

SCIENCE

THE INDIAN JOURNAL OF RESEARCH ANVIKSHIKI

Bi-Monthly International Journal of all Research

Volume-10

Number-2

March-April 2016



ISSN 0973-9777
GISI Impact Factor 2.4620
Volume-10, Number-2
March-April 2016



MPASVO

Published on behalf of the MPASVO in
association with the Member's of Anvikshiki

Anvikshiki

The Indian Journal of Research

Bi-Monthly International Journal of All Research

Editor in Chief

Dr. Maneesha Shukla, maneeshashukla76@rediffmail.com

Review Editors

Prof. H. D. Khanna, Head Department of Biophysics, Institute of Medical Sciences Banaras Hindu University, Varanasi U.P. India
Ranjana S. Khanna, Department of Chemistry, Faculty of Science, Banaras Hindu University, Varanasi U.P. India

Editors

Dr. Mahendra Shukla, Dr. Anshumala Mishra

Editorial Board

Dr. Rajul Vivek, Dr. Chandresh Jaiswara, Dr. Pavan Kumar Dubey, Dr. Chandrashekar, Dr. Ashutosh Pathak,
Dr. Amit Kumar Singh, Dr. Sanjay Singh, Dr. Sarita Mishra, Dr. Gouri Chauhan, Dr. Rahul Jaiswal, Dr. Sweety Bandopadhaya,
Dr. Ragini Srivastava, Dr. Archana Sharma, Dr. Sunita Tripathy, Dr. S. Bali, Gaurav Bali, Dinesh Meena, Dr. Amber Kesarwani,
Nilmani Tripathy, Anju Bala, Dr. Sudhir Kumar Mehta, Mojtaba Adinehvand.

International Advisory Board

Dr. Javad Khalatbari (Tonekabon, Iran.), Dr. Shohreh Ghorbanshiroudi (Tonekabon, Iran.), Mohammad Mojtaba Keikhyfarzaneh
(Zahedan, Iran.), Saeedeh Motamed (Tonekabon, Iran.), Majid Karimzadeh (Iran), Phra Boonserm Sritha (Thailand),
Rev. Dodamgoda Sumanasara (Kalutara South), Ven. Kendagalle Sumanaransi Thero (Srilanka), Phra Chutidech Sansombat
(Bangkok, Thailand), Rev. T. Dhammaratana (Srilanka), P. Treerachi Sodama (Thailand), Sita Ram Bahadur Thapa (Nepal)

Manager

Maheshwar Shukla, maheshwar.shukla@rediffmail.com

Abstracts and Indexing

<http://nkrc.niscair.res.in/browseByTitle.php?Keyword=A>, ICMJE  www.icmje.org,  banaras.academia.edu,
ebookbrowse.com, BitLibrary! <http://www.bitlib.net/>, Tech eBooks freetechbooks.com,  artapp.net, Catechu PDF /
printfu.org,  www.fileaway.info,  www.kmle.org,  www.docslibrary.com,  MyCelular.ORG, Android Tips, Apps,
Theme and Phone Reviews <http://dandroidtips.com>,  <http://www.edu-doc.com>, www.themarketingcorp.com, Dunia Ebook
Gratis duniaebook.net,  www.cn.doc-cafes.com,  <http://scholar.google.co.in>, Website : www.onlineijra.com, Motilal
Banarasi Das Index, Varanasi, Motilal Banarasi Das Index, Delhi, Banaras Hindu University Journal Index, Varanasi, www.bhu.ac.in,
D.K.Publication Index, Delhi, National Institute of Science Communication and Information Resources Index, New Delhi.

Subscriptions

Anvikshiki, The Indian Journal of Research is Published every two months (January, March, May, July, September and November) by
mpasvo Press, Varanasi, U.P., India. A Subscription to The Indian Journal of Research : Anvikshiki Comprises 6 Issues in Hindi and
6 in English and 3 Extra Issues. Prices include Postage by Surface mail, or For Subscription in the India by Speed Post.
Airmail rates are also available on request. Annual Subscriptions Rates (Volume 10, 6 Issues in Hindi, 6 Issues in English and
Few Special Issues of Science 2016):

Subscribers

Institutional and Personal : Inland 5,000 +1000 Rs. P.C., Single 1500+100 Rs.P.C., Overseas 6000+2000Rs. P.C.,
Single 1000+500 Rs.P. C.

