



not just a cessation of menstruation for 12 cycles but it accompanies many more disturbances like vasomotor, psychological, cardiovascular symptoms, bone changes etc<sup>(6)</sup>. *Raja* is considered as *updhatu* of *Rasa dhatu*<sup>(7)</sup> in our classical texts. *Acharya Sushruta* mentioned that following 40 year of age, there is a subtle reduction in quality and quantity of *Bala*, *Veerya*, *Indriya*, *Oja*, *Dhatu*, *Dosha*, leading to the *kshaya* of *Artava* as well.<sup>(8)</sup> In *ayurveda* phenomenon is taken in different way and not as serious health problem, *Ayurveda* consider menopause as a natural phenomenon occurring around 50 years of age, due to *Vata* predominance and *Dhatukshaya*. Various Menopausal symptoms do corresponds to *Dhatukshayajanya Lakshanas* in *Vardhakya Avastha*<sup>(9)</sup>. *sushruta* mentioned that *Rajonivritti* (menopause) deals with the *Jarapakva avastha* of the body.<sup>(10)</sup> In *Ayurved*, Menopausal symptoms are regarded as imbalance of *dosha* [*vata*, *Pitta*] and *dhatukshaya*, which occur as natural & gradual consequences of ageing. It is said to be that this age group is predominated by *vata* So, minimal vitiation of *vata* will lead to vitiation in *manovah strotas*, and causes Insomnia like disturbances in menopausal women. In *Ayurveda* menopause is depicted as "*Jarapakva Avastha*" and *Rajonivritti*. *Rajonivritti lakshanas* is a group of symptoms produced by degenerative changes in the body. Degenerative changes are *dhatukshay lakshana* in *Ayurveda*. *Vata dosha* is dominant in the *vriddha* stage of life. *Avastha* in *vayavibhajana* out of which menopause comes in 4th stage that is *hani* stage which start from the age of 40 years and end at 70 years. where the gradual changes of body (*Dhatukshay*) occurs<sup>(11)</sup>. *Acharya sushrut* mentioned 50 years is the age of menopause (*Rajonivritti*)<sup>(12)</sup>. According to modern view age of menopause ranges between 45 to 55 years average being 50 years. women have to suffer many problems related with health in day to day life. To overcome these she has to keep her body strong and healthy. *Ayurveda*, the science of life, suggested many principles (*Siddhanta*) which one has to obey to maintain a healthy life<sup>(13)</sup>. Due to increased longevity of life, women spending her one third of life in menopausal state<sup>(14)</sup>. The world population of menopausal women in 1990 was 467 million. These are expected to reach 1000.2 million women by 2030. WHO has estimated that on 2050, there will be 1 billion women of 60 year old<sup>(15)</sup>. Due to expanding tendency of menopausal women, menopausal health will be the most important concern of society. *Ayurveda*, the science of life, suggested many principles (*siddhanta*) which one has to obey to maintain a healthy life<sup>(16)</sup>. *Ayurveda* has given various measures to be healthy, right from waking up early in the morning (*Brahma Muhurta uttishtha*) to how to have sound sleep at night. Even it guides us about our routine (*Dinacharya*). In the *samhitas* of *Ayurveda* *Dinacharya* is given in detail<sup>(17,18,19)</sup>. *Abhyanga* is one of the measures in *dinacharya*. The oil applied to the skin gets absorbed and digested by *bhrajaka pitta* and comes into circulation. Further status gets nourished and overall health is improved<sup>(20)</sup>. *Nidranash* is caused by vitiated *vata*, *majja dhatu* and mental stress. *Abhyanga* specifies it by *vata shamana*, *majja dhatu poshana*<sup>(21)</sup>. she fills mentally relaxed, helps her to sleep. Following *Dinacharya* helps in prevention of diseases of body and mind. According to *Ayurveda* *Abhyanga* should be done daily as given in *Dinacharya*<sup>(22,23,24)</sup>.

## Materials and Method

### Inclusion Criteria :-

- 1] The Menopausal women having age between 40 to 60 years
- 2] Married, unmarried, widows patients.
- 3] Sleep disturbances have occurred at least 3 times per week.

### Exclusion Criteria :-

- 1] Age below 40 years and above 60 years
- 2] Insomnia due to other conditions like *Madatyay*, *Abhighat* and other systemic diseases were excluded.
- 3] The Menopausal women was done a hysterectomy were excluded.
- 4] Menopausal women who were *ayogya* for *abhyanga* (*Ajirna*, After *Niruha*, After *Virechan*, etc)

## Criteria for Assesment

Assesment of effect of Tila Tail Abhyang and counselling was done on following criteria by grade scoring method followed by general physical examination and condition condition of sleep.

### 1) *Nidralpata* (Sleeplessness)

Sleep for >6 hours	Grade 0
4-6 hours	Grade 1
2-4 hours	Grade 2

0-2 hours	Grade 3
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2) *Khandit Nidra* (Disturbed sleep)

NO Disturbances	Grade 0
For 1 time	Grade 1
For 2-3 times	Grade 2
Many times	Grade 3

3) *Angamarda* (Bodyache)

No Bodyache	Grade 0
Mild Bodyache	Grade 1
Moderate Bodyache	Grade 2
Severe Bodyache	Grade 3

4) *Tandra* (Drowsiness on the next day)

No Drowsiness	Grade 0
Early morning	Grade 1
Upto mid day	Grade 2
Continuous on next day	Grade 3

5) *Bhrama* (Giddiness)

No Giddiness	Grade 0
During standing	Grade 1
During Walking	Grade 2
Continuous	Grade 3

6) *Shirogorov with shirshool* (Headache with heaviness in head)

No Headache	Grade 0
Mild Headache	Grade 1
Moderate Headache	Grade 2
Severe Headache	Grade 3

**Plan of study**

- For conducting study 240 patients (120 in each group) were selected randomly, as per lottery method.
- Group A: patients were asked to do *Abhyanga* at home to maintain uniformity and *abhyanga* manual is given. Daily dose 15 – 20 ml oil massage for 15-35 min (*Dalhan*) early in the morning.
- Group B: patients of this group counselling has been done and observed.
- This study carried out for 2 months.
- Follow up was taken after 7 days of starting treatment.
- Drop out patient were excluded from the study.

