STUDY ON MENTAL HEALTH DISTURBANCE IN MENOPAUSAL SYNDROME AND ITS MANAGEMENT WITH MEDHYA RASAYANA AND SHIRODHARA

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Abstract: Twenty patients of Menopausal syndrome had been studied to evaluate the role of psychic traits (Manasbhava) in etiopathogenesis and management of disease. A compound polyherbal formulation consisting of Shankhapushpi (Convolvulus pluricaulis), Mandukaparni (Centella asiatica), Yashtimadhu (Glycyrrhiza glabra), Guduchi (Tinospora cordifolia), Ashoka twak (Saraca asoka) all in equal quantity administered in the dose of 3 gm thrice a day for 3 weeks has shown, highly significant decrease (p<0.001) in palpitation (63.64%), joint pain (70.00%), constipation (85.71%), hot flushes (66.67%) and headache (88.00%). Shirodhara with Dashmula kwatha at body temperature for 30 minutes daily for 21 days has shown, highly significant decrease (p<0.001) in joint pain (68.03%), constipation (93.09%), headache (83.52%) and muscularache (64.61%). Relief in mental health has been observed in both groups based on Hamilton’s Depression Rating Scale and Manasbhava pariksha on Ayurvedic parameters.

Keywords: Menopausal syndrome, Rajonivritti, Manasbhava, Psychic traits, Emotions, Medhya rasayana, Dashmula kwatha, Shirodhara, Hot flushes.

Introduction

Ayurveda is not only a system of medicine rather it is the way of life. It includes physical, mental and spiritual well being. Ayurveda is becoming more and more acceptable globally, as it is cost effective, toxicity free and eco-friendly with its holistic approach. Its objective is to promote and preserve physical and mental health and cure of diseases too. The psychosomatic constitution (prakriti) of an individual plays an important role in progression and prognosis of disease and response to the treatment also. It is now well established that all human being do not respond in the same way to a given stimulus because they have different psychic and bodily constitutions. It is also known that a person inherits these qualities genetically from his parents to a large extent. However various environmental factors such as age, sex, marital status, family circumstances, childhood experiences, dietetic factors, nature and amount of daily work load, climate etc. may play an important role in modifying these qualities to a great extent subsequent to birth. The environmental factor can be changed to a considerable extent by resorting to a congenital environment, but the inherited factors remain the same throughout life and they cannot be changed.

The psychosomatic constitution of an individual can become a genetically transmitted trait which can also predispose a person to certain stress disorders. Normally, any type of stress and strain would lead to series of changes
in the body so as to make a person adapt himself efficiently to the changed environment. If proper adaptation leading to full recovery does not take place, the person goes into a stage of exhaustion leading to development of one of the diseases of adaptation or stress disorder.

In Ayurveda various psychological conditions like greed, grief, fear, anger, vanity, shamelessness, envy, excessive attachment etc. have been discussed in the precipitation of diseases. It is suggested to holdup the urges of these emotions (Manasbhava) otherwise it may lead to various Manas-roga. As such there are no descriptions available about somatic and psychological disturbances in Rajonivritti (menopausal stage).

Any change involving the reproductive function in a woman will seriously affect her health and happiness. Menopause is one such change causing untoward physical and mental agony. Menopause or Rajonivritti is a psychological phenomena but when it is troublesome due to some symptoms it attain diseased condition. Menopausal syndrome is a common disorder among the women.

