

**Research Article****KNOWLEDGE ATTITUDE AND PRACTICE OF REPRODUCTIVE HEALTH CARE BETWEEN GENERATIONS AND ITS EFFECT ON *RAJONIVRITHI*****S. Shahina mole<sup>1\*</sup>, A. Nalinakshan<sup>2</sup>**<sup>1</sup>Associate professor, Dept. of Prasoothithantra and Streeroga, Govt. Ayurveda college, Kannur, Pariyaram, Kerala, India.<sup>2</sup>Pro-vice chancellor, Kerala University of Health Science, PhD Guide, Kerala University, Thiruvananthapuram, Kerala, India.**ABSTRACT**

Menopause is a normal, natural and inevitable phenomenon in a female life. It is a part of ageing. Most women will experience some symptoms around the menopause. The duration and severity of these symptoms varies from woman to woman. *Rajonivrihi kala* has been mentioned as 50 years in a female by almost all *Ayurveda acharyas*. But not mention any symptoms or health problems specially related to this transitional period. *Nidana* of *Rajonivrihi* is assigned to the factors like *Jara*, *Kala*, *Swabhava*, *Vayu*, *Dhatukshaya* and *Karma*. It is the *Sandhikala* of *Youvanakala* and *Vardhakyakala*. This is the transitional period of *Dosha* predominance from *Pitta* to *Vata*. At this stage alteration in the physiological activities of *Pitta dosha* and association of increase in *Vatha dosha* leads to hot flushes and other symptoms of menopause ie menopausal symptoms. *Rajonivrihi lakshanas* are not mentioned in our classical texts as such. What is the reason of avoiding menopausal symptoms or *Aarthava virama vikaras* from all *Ayurvedic* classics? There is a chance that menopausal period was comparatively uneventful in the previous generation when compare to present generation. This characters or change in response can be attributed to the regular practice of *Ayurvedic* life style, and traditional reproductive health care practice (including *Rajaswalacharya Garbhinicharya & Soothikacharya*). *Garbhinicharya & Soothikacharya* are commonly practiced by new generation up to an extent. But practicing of *Rajaswalacharya* is uncommon. To find out whether any relation between the reproductive life care and menopausal symptoms we conduct a survey among patients coming in the center with menopausal ailments. In survey it was observed that the *Rajaswala charya* was more prevalent in the older generation when compared to the present generation, and this might have contributed to a healthier menopausal period, in the older generations.

**KEYWORDS:** *Rajonivrihi lakshanas*, Reproductive Healthcare Practice, *Rajaswala charya*.**INTRODUCTION**

Menopause is defined as amenorrhea for one year with signs of hypoestrogenaemia and an elevated serum follicle-stimulating hormone (FSH) level of greater than 40 IU/L. Various symptoms like hot flushes also point towards diagnosing menopause. It is a transitional phase lasting from 1 to 5 years during which the genital organs involutes in response to the cessation of gonadal activity<sup>[1]</sup>. Cessation of menstruation is merely one manifestation of the change of life and precedes complete cessation of ovarian function by several months or years. In India, mean age of menopause is 49.4yrs and 130 million Indian women expected to live beyond menopause into old age 2015 onwards. In India 19% of women, aged 40-41 years have already reached menopause, and rapidly after the age of 41 years the incidence of menopause increases. By age 48-49 years two thirds of women are in menopause.

**Menopause is one of the parts of ageing/Literature review**

Ageing is a normal, natural and inevitable phenomenon. Ageing is the sum of all the changes, anatomical, physiological, biochemical and functional that occurs in man with passage of time and leads to functional impairment and eventually death. Physiological, psychological, social, economic and to some extent cultural, spiritual and educational factors – all determine the expression, attitude and behavior of mankind and thus influence the quality of ageing. True ageing is the consequences of interactions between extrinsic (environmental and life style), intrinsic (genetic) factors.

**Common changes in ageing**

With the advancement of age after maturity, the body of an individual undergoes certain gradual changes.

