



A COMPARATIVE STUDY TO EVALUATE THE KAALAJA AND AKAALAJA RAJONIVRUTTI W.S.R TO NATURAL AND SURGICAL MENOPAUSE ON STREE SWASTHYA

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ABSTRACT

Rajonivrutti, an irreversible state of a woman's life is a well-discussed phenomenon. In the present scenario, in India, the population has crossed the 1 billion marks with 71 million people over 60 years of age and the number of menopausal women, who have entered *Kaalaja Rajonivrutti* (Natural Menopause) is about 43 million.^[1] To add to this, there are many women who have entered *Akaalaja Rajonivrutti* (Surgical menopause) due to Hysterectomies.

Hysterectomy is the second most frequently performed major surgical procedure on women all over the world, next to cesarean. In India, though no national statistical data for hysterectomy has been recorded so far, a study conducted in Haryana and Gujarat, states that 7-8% of the female population had already undergone Hysterectomy at an average age of 37 years.^[2]

Rasadhatu^[3] and *Raktadhatu*^[4] being processed by *Dhatwagni*, form *Upadhatu Aartava* (Menstrual blood). The age of *Rajonivrutti* has been mentioned as 50years in classical literatures^[5]. However, considering *Aartava* as menstrual blood, if at all normal functioning of *Aartavavaha srotas* is arrested even prior to *Rajonivrutti kaala*, the question arises regarding its further fate-whether it is going to show its impact only on *Rasadhatu* and *Raktadhatu* or will it affect *Uttarottara Dhatus* too, or whether it is going to show an impact on *Twak* (skin) which is

having an intimate relationship with *Rasadhatu*. Adding on, there is mention in *Ayurveda* classics about less susceptibility of women to *Prameha* (Diabetes mellitus) during the reproductive period^[5]. If *Rajonivrutti* is *Kaalaja*, then it will be accepted physiologically by the body. On the other hand, due to certain pathologies, if *Rajonivrutti* is *Akaalaja* (surgically induced), it may affect the holistic wellbeing of the women.

To seek an answer to the above questions, this work has been planned. Through this work, an attempt is made to have a comparative analysis of the effect of *Kaalaja* and *Akaalaja Rajonivrutti* and thereby to comprehend the outcome of surgical menopause on the systemic wellbeing of women (*Stree Swasthya*). The study also aims to document the impact of *Rajonivrutti* upon *Dosha*, *Dhatu*, *Mala*, *Satva*, and *Srotas*. The mode of assessment will be via the *Dashavidha Pareeksha Vidhi*.

Keywords: Menopause, *Kaalaja*, *Akaalaja Rajonivrutti*

INTRODUCTION

Each phase of a women's life is beautiful and should be considered gracious. Right from the moment that she entered the world, or when she steps into adolescence makes she is capable to be prepared to experience motherhood, or finally the transition to Menopause. Menopause is a natural phenomenon that occurs at the age of 45-55 years.

Menopause is an integral part of aging in women's life. World Health Organization (WHO) defines menopause as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Natural menopause is recognised as 12 consecutive months of amenorrhoea for which there is no other obvious pathological cause. As the life of expectancy of women is increasing worldwide, women are expected to spend 1/3rd of their life in the post-menopausal period. In comparison to the world-wide average age of menopause which comes to 50 years, India centres around 48 years.

Menopause brings psychological and biological changes that effect women's health and degrade their quality of life. According to World Health Organization (WHO) in the year 1990, there were 467 million women aged 50 years and above globally. 40% of them lived in developed countries, whereas 60% were in developing countries. The global figure is expected to hit 1200 million by the year 2030. Significantly, as the portion of postmenopausal women living in the developed region is expected to decline by over 16%, this in turn causes an alarming situation for developing countries.^[6]

These circumstances have instigated the population to consider hysterectomy as the first line of treatment modality with a misguided belief, as the uterus harbors most malignant conditions, and justifying that removal of the uterus denotes the removal of such risks.

Historically, the uterus has been considered an organ adjusting and controlling the important physiological functions, pregnancy, childbirth, a sexual organ, a source of energy, and an organ maintaining the attractiveness and beauty of women. Moreover, it comprises an important part of women's self-image, and the loss of the uterus means the loss of a sense of femininity.^[7]

There are few studies that were done on hysterectomized women, and the observations are inconclusive with positive and negative experiences of women with relation to vaginal dryness, sexual arousal, frequency, and sexual satisfaction.

