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Ayurvedic Management of Vasomotor Symptoms in Post-Menopausal Women (Pitta-Pradhana Rajonivritti): A Case Report

*^{1(a, b)}Dr. Jeny Mukesh Bhatt and ^{2(a, b)}Dr. Hitendra Atmaram Bhadane

^{*1(a)}Associate Professor, Department of Prasuti Tantra Stree Rog, Y.M.T. Ayurved Medical College, Kharghar, Navi Mumbai, Maharashtra, India.

^(b)Ph.D. Scholar, Department of Prasuti Tantra Stree Rog, P.M.T. Ayurvedic Medical College, Shevgaon, Ahmednagar, Maharashtra, India.

^{2(a)}Associate Professor, Department of Panchakarma, Y.M.T. Ayurved Medical College, Kharghar, Navi Mumbai, Maharashtra, India.

^(b)Ph.D. Scholar, Department of Panchakarma, L.R.P. Ayurvedic Medical College, Islampur, Sangli, Maharashtra, India.

Abstract

Background: Vasomotor symptoms such as hot flushes and night sweats are common distressing manifestations associated with menopause, affecting quality of life. In Ayurveda, such symptoms can be correlated with Rajonivritti with predominant Pitta Dosha, leading to Agni imbalance and Rasa-Rakta vitiation. Conventional hormone therapy is effective for many women, but contraindications and side effects necessitate safer alternatives.

Case Presentation: A 52-year-old post-menopausal woman presented with frequent hot flushes, night sweats, irritability, disturbed sleep, and fatigue for 2 years. Routine investigations were within normal limits except mild metabolic dysregulation.

Intervention: An integrative Ayurvedic regimen was administered including Pitta-shamaka herbal formulations, cooling Rasayana therapy and diet-lifestyle modifications over 12 weeks.

Outcome: Frequency and intensity of vasomotor symptoms reduced significantly with improved sleep quality and overall wellbeing.

Conclusion: Ayurvedic management demonstrated safe and effective symptomatic relief in Pitta-predominant vasomotor symptoms of menopause.

Keywords: Ayurveda, Post-menopause, Vasomotor symptoms, Hot flushes, Rajonivritti.

Introduction

Menopause is defined as permanent cessation of menstruation after 12 consecutive months of amenorrhea. Vasomotor symptoms — especially hot flushes and night sweats — afflict up to 75% of women during the menopausal transition and may persist for several years. These symptoms are hallmark manifestations of autonomic dysregulation and reduced estrogen levels.

From an Ayurvedic perspective, the cessation of reproductive function (Rajonivritti) predisposes to Pitta predominance due to loss of Artava Dhatu and natural decline of hormones, which can result in Agni imbalance, Rakta vitiation, and symptom clusters including heat sensation (Usna Vedana), irritability (Krodha), and sleep disturbance (Anidra). This presentation can be interpreted as Pitta-Pradhana Rajonivritti. Integrative management focuses on rebalancing Pitta, cooling Agni and nourishing tissues through Rasayana principles.

with complaints of:

- Recurrent hot flushes 4–6 times daily
- Night sweats disturbing sleep
- Irritability and decreased tolerance
- Occasional headaches
 - Duration: 2 years (post-menopause > 3 years)
 - No significant medical or surgical history.
 - No hormone replacement therapy was used.

Table 1: Baseline Clinical Features

Parameter	Observation
Age	52 years
Menopausal status	Post-menopausal (3 years)
Hot flush frequency	5–6/day
Night sweats	Present
Sleep disturbance	Present

Patient Information

A 52-year-old female presented to the outpatient department

Clinical Findings

On examination:

- Pulse: 78/min
- BP: 126/78 mmHg
- BMI: 26.3 kg/m²
- No hirsutism or thyroid enlargement
- Routine labs were within normal limits.

Diagnostic Assessment

Diagnosis was based on clinical presentation consistent with vasomotor symptoms of post-menopausal syndrome, predominantly attributable to Pitta aggravation (Pitta-Pradhana Rajonivritti) based on Ayurvedic assessment including Prakriti, Agni, and Dosha evaluation.

