



Ayurvedic approach for Menopause –A Review of Rajonivritti Lakshanas in menopausal women.

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ABSTRACT

Menopause stands out as a crucial milestone in a woman's reproductive life cycle and marks a significant event leading to profound physical and mental transformations in the body which typically takes place between the age of 45-55 years. Menopausal symptoms encompass a range of manifestations such as irregular menstruation, hot flashes, vaginal dryness, urinary issues, changes in appearance, gastrointestinal problems, mood swings, sleep disturbances, palpitations, alterations in sexual desire, osteoporosis, and heart disease. Collectively, these signs and symptoms form what is termed as the menopausal syndrome.

In Ayurvedic terminology, Menopause is referred to as *Rajonivritti*, and the associated syndrome is known as *Rajonivritti Anubandhajavyadhi*. Ayurvedic scholars describe it as a normal physiological state. According to Ayurveda, menopausal symptoms are viewed as an imbalance in the *Tridosha* (*Vata*, *Pitta*, *Kapha*), *DhatuKshaya*(degeneration of tissues) and disturbances in *Agni* (digestive fire), occurring naturally as a consequence of the aging process.

Contrary to modern medicine's approach of utilizing Hormone Replacement Therapy (HRT), which can lead to various complications, *Ayurveda* offers an excellent and effective solution for the transition period of menopause. Ayurvedic treatment involves addressing hormonal imbalance through proper diet, lifestyle modifications, *Shamana* (pacification), *Shodhan Chikitsa* (purification therapy), and *Rasayana* therapy (rejuvenation therapy) and Yoga therapy. This holistic approach in Ayurveda provides a comprehensive and sustainable solution to manage the challenges associated with menopause in today's time.

Keywords: Menopause, Menopausal syndrome, Hormone replacement Therapy, Rajonivritti, Rajonivritti Anubandhajavyadhi.

INTRODUCTION

Menopause, originating from Greek words meaning 'cessation of menstruation,' marks the permanent end of menstrual cycles, typically around age 50. It impacts various aspects of a woman's life, including physical, psychological, social, and emotional dimensions. Lasting about one-third of her life, this natural process presents symptoms collectively known as 'menopausal syndrome.' Its effects are significant, affecting quality of life in areas like physical health, emotions, social interactions, and cognition. Ayurveda refers to menopause as '*Rajonivritti*,' indicating the conclusion of *Artava Pravritti*, with menopausal women termed as *Nishphala* or *Gatartava*, signalling the onset of old age.^[1] In Ayurveda, *Rajonivritti* is not categorized as a pathological condition but rather as a normal physiological state. Menopause is addressed within the framework of '*JaraPakva Avastha*' of the body.^[2] *Jara* and *Rajonivritti* manifest due to a gradual decline in the functional capacity of *Agni*, leading to inadequate tissue nutrition. This nutritional imbalance contributes to irreversible degenerative changes in the *Sapta Dhatus*.

Menopause necessitates a safe and effective treatment approach, with Hormone Replacement Therapy (HRT) often recommended for health risks. However, HRT has associated complications, including vaginal bleeding, breast cancer, endometrial cancer, and gallbladder diseases, and may not fully address psychological aspects, leading to potential side effects with long-term use of sedatives, hypnotics, and anxiolytic drugs.

Ayurveda emphasizes the importance of safe and effective management of menopausal syndrome, acknowledging drawbacks and prompting a growing interest in alternative strategies for this transitional phase and hence this concept needs a study.

AIM AND OBJECTIVES

To understand the fundamentals of menopause as per Ayurveda and describe the rationale of menopausal therapy according to fundamental principles of Ayurveda as compared to modern aspects.

MATERIALS AND METHODS

A review of Ayurvedic classics and research works was done to know about the basics and fundamentals of the topic both in Ayurvedic and modern terms to present a well depicted and comprehensive work on the same. The detailed description is as follows-

Modern view of menopause-^[8]

Menopause marks the end of ovarian function, confirmed after twelve consecutive months without menstruation, usually occurring between ages 40-55. Declining ovarian activity leads to amenorrhea due to ovulation failure, reduced estrogen, and endometrial atrophy, accompanied by symptoms like hot flushes, night sweats, and mood changes. Causes include genetic factors, surgical procedures, and medical treatments, with diagnosis based on age, menstrual history, and symptoms, often including tests for hormone levels. Menopause may increase the risk of cardiovascular diseases, osteoporosis, and decreased libido.

