DISCUSSION
Menopause is a significant landmark for women. It marks the closure of reproductive life. It is a universal event for all women. However, this period of life is engulfed in controversy i.e. is menopause a normal process or is it a disease?

The view that menopause is a disease dominates medicine. Menopause has been considered as an oestrogen deficiency disease and more recently it has been characterized as an endocrinopathy. This view is a result of the scientific stereotype of menopausal women as asexual, engulfed with hot flushes and facing postmenopausal years with decaying bones. The definition of menopause as disease has its origin in patriarchal views and belief about women as defective and imperfect as related to men. This view of Menopause has been socially constructed and has overshadowed the concept of menopause as a normal biological event.

According to Ayurveda Rajanivritti is a physiological process occurring in the female body in the later stage of life. It is one of the swabhabika prakriya indicating the change in life style of women due to Jarawastha. This is a natural phenomenon like hunger, thirst and sleep. But when this stage causes discomfort either to the mind or body, it attains vyadhiswarupa.

The pathogenesis of Rajanivritti or Menopause points towards an organic or functional ageing process with derangement of the female reproductive system. Even the chronicity of the disorder has been to produce chronic ill health all over the body. The impact of the modern life style and food associated with mental stress has been lead to early ageing.
In samprapti of Rajanivritti Vikara, Vata dosha is found to be predominant. Vata along with pitta produces its different clinical symptoms likewise – Hot flushes, excessive sweating, sleep disturbances, constipation, backache, etc. This occurs chiefly due to improper Agni, is in terms of Jatharagni and Dhatwagni. Even manasik factors like Soka, Cinta, Bhaya have direct effect on Agni, as well as on Vata, and due to Jara and Pakwa leading Dhatukshaya. So that it aggravate to disease stage.

As the disease goes chronic reduction of Kapha, Pitta and Dhatus can be observed. In relation to that of Bala is also diminished simultaneously. It leads to further vitiation of vata which may produce more trouble. Hence heralds for an energetic treatment. Reduction of Bala or immunity occurs in different Dhatus. So, the drugs having the Rasayana properties can give relief to the patients. Rasayana is also known for its curative effect on ageing Samprapti as a vayasthapana. So, we select the trial drug having the Balya Rasayana and Vayasthapana Rasayana properties for the present study.

Observation recorded of 100 nos. of patients, who were given treatment for Rajanivritti Vikara. (Menopausal Syndrom) had been presented on previous pages.

In the present study it is observed that the maximum number of patients (76%) was found under the age group of 45 – 50 years, with a range of 45 to 55 years. (Sidhu Shardha et. al.)

In present study it is observed that the majority of patients i.e. 70% were Hindus. Here the sole cause of the majority of Hindu may not be assigned to any particular reason as this figure is just reflection of geographic predominance of particular sector that Hindus being dominated in this area.
In present study it is observed that maximum number of cases under study was belonging to urban area i.e. 75%, and only 25% were from rural areas. It does not reflect upon any specific impact on urban and rural division of the land on Rajanivritti Vikara. But it reflects upon the general trend of the patients reporting to the Hospital and awareness of the urban population regarding quick hospital reporting for any ailment which quite often is not seen in the rural area. This report suggesting the high incidence of disease in urban citizens may be due to their sedentary life and mental instability due to various tensions and emotional stress on them.

From the study it can be inferred that majority of cases were housewife i.e. 60% probably for Indian women this is for being a house wife sharing the family problems, stress and also having social restrictions to her may be the reason.

From our study it is observed that majority of the patients were educated, giving own hint that education play an important role in growing awareness towards this particular problem and attained to the clinic.

While screening the socio-economic status 45% of the patients were from middle socio-economic status and 40% were from higher socio-economic status of the society, while 15% of the patients were found to be poor economic status.

The higher percentage of middle class indicates the insufficient income of these persons were more prone to set this disease because they are not able to make even correct nutritious diet. The higher class which was found in good number may be due to their health awareness while the less percentage of lower class indicates that they don’t have enough time to spend for their health rather than doing their routine works.
Diet wise distribution shows that 75% of patients were non-vegetarian. The diet has an impact on disease and abuse of dietary code, if it becomes a habit may lead to disease but whether the vegetarian or non-vegetarian diet can play a role in Rajanivritti is still a query and needs further study.

However, this higher percentage is based on the patients who reported at the hospital and they mostly came from those families. Who were from such castes which were non-vegetarians.

