EFFECTIVENESS OF YOGA THERAPY ON MENOPAUSAL PROBLEMS AMONG POSTMENOPAUSAL WOMEN- A REVIEW

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ABSTRACT
As the world’s population ages, estimated women in menopause in India would increase from 26 million to 36 million by 2013. Menopause affects a woman’s quality of life and a wide variety of symptoms are reported in women during the menopause that includes hot flushes, night sweats, irritability, depression, insomnia, head ache and body pain, decreased lubrication in the vagina, crawling sensation in the skin and inability to control urination. Yoga creates strength and flexibility in body and calms the mind. The deep breathing that goes hand in hand with asana (yoga poses) oxygenates the blood, cleansing the organs and respiratory system nourishing the nervous system. The nurse is important health care personnel who can help the postmenopausal women to cope with menopausal problems. Menopause is a significant milestone in a woman’s life which is considered as a natural biologic event. When a woman permanently stops having menstrual periods, she has reached the stage of life called Menopause. Menopause is generally reported to be a stressful life event or ‘stormy transition’. Women have to spend almost one third of their life in menopause, so they should be fully prepared for this event.

As in depth, study of any subject involves a systematic review and appraisal of all the relevant scholarly literature on the specific topic. Keeping this in mind the investigator delved into available resources such as books, journals, newsletters, reports and websites. This contributed to gain insight and understand the selected problem under study.

Keywords: Menopause, yoga, menopause, systematic review.

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INTRODUCTION:
Menopause is one of the women’s most important life stages. It marks the end of menstruation leading to women’s aging process. In other words, it is the physiological cessation of the menstrual cycle associated with advancing age. It is a natural process that happens to every woman as she grows older and not a medical problem, disease or illness, even though it may appear so. As a result of a dramatic increase in life expectancy over the last few decades, women now may live one third of their lives postmenopause.

Today, an unprecedented number of women are either approaching or in the midst of menopause and are seeking information and tools to help them manage these 3 physical, emotional and spiritual changes. All menopausal symptoms are related and using yoga to ease the unpleasant effect of one symptom generally leads to better health in the rest of the body. Every yoga pose has a multitude of effects on all the systems of the body.

1. Literature related to problems during menopause.
2. Literature related to menopause and complementary therapies.
3. Literature related to effectiveness of Yoga Therapy on menopause and other conditions.

1. Literature related to problems during menopause
A study was conducted to assess the prevalence of menopausal symptoms and quality of life after menopause in women from South India at Kasturba Medical College, Manipal. Three hundred and fifty two postmenopausal women attending the outpatient clinics of obstetrics and gynaecology department of Dr TMA Pai Hospital were included in the study. The Menopause-Specific Quality of Life (MENQOL) questionnaire was used in the study. Most frequent menopausal symptoms were aching in muscle and joints (67.7%), feeling tired (64.8%), poor memory (60.5%), lower backache (58.8%) and difficulty in sleeping (51.7%). The vasomotor and sexual domains were less frequently complained when compared to physical and psychological domains. The research revealed that the age at onset of menopause in southern Karnataka (India) is 48.7 years which is four years more than the mean menopause age for Indian women. This could be attributed to better socioeconomic and health-care facility in this region.

A cross sectional study was conducted to ascertain the knowledge about menopause and postmenopausal bleeding in women above 40 years living in Chandigarh, India. Using systematic random sampling technique a total 528 women were interviewed, out of which 302 (56.1) were residing in urban area and rest were the residents of slums. 78.8%, urban and 60.2% from slums had attained menopause. 70.3% of urban residents had heard about menopause as compared to 30.9% in slums. The most common menopausal symptom was vaginal irritation (42.7%). Less than half the number of females (38.7%) never took treatment for menopausal symptoms. Calcium supplements were taken by 63% and 77% females complained of post-menopausal bleeding. The study concluded that there was lack of awareness regarding menopause and related aspects in both urban and slum population.