Medical management of menopause in modern aspect-

The medical approach to menopause involves holistic management of hormonal changes and symptoms, often utilizing Hormone Replacement Therapy (HRT) for symptomatic women, especially those at high risk for cardiovascular disease, osteoporosis, and Alzheimer's disease. HRT typically includes estrogen supplementation, sometimes with progestin, with a focus on individualized dosing and duration. Lifestyle modifications are crucial, and regular medical monitoring helps alleviate symptoms and promote overall health during menopause.

Menopause and Ayurvedic correlation -***Rajonivritti kala-***

RajonivrittiKala, often linked with senility around age 50, varies based on individual factors, with Ayurveda highlighting the influence of diet (*Ahara*) and lifestyle (*Vihara*) on health during this period.

Nidana-

Focusing on the *Swabhavika* type of disease classification, Acharya Sushruta includes hunger (*Kshudha*), thirst (*Pipasa*), sleep (*Nidra*), aging (*Jara*), and death (*Mrityu*) under *Swabhava Bala Pravritta* diseases.^[3] Although these diseases are naturally occurring, they can also be acquired, described as *Doshaja*, further divided into *Kala Krita* and *Akala Krita*. Similarly, *Rajonivritti* is a naturally occurring condition in every woman, akin to *Jaravastha*, falling under *Swabhavika Vyadhi*.

Rajonivritti is not explicitly described as a separate disease in classical Ayurvedic texts, but scattered references are available. Certain factors known as *Rajah Utpattihetus* mentioned by Acharyas could be considered as causative factors for *Rajonivritti*, including *Swabhava*, *Jarapakvasharira* due to *Kala*, *Dhatu Kshaya* etc. Also factors like *vata* vitiation, *abhighataj karma* etc can be a cause.

Types of Rajonivritti-

Acharya Sushruta has categorized naturally occurring diseases under the classification of 'Swabhava Bala Pravritta.' This can be further classified as-

a. *Kalaja Rajonivritti:*

According to Acharya Sushruta, timely *Rajonivritti*, like aging, happens when protective healthcare measures are in place and occurs at a probable age. This condition is *Yapya* by *Rasayana*.

b. *Akalaja Rajonivritti:*

Occurs before or after the probable age. Easily treatable compared to *Kalaja Rajonivritti*. Acharya Dalhana suggests treating it based on the nature of the illness and involved *doshas*.

c. Individual Variations:

Kalaja and *Akalaja Rajonivritti* manifestations differ among individuals based on their *Prakriti* as mentioned by Acharya Charaka in *Viman Sthana*.

Samprapti-

Acharya Sushruta has elucidated that in the *Vruddha Avastha* (old age), there is an occurrence of *Shareera-shithilta*, and women enter the *Rajonivritti stage* around the age of 50^[4]. During this phase, *Vata dosha* becomes predominant, exerting its influence on the female body. The dominance of *Laghu* and *Ruksha Guna* in the predominant *Vata* leads to a decrease in the *Dravata* of the *Rasa Dhatu*. This results in a qualitative and quantitative reduction in the *Rasa dhatu*, causing *Dhatu Kshaya*. Starting from the *Rasa-Raktadi Dhatu*, there is a subsequent decrease in the respective *Updhatu*, ultimately leading to the cessation of further *Dhatu* production. The combined effect of *Dhatu* and *Updhatukshaya* results in *Artavanasha*. Additionally, the vitiated *Vata dosha* disrupts *Manasdosha* (*Raja* and *Tama dosha*), contributing to various psychological disturbances.

Menopausal symptoms in Ayurveda-

(*Rajonivritti Anubandhlakshan*):

The transition from *Pitta* dominance in young age to *Vata* dominance in old age causes most of the symptoms of menopause. This is because *Pitta* is more prone to metabolic activities and *Vata* causes degeneration. The resulting imbalance of *Dosha* during this transition and *Kshaya* of *Medo Dhatu* (fatty tissues) may be the cause for hot flushes, excessive sweating in menopause. Meanwhile, *Rasa Dhatu Kshaya* may cause sleep disturbance, irritability, dryness of the vagina etc.

