Unit 16. Rajonivritti – Menopause

Unit 16 — Rajonivṛtti (Menopause): Anatomical–Physiological Changes, Menopausal Syndrome, Management and the Role of Rasāyana

Scope: This chapter equips you to define and explain menopause (Rajonivṛtti), describe the anatomical and physiological changes in the female genital organs, recognize the "Rajonivṛtti-janya lakṣaṇa" (menopausal syndrome), plan modern and Ayurvedic management, and justify the role of Rasāyana.

Menopause 3D model

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1) Rajonivṛtti: concept, definition and correlation

Ayurveda. *Rajonivṛtti* literally means cessation (*nivṛtti*) of *raja/artava* (menstrual flow). Classical texts treat it as a **svabhāva-bala pravṛtta** (physiological, time-driven) state aligned with *Jarā* (ageing), not as an independent disease. Synonyms in texts include **Gatārtavā** (no cyclic bleeding) and **Niṣphalā** (no fertility). Dosha-wise, there is **Vāta** predominance with *dhātu-kṣaya* (tissue decline).

Modern. Menopause is diagnosed **retrospectively** after **12 consecutive months of amenorrhoea** in a woman of the climacteric age, due to ovarian follicular depletion and persistent hypo-oestrogenism.

Age. The average age of onset is **~50 years**, with individual and geographic variation.

Srotas link. The reproductive channels (*Ārtavavaha srotas*) have their *mūla* (root) in **Garbhāśaya** (uterus) and **Ārtavavāhinī dhamanīs** (vessels); with ageing, functional decline of these channels is expected.

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2) Anatomical & physiological changes in genital organs during menopause

Central physiology (HPO axis). Falling ovarian estradiol removes negative feedback → **FSH/LH rise** (typically FSH >40 mIU/mL) with **very low E2 (<20 pg/mL)**; ovulation ceases; endometrium becomes atrophic.

Genital tract: key changes

Structure	Anatomical change	Functional consequence
Ovary	Follicular depletion; stromal fibrosis; relative androgenic milieu	Hypo-oestrogenism; vasomotor instability; ↓inhibin/AMH
Uterus	Smaller size; endometrial thinning; decreased myometrial tone	Amenorrhoea; risk of endometrial atrophy bleeding if on unopposed oestrogen
Cervix	Stenosis; ↓mucus glands; alkaline mucus	Dyspareunia; infection susceptibility changes
Vagina	**Genitourinary Syndrome of Menopause (GSM):** thinning epithelium, ↓rugae, ↓glycogen, **↑pH**	Dryness, burning, itching, dyspareunia, postcoital bleeding
Pelvic floor	Connective-tissue laxity; levator ani weakness	Prolapse, stress/urge incontinence
Vulva	Labial atrophy, loss of fat pad	Irritation, fissures
Breast	Lobulo-alveolar involution; fat replacement	Mastalgia usually less; screening continues per protocol

Systems physiology.
- **Bone:** Accelerated resorption → osteopenia/osteoporosis (Vāta–Asthi nexus).
- **CV-metabolic:** Unfavourable lipid profile, insulin resistance, central adiposity.

• **Neuro-psych:** Sleep disturbance, mood lability, impaired concentration.
• **Skin–hair:** Dryness, wrinkling, hair thinning (dhātu-kṣaya features).
These reflect the *Jarā* shift to **Vāta predominance**, with relative decline of Pitta/Kapha in this life stage.

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3) Rajonivṛtti-janya lakṣaṇa — Menopausal syndrome

Vasomotor: Hot flushes, night sweats, palpitations.
Genitourinary (GSM): Vaginal dryness, dyspareunia, urinary urgency/urge incontinence, recurrent UTIs.
Psychological: Anxiety, irritability, low mood, sleep disturbance, “brain fog”.
Somatic–musculoskeletal: Joint pains, myalgia, backache; loss of muscle mass.
Sexual: ↓libido, arousal/orgasmic difficulty, discomfort.
Metabolic: Weight gain (central), dyslipidaemia; long-term bone loss.

> **Doṣa mapping (clinically useful):**
> **Vāta-pradhāna**—insomnia, arthralgia, palpitations, anxiety, constipation.
> **Pitta-pradhāna**—hot flushes, sweats, burning micturition, irritability.
> **Kapha-pradhāna**—weight gain, edema, lethargy, heaviness.

Differential diagnosis to keep in mind

• **Thyroid dysfunction**, **pregnancy/perimenopause**, **PCOS/obesity-related AUB**, **hyperprolactinaemia**, **medication effects** (SSRIs, antipsychotics), **malignancy** (red flags: postmenopausal bleeding, weight loss), **depression/anxiety disorders**.

