



Research Article

Effect of *Vayasthaadi Yog* in the Management of *Rajonivritti Janya Lakshana* (Menopausal Symptoms)

Shama Parveen^{1*}, Dr. Anjana Saxena², Dr Shashi Singh³, Dr. Deepika Gupta⁴

¹ PG Scholar, Department of Prasuti Tantra evam Stiroga Obstetrics and Gynaecology, Rajkiya Ayurved College, Chaukaghat, Varanasi, Uttar Pradesh, India

² Associate Professor, Department of Prasuti Tantra evam Stiroga, Rajkiya Ayurved College, Chaukaghat, Varanasi, Uttar Pradesh, India

³ Professor & Head, Department of Prasuti Tantra evam Stiroga, Rajkiya Ayurved College, Chaukaghat, Varanasi, Uttar Pradesh, India

⁴ Assistant Professor, Department of Prasuti Tantra evam Stiroga, Rajkiya Ayurved College, Chaukaghat, Varanasi, Uttar Pradesh, India

Corresponding Author: Shama Parveen*

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Abstract

Menopause (*Rajonivritti*) is a natural stage that usually occurs in Praudhawastha (middle age), when a woman's monthly periods permanently stop due to the decline of reproductive hormones like estrogen and progesterone. This change can bring several physical and emotional symptoms, such as hot flushes, mood swings, sleep disturbances, vaginal dryness, joint pain, fatigue, anxiety, and memory problems. In Ayurveda, this stage is considered a time of increased Vata Dosha and Dhatu *Kshaya* (weakening of body tissues), which affects both body and mind. To manage this transition, Ayurveda recommends *Rasayana* (rejuvenating) therapies that nourish the body and restore balance.

Vayasthadi Yog is a classical Ayurvedic formulation made from Guduchi, Ashwagandha, Shatavari, and Yashtimadhu—herbs well known for their *Rasayana* (rejuvenating), Medhya (mind-strengthening), and hormone-supporting actions. This review is based on information from Ayurvedic texts and modern scientific studies. The formulation is found to be *Tridoshahara* (balancing all three doshas), Medhya (improves brain function), and phytoestrogenic (having plant compounds that act like estrogen). Together, these herbs help relieve menopause-related symptoms by supporting hormonal balance, strengthening weakened tissues, calming the nervous system, and improving overall well-being during *Praudhawastha*. Thus, *Vayasthadi Yoga* offers a safe, natural, and holistic alternative to hormone replacement therapy for managing menopause. However, more clinical research is needed to confirm its effectiveness.

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1. INTRODUCTION

Propagation of species is a fundamental law of nature, and in the continuation of the human race, woman plays a pivotal role. The different stages of a woman's life are intrinsically linked to her reproductive cycle, beginning with menarche and culminating in menopause. Both these physiological events have a profound influence on her physical, psychological, emotional, and social well-being. Among them, menopause is a natural biological milestone marking the end of reproductive capability.

Menopause is defined as the permanent cessation of menstruation due to the loss of ovarian follicular activity. It typically occurs between the ages of 45 to 55 years, with an average onset at 50 years.

Perimenopause, the transitional period surrounding menopause (generally from 45 to 55 years), is characterized by various symptoms such as vasomotor disturbances (e.g., hot flashes), urogenital atrophy, osteoporosis and increased fracture risk, cardiovascular complications, and psychological issues including mood swings, insomnia, anxiety, memory lapses, irritability, cognitive decline, and in some cases, dementia.

In the years leading up to menopause, the ovarian follicles gradually deplete and become resistant to pituitary gonadotropins, leading to impaired folliculogenesis and decreased estradiol production. This results in a marked decline in serum estradiol levels, from approximately 50–300 pg/mL before menopause to 10–20 pg/mL post-menopause.

Ayurveda, with its profound concepts such as Rasayana, offers a valuable and holistic approach to managing this natural yet challenging phase of life. Rasayana therapy can be effectively utilized to mitigate menopausal symptoms and support overall well-being during this transition.

AYURVEDIC PERSPECTIVE ON RAJONIVRITTI

In Ayurveda, Rajonivritti (menopause) is described as a natural physiological event occurring typically around the age of 50 years, associated with Jaraavastha (ageing process). This period marks the cessation of Artava Pravritti (menstruation) and a significant shift in Dosha dominance, notably Pitta Kaalant (end of Pitta period), transitioning into Vata Kaalarambha (beginning of Vata period) in a woman's life.

