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Navigating Menopause with Unani Medicine: Effective Strategies for Women's Health

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ABSTRACT

Menopause is defined as the end of menstruation for a year and is physiologically associated with a decrease in oestrogen secretion due to follicular function loss. It is a stage of transition for females that impacts their sexual and reproductive lives. Since hormonal changes in the body make people more susceptible to a variety of physiological and occasionally pathological effects, women often experience menopause after the age of 40 or older. Because it may disclose health and ageing, the age at which menopause is reached is important and maintains clinical and public health attention. While climacteric and menopause are unique to humans, ovulation and fertility persist into old age in lower species. Although there is no precise definition of menopause in the Unani medical system, it can be identified under *Ehtibase Tams* (menstrual cessation) and linked to *Sinne Yaas* (age at which menstruation naturally ends). According to *Zakariya Razi*, the dominance of *Barid* (cold) and viscous *Akhlat* (humours) close to the uterus or its vessels causes obstruction or a rise in blood viscosity, which ends menstruation. According to *Ibn-e Sina*, the body's *Quwate Dafiya* (faculty of excretion) is weak, which causes the regular cycle to change and eventually stop. The change from a reproductive to a non-reproductive state, known as *Sinne Yaas*, is often accomplished by the age of 50, however, it can occasionally occur as early as 40. In this review study, we will attempt to assess the Unani medical system's hidden truths regarding menopause and potential treatments that may be offered if a woman reaches a physiological milestone.

Keywords: Menopause, *Akhlat*, Unani, *Sinne Yaas*

Introduction

The period when ovarian function stops, causing persistent amenorrhea is known as menopause. Menopause is a retrospective diagnosis since it takes a full year of amenorrhea to confirm that it has begun.[1,2]

In India, 60 million women are over the age of 55. When the follicular number drops below 1000, menopause begins. With an average age of 47, it typically happens between the ages of 45 and 50. There are roughly 43 million menopausal women in India, according to a study on the menopausal society. According to estimates, India's population is expected to reach 1.4 billion by 2026, with 173 million individuals over 60 and 103 million menopausal.[3] Menarche, race, socioeconomic position, the number of pregnancies and lactations, and the use of oral contraceptives have no relation to menopausal age. Nonetheless, smoking and genetic predisposition are intimately linked to it. Premature menopause is caused by smoking.[1] The most prevalent of these symptoms, along with vaginal dryness, sleeplessness, libido loss, and others, are hot flashes or night sweats (Vaso Motor Symptoms). About 25% of women have moderate to severe symptoms that impair their quality of life, and 75% of women experience symptoms both during and after menopause.[4] However, only 19.5% of women with symptoms seek therapy.[3]

The following are risk factors for disorders linked to menopause: Early menopause, radiation or surgery, chemotherapy, particularly alkalytic agents, smoking, caffeine, alcohol, a family history of menopausal disorders, and medications like GnRH, heparin, corticosteroids, and clomiphene (antioestrogen) that are administered for an extended length of time (more than six months) can cause diabetes and oestrogen deficiency.[1,2] The Ebers Papyrus, which dates back to 1500 BC, contains the earliest known records of menopause in human history.[5]

The hypothesis of evolution of menopause/ Grandmother Hypothesis: According to the grandmother hypothesis, older women's inclusive fitness gains from helping to raise grandkids instead of having and caring for their children may have contributed to the evolution of the menopause phenotype in humans.[6]

Pathophysiology of menopause: Ovarian activity decreases during climacteric. At first, the ovary does not secrete progesterone, the corpus luteum does not develop, and ovulation fails. Consequently, premenopausal menstrual cycles are frequently erratic and anovulatory. Amenorrhea is later caused by endometrial shrinkage, decreased oestrogenic activity, and the failure of Graafian follicles to mature. An increase in FSH and LH release by the anterior

pituitary gland occurs after ovarian activity stops and oestrogen and inhibin levels drop. The levels of FSH and LH may increase by up to 50 and 3.4 times, respectively. A significant commercial source of human menopausal gonadotropin (hMG) is now menopausal urine. As people age, the pituitary glands' gonadotropin production likewise stops, which ultimately results in a decrease in FSH levels.[1,2,4]

Hormonal levels in a menopausal woman: There is a 50% reduction in androgen production and a 66% reduction in oestrogen at menopause. E2 is 5-25 pg/ml, oestrone is 20-70 pg/ml (more in obese women), FSH >40 mlU/ml, androgen 0.3-1.0 ng/ml, testosterone 0.1-0.5 ng/ml, LH 50-100 mlU/ml, Androstenedione 800 pg/ml, growth hormone, Inhibin B and Anti-Mullerian hormone are also low. Low levels of growth hormone cause ovarian failure.[1,2]

