

LOW BACKACHE: A MAJOR COMMON HEALTH ISSUE IN MENOPAUSAL WOMEN AND ITS CARE THROUGH AYURVEDA

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ABSTRACT

Low backache is a very common and significant health problem in menopausal women. During menopause, a decrease in estrogen hormone leads to bone density loss, muscle weakness, joint stiffness, and an increase in Vata dosha in the body, increasing the risk of low backache. Furthermore, mental stress, weight gain, physical inactivity, and calcium deficiency also aggravate this problem. This condition adversely affects women's daily activities, performance, and quality of life.

According to Ayurveda, menopause is considered the initial stage of aging, in which Vata dosha is particularly prevalent. Low backache is described as "Katishool" or "Katigraha" in Ayurveda. Ayurveda adopts a holistic approach to its treatment, coordinating diet, behavior, medication, and Panchakarma therapy.

Ayurvedic therapy, combined with a healthy lifestyle, a balanced diet, and regular Yoga practice, can significantly help in effectively managing and preventing low backache in menopausal women. Thus, Ayurveda offers a safe, natural, and long-term solution that can help improve women's overall health and quality of life.

Keywords: *Low backache, menopause, Ayurveda, Katishool, anti-stress, diagnosis*

INTRODUCTION

Pain has been a serious problem since the dawn of time. The word "disease" itself means pain. Widespread pain is associated with a worse prognosis than localized pain. The word "disease" itself implies a bad condition. In today's world, due to aging and increasing longevity, menopause-related health should be prioritized. In the present scenario menopausal health demands priority due to increase in life expectancy and growing population of menopausal women. The present case report documents the efficacy of Ayurvedic treatment in improving the menopausal symptoms.

This case report demonstrates the effectiveness of Ayurvedic treatment in improving menopausal symptoms. Guidelines for the management of low backache in primary care have been published in various countries around the world. low backache is one of the most common health problems worldwide. low backache can occur in three different stages: acute, moderate, and chronic. Treatment of acute low backache should focus on eliminating the underlying cause. Red flags are common signs or symptoms typically associated with a specific type of low backache. Yellow flags indicate a more severe and often debilitating course of the disease. The lifetime prevalence of low backache ranges from 60 to 85%. Approximately 15% of adults experience low backache at any given time. low backache costs society money, largely because of the number of people suffering from it. When a woman's menstrual cycle ends permanently and she can no longer conceive children, she enters menopause, also known as the climacteric. Menopause usually occurs between the age of 47 and 54.

When a woman has gone a year without having her period, doctors frequently consider that to be the beginning of menopause. A reduction in hormone production by the ovaries could also serve to define it.

A woman's periods typically become irregular in the years leading up to menopause. This means that they may last for a longer or shorter amount of time, or they may flow more or less. Hot flashes are a common occurrence for women during this time; they typically last between 30 seconds and ten minutes and can be accompanied by shivering, perspiration, and skin reddening. Hot flashes can last from four to five years.

Other symptoms may include vaginal dryness, trouble sleeping, and mood changes. Menopause is usually a natural change. It can occur earlier in those who smoke tobacco. Progesterone and estrogen production by the ovaries declines during menopause, which causes the physiological condition. Menopause can be diagnosed even though hormone levels in the blood or urine are typically not measured. Menopause is the opposite of menarche, the time when a girl's period begins. The goals of treating chronic low backache are to effectively manage pain, maintain physical activity, avoid irreversible impairment, and regain working capacity.

Incidence of low backache among menopausal patients in our country, and its relationship to age, occupation, and palliative obesity (body weight). Typically, menopause begins between the ages of 47 and 54. According to various statistics, more than 85% of women have their last period between the ages of 47 and 54 (median 49-50). Final bleeding occurs in 2% of women under 40, 5% of women between 40 and 45, and a similar proportion of women between 55 and 58. The average age of menopause in the United States is 51, compared to 50 in Russia, 50 in Greece, 49 in Turkey, and 46 in India. Typically, perimenopause, or the menopausal transition, which occurs before menopause, lasts 3-4 years (sometimes up to 5-14 years).

