



MANAGEMENT OF RAJONIVRITTI LAKSHANA (MENOPAUSAL SYNDROME) THROUGH AYURVEDA- A CASE REPORT

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Abstract:

Introduction: Menopause marks an important phase in the series of stages that women undergo and indicates the end of their reproductive life. Menopause, which is described as the permanent cessation of menstruation due to a decrease in ovarian follicular activity, is a normal physiological milestone in a woman's life. When amenorrhea persists for 12 consecutive months without any pathological explanation, menopause is clinically proven. In Ayurveda, it can be correlated with *Rajonivrutti*. It is considered a *Swabhavika Vyadhi*. Medhya and Rasayana Drugs are helpful for the management of menopausal syndrome. Case details - Here is a clinically diagnosed case of menopausal syndrome by MRS (menopause rating scale), c/o A 53 yr old female patient came with complaints of hot flashes, disturbed sleep, depressive mood, physical and mental exhaustion, vaginal dryness and joint and muscle pain, irritability, anxiety and mood swings since 2.5 yrs, with no h/o any associated disease, treated successfully with *Ayurvedic* medication for about 60 days. A combination of *Jatamansi Churna*, *Shatavari Churna* and *Ashwagandha Churna* 3gm morning and evening with lukewarm milk was given by the end of 60 days. Result: By end of 60 days of treatment patient feels healthy with no hot flashes, no irritability, no joint and muscle pain and sound sleep etc. Discussion and Conclusion: The combination of *Jatamansi Churna*, *Shatavari Churna* and *Ashwagandha Churna* is effective in menopausal syndrome within 60 days. This case supports the role of oral Ayurvedic intervention in managing *Rajonivrutti Lakshana* (menopausal syndrome).

Key- words: *Rajonivrutti Lakshana*, menopausal syndrome, *Jatamansi Churna*, *Shatavari Churna*, *Ashwagandha Churna*.

INTRODUCTION

Menopause is a physiological and unavoidable phase of a woman's life, which comes with various psychological and somatic manifestations. Generally, women ignore it and suffer silently. Menopause, which is described as the permanent cessation of menstruation due to a decrease in ovarian follicular activity, is a normal physiological milestone in a woman's life. When amenorrhea persists for 12 consecutive months without any pathological explanation, menopause is clinically proven. Menopause is a universal experience for women, with over a billion currently in transition or postmenopausal, a number projected to hit 1.2 billion by 2030.^[1,2] Approximately 1.3 million women transition into menopause each year.^[3] The majority of women generally experience menopause between the ages of 45 and 55 as a normal part of biological aging. Around 15-17 % of women aged 30-49 experience it, though it's higher in rural areas and lower for educated women, with trends showing a decline in overall prevalence but a rise in premature menopause, averaging around 47.5 years, influenced by factors like education and surgical history.^[4] Research from IMS (Indian Menopause Society) indicates that approximately 65 million Indian women are aged 45 and above, and this number is projected to gradually increase. Indian women experience menopause at the age of 46 years as per NFHS -5. Therefore, menopausal health requires even more attention in the Indian context.

In *Ayurveda*, it can be correlated with *Rajonivrutti*. "*Rajonivrutti*" is a combination of the words "*rajah*" and "*nivrutti*." The root term for "*rajah*" in Sanskrit is "*rajascha*," which means "to give color to the substances." The term "*rajah*" is synonymous with a number of substances, including *parag* (flower pollen grain), *renu* (tiny dust particles), *Artava* or *Streepushpa* (associated to the menstrual cycle), and *raja guna* (a form of *manasdosha*). In this sense, "*rajah*" refers to chemicals associated with the menstrual cycle, such as *artava* and *streepushpa*. The Sanskrit Varnas "*ni*" and "*vrutti*" are the source of the word *Nivrutti*. The synonyms of *Nivrutti*, such as *Apavritti*, *Uparama*, *Virati*, *Vyaparati*, and *Uparati*, have been coined by *Acharya Hemchandra*. The terms "accomplishment," "fulfillment," "completion," "end," "discontinuance of the influence of one rule over another," "ceasing," "desisting," "abstaining form," "inactivity," and "impropriety" can all be understood in this context. as a consequence, the whole term *Rajonivrutti* means 'end of *Artavapravrutti*' or 'cessation of menstruation' The term 'menopause' is made up of two words: *Meno* means month related to menses & *pausia* indicates pause i.e. stop, cessation.