Dosha Transition: Pitta to Vata Dominance

According to Ayurvedic age-wise Dosha predominance, a woman's life is divided into three broad phases:

- **Kapha Kala:** Childhood and growth phase
- **Pitta Kala:** Puberty to late adulthood (16–50 years) – reproductive age
- **Vata Kala:** From around 50 years onwards – menopause and postmenopausal age

During Rajonivritti, there is:

- A decline of Pitta, which was responsible for hormonal balance, metabolism, and regular ovulatory cycles.
- A gradual dominance of Vata Dosha, particularly Apana Vata, which governs the reproductive system.

This Pitta–Vata transition disrupts the normal physiology of Artavavaha Srotas, causing Artava Kshaya (reduced or absent menstruation) and several Vata-Pitta mixed symptoms initially, eventually leading to Vata-dominant symptomatology.

NIDANAS OF RAJONIVRITTI:

Rajonivritti is not described as a separate disease in Ayurvedic classics, so its Nidana, Purvarupa, Rupa, and Samprapti are not specifically mentioned. However, by applying fundamental Ayurvedic principles, probable causative factors can be identified. These factors are broadly classified into:

1. General Factors (Rajah Utpatti Hetu):

- **Kala (Ageing):** Natural time-bound cessation of menstruation.
- **Swabhava (Natural constitution):** Inherent degeneration over time.
- **Vayu (Vata Dosha):** Increased *Vata* in old age contributes to dryness and cessation.

2. Specific Factors:

- **Karma/Environment:** Lifestyle, stress, and environmental influences.
- **Dhatukshaya:** Depletion of *Rasa*, *Rakta*, leading to impaired Artava formation.
- **Abhigata:** Physical or psychological trauma affecting reproductive function.

These collectively explain the physiological and, in some cases, pathological onset of menopause.

SAMPRAPTI (PATHOGENESIS):

As Pitta declines, and Vata Dosha starts dominating, Artavavaha Srotas become hypoactive or sclerosed. Vitiated Vata causes dryness (Roukshya), instability (Chalatva), and Kshaya in bodily and mental functions. Majja and Ojas are also affected, as reflected in neuropsychological symptoms.

LAKSHANA (CLINICAL FEATURES):

During the transition:

Pitta–Vata symptoms:

- ❖ **Daha** (hot flushes), **Swedadhikya** (night sweats), **Krodha** (irritability)
- ❖ **Bhrama** (giddiness), **Chinta** (anxiety), **Anidra** (insomnia)
- Later, Vata-dominant features appear:
- ❖ **Artava Kshaya** (amenorrhea)
- ❖ **Kampa** (tremors), **Sandhi Shoola** (joint pain), **Gatra Sada** (body ache)
- ❖ **Sankocha** (stiffness), **Mano Udvega** (emotional instability)
- ❖ **Vaginal dryness**, **loss of libido**, **memory decline**

These symptoms show Vata's vitiation and Dhatu depletion, particularly Majja and Ojas, leading to systemic and psychological issues.

DRUG REVIEW

Vayasthaadi Yog

Synergistic Role of Vayasthaadi Yog Ingredients in Rajonivrittijanya Lakshana (Menopausal Symptoms).

Herb	Chemical Constituents	Ayurvedic Properties	Classical & Clinical Relevance in Rajonivritti (Menopause)
<i>Guduchi as Vayastha (Tinospora cordifolia)</i>	Tinosporin, Berberine, Cordifolioside A, Giloin, Tinosporide	Rasa: Tikta, Kashaya Guna: Laghu, Snigdha Veerya: Ushna Vipaka: Madhura Doshaghata: Tridosahara [1]	- Acts as a Rasayana and Ojovardhaka, correcting Dhatu Kshaya. - It's Ushna Veerya that mitigates Vata-predominant symptoms like fatigue, cognitive dullness, and poor Agni. - Improves immunity, reducing infections commonly seen in postmenopausal age.
<i>Ashwagandha (Withania somnifera)</i>	Withanolides, Somniferine, Sitoindosides, Iron	Rasa: Tikta, Kashaya Guna: Guru, Snigdha Veerya: Ushna Vipaka: Madhura Doshaghata: Vata-Kaphahara [2]	- Acts as a Medhya Rasayana and adaptogen, addressing psychosomatic symptoms like anxiety, irritability, and insomnia. - Alleviates Kāya Kshaya (physical debility) and promotes Mānasika sthīratā (mental stability).
<i>Shatavari (Asparagus racemosus)</i>	Shatavarins I–IV (steroidal saponins), Isoflavones (phytoestrogens), Asparagamine A	Rasa: Madhura, Tikta Guna: Guru, Snigdha Veerya: Shita Vipaka: Madhura Doshaghata: Vata–Pittahara [3]	- Its phytoestrogenic constituents mimic estrogen, beneficial in Rajonivritti, a state of estrogen deficiency. - Acts as a Pittahara Stanyajanana Dravya, useful in vaginal dryness, burning, and hormonal mood swings. - Enhances Artava dhatu and supports female reproductive health post-menopause.
<i>Yashtimadhu (Glycyrrhiza glabra)</i>	Glycyrrhizin, Liquiritin, Glabridin, Flavonoids (estrogen-like effects), Isoflavones	Rasa: Madhura Guna: Guru, Snigdha Veerya: Shita Vipaka: Madhura Doshaghata: Tridosahara [4]	- Its mucoprotective and phytoestrogenic effects help in urogenital dryness, hot flushes, and vaginal atrophy. - Calms Pitta-Vata symptoms like burning sensation, anxiety, and dryness. - Rejuvenates voice and improves mucosal secretions, countering aging-related dryness.

