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A Comprehensive Study Of "Post-Menopausal Syndrome" & Therapeutic Response In The Light Of Unani System Of Medicine At Govt. Nizamiatibbi College, Hyderabad-A Research Article

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Abstract: *Menopause is one the most crucial stages in a female's life. Identifying the education gaps regarding menopause is important, thus this study aims to explain the health-related needs of females during menopause. The educational needs of females during menopause in the reviewed studies include osteoporosis, oral and dental problems, metabolic disorders, cardiovascular diseases, hypertension, lung diseases, infectious diseases, musculoskeletal problems, urinary problems, breast cancer, defecation problems, genital disorders, special diseases such as eye diseases and hypothyroidism and hormone therapy, mental disorders, cognitive function, sleep disorders, sexual disorders, physical activity, supplement consumption, public health issues, health education, fall, and nutrition. The study results reveal that females during post menopause require training, counseling, and support in all aspects to get through this challenging time, and providing these services, infrastructure, appropriate policy, and the use and support of the medical team's capacity are all required. In this paper Author conclude the History background of Menopause in the light of Unani system of medicine and stages of Menopause. Further author explain with research data of "Post menopausal syndrome" & therapeutic response in the light of unani system of medicine at govt. Nizamia Tibbi college, Hyderabad with Clinical study.*

Keywords:*Menopause, stages of Menopause, clinical study of Menopause,*

I. Historical Review of Menopause (Sinn-e-Yaas)

In unani literature this period of life in women is termed as Sinn-e-Yaas. Greek Medicine does not consider menopause to be a pathological condition. While much the Hippocratic gynecology is discussed in term pathology, the cessation of menstruation due to old age is believed to be natural.The earliest references of menopause appear in ancient Greek and Jewish Talmudic texts, although it is historically and culturally considered a natural rite of passage.The earliest reference of menopause came from EbresPapyris a series of Corresponding author Egyptian text 1500 BC.Aristotle says menstruation normally ceases at the age of 40 years. In Kamil-us-sana by Ali Bin Abbas al Majoosi, stated that in post-menopausal Women with passing years the size of uterus will be decreased and it will lead to Atrophy. In kitab-ul-Havi by Abu BakarMohd Bin ZakariyaRazi(925-865 BC) it is said that if a women experiences amenorrhea in old age the women does not require anyTreatment, it is because the blood supply will be reduced to the reproductive Organs and the temperament will be cold which leads to cessation of Menstruation. Normal age for menopause was given as 50 years but sometimesIt may be premature (i.e. in 40 years) and sometimes the women can menstruate Up to 60 years of age.In zakeera-e-qwarezam-shahi by Hakeem Sharfuddin Ismail jurjani(1140 AD).It is also mentioned that women do not menstruate after 40 and regarded it as a natural phenomenon and also described how to manage the cold and dry temperament of the Post-menopausal Women.In talimulqabila by Hakeem abdulRazzak menopause is considered normal. It is described that as women ages there is decrease in blood reserves and Production of blood is slows down and the reproductive tract loses its vigor and Vitality also there is less blood supply

to the reproductive organs which leads to Amenorrhea and considered three stages to be normal with age and not pathological.Ali Bin RabbaniTabri (850 AD) in his treatise FirdousulHikhmat also mentioned about the treatment of cold and dry temperament of post-menopausal women.Razi quoted that menstruation may ceased due to weakness of liver caused by other associated organs. Saabit bin Qurrah mentioned that menstruation stops at the age of 35 – 60 years once the menstruation ceases various disease and complication occurs.In the 20th century menopause had become a medical disease to be dealt with rather than part of the natural aging process.

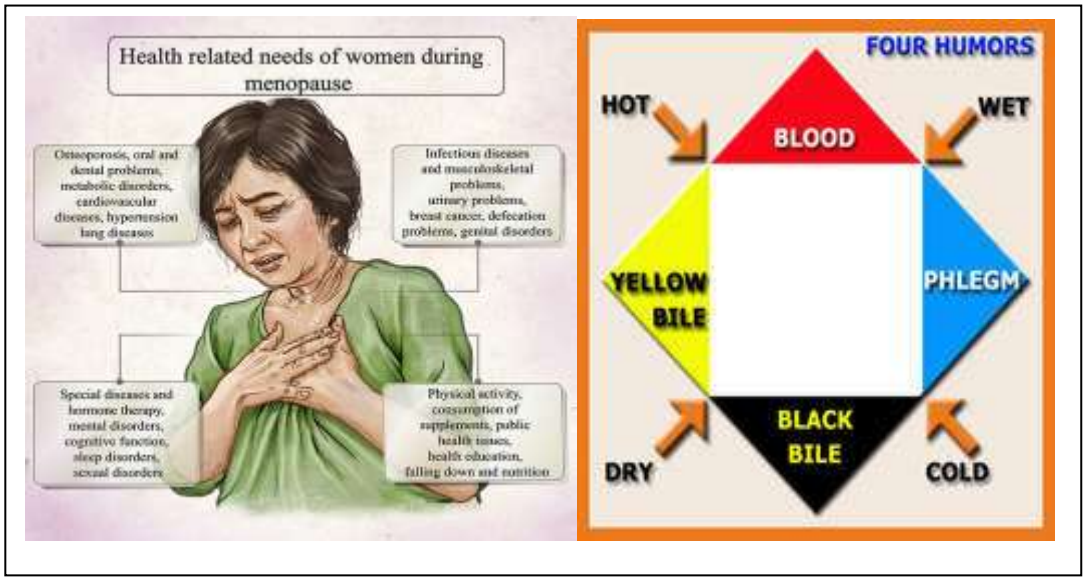
II. Nazariyeakhlat:

The concept of humors was proposed by father of medicine Hippocrates (*466-377 BC) in his book Tabiat-al-Insan, has forth his famous doctrine that "The body contains four humors which are DAM(blood),BALGHAM(phlegm),SAFRA(yellow bile), SAUDA (black bile).a right proportion of these humors lead to health and unright proportion and irregular distribution leads to disease".

According to unani concept, the whole human body is divided into four age groups which are considered to carry their particular mizaj.The age group of 35- 60 years is known as sinn-e-kahulath in which mizaj becomes barid (cold) and yabis (dry).