Advertising & Appeal

Inquiries about advertising should be sent to editor's address. Anvikshiki is a self financed Journal and support through any kind or
cash shall be highly appreciated. Membership or subscription fees may be submitted via demand draft in favor of Dr. Maneesha
Shukla and should be sent at the address given below. Sbi core banking cheques will also be accepted.

All correspondence related to the Journal should be addressed to

B.32/16 A., Flat No.2/1, Gopalkunj, Nariya, Lanka, Varanasi, U.P., India
Mobile : 09935784387, Tel.0542-2310539., e-mail : maneeshashukla76@rediffmail.com, www.anvikshikijournal.com
Office Time : 3-5 P.M.(Sunday off)

Journal set by : Maheshwar Shukla, maheshwar.shukla@rediffmail.com

Printed by : Mpasvo Press

Date of Publication : 1 March 2016



Maneesha Publication
(Letter No.V-34564, Reg.533/2007-2008)
B-32/16-A-2/1, Gopalkunj, Nariya, Lanka
Varanasi, U.P., India

Anvikshiki

The Indian Journal of Research

Volume 10 Number 2 March 2016

Science Papers

Osteoarthritis An Ayurvedic Approach 1-7
Dr. Dheeraj Mohan

Role of uterine abnormalities in subfertility and outcomes following their treatment 8-18
Dr. Shalini Bali

Analytical viewpoint on natural geography of the Kuhdasht county, Lorestan province, Iran 19-28
Mojtaba Adinehvand

Ayurvedic Treatment A Boon For Sciatica Patients 29-33
Dr. Dheeraj Mohan

A Fast PSO-ELM For Cancer Classification 34-40
Dr. V. Sivaraj and Dr. S. Sukumaran

Anxiety Disorders Variety, Causes & Treatments 41-47
Dr. Bimal Kumar

Optical Fibre: For Communication And Transferring Data 48-53
Ved Nath Jha and Dr. Som nath Pathak

Gene Expression Data Using Extreme Learning Machine 54-59
Dr. V. Sivaraj and Dr. S. Sukumaran

Investigation of speed control of PMSM by Artificial Neural Network controller approach 60-66
Mayank Kumar Gautam, Santosh Kumar Suman and Rachit Srivastava

Treatment With Minerals In Medieval India 67-69
Dr. Mamta Bhatnagar

Health Related Quality of Life in Peri-menopausal age group: An Overview of Ayurveda 70-75
Deepti Singh

Critical Analysis OF Concept OF TWAK (SKIN) in Ayurveda 76-80
Dr Piyush Kumar Tripathi

Polyfluorene-Acceptor Conjugated Polymer For LED Applications 81-88
Akanksha Pathak

PRINT ISSN 0973-9777, WEBSITE ISSN 0973-9777

HEALTH RELATED QUALITY OF LIFE IN PERI-MENOPAUSAL AGE GROUP: AN OVERVIEW OF AYURVEDA

DEEPTI SINGH*

Declaration

The Declaration of the author for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: I, *Deepti Singh* the author of the research paper entitled HEALTH RELATED QUALITY OF LIFE IN PERI-MENOPAUSAL AGE GROUP: AN OVERVIEW OF AYURVEDA declare that , I take the responsibility of the content and material of my paper as I myself have written it and also have read the manuscript of my paper carefully. Also, I hereby give my consent to publish my paper in Anvikshiki journal , This Research paper is my original work and no part of it or it's similar version is Published or has been sent for Publication anywhere else. I authorise the Editorial Board of the Journal to modify and edit the manuscript. I also give my consent to the Editor of Anvikshiki Journal to own the copyright of my Research Paper.