Woman is a centre point of the family, society, nation and world. So health of the nation depends upon the health of a woman. A woman starts her youth from menarche and it eventually ceases with menopausal stage. Therefore with the ending of her youth she feels that her importance in family and society has been diminished resulting in mental weakness. Moreover, she looses her body strength unabling to do routine household work. Various psychological as well as somatic symptoms are associated with menopausal stage. Which includes: anxiety, depression, disturbed sleep, fatigue, vertigo, irritability, palpitation, hot flushes, tingling sensation, dyspepsia and constipation etc. Being a burning problem it needs effective and safe treatment. In Modern medicine, management of menopausal syndrome is Hormone Replacement Therapy (H.R.T.). Though there is a spectacular achievement in combating the disease still a high risk exists due to its serious side effects. On the other hand H.R.T. is not that much effective in the management of psychological symptoms which are disturbed during menopausal stage. Modern physician manage the psychological symptoms associated with menopausal syndrome by the long term use of sedative, hypnotics and anxiolytics drug which may lead to side effects like, drowsiness, impaired motor function, loss of memory, allergic reaction non-social behavior etc. Therefore, there is a wide scope research to find out a safest remedy from Ayurveda for the management of this stage. The effect of Rasayana on higher mental functions, mental health and performance is well defined in Ayurveda.

Materials and Methods

Medhya Rasayana and Shirodhara are found effective in the management of disturbed psychological conditions. Twenty patients of Menopausal syndrome divided into two groups have been managed by (1) Medhya Rasayana Yoga (Shankhpushpi-Convulvulus pluricaulis, Mandukaparni - Centella asiatica, Yashtimadhu–Glycyrrhiza glabra, Guduchi – Tinospora cordifolia, Ashok twak – Saraca asoka), 3 gm thrice a day for 3 weeks. (2) Shirodhara with Dashmula kwatha at body temperature for 30 min. daily for 21 days.

These patients were given powder of Haritaki (Terminalia chebula) 5 gm at bed time with luke warm water as kostha shodhana prior to administration of therapy in both the groups. These patients were evaluated for their mental health (Manasbhavas) based on description available in Ayurvedic literature along
with Hamilton Depression Rating Scale before and after a course of therapy. These grading of scores for sign and symptoms, psychic traits (positive and negative emotions) with its qualitative assessment were as under:

**Scoring pattern for the assessment of clinical features** –
- 0 – No complaints
- 1 – Mild
- 2 – Moderate
- 3 – Severe

**Scoring pattern for the assessment of Manasbhavas:**

- **Moha**
  - 0 – Get disappear after understanding.
  - 1 – Do not try to understand.
  - 2 – Impose others to obey her understanding.
  - 3 – If others will not obey she consider as enemy.

- **Krodha**
  - 0 – Get angry for reasonable cause.
  - 1 – Get angry even for non-reasonable cause.
  - 2 – Reacts too much within the limit for the reasonable cause but express the anger through her body gestures.
  - 3 – Frequently think over a matter up to taking of revenge.

- **Shoka**
  - 0 – Sorrowfulness to reasonable cause.
  - 1 – Sorrowfulness to non-reasonable cause.
  - 2 – Sorrowfulness to minor causes and cannot control the feelings.
  - 3 – Always indulge in the same feeling.

- **Bhaya**
  - 0 – Fearfulness to reasonable cause.
  - 1 – Fearfulness to reasonable cause and occasionally required counseling.
  - 2 – Fearfulness to non-reasonable causes and required counseling.
  - 3 – Always in fearful conditions and can not help by counseling.

**Medha**
- 0 – Can easily grasp.
- 1 – Grasp after giving understanding.
- 2 – Cannot grasp after repeated understanding.
- 3 – Forget, again needs repeated understanding.

**Smriti**
- 0 – Memory regarding events which had happened before several years but not so exactly.
- 1 – Memory regarding events which had happened before several years but not so exactly.
- 2 – Memory regarding events which had happened before few months/weeks.
- 3 – Memory regarding events which happened just few hours/minutes.

**General Observation**
Out of 20 patients, the highest numbers of patients were between the age group 41-45 years, educated (75%), belonging to middle class (50%), krura kostha (40%) and had mandagni (75%). All the patients had disturbed sleep which showed the involvement of vata dosha in menopausal syndrome. Most of the patients were housewives (80%), having family disturbance (65%) and problem with the life partner (65%). All these factors indicate that these ladies were more prone to develop psychological disturbance during menopause because they feel neglected from family members, husband and the society.

