Journal of Ayurvedic and Herbal Medicine

A Crosssectional survey research to assess the determinants of Menopause, prevalence and severity of menopausal symptoms and its impact on quality of life of menopausal women

Akhila M [1], Laxmipriya Dei [2]

[1] Assistant professor, Department of Prasutitantra Streeroga, Global Institute of Ayurveda, Rajkot, Gujarat, India
[2] Professor & Head of the Department, Department of Prasutitantra & Streeroga, I.T.R.A Jamnagar, Gujarat, India

ABSTRACT

Background: Menopause is usually associated with inevitable manifestation of ageing process in women. In Ayurveda *Rajonivrutti* is described as end of *Artava Pravrutti*. This is associated with distressing physical, pshycological, vasomotor and sexual symptoms that degrades the quality of life- and life-threatening health risks. **Aims and objectives:** Aim was to create awareness regarding predisposing factors, preventive and treatment measures among menopausal women. Objective was to find out the prevalence, severity of menopausal symptoms and quality of life, to assess the role of sociodemographic characteristics, predisposing factors influencing occurrence of Menopause and complications of menopause, to assess the association between *Prakriti* of patients and Menopausal Symptoms. **Materials and Methods:** A cross sectional survey study was conducted in the 206 patients of the age group 45-65 years through face-to-face interview method by using survey questionnaire, which consists of three parts. 1) assessement of sociodemographic data, 2) *Prakruti* assessment questionnaire, 3) evaluation of symptoms using a standard validated Menopause specific QOL (MENQOL) Questionnaire. **Results:** Maximum no. of patients participated in the survey 40-45 yrs (67%); married (96.1%); uneducated (47.6 %); (63.6 %) *Vishamagni*; (60.7%) disturbed sleep; (44.7%) excessive use of *Madhura Rasa* (85.4%) *Katu Rasa* (16.5 %), *Amla Rasa* (9.2%) *Lavana Rasa* (8.7%), *Vishamashana* (87.4%) ; (48.5%) *Avyayama*; *Vata Pitta Prakriti* (76.7%) ; The mean score of vasomotor symptoms, psychosocial symptoms, sexual symptoms and physical symptoms is (6.89 ± 0.83), (6.53 ± 1.12), (5.91 ± 2.94), (5.60 ± 1.00) respectively. **Conclusion:** The sociodemographic factors such as age, marital status, education, socioeconomic status, contraception and etiological factors such as *Vishamasana*, excessive use of *Madhura Rasa, Katu Rasa, Amla Rasa, LavanaRasa, Avyayama* can influence the severity of menopausal symptoms. *Vatapitta Prakruti* patients are more prone to menopausal symptoms. The quality of life of Menopausal women in this survey study are more troublesome by vasomotor symptoms followed by psychosocial, physical and sexual symptoms respectively.

Keywords: Rajonivritti, Prakriti. MENQOL.

INTRODUCTION

Menopause is considered as a marker of biological ageing in women [1]. The complexity of various factors such as hormonal, social, cultural and ageing produces distressing symptoms and long term health problems such as cardiovascular disease, osteoporosis etc which degrades the quality of life. Rajonivrutti is a sign of *Jara* and Ayurvedic classics mentioned that *Mithya Ahara, Mithya Vihara* and *Manasika Nidana* such as *Krodha, Soka, Lobha , Moha* can predispose *Jara*. Ayurveda has a major role in the management and prevention of complications of menopause through *Rasayana Chikitsa, Panchakarma , Yoga, Pranayama*, *Satwajayachikitsa* and *Hitaahara Vihara*.

According to the 2011 census of India, there were about 96 million women aged 45 year and above and this number is expected to increase to 401 million in 2026. As the life expectancy at age 45 is 30 year, women in India, on average, could spend approximately 30 year in postmenopausal stage of life[2].The increasing prevalence rate makes the Indian scenario crucial by demanding utmost priority to menopausal health due to increased longevity. Women are negligent about the menopausal health issues and they are ignored by health care systems. The conventional management includes Hormone replacement therapy which have side effects such as abnormal genital bleeding, active thromboembolic disease and active liver or gallbladder disease, malignancy risks. In Ayurveda, there is lack of adequate data in Menopause incorporating sociodemographic factors, etiological factors, symptoms, complications.