Evaluation: what to document

- **History:** Age, cycle pattern (perimenopausal changes), vasomotor/GSM symptoms, mood, sleep, fractures, CVD risk, thromboembolic history, breast/gynecologic history, medications.
- **Examination:** BMI, BP, breast, thyroid, abdominal and pelvic (atrophy, prolapse), mood screen.
- **Tests (as indicated):** Pregnancy test (if perimenopausal), **TSH**, fasting lipids & glucose, **DEXA** if risk factors or age threshold, transvaginal US if bleeding, Pap/HPV per screening policy; **FSH/E2** rarely needed for diagnosis (clinical diagnosis).

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4) Management of menopausal syndrome

> **Principle:** Rajonivṛtti is *svabhāvika*; treat bothersome symptoms, protect long-term health (bone, heart, brain), and individualize. Combine **Yukti-vyapāśraya** (rational therapies), **Daiva-vyapāśraya** (mind–body), and **Sattvavajaya** (psychological) where appropriate.

A) Lifestyle & non-pharmacological

- **Diet (Āhāra):** Whole-grain, legumes, vegetables, fruits, adequate protein, calcium (1000–1200 mg/day via diet ± supplement) and vitamin D (800–1000 IU/day).
- **Vihāra:** Regular **aerobic + resistance exercise** (bone & mood benefits), yoga/āśana–prāṇāyāma–dhyāna for sleep/anxiety, smoking/alcohol moderation.
- **Sleep hygiene** and **CBT-I** for insomnia; paced respiration for hot flushes.
- **GSM self-care:** Non-hormonal **vaginal moisturizers** (regular) and **lubricants** (on demand).

B) Modern pharmacotherapy

- **Menopausal Hormone Therapy (MHT / HRT).**
  Indication: Moderate–severe vasomotor symptoms (VMS) or GSM affecting quality of life; also for osteoporosis prevention in early menopause if no contraindications.
  Regimens:
  - **Estrogen only** (post-hysterectomy).
  - **Combined estrogen + progestin** (intact uterus) — cyclic or continuous; transdermal often preferred in higher VTE risk.
  - **Local vaginal estrogen** for GSM (minimal systemic absorption).
    Contraindications (absolute): Active or past breast cancer, estrogen-dependent neoplasia, unexplained vaginal bleeding, active VTE/PE, active stroke/MI, advanced liver disease.
    Counseling: Use **lowest effective dose, shortest appropriate duration**, periodic review of risks/benefits.
- **Non-hormonal for VMS: SSRIs/SNRIs** (e.g., paroxetine, venlafaxine), **gabapentin**, **clonidine**.
- **Bone-specific therapy: Bisphosphonates**, **denosumab**, lifestyle; calcium/Vit D optimization per DEXA and risk profile.

C) Ayurveda-based management

Chikitsā-sūtra (stepwise):

1. **Doṣa–dhātu–srotas assessment**: Vāta-pradhāna features common; Pitta/Kapha patterns individualized.
2. **Snehana & Svedana** (in mild Vāta–GSM constellation): *Abhyanga* with *tila/mahiṣa ghṛta*, **bāhya snehana**, followed by gentle *nāḍī-sveda*.
3. **Śodhana (as indicated):** *Snigdha virecana* for Pitta-dominant hot flushes; **Yāpana or Mātrā-basti** for Vāta-dominant insomnia, arthralgia, constipation; *Uttarabasti* **not** indicated for GSM atrophy.
4. **Rasāyana–Vājīkaraṇa support** (see Section 5).
5. **Pathya–Apathya:** Warm, unctuous foods; avoid excess *amla/lavaṇa/kaṭu* (sour–salty–pungent), fermented and very dry items; regular routines; stress mitigation.

Commonly used dravyas (illustrative, tailor to patient):

- **Śatāvarī** (*Asparagus racemosus*) — *stanya-janana/yonī-hitakārī*, supports GSM and sleep.
- **Aśvagandhā** (*Withania somnifera*) — Vāta-hara, anxiolytic, sleep restorative.
- **Yaṣṭimadhu** (*Glycyrrhiza glabra*) — demulcent for GSM; caution in hypertension.
- **Guḍūcī** (*Tinospora cordifolia*) — *Rasāyana*, immunomodulatory.
- **Āmalakī** (*Emblica officinalis*) — classical *Rasāyana*, antioxidant.
- **Punarnavā**, **Gokṣura** — for edema/urinary symptoms (individualize).
- **Local**: *Yoni-pīchū* with medicated ghṛta/oils for GSM dryness (aseptic technique).

Integration tip: For severe VMS or osteoporosis risk, **combine** lifestyle + Rasāyana with **evidence-based MHT** (when eligible); add **local vaginal estrogen** for GSM not relieved by moisturizers.

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5) Role of Rasāyana in menopausal health

Concept. *Rasāyana* aims at *āyuḥ, smṛti–medhā vardhana, vyādhi-kṣamatva* (longevity, cognition, resilience). In Rajonivṛtti (a *Jarā-pakva* state), Rasāyana is **first-line health-promotion** alongside diet and routine. Classical guidance explicitly foregrounds **Rasāyana, Snehana-Svedana, Snigdha-Virecana and Yapana-Basti** to maintain strength and delay degenerative consequences.