Abstract

Health related quality of life is a measure to know quality of life in the context of one's health and illness. It defines relationship of medical condition or its treatment with one's expected physical, emotional, and social wellbeing. In Ayurveda though this 'term' is not given as described in modern science yet the principle of HRQoL is given due importance. Regarding peri-menopausal age group exclusive literature is not available in Ayurveda texts but diffuse information give useful links. This paper attempts to join those diffused links to assess HRQoL in this age group as per Ayurveda.

Key words: Health related quality of life, *Rajonivritti*, Peri-menopause, *Ayurveda*

Introduction

Since its conception goal of Ayurveda has been quite explicit about quality of health in healthy individual and quality of management in diseased or in other medical conditions. Quality of health in healthy individual is established through proper practices of *ahar, vihaar* in accordance to *Prakriti, desh, kala, vaya, agni. Dincharya, rituchrya* and *rasayan* therapy for physical well-being, and *sadavritta* for psychological and social well-being has been promoted to attain 'Total Health'. When Ayurveda designs quality line of treatment, it advocates those methods of disease pacification which don't provoke other disorder or complications. Health related quality of life is a measure to know quality of life in the context of one's health and illness. It defines relationship of medical condition or its treatment with

*MD (KriyaSharir), Faculty of Ayurveda, Institute of Medical Science, Banaras Hindu University, Varanasi (U.P.) India.

one's expected physical, emotional, and social wellbeing. In Ayurveda though this 'term' is not given as described in modern science yet the principle of HRQoL is given due importance.

Material and method

The contents and references regarding *Rajonivritti*, were collected from *Brihatrayi*, *Laghutrayi* and other ancient texts and collection of relevant matter of HRQoL described in journals and websites was done. All collected matters were analyzed to find and assess principle of quality of life as per Ayurveda in women of peri-menopausal age.

Objectives

Goal of Ayurveda regarding quality of health in healthy individual and quality of management in diseased or in other medical conditions has been lucid since its conception. Regarding peri-menopausal age group exclusive literature is not available in Ayurveda texts but diffused information give useful links. This paper attempts to join those diffused links to assess HRQoL in this age group as per Ayurveda.

Health related Quality of Life

WHO defines Quality of Life as individual's perception of their position in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and, concern.^[1,2] While defining health, WHO gives stress over the fact that health, is not merely an absence of disease rather it is the state of complete physical, psychological and spiritual well-being.^[1] This aspect of defining health is inspired by the concept of 'Total Health' practiced and followed in Ayurveda. *Charak* has defined Ayurveda is the science or knowledge of four kinds of 'Ayu' (life) viz. 'hitaayu-ahitaayu', 'sukhayu-dukhayu' with description of its span along with wholesome and unwholesome elements for the same.^[3] The component 'sukhayu-dukhayu' relates with personal health and 'hitaayu-ahitaayu' is concerned with social health. When Ayurveda designs quality line of treatment, it advocates those methods of disease pacification which don't provoke other disorder and complications. *Sharir*, *Indriya*, *Satva* and *Atma* are components of life and when Ayurveda analyze the quality of life it gives following proposals :

Quality of Physical body; *Charak* signifies that the person who has weight and height according to his/her age (*samapramana*) with proper amount and placement of *mamsa* and *raktadhatu* (*sunivishtamamsa-shonit*), have proper length and separation of bones in his/her body (*samasuvibhaktasthi*) and all the structural parts are arranged in a compact manner is known as healthy.^[4] Above characteristics don't include features of whole seven *dhatu* as a parameter of quality physical body. Here *Charak* emphasizes on the quality of those anatomical components which can be easily assessed through five-fold examination method opted by an Ayurveda physician. Ancient scholars have criticized the obese and lean-thin body because both body type lack proper amount, placement and separation of above said *dhatu*.^[5]

Quality of Physiological Body; It is known and measured through proper physiological interplay of *dosha-dhatu-mala* and regular working status of *Agni*. When digestive and metabolitory functions are coordinated and regulated in the body, then production of *dosha* at their respective site occur in qualitative and quantitative balance.^[6] This homeostasis in *dosha* physiology brings harmony in the nourishment and functioning of body tissues along with absorption and utilization of beneficial elements and expulsion of wastes out of body. Status of *Agni* could be known through ones appetite and duration of digestion.^[7] If a person, who has consumed food in the morning time, feels lightness in the body and can do his/her work without any tiredness after meal, urge food ingestion willingly at dinner time then his digestion is considered normal.