Diabetes, cardiovascular disease, cancer, osteoporosis, osteoarthritis, and other non-communicable diseases called "adiposity-based chronic diseases" such as dementia are increasing worldwide alongside the rise in obesity. Many of these diseases can be prevented through immediate lifestyle changes, including behavioral modifications, adopting a healthy diet, and adequate physical activity. Weight gain is one of the major health problems of middle age. Aging, menopause, and other factors specific to postmenopausal women cause changes in the body during midlife and make it difficult to maintain a healthy lifestyle. Reduced energy levels due to decreased metabolism can make physical activity difficult. Women in menopause also experience muscle loss and bone loss, along with increased fat, leading to osteogenic sarco-obesity. The primary treatment for these midlife changes is adopting a healthy lifestyle. Lifestyle medicine offers a variety of network-based treatments that should be prioritized to prevent and treat obesity at every stage.

CAUSES OF LOW BACKACHE IN WOMEN (MENOPAUSE ACCORDING TO AYURVEDA) –

According to Ayurveda, this is a Vata disorder. Vata dosha is aggravated by various unhealthy eating habits and lifestyles. This aggravated Vata dosha circulates throughout the body and accumulates in areas of blocked channels. In this case, it blocks the channels in the lower back and accumulates there, causing pain, for which there are several Ayurvedic treatments for lower low backache. Ayurveda considers aging as nishpratikriya (changes that cannot be resisted) and svabhavabala rog (natural disease). Menopause occurring in the jara paksha sharir (aging body) at the age of 50 is consistent with current studies that show the average age of menopause to be 51 years. With advancing age, there is a gradual decline in the qualities of dosha, dhatu, mala, agni and ojas. . Artava (menstrual blood) is an upadhatu (second part) formed from rasa dhatu within a month after proper metabolism of the rakta dhatu by dhatuagni and bhutagni.

Due to progressive dhatu depletion, rakta dhatu depletion leads to aratava depletion. Irregular periods and decreased libido are symptoms of upadhatu aratava and shukra depletion. Furthermore, for these reasons, women are more susceptible to illness due to a decrease in ojas (body immunity). Dhatu depletion vitiates vata. The intrinsic qualities of vata—ruksha (viscosity), chal (instability), laghu (lightness), Garrulity (talkativeness), uchra (sharpness), and sheeta (cold)—deteriorate with age, leading to atrophy and kshaya (dissolution and depletion) of the various dhatus. Indriya

kshaya (decreased sensory organs), bal kshaya (decreased strength), and virya kshaya (decreased reproductive power) are symptoms of this decline.

This may explain many of the symptoms of menopause associated with aging, including urogenital atrophy. Thinning of the vulva, vagina, cervix, as well as the external urinary tract membranes, shrinkage and loss of elasticity of the entire genital area, including the skin, breast atrophy, decreased libido, difficulty achieving orgasm, and dyspareunia, or painful intercourse. The body is governed by the doshas of Vata, Pitta, and Kapha. Vata is more prevalent below the navel.

The doshas are primarily present throughout life, day and night, and even after meals. Furthermore, Sandhigata Vata is caused by vitiated Vata accumulated in the joints due to the depletion of Rasa Dhatu (osteoarthritis). This is a specific type of Vata Vyadhi (Vata disorder), and is characterized by Shoola Pradhan Vedana (extreme pain), which is associated with Sandhi Shotha (joint swelling) and Vata Purna Druti Sparsha (reduced joint movement or painful joint movement). Shotha (swelling), Shula (pain), Sparsha-asahyata (tenderness), Sphutana (cracking), Stambha (stiffness), Prasarana (stretching) and Akunchana (bending) etc. at the joints are other features of this problem.

This could explain why skeletal conditions like osteoarthritis, osteopenia, osteoporosis, and osteopenia are more common during menopause as well as why people are more likely to fracture their bones.

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Other vitiated Doshas and Dushyas start the process of vata aggravation due to Margavarna, which may result in the development of a variety of systematic disorders. While Dhatukshayajanyavata vitiation is frequently seen in old age as a result of poor dietary and lifestyle choices as well as chronic disease conditions, which may result in the development of a variety of neuro musculoskeletal disorders.