Early features of menopause: psychological, cancer phobia, dyspareunia, decreased libido, pseudocyesis, irritability, depression, insomnia, fatigue, lack of concentration, memory loss, hot flushes, sweating, headaches, and urinary stress incontinence.[1,2,7]

Waves of vasodilatation that affect the face and neck and last two to five minutes each are known as hot flushes. Noradrenaline disrupts the thermoregulatory mechanism, resulting in hot flushes. Hypothalamic endorphins, which produce more serotonin and norepinephrine, are decreased by estrogen deprivation. Inappropriate heat loss mechanisms result from this.[1,2]

Arthritis, osteoporosis and fracture, back pain, cardiovascular accidents, stroke, skin changes, Alzheimer's disease, ano-colonic cancer, tooth decay, prolapse genital tract, stress incontinence of urine and faecal incontinence, cataract, glaucoma, and muscular degeneration are all risks for menopausal women with chronic oestrogen deficiency.[1–3]

Investigations: Investigations such as a history of different symptoms, a general examination with blood pressure recording, breast palpation, weight, and hirsutism should be taken into consideration before beginning treatment. ECG, lipid profile, blood sugar, and pelvic examination (Pap smear). To determine whether HRT is necessary, tests such as mammography, pelvic ultrasonography, bone density analysis (DEXA), oestrogen (E2), and FSH levels are performed. [1,2,4]

Management: Menopausal women's health issues should be managed holistically by the clinician, who should also prescribe hormone therapy only when necessary. A small amount is needed to achieve the desired results without posing any dangers.

Pregnancy and cancer phobia are common in women. It is the gynaecologist’s responsibility to persuade her that everything is well with her following a comprehensive examination and investigation. When HRT is taken into consideration, it is a good idea to record baseline pelvic ultrasound results, including ovarian size and endometrial thickness, mammogram, and E2 and FSH levels. It could be necessary to provide regular counselling until the woman is comfortable with menopause.

At least 400 mg of vitamin D, 1.2 g of calcium, and vitamins A, C, and E should be included in the diet. Soybeans are a good option. Walking and aerobic weight-bearing activities postpone the onset of osteoporosis.[1]

Gentle tranquillizers alleviate women's depression, anxiety, and insomnia. Sulpiride and other antidepressants may be required. Venlafaxine 30–150 mg daily, paroxetine 10–20 mg daily, and gabapentin 300 mg three times a day are a few antidepressant medications.[1,2]

HRT is not necessary for every woman. While 70–85% of women stay healthy and just require a balanced diet and lifestyle, very few require preventive and therapeutic HRT.

Women with oestrogen shortage and high-risk menopausal consequences, including heart disease, osteoporosis, stroke, Alzheimer's disease, and colon cancer, require hormone replacement therapy. Premature menopausal women, either naturally or as a result of surgery (e.g., a hysterectomy or a tubectomy). Adolescents with gonadal dysgenesis are requesting HRT as a preventative measure.[1,2]

Tibolone, soy, bisphosphonates, oestrogen treatment, and other substances are all included in HRT. HRT is necessary for three to six months for a woman who has symptoms of oestrogen insufficiency. The reason for prescribing the therapy determines the length of time and method of HRT. Prophylactic treatment for longer than 8–10 years is not useful overall, but the woman may suffer from negative effects. Therapy ought to be tailored to the individual's needs. One pill of phytoestrogen, called "Famarelle," is meant to be taken twice daily. Recently, oral ibandronate (marketed as IDROFOS-150 mg) has been made accessible once a month to increase bone density. The medication avoids fracture recurrence and raises BMD by 5–10%. Ten per cent of patients showed no reaction. The third generation of nonhormonal bisphosphonates, alendronate, is 1000 times more effective than etidronate and has no negative side effects. Osteofos (5, 10, 35, and 70 mg) is its brand name.[1,2]

Only genitourinary symptoms can be treated with local vaginal treatments. Women should receive counselling regarding their available treatment options and be given a regimen customized to meet their specific requirements.

Unani Concept of Menopause

Though there is no precise description of menopause, it may be shown under *Ehtibase Tams* and can be associated with *Sinne Yaas* (age of the natural end of menstruation). The Unani medical system is enhanced by the idea of *Ehtibase Haiz* (amenorrhea). According to the basic principles of the Unani philosophy, human life is divided into the following four stages.

