Management Of Menstrual Problems In Perimenopausal Women- A Case Report
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ABSTRACT: -
Perimenopause is the period during which a woman passes from reproductive to non-reproductive stage and it covers 4-7 years before and after menopause. Periods occur late or early, and the flow becomes heavier or lighter than previous. Acharya Sushruth has divided Madhyamavastha (middle age) into 4stages and the age between 41-70 yrs. comes under Parihani stage (deterioration) where there is deterioration of dhatus (body tissues) occur. In Samhitas various symptoms are described in the context of Yonirogas (gynecological disorder) which can be seen in perimenopausal period. The present case report documents the efficacy of Ayurvedic treatment in improving the perimenopausal symptoms. A case was taken for study with symptoms of shortened menstrual cycle of 15days, prolonged heavy bleeding associated with pain in lower abdomen during menses, backache and loss of appetite. The patient was given Pushyanug churna, Rasayan churna vati, Chandraprabhi vati, Singhnand guggulu after meal two times a day orally and syrup M liv before meal two times a day orally for three months. Ayurveda offers effective modalities and herbal formulations for the management of perimenopausal symptoms without any side effects. The drugs used in this case are having Deepana (appetizer), Pachana (digestive), Anulomana, Shothahara (anti-inflammatory), Raktprasadan (blood purifier), Balya (strengthen) and Rasayana (rejuvenation) properties and results showed there was a marked improvement in symptoms like pain was reduced, and cycle was regularized with moderate bleeding. Therefore, it could be a safe alternative to the modern drugs.

Key words- Perimenopause, Raktayoni, Dhatukshaya, Rasayan churna vati
INTRODUCTION

Perimenopause or menopausal transition is the period during which a woman passes from reproductive to non-reproductive stage and it covers 4-7 years before and after menopause. Perimenopause means changes in ovarian hormones, feedback relationships and clinical experiences beginning in women of age 35-50 with or without regular menstrual blood flow and ending 1yr after the final menstrual flow. As many as 90% of women will present to health care providers for advice on how to cope with menopausal symptoms, demonstrating the importance of this issue worldwide.

Endocrinology Of Menopausal Transition

Few years prior to menopause, along with depletion of the ovarian follicle, the follicles become resistant to pituitary gonadotropins. As a result, effective folliculogenesis is impaired with diminished estradiol production. This decreases the negative feedback effect on hypothalamus pituitary ovarian axis resulting in increase in FSH. The sustained level of estrogens may even cause endometrial hyperplasia and clinical manifestation of menstrual abnormalities prior to menopause. The mean cycle length is significantly shorter. Symptons of menstrual transition includes, menstrual changes which include shorter cycles and irregular bleeding, vasomotor symptoms which are hot flushes, night sweats and sleep disturbances, psychological symptoms and other symptoms like back aches and joint aches. A change in menstrual pattern is usually the first sign of menopause. During the time referred to as perimenopause the menstrual cycle is likely to become less predictable. Periods occur late or early, cycles are skipped and the flow becomes heavier or lighter than previous. In Ayurvedic classics stages of life are divided into balyavastha (childhood), madhyamavastha (middle age) and vridhaavastha (old age). Acharya Sushruth has divided madhyamavastha (middle age) 4 stages which are vridhi (developmental stage), youvana (adult), sampoorna (full maturity) and parihani (decline) and the age between 41-70 yrs comes under parihani stage (decline) where there is deterioration of dhatus occur. This madhamavashta (middle age) is dominated by pitta dosha. Age group of adhirudha (35-50 yrs) is described as madhyamavasta (middle age) in Bhavprakash. So these phases can be considered as menopausal transitional age and it is dominated by vata dosha in vridhavastha (old age). Various symptoms which are mentioned in Ayurvedic classics in the context of yonirogas, can also be seen in perimenopausal period. Some yonirogas (gynecological disorder) described in samhitas can be correlated to gynecological disorders experiencing during perimenopause like sushka yonivyapad (estrogen deficiency), prasamini yonivyapad (second degree uterine prolapse), vipluta yonivyapad (Presacral neuralgia), arajaska yonivyapad (secondary amenorrhea), raktyoni (Dysfunctional uterine bleeding) etc. out of which Raktyoni/ asrigdaram – is a condition due to vitiation of vata, pitta and rakta dosha in which abnormal and excessive menstrual flow is seen. In ayurvedic classics it is described as a complication of untreated yoni rogas. This can be correlated with dysfunctional uterine bleeding seen in anovulatory cycles. These results in menorrhagia and cystic glandular hyperplasia (metropathica hemoragica, Schroeder’s disease) in which endometrial shedding...
with heavy bleeding is seen due to hormonal imbalance. This is usually met in premenopausal women\(^9\). Treatment principles of *raktasthapana* (blood purifier), *raktapitta*, *raktharsas* and *rakhtatisara* (bloody diarrhea) can be applied. To cope up with menopausal transition symptoms, the line of treatment should be *rasayana* (rejuvenation), *balya* (strengthen), *dhatukrith* and *rasa raktha prasadana* (blood purifier) as per the treatment principles can be adopted\(^10\).