Prakriti of an individual and *Dosha* predominance plays an important role in symptom manifestation. *Pittajprakriti* women are susceptible to early or premature aging and hence may have early menopause, hot flushes, excessive perspiration and thirst, anger, short temper etc. *Kapha* is principally responsible for growth and women with *Kapha* predominance *prakriti* have a tendency to delayed manifestation of aging and may show delayed menopause and will be less aggrieved by symptoms. In *Vatajprakriti*, individual symptoms like sensory motor problems, joint disorders, anxiety, irritability, depression and mood swings etc.^[5]

Artava (menstrual blood) is an *Updhatu* (secondary constituent), formed from *Rasa Dhatu*. The *kshaya* of *rasa* and *Rakta Dhatu* causes *Artavakshaya* due to *utarottardhatukshaya*. *Kshaya* of *Updhatu Artava* and *Shukra*, manifest as cessation of menstruation and decreased libido.^[6] This causes *Bala Kshaya* (loss of strength) and *Virya Kshaya* (loss of reproductive strength). This may explain various symptoms of menopause related to degenerative changes in body such as urogenital atrophy, thinning of the membranes of the vulva, vagina, shrinking and loss in elasticity of all of the outer and inner genitals and skin, breast atrophy, decreased libido, problems reaching orgasm and dyspareunia. *Ama*, formed due to *mandagni* (slow function of digestive fire) causes *srotorodha* (obstruction of channels), which in turn increases *Medo -dushti* (disorders of fat metabolism) and decrease the nutrient supply to subsequent *Dhatu*s namely *Asthi* (bone/skeletal system), *Majja* (bone Marrow), and *Shukra* (fertility promoting substance).^[7] Increased accumulation of *Meda* and *Mamsa Dhatu* can cause the weight gain, one of the biggest complaints associated with aging. According to the principal of *Ashraya- aashreyeebhava*, *asthidhatu* is the seat of *Vata Dosha*, and *asthi* and *Vata* are inversely proportional.^[8] With advancing age vitiating *Vata* leads to *kshaya* of *Asthi Dhatu* (decreased bone density). It can be compared with osteoporosis.

Ayurvedic management of Rajonivritti-

While Ayurvedic classics don't provide a specific treatment for *Rajonivritti*, considering it as a natural state, treatment based on the etiopathology and symptoms of *Dhatukshayajanya Vata-Pitta Prakopa* can be administered. This may involve *Samashodhana*, *Rasayana* therapy, *Satvavajaychikitsa*, diet, and a lifestyle aligned with Ayurvedic principles. The choice of treatment depends on the manifestation of dosha predominance. Emphasizing *Ayu* (lifespan), its *chikitsa* (therapeutics) involves *Vaya Sthapana* (age stabilizing) group of medications which have the function of *dirgha Hitakara* and *Sukhakara Ayu* (a longer healthy and happy life). It recommends the countering of aging and related changes by use of

Vayasthapak drugs for rejuvenation and such Jeevneeya drugs (vitalisers) and Rasayana drugs (rejuvenating formulations) can be used for menopausal symptoms.^[9]

A)Shaman Chikitsa:

Ayurvedic treatment emphasizes practices like Agnideepana, Amapachana, Anulomana, and Balyachikitsa for menopausal well-being. Vayasthapakgana like Amrita/ Guduchi (*Tinosporacordifolia*), Abhaya/ Haritiki (*Terminalia chebula*), Dhatri/ Amalki (*Emblicoefficinale*), Yukta (*Pluchelanceolata*), Shweta (*Clitoriaternatea*), Jeewanti (*Leptadenia reticulate*), Atirasa (*Asparagus racemosus*), Mandookparni (*Centellaasiatica*), Sthira (*Desmodiumgiganticum*) and Punarnava (*Boerhaaviadiffusa*) and also Medicine preparations such as Ashokarishta, Ashwandhaghrita, Shatavari Ghrita, Rasonkshirpak, Bramhi Ghrita, Saraswatarishta, Chyawanprash, etc., are recommended.^[10]

Also, balyamahakashayadravya like Aindri (*Citrulluscolocynthis Schrad.*) Rishabhi (*Manilkarahexandra*), Atirasa (*Asparagausracemosus*), Rishyaprokta (*Teramnus labials*), Payasya (*Impomoeapaniculata*), Ashwagandha (*Withaniasomnifera*), Sthira (*Desmodiumgangeticum*), Katukarohini (*Picrorhizakurroa*), Bala (*Sidacordifolia*) and Atibala (*Abutilon indicum*) etc can be used.