In this age production of rutubatehghariziya is decreased, so that it is insufficient to maintain hararatehghariziya and all the quwa(power) starts deteriorating. It is believed that ehtebaas-e-haiz(stoppage of menses)in women of this age group occur naturally due to change in mizaj towards coldness,also the production of DAM (blood) is decreased from jigar and whatever little is produced tends to be towards coldness.Hippocrates mentioned in his book Tabiat-al-Insan (human nature) Khilt-e-sauda (black humors) is barid and yabis and elderly person are barid and yabis by temperament so it is dominant in this age group. In classical unani literatureit has documented that various clinical disorders of amraz-e-saudaviya like hysteria,mania,melancholia can be results of ihtebaz-e-haizZakariarazi mentioned in kitabulhawi that menopausal women suffer following sign and symptoms like anorexia, headache, backache, pain in the lower limbs, fever and constipatio

Figure 1: Health related needs of Women during menopause



III. Introduction of Menopause

Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. (Williams's text book of gynecology).The menopausal transition is a progressive endocrinologic continuum that takes reproductive aged women from regular cyclic and predictable menses that are characteristics of ovulatory cycles to a final menstrual period associated with ovarian

senescence.With improvement in medical treatment and increased focus on preventive health care average life expectancy has increased. As a result, most women can expect to live at least one third of their lives in the post-menopausal stage. Importantly, menopause transition and the years of life spent in the post-menopausal state bring with them issue related to both quality of life and disease preventive and management.

IV. Stages of menopause

Menopause is defined as the permanent cessation of menses. By convention the diagnosis of menopause is not made until the individual has had 12 months of amenorrhea.Menopause is not just cessation of menstruation it is "depletion of ovarian activity" leading to decrease in ovarian hormones.Menopause is thus characterized by the menstrual changes that reflect oocyte depletion and subsequent reduction in ovarian hormone production. However, the manifestations that occur around the time of menopause are caused by the underlying ovarian changes, rather than by the cessation of menstruation itself. Natural menopause occurs at (or) after 40 years of age and has no underlying pathological cause.Induced menopause may occur after chemotherapy, pelvic radiation, bilateral Oophorectomy and hysterectomy.

A. Climacteric. Climacteric is the phase of aging process during which a woman passes from reproductive to the non-reproductive stage. This term now used infrequently refers to the time of waning ovarian function associated with menstrual irregulaty and vasomotor symptoms.

B. Perimenopause. It is the time between the onset of climacteric and the years after the last menses.

C. Pre menopause: Itis the part of climacteric before menopause, when the menstrual cycle is likely to be regular.

D. Post menopause. Post menopause is the span of life after menopause. Post menopause is defined by the WHO, the term post menopause is defined as dating from the final menstrual period, regardless whether the menopause was induced or spontaneous. The post menopause lasts about 10-15 years and is followed by the senescence from about 65 years of age to the end of life. This age limit is marked by the successive occurrence of the maximum rate of cardio vascular, orthopedic and oncologic disease. After this age, estrogen substitution may be accompanied by higher vascular and oncologic risks.

E. Early post menopause: Thisis the period within 2 years after menopause.

Senescence: After the age of 60 years. There is staging of reproductive aging by STRAW (the stages of Reproductive Aging Workshop) where relationship of final menstrual period and menstrual cycles with FSH levels was taken into account, and in this staging reproductive years, menopause transition and post menopause are divided into early and late.

A. Stage 1: From the earliest peri menopause symptoms (usually vasomotor instability or Menstrual irregularity) to menstrual cessation (menopause). This stage can last from 3-5 years.

B. Stage 2: "Five years after menopause". This stage is further sub- divided into stage 2 A and stage 2 B.

- Stage 2 A: From the cessation of menstruation up to one year. The main symptoms of menopause during this stage age vasomotor instability and urethral syndrome.
- Stage 2 B: From end of stage 2 A up to four years. The common issues here are Atrophic symptoms, vaginitis, and dyspareunia Urinary symptoms.

Weight gain, Skin and hair changes, Genital prolapse, Late psychological symptoms, Sexual disorders.

Stage 3: From five years after menopause up to an indefinite period, probably life time. This stage is further divided into three.

- Stage 3 A: Residual atrophic symptoms.
- Stage 3 B: Stage of ischemic heart disease and early osteoporosis.
- Stage 3 C: Very late complications like cerebrovascular changes and Alzheimer's disease.

Table: 1: Showing relationship between type of menopause & parity in Group-A and Group-B

No.	Parity	Premature menopause (36-45 years)		Normal menopause (46-50 years)		Late menopause (51 -60 years)	
		Group A	Group B	Group A	Group B	Group A	Group B
1	P0-P3	1 (5.0)	4 (20.0)	0 (0.0)	2 (10.0)	2 (10.0)	0 (0.0)

2	P4-P7	5 (25.0)	6 (30.0)	6 (30.0)	0 (0.0)	4 (20.0)	3 (15.0)
3	P8-P11	1 (5.0)	1 (5.0)	0 (0.0)	1 (5.0)	1 (5.0)	3 (15.0)
	Total	7	11	6	3	7	6

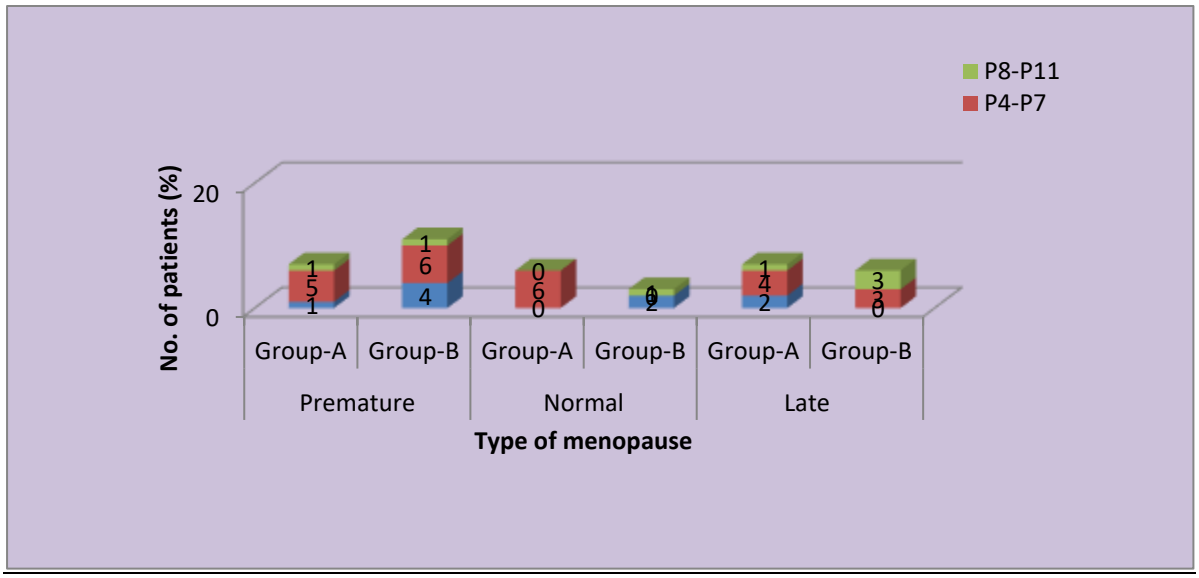


Figure 2: Relationship between type of menopause and parity in Group-A and Group-B patients

In the above table the given data shows:

In group A 1(5%) women who attained menopause prematurely have 0-3 children, 5(25%) have 4-7 children and 1(5%) have 8-11 children. 6 (30%) women who attained normal menopause have 4-7 children, 2(10%) women who attained menopause late have 0-3 children, 4 (20%) have 4-7 children, 1(5%) have 8-11 children.