After seeing all the results of previous works done, one can say –

Removal of such an organ might be expected to alter women's perception of self, especially with regard to femininity, attractiveness, sexual desire, and ability to respond sexually.^[8]

Removal of the uterus from its place creates a space between the bladder and rectum as it is in the anatomy of the male pelvis. This creation of an empty space even is felt by the hysterectomised patients as a feeling of emptiness or lack of support in this particular area. Further in *Ayurveda*, *Garbhashaya* (Uterus)

is also the *Moola* (Root) of *Artavavaha Srotas*. The impact of this removal of *Srotomoola* may redirect the *Rasa-Raktadi Dhatus* flowing in this channel and further its impact on the general system need to be studied.

STUDY DESIGN:

It was a comparative observational study.

Materials & Methods

Source of Data:

A minimum of 50 patients who have attained *Rajonivrutti* at *Prakruta Kaala* and *Akaala* through Hysterectomy will be selected for the study from OPD & IPD of S. D. M Ayurveda Hospital, Kuthpady, Udupi.

Methods of collection Data:

- Two groups of 25 patients each have been selected. Group A includes patients who have attained *Kaalaja Rajonivrutti*, and group B includes that of *Akaalaja Rajonivrutti* (surgically induced).
- A special proforma was prepared including all the *Dosha, Dhātu, Mala Vriddhi Kshaya Lakshana, Sroto Dushti Lakshana*.
- Patients were interviewed and interrogated for their complaints.
- The complaints/symptoms were documented on the basis of *Dashavidha Pareeksha*.

INCLUSION CRITERIA:

1. Patients with their age group up to 60 years.
2. Patients who have attained menopause naturally, irrespective of the number of pregnancies, lactation, use of the oral pill, socio-economic condi-

tion, race, height, or weight in the span of 6 months to 10 years after menopause.

3. Patients who have undergone Hysterectomy irrespective of age, indications, and type of Hysterectomy, in the span of 6 months to 10 years after Hysterectomy.
4. Women suffering from simple systemic problems like Hypertension, Diabetes Mellitus, Osteoporosis, etc.

Patients who are on Hormone Replacement Therapy, statins, on medication for Thyroid dysfunction will be included in this study.

EXCLUSION CRITERIA:

1. Patients suffering from premature ovarian failure.
2. Women who have undergone Hysterectomy due to malignancy, cardiovascular accidents, and accidental hysterectomy.
3. Hysterectomy done for Obstetric causes will be excluded from this study.

OBSERVATION AND RESULTS

- **Data were analysed with the help of descriptive statistics**

Since it is an observational study, general and systemic examinations are mandatory to assess the overall health of the patient. Instead of doing the routine general examination, the attempt is made to throw light on *Dashavidha Pareeksha* and the *Vikruti* is assessed based on the effects on particular srotas for a better inference. The effect on the srotas has been studied in terms of the *Vriddhi, Kshaya, and Dushti* of every *Dathu*.

Table no. 1

Sr. No.	Particulars	Natural menopause	Surgical menopause
1.	Bowel	40%	44%
2.	Micturition	28%	44%
The time period after menopause / Hysterectomy			
1.	6 months – 5 years	44%	36%
2.	5 years – 10 years	56%	64%
Rasa (Vriddhi/kshaya/dushti)			
1	<i>Shabda Asahatva</i> (Intolerance to sound)	72%	80%
2	<i>Shunyata</i> (Any kind of emptiness, Physical /Psychological)	12%	56%
3	<i>Arati</i> (Discontented)	36%	52%
4	<i>Angamarda</i> (Body pain)	76%	64%
Rakta (Vriddhi/Kshaya/Dushti)			

1	<i>Tama Pravesha</i> (Darkness in front of eyes)	8%	24%
2	<i>Vaivarnya</i> (Discoloration of skin)	16%	32%
3	<i>Santapa</i> (Increased Temperature)	36%	64%
4	<i>Shiroruk</i> (Headache)	84%	56%
5	<i>Sweda</i> (Sweating)	40%	56%
Mamsa (Vruddhi/Kshaya/Dushti)			
1	<i>Sphik Gourava Vruddhi</i> (Heaviness and Nodular growth in buttocks)	16%	44%
2	<i>Udara Gourava Vruddhi</i>	20%	52%
3	<i>Uru Gourava Vruddhi</i>	20%	44%
Meda (Vruddhi/kshaya/dushti)			
1	<i>Sthoulya</i> (Overweight)	32%	44%
2	<i>Sphik Stanodara Lambana</i> (Flabbiness of buttocks, breast and abdomen)	28%	44%
3	<i>Snigdhandata</i> (Stickiness of the body)	4%	24%
Asthi (Vruddhi/kshaya/dushti)			
1	<i>Sandhi Shaithilya</i> (Ligamental instability)	52%	36%
2	<i>Anga Rukshata</i> (Dryness of body)	28%	12%
Shukra (Vruddhi/kshaya/dushti)			
1	<i>Angamarda</i> (Generalised myalgia)	76%	64%
2	<i>Maithuna asahishnuda</i> (Intolerance to sexual act)	44%	20%

DISCUSSION

Effects on bowel and micturition

According to the observations in both naturally and surgically menopausal women there was no gross difference in bowel movements. This may be due to their food habits.

