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## Role of Ashwagandha in Menopause Women Sarfare V.

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### ABSTRACT:

**Ashwagandha (*Withania somnifera*)** is a well-known adaptogenic and aphrodisiac drug in Ayurveda. It is also referred to as *Gatrakari*, meaning that which nourishes and strengthens the body (*Gatra* – body, *Kari* – one that enhances). Owing to its *Balya* (strength-promoting) and *Rasayana* (rejuvenating) properties, Ashwagandha helps in improving body mass, strength, and overall vitality. It is also termed *Vrusha* and *Vajikarana dravya*, denoting its efficacy in enhancing reproductive health and vitality. Although traditionally recognized for its benefits in males, Ashwagandha is equally beneficial in females, particularly during the menopausal phase. In Ayurveda, menopause is described as *Jara Pakwa Avastha* or *Rajonivrutti*, a natural transition phase characterized by the permanent cessation of menstruation, generally occurring between the ages of 45 and 55 years. This stage marks the decline of ovarian function leading to *Aartava Nivrutti* (cessation of menstruation) for at least 12 consecutive months. According to Ayurvedic principles, menopause represents a *Vata*-dominant stage of life, where hormonal and physiological imbalances disturb the equilibrium of *Dosha* and *Dhatu*.

**KEYWORDS:** Ashwagandha, Menopause, *Rajonivritti*, Estrogen, Cortisol, Women's health, Ayurveda

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**INTRODUCTION:**

Ashwagandha scientifically known as *Withania somnifera* is the member of Solanaceae family. Root is the useful part of ashwagandha. Often used into a powder or processed into tablet or Arishta form. Ashwagandha adaptogenic drug means when a person takes ashwagandha, it modulates the body's stress response, enhancing its ability to cope with physical, chemical and biological stressors. The chemical constituent of Ashwagandha is Withanolides and alkaloids. Withanolides are compounds whose essential structure is that of estrogen. Alkaloids include withanin, somniferin, somnin, tropin, somniferinin, isopelletierin and ananerin. Ashwagandha also contains steroidal saponins, sterols, chlorogenic acid etc. Perimenopause and menopause women various hormonal changes occur in the body that causes several physical and mental symptoms -

Physical symptoms – Hot Flashes, Night sweat, Insomnia, palpitation, joint pain, Slow metabolism and weight gain, decreased libido, vaginal dryness. Mental symptoms – Mood swing, depression, irritability, anxiety, loss of confidence and mental fog etc. During menopause the ovaries produce less estrogen. This drop in estrogen directly affects the hypothalamus. The hypothalamus misinterprets these slight temperature increase as a need to cool down leading to hot flash. Decreasing estrogen level can affect cardiovascular system leading to increased heart rate i.e. palpitation. Estrogen plays an important role in protecting joints and reducing inflammation. The decline of estrogen during menopause can lead to increased joint pain and stiffness. Menopause women lead to mood swing, irritability and increased anxiety due to the fluctuating and decreased level of estrogen and progesterone. Declination of estrogen level also affects the production of neurotransmitter like

serotonin which further creates the brain fog. In menopause women cortisol level in the body increases that causes anxiety, disturbs sleep. Basically all these physical and mental symptoms are caused due to the reduction in estrogen, progesterone level in the body. In that case ashwagandha plays an important role to relieve from all these symptoms. According to the research, daily intake of 200 – 400 mg ashwagandha churna or vati for 8 weeks showed an increase in estrogen level and also a decrease in the cortisol level. Increased estrogen level gives relief from all symptoms. Case study: 46 yrs old female patient visited the outpatients department for the complaint of hot flashes (lasting for more than 1 month), irritability, night sweating, palpitation, joint pain for more than 1 month. General Examination: Pallor – absent, Icterus – absent, Cyanosis – absent, Clubbing – absent, Lymph node – non palpable, edema – absent, oral mucosa – normal. BP – 130/80 mm of Hg, Pulse – 84/min, Temperature 96.4°F. Systemic examination: RS – Air entry bilaterally equal, CVS – No any abnormality detected, CNS – Conscious and Oriented. Personal History of patient: Kshudra (Appetite) – reduced, Nidra – (sleep) – Disturbed, Mala – (Bowel) – some time constipated, more gas formation, Mutra – Normal, Addiction – no any, Aahar – Vegetarian and non-vegetarian.

In this case we gave Ashwagandha vati 300 mg for twice a day for 4 weeks.

**Observation**

Ashwagandha has a tikta, katu, madhura rasa, having Madhura vipaka and Ushna virya that is why it decreases Kapha and Vata. In menopause women vata prakopa and also act as a rasayana. 2021 research study showed Ashwagandha consumption increases serum estradiol and significantly lowers the cortisol level. 2019 research suggests ashwagandha impacts the endocrine system which governs

mood swing, stress response and reproduction. This influence can help with hormonal imbalance including anxiety, depression. So we decided to use Ashwagandha in menopause. The study present a case involving 45 yrs old female patients suffering from hot flashes, palpitation, joint pain, irritability, night sweating since 1 month. Prior to seeking ayurvedic treatment the patients had received allopathic medication with no significant improvement. After initiating treatment with Ashwagandha vati the patients showed a marked reduction in hot flashes, palpitation, joint pain also decreased irritability and improved in sleep.

#### DISCUSSION:

Menopause, described in Ayurveda as *Rajonivritti* or *Jara Pakwa Avastha*, is a natural transition in a woman's life, marked by cessation of ovarian activity and hormonal decline, predominantly estrogen and progesterone. These hormonal changes manifest as physical symptoms such as hot flashes, night sweats, insomnia, palpitations, joint pain, weight gain, and vaginal dryness, along with psychological disturbances like irritability, anxiety, depression, mood swings, and mental fog. The imbalance of *Vata dosha* during this stage further aggravates these complaints. Ashwagandha (*Withania somnifera*), traditionally categorized as a *Rasayana*, *Vrushya*, and *Vajikarana* drug, possesses adaptogenic, aphrodisiac, and rejuvenative properties. Its pharmacological profile reveals the presence of withanolides, alkaloids, and steroidal saponins which contribute to its therapeutic effects. Notably, withanolides share a structural similarity to estrogen, which may explain their modulatory role in hormonal balance.

In the present case study, administration of *Ashwagandha vati* (300 mg twice daily) for four weeks resulted in significant relief in

both physical and mental symptoms of menopause. Improvement was observed in hot flashes, palpitations, joint pain, irritability, night sweats, and sleep disturbances. These outcomes are consistent with modern research findings. A 2021 study reported that Ashwagandha consumption increased serum estradiol and significantly lowered cortisol levels, while a 2019 study suggested its positive influence on the endocrine system, mood regulation, and stress response. By reducing cortisol and enhancing estrogen levels, Ashwagandha addresses both the physiological and psychological dimensions of menopausal symptoms. Thus, Ashwagandha demonstrates a dual mechanism of action: balancing doshas (particularly pacifying *Vata*) according to Ayurveda, and modulating hormonal and neuroendocrine pathways as evidenced by modern research. This integrative perspective reinforces the potential of Ashwagandha as a safe, natural, and effective option in the management of menopausal complaints.

#### CONCLUSION:

Ashwagandha root traditionally used as *vajikar* or an *Aphrodisiac* so most are suggested in male patient but early research suggest that it helpful in premenopausal and menopause women. Ashwagandha relive menopause symptoms such as hot flashes, anxiety, palpitation, joint pain etc., The potential for these traditional remedies to contribute to women health care. We need further exploration and validation in clinical study. It is especially important to consult a doctor if a person is already any health condition such as thyroid disease or taking any medication.

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