In group B 4(20 %) women who attained menopause prematurely have 0-3 children, 6(30%) have 4-7 children and 1(5%) have 8-11 children. 2 (10%) women who attained menopause normally have 0-3 children, 1 (5%) have 8-11 children, 3 (15%) women who attained menopause late have 4-7 children and 3(15%) have 8-11 children.

Result: It has been observed that the highest incidence seen in women who attained menopause normally 6(30%) have 4-7 children's.

Table 2: showing menopause distribution in relation to the type of cessation in Group A and Group B:

Type of menopause	Type of cessation					
	Premature menopause (36-45 years)		Normal menopause (46-50 years)		Late menopause (51 -60 years)	
	Group -A	Group-B	Group -A	Group-B	Group –A	Group-B
Gradual	3 (15.0)	7(35.0)	6 (30.0)	0 (0.0)	7 (35.0)	6 (30.0)
Surgical	2 (10.0)	3 (15.0)	0 (0.0)	1 (5.0)	0 (0.0)	0 (0.0)
sudden	2 (10.0)	1 (5.0)	0 (0.0)	2 (10.0)	0 (0.0)	0 (0.0)
Total	7	11	6	3	7	6

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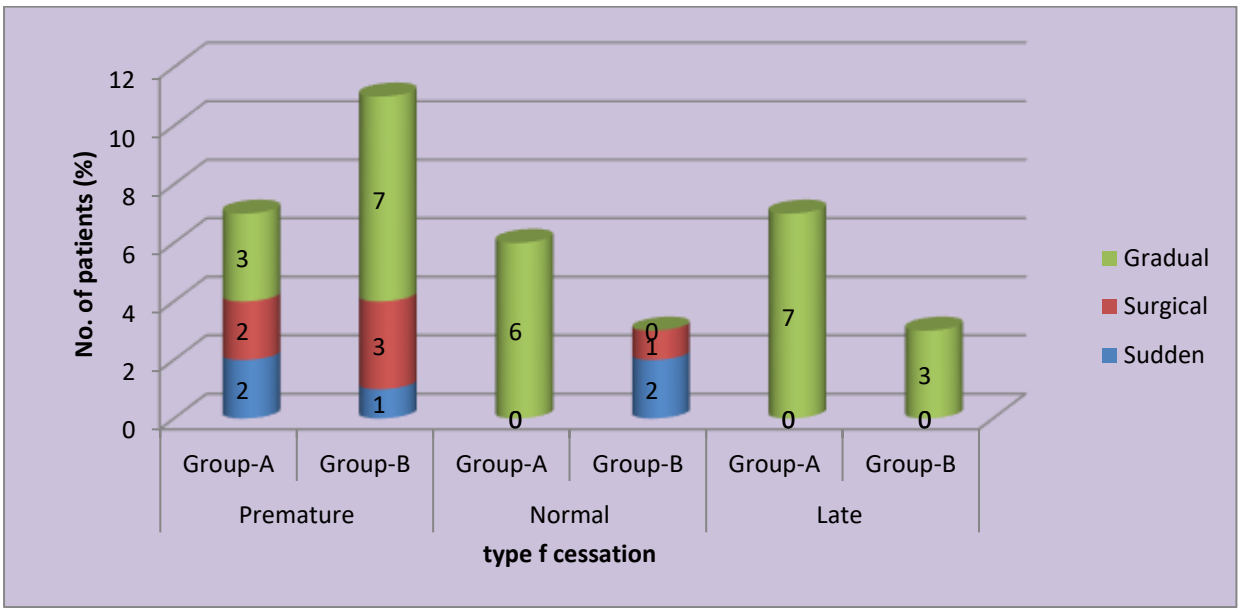

Figure 3: Relationship between type of menopause and type of cessation in Group-A and Group-B patient

In group A the above table shows that women who attained menopause prematurely had gradual cessation that is 3(15%), surgical cessation 2 (10%), sudden cessation 2(10%) and the women who attained menopause normally gradual were 6(30%) and the women who attained menopause gradually late were 7 (35%). In group B, the above table shows that women who attained menopause prematurely had gradual cessation that is 7(35%), surgical cessation 3(15%), sudden cessation 1(5%), and the women who attained menopause normally had surgical cessation 1(5%) sudden cessation 2(10%), and the women who attained menopause late are 6 (35%).Result: It has been observed that the highest incidence seen in gradual menopause.

Table: 03: Showing Group A and Group B response to treatment (n=20)

Symptoms	Group-A (n=20) (No. of patients)			Group-B(n=20) (No. of patients)		
	B.T.	A.T.	Remission (%)	B.T.	A.T.	Remission (%)
1. Hot flushes	16	0	16 (100.0)	15	0	15 (100.0)
2. Palpitation	16	0	16 (100.0)	15	0	15 (100.)
3. White discharge	8	1	7 (87.5)	11	0	11 (100.0
4. Insomnia	5	0	5 (100.0)	3	0	3 (100.0)
5. GIT	12	0	12 (100.0)	13	0	13 (100.0)
6. Joint pains	19	5	14 (73.7)	17	4	13 (76.5)
7. UT infection	5	0	5 (100.0)	8	0	8 (100.0)