As *Garbhashaya* (Uterus) and *Basti* (Urinary Bladder) are interrelated with each other, *Garbhashaya* is made up of *Peshi*, and the function of *Peshi* is to give support and strength to the contiguous structures. Which depicts the removal of the uterus may have an impact on the bladder both anatomically & physiologically. [9]

Effects on Rasa Dhatu:

Shabda Asahatva: *Shabda Asahatva* which is a symptom of *Rasa Kshaya*, reflects the close relationship between *Artava Vaha Srotas*, *Rasa Dhatu*, *Ojas*, and *Hridaya*.

Shunyata: Since *Garbhashaya* is present between *Pittashaya* and *Pakwashaya*, its removal from its anatomical place may lead to a feeling of emptiness and lack of support in the lower abdomen.

Angamarda: Though age-wise dhatu avastha expected is *Kshaya* of *Dhatu*s, in the *Kaalaja Rajonivrutti* group *Rasa Dushti* was found. This may be

due to excess *Chinta - Shoka* caused by family issues found in this study. [10]

Effects on Rakta Dhatu:

Santapa: Increased state of *Vata* and *Pitta* which occurred due to *Mithya Viharas* such as *Ratrijagarana* and *Divaswapna* may lead to *Prakopa* of all *Doshas* including *Rakta* which cannot be directly linked with surgical intervention. [11] *Santapa*, in other words, can be correlated with hot flushes which show a similar representation of the feeling of warmth all over the body.

Shiroruk: This may be due to age related *Vata Pradhanyata* and *Prakopa* of *Vata* and *Pitta* along with *Rakta* resulted from *Ratrijagarana*. [11]

Sweda: Increased state of *Vata* and *Pitta* which occurred due to *Mithya Viharas* such as *Ratrijagarana* and *Divaswapna* may lead to *Prakopa* of all *Doshas* including *Rakta* which cannot be directly linked with surgical intervention. [11] *Santapa*, in other words, can be correlated with hot flushes which show a similar representation of the feeling of warmth all over the body.

Effects on Mamsa:

Uru-Sphik-Udara Gourava Vruddhi: since in the postoperative period patients will be advised to take rest, there may be excessive fat deposition in the body due to lack of physical exercise. This may be

the reason for *Udara-Gourava Vriddhi* in hysterectomised women. To support the statement, the observation of BMI in the present study holds good.

Effects on Meda:

Sthoulya: Since in the postoperative period patients will be advised to take rest, there may be excessive fat deposition in the body due to lack of physical exercise. This may be the reason for *Sthoulya* in hysterectomised women.

Snigdhagata: This may be due to, by the time women attain menopause, *Ruksha Guna* of *Vata* will be in an increased state whereas in the surgical group since hysterectomy has done prior to the age of natural menopause, the age-related *Snigdhata* will be intact.

Effects on Asthi:

Anga Rukshata: this may be due to, by the time women attain menopause, *Ruksha Guna* of *Vata* will be in the increased state whereas in the surgical group since hysterectomy has done prior to the age of natural menopause, the age-related *Snigdhata* will be intact and there will be less *Rukshata*.

Effects on Shukra:

Maithuna Asahishnuta: Since there will be intact functioning ovaries in hysterectomised patients, there will be no significant hypooestrogenic state resulting in vaginal dryness and dyspareunia as there in women with natural menopause.

CONCLUSION

The patients who have attained *Kaalaja Rajonivrutti* were observed with the ***Kshaya of Rakta, Meda, and Asthi Dhatu*** which may also be a reflection of senility. Whereas the patients who had attained *Akaalaja Rajonivrutti* found to have more ***Rasa Kshaya, Rasa Dushti, Rakta Vriddhi, Rakta Dushti, Mamsa Vriddhi, and Meda Vriddhi*** were found. This observation may be an impact of the untimely removal of the *Artava Vaha Sroto Moola* resulting in back flow and accumulation of *Rasa Dhatu* which was supposed to be converted into *Artava*. Further, this accumulation might have resulted in *Uttarottara Dhatvagnimandya* if the patient is not conscious of the subtle changes taking place in her body and ab-

normal *Vridhi* of this *Dhatu*s which are not the *Prakruta* or healthy *Dhatu*.

The above observations though raise a question about the subtle post effects of hysterectomy the small sample size limits the confidence level to declare this as a final dictum but rather points towards a need for an elaborate study in this regard where in the diet and lifestyle standardization of both groups would make more meaningful and authentic conclusions as they may also influence the above-discussed parameters.

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