



## Ayurveda for Menopause

Mrunalini Rameshchandra\*

Mrunalini Rameshchandra, Clinical Ayurveda Specialist, CA, USA

### Editorial

Aging is a natural inescapable process that, in general, does not discriminate between the genders. However, with increasing longevity of life, it is women who, ostensibly, are most prone to the vicissitudes of changing physiological functions imposed by the aging process.

Menopause is a stage of physical and mental transformation for women. The transformation may also bring about a spiritual awakening in women who show complete balance and awareness. The presenting perimenopausal chemical changes may cause apparent disturbances that can last for many years, particularly in women who do not have doshic mind-body balance.

Western treatment for menopause has traditionally sanctioned the idea that, because estrogen (and progesterone) is no longer produced by the body at premenopausal physiological levels, the hormone(s) must thus be replaced in some form. Women are led to believe that estrogen decline must be treated as a disease that requires medical intervention to prevent the onset of menopausal symptoms such as hot flashes, memory loss, mood swings, insomnia, vaginal dryness, urinary incontinence, decreased bone density (osteoporosis), and heart problems [1-3]. In fact, many of these so-called symptoms of menopause are not the result of estrogen decline, but a facet of an unhealthy lifestyle to begin with [4-5].

The use of hormone replacement therapy (HRT) and selective estrogen receptor modulators (SERMs) may have beneficial short-term use; however, HRT has been associated with an increased risk of breast cancer, ovarian cancer, heart attacks, strokes, increased risk of gallbladder disease, blood clots in the legs and lungs, as well as urinary leakage [6-10]. SERMs have been shown to increase the risk of breast cancer when administered over five years or more; they have also been shown to increase uterine cancer, coagulopathies, depression, impaired memory, as well as hot flashes [4].

In view of the evidential risks of HRT and SERMs, bio-identical hormones have emerged into popular usage. Bio-identical hormones, though, being chemically altered to replicate the body's hormones, cannot possibly restore natural balance. Although bio-identical hormones elicit fewer side effects than do HRT and SERMs, and are endorsed by many physicians as safe, even without evidential statistics from long-term clinical trials, whether they establish themselves firmly as safe in mainstream medicine remains to be seen [11].

Ayurveda's approach to women's menopause has always been natural in principle. Many women, who develop perimenopausal symptoms, already have either a long term dosha imbalance or are leading an unhealthy lifestyle for their body constitution. With the chemical, physical and mental changes taking place, a shift in the doshas will magnify the intensity and numbers of symptoms, signifying that balance and awareness need to be restored to the body and mind. Some studies confirm that an individual's lifestyle affects the risk of diseases during the perimenopausal period [12-13].

Ayurveda focuses on establishing a daily routine- a key to keeping vata dosha in harmony; a diet suited for body constitution (taking into account any imbalances) using organic wholesome fresh foods; self-abhyanga to nourish the skin, nerves and aid in circulation within the

body; herbs to establish long-term balance within the body and mind; and life-style change [14].

With ama present in the body, Ayurveda will prescribe a panchakarma treatment so as to eliminate toxins from the system so that agni is increased and nutrients may be better assimilated, as well as to establish the overall balance of the doshas.

Keeping with the natural elements, Ayurveda utilizes food groups that have a natural source of phytoestrogens, allowing for the menopausal transition to run smoothly. Many fresh vegetables, fruits and grains contain a healthy supply of phytoestrogens. Soy is one such product which, when ingested in its natural form, in moderation, is shown to be beneficial for menopausal women [15].

Herbs such as Angelica root, Bala, Shatavari, Licorice, Rose, Ashwagandha, Gotu kola, Gaduchi, Dong quai, Vidari kanda, and Nirgundi are some of the important ingredients used in an herbal formula to overcome menopausal symptoms [14, 16].

Imbalances such as osteoporosis, cardiac problems and cancer associated with post-menopause are also treated with lifestyle, diet, herbs, and medicated oil treatments. A point to note is that lifestyle evaluation encompasses daily routine, climate and seasonal effects, time of day, exercise, meditation, pranayama, mantras, asanas, color therapy, aromatherapy and more. All lifestyle remedies are individually prescribed for the body constitution and/or presenting dosha imbalance.