1. *Sinne Namu* (up to 30 years of age, *Har Ratab Mizaj*)

2. *Sinne Shabab* (30-40 years of age, *Har Yabis Mizaj*)

3. *Sinne Kahulat* (40-50 years of age, *Barid Yabis Mizaj*)

4. *Sinne Shaikhukhat* (above 50 years of age, *Barid Yabis Mizaj*) [8]

Attainment of Tabai *Sinne Yaas* occurs at the age of fifty, and occasionally sixty.[8] Menstruation falls under *Sinne Kahulat*, which is *Barid Yabis* in *Mizaj* (temperament) since it often ends between the ages of 40 and 50. Since *Khilte Sauda* (black bile) is a characteristic of *Barid Yabis* temperament, we can conclude that at this point, the body has acquired an excess of *Khilte Sauda*, which reduces the creation of *Ratubate-Unsurya*, which in turn lowers the *Hararat*e-Unsurya, and ultimately lowers all of the body's Quwa (powers).

Aetiology: According to *Zakariya Razi*, the dominance of Barid (cold) and viscous Akhlat (humours) close to the uterus or its vessels causes obstruction or an increase in blood viscosity, which ends menstruation. According to Ibn Sina, the body's *Quwate Dafiya* (faculty of excretion) is weak, which causes the regular cycle to change and eventually stop.[9]

According to certain Unani academics, obesity and liver illness are additional causes of *Ehtebas-e-haiz* because they restrict blood vessels, which lowers blood flow.[9,10]

Symptoms and Signs: anorexia, giddiness, nausea and vomiting, headache, backache, pain in the neck, fever, blackish coloured urine, constipation, chest pain, sweating, dryness of uterus, and various neurological disorders like anxiety, depression, memory loss etc. [9]

Complications of menopause: Long-term menopausal women may experience hysteria, *sailanur rehem* (leucorrhea), *warme har*, *warme sulb*, and other symptoms, according to *Zakariya Razi*.[9]

Management of Sine yaas [11]

1. Prevent the production of *Sauda-e-ghair taba'i*: According to etiopathology, *sauda-e-ghair taba'i*, which is created when *khilt* undergoes *ehtiraq* (oxidation), is the cause of *saudavi* illnesses. Therefore, by inhibiting *ehtiraq* (oxidation), all of those plants with antioxidant properties stop the creation of *sauda*e-ghyr taba'i, which in turn prevents cancer and other *saudavi* diseases. Cardiovascular dysfunction, atherosclerosis, inflammation, cancer, medication toxicity, reperfusion injury, and neurological disease are among the clinical disorders for which oxidative stress plays a significant role in the pathophysiology.

Some drugs having antioxidant properties, mentioned in Unani literature includes Aabnoos (*Diospyros ebenum*), Abhal (*Juniperus communis*), Afiyun (*Papaver somniferum*), Afsanteen (*Artemesia vulgaris*), Akhrot (*Jugulans regia*), Alsi (*Linum usitatissimum*), Amla (*Emblica officinalis*), Anantmol (*Hemidesmus indicus*), Anar (*Punica granatum*), Anisoon (*Pimpinella anisum*), Anjbar (*Poligonum bistorata*), Arjun (*Terminalia arjuna*), Asgandh (*Withania somnifera*), Ashok (*Saraca indica*), Atees (*Aconitum heterophyllum*), Babool (*Acacia arabica*), Badranjboya (*Melissa officinalis*), Bael (*Aegle marmelos*), Balela (*Terminalia belerica*), Baranjasif (*Achillea millefolium*), Bhangrah (*Eclipta alba*), Chirchita (*Achyranthus aspera*), Chobchini (*Smilex chinensis*), Darchini (*Cinnamomum zeylanicum*).[11]

2. Correction of *Mizaj*: *Barid Yabis* is the worst kind of *sue mizaj*.[11,12] The procedures that cause *hararat* and *rutubat* (hot and moist) in the body should be used to correct the *mizaj*. *Ilaj bil ghiza* and *ilaj bil tadbeer* are two examples of these techniques.

a. *Ilaj bil ghiza* (Dietary management): According to the Unani philosophy, the body's haar and moist components are destroyed more quickly than other components, and only these components contain the nutritional value of food.[11,13] Since menopausal women's *mizaj* is *Barid Yabis*, foods with haar ratab *mizaj* will be beneficial, such as badam (*Prunus amygdalus*), narial (*Coco snucifera*), pista (*Pistachia vera*), kaju (*Anacardum occidentalis*), kishmish (*Vitis vinefera*), munaqqa *(Vitis vinefera)*, sabz chana (*Cicer arietinum*), angur (*Vitis vinefera*), sweet aam (*Mangifera indica*), sweet kharbuzah (*Cucumis melo*), gajar (*Daucus carota*), injeer (*Ficus carica*), khajur (*Phoenix dactilifera*), *taroi* (Luffa cylindrical), *palak* (spinacea oleracea), cow and goat milk, sweet curd, jaggery, *ghee*, butter, half boiled egg.[11,14] Foods that are stale, salty, astringent, or spicy ought to be avoided. Although spicy meals have a hot *mizaj*, they also cause *khilt* to burn and become dry, which leads to *sauda*. Foods high in salt also make the body feel dry.[11]