These women having vata-pitta prakriti (60%), rajasika-tamasika manas prakriti (80%) and avara satva (55%) were more prone to develop psychological disturbance during climacteric. The psychological symptoms observed in these patients were anxiety (100%), irritability (85%), depression (80%), disturbed sleep (100%), vertigo (95%) and fatigue (100%). The involvement of somatic symptoms...
includes: palpitation (90%), tingling sensation (70%), decrease libido (85%), joint pain (95%), backache (95%), dyspepsia (85%), flatulence (60%), constipation (90%), hot flushes (70%), headache (95%), muscular ache (75%), excessive sweating (80%) and increased frequency of urination (70%).

The involvement of Manasbhavas in these patients include: Negative emotions – Moha (75%), Krodha (85%), Shoka (80%), Bhaya (65%). Positive emotions – Medha (80%) and Smriti (85%).

**Effect of therapy (Diagrams 1 to 6)**

**Shirodhara Group**

Psychic symptoms: After a course of therapy significant decrease (p<0.001) was observed in: anxiety (85.84%), irritability (73.40%) and depression (62.60%) with highly significant relief (p<0.001) in disturbed sleep (79.86%), fatigue (70.79%) and vertigo (68.54%) (Diagram-1).

Somatic symptoms: Significant decrease (p<0.01) was observed in palpitation (73.40%), tingling sensation (6.98%), decreased libido (17.46%), excessive sweating (68.75%), backache (63.03%), hot flushes (88.66%) and flatulence (59.88%) whereas highly significant (p<0.001) decrease was observed in joint pain (68.03%), constipation (93.09%), headache (83.52%) and muscular ache (64.61%) (Diagram-2).

**Manasbhavas**

Negative Emotions: Significant decrease (p<0.01) was observed in Krodha (73.40%), Shoka (61.29%) and Bhaya (66.67%) with highly significant decrease (p<0.001) was observed in Moha (68.75%) (Diagram-3).

Positive Emotions: Highly significant improvement (p<0.01) was observed in Medha (73.36%) and highly significant improvement (p<0.001) was observed in Medha (68.99%) (Diagram-3).

**Hamilton’s Depression Rating Scale**

Highly significant relief (p<0.001) was observed on Hamilton Depression Rating Scale which includes psychic as well as somatic symptoms (61.93%) (Diagram-4).

**Medhya Rasayana Group**

Psychic symptoms: Significant decrease (p<0.01) was observed in depression (53.74%) and fatigue (21.74%) while highly significant decrease (p<0.001) was observed in anxiety (67.86%), irritability (68.54%) and vertigo (83.33%) (Diagram-1).

Somatic symptoms: Significant decrease (p<0.01) was observed in tingling (60.11%), backache (66.66%), dyspepsia (49.62%), flatulence (66.6%), muscular ache (28.57%), excessive sweating (64.00%) and increased frequency of urination (41.31%) with highly significant decrease (p<0.001) was observed in palpitation (63.64%), joint pain (70.00%), constipation (85.71%), hot flushes (66.67%) and headache (88.00%) (Diagram-2).

Manasbhavas

Negative emotions: Significant decrease (p<0.01) was observed in Moha (61.83%), Shoka (54.17%) and Bhaya (64.50%) with highly significant (p<0.001) decrease was observed in Krodha (68.54%) (Diagram-3).

Positive emotions: Highly significant (p<0.001) improvement was observed in Medha (64.89%) and Smriti (68.75%) (Diagram-3).

**Hamilton’s Depression Rating Scale**

Highly significant relief (p<0.001) was observed on Hamilton Depression Rating Scale (45.12%) (Diagram-4).
**Medhya Rasayana in Menopausal syndrome**

**Overall effect of therapy**

*Manasbhavas* (positive and negative emotions): In *Shirodhara* group 22.22% patients each had complete remission and marked improvement. The 44.44% patients had moderate improvement whereas in *Medhya Rasayana* group 30% patients each had marked improvement and moderate improvement and 40% patients had improvement. Here *Shirodhara* therapy has provided better results than *Medhya Rasayana* in over all improvement in *Manasbhavas* (Diagram-5).