A study was done to assess the frequency and severity of vasomotor symptoms among peri- and postmenopausal women in the United States. A survey was completed by a nationally representative sample of 4402 US women aged 40-65 years old. A questionnaire focusing on menopausal symptoms was administered online in April 2005. The prevalence of vasomotor symptoms was 79% in peri- and 65% in postmenopausal women. Women with daily vasomotor symptoms had an average of 2.5 very mild/mild, 2.6 moderate, 2.5 severe and 1.4 very severe daytime hot flushes in a typical day. Women with night sweats every night had an average of 2.4 moderate, 3.2 severe and 2.7 very severe night sweats in a typical night. Overall, 9% of peri- and 7% of postmenopausal women reported 7+ moderate to very severe vasomotor symptoms in a typical day. Although some women reported that symptoms were worse in the evening and in the summer, many women reported they were consistent, both throughout the day and throughout the seasons of the year. The study concluded there were many women with frequent and severe vasomotor symptoms who may benefit from treatment.

2. Literature related to menopause and complementary therapies.
A study was done to explore the effects of acupuncture and auricular acupressure in relieving menopausal hot flushes of bilaterally ovariectomized Chinese women. Forty six bilaterally ovariectomized Chinese women were randomized into an acupuncture and auricular acupressure group (n = 21) and a Hormone Replacement Therapy (HRT) group (Tibolone, n = 25). The serum levels of follicle stimulating hormone (FSH), LH and E2 were detected before and after the treatment. After the treatment and the follow-up, both the severity and frequency of hot flushes in the two groups were relieved significantly when compared with pre-treatment (P < 0.05). There was no significant difference in the severity of hot flushes between them after treatment (P > 0.05), while after the follow-up, the severity and frequency of hot flushes in the HRT group was reduced more (P < 0.05). After treatment, the levels of FSH decreased significantly and the levels of E2 increased significantly.
in both groups (P < 0.05) and they changed more in the HRT group (P < 0.05). The researcher concluded that acupuncture and auricular acupressure can be used as alternative treatments to relieve menopausal hot flushes for those bilaterally ovariectomized women who are unable or unwilling to receive HRT.8

A randomized trial was conducted by Group health, Washington State, USA to assess the treatment of Vasomotor Symptoms of Menopause with Black Cohosh, Multi botanicals, Soy, Hormone Therapy, or Placebo. Three hundred and fifty one women in the age group of 45 to 55 years with 2 or more vasomotor symptoms per day participated in the study. 52% of the women were in menopausal transition and 48% were postmenopausal. Wiklund Vasomotor Symptom Subscale was used to assess the rate and intensity of vasomotor symptoms. Wiklund Vasomotor Symptom Subscale score did not differ between the herbal interventions and placebo at 3, 6, or 12 months or for the average over all the follow-up time points (P > 0.05 for all comparisons) with one exception: At 12 months, symptom intensity was significantly worse with the multi botanical plus soy intervention than with placebo (P = 0.016). The researcher concluded that Black cohosh used in isolation, or as part of a multibotanical regimen, shows little potential as an important therapy for relief of vasomotor symptoms.8

A cross-sectional study was conducted to assess the herbal product use (phytoestrogens, St. John’s wort, Ginkgo biloba and ginseng) and menopause symptom relief in primary care patients in Detroit, Michigan. A cross section of ethnically diverse women 40-55 years of age (35.5% African American, 60.2% Caucasian) recruited from eight primary care centres in Michigan to complete a self-report survey were included in the study. Of 397 women, 24.9% reported taking, in the previous 6 months, at least one of the four study herbs. Herbal product users reported more menopause symptoms than nonusers and 68% of the users said that the herbs improved their symptoms; 56.4% said that their physician was aware of their herbal product use. The researchers concluded that primary care patients experiencing common menopausal symptoms are likely to use herbal products that are purported to provide menopause symptom relief and many believe that these products improve their menopausal symptoms. Healthcare providers should be aware of patient’s positive attitude, use patterns and lack of disclosure of use of herbal medicines.9