Regarding the family planning measures adopted it is observed that the highest number of cases adopted different contraceptive methods. Maximum number of patients used oral contraceptive pills. i.e. 35%, IUCD adopted by 15% cases, 12% adopted sterilization and 28% cases were not used any type of contraceptives. It shows that the knowledge of family planning methods are known by almost all the patients. That may be because of the continuous efforts taken by the Govt. for introducing and developing the family planning methods among society on time to time.

The patient who had oral contraceptives in a very past years of their lives, and the patients who had not taken oral contraceptives made no difference by showing their menopausal syndrome. Observation can be drawn that there is no relation in between the menopausal syndrome and the tubectomy among the patients.

In the present study maximum number of cases i.e. 50% the menstrual cycle was ceased since less than 1 year of duration, followed by 25% of the cases were ceased 1 to 2 years duration, while 14% of the cases were ceased 2 to 3 years, 7% were ceased within 3 to 4 years and remaining 4% of menstrual cycle was ceased since above 4 to 5 years.
This data directly suggests that the climacteric is the counter part of puberty and is a transitional phase lasting from 1 to 5 years, during which period those women who require more explanation of the ageing phenomena and encouragement with treatment.

**Cardinal sign and symptoms:**

Cardinal symptoms predominantly observed in 100 cases of menopausal syndrome were cessation of menstruation.

The vasomotor symptoms – the hot flushes is a sensation of intense heat felt most commonly on the face, the arms and the upper part of the body. This is intern followed by profuse sweating. These symptoms are often accompanied by palpitation and fatigue together, they represent vasomotor instability. These symptoms are often earliest and most common of climacteric symptoms. Present study seems to indicate that in 96% of menopausal women complaining of hot flushes, where as 84% of cases in this series having the symptoms of palpitation and 76% of cases having fatigue. If left untreated, these symptoms persist for over five years (Sanja M. Mekklay and Margot Jefferys). The average duration of the hot flushes is about 2 to 4 minutes and frequency of the flushes varies from a few episodes per week to several per hour.

**Psychological symptoms:**

These are some symptoms manifested by irritability, sleep disturbances, depression, and there may be prickling sensation in palm and sole. All are most common just before the onset of menopause. These are observed in present data 60% of cases had prickling sensation in palm and sole, while 85%, 50%, 60% of cases had symptoms of irritability, sleep disturbance and depression respectively.
Sex steroids have been shown to have a modulatory role on brain monoamine receptors. Falling oestrogen levels may therefore contribute directly to mood changes and psychosomatic symptoms. Vasomotor symptoms with night sweats often lead to chronic fatigue, sleep disturbance and hence it directly to psychological symptoms.

Social factors like children away from home, with bereavement of children and changing life style may contribute maximum to psychological effect on menopausal women. Cultural factors lead to differences in personal attitudes towards menopause. In our Society, menopause is accompanied by the lifting of so many social taboos. These lead to a positive attitude towards climacteric changes and possibly favour of psychological symptoms in women.

**Symptoms of digestive System: -**

Effect on digestive system is that hypochlorhydria develops, motor activity of entire alimentary tract diminishes resulting in constipation, flatulence in menopausal stage. Present study shows complaints of cases i.e. 70% of constipation and 65% cases have flatulence.

**Symptoms of musculoskeletal system: -**

These appear as backache, pain in joints due to lacking of ligaments and muscles. These are observed in study 70% cases had backache and 60% cases had joint pain.

**Genito-urinary symptoms: -**

Urinary problems are common in aging women and may occur in the perimenopause. The relative contributions of menopause, obstetric history and ageing to these problems have yet to be assessed.
Symptoms of urgency of micturation, dysuria, stress incontinence, prolapsed of genito-urinary are reported by the menopausal women. According to population surveys, vaginal symptoms may cause dysparunia and limit intercourse. Local symptoms include vaginal dryness and itching vulva, these symptoms are due to hypoestrogenic state of menopausal women.

Biophysical parameters, Haematocrit values and Biochemical values there was no effect of the trial drug before and after treatment and statistically insignificant as such they have not been presented.

During the trial it was observed that the improvement rate of the sign and symptoms were as follows –

Hot flushes 54%, excessive sweating 41.80%, irritability 62.50%, sleep disturbance 58.12%, Fatigue 69.90%, Depression 68.20%, Palpitation 75.40%, Joint pain 40.10%, Backache 42%, Prickling pain in palm and sole 56.40%, Flatulence 48.20%, and Constipation 48.70%.

A remarkably good quick relief was marked in maximum symptoms beginning from the initial stage i.e. 1\textsuperscript{st} Month and gradually the relief increased in 2\textsuperscript{nd} and 3\textsuperscript{rd} Month.

After completion of the study the statistical evaluation showed that clinically almost all the cases showed improvement. (p<.001)