Quality of Psychological Body; Harmony of psychological body i.e. *Mana*, *Indriya* and *Atma* is known through *prasannta* (feeling of happiness/satisfaction, proper perception of sensations respective to all sense organs) and *dridhta* (specificity

of sense organs to perceive their own sensations) of foresaid entities.^[4,8]In fact Ayurveda scholars have given emphasis over *prśannaindriya* as a prime characteristic of health and say that all other characteristics viz. *Dosha-Dhatu-Mala-Agni Samata* are meant to give pleasure to spiritual elements viz. *Mana*, *Indriya* and *Atma*.^[4]Even in current medical practices physician rely more on sign and symptoms of patient than their laboratory findings. So the quality of psychological body relies on the mechanism operating between *Mana*, *Indriya*, *Indriyarth* and accurate knowledge passed to *Atma*.

Self-Assessment Method for Health Related Quality of Life; The term ‘*Swastha*’ composed of two words viz. ‘*Swa*’ and ‘*Stha*’ which means being in one’s own natural state. Above characteristics to assess quality of life, is the subject matter of a physician mainly. Ayurveda also states the method of self-assessment for common people in a precise and concise manner which can be listed in following points by *Acharya Kashyap*-(1) Desire for food intake, (2) proper digestion of ingested food, (3) proper evacuation of feces, urine and flatus, (4) lightness in the body, (5) proper functioning of sense organs, (6) timely sleep and awakening with pleasant feeling, (7) strengthening of body and pleasant mind.^[9]

Peri-menopause and Physiology of Rajonivrtti

It is the known as transit period before and after menopause and specified by endocrine and metabolic changes, reduced reproductive ability and increased risk for physical (hot flush, heart discomfort, sleep discomfort, joint and muscle discomfort, vaginal dryness, sexual problem, bladder problems) and psychological (anxiety, irritability, depression etc.) changes.^[10]Worldwide data for the age at which menopause occur is 45-55 years.^[11]The Stages of Reproductive Aging Workshop (STRAW) in July 2001 established a nomenclature and guidelines for reproductive ageing system. The basis of the staging system is the (FMP) final menstrual period. Five stages precede the FMP and two follow it, for a total of seven stages which are as follows :^[12]

- *Reproductive interval*: Stages -5 to -3,
- *Menopausal transition* Stages -2 to -1,
- *Postmenopause*: Stages +1 and +2.

Ayurveda defines monthly cycle as- *Rajah*(menstrual blood), a substance, which is uniquely formed in female from *Rasa dhatu* and comes out through the female genital tract every month, the duration of which varies from three days to seven days.^[13]*Bhavaprakash* coined the term ‘*Stridharma*’ which indicate starting of reproductive life of a woman with regular monthly cycle^[14] age of which range from 11 to 16 years. Modern literature depicts age of the menarche between 11-15 years with a mean of 13 years. ‘*Rajonivrtti*’ means absolute cessation of monthly cycle for a period of one year and it denotes end of the reproductive life of female. All ancient scholars considered 50 years as age of menopause i.e. ‘*Rajonivrtti*’.^[15]Mean age of menopause in Indian women population is 46.2 years which is much less in comparison to western population.^[16]

According to Ayurveda menopause is appraised as normal physiological process occurring in *Vata* dominated phase of life i.e. *vriddhavastha* (old age).^[17]*Vriddhavastha* is the last part of the lifespan and is mainly characterized by degenerative changes like decay in the *Dhatu* (various anatomical tissues), perception power of the *Indriya* (sensory and motor organs), potency, strength, speech, and various mental and cognitive functions (e.g., memory, intellect, reception, retention, and analytic ability).^[18]Physical and psychological changes occurring in peri-menopausal women is not only due to estrogen deprivation but also involves consequences of ageing.^[19]