- The metabolic activity gradually declines

- Capacity to replace the worn out cells decreases
- The power to repair the worn out tissues and organs decreases
- Resistance power to disease - lowered
- Lowered adaptability
- Less functioning of some vital organs such as heart, brain, kidneys, lungs and liver

#### Factors influencing on the age of menopause

The age of natural Menopause appears to be determined genetically and does not seem to be related to age of menarche or age at last pregnancy. Clinical

#### Factors Related with Age of Menopause

Earlier...	Later...	Does not relate to...
Cigarette smokers <ul style="list-style-type: none"> <li>• Severe malnourished</li> <li>• Thinner women</li> <li>• Vegetarians</li> <li>• Living high attitudes</li> <li>• Abdominal hysterectomy or Endometrial ablation</li> <li>• Growth retardation in late gestation etc...</li> </ul>	Alcoholic	Age of menarche <ul style="list-style-type: none"> <li>• Age at last pregnancy</li> <li>• No of pregnancies</li> <li>• No. of lactations</li> <li>• No. of ovulations</li> <li>• Race</li> <li>• Height, Weight</li> <li>• Heavy physical work</li> <li>• Education</li> <li>• Socioeconomic conditions etc.</li> </ul>

#### Nidana and Samprapthi of Rajonivriti

Factors mentioned by various *Acharyas* in the context of *Rajautpattihetus* can be considered as a cause of *Rajonivriti hetus*. It includes *Kala, Swabhava, Vayu, Dhatushaya and Karma*. *Jara* can be considered as one of the reasons of *Rajonivriti*.<sup>[2]</sup> In old age, the conversion of one *Dhatu* to another is not going on properly due to *Jarapakwashareera*. *Uttarottaradhatukshaya* will be responsible for the immediate intermediate and late symptoms of menopause. On ageing; there is derangement of *Jadharagni* and *Dhatwagni*. Without proper *Agni*, proper *Sarakittavibhajana* is not possible. *Sara* is responsible for the nourishment of the next *Dhatu*. The *Snigdha, Slakshana, Guru, Sthiraguna* of *Kapha* is responsible for the normal replenishment of the body. At the time of onset of *Jaravastha* this will get hampered and *Ruksha, Laghu* and *Chala Guna* of *Vatha* overpowers in the body. The *Chalaswabhabava* of *Vatha* is promoted by *Ushna* and *Theekshnaguna* of *Pitta* leading to *Thiryakgathi* of *Pitta*. This terribly disturbs the individuals and produces physical and psychological symptoms.

Menopausal period the transitional period of *Pitta* to *Vatha*, and there is alteration in the physiological activities of *Pitta* ie *Pitta Vaigunya* and association of *Vathavidhi* leads to hot flushes and other

impression has suggested that mothers and daughters tend to experience Menopause at the same age.

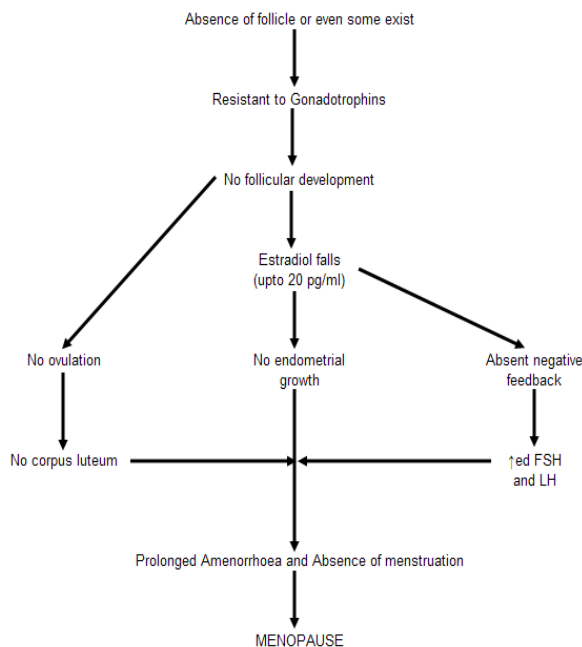
**Earlier menopause:** In various studies have been suggested that the Menopause become earlier in Cigarette smokers (an average of 1.5 years earlier), Undernourished or Severe malnourished women, Vegetarians. Because of the contributions of body fat to estrogen production, thinner women experience a slightly earlier Menopause.

