual activity, which is also called as Decrease libido.

##### (3) URINARY

Following menopause, changes occurs in Urethra and periurethral tissues which lead various symptoms like Dysuria, Urgency, Recurrent urinary tract infection' Supra pubic discomfort, Stress incontinence, Urge incontinence, Urethral caruncle etc

##### (4) PSYCHOLOGICAL

Majority of women experience mild to moderate degree of psychological manifestations during climacteric. These include Depression, Anxiety, Excitability, Irritability, Tension, Nervousness, Dizziness or

giddiness, Mood swings or Emotional instabilities, crying, Dysphoria, Loss of confidence, Crying, Loss of confidence, Crying spells, Worry needlessly, Attacks of panic, Difficulty in concentrating, palpitations, Loss of interest in most things, feeling unhappy, Fatigue, Melancholia, Headache, Paraesthesia of the hands and feet, Noises of the ears, Pseudocyesis etc.

#### (5) GASTRO – INTESTINAL

Gastro- intestinal symptoms include Disturbed appetite which can be increased or decreased, various forms of Dyspepsia, Intestinal distension; Constipation and Flatulence associated with colonic spasm etc. are most important in menopausal women.

#### (6) LOCO-MOTOR

These include Menopausal arthropathy (Joint pains) Osteoarthritis, Fibrositis and Myositis, Backache, Vertebral disc lesions, Arthralgia, Myalgia, etc.

#### (7) OTHERS

- Skin aging Certain physical changes like redistribution of fat deposition and loss of elastic tissue of the skin with wrinkling, Re-pigmentation of the skin etc.
- Painful and tender breasts (chronic mastitis),
- The development of the warts and naevi etc.

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