ISSN NO.

IJRNCISM: International Journal of Research in Nobel Classical Indian System of Medicine

www.ncismjournal.com

Volume: 01 Issue: 02 July - 2026

Article History: Received: 17-07-2026 Accepted: 19-07-2026 Published: 30-07-2026

Ayurvedic Management of Menopausal Syndrome: Concept of Rajonivritti and Rasayana — A Critical Review

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Abstract

Menopause is a normal biological transition marked by the permanent cessation of menstruation after loss of ovarian follicular activity. Although not a disease, the transition may bring vasomotor symptoms, disturbed sleep, mood changes, genitourinary discomfort, and longer-term metabolic and skeletal concerns that affect quality of life. Biomedically, these changes are related largely to fluctuating and declining ovarian hormone production, together with ageing and individual susceptibility. Ayurveda describes the end of menstruation as Rajonivritti and places it within the broader process of Jara. Increasing Vata, gradual Dhatu Kshaya, altered Agni, and changes in mental wellbeing offer a classical framework for interpreting the varied menopausal experience. This narrative review examines Rajonivritti and Rasayana in relation to contemporary menopausal physiology and care. Material from the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Bhava Prakasha Nighantu was considered alongside literature identified through PubMed, Scopus, Web of Science, and Google Scholar. Regular routines, individualized diet, exercise, Abhyanga, yoga, selected Rasayana medicines, and psychological support may complement evidence-based care. These measures should not be presented as direct hormonal substitutes, and herbal or Panchakarma interventions require attention to indication, product quality, interactions, and contraindications. Better trials using validated symptom and quality-of-life outcomes are needed to define their effectiveness and safety.

Keywords

Menopause; Rajonivritti; Rasayana; Ayurveda; women's health; Vata Dosha; healthy ageing

1. Introduction

Menopause is confirmed retrospectively after 12 consecutive months without menstruation when no pathological or physiological cause other than loss of ovarian activity is present [1]. It most often occurs between 45 and 55 years, but the timing and intensity of symptoms vary considerably. Hot flushes, night

sweats, sleep disruption, mood changes, vaginal dryness, urinary symptoms, and changes in bone and cardiometabolic health may occur during or after the transition [2]. Some women have few symptoms, whereas others experience substantial interference with work, relationships, sleep, and sexual wellbeing.

Modern care includes education, lifestyle measures, menopausal hormone therapy, and symptom-specific non-hormonal treatment. Hormone therapy can be highly effective for vasomotor symptoms and genitourinary syndrome in suitable women, but the formulation, route, dose, duration, and risk profile must be individualized [3]. A history of certain hormone-sensitive cancers, thromboembolic disease, unexplained bleeding, or other clinical factors may change the choice of treatment.

Ayurveda understands Rajonivritti as a natural consequence of ageing and declining reproductive function rather than an illness in itself. When symptoms become troublesome, their pattern may be interpreted through Vata and Pitta disturbance, changing Agni, Dhatu Kshaya, and Manasika Bhava. Rasayana is relevant because it seeks to preserve functional capacity, nourishment, resilience, and quality of life during ageing [4].

Aim and Objectives

This review aims to examine menopausal syndrome through the Ayurvedic concepts of Rajonivritti and Rasayana and to relate them cautiously to contemporary menopausal physiology. The objectives are to summarize common manifestations, analyze the roles of Jara, Dosha, Agni, and Dhatu Kshaya, assess supportive Rasayana and lifestyle approaches, and identify realistic areas for integrative care and research.

2. Methodology of Literature Review

A narrative review was conducted using the Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Bhava Prakasha Nighantu. PubMed, Scopus, Web of Science, and Google Scholar were searched with combinations of “menopause,” “Rajonivritti Ayurveda,” “Rasayana therapy,” “postmenopausal symptoms,” and “women health Ayurveda.” Clinical studies of menopause, classical and contemporary Ayurvedic discussions of ageing and women's health, and clinically relevant research on herbal medicines were considered. Unauthenticated sources and reports without clear relevance were excluded. As no systematic search and risk-of-bias synthesis was undertaken, conclusions are interpretive rather than pooled estimates of benefit.

3. Modern Concept of Menopause

The menopausal transition reflects progressive depletion of ovarian follicles. Estradiol production becomes variable and then declines, while follicle-stimulating hormone generally rises; luteinizing hormone patterns also change [5]. These endocrine changes interact with ageing, sleep, health status, medication use, and psychosocial circumstances.