**Later menopause:** This is consistent with the reports that women who consume alcohol have higher blood and urinary levels of estrogen and greater bone density.

symptoms of menopause. *Vatadosha* is responsible for *Kshaya* of all the *Dhatu*s. This generalized *Dhatukshaya* in turn causes *Kshaya* of all *Upadhatu*. *Vatavidhi* and *Kaphakshaya* together will produce the *Rasa Rakhtadhatukshaya* particularly. Therefore, this main nourishing *Rasa dhatu* will be decreased both qualitatively and quantitatively and ultimately resulting in its *Upadhatu Arthavakshaya*.<sup>[3]</sup>

#### Rasa dhatu and Rajonivriti<sup>[4/5/6]</sup>

*Thushti, Preenana* and *Raktapushti* are the functions of *Rasa dhathu*. *Rasa dhatu* is responsible for the proper state of *Shareerabhava* as well as the fair and cheerful state of *Manasabhava*. The gradual depletion of *Dhatu*s is a part of old age and starts from *Rasa* and ends with *Shukla*. *Vagbhata I* and *Shargnadhara* have mentioned that *Twak* is depleted, in 5<sup>th</sup> decade. *Twak* and *Rasa dhatu* are inter related and *Twaksarapurusha* is mentioned instead of *Rasa Sara* by *Acharya*. From this, we can infer that *Rasadhatu*s is depleted quantitatively and qualitatively in 5<sup>th</sup> decade, the period which can be correlated with the period of menopause. When *Rasa Dhatushaya* occurs, its *Upadhatu raja* becomes irregular and the ceases completely. The *Ksheenadhatu*s fail to perform their routine functions, which add more miseries to post-menopausal period.



### Lakshanas specific to Doshadhathu involvement

#### 1. Doshaja Lakshana

- Vatha – Aswapna, Shiroruk, Brama, Anavasthitha-chithathva, Roukshyam, Parushyam, Balakshayam, Sandhivedana.
- Pittam – Osha/ Davadu, Atisweda, Daha
- Kapha – Hridayadrava, Sleshmasayashoonyatha

#### 2. Dhatukshayajalakshanas

- Rasa dhatu – Shabdaasahatwam, Hridayadravam, Trishna, Alpeyaapicheshmaya Sramam
- Raktadhatu - Twakrukshata, Sirashaidhilya
- Mamsadhatu - Sphikgandadisushkatha, Toda, Rukshata, Glani, Sandhisphutana, Sandhivedana, Damanishaidhilyam
- Medhodhatu - Aangarukshata, Shrama, Shosha, Krishadha
- Asthidhatu - Asthitoda, Dandanakha Kasha Romashadanam, Sandhishaidhilyam
- Majja Dhatu - Asthisousharya, Asthitoda, Daurbalya, Bhrama, Tamodarshanam
- Shukladhatu - Srama, Daurbalya, Pandutha, Medravedana in male, Yoni vedana in female?
- Arthavakshayalakshanam- Yathochithakalaa-darsanam, Alpatha, Yonivedana.

### Name of study

“Knowledge Attitude and Practice of Reproductive health care (Rajaswalacharya, Garbhinicharya & Soothikacharya) between Generations and its effect on Rajonivrithi”.

### Need and significance

Ayurvedic classics mentioned age of menarche and menopause around twelve and fifty years respectively but not mentioned any Rajonivrithi-lakshanas. This period was comparatively uneventful in the previous generation when compare to that of

present era. This can be attributed to the practice of Ayurvedic life style and traditional reproductive healthcare practice (including *Rajaswalacharya Garbhinicharya & Soothikacharya*). Therefore a survey conducted among patients who were affected with menopausal symptoms.

### Aim and objective of the survey

- To find out whether any relation between our traditional reproductive health care practice and *Rajonivritilakshanas*.
- Why *Ayurveda Acharyas* ignore this clinical condition from our classical books?
- Didn't it affect the day-to-day life of women at that period?
- Is there any difference between the lifestyle of our ancestors and modern women?
- Reproductive healthcare practice mentioned in our classics (*Rajaswalacharya, Garbhinicharya & Soothikacharya*) have any role in controlling *Rajonivrithilakshanas*.