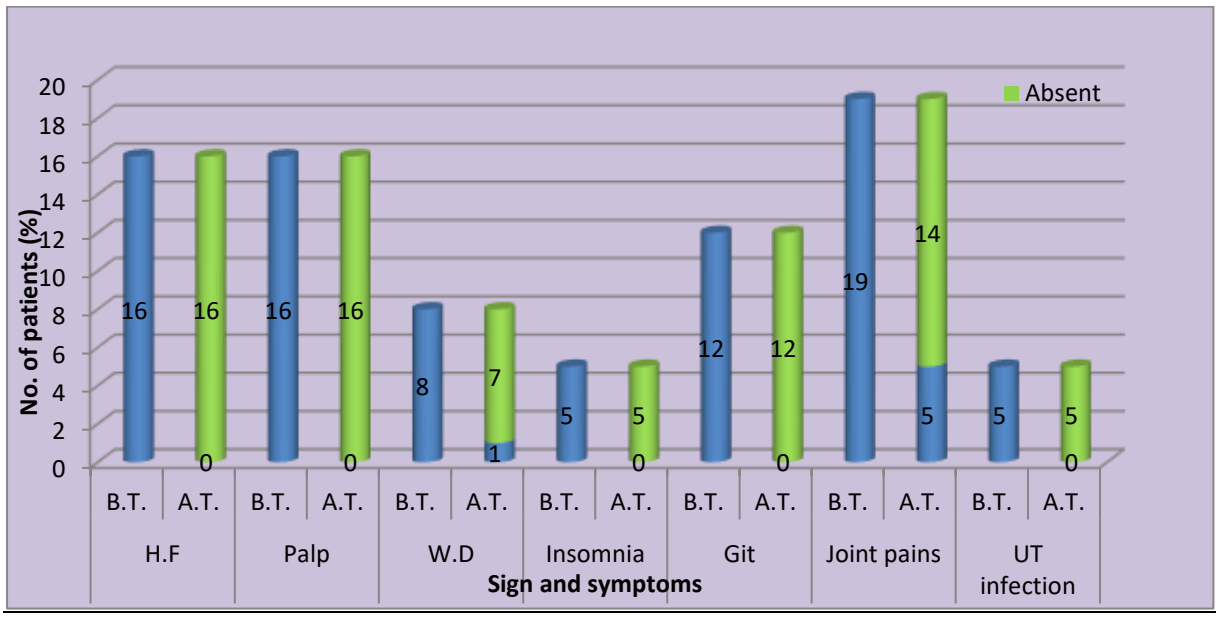

Figure 4: Remission of sign and symptoms in Group-A patients

In the above table the given data shows

In group A before treatment 16(80%) women suffered hot flushes, 16 (80%) were of suffered from palpitation, 8(40%) were suffered from white discharge,5(25%) was suffered from insomnia,12(60%) suffered from GIT,19(95%) suffered from joint pains,5 (25%) suffered from UT infections. After treatment, there is remission of hot flushes 100%, palpitations 100%, white discharge 87.5%, and insomnia 100%, GIT 100%, joint pains 73.3%, UT infections 100%.Result: It has been concluded that the dominant complaint is joint pains after menopause.

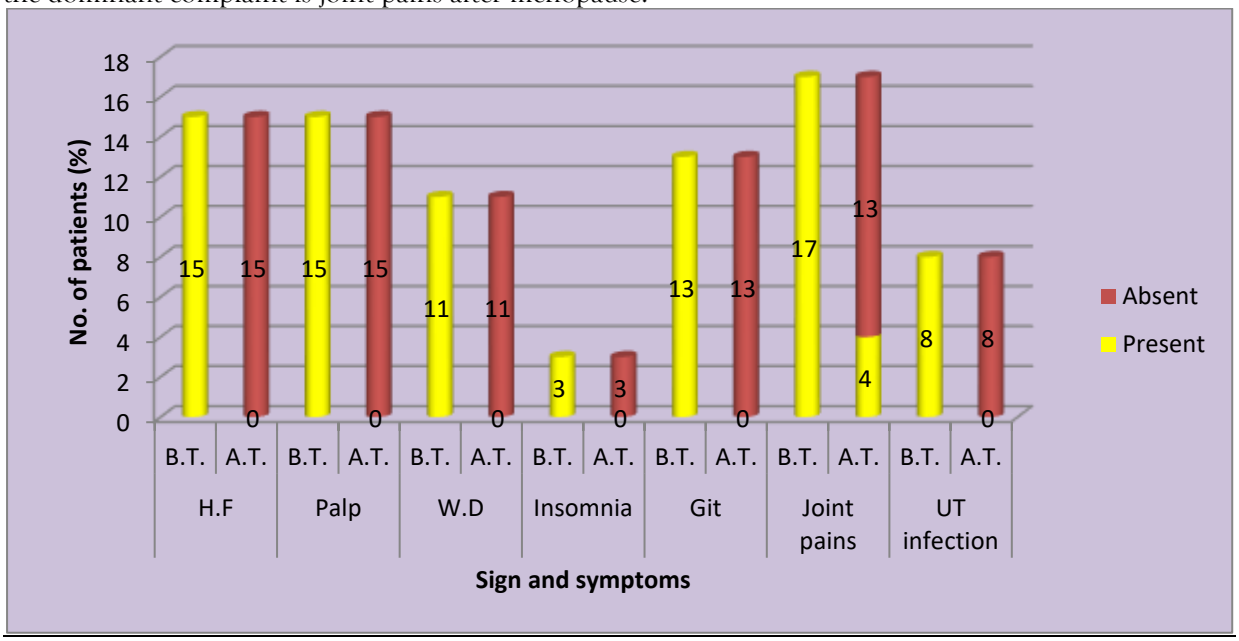

Figure 4a: Remission of sign and symptoms in Group-B patients

In group B 15 (75%) women suffered from hot flushes, 15 (75%) suffered from palpitation, 11(55%) suffered from white discharge, 3(15%) suffered from insomnia, 13(65%) suffered from GIT, 17(85%) suffered from joint pains, 8(40%) suffered from UT infections. After treatment, there is remission hot flushes is 100%, palpitation 100%, white discharge is 100%,insomnia is 100%,GIT symptoms are 100%, joint paints are 76.5% and urinary tract infection is 100%.

Result: It has been concluded that the dominant complaint is joint pains after menopause.