Though menopause is part of normal physiology but since past, life expectancy of women has been increased, social attitude towards this phase has been changed^[20] and worldwide studies on peri-menopausal age group and its relation to risk of cardiovascular disease, endocrine and metabolic changes and altered autonomic responses, have created concern in medical science.^[21,22]

Health Related QoL in Peri-menopause: Contemporary View; From fetal life onward human ovary undergoes continuous and progressive decline in the number of follicles, number of which being several millions from birth to less than thousand at menopause.^[10] A multi-centric study of human ovaries showed that the rate of follicular disappearance increases by the age of 37.5 years or once the follicular stock reaches a critical number of 25,000 follicles.^[23] The theory that menopause is triggered primarily by ovarian aging is supported by the coincident occurrence of follicular depletion, elevated gonadotropin levels, and subsequent menstrual irregularity with ultimate cessation of bleeding.^[10] Women in menopausal age have been reported to show some characteristic changes viz. greater sympathetic and less parasympathetic activity than premenopausal women which may account for their increased risk of coronary artery disease.^[24,25] So above progressive transit of peri-menopausal age bring several endocrine, metabolic and autonomic changes which burden post reproductive life of women ranging from common physiological problems to severe degree of discomfort.

Berlin Centre for Epidemiology and Health Research developed a tool for assessment of health related quality of life in peri-menopausal women.^[26] The instrument consists of 11 items with 5 point rating scale (0-no symptoms to 4-very severe) in accordance of severity of complaint perceived. The composite score is the sum of the dimension score which is obtained by adding the scores of the items of the respective dimensions. The total score of the MRS ranges between 0 (asymptomatic) and 44 (highest degree of complaints). The minimal/maximal scores vary between the three dimensions depending on the number of complaints allocated to the respective dimension of symptoms:

- Psychological symptoms: 0 to 16 scoring points (4 symptoms: depressive moods, irritability, anxious, physical and mental exhaustion)
- Somatic symptoms: 0 to 16 points (4 symptoms: Hot flushes, heart discomfort, sleeping problems, joint & muscular discomfort)
- Urogenital symptoms: 0 to 12 points (3 symptoms: sexual problems, bladder problems, and vaginal dryness).

Health Related QoL in Peri-menopause: View of Ayurveda; 'Raja' is by product of *Rasadhatu* according to *Ayurveda* Physiology.^[15] When *Rasa Dhatu* is acted upon by *Rasagni*, *Prasad* and *Kittabhaga* are generated and *Raja* or *Artava* get produced and nourished by *Prasad bhaga* of *Rasa Dhatu*. *Tridosha* (*Vata*, *Pitta*, *Kapha*) perform their homeostatic mechanism in all parts of life but each stage of life is dominated by each of *Tridosha* affecting that part of life in accordance with their *guna* and *karma*. For example in last phase of life (*vridhdhavastha*) *vata* is dominated, the reason being progressive *dhatu-kshaya* in the phase of ageing.

The detailed description of cause, pathophysiology and symptoms of '*Rajonivrtti*' are not found as a whole, however, the causes responsible for manifestation of *Rajah* - [*kala* (time), *svabhava* (naturally occurring), *vayu* (dominant or increased level of *vata*- disturbing act of menstruation and other irregularities in body and mind physiology viz. dryness, pain, irritability etc.), *karma* (practice of unwholesome diet, regimen and habits)] along with *Dhatu-kshaya* (deterioration of body tissues due to aging process) and *Abhighata* (direct and indirect trauma to *Artavaha Srotas*-the uterus and uterine arteries), may be considered as causal factors for *Rajonivrtti* (menopause) and gives links to pathophysiology, symptoms and signs associated with this phase of women's life.^[27,28]

Change in Physical body during Peri-menopause: Due to progressive *Dhatu-kshaya* metabolism of *mamsa* and *raktadhatu* is compromised leading dyslipidemic changes in the body. The joint spaces are also reduced because of deprived *shleshkakapha* and total body contour is over or under- changed because of deranged *dhatuupachayakram*. Females are prone to vaginal dryness, loss of skin tone, excess cholesterol and mucus, edema in joints.^[27,28]