### Rajaswalacharya

*Rajaswalacharya* means the rules and regimens followed by the women from first day of menstruation to the three consecutive days. It include *Brahmacharya* (abstinence) avoid religious customs, use of separate mattress for sleep, separate utensils for food, avoid all types of ornaments and cosmetics such as *Anjana, Lepa, head bath, oil application etc.* Avoid laughing, talking and exercise. More than this food must have the property of *Koshtasodhana* and *Karsana*. That means food should help to eliminate the *Doshas* from body. Food prepared with *Yava* and milk (*Khireya, Yavaka, Thoka*) have the above-mentioned property. Avoid bath means head bath only. This may leads to conditions like endometritis, excess bleeding and another *Vathaprakopa* conditions. Hot water bath over body is help to reduce dysmenorrhoea. Avoid sleeping during daytime. *Rajaswalacharya* helps to prevent gynaecological diseases and safeguards reproductive health.

### Garbhinicharya & Soothikacharya

*Garbhini praricharya & Soothikaparicharya* are commonly practiced by women everywhere in Kerala. There are so many traditional and local variations in common practice. So in this survey give importance to *Dina charya & Rajaswala charya*.

### Materials and Methods

The present study “Knowledge Attitude and Practice of Reproductive health care between Generations and its effect on *Rajonivrithi*” is aimed to find out Reproductive healthcare practice mentioned in our classics (*Rajaswalacharya, Garbhinicharya & Soothikacharya*) have any role in controlling *Rajonivrithi lakshanas*.

### Objective of the study

- Find out whether any difference in severity of *Rajonivrithi lakshanas* between generations, i.e. between mothers and daughters.
- Whether *Rajaswalacharya*, *Garbhinicharya* & *Soothikacharya* have any relevance in occurrence of *Rajonivrithi lakshanas*?
- Create a primary data of knowledge, attitude and practice of reproductive health care between generations.

### Study setting

Cases registered as menopausal symptoms at the OPD and IPD of Govt. Ayurveda College Hospital for Women and Children Poojappura, Thiruvananthapuram.

### Study population

Females in the menopausal age group attending the OPD and IPD of Govt. Ayurveda College Hospital for Women and Children Poojappura, Thiruvananthapuram.

### Inclusion criteria

Menopausal women- who can clearly know about their mothers' menopausal period.

### Sample size: 80

### Data collection - volunteer survey.

The qualitative data related to clinical condition was collected as per the survey proforma. The information included in the proforma was the data related to the menopausal woman (Daughter) and her mother. Name, age, domicile, age of menarche, age of menopause, practice of *Dinacharya* (*Abhyanga*, oil application in head, daily bath) food habits (vegetarian/non vegetarian), regular exercise, job other than house hold activities, tensions, diseases at the time of menopause, medicines at the time of menopause, obstetrical history, practice of *Rajaswalacharya* (*Koshtasodhana karsana* food, avoid head bath in first three days, practicing religious custom etc) practice of *Garbhinicharya*, and *Soothikacharya*, occurrence of *Rajonivrithilakshanas*, and it's severity etc were recorded in a prescribed format.

**Mother's history-** (the pattern of menopausal symptoms i.e., occurrence of the same complaints in

mother or siblings, and treatment history to know the previous treatments done and its response, intensity of menopausal symptoms of old generation etc) by the participant's words.

### Study tools- for

- Assessment done by using survey proforma- semi structured questionnaire
- In the questionnaire following data's are collected in detail. Age of menarche, menopause
- Practice of *Dinacharya* -it include *Abhyangasana*, food habits (veg/ non-veg, spicy food) exercise
- Job pattern- house hold activity, strain full job
- Mental status- tensions and stress
- Diseases any-HTN, DM, Heart disease, etc.
- Use of medicine- at the time of menopause
- Obstetrical history
- Practice of *Rajaswalacharya* (*Koshtasodhana karsana* food, avoid head bath in first three days, practicing religious custom)
- Practice of *Garbhinicharya*
- Practice *Soothikacharya*
- Menopausal symptoms- No symptoms - mild - moderate- severe
- Tolerance -tolerable- intolerable

### Observation, analysis and interpretation

Data collected from the survey analysed, tabulated and interpreted to assess the relevance of reproductive health care package mentioned in our Classics.