Rajonivrutti, which occurs at the end of *Praudhavastha* and the beginning of *Jaravastha*, is categorized under *Swabhavika Vyadhis*. Even so, the classics do not specifically characterize *Rajonivrutti* as a medical ailment. The age of *Rajonivrutti* is 50 years, according to all *Acharya*.^[5,6,7] According to *Acharya Arunadatta*, the age stated above is likely rather than established. In this sense, there might be some variety. Given the differences, it makes sense to cite the environment or women's personality as factors influencing it. In order to maintain health, *Ayurveda* has placed greater emphasis on *Ahara* and *Vihar*. For this variation, these considerations should be taken into account. Since *Rajonivrutti* is not referenced in the classics as a distinct sickness, there is no information

available regarding its "*Nidanapanchaka*." Therefore, in order to comprehend this condition as a disease, some fundamental principles must be taken into consideration. *Acharyas* also discuss some of these elements in relation to "*Rajo Utapati Hetu*." These elements may also be regarded as *Rajah Nivrutti Hetu*. In addition, a few extremely particular elements—all of which i.e. *Kala*, *Swabhava*, *Vayu*, *Karma*, *Abhigata* and *Dhatukshaya* may also be regarded as the cause of *Rajonivrutti*.

The loss of ovarian follicular activity and a drop in blood oestrogen levels are the causes of menopause. Menstrual cycle alterations are typically the first signs of the menopausal transition, which might be gradual. The term "perimenopause" describes the time frame between the onset of these symptoms and the year following the last menstrual cycle. Physical, emotional, mental, and social well-being can be impacted by perimenopause, which can endure for several years. Perimenopausal symptoms can be reduced by a number of hormonal and non-hormonal treatments. Due to a decrease of ovarian follicular function, the cessation of monthly menstruation—also referred to as a menstrual period or "period"—marks menopause for the majority of women. The ovaries cease producing eggs for fertilization as a result. The consistency and duration of the menstrual cycle differ throughout a woman's reproductive life, but the natural menopause age typically falls between 45 and 55 years for women globally. Natural menopause is considered to occur after 12 uninterrupted months without menstruation, with no evident physiological or pathological reason and no clinical intervention.^[8] Certain women undergo menopause prematurely (before reaching 40 years old). Approximately 75% of women experience uncomfortable physical symptoms, while 50% encounter psychological manifestations during menopause. Approximately 50-60% of women pursue medical assistance for this. While menopause is a natural occurrence in the aging process, it has become a significant health issue in recent years in both developed and developing nations, including India. As it is a distressing issue, it requires a reliable and secure solution. In contemporary medicine, Hormone Replacement Therapy (HRT) is the sole option for addressing this health issue, offering remarkable results in fighting the disease; however, it comes with various secondary health risks such as vaginal bleeding, breast cancer, endometrial cancer, gallbladder disease, and more. Conversely, this treatment is not very effective in addressing the psychological aspects of this phase. They handle them through prolonged administration of sedatives, hypnotics, and anxiolytics, which can result in numerous side effects such as drowsiness, motor function impairment, memory loss, allergic responses, antisocial behavior, drug dependency, etc.^[9] As a result, there is a lot of study being done to develop an *Ayurvedic* treatment for *Rajo-nivruttijanya lakshana* that is safe, effective, and affordable. It has been demonstrated that certain *Ayurvedic* medications with *Medhya* and *Rasayana* qualities can effectively address this health risk. According to *Bhavaprakash Nighantu*, *Ashwagandha*, *Shatavari*, and *Jatamansi* are chosen for the present case because *Ashwagandha* has *Rasayana* property,^[10] *Shatavari* has *Medhya* and *Rasayana* properties,^[11] and *Jatamansi* has *Medhya* property. Hence, it can help to manage menopausal syndrome.^[12]

CASE REPORT

A 53 years old female patient came to GACH, Patna with complaints of hot flushes, disturbed sleep, mild irritability, anxiety, joint and muscle pain & physical and mental exhaustion for 3 years. She was married and house wife by occupation. No addiction of alcohol and smoking were noted. Her body build was moderate with 60 kg weight and 158 cm height. No systemic or past illness were reported. Her past menstrual history suggested painless regular monthly menstrual cycle for 4 to 5 days without clots.

Her general condition and hygiene were good. The patient was having *Vata Pitta Prakriti*. Her appetite was good, bowel movements were regular, urine was normal and sleep was disturbed. The patient was vitally stable with 82 pulse rate / minute and 126/84 mm/hg blood pressure. Built- moderate

Table 1. Findings of P/S & P/V examination

Examinations	Findings
P/S	Vagina- no vaginal discharge, small in size Cervix- no vaginal discharge, small in size
P/V	Position of uterus AV/AF (Antiverted/ Antiflexion) No cystocele, no rectocele, no prolapse of uterus. Uterus- small in size Cervix consistency- Hard Cervical Movement-Painful

Assessment

The assessment was done by Menopause rating Scale before and after treatment.

Management

The combination of *Jatamansi*, *Shatavari* and *Ashwagandha Choorna* (1:2.5:2.5) was prescribed to the patient with Luke warm milk at morning and evening for 2 months. The dose was 6 gm in two divided dose. The patient was advised to come for follow-up weekly.

Result

The result was assessed by the Menopause Rating Scale. BT an AT Assessment was mentioned in Table 2.