*Corresponding author:
Dr. Akhila M
Assistant Professor, Department of Prasutitantra Streeroga, Global Institute of Ayurveda, Rajkot, Gujarat, India,
Email: parthivso2@gmail.com

Survey research in this topic can provide better understanding of correlation of menopause w.s.r to sociodemographical factors, etiological factors, dietary and lifestyle factors. The impact of Menopause as a risk factor in presenting the life threatening disease highlights the importance of preventive strategies, hence through critical monitoring through survey research can identify the gap between need and care provided thus can contribute awareness, support, dietary and lifestyle modification and preventive measures to overcome the condition and further physical problems.

The aim of survey study is to assess the menopause related symptoms affecting quality of life of women and to create awareness regarding predisposing factors, preventive and treatment measures of Menopause among menopausal women. The Objectives is to find out the prevalence of menopausal symptoms and impact of menopausal symptoms on quality of life among the patients of age group 45 to 65 years; to assess the role of sociodemographic characteristics, predisposing factors influencing occurrence of Menopause and complications of menopause; to assess the association between *Prakruti* of patients and Menopausal Symptoms.

MATERIALS AND METHODS

The target population was Menopausal women of age group 45-65 years. The minimum sample size required for the study was approximately 200.

The study was conducted in OPD & IPD of Prasuti-Streeroga Department, IPGT&RA, Jamnagar, Gujarat during the period from December 2017 to October 2019. Study was conducted as a Cross sectional survey consisting of three phases.

Phase 1 included obtaining informed consent from all the participants and they were given a detailed explanation of purpose and motive of the study. Phase 2 included Study tool and data collection instruments. The data was collected through face to face interview method by using survey questionnaire, which consists of three parts. First part consists of assessment of sociodemographic data, Second part consists of *Prakruti* assessment questionnaire for determining *Prakruti* and to find out association of *Prakruti* and Menopausal symptoms such as Hotfulshes, Anxiousness, Depression, Joint problem, Sleep problem, Bladder problem, Sexual problem. Third part consists of evaluation of symptoms using a standard validated Menopause-specific QOL (MENQOL) Questionnaire [3].

OBSERVATIONS AND RESULTS

Maximum patients participated in the survey (67%) were in the age group 40-45 yrs, followed by (16 %) in the age group 51-55 years. Majority of the patients were Hindus (93.2%) and married (96.1%), (47.6 %) were uneducated. Majority of the patients were housewives (88.3%) and (68.4%) patients were from lower middle class. Considering history of past illness, Hypertension (24.8%), Diabetes mellitus (12.6%) and Osteoarthritis (8.3%) were found. (2.8 %) of the patients had family history of premature menopause. Considering history of contraception, (43.7 %) had tubal ligation.

Considering past menstrual history, (75%) had menstrual interval of 25 to 30 days, Majority of patients (64.1%) had moderate amount of bleeding, (25.7 %) had excessive bleeding; (28.6%) had irregular bleeding, (21.8%) of patients had clotted bleeding. The sociodemographic factors such as age, 40-45 years (67%); married (96.1%); uneducated (47.6%); socioeconomic status, (lower middle class (68.4%); contraception, (43.7 %) had tubal ligation; can influence the occurence of menopausal symptoms. Dietary factors such as excessive intake of *Madhura* (85.4%)*, Katu* (16.5%)*, Amla* (9.2%)*, Lavana* (8.7%)*, Pradhana Ahara;* Lifestyle factors such as *Vishamasana* (87.4%)*,* Less physical activity (48.5%) influence the occurence of menopausal symptoms. The main complications observed in the study were osteoporosis (4.9 %) followed by fracture (0.97%).