**Table 1: Average age of menarche and menopause in daughter's and mothers**

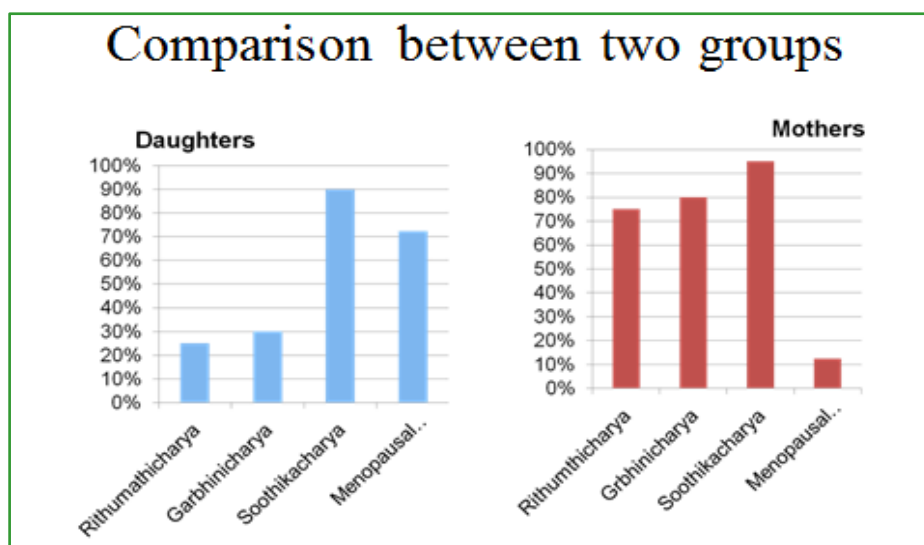
Average age of	Daughter's	Mother's
Menarche	14.2yrs	14.48yrs
Menopause	47.15yrs	47.62yrs

Average age of menarche in daughter's 14.2yrs, range is 11 yrs to 18 yrs. Average age of menarche in mother's 14.48yrs, range is 11yrs to 19 yrs. Average age of menopause in daughter's 47.15yrs, range is 38yrs to 55 yrs. Average age of menopause in mother's 47.62yrs, range is 36yrs to 55yrs.

**Table 2: Distribution of subjects according to practice of charyas**

Item	Daughter's		Mothers'	
	Done %	Note done%	Done %	Note done%
<i>Abhyanga</i>	20%	80%	38.50%	62.50%
Food	Veg 25%	Non veg 75%	Veg 30%	Non veg 70%
Regular exercise	62.50%	38.5%	50%	50%
Job	40%	60%	15%	85%
Tensions	67.5%	32.5%	27.5%	72.5%
Diseases	55%	45%	25%	75%
Medicine	42.50%	57.50%	15%	85%
Obstetrical history	95%	5%	100%	---

<i>Rajaswalacharya</i>	25%	75%	75%	25%
<i>Garbhinicharya</i>	30%	70%	80%	20%
<i>Soothikacharya</i>	90%	10%----4 subjects infertile	95%	5%
Menopausal Symptoms	72.50%	27.5%	12.5%	87.50%
Severe	52 persons	-----	4 persons	-----
Tolerable	6 persons	-----	6 persons	-----



**Graph: Bar diagram shows the relation between practice of reproductive health care and occurrence of menopausal symptoms**

#### Data analysis

Practice of *Dinacharya* (*abhyanga*, oil application in head, daily bath) -62.50% mothers and 80% daughters are not practicing *Abhyanga* and oil application in head daily.

Food habits (vegetarian /non vegetarian)- 70% mothers and 75% daughters are using non vegetarian food.

50% mothers and 38.5% daughters do not practiced regular exercise. 85% mothers and 60% daughters are only having household activities.

Tensions -72.5% mothers and 32.5% daughters have tension free life.