Ashokarishta possesses Madhura, Tikta, Kashaya, Katu Rasa, SheetaVirya, Madhura Vipaka, Laghu Guna, and Tridoshashamaka properties. Additionally, it exhibits Rasayana, Vayahsthapana, Balya, Medhya, Manasdosshahara, Vedanasthapana, etc.^[11] Ashokarishta's Snigdha Guna counteracts the Ruksha Guna of Vata Dosha, alleviating symptoms. This addresses the majority of Rajonivritti symptoms. Agnimandhya is effectively managed by it through its Deepana-Pachana action on Jatharagni, relieving GIT symptoms like dyspepsia, decreased appetite, flatulence, and constipation. Its probable mode of action involves Ashoka, Shunthi, Haritaki, Vasa, and Chandana acting as Hridya and Balya, leading to Rasayana Karma and Dhatu Pushti. Haritaki, Amalaki, and Utpala directly contribute to Rasayana Karma. Musta, Ajaji, Sunthi, and Haritaki perform Dipana and Pachana Karma, promoting Agni Pradipti and Dhatu Pushti. Utpala, Haritaki, and Bibhitaki act as Medhya, addressing mental aspects and contributing to Lakshanopshamana by reducing Chinta, Shoka, and sleep disturbances.

Ashwagandha's Balya and Vaya-Sthapana properties act as Rasayana, promoting DhatuPushti for symptom relief. In Manasa Tarpana, it supports sound sleep and has an anti-stress effect. In Vajikarana, it nourishes the reproductive system, addressing sexual dysfunction. Ashwagandha also improves degenerative changes in cartilage and counters

leukopenia induced by cyclophosphamide. *Ashwagandha* may impact the central nervous and immune systems, potentially offering relief from hot flushes.

Praval is employed for treating conditions such as *Pitta* aggravation and calcium deficiency due to its cooling and soothing properties. It is often combined with herbal phytoestrogens like *Shatavarifor* improved and faster results.

B) Shodhana Chikitsa (Panchakarma):

Yapanabasti (enema having palliative property), *Matra Basti* with medicated oils such as *Sukumara Ghrita*, *Dhanvantari Tail*, *basti With Tikta Dravya Ghrita* and *Kshira* is recommended in *Asthikshaya*. *Tikta Rasa* by its *Deepana* (appetite stimulant), *Pachana* (digestive), *Rochana* properties increases the *Dhatvagni* (metabolic stage). With this, nutrition of all seven *Dhatu* is improved and *Asthikshaya* is managed. *Tikta Rasa* by its *Lekhana* (anabolic) property helps in the weight reduction.^[12] *Abhyanga* (unctuous body massage) with various medicated oils such as *Mahanarayan Taila*, *Ksheerbala Tail* or *Masha Taila* can control *Vata*. For symptom so occurring due to transition from *madhayamavastha* (*pitta dominant phase*) to *vradhhavastha* (*vata dominant*), use of *Ghrita* may be useful as *Ghrita is Vata-pitta shamaka*, *Balya*, *Agnivardhaka*, *Madhura*, *Saumya*, *Sheeta-Virya*, *Shulahara*, *Vrishya* and *Vayasthapaka*.^[13] Thus, it not only pacifies *Vata* and *Pitta* but also improves the general condition of the body and acts as a rejuvenator of the body. *Ghrita* is *Yogavahi* (special affinity to carry and to potentiate the actions of the main drug to which it is mixed) and thus helps in increasing bio-availability of other drugs without losing its own property. *Medicated ghrita such as Amalak Ghrita*, *Shatavarighrita*, *Guduchighrita*, *Panchakolaghrita* and *Panchatiktaghrita* are various medicated *Ghrita* preparations suitable for menopausal women.

C) Rasayana Chikitsa:

Ayurvedic approach involving nourishment of *Dhatu*s, promoting overall well-being, and enhancing immunity. These *Rasayana* cleanse and activate the micro-circulatory channels i.e. *Sroto Shuddhi* leading to improved tissue health and their quality.^[14]

Aahara Rasayana: Addresses *dhatukshaya* in *Rajonivritti*, promoting *ojas-kshaya* prevention. Consuming black grams *pippali*, *Chitraka*, *Draksha* (*Vitisvinifera* Linn.), milk, *Shatavari*, *Salparni* (*Desmodium gangeticum*), meat soups etc is recommended. *Ghrita* plays a crucial role in enhancing *Sukradhatu*.