Considering *Prakriti* of patients, *Vata Pitta Prakriti* was found in majority of patients (76.7%). It was found that *Vatapitta Prakriti* patients were having more association with menopausal symptoms. *Vatapitta Prakriti* patients were having 'Severe Hotflushes' (78%), 'Severe Anxiousness' (80.1%), 'Severe Depression' (78.41%), 'Severe Joint problem' (79.7%), 'Severe Sleep problems' (82.2%), 'Severe Bladder problems' (82.2%), 'Severe Sexual problems' (47.3%). *Kaphapitta Prakriti* patients were having 'Severe Hotflushes' (17.3%), 'Severe Anxiousness' (14.3%), 'Severe Depression' (15.8%), 'Severe Joint problem' (5.05%), 'Severe Sleep problems' (11.21%), 'Severe Bladder problems' (11.20%). 'Severe Sexual problems' (6.83%). *Kaphavata Prakriti* patients were having 'Severe Hotflushes' (4.48%), 'Severe Anxiousness' (5.47%), 'Severe Depression' (5.47%), 'Severe Joint problem' (15.1%), 'Severe Sleep problems' (6.54%), 'Severe Bladder problems' (6.54%), 'Severe Sexual problems' (11.1%).

Table 1: Menopause-quality of life questionnaire rating scale (MENQOL) important symptoms wise distribution of menopausal women (n=206)

Symptoms		Total %	
Vasomotor		Frequency	%
1. Hot Flushes	Mild	10	4.9
	Moderate	39	18.9
	Severe	156	75.7
	Total	205	99.51
2. Night Sweats	Mild	7	3.4
	Moderate	49	23.8
	Severe	149	72.3
	Total	205	99.51
3. Sweating	Mild	05	2.4
	Moderate	57	27.7
	Severe	144	76.2
	Total	206	100
Psychosocial			
4. Being dissatisfied with personal life	Mild	26	12.6
	Moderate	42	20.4
	Severe	138	67.0
	Total	206	100
5. Feeling anxious or nervous	Mild	24	11.6
	Moderate	36	17.5
	Severe	146	70.9
	Total	206	100
6. Experiencing poor memory	Mild	34	16.5
	Moderate	60	29.1
	Severe	111	53.9

Symptoms	Severity	n	%
	Total	205	99.51
7. Accomplishing less than I used to	Mild	26	12.6
	Moderate	42	20.4
	Severe	138	67
	Total	206	100
8. Feeling depressed, down or blue	Mild	18	8.7
	Moderate	48	23.3
	Severe	139	67.5
	Total	205	99.51
9. Being impatient with other	Mild	19	9.2
	Moderate	45	21.8
	Severe	140	67.9
	Total	204	99.02
10. Feeling of wanting to be alone	Mild	21	10.2
	Moderate	38	18.4
	Severe	145	70.4
	Total	204	99.02
PHYSICAL SYMPTOMS			
11. Flatulence	Mild	53	25.7
	Moderate	68	33.0
	Severe	79	38.3
	Total	200	97.08
12. Aching in muscles & joints	Mild	34	16.5
	Moderate	73	35.4
	Severe	99	48.1
	Total	206	100
13. Feeling tired or worn out	Mild	28	13.6
	Moderate	61	29.6
	Severe	117	56.8
	Total	206	100
14. Difficulty in sleeping	Mild	48	23.3
	Moderate	37	17.9
	Severe	107	51.9
	Total	192	93.2
15. Aches in back of neck or head	Mild	27	13.1
	Moderate	59	28.6
	Severe	120	58.3
	Total	206	100
16. Decrease in physical strength	Mild	20	9.7
	Moderate	72	34.9
	Severe	114	55.3
	Total	206	100
17. Decrease in stamina	Mild	19	9.2
	Moderate	29	14.1
	Severe	113	54.9
	Total	161	78.1
18. Feeling a lack of energy	Mild	20	9.7
	Moderate	62	30.1
	Severe	121	58.7
	Total	203	98.54
19. Drying skin	Mild	39	18.9
	Moderate	58	28.2
	Severe	101	49.0
	Total	198	96.11
20. Weight gain	Mild	40	19.4
	Moderate	44	21.4
	Severe	104	50.5