Therapeutic Interventions

Table 2: Treatment Protocol

Medicine	Dose	Duration
Sukumara Ghrita	10 ml HS	12 weeks
Shatavari Kalpa	5 ml BD	12 weeks
Dashamoola Rasayana	5 gm BD	12 weeks
Prasarini Vati	500mg BD	12 weeks

Internal Medicines

- **Sukumara Ghrita** – 10 ml at bedtime with warm milk (Pitta-shamak, Rasayana)
- **Shatavari Kalpa** – 5 ml twice daily (cooling, adaptogenic)
- **Dashamoola Rasayana** – 1 tsp twice daily with lukewarm water

- **Prasarini Vati** – 1 – 1 tablet twice daily

External/Adjunctive Therapies

- **Sheetali Pranayama** – 10 minutes daily (cooling effect)
- **Abhyanga** with cooling oils (Coconut + Triphala oil)
- **Meditation/Mindfulness** – daily 15 minutes

Pathya-Apathya (Diet & Lifestyle)

- Light, Pitta-balancing meals
- Avoidance of spicy, sour, fermented foods
- Regular schedule and adequate hydration

Follow-Up and Outcomes

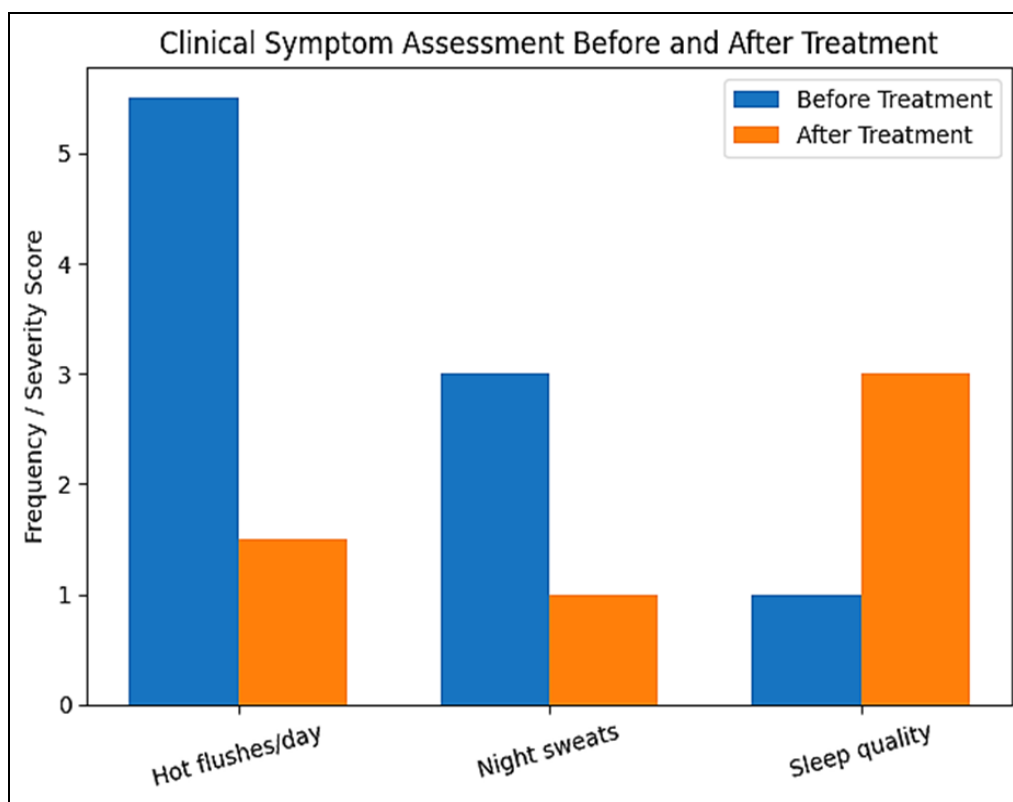
Table 3: Outcome Assessment

Parameter	Before Treatment	After Treatment
Hot flushes/day	5–6	1–2
Night sweats	Severe	Mild
Sleep quality	Poor	Improved

Over 12 weeks:

- **Hot Flushes:** Reduced from 5–6 episodes/day to 1–2 episodes/day
- **Night Sweats:** Significantly reduced; sleep quality improved
- **Irritability:** Moderate reduction
- **Overall Well-being:** Improved subjective quality of life

No adverse reactions were reported.