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Table 04: Showing USG Findings reports before treatment and after treatment in Group-A (n=20)

NO.	Organs	Findings	Before treatment	After treatment	Remission (%)
1	Uterus	Atrophy/Bulky	5	4	1 (20.0)
2	Ovaries	Atrophy	5	4	1 (20.0)
3	Liver	Grade I & II Fatty Liver	7	2	5 (71.4)
4	Other	Post hysterectomy	3	3	-
		Total	20	13	7

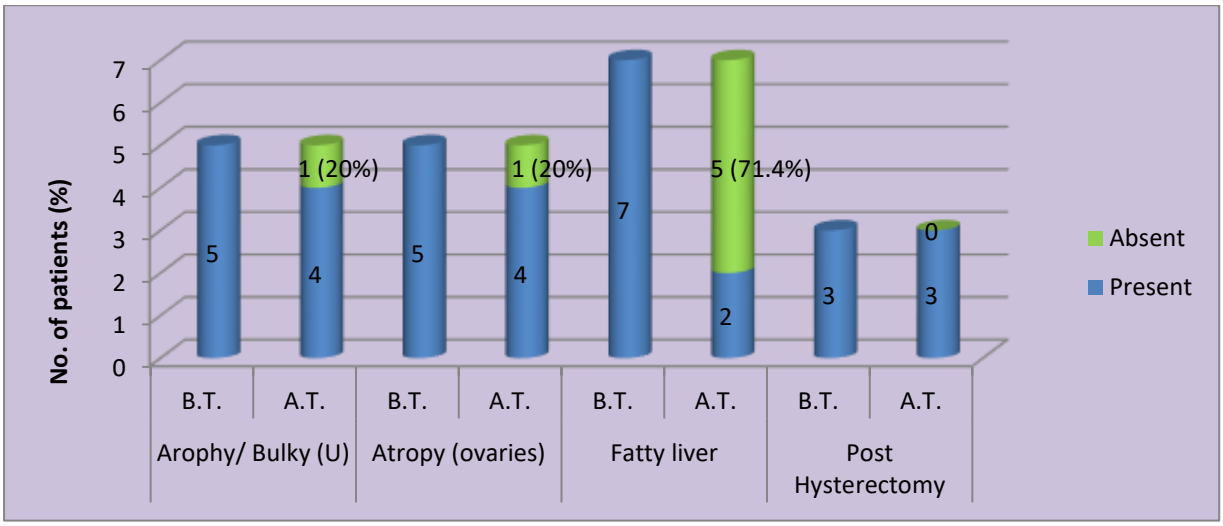

Figure 5: USG findings before & after treatment in Group-A patients

Observation: In the above table, before treatment 5(25%) of women were of atrophic uterus, 5 (25%) were of ovarian atrophy, 7(35%) were of grade I & II fatty liver, 3(15%) were of post hysterectomy status. After treatment, 4(20%) of women were of atrophic uterus,4(20%) were of ovarian atrophy,2(10%) was of grade I & II fatty liver ,3(15%) was of post hysterectomy status.

Table 05: showing USG Findings reports before treatment and after treatment in Group-B (n=20)

NO.	Organs	Findings	Before treatment	After treatment	Remission (%)
1	Uterus	Atrophy/Bulky	6	3	3 (50.0)
2	Ovaries	Atrophy	-	-	-
3	Liver	Grade I & II Fatty Liver	6	3	3 (50.0)
4	Other	Post hysterectomy	2	2	-
		NAD	6	6	-
		Total	20	14	6

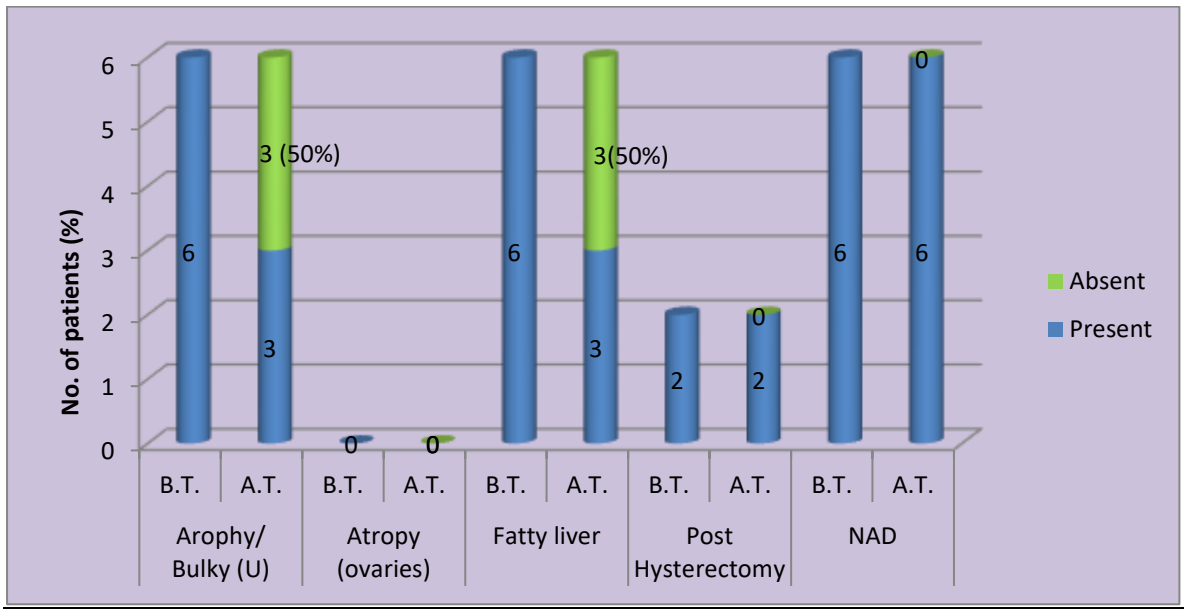

Figure 6: USG findings before & after treatment in Group-B patients

Observation: In the above table, before treatment 6(30%) of women were of atrophic uterus, 6(30%) were of grade I & II fatty liver, 2(10%) were of post hysterectomy status.
After treatment, 3(15%) of women were of atrophic uterus, 2(10%) were of grade I & II fatty liver, 2(10%) were of post hysterectomy status

Table 06: Showing serum estradial reports before treatment and after treatment in Group-A(n=20)

NO.	Serum Estradial	Before treatment		After treatment	
		No of Patients	%	No of Patients	%
1	10-20 pg/ml	8	40.0	4	20.0
2	21-30 pg/ml	4	20.0	4	20.0
3	31-40 pg/ml	5	25.0	6	30.0
4	41-50 pg/ml	3	15.0	6	30.0
	Total	20	100.0	20	100.0