Symptoms	Severity	n	%
	Total	188	91.26
21. Increased facial hair	Mild	57	27.7
	Moderate	0	0
	Severe	0	0
	Total	57	27.66
22. Changes in appearance, texture or tone of your skin	Mild	38	18.4
	Moderate	58	28.2
	Severe	103	50
	Total	199	96.6
23. Feeling bloated	Mild	27	13.1
	Moderate	42	20.4
	Severe	134	65.0
	Total	203	98.54
24. Low backache	Mild	27	13.1
	Moderate	32	15.0
	Severe	144	69.9
	Total	203	98.54
25. Frequent urination	Mild	45	21.8
	Moderate	23	11.2
	Severe	116	56.3
	Total	184	89.3
26. Involuntary urination when laughing or coughing	Mild	51	24.8
	Moderate	23	11.2
	Severe	78	37.9
	Total	152	73.78
27. Change in your sexual desire	Mild	52	25.2
	Moderate	10	4.9
	Severe	117	56.8
	Total	179	86.89
28. Vaginal dryness during intercourse	Mild	53	25.7
	Moderate	13	6.3
	Severe	115	55.8
	Total	181	87.86
29. Avoiding Intimacy		51	24.8
	Mild	18	8.7
	Moderate	113	54.9
		182	88.34
	Severe		
	Total		

Table 2: Quality of life scores among menopausal women (n=206)

Domain	Symptoms	Score Mean ± SD
Vasomotor		
1	Hot flushes	6.80 ± 0.83
2	Night sweats	6.90± 1.00
3	Sweating	7± 0.79
Psychosocial		
4	Being dissatisfied with personal life	6.54 ± 1.27
5	Feeling anxious or nervous	6.68 ± 1.97
6	Experiencing poor memory	6.13± 1.41
7	Accomplishing less than I used to	6.58 ± 1.21
8	Feeling depressed, down or blue	6.58 ± 1.20
9	Being impatient with other people	
10	Feelings of wanting to be alone	

		6.78 ± 1.19
		6.48± 1.30
Physical		
11	Flatulence (wind) or gas pains	5.40± 1.82
12	Aching in muscle & joints	6.02± 1.39
13	Feeling tired or worn out	6.26±1.29
14	Difficulty in sleeping	5.52±2.08
15	Aches in back of neck or head	6.28± 1.29
16	Decrease in physical strength	6.33 ±1.14
17	Decrease in stamina	6.38±1.09
18	Feeling a lack of energy	6.38±1.22
19	Drying skin	5.85±1.62
20	Weight gain	5.60±2.12
21	Increased facial hair	1.07±0.51
22	Changes in appearance, texture or tone of your skin	5.81±1.54
23	Feeling bloated	6.47±1.41
24	Low backache	6.52±1.23
25	Frequent urination	5.52±2.37
26	Involuntary urination when laughing or coughing	4.26±2.70
Sexual		
27	Change in your sexual desire	5.33±2.53
28	Vaginal dryness during intercourse	5.36±2.57
29	Avoiding intimacy	5.37±2.40

Table 3: Mean distribution score of each MENQOL domain

Domain	Total score Mean ± SD	
Vasomotor	6.89	0.83
Pscychosocial	6.53	1.12
Physical	5.60	1.00
Sexual	5.91	2.94