Dravya Rasayana: Involves the use of *Rasayanadravya* to prevent senile degeneration and boost immunity.

Aachara Rasayana:^[15] Focuses on lifestyle management, emphasizing regimens like *Sadvritta*, *Swasthavritta*, *Dinacharya*, *Ratricharya*, and *Ritucharya*. It aids in stress relief, delays aging, and minimizes symptoms associated with menopause.^[16]

D) Sattvajaya Chikitsa:

For mental well-being during this period, *Sattvajaya Chikitsa*, which involves counseling and reassurance, is crucial. Following a righteous lifestyle (*Sadvritta*) and a healthy lifestyle (*Swasthavritta*) may help.

E) Yoga Therapy

It is an ancient holistic practice encompassing physical, mental, moral, and spiritual aspects. The term 'yoga' in *Sanskrit* means "union," symbolizing the integration of all aspects of one self. Common yoga practices include postures (*Asana*), breath control (*Pranayama*), and meditation (*Dhyana*), with examples like *Shavasana*, *Padmasana*, *Vajrasana*, *Sheetali Pranayama*, and *Ujjayi Pranayama*.^[17]

Yoga Therapy contributes to reducing the risk of cardiovascular disease, improved psychological well-being, sleep patterns, and emotional modulation.

DISCUSSION

While Ayurvedic classics may not explicitly mention *Rajonivritti*, *Acharya Charaka* emphasizes the myriad nature of diseases, and Ayurvedic diagnostics rely on identifying symptoms based on *Dosha* involvement. The understanding of menopausal syndrome in Ayurveda is intricately linked to *Dosha* and *Dhatu* considerations.

Rajonivritti, originally a physiological phenomenon, is impacted by the fast-paced modern lifestyle, stress, migration, and emotional factors, often leading to *Dhatu Kshaya* and premature aging. This aging process, coupled with an inability to adapt, transforms *Rajonivritti* into a pathological state. During *Rajonivritti Kala*, there is a notable peak in *Pitta*, and the influence of *Jarakala* sustains an aggravated *Vata* condition. This interplay of aggravated *Vata* and vitiated *Pitta* manifests symptoms such as hot flushes, excessive sweating, sleep disturbances, irritability, and vaginal dryness, resembling *Vataja-Pittaja* symptoms.

Vata dosha disturbs the other *Sharirika* and *Manasikdosha* (*Raja* and *Tama dosha*) resulting in various psychological disturbances. These are *Rajonivritti Avastha Janya Lakshana* or menopausal syndrome. This can be managed by *Rasayanadravyas* like *araswatarishta* and procedures like *Shirodhara*. It showed better results to combat disturbances of *Manas* and

psychological, somatic symptoms of menopause. *Ashokarishta*, *Ashwagandha Churna* and *Praval Pishti*, *Shatavari* gives better results in somatic-psychological disturbances, GIT disturbances, white discharge and hot flushes, etc. *Shatavari* contains natural phytoestrogens and so can be used as an alternative to synthetic HRT, and naturally rebalancing estrogen levels. Contemporary science relies more on use of hormone replacement therapy (HRT) and it is beneficial for short term use as it provides a low dose of estrogen in the body that helps in alleviating symptoms such as hot flashes and vaginal dryness. HRT may cause an increased risk of breast cancer, stroke, venous thromboembolism and myocardial infarction. Thus, it can be said that *Ayurveda* provides a satisfactory management modality for menopause through preventive and curative approach.

CONCLUSION

Ayurveda and modern medicine have basic commonalities between them in terms of menopause. Ayurvedic wisdom and logic is more overall health-oriented than disease-oriented specifically. If started early during midlife as component of preventive health care, management of menopausal symptoms based on Ayurvedic principals can not only reduce the menopausal symptoms but can also effectively address the aging and related problems. It can improve the quality of life as well as life expectancy of aging female population in the perimenopausal age group. It provides wide range of treatment options in the form of single herbs, formulations, therapeutic procedures and life style modifications, which can be tailored as per individual needs. Single drugs given under *Jeevaneeya*, *Vayasthapana* and *Balya Mahakashaya*, formulations and *Rasayan Yoga*, *Ghritha Yoga*, *Aahar Rasayan* opens new avenues for scientific researches and re introducing traditional knowledge into modern lifestyle. Although menopausal syndrome does not find mention in Ayurvedic literature, today's growing population of suffering female prompts us to look for effective and trustworthy alternatives. It is with this context that the review was done to provide a better experience rather than a treatment only protocol for menopausal women.