Patients and society are both significantly impacted by the health problem of low backache. The purpose of this narrative review is to summarise the connection between low backache, low-grade inflammation, and obesity. Sedentary behaviour is a known risk factor for obesity and disorders that are related to it. Obese people's adipose tissue secretes a variety of pro- and anti-inflammatory cytokines with numerous molecular effects. Pro-inflammatory cytokines are also C-reactive protein (CRP) sensitizers, a marker of acute inflammation that has been connected to the musculoskeletal pain that people with low backache experience. Prostaglandin E2 is an additional inflammatory marker worth mentioning. Prostaglandin E, is important in the process of triggering actions such as pyrexia, sensation of pain and inflammation, which are exhibited in low backache condition.

OTHER FACTORS:

- Common causes involve diseases or injury to the muscles, bones, or nerves of the spine.
- Pain from the diseases of abdominal, pelvic, and chest organs can also radiate to the back. Normal pregnancy can also cause low backache due to stretching the pelvic ligaments and straining the low backache.
- Ankylosing Spondylitis causing stiffness and pain in the spine worsen in the morning.
- In cauda equine syndrome, the spinal cord is directly compressed causing nerve compression. The patient may experience pain and loss of sensation in the area supplied by the compressed nerve, bowel, or bladder dysfunction.
- Infections of the bones of the spine are among the uncommon causes.
- Nerves infection with herpes zoster virus can cause nerve inflammation in the upper or lower part of the spine causing pain.
- Disc prolapse between the lower back bones causes nerve root irritation.
- Sciatica is a common example of nerve root irritation. In Ayurveda, this disease is called Gridhrasi. This disease is caused by vitiated Vata and Kapha. In this case, pain starts from the back and traverses throughout the leg up to the great toe.
- Structural misalignment/disruption or tissue damage/degeneration, such as spondylolisthesis, retro spondylolisthesis, spondylarthrosis, disc herniations, and canal stenosis, is often considered and explained in the literature as the causes of Low backache.

It exposes the close association between biological, psychological, and social contributors/factors and how social and psychological factors can interact with the brain's activities/processes, which creates a pain-brain cycle that influences the health and illness of individuals. Age, sex, obesity, general health, high birth weight in males, smoking, high levels of pain or disability, the attitude of healthcare providers, education, and unemployment are examples of biological factors at the individual level. Depression, anxiety, post-traumatic stress disorder, fear avoidance, negative thinking,

Kinesio phobia, ineffective coping mechanisms, low self-efficacy, and antecedent somatic symptoms are among the psychological factors that contribute to chronic pain generally, but not just low backache. Work truancy, alienation, laws, the reward system, and socioeconomic infrastructures are social factors that affect the effects of work-related low backache. Workplace psychosocial factors like workload, control and support, job satisfaction, and job appraisal have been found to be predictive of the development of incapacitating low backache. Pain and depression have a detrimental effect on one's quality of life. and functionality of patients with low backache; even a previous episode of pain can trigger a new episode of pain.

ACCORDING TO AYURVEDIC TEXTS-SIGNS AND SYMPTOMS OF MENOPAUSAL STATUS –

In Ayurveda, menopause is not named directly but is understood under Rajonivṛtti (cessation of menstruation) occurring due to Jara (aging) and predominance of Vāta doṣa with Dhātu-kṣaya, especially Artava-kṣaya. The following signs and symptoms are described in classical texts.

- General Features (Jara-avasthā lakṣaṇa) - Dhātu-kṣaya (tissue depletion), Bala-hāni (loss of strength), Śrama (fatigue), Nidrā-vaikṛta (sleep disturbance), Smṛti-hāni (poor memory). Aging leads to dhātu-kṣaya causing decline in strength, complexion, and sensory functions — the basic pathological ground of rajonivṛtti.
- Vāta-Pradhāna Lakṣaṇa (Most Important in Rajonivṛtti) – Sandhi-śūla (joint pain), Sandhi-stambha (joint stiffness), Kaṭi-śūla (low back pain), Anidrā (insomnia), Cīttodvega / Cañcalatā (anxiety, irritability), Śoṣa / Rūkṣatā (dryness of body), Hṛd-spandana (palpitations). Vāta predominance in aging- old age is dominated by Vāta — explaining dryness, insomnia, anxiety, and joint pains in menopause, instability.
- Artava-kṣaya / Rajonivṛtti Feature – Artava-nāśa (cessation of menstruation), Yoni-rūkṣatā (vaginal dryness), Yonivedanā (pain during coitus), Alpa-artava progressing to nāśa. Diminution or cessation of menstruation is termed Artava-kṣaya (conceptual basis of rajonivṛtti).
- Mānasika Lakṣaṇa (Psychological Features) – Krodha (irritability), Bhaya (anxiety), Viṣāda (depressive mood), Smṛti-bhramśa (poor memory), Nidrānāśa (sleep disturbance).
- Mūtra and Yoni Related Features – Mūtra-vega-vaikṛti (urinary urgency), Mūtra-asaṅga or alpa-mūtratā (voiding disturbance), Yoni-rūkṣatā and śūla, Suśruta Saṃhitā, Uttara Tantra (Yonivyāpada & Mutravaha disorders).
- Therefore, Rajonivṛtti is considered a svābhāvika jara-avasthā characterized predominantly by: Vāta-prakopa, Dhātu-kṣaya, Artava-upashama, Rūkṣatā and kṣaya-janya lakṣaṇa.