Vasomotor symptoms arise from altered thermoregulatory control and are experienced as sudden heat, flushing, sweating, chills, or palpitations. Mood symptoms are multifactorial. Hormonal fluctuation may increase vulnerability, but previous depression or anxiety, sleep loss, stressful life events, and social factors also matter [6]. Night sweats can fragment sleep, while insomnia may persist independently. Declining estrogen contributes to vulvovaginal dryness, irritation, dyspareunia, and urinary symptoms. Bone loss accelerates around menopause, making fracture risk assessment and preventive care important.

4. Ayurvedic Concept of Rajonivritti

Rajonivritti literally denotes cessation of menstrual flow. It is described within the expected progression of age, when reproductive capacity and tissue strength gradually decline. The transition is not attributed to one Dosha alone. Vata becomes increasingly influential with Jara, while Pitta may be prominent in heat and irritability, and Kapha or Medo changes may contribute to weight and metabolic complaints.

The Vata features of dryness, lightness, disturbed sleep, variable mood, constipation, and degenerative change are particularly relevant [7]. Dhatu Kshaya provides a second layer of interpretation. Reduced Rasa nourishment may be reflected in dryness and fatigue; Asthi Kshaya offers a classical lens for skeletal vulnerability; and changes involving Shukra Dhatu relate to the end of reproductive function. These are clinical correlations, not direct equivalents

of estrogen concentrations or bone-density measurements.

5. Correlation Between Menopausal Symptoms and Ayurveda

A symptom-based approach is more useful than assigning every menopausal woman the same Ayurvedic diagnosis. Hot flushes may suggest a Pitta-Vata pattern; anxiety, insomnia, and palpitations may reflect Vata Prakopa; genital dryness may be considered in relation to Rasa Kshaya and Vata; and skeletal decline may be discussed through Asthi Dhatu Kshaya. Fatigue can arise from disturbed sleep, anemia, thyroid disease, depression, or other conditions and should not be attributed automatically to Oja Kshaya. Appropriate biomedical evaluation remains necessary when symptoms are severe, atypical, or new.

Clinical manifestation	Possible Ayurvedic interpretation
Hot flushes and sweating	Pitta-Vata disturbance
Anxiety, palpitations, or insomnia	Vata Prakopa
Vulvovaginal dryness	Vata with Rasa Dhatu Kshaya
Accelerated bone loss	Asthi Dhatu Kshaya as a conceptual correlate
Changing reproductive function	Rajonivritti within Jara

6. Role of Rasayana in Menopausal Health

Rasayana is directed toward healthy longevity, strength, resistance to illness, cognitive and emotional wellbeing, and optimal tissue nourishment [8]. During the menopausal years, its practical value lies in supporting healthy ageing rather than attempting to reverse Rajonivritti. Classical reasoning links Rasayana with improved Agni, orderly Dhatu Poshan, and maintenance of Ojas. Contemporary studies often explore antioxidant, adaptogenic, sleep-related, or cognitive outcomes, but these mechanisms should not be used to imply unproven estrogenic or disease-preventing effects.

7. Modern Management of Menopausal Syndrome

Management is guided by the symptoms that matter to the woman, their severity, medical history, and her preferences. Regular physical activity, a balanced diet, sufficient calcium and vitamin D where needed, sleep support, smoking cessation, moderation of alcohol, and attention to cardiovascular risk contribute to long-term health. Exercise improves fitness, muscle strength, balance, and bone health, although its direct effect on hot flushes is variable [9].

Menopausal hormone therapy is the most effective treatment for moderate-to-severe vasomotor symptoms in appropriately selected women. Estrogen alone is generally reserved for women without a uterus; those with an intact uterus usually require endometrial protection with a progestogen. Oral and transdermal preparations have different risk profiles, and therapy should be reviewed periodically rather than governed by a universal dose or duration [10].

When hormone therapy is unsuitable or not preferred, non-hormonal options may include selected antidepressants, gabapentin, and other guideline-supported medicines. Choice depends on comorbidity, interactions, adverse effects, and the dominant symptom. Genitourinary complaints may require moisturizers, lubricants, local hormonal treatment, pelvic assessment, or other targeted care.