Change in Physiological body during Peri-menopause: Dominant *vata* along with decreased level of *Kapha Dosh* during this phase brings though physiological but deranged homeostasis of *Dosha*-

Dhatu-Mala-Agnicoordination and functions, leading to symptoms like weight gain for no reason, mild or variable hot flashes, palpitations, backache, fluid retention, slow digestion, feeling of mental and physical heaviness, sluggishness, lethargy, lazy etc.^[27,28]

Change in Psychological body during Peri-menopause: The mechanism of knowledge perception through the processing of *Mana, Indriya, IndriyaarthandAtma* is also get influenced leading to anger, irritability, lack of concentration, restlessness, fear, depression, confusion, nervousness, anxiety, mood swings, and memory loss, sleepiness, depressed, lacking motivation.^[27,28]

The occurrence of above symptoms/complaint varies according to one's own psychosomatic constitution along with various geographical areas, their socio-cultural attitudes towards menopause. In the senile stage of life there is gradual decrement of different physio-anatomical aspects described in *Madhyavastha* i.e. *Bala-Viryā- Paurush- Parakrama* etc. *SharangdharSamhita* quotes loss of *Medha* (retention power) in fourth decade and *Buddhi* (intellect power) in ninth decade of life.^[29]

Conclusion

We can conclude that though there is less availability of extensive descriptions of *Rajonivritti* in *Brihatrayi* we have important links in *Laghutrayi* and other ancient texts to find status of health related quality of life in peri-menopausal age. The health related QoL during this phase can be known and assessed through-1) the comparison between physiological traits of reproductive life and post reproductive life of women, 2) through the gradual decrement of different physio-anatomical aspects viz. *Bala-Viryā- Paurush- Parakrama* etc. during transit of *Madhyavastha* to *vridhdhavastha*, 3) characteristic changes occurring during *vata* dominated phase of *vridhdhavastha*.

Limitations and Future Research

In Ayurveda the matter related to QoL is found exclusively in ancient literature but in scattered manner and lack validity and consistency. Though WHO has developed tool to assess QoL in different cultural groups yet an instrument can be developed in ancient system of medicine, to assess the health related QoL in peri-menopausal women group which may be most suited to Indian population and method of diagnosis and management for the same as per Ayurveda.

REFERENCE

¹*The World Health Organization Quality of Life assessment (WHOQOL):* position paper from the World Health Organization. SocSci Med. 1995~41:1403?1409

²KHANNA, DINESH & JOEL TSEVAT. "Health-related quality of life—an introduction." The American journal of managed care 13 (2007): S218-23.

³PT. SHASTRI KASHINATHA, DR. CHATURVEDI GORAKHANATHA; *Charaka Samhita*; published by Chaukhamba Bharti Academy; Sutrasthana; chapter 1st ; verse 41.

⁴PT. SHASTRI KASHINATHA, DR. CHATURVEDI GORAKHANATHA; *Charaka Samhita*; published by Chaukhamba Bharti Academy; Sutrasthana; chapter 21 ; verse 17-18.

⁵PT. SHASTRI KASHINATHA, DR. CHATURVEDI GORAKHANATHA; *Charaka Samhita*; published by Chaukhamba Bharti Academy; Sutrasthana; chapter 21 ; verse 4;

⁶PT. SHASTRI KASHINATHA, DR. CHATURVEDI GORAKHANATHA; *Charaka Samhita*; published by Chaukhamba Bharti Academy; Chikitsasthana; chapter 15 ; verse 13.

⁷PT. SHASTRI KASHINATHA, DR. CHATURVEDI GORAKHANATHA; *Charaka Samhita*; published by Chaukhamba Bharti Academy; Vimansthana; chapter 8; verse 120.

⁸SHASTRI AMBIKA DUTTA; *Sushruta Samhita*; published by Chaukhambha Sanskrit Sansthana; Sutrasthana; chapter 15th; verse 41.

⁹PANDIT SHARMA HEMARAJA; *Kashyapa Samhita*; published by Chaukhambha Sanskrit Sansthana; Khilasthana; chapter 5th; verses 6-8.