b. *Ilaj bil tadbeer*: People should be housed in a temperature-controlled setting that is neither too hot nor too chilly. It is best to avoid excessive physical exertion. Taweel neend, or extra sleep, and proper rest will be beneficial. For these types of *sue mizaj*, jima (sexual contact) is detrimental since it will exacerbate their dryness. Light massage and riyazate muskkina will be beneficial.[11,12] People should apply those oils over the body having *ratab* (moist) quality like *roghane banafshan* (Viola odorata), *roghane badam* (Prunus amygdalus) *roghane kaddu* etc. *Hammam* and *abzan* (sitz bath) are beneficial for these people.[11] *Nutool* and *Hammam, Fasd* of *Rag-e-Safin* and *Hijamah* is also indicated in menopause, as mentioned in *Al-qanoon*.[10]

3. Elimination of excess *sauda*: Munzij wa mushil medicines are used to get rid of extra *sauda*. Munzij medications put together the *akhlate raddiyah* (morbid stuff) so that the afflicted area may be readily evacuated. Mushilat (purgatives) are used to help the body get rid of stuff after the akhlat-e-raddiya (abnormal/deranged humours) are ready to be removed from the superficial and deeper structure of the affected organ. Four different kinds of muzijat and mushilat are designed to get rid of various *ghalbae khilt* (excess humor). *Munzije* and *mushile Sauda* medicines are used alone or in combination since there is an overabundance of them after menopause.[11,15]

Some Munzije Sauda and Mushile Sauda drugs are Ustukhudus (Lavendula stoechas), *Shahm hanza,l Aftimoon vilayati* (Cuscuta epithymum), *Gauzaban* (Borage officinalis), *Halela siyah* (Terminalia chebula)**,** *Unnab* (Zizyphus sativa), *Khurbuq siyah* (Helleborus niger)**,** *Shahitra* (Fumaria officinalis), *Ghariqoon* (Agaricus albus), *Badranjaboya* (Mellisa officinalis), *Turbud* (Ipomea turpthum)**,** *Badiyan* (Foeniculum vulgare), *Jamal gota* (Croton tiglium)**,** *Sapistan* (Cordia latifolia)**,** *Aslussoos* (Glycyrrhiza glabra).[11]

4. Yoga therapy: For women going through menopause, it is a helpful supplementary and integrative adjunctive. According to available data, yoga therapy can help women throughout the menopausal transition by reducing their risk of cardiovascular disease, insulin resistance, and bone loss. It can also enhance their psychological well-being, sleep patterns, and emotional regulation. Asana (postures), pranayama (breathing control), and dhyana (meditation) are the three most popular yoga techniques.[3]

Results and discussion

When opposed to earlier ages, the hormonal balance in the body changed after menopause. Production of progesterone and estradiol decreased, which caused gonadotropins—particularly FSH—to gradually rise. The main sources of estrogen in the study participants were adrenal androgens, which were then released in fatty tissues as estrone, a weak form of estrogen. The preferred medication for treating hot flashes is estrogen. For women for whom estrogen is contraindicated, progesterone may be effective. In recent decades, medicinal plants have garnered a lot of attention due to the negative consequences of hormone therapy. Hot flashes and other menopausal symptoms may be lessened by the presence of phytoestrogens and phyto-progesterones in medicinal plants, as well as occasionally by the anti-androgen effects of medicinal plants that increase the conversion of testosterone and androstenedione to estrogen in peripheral tissues and decrease the conversion of testosterone to dihydrotestosterone. Additionally, menopausal women's sleep and memory problems have been successfully alleviated by certain herbal medications that work by stimulating particular neurotransmitters in the neurological system. Menopausal symptoms can be effectively treated using medicinal herbs that have a variety of modes of action.

Conclusion

The menopausal syndrome affects almost 10% of women nowadays, and it causes them distress. Menopausal hormone therapy, or MHT, is a very successful treatment for menopausal symptoms. The advantages are probably greater than the risks for the majority of women who are within ten years after menopause or under 60. The advantages of MHT extend beyond symptom relief; there is strong evidence that it can also help prevent cardiovascular disease and osteoporosis. Hormone replacement therapy carries a very high risk of injury, and many women cannot handle it.

Even though the Unani medical system cannot precisely characterize the syndrome, we can nevertheless handle it with appropriate outcomes and no negative side effects because the allopathic system treats the syndrome symptomatically. Menopausal symptoms can be treated using a variety of single and compound medications in the Unani system; however, further evidence-based research is required to validate the claims.

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