Mechanism of action in menopausal management

- ❖ **Rasayana & Medhya Effect:** All four drugs rejuvenate and nourish Rasa, Majja, and Shukra Dhatu, which are depleted in menopause.
- ❖ **Phytoestrogenic Effect:** Shatavari and Yashtimadhu contain compounds mimicking estrogen, helping restore hormonal balance without HRT side effects.
- ❖ **Stress & Insomnia Reduction:** Ashwagandha's adaptogenic properties combat anxiety, irritability, and sleep disorders.
- ❖ **Immunity & Digestion:** Guduchi supports Agni and enhances immunity, commonly compromised during aging.

Together, these herbs work synergistically to alleviate:

- ❖ **Vasomotor symptoms:** Hot flushes, night sweats (via Tridosahara and Rasayana properties)
- ❖ **Psychological symptoms:** Anxiety, depression, mood swings, insomnia (via Medhya, Balya, Nidrajanana karma)
- ❖ **Urogenital symptoms:** Vaginal dryness, burning, and sexual dysfunction (via Snigdha guna, Shukradhatu vardhaka effect)

AIM AND OBJECTIVES

Aim: To evaluate the efficacy of Vayasthaadi Yog in the management of Rajonivrittijanya Lakshana.

Objectives

- ✓ To assess improvement in menopausal symptoms.
- ✓ To evaluate the safety and acceptability of the drug.
- ✓ To observe the effect of timing (Rasayana Kala and Nishakala) on efficacy.

MATERIALS AND METHODS

A. Drug Composition: Vayasthaadi Yog

Herb	Botanical Name	Proportion
<i>Vayastha (Guduchi)</i>	<i>Tinospora cordifolia</i>	1 part
<i>Ashwagandha</i>	<i>Withania somnifera</i>	1 part
<i>Shatavari</i>	<i>Asparagus racemosus</i>	1 part
<i>Yashtimadhu</i>	<i>Glycyrrhiza glabra</i>	1 part

All drugs were coarsely powdered, mixed, and stored in airtight containers. The drug was prepared in the pharmacy of the government pharmacy. Ayurveda College & Hospital, Varanasi, with the help of the Ras Shastra Dept.

Advise treatment protocol:

Patients in Group A are administered Vayasthaadi Yog, a classical polyherbal formulation comprising Vayastha as Guduchi (*Tinospora cordifolia*), Yashtimadhu (*Glycyrrhiza glabra*), Ashwagandha (*Withania somnifera*), and Shatavari (*Asparagus racemosus*). The formulation is given in churna form, 3gm/day BD during Rasayana Kala (morning) and Nisha Kala (evening), before meals, with warm milk as an anupana (adjuvant).

Informed consent

The purpose, nature of the study, and potential risks and benefits were clearly explained to the participants in simple, non-technical language. Written informed consent was obtained from each participant before initiation of the procedure.

DOSE & DURATION:

- ✚ **Dosage:** 6 grams/day (3g twice daily)
- ✚ **Time of Administration:**
 - a) **Rasayana Kala (early morning, empty stomach)** – 3g
 - b) **Nishakala (evening after sunset)** – 3g
- ✚ **Anupana:** one cup lukewarm milk/water
- ✚ **Duration:** 30 days

STUDY DESIGN

- ❖ **Type:** Open-label, single-arm pilot clinical trial
- ❖ **Sample Size:** 10 female patients
- ❖ **Age Group:** 40–55 years
- ❖ **Study Duration:** 30 days

SELECTION CRITERIA**Inclusion Criteria**

Patients included in the study were females aged between 40 to 55 years who were willing to undergo treatment. Only those with hemoglobin levels ≥ 10 g/dl were selected. Participants with no evidence of malignant changes on Pap smear and no history of any chronic systemic illness were considered eligible for the study.