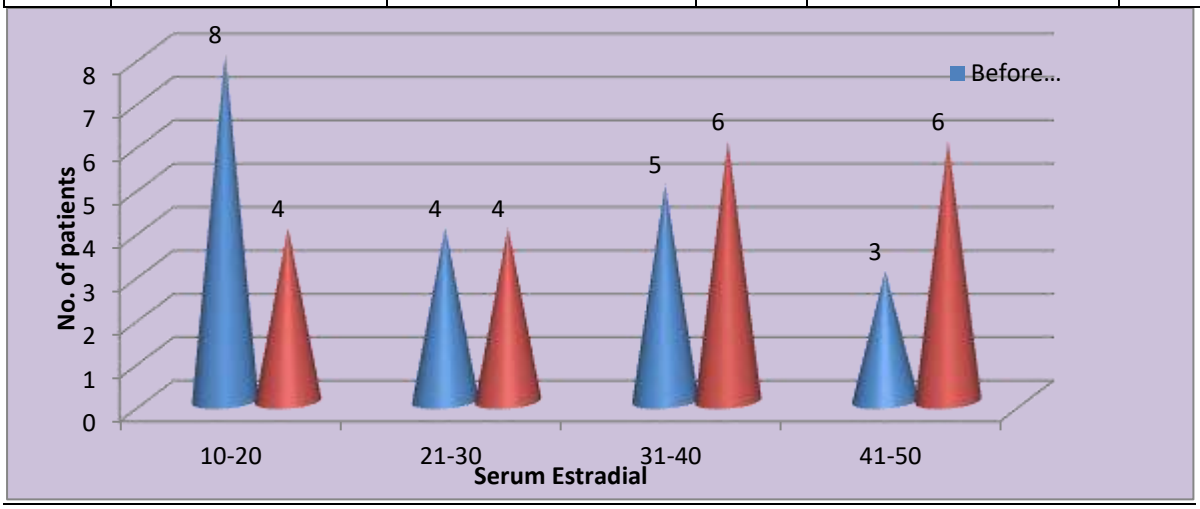

Figure 7: Remission in Serum Estradial after treatment in Group-A patients

Observation: In the above table, before treatment the serum estradial level 8(40%) of patients were of 10-20 pg/ml ,4 (20%) were of 21-30 pg/ml,5(25%) were of 31-40 pg/ml 3(15%) were of 41-50 pg/ml .After treatment, the serum estradial level 4(20%) of patients were of 10-20 pg/ml ,4 (20%) were of 21-30 pg/ml,6(30%) were of 31-40 pg/ml 6(30%) were of 41-50 pg/ml

DISCUSSION

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. These symptoms constitute the postmenopausal syndrome; they are impairing to a great extent to the woman and management of these symptoms has become important.Post menopause women comprise an ever-increasing percentage of the population the alteration in the ovarian function with loss of cyclic hormonal activity after menopause appears to be an actual endocrinopathy that produce definite metabolic effects.

Four criteria are necessary for endocrinopathy to be present morphologic changes, functional changes, hormonal changes and target tissue changes.With improvement in treatment and increased focus on preventive health care, average, and life expectancy has increased. The average age of menopause in India is 47.5 years, with an average life expectancy of 71 years. Therefore, Indian women are likely to spend almost 23.5 years in menopause (Indian Menopause Society, 2007).

There is a wide variation in the frequency with which women from different ethnic groups and different socioeconomic and educational backgrounds report the occurrence of symptoms associated with menopause. Socioeconomic status is an important determinant of health and nutritional status, as well as morbidity and mortality. The variables that affect the socioeconomic status are different in the urban and rural population.

Post menopause is defined by the WHO, the term post menopause is defined as dating from the final menstrual period, and regardless whether the menopause was induced or spontaneous.

In unani literature this period of life in women is termed as Sinn-e-Yaas. Greek Medicine does not consider menopause to be a pathological condition. While much the Hippocratic gynecology is discussed in term pathology, the cessation of menstruation due to old age is believed to be natural.

In Kamil-us-sana by Ali Bin Abbas al Majoosi, stated that in post-menopausal Women with passing years the size of uterus will be decreased and it will lead to Atrophy. In kitab-ul-Havi by Abu BakarMohd Bin zakariyarazi(925-865 BC) it is said that if a women experiences amenorrhea in old age the women does not require any Treatment, it is because the blood supply will be reduced to the reproductive Organs and the temperament will be cold which leads to cessation of Menstruation. In zakeera-e-qwarezam-shahi by Hakeem Sharfuddin Ismail jurjani(1140 AD) It is also mentioned that women do not menstruate after 40 and regarded It is a natural phenomenon and also described how to manage the cold and dry Temperament of the Post-menopausal Women.

In Talimulqabila by Hakeem Abdul Razzak menopause is considered normal. It is Described that as women ages there is decrease in blood reserves and Production of blood is slows down and the reproductive tract loses its vigour and Vitality also there is less blood supply to the reproductive organs which leads to Amenorrhoea and considered three stages to be normal with age and not pathological.

Ali Bin RabbaniTabri (850 AD) in his treatise FirdousulHikhmat also mentioned about the treatment of cold and dry temperament of post-menopausal women. Razi quoted that menstruation may ceased due to weakness of liver caused by other associated organs.

Saabit bin Qurrah mentioned that menstruation stops at the age of 35 – 60 years once the menstruation ceases various disease and complication occurs.

In the 20th century menopause had become a medical disease to be dealt with rather than part of the natural aging process.

Normal age for menopause was given as 50 years but sometimes. It may be premature (i.e. in 40 years)Pre mature is defined as ovarian failure occurring two standard deviations in year before the mean menopausal age. It is clinically defined as secondary amenorrhea for at least 3 months with raised FSH, raised FSH/LH ratio, and low E2 level in a woman under 40 yearsand sometimes the women can menstruate up to 60 years of age.

Patho physiology of menopause: During climacteric, ovarian activity decline. Initially ovulation fails, no corpus luteum forms, and no progesterone is secreted by the ovary.
Therefore, the pre-menopausal menstrual cycles are often anovulatory and irregular. Later graffian follicles also fails to develop, estrogenic activity is reduced and endometrial atrophy leads to amenorrhea. Cessation of ovarian activity and a fall in the estrogen level as well as inhibin level causes a rebound increase in the secretion of FSH and LH by the anterior pituitary gland. The FSH levels may rise as much as 50-fold and LH 3-4-fold.
In post-menopausal women there is 10-fold to 20-fold increase in the FSH level and 3-5-fold increase in LH level and estradiol level fall below 50 pg / ml.Menopause is a hypoestrogenic state, which can result in the various effects. The postmenopausal women experience a sensation of warmth spreading from trunk to the face (hot flushes also called hot flashes), night sweats, and various mood swing symptoms.Hot flushes are said to occur in 75% of menopausal women. Low estrogen level is a prerequisite for hot flush.
Menstrual symptoms: The three classical ways in which the menstrual period ceases are: 1) Sudden cessation, 2) Gradual diminution in the amount of blood loss with each regular period until menstruation stops, 3) Gradual increase in the spacing of the period until they cease for at least a period of 1 year.
Other symptoms**:** Almost 60-70 % women go through menopausal period without problems. Rest Need guidance and treatment. The important symptoms and health concerns of Menopause are:

- vasomotor symptoms,
- urogenital atrophy,
- osteoporosis and Fracture
- cardiovascular disease,
- cerebro vascular disease,
- psychological Changes,
- skin and hair,
- Sexual dysfunction,
- Dementia and cognitive decline.