Probable Mode of Action of Internal Medicines

- Sukumara Ghrita:** Sukumara Ghrita is a classical formulation indicated in Vata-Pitta pradhana disorders of the pelvic region and is particularly useful in menopausal complaints. The Ghrita base acts as a Yogavahi, facilitating deeper tissue penetration and nourishing

Majja and Shukra/Artava dhatu. It pacifies Pitta by its cooling and unctuous properties while regulating Apana Vata, thereby improving sleep disturbances, irritability, and autonomic imbalance associated with vasomotor symptoms.

- Shatavari Kalpa (Asparagus Racemosus):** Shatavari is

a well-known Pitta-shamaka, Madhura-Tikta rasa, Sheeta veerya drug with Rasayana and Balya properties. In post-menopausal women, decline of Artava leads to Pitta vriddhi and instability of thermoregulation, manifesting as hot flushes and night sweats. Shatavari nourishes Rasa dhatu and supports hormonal equilibrium, thereby reducing heat sensations and irritability. Its phytoestrogen-like activity may help modulate neuroendocrine responses, contributing to reduction in vasomotor symptoms and improvement in sleep quality.

iii). **Dashamoola Rasayana:** Dashamoola Rasayana possesses Tridosha-shamaka properties with a predominance of Vata-Pitta hara action. It reduces systemic inflammation, stabilizes neurovascular responses, and enhances tissue strength through its Rasayana effect. In post-menopausal syndrome, Dashamoola helps counteract fatigue, improves stress tolerance, and supports adaptation to age-related physiological changes, thereby indirectly reducing the severity of vasomotor episodes.

iv). **Prasarini Vati:** Prasarini Vati primarily acts as a Vata-shamaka formulation, helping to stabilize Vata gati during the post-menopausal period. In Pitta-pradhana Rajonivritti, secondary Vata prakopa contributes to autonomic instability and sudden vasomotor episodes. By regulating Vata and improving neuromuscular coordination, Prasarini Vati supports thermoregulatory balance and reduces associated restlessness and fatigue. Its supportive role enhances the efficacy of Pitta-shamaka medicines, contributing to overall symptomatic relief.

Discussion

Vasomotor symptoms during menopause are primarily attributed to thermoregulatory dysfunction resulting from declining estrogen levels, leading to altered neuroendocrine and autonomic regulation. From an Ayurvedic perspective, this clinical presentation can be understood as Pitta-pradhana Rajonivritti, wherein depletion of Artava dhatu results in aggravation of Pitta dosha, manifesting as hot flushes, excessive sweating, irritability, and sleep disturbances.

The therapeutic approach in the present case was aimed at addressing the underlying Samprapti through the combined use of Pitta-shamaka, Rasayana, and Vata-anulomana interventions. Correction of Agni and nourishment of depleted Dhatus played a crucial role in restoring physiological balance, while Rasayana therapy supported adaptation to age-related changes. Adjunctive practices such as pranayama and lifestyle modification further contributed to stabilization of thermoregulation and stress reduction.

The observed reduction in frequency and intensity of hot flushes, improvement in sleep quality, and enhancement of overall wellbeing without hormonal intervention highlight the potential of Ayurvedic management as a safe and effective non-hormonal option. This approach may be particularly beneficial for women who are unwilling or unsuitable for hormone replacement therapy. However, larger controlled clinical studies are required to substantiate these findings and elucidate the precise mechanisms of action.

Conclusion

In this case of Pitta-predominant post-menopausal vasomotor symptoms, the Ayurvedic therapeutic regime demonstrated significant reduction in symptom frequency and intensity, suggesting a feasible non-hormonal intervention strategy for managing such conditions.

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