**CASE REPORT**

A 41 years old married woman came to O.P.D of Streeroga and Prasutitantra department of All India Institute of Ayurveda Delhi on 6/oct/2020 presented with chief complaints of shortened menstrual cycle (15days) with increased flow and with clots, pain in lower abdomen pain 3-4 days during menstruation for 1 year. She has also complaint of loss of appetite and backache for 2 months.

**Menstrual history**

Duration- 5-6days, heavy flow once in 15 days
No of pads/day 5-6pads (first 4 days), 3-4 pads next 2 days
Clots- present
pain- very severe (8 points on VAS Scale)

Her past menstrual history revealed that she had menarche at the age of 14 years, having regular cycles, with duration of 4-5 days and moderate amount of bleeding. Her obstetric history was gravida 4; Parity 2; Abortion 2; Living 2. Last child birth was 13years back. All were full term normal vaginal delivery. Her personal history revealed she had reduced appetite, clear bowel, normal sleep and micturition. Patient also complaint of backache. Contraceptive history of patient was nil There was no history of Hypertension, Thyroid disorders, Diabetes mellitus and no history of any surgical intervention.

**Clinical findings**

**General examination**- Built- normal, weight- 58kg, Tongue-uncoated, Pallor- absent, Pulse rate- 72/min, BP- 126/70mmhg, Respiration rate- 18/min, Temp- 98.2F

**Physical examination**

**Ashtavidha pariksha** (Eight methods of examination of a patient)

The *Nadi* (pulse) of patient was 72/min and *mutrapravritti* (micturition) was 5-6 times /day and *malaprasvritti* (passing stool) was once /day. *Jihwa* (tongue) of the patient was *nirama* and *shabda* (voice) was *samanya* (normal) with *samushnasheeta sparsha* (touch) and *drika* (vision) was *prakrit* (constitution). The *aakriti* (physique) of patient was *madhyam* (medium).

**Dashvidha pariksha** (Ten methods of examination of a patient)

Patient had *vatapittaja prakriti* and *vatapittaja vikriti* with. *Samhana* (Compactness of the body) and *pramana* (measurement) was *madhyam* (medium). Patient had *mishra rasa* diet with predominance of *amla rasa* (sour). She belonged to *yuva varga* (youth) according to her age. She had *madhyam ahar shakti* (medium food) and *vyayam shakti* (exercise).

**Systemic examination**- there was no significant abnormality noted

**Investigations**- CBC- Hb- 10.4g/dl, platelet count- 197 10\(^3\)/cumm, ESR- 28mm/hr. T\(_3\)- 0.97ng/ml, T\(_4\)- 0.81 microgram/ml, TSH- 2.24 micro-IU/ml

**Management**- Perimenopausal symptoms is a group of symptoms produced by degenerative changes in the body. During this time menstrual cycle is likely to become less predictable. Periods occur late or early; cycles are skipped and the flow becomes heavier or lighter than previous. So, keeping these facts in consideration drugs having properties like *rasayana* (rejuvenation), *rakta stambhana* (Hemostatic action), *yonidoshhara*, *shothhara* (anti-inflammatory), *raktaprasadana* (blood purifier), *garbhashayasthapana* were used.
### Table 1: Showing Treatment plan

<table>
<thead>
<tr>
<th>S.no</th>
<th>Drug</th>
<th>Dosage form</th>
<th>Dose</th>
<th>Time of administration</th>
<th>Anupana</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pushyanug churna</td>
<td>Powder</td>
<td>3gm</td>
<td>After meal 2 times a day</td>
<td>Madhu (honey)</td>
<td>3months</td>
</tr>
<tr>
<td>2</td>
<td>Chandraprabhavati</td>
<td>Tablet</td>
<td>2 tablet</td>
<td>After meal 2 times a day</td>
<td>Lukewarm water</td>
<td>3 months</td>
</tr>
<tr>
<td>3</td>
<td>Rasayan churna vati</td>
<td>Tablet</td>
<td>2 tablet</td>
<td>After meal 2 times a day</td>
<td>Lukewarm water</td>
<td>3 months</td>
</tr>
<tr>
<td>4</td>
<td>Syp M liv</td>
<td>Syrup</td>
<td>20ml</td>
<td>Before meal 2 times a day</td>
<td></td>
<td>3 months</td>
</tr>
<tr>
<td>5</td>
<td>Singhnand guggulu</td>
<td>Tablet</td>
<td>2 tablet</td>
<td>After meal 2 times a day</td>
<td>Lukewarm water</td>
<td>3 months</td>
</tr>
</tbody>
</table>