8. Ayurvedic Management of Rajonivritti

Ayurvedic care begins with Nidana Parivarjana and correction of daily routine. Regular meal and sleep timing, moderate exercise, stress reduction, and an individualized diet help stabilize Vata and support Agni. Abhyanga with a suitable oil may reduce perceived dryness and promote relaxation. Tila Taila or Kshirabala Taila is often selected in Vata-dominant presentations, but the oil, frequency, and duration should be adjusted for skin sensitivity, climate, strength, and associated disease.

Ashwagandha (Withania somnifera) is used as a Rasayana when stress, poor sleep, or reduced strength is prominent, and small clinical studies support possible benefits in stress-related outcomes [11]. Shatavari (Asparagus racemosus) is traditionally associated with female reproductive health and dryness, although claims of “hormonal balance” require more direct clinical evidence [12]. Guduchi and Amalaki are selected for broader Rasayana purposes. Product identity, dose, digestive tolerance,

liver or thyroid disease, and concurrent medication must be considered.

Medhya Rasayana may be useful when attention, mental fatigue, anxiety, or sleep disturbance dominates. Brahmi (Bacopa monnieri) has been studied mainly for cognition rather than menopause-specific outcomes [13], while Mandukaparni (Centella asiatica) is traditionally used to support memory and calmness. Jatamansi is used in selected sleep and anxiety presentations, but sedative effects and medicine interactions should be considered. None of these agents should delay assessment of major depression, severe anxiety, cognitive decline, or persistent insomnia.

Basti is considered important in Vata-predominant disorders and may be incorporated into individualized Panchakarma care. Anuvasana or Matra Basti is not a routine self-treatment; the substance, quantity, schedule, preliminary procedures, and contraindications require assessment by a qualified Ayurvedic physician. Evidence for menopause-specific benefit remains limited, so outcomes should be documented rather than assumed.

9. Role of Diet and Daily Routine

Diet should be nutritionally adequate, acceptable, and suited to digestive capacity. Warm freshly prepared meals, vegetables, fruits, pulses or other appropriate protein sources, nuts, and moderate use of healthy fats may be useful. Milk and ghee can be included when tolerated and clinically suitable, but they are not compulsory. Excessively spicy foods, caffeine, alcohol, and large late meals may aggravate flushing or sleep in some women. Regular timing and attention to individual triggers are more helpful than rigid restriction.

10. Comparative Understanding

Modern medicine defines menopause endocrinologically and offers validated treatments for symptoms, osteoporosis risk, and genitourinary change. Ayurveda places the same life stage within Jara and examines the individual pattern of Dosha, Dhatu, Agni, strength, and mental wellbeing. The two perspectives can complement one another when laboratory and clinical risk assessment are retained and Ayurvedic care is used to personalize lifestyle and supportive treatment. Estrogen decline should not be equated literally with Dhatu Kshaya, nor should Vata or Pitta labels replace investigation of abnormal bleeding, cardiovascular symptoms, thyroid disease, or psychiatric illness.

11. Research Gaps and Limitations

Evidence for Ayurvedic menopausal care is limited by small samples, heterogeneous diagnostic criteria, variable products, short follow-up, and inconsistent adverse-event reporting. Standard doses cannot be inferred when preparations differ in plant part, extraction, and quality. Future trials should use validated vasomotor, sleep, sexual-health, mood, and quality-of-life measures; document concurrent therapy; and report clinically relevant safety data. Comparative studies should evaluate an explicitly defined integrative package rather than a loosely described collection of interventions.

12. Future Perspectives

Preventive Ayurveda, lifestyle medicine, and evidence-based herbal research may contribute to more person-centered menopausal services. Useful research questions include whether constitution or symptom pattern predicts response, whether Abhyanga provides measurable sleep or stress benefits, and whether specific standardized Rasayana preparations improve validated outcomes beyond placebo and usual care. Biomarkers can support such work, but the primary focus should remain symptoms, function, safety, and quality of life.

13. Conclusion

Menopause is a normal transition with hormonal, physical, psychological, and social dimensions. Rajonivritti, Jara, Vata predominance, Dhatu Kshaya, and Rasayana offer an Ayurvedic framework for understanding why women experience this phase differently. Regular routines, individualized food, exercise, Abhyanga, yoga, psychological support, and carefully selected Rasayana medicines may complement standard care. They should be used with realistic claims, attention to interactions and contraindications, and timely investigation of concerning symptoms. Stronger clinical research is required before standardized Ayurvedic protocols can be recommended for menopausal syndrome.

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