Menopausal women through chronic deficiency are liable to develop such complications like Psychological changes: There is increased frequency of anxiety, headache, insomnia, irritability, dysphasia and depression, changes in Skin and hair that is there is thinning, loss of elasticity and wrinkling of the skin, menopausal arthropathy, osteoarthritis, arthritis, fibrositis, following menopause there is a decline in collagenous bone matrix resulting in osteoporotic changes. It is characterized by micro architectural deterioration of bone mass resulting in increased fragility and predilection to fracture, Alzheimer disease is reported in delayed menopausal symptoms due to estrogen deficiency.
Diagnosis of menopause: cessation of menstruation for consecutive 12 months during climacteric, appearance ofmenopausal symptoms 'hot flush and night sweats'.vaginal cytology- showing maturation index of at least 10/85/5. (Features of low estrogen) serum estradiol < 20 pg/ml.
The study is carried out to assess the efficacy and therapeutic response of unani drugs in the management of post-menopausal syndrome in the PG Dept of Qabalath-o-Amraz-e-Niswan, at Government NizamiaTibbi College and Government Nizamia General Hospital, Charminar, Hyderabad. Out of 60 registered patients, 40 patients were selected for clinical trial on the basis of selection criteria in the study and divided into two groups, Group A and Group B. 20 Patients were selected in each group based on inclusion and exclusion criteria. During the trials seven patients came on and off and 3 patients were irregular n their follow ups.
Inclusion Criteria: (age of the patient is 35-60 years) Women those who were attained natural or artificial (surgical) menopause between the age of 35 to 60 years were included in this study. In artificial (surgical) menopause cases included after 6 months of surgical procedure Cases will natural menopause will be taken after one year of cessation. Patient with Diabetes mellitus, HTN have been included.
Subjective parameters includes all the symptoms as discussed above and objective parameters includes the features of post menopause and in ultra sound of abdomen and pelvis shows the size of uterus and atrophy of uterus and ovaries.
Laboratory investigation includes Routine Examinations like CBP (complete blood picture),ESR (Erythrocyte sedimentation rate),FBS(Fasting blood sugar), PLBS(Post lunch blood

sugar).CUE(Complete urine examination) and Special Investigations to estimate Ultra sonography (USG),Serum estradial(E2),Serum calcium, Lipid profile levels.

After careful study of parameters of the post-menopausal syndrome and keeping in view of sign and symptoms of menopause and patho physiology of menopause, and complication of menopause research medicine were selected, formulated and divide into two groups. Group A and Group B. Treatment was given as outpatient and inpatient basis. In each group special coded medicine has been formulated, prepared and given to the patients for 10 days course in each cycle and has been repeated for next 3 consecutive cycles.

After 3 cycles of treatment with pre and post evaluation results were analyzed statistically for significant improvement of subjective and objective parameters. The result were analyzed by T test, chi square test, standard deviation and tabulated in the form of tables and figures which are as follows.

Table 01 Parity: Out of 20 patients in group A, In group A 1(5%) women who attained menopause prematurely have 0-3 children, 5(25%) have 4-7 children and 1(5%) have 8-11 children. 6 (30%) women who attained normal menopause have 4-7 children 2(10%) women who attained menopause late have 0-3 children, 4 (20%) have 4-7 children ,1(5%) have 8-11 children, where as in group B 4(20 %) women who attained menopause prematurely have 0-3 children ,6(30%) have 4-7 children and 1(5%) have 8-11 children. 2 (10%) women who attained menopause normally have 0-3 children ,1 (5%) have 8-11 children ,3 (15%) women who attained menopause late have 4-7 children and 3(15%) have 8-11 children. It has been observed that the highest incidence seen in women who attained menopause normally 6(30%) have 4-7 children's.

Table 02: Relation between type of menopause & type of cessation: Out of 20 patients in group A, that women who attained menopause prematurely had gradual cessation that is 3(15%) , surgical cessation 2 (10%) , sudden cessation 2(10%) and the women who attained menopause normally gradual were 6(30%) and the women who attained menopause gradually late were 7 (35%), where as in group B, that the women who attained menopause prematurely had gradual cessation that is 7(35%) surgical cessation 3(15%) , sudden cessation 1(5%), and the women who attained menopause normally had surgical cessation 1(5%) sudden cessation 2(10%),and the women who attained menopause late were 6 (35%).

It has been observed that the highest incidence seen in gradual menopause

Table 03: Remission of complaints: In group A before treatment 16(80%) women suffered hot flushes, 16 (80%) were of suffered from palpitation, 8(40%) were suffered from white discharge, 5(25%) were suffered from insomnia, 12(60%) suffered from GIT, 19(95%) suffered from joint pains, 5 (25%) suffered from UT infections. After treatment, there is remission of hot flushes 100%, palpitations 100%, white discharge 87.5%, and insomnia 100%, GIT 100%, joint pains 73.3%, UT infections 100%.

It has been concluded that the dominant complaint was joint pains after menopause.

In group B 15 (75%) women suffered from hot flushes, 15 (75%) suffered from palpitation, 11(55%) suffered from white discharge, 3(15%) suffered from insomnia, 13 (65%) suffered from GIT, 17 (85%) suffered from joint pains, 8 (40%) suffered from UT infections. After treatment, there is remission hot flushes was100%, palpitation 100%, white discharge was 100%,insomnia is 100%,GIT symptoms were 100%, joint paints were 76.5% and urinary tract infection is 100%.It has been concluded that the dominant complaint was joint pains after menopause.

Serum estradial, & Serum calcium: In group A Serum estradial level, before treatment was 26.7 ± 12.8 and it improve to 33.1 ± 11.7 tested after completion of treatment similarly serum calcium level before treatment was 9.2 ± 0.7and it improves to 10.0 ± 0.6tested after completion of treatment.

In group B:Serum estradial level, before treatment in group B was 30.1 ± 9.7and it improves to 37.3 ± 6.8 tested after completion of treatment.Similarly, serum calcium level before treatment is 9.3 ± 0.7and it improves to 10.4 ± 0.7 tested after completion of treatment. The P value is < 0.05 that is significant.

To manage the post-menopausal syndrome complaints, two medicinal groups have been formed, these groups were as group A & group B for comparative study.