DISCUSSION

Menopause is a transitional period that every women goes through. The individual response to Menopause and estrogen deficiency varies considerably due to genetic, cultural, lifestyle, socioeconomic, education and dietary factors. It was found that maximum number of patients (67%) were in the age group of 45-50 Years. This suggests that severity of menopausal symptoms are more in this age group, hence they seek medical help. Majority of patients were Hindus (93.2%) due to Hindu dominated population of Jamnagar from where patients were selected. The increased incidence of Menopausal symptoms were found in married women (96.1%.). This may be due to the menopausal symptoms hampering the quality of life and of misbelief that Menopause marks the end of sexual life. (47.6 %) patients were uneducated, signifies that menopausal symptoms were more in uneducated women due to lack of unawareness. Maximum (88.3%) patients were house wives, may be due to non working women dominated population of Jamnagar. Maximum (68.4%) of the patients belong to middle class. Lower monthly income can provide low economic background, coping abilities, negative perceptions and inturn leads to lesser quality of life.

64.6% patients were having their menarche between 13-15 years of age. 29.6% were having menarche at the age of 10 to 12 years and 2.4 % were having menarche at the age of 16 to 19 years. This suggests that there is no relation between age of menarche and Menopause. But earlier menarche can cause health risks during Menopause such as cardiovascular and coronary disease, lower bone density, osteoporosis whereas late Menopause can cause health risks during Menopause such as breast and endometrial CA. The variations in menstrual history may be due to menstrual changes during menopausal transition. The length, duration and amount of menstruation can vary during menstrual transition. Short cycles are frequent in the early transition and long cycles are frequent in the late transition. Duration and amount of blood loss can also vary. 15 to 20 % will have no changes in menstruation during menstrual transition.

Majority of the patients were gravid women (96.6%); had living children (96.6%); had history of abortion (30.1%) and (2.9%) had history of death of children. Women scoring positive on the infertility index were significantly more likely to report severe decreased libido and over twice as likely to report severe vaginal dryness. Tubal ligation was adopted by maximum (43.7%) patients, (9.2%) of patients had used Oral contraceptive pills and (4.4%) patients used IUCD. Studies have shown the positive association between tubal ligation, oral contraceptive and menopausal symptoms.

Hypertension (24.8%), Diabetes mellitus (12.6%) and Osteoarthritis (8.3%) were found in the patients. This may be due to increased risk of Hypertension, Diabetes mellitus and osteoporosis in Menopausal women.

Majority of the patients (63.6%) had *Vishamaagni*, (32%) had *Mandagni*, (2.5%) had *Samagni* and (1.5%) had *Teekshnaagni*. (90.8 %) had addiction of tea, (12.1) % had addiction of coffee and (0.5%) had habit of tobacco chewing. (60.7 %) were having disturbed sleep; (59.2 %) were having regular bowel habits and (40.8 %) were having irregular bowel habits; (44.7 %) were having constipated bowel movements; (62.6 %) were having increased frequency of micturition during day and (18.9%) had nocturia; (46.1 %) were having burning micturition; (13.6 %) were having complaint of itching and (7.8 %) were having dysuria. *Vishama Agni* causes improper *Paka* of *Ahara Rasa* that can lead to formation of *Aama*. Researches had shown that addiction of tea, coffee and tobacco can aggravate vasomotor symptoms of Menopause. Sleep disturbances is a common symptom of Menopause. Constipation can be due to increased *VataVridhi* during *Rajonivruttiavastha*. This can also be due to delayed gastric motility due to the influence of estrogen. Micturition problems such as overactive bladder, nocturia are due to the due to estrogen deficency of menopausal period.

Majority of the patients (85.4%) were having *Madhura* predominant diet, (16.5 %) were having Katu Rasa predominant diet, (9.2 %) were having *Amla Rasa Pradhana* diet and (8.7 %) have *Lavana* predominant diet. Majority of the patients (87.4 %) were having *Vishamasana* and (1.9 %) were having *Adhyashana*. *Vishamasana* can cause *Agnimandhya* and *Aama* leading to *Srotorodha* and *Dhathukshaya*. Increased use of *Amla, Lavana, KatuAhara* can accelerate the process of *Jara*. (48.5 %) of the patients were having less physical activity; (44.7 %) of the patients were having moderate physical activity; (6.3 %) were having no exercise at all. Lack of proper exercise in the routine life can

lead to obesity and diabetes like complication due to improper metabolism and high level of physical activity increases quality of life.