¹⁰MARCELLE I. CEDARS, MICHELE EVANS; *Danforth's Obstetrics and Gynecology*, English, 10th Edition, Philadelphia : Lippincott Williams & Wilkins, ©2008.

¹¹*Geneva, Switzerland: World Health Organization; 1996*. World Health Organisation. Research on menopause (WHO Technical Report series.No.866)

¹²HARLOW, S. D., GASS, M., HALL, J. E., LOBO, R., MAKI, P., REBAR, & DE VILLIERS, T. J.(2012). Executive summary of the Stages of Reproductive Aging Workshop+ 10: addressing the unfinished agenda of staging reproductive aging. *Climacteric*, 15(2), 105-114.

¹³PROF. GAUR BANWARI LAL; *Ashtangahridya*; published by ChaukhambaOrientalia; Sharirasthana; chapter 1 ; verse7; page 54.

¹⁴GUPTA HARIDAS, *Bhavaprakasha Samhita, Purvakhanda, Chapter 3*, JayakrishnadasKashi Sanskrit Granthmala, 1949.

¹⁵SHASTRI AMBIKA DUTTA; *Sushruta Samhita*; published by Chaukhambha Sanskrit Sansthana; Sharirasasthana; chapter14; verse 6.

¹⁶AHUJA, MANINDER. "Age of Menopause and Determinants of Menopause Age: A PAN India Survey by IMS." *Journal of Mid-Life Health* 7.3 (2016): 126–131. PMC. Web. 7 June 2017.

¹⁷PROF. GAUR BANWARI LAL; *Ashtangahridya*; published by Chaukhamba Orientalia; Sutrasthana; chapter 1; verse12.

¹⁸TIWARI S et al. *Principles of Gerontology and Geriatrics in Ayurveda*. Indian Journal of Research, Jan 2010, Volume 4.

¹⁹THATCHER & NAFTOLIN, *The Aging and Aged Ovary*, Reproductive Medicine, Vol9- Issue 3-1991.

²⁰BORKER SA, VENUGOPALAN PP, BHAT SN. Study of menopausal symptoms, and perceptions about menopause among women at a rural community in Kerala. *Journal of Mid-Life Health*. 2013; 4(3):182-187.

²¹MISRA A, KHURANA L. The metabolic syndrome in South Asians: epidemiology,determinants, and prevention. *MetabSyndrRelatDisord*. 2009 Dec;7(6):497-514.doi: 10.1089/met.2009.0024. Review. PubMed PMID: 19900153.

²²KUH DL, WADSWORTH M, HARDY R. Women's health in midlife: the influence of the menopause, social factors and health in earlier life. *Br J ObstetGynaecol*. 1997 Aug~104(8):92333.

²³FADDY MJ, GOSDEN RG, GOUGEON A, RICHARDSON SJ, NELSON JF. Accelerated disappearance of ovarian follicles in mid-life: implications for forecasting menopause. *Hum Reprod*. 1992 Nov;7(10):1342-6. PubMed PMID: 1291557.

²⁴BROCKBANK CL, CHATTERJEE F, BRUCE SA, WOLEDGE RC. Heart rate and its variability change after the menopause. *Exp Physiol*. 2000; 85(3):327-30.

²⁵CARR MC. The emergence of the metabolic syndrome with menopause. *J ClinEndocrinolMetab*. 2003 Jun;88(6):2404-11.

²⁶*Menopause Rating Scale, Berlin Centre for Epidemiology and Health Research.1992*, revised and completed 1996.

²⁷*Devangipatel –Role of Nasya (medhya drugs) in Rajonivrittilakshanas menopausal Syndrome - PTSR-2004*, PGT&R, Jamnagar, Gujarat

²⁸MODI A.A comparative pharmaco-clinical study of rasayanaklapvati and mansyadivati on rajonivrittia-vasthajanyalakshana (menopausal syndrome). Thesis work IPGT&R, Jamnagar, Gujarat

²⁹*Sharangdhara Samhita, Purvakhanda, Chapter 6, Verse 19*, English translation by K.R. Srikantha Murthy, ChaukhambhaOrientalia, Varanasi, 2009.