Although western medicine, through the use of HRT, SERMs and bio-identical estrogen, may produce short-term effects, it is evident that, with long term use, many women show an increased development of life threatening diseases such as cancer, cardiac arrests, as well as memory loss and even increased perimenopausal symptoms such as hot flashes [17].

Ayurveda uses nature's intelligence of the subtle doshas to determine what type of imbalances and toxins are present. Furthermore Ayurveda uses nature's resources and rhythms to bring the body and mind to its natural state of balance, all without side effects. An enhanced functioning of the body and mind are the effects of using Ayurveda for treatment.

An elevated state of body and mind bring about an awareness of oneself, leading to longevity and eventually inner development.

### References

1. Canonico M, Bureau G, Scarabin PY (2011) Progestogens and venous thromboembolism among postmenopausal women using hormone therapy. *Maturitas* 70: 354-360.

\*Corresponding author: Mrunalini Rameshchandra, Clinical Ayurveda Specialist, Palo Alto CA 94303 USA, E-mail: [WisdomAyurveda@gmail.com](mailto:WisdomAyurveda@gmail.com)

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2. Chae CU, Derby CA (2011) The menopausal transition and cardiovascular risk. *Obstet Gynecol Clin North Am* 38: 477-488.
3. Demetrio FN, Renno J Jr, Gianfaldoni A, Goncalves M, Halbe HW, et al. (2011) Effect of estrogen replacement therapy on symptoms of depression and anxiety in non-depressive menopausal women: a randomized double-blind, controlled study. *Arch Womens Ment Health* 14: 479-486.
4. ESHRE Capri Workshop Group (2011) Perimenopausal risk factors and future health. *Hum Reprod Update* 17: 706-717.
5. Gerson S (2002) *The Ayurvedic Management of Menopause*.
6. Hunter MS, Gentry-Maharaj A, Ryan A, Burnell M, Lanceley A, et al. (2012) Prevalence, frequency and problem rating of hot flushes persist in older postmenopausal women: impact of age, body mass index, hysterectomy, hormone therapy use, lifestyle and mood in a cross-sectional cohort study of 10,418 British women aged 54-65." *BJOG* 119: 40-50.
7. Joshi S, Khandwe R, Bapat D, Deshmukh U (2011) Effect of yoga on menopausal symptoms. *Menopause Int* 17: 78-81.
8. Lo JC, Burnett-Bowie SA, Finkelstein JS (2011) Bone and the perimenopause. *Obstet Gynecol Clin North Am* 38: 503-517.
9. Lonsdorf N (2002) *A Woman's Best Medicine for Menopause*. New York: Contemporary Books.
10. Macis D, Gandini S, Guerrieri-Gonzaga A, Johansson H, Magni P, et al. (2012) Prognostic effect of circulating adiponectin in a randomized 2 x 2 trial of low-dose tamoxifen and fenretinide in premenopausal women at risk for breast cancer. *J Clin Oncol* 30: 151-157.
11. Seidl MM, Stewart DE (1998) Alternative treatments for menopausal symptoms. Systematic review of scientific and lay literature. *Can Fam Physician* 44: 1299-1308.
12. Shrestha S (2006) The herb called Shatavari: A gift for women.
13. Tao M, Teng Y, Shao H, Wu P, Mills EJ (2011) Knowledge, perceptions and information about hormone therapy (HT) among menopausal women: a systematic review and meta-synthesis. *PLoS One* 6: e24661.
14. Santwani K, Shukla VD, Santwani MA, Thaker G (2010) An assessment of Manasika Bhavas in menopausal syndrome and its management. *Ayu* 31: 311-318.
15. Seidl MM, Stewart DE (1998) Alternative treatments for menopausal symptoms. Systematic review of scientific and lay literature. *Can Fam Physician* 44: 1299-1308.
16. Shrestha S (2006) The herb called Shatavari: A gift for women.
17. Huang CP, Hong CT, Huang IT (2006) [Hormone replacement therapy and cognitive function]. *Acta Neurol Taiwan* 15: 273-277.