**Observation and Results****Table no.1 : General observations**

a) Age	
1] 40-45	2.21%
2] 46-50	60.52%
3] 51-55	36.16%
4] 56-60	1.11%
b) Religion	
1] Hindu	85.24%
2] Buddhist	14%
3] Muslim	1%
c) Marital status	100%
d) Education	
1] SSC	45.02%
2] HSC	32.84%
3] Graduate	12.92%
4] Post Graduate	9.22%

e)Sharir prakriti	
1] Vata-Pitta	97.05%
2] Pitta-Kapha	2.95%
f)Manas prakriti	
1] Raja-Tama	97.42%
2] Sattva-Raja	2.58%
g)Age at Menarche	
1] 12 years	16.61%
2]13 years	37.27%
3] 14 years	46.12%
h)Menopause since years	
1] 1 year	52.03%
2] 2 year	28.78%
3] 3 year	19.19%

**Table no. 2 : Effect of *Til Taila* Abhyanga on subjective parameters**

Chief complaints	Total score		% Relief	P
	BT	AT		
1] <i>Nidralpata</i>	242	18	92.56%	<0.0001
2] <i>Khandit Nidra</i>	229	35	84.72%	<0.0001
3] <i>Angamarda</i>	237	20	91.56%	<0.0001
4] <i>Tandra</i>	209	10	95.22%	<0.0001
5] <i>Bhrama</i>	194	07	96.39%	<0.0001
6] <i>Shirogorov</i> with <i>shirshool</i>	233	07	97%	<0.0001

**Table no. 3 : Effect of counselling on subjective parameters**

Chief complaints	Total score		% Relief	P
	BT	AT		
1] <i>Nidralpata</i>	252	124	50.79%	<0.0001
2] <i>Khandit Nidra</i>	254	116	54.33%	<0.0001
3] <i>Angamarda</i>	281	167	40.57%	<0.0001
4] <i>Tandra</i>	257	163	36.58%	<0.0001
5] <i>Bhrama</i>	240	163	32.08%	<0.0001
6] <i>Shirogorov</i> with <i>shirshool</i>	273	179	34.43%	<0.0001

**Table no. 4 Overall assessment in two groups**

Overall assessment of treatment	No. of patients	
	Group A	Group B
1] Marked Improvement	120	0
2] Moderate Improvement	0	21
3] Mild Improvement	0	99
	Chi square : 240.00 The p value is <0.0001	

## Discussion

Insomnia is the most Common Problem seen in healthcare practices that may present as a Symptom or clinical syndrome. Therapeutic approaches aimed primarily at improving sleep quality and reducing insomnia related daytime impairments. Non pharmacological such as Relaxation therapy & counselling also shown to be even

equally better than pharmacological treatment in terms of long term benefits. In Ayurveda, *Abhyanga* helps maintain body flexibility and balances *kapha* and *vata dosha*. It nourishes all *dhatu*s (tissues), alleviates pain, enhances body luster and Strength and improves vision and sleep quality. According to *Acharya Dalhana* the oil used in *abhyanga* reaches up to different *dhatu*s when it is applied for the sufficient time. Thus, the oil used in *Abhyang* gets absorbed by the skin. *Dalhan* explains that when *Snehana dravya* reaches to a particular *dhatu* then it Subsidies the disease of that *dhatu*, *Charaka* has mentioned that Vayu dominates in the *sparshmendriya* and its *adhishtana* is *twacha* i.e. skin, so one should follow it regularly. In this way *Abhyanga* keeps body and mind healthy. The fluids were drained to different parts of the body while doing *abhyanga* due to osmotic pressure. *Abhyanga* causes hydrostatic pressure in the extracellular compartment of the skin. This pressure increases the blood circulation to a part where massage was done, causing splanchnic pooling of the blood to that surface, which leads to absorption of the oil and allows the passive entrance of phytonutrients into systemic circulation and then to the target structure. very good lymph drainage may occur during *abhyanga*. During and after massage amino acids like tryptophan may increase in the blood which leads to increase in the production of neurotransmitter serotonin, which was made from tryptophane at motor end plates. Massage may also cause increased acetylcholine production due to action potential generated from the massage due to friction and pressure which are inserted during massage. The myelinated nerve fibre sheets are chiefly made up of lipids. This action potential with the association of serotonin was responsible for the pleasant and calming effect during massage.

### Conclusion

The incidence of *Nidranash* in menopausal women was increasing. Lifestyle and not knowing proper daily routine was one of the cause of *Nidranash*. The total effect of therapy was evaluated by taking relief in percentage of each patient. The study showed that 120 patient from group A showed cure in *Nidranash* symptoms. while 21 patient from group B showed markedly improvement in symptoms of *Nidranash*. 99 patient from group B shows mild improvement in *Nidranash* symptoms. comparing the data in two group shows that the group A had more effect of treatment than group B. The total effect of therapy was evaluated by taking symptoms relief in percentage of each patient

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