Note for Contributors

SUBMISSION OF PAPERS

Contributions should be sent by email to Dr. Maneesha Shukla Editor-in-Chief, Anvikshiki, The Indian Journal of Research (maneeshashukla76@rediffmail.com), www.anvikshikijournal.com

Papers are reviewed on the understanding that they are submitted solely to this Journal. If accepted, they may not be published elsewhere in full or in part without the Editor-in-Chief's permission. Please save your manuscript into the following separate files-**Title; Abstract; Manuscript; Appendix**. To ensure anonymity in the review process, do not include the names of authors or institution in the abstract or body of the manuscript.

Title: This title should include the manuscript, full names of the authors, the name and address of the institution from which the work originates the telephone number, fax number and e-mail address of the corresponding author. It must also include an exact word count of the paper.

Abstract: This file should contain a short abstract of no more than 120 words.

MANUSCRIPT: This file should contain the main body of the manuscript. Paper should be between 5 to 10 pages in length, and should include only such reviews of the literature as are relevant to the argument. An exact word count must be given on the title page. Papers longer than 10 pages (including *abstracts, appendices and references*) will not be considered for publication. Undue length will lead to delay in publication. Authors are reminded that Journal readership is abroad and international and papers should be drafted with this in mind.

References should be listed alphabetically at the end of the paper, giving the name of journals in full. Authors must check that references that appear in the text also appear in the References and *vice versa*. Title of book and journals should be italicised.

Examples:

BLUMSTEIN, A. and COHEN, J. (1973), 'A Theory of Punishment' *Journal of Criminal Law and Criminology*, 64: 198-207

GUPTA, RAJKUMAR (2009), *A Study of The Ethnic Minority in Trinidad in The Perspective of Trinidad Indian's Attempt to Preserve Indian Culture*, India: Maneesha Publication,

RICHARDSON, G. (1985), 'Judicial Intervention in Prison Life', in M. Maguire, J. Vagg and R. Morgan, eds., *Accountability and Prisons*, 113-54. London: Tavistoc.

SINGH, ANITA. (2007), *My Ten Short Stories*, 113-154. India: Maneesha Publication.

In the text, the name of the author and date of publication should be cited as in the Harvard system (e.g. Garland 1981: 41-2; Robertson and Taylor 1973: ii. 357-9). If there are more than two authors, the first name followed by *et al.* is mandatory in the text, but the name should be spelt out in full in the References. Where authors cite them as XXXX+date of publication.

Diagrams and tables are expensive of space and should be used sparingly. All diagrams, figures and tables should be in black and white, numbered and should be referred to in the text. They should be placed at the end of the manuscript with their preferred location indication in the manuscript (e.g. Figure 1 here).

Appendix: Authors that employ mathematical modelling or complex statistics should place the mathematics in a technical appendix.

NOTE: Please submit your paper either by post or e-mail along with your photo, bio-data, e-mail Id and a self-addressed envelop with a revenue stamp worth Rs.51 affixed on it. One hard copy along with the CD should also be sent. A self-addressed envelop with revenue stamp affixed on it should also be sent for getting the acceptance letter. Contributors submitting their papers through e-mail, will be sent the acceptance letter through the same. Editorial Board's decision will be communicated within a week of the receipt of the paper. For more information, please contact on my mobile before submitting the paper. All decisions regarding members on Editorial board or Advisory board Membership will rest with the Editor. Every member must make 20 members for Anvikshiki in one year. For getting the copies of 'Reprints', kindly inform before the publication of the Journal. In this regard, the fees will be charged from the author.

"After submission, the manuscript is reviewed by two independent referees. If there is disagreement between the referees, the manuscript is sent to third referee for review. The final decision is taken by the Editor in chief".

COPYRIGHT of the papers published in the Journal shall rest with the Editor.

Other MPASVO Journals
Saarc: International Journal of Research
(Six Monthly Journal)
www.anvikshikijournal.com

Asian Journal of Modern & Ayurvedic Medical Science
(Six Monthly Journal)
www.ajmams.com



www.anvikshikijournal.com