Symptoms of Menopause

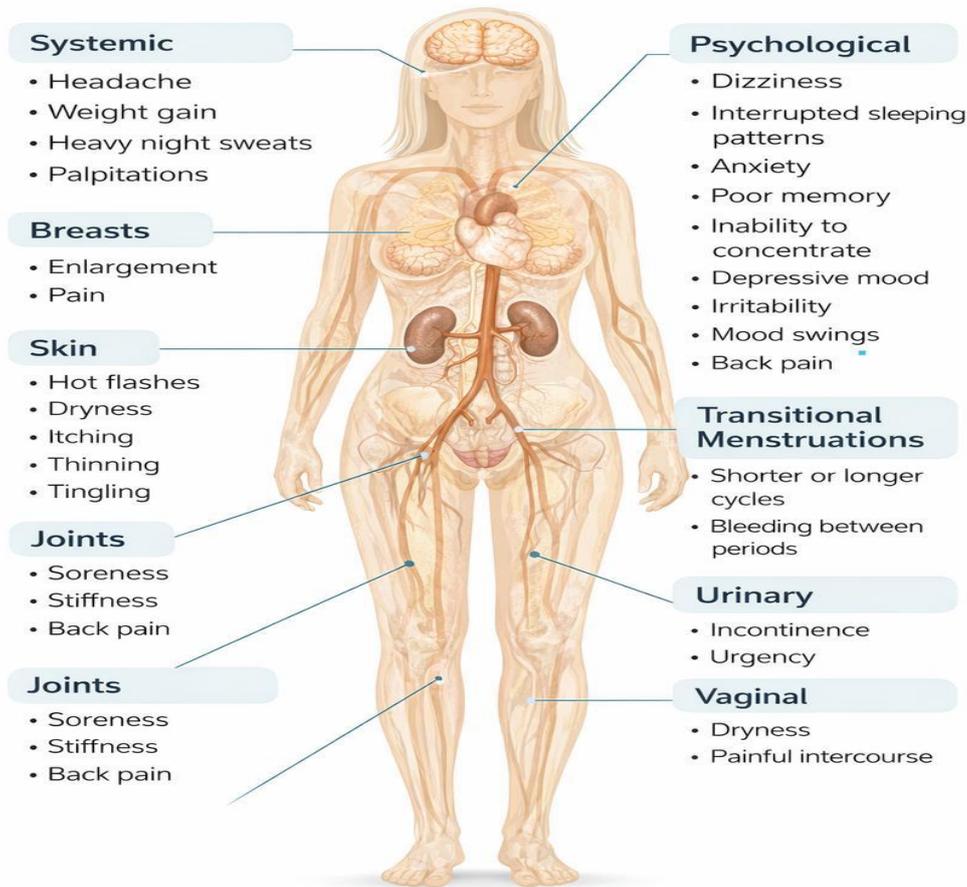


Figure 1ⁱ

CONSEQUENCES OF LOW BACKACHE AND IMPACT ON QUALITY OF LIFE –

Human life is classically divided into three stages—Bala, Madhya, and Vriddha. In women, the Madhyavastha is further subdivided into Vriddhi, Yauvana, Sampūrṇatā, and Hāni, representing puberty, reproductive maturity, peak reproductive phase, and decline respectively. These transitions reflect the dynamic interplay of Doṣa and Dhātu, which govern physiological as well as psychological changes throughout life. Disturbance in this equilibrium, particularly during the peri-menopausal and post-menopausal phases, predisposes women to various musculoskeletal disorders including low backache. Low backache is a major public health concern with significant individual and societal burden. According to Wadden et al. (2007), lifestyle modification leading to weight reduction is associated with clinically meaningful improvement in cardiovascular risk factors. Among overweight and obese post-menopausal women, adoption of a healthy lifestyle incorporating dietary regulation and structured exercise significantly reduces body weight, BMI, waist circumference, and body fat percentage. Since excess body weight increases mechanical load on the lumbar spine and promotes systemic inflammation, obesity is considered an important modifiable risk factor for chronic low backache.