Maximum patients (72.8 %) of the patients had 1-5 year duration of Menopause, which shows that patients of early post Menopausal stage are more subjected to Menopausal problems. The main complications observed in the study were osteoporosis (4.9 %) followed by fracture (0.97 %). Osteoporosis and fracture are among the common complications seen during menopausal period due to estrogen deficency.

It was observed that *Vatapitta Prakruti* (76.7 %) patients were more prone to Menopausal symptoms, followed by *Kapha Pitta Prakriti* (16.5%) and *Kapha Vata Prakriti* (5.3%). Acharya Vaghbada had mentioned that in *Kapha Prakriti* individuals, *Artava* retains longer than *Vataprakriti* and *Pitta Prakriti*. Hotflushes are more common in *Vatapitta Prakruti* (78%) as it can be considered as *Pittaja Nanatmaja Vikara* like *Dhumaka*. *Chala Guna* of *Vata* and *Ushna Guna* of *Pitta* increases *Daha* causing hotflushes. Pschycological problems are more prone to *Vata Pitta Prakruti* (80.1%). Altered mental functions are due to vitiation of *Vata*. *Buddhibramsa, Indriyabramsa* and *Chittabramsa* seen during *Rajonivritti* is due to *Prana Vayu Dushti*. Symptoms such as *Chinta, Vishada* is also due to *Vata* predominance. *Sadhaka Pitta* causes dearranged *Budhi* and *Medha* and *Dairyapranasa* is due to *Pittadushti*. Joint problems are more prone to *Vata Prakruti* as due to *Asraya Asrayi* relation between *Asthi* and *Vata Dosha*. *Sleshmaka Kapha* which helps in *Sandhi Samsleshana* is affected during *Rajonivrittijanya Vikara*. *Sandhivimochana, Ojokshaya* during *Rajonivritti* is due to *Kapha Dushti*. Sleep problems is due to increased *Vata* and *Pitta* along with *Kapha Kshaya*. Sexual problems can be due to involvement of *Vata*, *Pitta* and *Kapha*. Bladder problems are more prone to *Vatapitta Prakruti* as *Saithilya* and *Sramsana* caused due to *Vata Dosha* can lead to increased frequency of micturition, involuntary urination and burning micturition due to increased *Pitta*.

Considering vasomotor symptoms, the most prevalent symptoms are 'sweating' followed by 'hotflushes' and 'night sweats'. Considering Pshcycosocial symptoms, the most prevalent symptoms are 'being dissatisfied with personal life' followed by 'poor memory', 'feeling depressed', 'being impatient with other' and 'feeling of wanting to be alone'. Considering physical symptoms, the most prevalent symptoms are 'aching in muscle and joints', 'feeling tiredness', 'aches in back of neck or head'. Considering sexual symptoms, the most prevalent symptoms are 'avoiding intimacy' followed by 'vaginal dryness during sexual intercourse' and 'changes in sexual desire'.

The most severe symptoms experienced by menopausal women are 'sweating', 'hotflushes', 'night sweats', 'anxiousness', 'feeling wanting to be alone', 'lowback ache', 'bloatedness, 'feeling lack of energy', 'aches in back of neck or head', 'feeling tiredness' and 'changes in sexual desire'. These symptoms are due to fluctuating level of estrogen in blood.

The symptoms having highest mean scores in vasomotor, psychosocial, physical and sexual domains were, 'Sweating' (7± 0.79), 'Being impatient with other people' (6.78 ± 1.19), 'Feeling anxious or nervous' (6.68 ± 1.97), 'Low backache'(6.52±1.23), 'Feeling bloatedness' (6.47±1.41), 'Avoiding intimacy' (5.37±2.40), 'Vaginal dryness during intercourse' (5.36±2.57) respectively (Table 1 and 2).