Table 2. BT and AT assessment

Sr. No.	Symptoms	BT score	AT score
1	Hot flushes	3	1
2	Heart discomfort	0	0
3	Sleep disturbance	2	0
4	Depressed mood	3	2
5	Irritability	3	2
6	Anxiety	3	0
7	Physical & mental exhaustion	2	0
8	Sexual problem	2	2
9	Bladder problem	1	1

10	Vaginal dryness	2	0
11	Joint & muscle discomfort	3	0
Total		24	8

DISCUSSION

In Ayurveda, *Rajo nivrutti* is term used to describe menopause. It is derived from the Sanskrit words *Rajah* (menstrual blood/menstruation) and *Nivrutti* (cessation or stop). According classical texts like *Sushruta Samhita*, it is viewed not as a disease, but as a natural physiological transition associated with *Jara* (aging). It marks the end of *pitta* phase of life (the middle years of transformation and reproductive activity) and the beginning of the *vata* phase (the senior years of life). *Ayurvedic* texts generally cite 50 years as the age for *rajo nivrutti*, though modern interpretations acknowledge a range between 45-55 years. There is two types of *Rajo Nivrutti*. 1) *Kalaja Rajo Nivrutti*, 2) *Akalaja Rajonivrutti*. 1) *Kalaja Rajo Nivrutti* – timely menopause occurring at the natural age. 2) *Akalaja Rajonivrutti* – untimely or premature menopause caused by external factors, poor nutrition or stress.

Symptoms during this transition are typically caused by an imbalance in the three doshas and the depletion of bodily tissues (*Dhatus*). Symptoms associated with *Vata Dosha* are anxiety, insomnia, joint pain, osteoporosis and dryness in the vagina. Symptoms associated with *pitta dosha* are hot flashes, irritability. Symptoms associated with *kapha dosha* are lethargy and feeling heavy. Symptoms associated with *Dhatu Kshaya* are wrinkled skin, thinning hair, and loss of *Ojas* (vital energy).

As *Rajo Nivrutti* is a natural phase, the goal of Ayurveda management is to make the transition “*Yapya*”(manageable) through balance. Use of *Rasayana Dravya* like *Shatavari* and *Ashwagandha* to nourish the *Dhatus* and stabilize *Vata* and *Medhya Dravya* *Jatamansi* for anxiety, mood swings, sleep disturbance and irritability in *Rajo Nivrutti*. A systemic review reported that *Ashwagandha* was found effective on stress and anxiety, pain, cognitive performance and insomnia.^[13] Research-based evidence indicates that *Ashwagandha* (*Withania somnifera*) primarily acts as an adaptogen, helping the body manage stress by regulating the HPA axis and lowering cortisol levels.^[14] It was established that *Ashwagandha* improves several aspects of sleep, including sleep quality, sleep efficiency, total sleep time and sleep latency. Research on *Shatavari* (*Asparagus racemosus*) confirms its role as a versatile "female tonic," providing evidence-backed benefits for hormonal balance, lactation, and menopause management.^[15] *Shatavari* is well known medicine for menopause. Menopause & Perimenopause Relief: Standardized root extract (300 mg daily) significantly reduces common symptoms like hot flashes, night sweats, and insomnia within 8 weeks. Clinical trials show marked improvements in the Menopause Rating Scale (MRS), specifically in psychological and physical domains. *Shatavari* is also beneficial for muscular strengthening. In postmenopausal women, a 6-week supplementation of 1,000 mg daily was found to improve handgrip strength and muscle contractility, offering a potential natural avenue for conserving muscle function after menopause. As an adaptogen, *Shatavari* significantly reduces perceived stress and fatigue while improving vigor and emotional well-being.^[16] *Jatamansi* is an ideal drug for menopause. It act as a natural nervine tonic. It also contains which helps to manage physical and psychological shifts. *Jatamansi* contains compounds like jatamansone and valeranone that have a calming effect on the central nervous system. It helps alleviate mood swings, anxiety, irritability, and depression by modulating neurotransmitters such as serotonin and GABA. As a natural sedative (*Nidrajanana*), it reduces the time taken to fall asleep and improves total sleep duration, making it effective for insomnia caused by menopausal stress and hot flushes.^[17] Its *Medhya* (intellect-promoting) properties help combat "brain fog," memory lapses, and difficulty concentrating.

The combination of these three herbal medicines is the most suitable compound Ayurveda formulation for managing the menopause. When it was taken with milk, milk helps to make the medicine palatable and more absorbable compared to other dosage forms. Milk is considered as a *Rasayana*. It works as *Ojo Vardhaka*, *Jeevaniya*, *Brimhaniya*, *Balya* and *Vata Pitta Shamaka*, hence it helps further to manage menopause. As menopause is *Yapya* and *Jara Janya Vyadhi*, long-term management is essential. A total of 60 days of treatment provides marked improvement in this case.

CONCLUSION

A 53-year-old female patient, suffering from menopausal syndrome, was well managed by oral polyherbal Ayurveda medicines – a combination of *Jatamansi*, *Ashwagandha* and *Shatavari Choorna*. The menopausal Rating Scale was reduced (26 BT, 8 AT) after the treatment. The treatment was well tolerated by the patient.

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