From an economic perspective, low backache imposes substantial costs on society. It is one of the leading causes of healthcare utilization (direct costs) and work absenteeism (indirect costs). Epidemiological evidence indicates that 25–60 % of patients continue to experience chronic low back and neck pain one year after the initial episode, highlighting its tendency toward chronicity. Consequently, spinal pain has profound effects on health systems, workplace productivity, and overall societal well-being.

Menstruation represents a cyclic, hormonally regulated shedding of the uterine endometrium mediated through the hypothalamic-pituitary-ovarian axis. The menstrual cycle consists of two principal phases: the follicular (proliferative) phase and the luteal (secretory) phase. Cycle length is calculated from the first day of bleeding in one cycle to the first day of the next and typically ranges from 25 to 30 days, with 28 days considered average. Cycles shorter than 21 days are termed polymenorrhagia, whereas cycles longer than 35 days are classified as oligomenorrhea. Normal menstrual blood loss averages about 30 mL, while losses exceeding 80 mL are considered abnormal. Irregularity of cycles is most

common at the extremes of reproductive life—menarche and menopause—primarily due to anovulation and inadequate follicular maturation. The luteal phase remains relatively constant at approximately 14 days, whereas variability in cycle length mainly arises from fluctuations in the follicular phase (10–16 days).

In overweight and obese individuals with chronic low backache, pain interference and reduced physical capacity led to greater perceived disability, diminished functional performance, and poorer quality of life. Participation in a structured exercise program has demonstrated beneficial effects on musculoskeletal pain, pain-related disability, functional capacity, body composition, and overall quality of life. However, the optimal type, intensity, and duration of exercise intervention—particularly yoga-based therapeutic protocols—for overweight and post-menopausal women with chronic low backache remains insufficiently explored. This gap underscores the need for integrative, evidence-based approaches combining lifestyle modification, weight management, and mind-body therapies to improve long-term outcomes and quality of life in this vulnerable population.

PREVENTIVE MEASURES –

In Ayurveda, the primary goal of treatment is maintaining the health of healthy people and "Aturasya Vikar Prashamnam" (reducing illness). Therefore, preventive measures are given utmost importance. The ultimate goal of treatment is homeostasis, which forms the basis of preventive medicine. Low backache, especially lumbar vata, is primarily a vata-related problem. Therefore, measures that pacify aggravated vata, remove accumulated toxins (ama), and nourish depleted dhatus are considered beneficial.

Ayurvedic Preventive Measures – Following a regular routine (daily routine) and ritucharya (seasonal regimen) helps maintain the balance of the doshas. Periodic elimination of aggravated doshas through Panchakarma, based on seasonal needs, is also recommended to prevent illness. Along with the proper diet prescribed in the Dietary Method Specialty, the timely use of Rasayana (rejuvenative therapy) and Vajikarana helps nourish tissues and slow down degenerative changes.

When adopted in early middle age, these measures can help prevent symptoms associated with hormonal imbalance and protect against premature aging and other degenerative conditions. Because Vata naturally increases with age, it is important to avoid Vata-aggravating substances.

Avoiding Vata-aggravating substances –

As preventive measures, minimize the following:

Excessive consumption of Amla (Indian gooseberry), salt, bitter, pungent, and astringent juices.

Daydreaming (sleeping during the day), Staying awake at night, Excessive sex without proper Vajikarana support, Excessive alcohol consumption, Excessive physical exertion and stress.

DISCUSSION –

Natural menopause is a physiological milestone marking the transition from the reproductive to the non-reproductive phase of a woman's life. During this period, some women experience multiple somatic and psychological symptoms requiring clinical attention, while others remain relatively asymptomatic. From an Ayurvedic perspective, this transition is closely associated with dhātukṣaya (tissue depletion) and Vāta predominance, both of which increase vulnerability to musculoskeletal disorders such as low backache (Katigata Vāta).