### RESULTS -

#### Table 2-

There was a remarkable change in various symptoms as noted below:

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment given</th>
<th>Observations</th>
</tr>
</thead>
</table>
| 6/10/2020-6/11/2020 | - Chandraprabhavati 2tab bd after meal  
- Rasayan churna vati 2 tab BD after meal  
- Pushyanug churna 3gm BD with madhu aftermeal  
- Syp M. liv 2tsf BD  
- Singhnand guggulu 2tab BD after meal | Periods in 25days  
LMP- 15/9/2020, 10/10/2020  
Pain reduction- 3 days pain , very severe pain (VAS Scale)  
Bleeding – 6 days  
Heavy 2 days , 5pads/day, clots-present  
Appetite- increased  
Backache- persists |
| 7/11/2020-7/12/2020 | - Same above | Period in 28 days  
LMP- 7/11/2020  
Pain reduction- 2days,moderate(on VAS Scale)  
Bleeding- 5days , heavy 2days 3-4pads/day, clots-absent  
Appetite- normal  
Backache- slightly reduced |
| 8/12/2020-8/1/2021 | Same above | Period in 28days  
LMP- 5/12/2020  
Pain reduction- only 1 day(mild pain)( on Vas scale)  
Bleeding- 5 days, heavy on 1st day.3pad/day moderate bleeding next 4days 1-2 Pad/day), clots - absent  
Appetite- normal  
Backache- absent |
Post follow up after one month- all the symptoms were reduced and cycle was regularized with moderate bleeding.

DISCUSSION

Perimenopausal symptoms is a group of symptoms produced by degenerative changes in the body. Degenerative changes are explained in Ayurveda as Dhatukshaya lakshana (depletion of body tissues). Acharyas have described Rasayana Chikitsa (Rejuvenation) to overcome degenerative process of the body tissue. Rasayana (Rejuvenation) includes drugs which promotes longevity and improve the quality of life\textsuperscript{11}. To combat these short term and long term consequences of estrogen deficiency HRT is indicated in modern literature. But it has its own side effects. Thus, Ayurvedic drugs can be used as an alternative therapy to HRT. The drugs used in this case are having Deepana (appetizer), Pachana (digestive), Anulomana, Shothahara (anti-inflammatory), Raktprasadan (blood purifier), Balya (strengthen) and Rasayana (rejuvenation) properties.

**Pushyanug churna**\textsuperscript{12} - It comprises of tikta (bitter), Kashaya Ras(astringent), Katu Vipaka (pungent), Sheeta Veerya (cold) and Laghu (light), Ruksha, guna. Due to sheeta veerya(cold) it acts as Pittahara and it acts as Grahi, Sravahar and Stambhaka due to Tikta (bitter) and Kashaya Rasa (astringent). Some ingredients like Raka Chandana (Pterocarpus santalinus), Manjishtha (Rubia cordifolia), Rasanjana, Samanga, lodhra (Symplocos racemosa), Madhuk (Madhuka indica) etc in pushyanug churna are Rakta shodhak (blood purifier), yonidoshahara (cures genitals), Raktshtapaka, Asragsushtihaar properties. It reduces inflammation and improves uterine condition due to presence of Garbhashthapaniya, (Fertility booster) Rakasthapaka, Shothahara (anti-inflammatory), vedanashamaka (analgesic) drvya (drugs)\textsuperscript{13}. Due to excessive loss of blood, hemoglobin deficiency, weakness occurs which can be cured with Balya (strengthen) and Shonita Sthapaka Drayas. Drugs like Chandana (Pterocarpus santalinus), Manjishtha (Rubia cordifolia), etc which act as Shambana helps to cure diseases in which excessive discharge is main symptom like shortened and heavy menstrual cycle etc. Some drugs like Rasanjana, Madhuka (Madhuca indica), Arjuna, (Terminalia arjuna) Shalmali (Salmalia malabarica) are having Rasayana (rejuvenation) property which is main line of treatment in perimenopause. It helps in removing congestion in Artavasrotas (female reproductive channels) so as the obstruction causing pain is removed dysmenorrhea is regulated. One study showed that Lodhra (Symplocos racemosa) might have influenced the endometrial prostaglandin apparatus, thereby acting effectively in the control of irregular bleeding\textsuperscript{14}. Most of the ingredients like Patha, Jambu, Amra, Samanga, Ativisha, Bilva(Aegle marmelos), Shunthi (Zingiber officinale) and Madhuka(Madhuka indica) are having anti-inflammatory, immunomodulatory and analgesic properties.

