

Menopausal Transition with a Yogic Lifestyle: Experiences of Thai Yogi Masters

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Abstract : This ethnographic study, as part of the larger research project, “Living Healthy through Yoga of Yoga Masters: A Qualitative Inquiry,” sought to explore the experiences of nine female yogi masters as they managed their menopausal transition (i.e., women’s reproductive senescence in the continuum of reproductive aging) via a yogic lifestyle. Their yogic lifestyle included regular yoga practice, healthy food habits, adequate sleep, and the use of nature cure techniques (i.e., fasting, detoxification, selection of suitable food products, and living in well-ventilated houses) that facilitated the art of living in tune with nature. Personal interviews, supplemented with telephonic interviews, participant observations, administration of a questionnaire, and field notes were carried out to explore the yogi masters’ experiences. Using Spradley’s method of analysis, qualitative data were gathered and analyzed simultaneously.

The findings revealed the yogi masters perceived having: mild menopausal symptoms; positive attitudes towards their menopausal experiences; and, a smooth menopausal transition.

Their yogic lifestyle helped the middle-aged Thais deal with their menopausal transition and provided them with a positive step towards healthier aging. Thus, it appears that health professionals need to encourage positive attitudes, among women, towards menopause and mind-body awareness, through use of yoga.

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Background

Menopause is a naturally occurring reduction of women’s female hormone secretions as they move from being sexually reproductive to becoming sexually non-reproductive (menopausal transition). During this transitional event, some women experience physical changes (i.e., hot flushes that are commonly activated by estrogen deficiency);¹ fatigue; headaches;

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sleep disturbances; musculoskeletal pain;² and/or, a nonspecific psychological syndrome characterized by mood disturbances (i.e., anxiety, depression, and low self-esteem) and cognitive impairment.³ Such changes often lead to significant alterations in women's quality of life (QOL), prompting them to seek complementary and alternative therapies as they seek to manage their menopausal symptoms.⁴

Although 20% of American menopausal women, reportedly, do not experience menopausal symptoms, approximately 20% suffer from severe menopausal symptoms and 60% experience mild menopausal symptoms.⁵ In Thailand, 23% of menopausal women suffer from severe menopausal symptoms, especially muscle and joint pains; however, nearly 31% do not experience menopausal symptoms.⁶ Prior research has revealed that the intensity of women's menopausal experiences reflect their life changes, lack of knowledge about the changes (including self-care activities), and how the changes complicate their middle years of life.⁷ This is especially important, in Thailand, where women have a mean life expectancy of approximately 75 years,⁸ and experience menopause between 47 and 50 years of age.⁹

As one may suspect, the occurrence of menopausal symptoms can lead to a significantly reduced QOL for Thai women.¹⁰ Thus, the women often seek medical interventions to alleviate or decrease their symptoms. Although hormone replacement therapy (HRT) has been shown to be the most effective medical treatment for menopausal symptoms,¹¹ clinical trials have found that HRT increases women's risk for breast and endometrial cancer, coronary artery disease, stroke, and thromboemboli.^{12, 13} Thus, menopausal women, throughout the world, have sought out and used various alternative therapies and treatments for relief of their symptoms. The most popular therapies, in this regard, have been consumption of vitamins and soy products, and participation in relaxation activities, including yoga and meditation.¹⁴

Yoga, a Sanskrit word meaning to "yoke" or "union" the mind, body, and spirit was developed, as a spiritual practice, over 4000 years ago.¹⁵ Patanjali, the founder of yoga, described it as a sacred science involving evolution through eight pathways or limbs: *yama* (universal ethics); *niyama* (individual ethics); *asana* (physical postures); *pranayama* (breath control); *pratyahara* (control of the senses); *dharana* (concentration); *dhyana* (meditation); and, *smadhi* (bliss).¹⁵ With regular practice, yoga claims to teach the practitioner how to develop a greater awareness of one's physical and psychological states and, thus, increase one's ability to cope with everyday stresses and situations, and assess one's reactions and coping mechanisms. Although different styles of yoga, including Hatha, Ashtanga, Vinyasa, Bikram, and Kundalini, are popular today, the goal in practicing yoga is attainment of a state of bliss and oneness with the universe via blending physical, mental, and spiritual practice.¹⁶