Practical Rasāyana framework (clinically oriented)

- **Daily:** Āmalakī (powder 3–5 g with ghṛta/honey), or standardized extract; Aśvagandhā (300–600 mg extract at bedtime); Śatāvarī (3–6 g cūrṇa or 250–500 mg extract twice daily).
- **Medhya Rasāyana:** *Brahmī* (Bacopa), *Śaṅkhapuṣpī* — for attention, anxiety, sleep.
- **Ghṛta preparations:** *Kalyānaka ghṛta*, *Mahā-kalyānaka ghṛta* (mood, cognition).
- **Bone health adjuncts:** *Asthi-poshaka* diet (sesame, ragi, leafy greens), *Lakṣā*, *Haridrā*, *Guggulu* preparations where indicated.
- **Local Rasāyana for GSM:** *Yoni-pīchū* with **Phala ghṛta** or **Jatyādi taila** (short courses).

Cautions: Screen for **breast/uterine pathology** before long courses; monitor BP and potassium with *Yaṣṭimadhu*; drug–herb interactions; ensure quality-assured formulations.

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6) Putting it together — a quick algorithm

1. **Confirm** menopausal stage (clinical; exclude sinister causes if bleeding).
2. **Profile symptoms** (VMS, GSM, mood/sleep, bone, CV risk).
3. **Start foundation:** Diet–exercise–sleep–stress care + moisturizers for GSM.
4. **Offer MHT** if **moderate-severe VMS/GSM** and **no contraindications**; otherwise consider **SSRIs/SNRIs/gabapentin**.
5. **Ayurveda add-ons:** Vāta-hara routines, Abhyanga, appropriate *Basti/Virecana*, and **Rasāyana** long-term.
6. **Bone strategy:** DEXA-guided; calcium/Vit D; anti-resorptives if indicated.
7. **Review** at 3–6 months; taper/adjust; long-term surveillance.

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7) Self-check: viva-style pearls

- Menopause = **12 months amenorrhoea** due to ovarian failure (retrospective diagnosis).
- Average age ≈ **50 years**; earlier with smoking/chemo; later with higher BMI/heredity.
- GSM is **oestrogen-deficiency-driven**; local vaginal oestrogen is most effective, safe for most.
- In Ayurveda, Rajonivṛtti is **svabhāvika** with **Vāta-prādhānya** and **dhātu-kṣaya**; prioritize **Rasāyana** and **Vāta-hara** measures.
- **Ārtavavaha srotas** mūla = **Garbhāśaya + Ārtavavāhinī dhamanīs** (Ca. Vi. 5/8).

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8) Assessment

A) SAQs (4–6 lines each)

1. Define Rajonivṛtti and list two synonyms used in Ayurvedic texts.
2. Explain the Vāta–Pitta–Kapha pattern of menopausal symptoms with two clinical examples each.
3. Enumerate anatomical changes in the vagina and cervix in menopause and correlate with GSM symptoms.
4. Outline indications, contraindications and two delivery routes of MHT.
5. Write a short note on *Rasāyana* in Rajonivṛtti with examples.
6. Describe *Ārtavavaha srotas* and give its *mūla* with a classical reference.

B) MCQs (single best answer)

1. Menopause is diagnosed after:
   a) 3 months amenorrhoea b) 6 months amenorrhoea
   c) **12 months amenorrhoea** d) FSH >100 mIU/mL
2. The average age of natural menopause cited in classical–modern correlation is:

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a) 40 b) 45 c) **~50** d) 55

3. Predominant doṣa in Rajonivṛtti is:
   a) Kapha b) Pitta c) **Vāta** d) Tridosha equally
4. First-line for isolated GSM not relieved by moisturizers:
   a) Oral estrogen b) Tibolone c) **Local vaginal estrogen** d) Clonidine
5. *Ārtavavaha srotas mūla* is:
   a) Yoni and āpāna vāyu
   b) **Garbhāśaya and Ārtavavāhinī dhamanīs**
   c) Ovaries and fallopian tubes
   d) Udara and pakvāśaya
6. A Vāta-hara Panchakarma especially useful for insomnia–arthralgia in menopause is:
   a) Vamana b) **Yāpana/Mātrā-basti** c) Raktamokṣaṇa d) Nasya

Answer key: 1-c, 2-c, 3-c, 4-c, 5-b, 6-b.

Quick revision mnemonics

- **“HOT-GSM-MOOD-BONE-HEART”** → major clusters to ask and treat.
- **“VĀTA-3 D’s”** → *Dryness, Disturbed sleep, Diffuse pains*.
- **“MHT 3-P’s”** → **P**ick right patient, **P**rotect endometrium (add progestin if uterus present), **P**eriodic review.