Diseases at the time of menopause -75% mothers and 45% daughters have no disease at the time of menopause. Medicines at the time of menopause – only 15% mothers and 42.5% daughters are taking medicines at the time of menopause. Comparing these data's health of mothers at the time of menopause was far better than their daughters were. 15% mothers took medicines at the time of their menopause. 24.5% mothers had led normal tension free life.

In case of fertility 5% subjects in daughters group suffering infertility.

75% subjects of daughters group were not practised *Rajaswalacharya*, at the same time 75% subjects of mothers group practiced *Rajaswalacharya*. 30% of daughters group and 80% of mothers group were practiced *Garbhakalacharya*. Both groups gave almost same importance in practicing *Soothikopachara*

i.e., about 95% mothers and 90% daughters done *Soothikaparicharya*, two generations gave equal importance.

In case of menopausal symptoms, 72.5% of daughters are victims of menopausal symptoms. At the same time 12.5% mothers were affected by menopausal disturbances. In 72.5% daughters 52 subjects have severe menopausal disturbances. i.e., 65%. Only 5% mothers have severe menopausal complaints.

#### DISCUSSION

*Rasa* is the only *Dhatu* which is having circulating nature all over the body, taking *Rakta* along with it. It can act as a medium for healthy maintenance of the body and if vitiated causes diseases. It is the most superficial *Dhatu*, which can be easily accessible and assessable. So proper understanding of *Rasadhatu* is very essential for knowing the healthy and diseased status as well as to plan and get success in treatment. *Artava* (*Agneyadravya*) is formed from *Rasadhatu* (*Soumyadhatu*). It is predominant of *Agnimahabhuta*. This is may be because of involvement of *Agni* at the level of transformation of *Rasadhatu* into *Artava* (i.e., *Artavagni/Rasadhatwagni* itself) and permutation and combination of *Panchamahabhuta* in the transformation process (*Agnipaaka*). *Agneya* in nature leads to the formation of female child so females are supposed to be *Agneya* naturally. *Artava* being formed from *Rasadhatu* in the body (*Shareera*) of female (formed because of dominance of *Agneyadravya* i.e. *Shonita*). It is also

Agneya in nature. *Rasa dhatu* is depleted quantitatively and qualitatively in 5<sup>th</sup> decade the age which is correlated with the age of menopause. When *Rasa dhatukshaya* occurs its *Upadhatu raja* becomes irregular and the ceases completely.

Our classics only mentioned *Rajonivritikala* not mentioned *Rajonivritivikara*. From the reports of above survey, we can see that there is marked difference in daily routine, food habits, exercise, tensions, diseases, intake of medicine etc in both groups. *Rajaswalacharya*, *Garbhinicharya*, and *Soothikacharya* was particularly mentioned for the protection of women's health. In my survey mother's group were more particular in practicing *Rajaswalacharya*, *Garbhinicharya*, and *Soothikacharya*. Daughter's group gave importance to *Soothikacharya* and *Garbhinicharya* up to a level and not gave any importance in practicing *Rajaswalacharya*. That means *Rajaswalacharya* have some importance in preventing *Rajonivritivikara*.

### CONCLUSION

*Rajonivriti* is a *Swabhavikavyadhi* as that of *Jara* and *Mriytyu*. *Acharya Charaka* considered them as *Yapya*, that is by nature they are incurable or having no treatment. *Acharya Chakrapani* while commenting on this version mentions that the word *Nishpratikriya* means ordinary treatment and measures have no effect on ageing. However, it is *Yapya* by *Rasayana* treatment. *Acharya Dalhana* also comments that there exists no treatment to *Kalakrita*. They may be made *Yapya* by *Rasayana*, dietetics etc.

### Survey can conclude as

- Mothers gave more importance to reproductive health care as compared to their daughters.

- Condition of the mothers at the time of menopause was uneventful as compared to their daughters.
- Reproductive health care helps to maintain the health of females and slow down the *Dhatukshaya* up to a level.
- This reproductive health care may improve mental health & level of tolerance of menopausal problems.
- Practice of *Rajaswalacharya* was more common among older generation- that may have influenced the severity of menopausal symptoms.

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