Randomized single blind trials with 2 parallel groups for comparison study. The formulae were selected ancient unani books and the drugs were used for years together for different aliments. The formulae were to be designed after careful pharmacognosy study keeping in view the complaints and complications of postmenopausal syndrome.

The study procedures were conducted for patient enrolled in the study. At the Screening visit, demographic characteristics, medical history, and current medications were recorded for each patient. In present study the maximum number of patients complained of joint pains is the first place other complaints include hot flushes, palpitation, white discharge, insomnia, GIT symptoms, and UT infections.

After careful study of subjective and objective parameters some drugs were selected from the review of ancient unani books, formulated and divided into two groups Group A and Group B .It was decided that to evaluate the efficacy of unani drugs in the treatment of post-menopausal syndrome which is the most popular and ancient system of medicine, and it also aimed to reduce the use of hormones, and increase in quality of women life.

After the selection and formulation of trial drugs were prepared in form of joshanda(decocotion), sufoof(powder) and humool (pessaries).

Group A cosists of sufoof, joshanda(decoction), humool, was taken as a special formulated medicine groupB consists of sufoof and humool.

CONCLUSION

Post-menopausal syndrome is a common condition in a woman. It is defined as dating from the final menstrual period, regardless whether the menopause was induced or spontaneous and the common presenting symptoms are women experience a sensation of warmth spreading from trunk to the face (hot flushes also called hot flashes), night sweats, and various mood swing symptoms.

Hot flushes are said to occur in 75% of menopausal women. Other symptoms are joint pains, urinary tract infections and gastrointestinal symptoms. With improvement in treatment and increased focus on preventive health care, average life expectancy has increased. As a result, most women can now expert to live at least one third of their lives in the post menopause period, specifically in the 2010 nearly 42 million women were aged 55 years and older. Importantly, menopausal transition and the years of life spent in the post-menopausal state bring with them issue related to both quality of life and disease preventive and management.

Menopause, as part of a woman's aging process, does not warrant the definition of an estrogen deficiency disease against which a full-scale battle needs to be waged for the remainder of her postmenopausal years. Physical problems are usually of minor concern for most women but psychological difficulties due to an inability to come to terms with the aging process are inextricably linked to the socio-cultural environment. The present study intended to investigate psychological distress in menopausal women in relation to life event, social support and physiological symptoms. This study will try to answer couple of question which will be helpful to develop further management in menopausal age group.

The present study was aimed to reduce the complications of post-menopausal syndrome and to prevent osteoporosis and serious medical illness.The drugs selected for the treatment of post-menopausal syndrome had minimal side effects and shown good results. The medicine selected are safe and effective. The therapeutic procedures or the treatment of this disease include poly herbal drugs and life style modifications. Ultra sound, serum estradial and serum calcium was done before and after treatment to notice the response of drugs.The subjective and objective parameters were assessed before and after treatment and over all scoring was done based upon laboratory investigations and special investigations.

The results were drawn statistically prove the efficacy of unani medicine.After detailed study of post-menopausal syndrome, it can be concluded that

1) The maximum incidence found in the age group 36-45 years.
2) The syndrome is more common in multiparous women.
3) Maximum number of patients of this syndrome belongs to middle income group
4) It has been observed that the disease is more common in patients of saudavimizaj because of dominance of khiltsauda.
5) It has been observed that the highest incidence of type of cessation seen in Gradual. Detailed history through gynecological examination of patient is required
6) Especially the bi manual examination to visualize the size position of uterus and cervix and to rule any lesions in the cervix.

7) The drug's use for trial in this study have the properties of tonic, nutritive, aphrodisiac, anti-inflammatory, laxative, carminative, antidepressant demulcent, digestive, analgesic.
8) From the present study there was an overall improvement in the remission of symptoms, all the investigations are improved after 3 cycles of treatment

In post-menopausal syndrome patients treated with 15 patients (75%) are cured in group A, while 16 patients (80%) in group B, 5patients (25%) in group A and 4 patients (20%) in group B are relieved, and there is no subject who did not respond to the treatment. Total percentage cured in group A are 75% which comparatively less than group B is 80 % The drugs selected in test group have tonic,nutritive, aphrodisiac,anti-inflammatory, disinfectant,laxative, carminative, antidepressant demulcent,digestive, analgesic effect which relieve the symptoms of post-menopausal complaints. These drugs were cost effective, easily available, and well tolerated by the patients without any side effects.

After careful monitoring of patients towards special coded medicines and its Side effects, response of medicine is observed, documented, and analyzed statistically to prove the better efficacy of the group A and group B. After analysis with T test, Chi square test, and standard deviation the results achieved.

The mean therapeutic response was observed in group A is 93.4 ± 12.1(SD) and the mean response of group B is 96.6 ± 8.37(SD), both the groups have equal efficacy in the treatment of post-menopausal syndrome without any side effects. Both the groups are safe, patients responded well to both groups.

SUMMARY

The medical definition of the menopause is the end of menstruation, which results from a reduce production of estrogen by the body. The post menopause lasts about 10-15 years and is followed by the senescence from about 65 years of age to the end of life. The ovaries of postmenopausal women gradually UN responsive to gonadotrophins with advancing age and its function declines.This unresponsiveness is associated with and probably caused by decline in the number of primordial follicles. The ovaries no longer secrete progesterone and 17 B estradiol in appreciable quantities. The menstrual cycle usually become irregular and ceases between the ages of 45-55.

The average age at onset of menopause has increased since the turn of the century is currently it has been declared as 52 years of age. The levels of female hormones, oestrogen and progesterone, may fluctuate almost daily around the time of the menopause. Women's periods then stop due to the consistently low levels of oestrogen.

Fluctuating hormone levels result in a wide range of symptoms, including: Hot flushes, Night sweats, Mood disturbances / depression / forgetfulness/Vaginal dryness / urinary infections / pain during intercourse.

The main aim of the study is to evaluate the problems of post menopause clinically and its management with unani drugs. To develop economically safe, effective remedy to improve the quality of life of menopausal women, and to reduce the risk of post-menopausal problems.

After the careful study of parameters of the post-menopausal syndrome and keeping in view of complaints and complications, research medicines were selected, formulated and divided into two groups.Group A and Group B. Treatment was given as OP/IP basis in each group.Special coded medicine has been formulated, prepared and given to the patients for 10 days course in each cycle, and has been repeated for next 3 cycles. All selected drugs were safe, easily available, with no side effects. The drug's efficacy is better and patient tolerated well to the route of administration without overwhelming side effects. The response of drugs was monitored after administration of drugs for 10 days course of treatment. Subjective parameters show almost 100% remission after treatment, and there was improvement in objective parameters.

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