Clinical features (psychic and somatic symptoms): In *Shirodhara* group 11.11% patients had marked improvement and 77.78% patient had moderate improvement, whereas 11.11% patients had improvement in clinical features whereas in *Medhya Rasayana* group 90% patients had moderate improvement and 10% patients had improvement in clinical features (Diagram-6).

**Discussion**

*Shirodhara* from *Dashmula kwatha* (having *tridosha shamaka vedana sthapaka* properties) may act by increasing the concentration. It was achieved by giving continuous dropping of *dhara* on forehead. At that time patient is free from all kinds of stressor to achieve the state of tranquility, leading to deep relaxation which helps in normalization and stabilization of *Maansik doshas* to make the patient healthy and happy. Since *Dashmula kwatha* was used at body temperature, it enhances the blood circulation towards the *Shirah pradesh* (brain) to provide fresh feeling to the patient.

In addition to its primary effect on *Medha* as conceived in Ayurveda, the *Medhya Rasayana* drugs have specific effect on mental performance and higher central nervous system (C.N.S.) functions. It may be a potential source for developing improved psychotropic drugs to relieve stress, anxiety and depression related disorders. Thus *Medhya Rasayana* acts as brain tonic and promotive of mental health.

As far as the pharmacodynamics of *Medhya Rasayana* is concerned maximum drugs are having *shita virya* and *madhura vipaka* whereas some of them are *ushta virya* and *tikta rasa*. *Medha* confines in to - *Grahana - Dharana - Smriti*, *pitta* is *ushta*, *ashukari*, *tikshna* and instinct or enhances the *sattva* which helps to retain or recapitulate the things. Therefore *pitta vardhaka*, *ushta virya* drugs are considered as *medhya drugs*. Secondly *kaptha* provides “*Dharana*” by *shhrita guna* and *saumyata* and thereby helps in retention of cognition. Hence *shita virya* and *kaptha vardhaka* drugs are quoted as *medhya drugs*. Thus it can be said that “*ushta virya medhya*” drugs are helpful mainly in “*grahana*” and “*smaranad*” functions whereas *shita virya medhya* drugs are helpful in “*Dharana*” function. In that way *Medhya Rasayana Vati* has overall effects in the promotion of mental health.

**Conclusion**

Thus menopausal syndrome could be managed better by mental health promoting drugs and *Shirodhara*. It can be concluded that the patients of Menopausal syndrome are highly prone to stress with disturbed *Manasbhava*: – *Krodha, Moha, Shoka, Bhaya, Medha, Smriti*. These patients when subjected to the Hamilton Depression Rating Scale had shown depressed mood, guilt, insomnia, anxiety (psychic and somatic), hypochondriasis, depersonalization, obsessional symptoms. All these patients have responded favorably to the *Panchakarma* procedure - *Shirodhara* and mental health promoting polyherbal formulation *Medhya Rasayana Vati*. Hence, such patients with psychosomatic involvement can be managed...
better by treating the *Manasbhava / Vikara* –

**Bar diagram 1**: Effect of Medhya Rasayana Vati and Shirodhara on Psychic Symptoms

**Bar diagram 4**: Effect of Medhya Rasayana Vati and Shirodhara on Hamilton’s Depression Rating Scale

**Bar diagram 2**: Effect of Medhya Rasayana Vati and Shirodhara on Somatic Symptoms

**Bar diagram 5**: Overall Effect of Therapies on the Basis of Manasbhavas

**Bar diagram 3**: Effect of Medhya Rasayana Vati and Shirodhara on Manasbhavas

**Bar diagram 6**: Overall Effect of Therapies on the Basis of Clinical Features
emotional states by administration / application of mental health promoting Ayurvedic drugs / measures.

Interpretation of clinical data

References


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