Although ageing and menopause are biologically distinct processes, they frequently overlap in clinical presentation. Ayurveda describes a gradual shift in doṣic dominance across the lifespan—from Kapha in childhood, to Pitta in adulthood, and finally to Vāta in later years. Menopause typically coincides with the beginning of the Vāta-dominant phase, thereby explaining the increased incidence of degenerative complaints, dryness, pain, and functional decline observed in menopausal women. The lumbar region, being a principal seat of Vāta, becomes particularly susceptible to pain and stiffness during this stage.

Early awareness of expected physiological changes, along with timely implementation of appropriate dietary and lifestyle measures, can significantly mitigate symptom severity. Preventive strategies aimed at pacifying Vāta-Pitta—including the use of Vayahsthāpana, Balya, Rasāyana, and Vājīkaraṇa measures—may help maintain tissue integrity, neuromuscular strength, and overall quality of life. Such interventions are especially relevant in peri-menopausal women who are overweight, sedentary, or exposed to Vāta-aggravating factors.

For research and clinical application, Ayurvedic management should be individualized using the comprehensive framework of Rogī-Roga Parīkṣā, which evaluates both patient constitution and disease characteristics. This holistic assessment allows selection of appropriate therapies such as Abhyanga, Basti, Kati Basti, and Vāta-śāmaka herbal formulations. Importantly, the Ayurvedic research paradigm emphasizes evaluation of the whole therapeutic system rather than isolating single active phytochemicals, as the synergistic action of formulations is considered central to efficacy.

A distinction between chronological ageing and endocrine menopause is clinically important. Conditions such as premature menopause or surgical menopause may occur before the age of 40 and are not purely age-driven phenomena. In such cases, individualized Ayurvedic interventions focusing on doṣic balance and dhātu nourishment may provide supportive care and improve functional outcomes.

While contemporary medicine often recommends hormone replacement therapy (HRT) for menopausal symptoms, not

all women require estrogen supplementation. Many experience mild to moderate symptoms that can be effectively managed through lifestyle regulation, weight control, yoga, and Ayurvedic therapies. Integrative and timely intervention based on individual doshic status may help prevent or reduce low back pain and improve quality of life without exposing patients to unnecessary pharmacological risks.

In summary, menopausal low backache represents a multifactorial condition in which age-related Vāta aggravation, dhātu depletion, hormonal fluctuation, and lifestyle factors interact. Ayurveda offers a preventive and therapeutic framework that emphasizes early intervention, personalized care, and restoration of systemic balance. Well-designed clinical studies are still needed to validate these approaches and facilitate their integration into evidence-based menopausal care.

CONCLUSION –

Low backache is a very common and functionally challenging complaint in menopausal women, caused by a combination of hormonal decline, aging, lifestyle factors, and increased Dhatu-Khaya. From an Ayurvedic perspective, menopause marks a shift towards increased Vata, which predisposes women to degenerative musculoskeletal disorders such as lumbar Vata. The lumbar region, a primary focus of Vata, becomes particularly vulnerable during this time, leading to pain, stiffness, and reduced quality of life.

Ayurveda offers a comprehensive and preventive approach to this condition, which includes early identification of dosha imbalances, maintaining Dhatu-Samaya, and individualized management based on patient-diagnostic evaluation. A proper daily routine, seasonal routine, weight control, yoga practice, and a Vata-pacifying diet can play a key role in prevention. Treatment methods such as Abhyanga, Basti, and Kati Basti, along with Vata-sedative herbal remedies (e.g., Rasna, Nirgundi, Sahjan, Parijat), can effectively reduce pain, improve functional capacity, and enhance quality of life in menopausal women.

While hormone replacement therapy has a role in some severe cases, many women can benefit from safe, holistic, and affordable Ayurvedic approaches as primary care or integrative support. However, well-designed, large-scale clinical trials are needed to scientifically validate Ayurvedic protocols and facilitate their widespread adoption in evidence-based menopause care. The conclusion is that timely preventative measures and personalized Ayurvedic management have significant potential to reduce the burden of back pain in menopausal women and promote healthy aging with improved physical and mental well-being.

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