**Chandraprabhati**\textsuperscript{15} - It reduces symptoms of perimenopause by pacifying Vata and Pitta and its rejuvenating properties help in improving Dhatukshaya (depletion of tissues) which is main in menopause transition. Some drugs are having Rasayana (rejuvenation) property and act as immunomodulator in immune deficient state which is main line of treatment in perimenopause. The drugs like Trikatu, Chavya (Piper retrofractum), Musta (C rotundus), Ela (cardamom), Lavanas (salt), Ksharas (alkaline) all are having Deepana (appetizer) and Pachana (digestive) properties thereby relieve the state of Mandagni which is identified as a root cause for all disease conditions\textsuperscript{16}. Some drugs like Chandraprabha, Vacha (Acros calamus) , Musta (C rotundus), Haritaki (Terminalia chebula) and Bhibhataki (Terminalia bellirica) are having antiinflammatory and analgesic activity thereby reducing symptoms like pain during menses and backache and any inflammatory pathology in perimenopausal period.
It relieves Avratta Apanayu and maintain normal flow of Artava. **Rasayna churna vati** - This churna (powder) contain drugs which helps to increase the immunity. Its components give all types of vitamins which boosts immunity. Acharya Sushruta has defined ‘Rasayana’ (rejuvenation) “as the method which retards the aging process, increases longevity, talent, vitality and makes the body fit to overcome these symptoms”. Due to Rasayana (rejuvenation) and Balya (strengthen) property of the drugs, they cause Dhatu Pushi (increases stamina) which results in Samprapti Vighatana (breakage of pathogenesis) and ultimately leads to Lakshanopashamana (relieving of symptoms). The drugs Guduchi (Tinospora cordifolia), and Amalaki (Emblica officinalis) also have deepana (appetizer) property which help to increase Mandagani which is the root cause of all disease. All the drugs like Guduchi (Tinospora cordifolia), Gokshur (Tribulus terrestris) and Amalaki (Emblica officinalis) are having analgesic, anti-inflammatory, gastroprotective and immunomodulatory activities which help in relieving perimenopausal symptoms. **Singhnad guggulu** - in this stage of life due to Dhatukshaya (depletion of tissues) symptoms like joint pain and backache are more common. Vatashamana occurs due to Ushna Virya (hot) and Katu (pungent) Vipaka of Simhanad Guggulu, and the drugs also have Katu (pungent), Tikta Rasa (astringent), Laghu (light), Raksha Guna (dry), Ushna (hot)Virya, Katu Vipaka, hence it has Vedanasthapana (analgesic), Deepana-Pachana, (appetizer-digestive) Rasayana (rejuvenation) and srotoshodhak (cleaning channels) properties. The drug like Amalaki (Embelia officinalis), Haritaki (Terminalia chebula) have Rasayana (rejuvenation) property which act as immunomodulator and increases immunity which decreases at this stage of life. Most of the ingredients like Haritaki (Terminalia chebula), Bibhitaki (Terminalia bellirica), Eranda moola (Ricinus communis) etc. are having antispasmodic, immunomodulatory, anti-inflammatory and digestive properties, which help in relieving perimenopausal symptoms.

**CONCLUSION**

In menopause transition discomfort arise because of imbalance of normal Doshas and Dhatus of body and the symptoms related to perimenopause are becoming a major problem and affecting the women to perform their daily activities and also affect the quality of life. Ayurveda offers effective modalities and herbal formulations for the management of perimenopausal symptoms without any side effects. In this study formulations having Deepana (appetizer), Pachana (digestive), Anulomana, Shothahara (anti-inflammatory), Rakprasadan (blood purifier), Balya (strengthen) and Rasayna (rejuvenation) properties are used for the treatment of irregular bleeding (shortened cycle), pain during menses and for other symptoms and there was a notable improvement in symptoms. No any adverse effect was noted during the study. Therefore it could be a safe alternative to the modern drugs.

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None

**Conflict of interest**

None

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None

**REFERENCES**

1. HP Pattanaik An update on menopause by, chapter-1(Endocrinology of Menopause), page no-1, jaypee brothers medical publisher, first edition- 2008pp-786


4. HP Pattanaik An update on menopause by, chapter-1(Endocrinology of Menopause), page


8. Prof. Premwati Tiwari Ayurvediya Prasutitantra Evum Striroga part 2nd, by chap2/ 206, Chaukhamba Sanskrit Sansthan; 2014. pg no-184