REFERENCES

1. Bhavaprakash of Bhavmishra, Pandit BrahmaSankara Mishra, Chaukhambha Sanskrit Sansthan, Varanasi, Ninth edition, 2004; 20.
2. Prof. Srikantha Murthy K.R, 2nd Edi. Sushrut Samhita vol-1, ShareerSthan, Chapter 3, Verse 11, Varanasi, Chaukamba, 2004, P.P. 37
3. Shastri A D, Sushrut Samhita of Maharishi Shusruta with Ayurvedatvatvasandipika Hindi Commentary, Sutra Sthan, Chapter 35, Verse 36, pp 160

4. Prof. Srikantha Murthy K.R, 2nd Edi. Sushrut Samhita vol-1, Shareer Sthan, Chapter 3, Verse 11, Varanasi, Chaukhamba, 2004, P.P. 37
5. Henavathi SK, Anjali MV, Nalinakshan A. A Survey on Menopausal Symptoms in relation to Prakruti. Journal of Ayurveda and Integrated Medical Sciences (ISSN 2456-3110). 2018 Jul 8;3(3):65-9
6. Gupta A, editor. AsthangaHrudayaShariraSthana, Chapter 1, Verse 24 with Vidyotini Hindi Comm; Varanasi: Chaukhamba Sanskrit Sansthana; 1991 p. 364.
7. Agnivesha, Charaka, Dridhabala. Vaidya Jadavaji Trikamji Acharya., editor. Charaka Samhita, Sutra Sthana, Chapter 21, Ashtauninditeeya Adhyaya, Verse 4. 5th ed. Varanasi: Chaukhamba Sanskrit Sansthan; 2009. P. 116.
8. Vagbhatt, Astang Hridaya, Sutra Sthan, Chapter 12, Verse 26-28; AstangHridaya Sutra Sthan, Chapter 11, Verse 26
9. D.C. Dutta's Textbook of Gynecology. Edited by Hiralal Konar. 7th edition 2013. Published by Jaypee Brothers Medical Publishers. P.276
10. Yadav R, Dei L. Review of clinical studies on rajonivruttiavastha with special reference to menopausal syndrome. Int J Adv Med 2021;8:137-43.
11. R.D. Shastri, edited by Y.T. Acharya Charaka Samhita-Agnivesha, Revised by Charaka and Dridhabala with Hindi commentary, Sutrasthana, Chapter 4, Verse 18, Chaukhamba Sanskrit Series, Varanasi 5th edition, page no 34.
12. Sastri K, Chaturvedi G, editors. Agnivesha, Charak Samhita, Vidyotini; Shareera Sthan. Chaukhamba Bharti Academy; Varanasi; 1998pp. 1096-1099.
13. Sastri K, Tripathi I, Tripathi S, editors. Vagbhatt, Astang Hridaya, Vidvanamanoranjini Kalpa Sthan. Varanasi: Krishnadas Academy; 1994.; pp. 377-378
14. Vagabhatt, AstangSangrah, Sutra Sthan, Chapter 19, Verse 15; Vagabhatt, AstangaHridaya, Sutra Sthan, Chapter 1, Verse 31; Charak Samhita, Sutra Sthan, Chapter 28, Verse 27
15. Vaidya Jadavaji Trikamji Acharya editor (1st edition). Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala. With commentary: Ayurveda- Deepika. Varanasi. ChaukhambaPrakashan. 2011; 8, 62, 74, 76, 77, 106, 118, 238, 377, 385, 387-88.)
16. Sastri K, Chaturvedi G, editors. Agnivesha, Charak Samhita, Vidyotini; Shareer Sthan, Chaukhamba Bharti Academy; Varanasi; 1998. P. 168.
17. Vaze N, Joshi S. Yoga and menopausal transition. J Midlife Health. 2010 Jul;1(2):56-8. Doi: 10.4103/0976-7800.76212. PMID: 21716773; PMCID: PMC3122509.