Exclusion Criteria

The following individuals were excluded from the clinical trial: Participants were excluded from the study if they were unwilling to participate or were below 40 years or above 55 years of age. Women showing evidence of malignant or pre-malignant changes on Pap smear examination were not included. Those with known chronic systemic illnesses, such as Diabetes Mellitus or Hypertension, were also excluded. Additional exclusion criteria included women who were on oral contraceptive pills (OCPs) or hormone replacement therapy (HRT), those suffering from acute genitourinary or pelvic infections like urinary tract infection (UTI) or pelvic inflammatory disease (PID), patients with any visible or palpable genital growth, and those diagnosed with severe anemia.

Withdrawal Criteria

- During the trial, if any serious condition arises that requires urgent treatment.
- The patient herself wants to withdraw from the clinical trial.
- Irregular follow-up.

DRUG FORMULATION

Churna Kalpana of Guduchi stem, Ashwagandha root, Shatavari root, and Yashtimadhu root was prepared by taking all ingredients in equal proportion. The raw drugs were cleaned, dried, and powdered separately, then sieved and mixed uniformly to obtain a fine Churna (powder). The prepared *Vayasthaadi Yog* Churna was administered with milk as Anupana (adjuvant).

COLLECTION OF DATA

Patients presenting with general debility and compromised reproductive health attending the Outpatient (OPD) and Inpatient (IPD) Departments of Prasuti Tantra evam Stree Roga, Government Ayurveda College and Hospital, Varanasi, will be randomly selected for inclusion in this clinical study. Additionally, participants will also be recruited from special health camps periodically organized by the PTSR Department.

ASSESSMENT CRITERIA**Subjective Parameters**

- Assessed using Modified Menopausal Rating Scale (MRS) at baseline and day 30.
- Symptoms evaluated: Hot flushes, irritability, fatigue, joint pain, vaginal dryness, insomnia

Assessment of Symptoms (Modified MRS Tool)

Symptoms	Day 0 (Mean Score)	Day 30 (Mean Score)	% Improvement
Hot flushes & sweating	3.0	1.0	66.6%
Irritability & mood swings	2.8	1.2	57.1%
Anxiety/nervousness	2.5	1.1	56%
Sleep disturbances (insomnia)	2.6	1.1	57.6%
physical and mental fatigue	3.2	1.5	53.1%
Joint and muscular discomfort	2.9	1.3	55.2%
Depressive mood	2.4	1.1	54.1%
Poor concentration/memory lapse	2.3	1.2	47.8%
Palpitations	1.8	0.8	55.5%
urogenital symptoms	2.1	1.2	42.8%
Headaches	2.2	1.0	54.5%
decreased sexual desire	2.6	1.4	46.1%

- No adverse effects reported.
- Palatability acceptable to all patients.

DISCUSSION

This pilot study highlights the effectiveness of *Vayasthaadi Yog* in managing perimenopausal symptoms, which are attributed in Ayurveda to Vata-Pitta aggravation and Dhatu Kshaya. The formulation comprises Guduchi, Ashwagandha, Shatavari, and Yashtimadhu, each selected for their Rasayana, Balya, and Stree Roga-hara properties.

Guduchi (*Vayastha*) acts as a Tridosahara Rasayana, supporting immunity and tissue rejuvenation, helping reduce fatigue and debility. Ashwagandha serves as a Medhya Rasayana and adaptogen, effective in relieving stress, anxiety, and insomnia commonly seen in perimenopause. Shatavari, with its Pittahara and Stanyajanana effects, supports hormonal balance and relieves symptoms like hot flushes and vaginal dryness. Yashtimadhu, known for its mucosal soothing and Ojas-enhancing properties, addresses dryness and supports vitality.

Together, these herbs act synergistically to correct dosha imbalance, nourish depleted dhatus, and improve both physical and psychological well-being. In the current study, notable improvements were observed in symptoms such as fatigue, mood instability, disturbed sleep, and vaginal discomfort. While the results are promising, further studies with a larger sample size are recommended to validate these outcomes.

CONCLUSION

The pilot study on 10 patients showed that *Vayasthaadi Yog*, when administered in Rasayana Kala and Nishakala, is safe, well-tolerated, and effective in relieving common symptoms of Rajonivritti. The results warrant further validation in a randomized controlled trial with a larger sample size.

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About the Corresponding Author



Shama Parveen is a Postgraduate Scholar in the Department of Prasuti Tantra evam Stri Roga at Government Ayurvedic College, Chaulkaghat, Varanasi. Her academic interests focus on women's health and Ayurvedic approaches to gynecological disorders.