A study was conducted by the researchers of National Centre for Complementary and Alternative Medicine and National Institutes of Health, USA to review randomized, controlled trials of CAM therapies for menopausal symptoms in order to better inform practice and guide future research. Twenty nine randomized, controlled clinical trials of CAM therapies for hot flushes and other menopausal symptoms were identified; of these, 12 dealt with soy or soy extracts, 10 with herbs and 7 with other CAM therapies. Soy had modest benefit for hot flushes. Isoflavone preparations were less effective than soy foods. Black cohosh was found to be effective for menopausal symptoms, especially hot flushes. Single clinical trials found that dong quai, evening primrose oil, a Chinese herb mixture, vitamin E and acupuncture do not affect hot flushes; two trials showed that red clover had no benefit in treating hot flushes. The study concluded that black cohosh and foods that contain phytoestrogens show promise for the treatment of menopausal symptoms. Clinical trials do not support the use of other herbs or CAM therapies.10

3. Literature related to effectiveness of Yoga Therapy on menopause and other conditions.

A study was conducted to assess the effect of yoga technique on the treatment of menopausal symptoms by researchers at the Babol Medical University, Iran. A total of 47 post-menopausal women aging 45-63 years participated in a 12 week restorative yoga intervention. Assessments on the menopausal symptoms were made by structured questionnaires, interviews and checklist. During the study the subjects practiced breathing techniques, postures and relaxation poses three times a week for 1 hour. Significant pre to post-test improvements were found for total scores on menopause questionnaire. There was significant effect on mean hot flush score (p=0.001). At the end of this study 40.4% of subjects had decrease in hot flush, 28.4% of subjects anxiety reduced, 57.3% of subject’s joint pain and 56.1% of subjects muscle pain reduced. The researcher concluded that yoga was a powerful technique that can help menopausal women accept and nourish the inevitable change of life.11

A pilot trial was conducted to determine the feasibility and acceptability of a restorative yoga intervention for the treatment of hot flushes in postmenopausal women in USA. The participants were 14 postmenopausal women experiencing ≥4 moderate to severe hot flushes per day or ≥ 30 moderate to severe hot flushes per week. The intervention consisted of eight restorative yoga poses taught in a 3-hour introductory session and 8 weekly 90-min sessions. Feasibility was measured by recruitment rates, subject retention and adherence. Acceptability was assessed by subject interview and questionnaires. Efficacy measures included change in frequency and severity of hot flushes as recorded on a 7-day diary. The majority of the subjects were satisfied with the study and 75% continued to practice yoga 3 months after the study. Mean number of hot flushes per week decreased by 30.8% (95% CI 15.6-45.9%) and mean hot flush score decreased 34.2% (95% CI 16.0-52.5%)
from baseline to week 8. No adverse events were observed. The study concluded that it was feasible to teach restorative yoga to middle-aged women without prior yoga experience\textsuperscript{12}. A study was conducted to investigate the effect of an eight week yoga program on quality of life and low back flexibility in menopausal women. Subjects were peri-menopausal and post-menopausal female volunteers, 44-62 years old from the Richard Stockton college of New Jersey community, USA. As a result of yoga participation, 80\% of the participants demonstrated an increase in flexibility. Five out of six subjects reported an increase in quality of life with a decrease in menopausal symptoms. The study concluded that yoga is an enjoyable alternative exercise method that increases quality of life, reduces menopausal symptoms and increases low back flexibility\textsuperscript{13}.

CONCLUSION

Women’s health reflects multiple dimensions of women’s lives including menarche, child birth and menopause. Menopause is the most striking feature during the period of transition from the reproductive to the non-reproductive stage of life. It is an interval characterized by a multitude of physiologic, psychological and sociologic alterations. The literature reviewed above has provided a better understanding and also broadened the investigator’s outlook which is a prerequisite for the research study.

REFERENCES: