RESEARCH PAPER

"Effect Of Vidarikanda Churna In The Management Of Vasomotor Symptoms In Menopausal Syndrome – An Open Label Single Arm Interventional Clinical Study "

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ABSTRACT

BACKGROUND: Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. It is the point of time when last and final menstruation occurs. The term Rajonivrutti reference is not available in classical Ayurveda texts. Only the age of menopause as Panchashatah Kshayam is mentioned by all the Acharyas, which means 50 years as the age of Menopause.Vidarikanda is Balya, Bruhmana, Jivaniya,Varnya and Rasayana. It pacifies vata and pitta dosha. Vidarikanda contain isoflavones which is a phytoestrogen found to lower the incidence of Vasomotor symptoms. AIMS AND OBJECTIVES OF THE STUDY : To Evaluate The Effect Of Oral Administration Of Vidarikanda Churna In The Management Of Vasomotor Symptoms In Menopausal Syndrome. METHODOLOGY: An Open Label Single Arm Interventional Clinical study was conducted in JSS Ayurveda Medical Hospital to evaluate the effectiveness of Vidarikanda churna in Vasmotor menoapusal Syndrome . The drug was purchased from GMP certified pharmacy. 30 patients were screened based on Inclusion and Exclusion Criteria and subjects who fulfilled the inclusion criteria were taken into study. RESULTS: This study demonstrated that the intervention was highly effective in reducing the severity of related menopausal symptoms, including hot flush, hyperhidrosis, and insomnia. Within-group analysis using the Friedman test showed a statistically significant and progressive reduction in symptom severity across all follow-up periods. CONCLUSION: This study demonstrated that the intervention was highly effective in reducing the severity related to menopausal symptoms, including hot flush, hyperhidrosis, and insomnia. Within-group analysis using the Friedman test showed a statistically significant and progressive reduction in symptom severity across all follow-up periods ($p < 0.001$), while the Wilcoxon signed-rank test confirmed a highly significant improvement from baseline to 90 days with substantial percentage reductions in all three parameters....

Keywords: Rajonivrutti, Menopausal Syndrome, Vasomotor symptoms, Vidarikanda Churna...
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INTRODUCTION

Menopause is a natural biological transition characterized by the permanent cessation of menstruation due to loss of ovarian follicular activity. It is clinically diagnosed after 12 consecutive months of amenorrhea in the absence of any pathological cause.[1] The postmenopausal period is often associated with several physiological and psychological changes that may adversely affect a woman's quality of life. Vasomotor symptoms (VMS), including hot flushes and night sweats, are the most common menopausal complaints, affecting up to 80% of women worldwide. [2] In India, the prevalence of vasomotor symptoms has been reported to be approximately 60.7%. [3] These symptoms are primarily attributed to declining estrogen levels during the menopausal transition and early postmenopausal years.

Although Hormone Replacement Therapy (HRT) is considered an effective treatment for menopausal symptoms, its long-term use is associated with adverse effects such as vaginal bleeding and an increased risk of breast and endometrial cancers. Therefore, there is a growing need for safer and effective alternative therapies.

In Ayurveda, menopause is considered a consequence of *Jara Avastha* (ageing), and the age of menopause is described as *Panchashatah Kshayam* (around 50 years) [4]. *Vidarikanda* (Pueraria tuberosa) is a well-known Ayurvedic drug possessing *Balya, Brimhana, Jivaniya,* and *Rasayana* [5] properties, with the ability to pacify Vata and Pitta Dosha. It contains isoflavones, a class of phytoestrogens [6] that can exert estrogen-like activity by binding to estrogen receptors. These properties suggest its potential role in alleviating vasomotor symptoms and improving overall health in postmenopausal women.

Hence, the present study was undertaken to evaluate the efficacy of *Vidarikanda Churna* in the management of vasomotor symptoms among postmenopausal women

OBJECTIVES OF THE STUDY: To Evaluate The Effect Of Oral Administration Of *Vidarikanda Churna* In The Management Of Vasomotor Symptoms In Menopausal Syndrome

MATERIALS AND METHODS:

Ethical clearance was taken from Institutional Ethical Committee (IEC) and the number is JSSAMC/336/2024-25. CTRI Registration was done and the obtained number is CTRI/2025/04/085251. A patient information sheet was prepared to explain the study in detail to the patients before the enrolment. The consent form was prepared to take the consent of the patient.

Source Of Data

Literary Source: Classical Text Books Of Ayurveda, Text Books Of Contemporary Sciences, Published Articles And Journals From Authentic Websites.

Sample Source: - Subjects Fulfilling The Criteria For Diagnosis And Inclusion Visiting Opd And Ipd Of Dept Of *Prasooti Tantra And Stree Roga,* Jss Ayurveda Medical Hospital , Camps And Other Referrals Was Consider For The Study.

Drug Source: –The *Vidarikanda Churna* Was Purchased From Gmp Certified Pharmacy.

Sample size calculation

The sample size(n) for the study group which involved only one intervention group were estimated using the formula

$n = Z(\alpha/2)2 \times (\sigma)2 \quad d\,2$

where in;

a) n = Estimated sample size

b) Z (α/2) = value observed at the probability error i.e., α=0.05 for 95% confidence interval considering a two tailed hypothesis testing i.e.(α/2) =1.96

c) σ=standard deviation as observed from the previous literature=1.4

d) d= effect size for medium effect=0.5

$n=(1.96)2 \times (1.4)2$

$(0.5)2$

$=3.724 \times 1.96$

0.25

=29.19 rounded off to 30

Therefore, the sample consists of 30 study subjects.

Methods Of Collection Of Data

Study design: An Open Label Single arm Interventional Clinical Study.

Sample size: 30 subjects fulfilling the inclusive criteria of menopausal syndrome were selected for the study irrespective of religion,occupation and socio-economic status.

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C. Selection Criteria: The subjects who fulfill the inclusive criteria with the informed consent were selected.And a detailed history was filled up in specially prepared performa on Ayurveda guidelines . Data was collected by interview method .

D . Diagnostic criteria

Women with Following Vasomotor symptoms like
Hot flushes
Sweating
Sleep disturbance

E.Inclusion criteria:

Women between age group 40-60 years .
Perimenopausal or Postmenopausal Women with Vasomotor symptoms like hot flushes, sweating and sleep disturbance.
Perimenopausal women should meet one of the following criteria:
Women presenting with irregular or regular menstrual period
Women presenting with history of amenorrhoea for a duration less than 12 months
Postmenopausal women should meet one of the following criteria:
Have a history of spontaneous amenorrhea for the last 12 months
Underwent Surgical Menopause

F. Exclusion criteria:

Women already on Hormonal therapy or within 1 month of commencement of the study or an oestrogen implant within the past year.
Women who have had surgical menopause and have Oestrogen implant
Women with pelvic pathology like vault prolapse and malignancy of pelvic organ
Women with breast cancer or a history of breast cancer
Women aged below 40 years and above 60 years.
Women with Radiation Menopause.

G.Assessment criteria:

Subjective Parameters

Subjects with Vasomotor symptoms such as
1) Hot flush
2) Sweating
3) Sleep disturbance
Above Symptoms were assessed by following scales
The Hot Flush Related Daily Interference Scale(HFRDIS) [7]
Insomnia Severity Index(ISI)[8]
Hyperhidrosis Disease Severity Scale(HDSS) [9]

Table No 1 : Hot Flash Related Daily Interference Scale (HFRDIS)

	Do not interfere									Completely Interfere		Before Treatment Total score	After15th day Treatment Total score	After 46th Day of Treatment Total score	After 90th Day of Treatment Total Score
	0	1	2	3	4	5	6	7	8	9	10				
1.Work (work outside the home and housework)															
2. Social activities (time spent with family, friends, etc.).															
3.Leisure activities (time spent relaxing, doing hobbies, etc.)															
4.Sleep															
5. Mood															
6. Concentration															
7. Relations with others															
8. Sexuality															
9.Enjoyment of life															
10. Overall quality of life															

Grading for The Hot Flush Related Daily Interference Scale(HFRDIS

Mild : 0-39 = 1
Moderate : 40-69 =2

Severe : 70- 100 =3

GRADE		**Before Treatment Grading**	**After 15th day of Treatment Grading**	**After 46th day of Treatment Grading**	**After 90th day of Treatment Grading**
1	My sweating is never noticeable and never interferes with my daily activities				
2	My sweating is tolerable but sometimes interferes with my daily activities				
3	My sweating is barely tolerable and frequently interferes with my daily activities				
4	My sweating is intolerable and always interferes with my daily activities				

Table No 2 : Hyperhidrosis Disease Severity Scale (HDSS)

A score of 3 or 4 indicates severe hyperhidrosis. A score of 1 or 2 indicates mild or moderate hyperhidrosis

Grading for **Hyperhidrosis Disease Severity Scale (HDSS)**

Mild : 1 =1
Moderate :2 =2
Severe :3-4 =3

Table No 3 : Showing Insomnia Severity Index

Insomnia Problem	None	Mild	Moderate	Severe	Very Severe
1. Difficulty falling asleep	0	1	2	3	4
2. Difficulty staying asleep	0	1	2	3	4
3. Problems waking up too early	0	1	2	3	4

4. How SATISFIED/DISSATISFIED are you with your CURRENT sleep pattern?

Very Satisfied	Satisfied	Moderately Satisfied	Dissatisfied	Very Dissatisfied
0	1	2	3	4

5. How NOTICEABLE to others do you think your sleep problem is in terms of impairing the quality of your life?

Not at all Noticeable	A Little	Somewhat	Much	Very Much Noticeable
0	1	2	3	4

6. How WORRIED/DISTRESSED are you about your current sleep problem?

Not at all Worried	A Little	Somewhat	Much	Very Much Worried
0	1	2	3	4

7. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g. daytime fatigue, mood, ability to function at work/daily chores, concentration, memory, mood, etc.) CURRENTLY?

Not at all Interfering	A Little	Somewhat	Much	Very Much Interfering
0	1	2	3	4

GUIDELINES FOR SCORING / INTERPRETATION:
Add scores for all seven items (1a+1b+1c+2+3+4+5) = _____
Total score ranges from 0-28
0-7 = No clinically significant insomnia
8-14 = Subthreshold insomnia
15-21 = Clinical Insomnia (moderate severity)
22-28 = Clinical insomnia (severe)

OBJECTIVE PARAMETER
No definite test is available to confirm the diagnosis
Assessment was done on the basis of clinical observations at 15th , 46th and 90th day .

Method of Research : The method adopted in present study is random sampling. An Open Label Single Arm Interventional Clinical Study was carried out. Data collection was by interview method. The study had a due clearance from the Institutional Ethics Committee. Total 30 subjects were registered with informed consent. The purpose of the study, nature of the study drugs and the potential risks and benefits were explained to the subjects in detail in nontechnical terms and bilingual. Thereafter their written consent was taken before starting the procedure.

Plan of the study: Subject were given 6grams (1 karsha) of *Vidarikanda churna* with 100 ml of milk twice daily - in the morning and at night after food for 45 days .

INTERVENTION:
INTERVENTION PERIOD: 45 days
ASSESSMENT SCHEDULE:
Before treatment- 0th day
1st Assessment – 15th day
2nd Assessment – 46th day
Follow up – on 90th day
TOTAL STUDY DURATION: 90 days

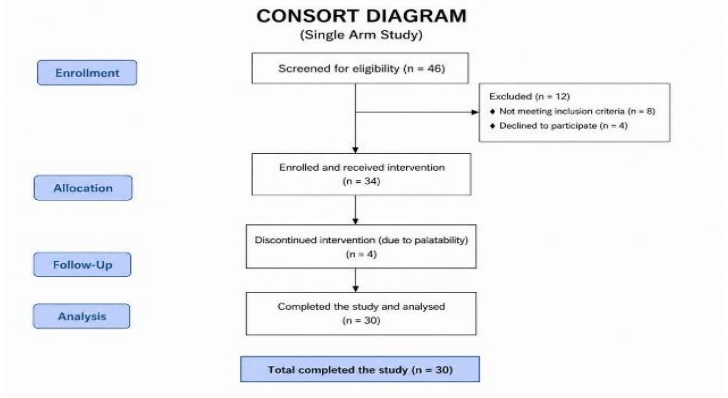

Figure 01 : Participant Flow Diagram

STATISTICAL ANALYSIS:
The descriptive statistics frequency and percentage for frequency table, mean, median, minimum and maximum obtained for Hot flushes , sweating and sleep disturbance . Since the data was ordinal scale, the nonparametric Wilcoxon Signed rank test was administrated to see the significant difference between before and after-test. Friedman test was applied for Follow up wise results . The statistically significant values were compared with 0.05 and 0.01 level of significance. The whole statistical analysis was done using SPSS.

OBSERVATIONS
In the present study ,30 subjects fulfilling the diagnostic and inclusion criteria of menopausal syndrome were selected. This section consists of the distribution of the participants across different demographic and clinical variables. Study was completed with 30 subjects.

Table No 4 : Obsevations On Demographic Data

Distribution of subjects according to age		
AGE GROUP (IN YEARS)	FREQUENCY	PERCENT (%)
40-45	8(Surgical)	26.67%
46-50	4	13.33%
51-55	10	33.33%
56-60	8	26.67%
Grand Total	30	100 %
Mean Age	50.9	
Distribution of subjects according to Duration of Vasomotor Symptoms		
DUARTION OF VASOMOTOR SYMPTOMS	FREQUENCY	PERCENTAGE
<6m	4	13.33 %

6m to 1 year	20	66.67%
>1 years	6	20%
Grand Total	30	100 %
Distribution of subjects based on Coital History		
COITAL HISTORY	FREQUENCY	PERCENT (%)
1 time / Month	11	36.67%
Nil	14	46.67%
1 time/ 2 months	1	3.33%
1 time /week	3	10.00%
2 times /Month	1	3.33%
Grand Total	30	100.00%
Distribution of subjects based on Dyspareunia		
DYSPAREUNIA	TOTAL	PERCENTAGE
NO	7	43.75%
YES	9	56.25%
Grand Total	16	100
Distribution of study subjects according to Age of Menopause		
AGE OF MENOPAUSE	FREQUENCY	PERCENT (%)
41-45	10	33.33%
46-50	8	26.66%
51-55	12	40%
Grand Total	30	100 %
Distribution of study subjects according to Type of Menopause		
TYPE OF MENOPAUSE	FREQUENCY	PERCENT (%)
NATURAL	22	73.33%
SURGICAL	8	26.66%
Grand Total	30	100 %
Distribution of subjects based on *Manasika bhava*		
MANASIKA BHAVA	FREQUENCY	PERCENTAGE
Chinta	16	53.33%
Krodha	9	30.00%
Shoka	5	16.67%
Grand Total	30	100 %
Distribution of subjects based on Hot Flush Related Daily Interference Scales Severity		
HOT FLUSH RELATED DAILY INTERFERENCE SCALES SEVERITY	FREQUENCY	PERCENTAGE
Mild	1	3.33%
Moderate	12	40.00%
Severe	17	56.66%
Grand Total	30	100.00%
Distribution of subjects based on Hyperhidrosis Disease Severity Scale		
HYPERHIDROSIS DISEASE SEVERITY SCALE	FREQUENCY	PERCENTAGE
Moderate	14	46.67%
Severe	16	53.33%
Grand Total	30	100.00%
Distribution of subjects based on Insomnia Severity Index Scale severity(ISISS)		
INSOMNIA SEVERITY INDEX SCALE SEVERITY	FREQUENCY	PERCEN TAGE
Moderate	7	23.33%
Severe	20	66.67%
Subthreshold	3	10.00%
Grand Total	30	100.00%

STATISTICAL ANALYSIS

In this study sample size was 30. On each sample 3 qualitative (ordinal) parameters were measured in 3 follow ups.

Results within group

Hot Flush Related Daily Interference Scales: Follow up wise result by Friedman test as follows:

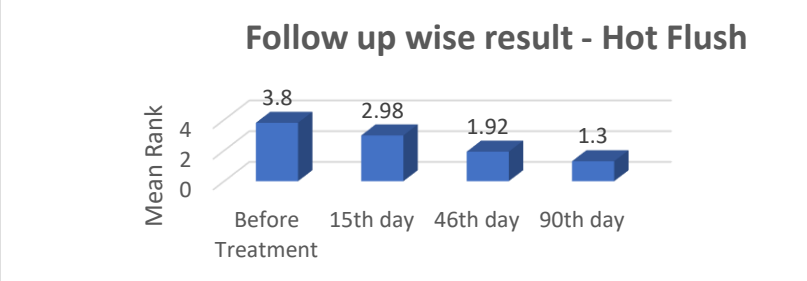

Figure No 2: Follow up wise result - Hot Flush

Interpretation: As the p-value is less than 0.05, there is a statistically significant difference in the mean rank of Hot Flush scores across the follow-up periods. This indicates that the treatment was effective in reducing the severity of hot flush symptoms over time. The mean rank progressively decreased from 3.80 before treatment to 1.30 on the 90th day, showing continuous improvement in the condition during the follow-up period.

Result of before and after treatment by **Wilcoxon signed rank test** as follows:

Table No 5 : Result of Wilcoxon signed rank test- Hot Flush

Parameter	Mean		% of improvement	Negative rank	Positive rank	Ties	W	P value
	BT	AT						
Hot Flush	2.6	1.37	47.3%	29	0	1	-4.944	<0.001

The Wilcoxon signed-rank test showed a statistically highly significant reduction in Hot Flush scores at all follow-up intervals, as all p-values were less than 0.05. The mean score decreased from 2.6 on Day 1 to 1.97 on Day 15, 1.37 on Day 46, and 0.97 on Day 90, indicating progressive improvement in symptoms over time. The percentage reduction was 24.2% from Day 1 to Day 15, 30.5% from Day 15 to Day 46, 47.3 % from Day 1 to Day 46 , 29.2% from Day 46 to Day 90, and an overall improvement of 62.7% from Day 1 to Day 90.

In the overall Wilcoxon signed-rank test, the post-treatment mean score reduced from 2.6 before treatment (BT) to 1.37 after treatment (AT), with 47.3% improvement. Since the p-value was <0.001, the reduction in hot flush severity was statistically highly significant, suggesting that the treatment was effective in alleviating hot flush symptoms.

Result of Wilcoxon Signed Rank Test- Hyperhidrosis

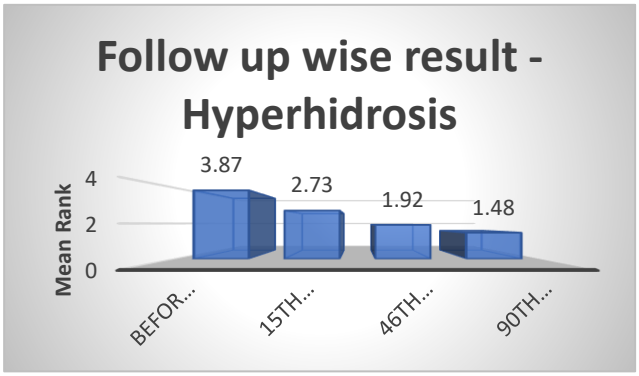

Figure No 3 : Follow up wise result – Hyperhidrosis

Interpretation: As the p-value is less than 0.05, there is a statistically significant difference in the mean rank of Hyperhidrosis across the follow-up periods. This indicates that the treatment was effective in reducing the severity of hyperhidrosis symptoms over time. The mean rank gradually decreased from 3.87 before treatment to 1.48 on the 90th day, demonstrating continuous improvement throughout the follow-up period Result of before and after treatment by **Wilcoxon signed rank test** as follows.

:

Table No 6 : Result of Wilcoxon Signed Rank Test- Hyperhidrosis

Parameter	Mean		% of improvement	Negative rank	Positive rank	Ties	W	P value
	BT	AT						
Hyperhidrosis	2.53	1.23	51.4%	30	0	0	-5.007	<0.001

Interpretation: The Wilcoxon signed-rank test showed a statistically highly significant reduction in Hyperhidrosis scores at all follow-up intervals, as all p-values were less than 0.05. The mean score decreased from 2.53 on Day 1 to 1.73 on Day 15, 1.23 on Day 46, and 0.9 on Day 90, indicating progressive improvement in symptoms over time. The percentage reduction was 31.6% from Day 1 to Day 15, 28.9% from Day 15 to Day 46, 51.4% from Day 1 to Day 46 , 26.8% from Day 46 to Day 90, and an overall improvement of 64.4% from Day 1 to Day 90.

In the overall Wilcoxon signed-rank test, the post-treatment mean score reduced from 2.53 before treatment (BT) to 1.23 after treatment (AT), with 51.4% improvement. Since the p-value was <0.001, the reduction in Hyperhidrosis severity was statistically highly significant, suggesting that the treatment was effective in alleviating Hyperhidrosis symptoms.

3) Insomnia Severity Index Scale: Follow up wise result by Friedman test as follows:

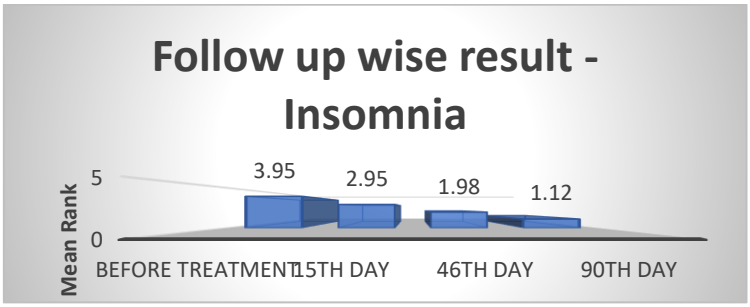

Figure No 4 : Follow up wise result By Friedmann Test - Insomnia

Table No 7 : Follow up wise result by Friedmann Test- Insomnia

Insomnia	**Mean Rank**
Before Treatment	3.95
15th day	2.95
46th day	1.98
90th day	1.12
Test Statistic	**85.289**
P value	**<0.001**

Interpretation: As the p-value is less than 0.05, there is a statistically significant difference in the mean rank of Insomnia across the follow-up periods. This indicates that the treatment was effective in reducing the severity of insomnia symptoms over time. The mean rank progressively decreased from 3.95 before treatment to 1.12 on the 90th day, demonstrating continuous improvement throughout the follow-up period. Result of before and after treatment by **Wilcoxon signed rank test** as follows:

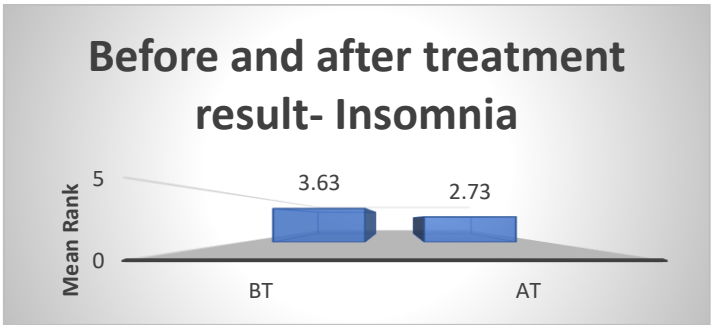

Figure No 5 : Before and after treatment result- Insomnia

Table No 8 : Result of Wilcoxon Signed Rank Test- Insomnia

Parameter	**Mean**		**% of improvement**	**Negative rank**	**Positive rank**	**Ties**	**W**	**P value**
	BT	AT						
Insomnia	3.63	2.73	52.3%	30	0	0	-4.942	<0.001

Interpretation: The Wilcoxon signed-rank test showed a statistically highly significant reduction in Insomnia scores at all follow-up intervals, as all p-values were less than 0.05. The mean score decreased from 3.63 on Day 1 to 2.63 on Day 15, 1.73 on Day 46, and 0.93 on Day 90, indicating progressive improvement in symptoms over time. The percentage reduction was 27.5% from Day 1 to Day 15, 34.2% from Day 15 to Day 46, 46.2% from Day 46 to Day 90, and an overall improvement of 74.3% from Day 1 to Day 90.

In the overall Wilcoxon signed-rank test, the post-treatment mean score reduced from 3.63 before treatment (BT) to 2.73 after treatment (AT), with 52.3% improvement. Since the p-value was <0.001, the reduction in Insomnia severity was statistically highly significant, suggesting that the treatment was effective in alleviating Insomnia symptoms.

In the overall Wilcoxon signed-rank test, the post-treatment mean score reduced from 2.53 before treatment (BT) to 1.23 after treatment (AT), with 51.4% improvement. Since the p-value was <0.001, the reduction in Hyperhidrosis severity was statistically highly significant, suggesting that the treatment was effective in alleviating Hyperhidrosis symptoms.

Result of Wilcoxon Signed Rank Test- Insomnia

In the overall Wilcoxon signed-rank test, the post-treatment mean score reduced from 3.63 before treatment (BT) to 0.93 after treatment (AT), with 74.3% improvement. Since the p-value was <0.001, the reduction in insomnia severity was statistically highly significant, suggesting that the treatment was effective in alleviating insomnia symptoms.

Overall effect: Overall, 76.7% of patients showed moderate improvement, 20.0% had marked improvement, and 3.3% had mild improvement, with no cases of no improvement observed.

DISCUSSION

Menopause is a natural physiological transition associated with ovarian senescence and declining estrogen levels, resulting in various vasomotor symptoms such as hot flushes, excessive sweating, and sleep disturbances. In *Ayurveda, Rajonivritti* is considered a natural age-related event occurring around the age of fifty years and is associated with *Jara Avastha*, characterized by *Dhatu Kshaya* and predominance of *Vata Dosha*. Aggravation of *Pitta Dosha* along with *Vata* contributes to manifestations resembling vasomotor symptoms.

In the present study, the majority of participants belonged to the 51–55 years age group, which corresponds to the early postmenopausal period when estrogen deficiency and vasomotor symptoms are most prominent. Most subjects were housewives, urban residents, and belonged to the middle socioeconomic class. A large proportion reported disturbed sleep, lack of regular physical exercise, absence of yoga or meditation practices, and consumption of *Katu Rasa* dominant diet, all of which may contribute to aggravation of *Vata* and *Pitta Dosha* and intensification of menopausal symptoms.

The significant reduction in hot flushes, hyperhidrosis, and insomnia observed during the study may be attributed to the pharmacological and Ayurvedic properties of *Vidarikanda Churna.*

Probable Mode Of Action Of *Vidarikanda Churna* On Hot Flush

Vidarikanda possess *Madhura rasa, Snigdha guna,* and had *Rasayana* property, which collectively help in *Vata–Pitta shamana*. Hot flushes in menopausal conditions are primarily due to *Vata–Pitta* vitiation leading to thermoregulatory instability, sudden heat sensation, sweating, and emotional disturbances. By pacifying aggravated *Vata*, the drug reduces abrupt neurovascular fluctuations, while *Pitta* helps in controlling excessive internal heat. The *Brimhana* and *Dhatu Poshana* actions of *Vidarikanda* contribute to the nourishment and stabilization of *Rasa* and *Shukra Dhatu,* thereby supporting hormonal balance and maintaining physiological homeostasis during menopause.

In addition, its *Rasayana* action enhances *ojas* and systemic strength , which reduces symptoms and improves physical, emotional, and social functioning, ultimately lowering daily interference caused by hot flushes. Classical descriptions of *Vidari* as *Balya* and *Rasayana* are supported in texts such as *Bhavaprakasha Nighantu* [188] and the concept of *Rasayana* in *Charaka Samhita*.[189]

Vidarikanda contains several isoflavonoids such as puerarin, daidzein, genistein, and related phytoestrogenic compounds, which show estrogen receptor modulatory activity (preferentially ER-β activity). This phytoestrogenic effect may partial compensate for estrogen deficiency during menopause and helps to stabilize the hypothalamic thermoregulatory center, thereby reducing vasomotor instability and frequency of hot flushes.

Experimental and review studies also report that Pueraria tuberosa possesses significant antioxidant, anti-inflammatory, neuroprotective, cardioprotective, and adaptogenic activities, This may minimize oxidative stress & neuroendocrine dysregulation associated with menopausal symptoms [12]. In addition, its vasomodulatory effects may improve endothelial function and vascular tone regulation, reducing sudden peripheral vasodilation responsible for flushing episodes, while its anxiolytic and anti-stress effects help in improving sleep quality and emotional stability, thereby reducing overall daily interference caused by hot flushes [13].

Probable Mode Of Action Of *Vidarikanda Churna* On Sweating

Vidarikanda Churna helpes in reducing excessive sweating in menopausal women through multiple mechanisms. Menopause is characterized by estrogen deficiency, which disrupts hypothalamic thermoregulatory function and narrows the thermoneutral zone, resulting in vasomotor symptoms such as hot flushes and excessive sweating. The phytoestrogenic constituents of *Vidarikanda* exert mild estrogen-like effects, thereby helping to stabilize hypothalamic thermoregulation and reduce frequency & severity of sweating episodes.

From an Ayurvedic perspective, *Vidarikanda* possesses *Madhura Rasa, Guru-Snigdha Guna,* and *Sheeta Virya,* which contribute to *Pitta Shamana* and help alleviate excessive heat generation within the body. By pacifying aggravated *Pitta* and *Vata Dosha*, it helps to regulate abnormal sweating associated with menopausal vasomotor disturbances.

The *Rasayana* property of *Vidarikanda* promotes overall tissue nourishment and supports neuroendocrine balance. Its adaptogenic action may enhance the body's ability to cope with physical and psychological stress, thereby reducing Overactivity of the sympathetic nervous system is known to trigger sweating episodes.