Higher scores indicates lower quality of life.The mean score of vasomotor symptoms is (6.89 ± 0.83), mean score of psychosocial symptoms is (6.53 ± 1.12), the mean score of sexual symptoms is (5.91 ± 2.94), mean score of physical symptoms is (5.60 ± 1.00). Among the four domains, the vasomotor has the maximum mean score followed by pshycosocial, physical and sexual respectively. This suggests that menopausal women enrolled in this survey study are more troublesome by vasomotor symptoms followed by pshycosocial symptoms, physical symptoms and sexual symptoms respectively.

Eventhough Menopause is a natural biological event in every womens life, female population had weak understanding regarding distressing menopausal symptoms and associated health risks. So it is important to create awareness regarding preventive and treatment measures. Prevention strategies of menopausal syndrome have to begin with screening and careful assessment for risk factors, praticing healthy diet and lifestyle management. Preventive measures includes avoidance of excessive intake of *Madhura, Amla, Katu, Lavana, Kksharapradhana Ahara, Virudhahara, Atiseetana, Abhishyandi anna*, *Divaswapna, Ativyayama, Atimaithuna, Chinta;* as these all are predisposing factors of *Jara*. Treatment measures offered by Ayurveda includes *Rasayana Chikitsa* which can be practiced from middle ages of women. *Rasayana Chikitsa* can prevent the *Akalaja Rajonivritti* and can prevent or minimize the discomforts caused by *Kalaja* and *Akalaja Rajonivritti*. *Vasti, Nasya, Virechana Sirodhara*can also be done. The patients were advised to practice *Hitahara Vihara*, *Pranayama* and *Yoga*.

CONCLUSION

Higher prevalence of Menopausal Syndrome is found in age group of 45- 50 years. The sociodemographic factors such as age, marital status, education, socioeconomic status, contraception can influence the occurence of menopausal symptoms. Predisposing factors such as excessive use of *Madhura, Amla, Lavana, KatuPradhana Ahara, Vishamasana, Avyayama* can influence the occurence of menopausal symptoms.

Decreased Quality of life of Menopausal women was evidenced by the symptoms having highest mean scores of vasomotor, psychosocial, physical, and sexual domains**.** Among the four domains, the Vasomotor has the maximum mean score followed by pshycosocial, physical and sexual respectively. Osteoporosis and fracture are the common complications of Menopause experienced by the subjects in the survey study. *Vatapitta Prakruti*patients are more prone to menopausal symptoms. Menopausal symptoms such as Hotflushes, Anxiousness, Depression, Sleep problems, Bladder problems and Sexual problems were found to have more association with *Vatapitta Prakriti*. From the survey, it was found that subjects had less awareness of Menopausal syndrome and health risks. Hence more focus is given to create awareness and health education about preventive and treatment measures offered by Ayurveda in the management of *Rajonivrittijanya Vikara*. It is noted that *Hitaharavihara, Yoga, Pranayama* and *Rasayana Chikitsa* are beneficial.

Conflict of interest

None declared.

Financial support

None declared.

REFERENCES

1. Levine ME, Lu AT, Chen BH, Hernandez DG, Singleton AB, Ferrucci L et al. Menopause accelerates biological aging. Proceedings of the National Academy of Sciences. 2016;113(33):9327-32.
2. Pallikadavath S, Ogollah R, Singh A, Dean T, Dewey A, Stones W. Natural menopause among women below 50 years in India: A population-based study. the Indian journal of Medical research. 2016;144(3):366.
3. Radtke JV, Terhorst L, Cohen SM. The Menopause-Specific Quality of Life (MENQOL) questionnaire: psychometric evaluation among breast cancer survivors. Menopause (New York, NY). 2011;18(3):289-95.
4. Forman MR, Mangini LD, Thelus-Jean R, Hayward MD. Life-course origins of the ages at menarche and menopause. Adolescent health, medicine and therapeutics. 2013;18:1-21.