In addition, *Vidarikanda* includes bioactive substances with antioxidants properties that may protect neuronal tissues from oxidative-stress & improve autonomic nervous system regulation. Improved autonomic balance can reduce inappropriate activation of sweat glands and contribute to better control of perspiration.

Furthermore, *Sheeta guna* of *Vidarikanda* provide a soothing effect on the body's thermoregulatory mechanisms, reducing sensations of heat and minimizing associated sweating. Its nourishing and rejuvenating effects may also improve overall physiological stability, leading to enhanced quality of life in menopausal women experiencing hyperhidrosis.

Probable Mode Of Action Of *Vidarikanda Churna* On Sleep Disturbance

Vidarikanda churna is understood to exert benefit primarily through its rich content of isoflavonoids such as puerarin, daidzein, and genistein, which display phytoestrogenic activity and modulate the hypothalamic–pituitary–adrenal axis, potentially stabilizing hormonal fluctuations that disturb sleep in Menopausal women. The antioxidant and neuroprotective properties of *Vidarikanda* reduce oxidative stress within central-nervous-system, whereas documented anti-stress, anxiolytic, and nootropic effects helps to alleviate sympathetic hyperarousal and anxiety-related cognitive activation, thereby improving sleep latency, sleep maintenance, and overall sleep quality in individuals with stress-associated insomnia [14]

Vidarikanda contain isoflavonoids and flavonoid constituents helps to modulate serotonergic and GABAergic neurotransmission, which are often dysregulated in the menopausal transition, thereby reducing anxiety-driven cognitive arousal and improving sleep initiation and continuity. By attenuating oxidative stress and supporting hypothalamic-pituitary function, *Vidarikanda* stabilize thermoregulatory instability that underlies hot flushes & night sweats, thus reducing flush-associated awakenings and nocturnal restlessness. Systemic anti-inflammatory and hypolipidemic-like effects further reduce low-grade metabolic and CNS-focused inflammatory burden, which is associated with fragmented sleep and reduced slow-wave sleep in postmenopausal women. As a nourishing adaptogen, *Vidarikanda* enhances stress tolerance and stabilizes mood fluctuations, indirectly supporting rest-related biological rhythms and reducing cortisol-related sleep-onset delay and early-morning awakening. [15]

Vidarikanda with *Go-dugdha* as *anupana* may improve insomnia by combining the *Vatashamana, Rasayana*, and adaptogenic properties of *Vidarikanda* with the *sheeta, snigdha, madhura,* and *brimhana* qualities of milk. Additionally *Go-dugdha* alleviates aggravated *Vata,* enhances ojas, and promotes mental calmness, thereby reducing Vataja Anidra. Its snigdha and brimhana properties helps to relax the body and mind, supporting better sleep initiation and maintenance. From a modern perspective, milk contains tryptophan [16], an essential amino acid that serves as a precursor for serotonin and melatonin, neurotransmitters involved in sleep regulation [17] . Thus, *Go-dugdha* may contribute to improved sleep quality and continuity while enhancing the overall restorative effects of *Vidarikanda*. [18]

The findings of the present study suggest that *Vidarikanda Churna* is a safe and effective Ayurvedic intervention for the management of menopausal vasomotor symptoms. Its dual action as a *Rasayana* and phytoestrogenic agent may help improve quality of life in postmenopausal women by reducing hot flushes, excessive sweating, and sleep disturbances.

CONCLUSION : Thus, the present clinical study concludes that Vidarikanda Churna is effective in the management of vasomotor symptoms in menopausal syndrome. The study outcomes suggest that *Vidarikanda Churna* significantly reduces hot flushes, excessive sweating, and sleep disturbances, thereby improving the overall quality of life of menopausal women. Its *Rasayana, Balya, Brimhana*, and *Vata-Pitta Shamaka* properties help in correcting *Dhatu Kshaya* and maintaining physiological balance during the menopausal transition. The phytoestrogenic constituents of *Vidarikanda* may contribute to alleviation of symptoms by exerting estrogen-like activity. The treatment was well tolerated by all subjects, and no adverse effects were observed during the study period. Therefore, *Vidarikanda Churna* can be considered a safe, effective, and economical Ayurvedic intervention for the management of vasomotor symptoms in menopausal syndrome.

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