Prior research has shown yoga to be significantly associated with improved psychological and spiritual well-being, and overall physical health,¹⁷⁻¹⁹ and is a popular alternative therapy²⁰ among Thai women.²¹ In addition, since it has been found to decrease menopausal symptoms,^{4, 22, 23} yoga often is recommended as an alternative to HRT.^{20, 24}

Yogi masters, as knowledgeable practitioners of yoga, live healthy, balanced, and contented lives.¹⁵ From a yogic perspective, health is related to the balance of the five body sheaths of human existence: physical, vital, mindful, intellectual, and blissful. The physical body, the outermost sheath, consists of one's skin, bones, muscle, and internal organs, and encompasses the other four subtle body sheaths. The vital body sheath is where breath and emotions reside, while the mental body sheath consists of one's thoughts and obsessions that can be mastered. The intellectual body sheath is where intelligence and wisdom can be found, while within the blissful body sheath the

universal soul resides.²⁵ To attain balance within the five body sheaths, one must engage in use of nature cures which involve use of techniques that facilitate the art of living in tune with nature.²⁶ Thus, the use of such techniques (i.e., fasting, detoxification, good physical posture, breath control, consumption of fish oil and fresh water, yoga exercises, sound sleep, meditation, and a yogic diet which consists of low protein, fresh, and natural foods of good quality) are recommended for balancing the five body sheaths of human existence.^{27, 28}

Although prior studies have utilized Hatha yoga, which includes physical poses, breath control, and deep relaxation, for improving quality of life and relieving menopausal symptoms,^{4,17} none have investigated how menopausal women integrate yoga, as a nature cure, into their daily activities as they seek to manage their menopausal transition. Although a systematic review of the effects of yoga on women's menopausal symptoms revealed no statistical significance difference, when compared to the menopausal symptoms of women not practicing yoga,²⁹ the practice of yoga has been found to reduce the frequency and intensity of hot flashes,^{22,30} as well as decrease stress among menopausal women.³ Thus, this ethnographic study sought to explore how nine female yogi masters managed their menopausal transition via a yogic lifestyle.

Method

Design: This qualitative study drew on ethnographic principles to facilitate understanding of human behavior, values, beliefs, and meanings relevant to health.^{31, 32}

Ethical considerations: Prior to implementation, the study was approved by the Research Ethics Review Committee of the primary investigator's (PI) academic institution. Each potential subject was informed about: the nature of the study; what study involvement entailed; anonymity and confidentiality issues;

voluntary involvement; and the right to withdraw at any time without ramifications. Participants consenting to take part were asked to sign an informed consent form. All data obtained were identified by way of code numbers so as to ensure confidentiality and anonymity.

Sample: The sample was comprised of nine yogi masters who were well known and practiced yoga on a daily basis. The names of potential participants, which were small in number because of the limited presence of yogi masters, were purposively identified through the PI's yoga teacher and via the snowball technique. A total of ten participants were directly approached by the PI. However, only nine consented to take part in the study. One potential participant chose not to take part in the study because she had limited available time and used limited aspects of yoga as an exercise. The study's inclusion criteria were Thai women who: were either perimenopausal, menopausal, or post-menopausal; had participated in a formal yoga training course for at least one week; were engaged in intensive and ongoing regular yoga practice; had practiced yoga for at least five years; and, were willing to participate in the study.

The nine participants had a mean age of 55 years (range = 48 to 61 years) and had been practicing yoga, on average, for 11 years. Six of them were health professionals (five nurses and one audiologist) and three were housewives. Five participants were married and lived with their children; two were married, but childless; and, two were not married. Regarding level of education, five held a master's degree, three a baccalaureate degree, and one a doctoral degree. All were Buddhists. Eight were non-vegetarian and one was a vegetarian. Six participants were post-menopausal (mean age of 58.5 years), two were perimenopausal, (mean age of 48.5) and one was premenopausal (48 years of age). Three participants reported mild menopausal symptoms, while the other six did not report any menopausal symptoms.

Instruments: Data were obtained via three instruments: a Demographic Data Questionnaire (DDQ); the Menopause Rating Scale (MRS);³³ and,

a semi-structured interview. The DDQ requested information on each participant's: age; marital status; highest level of education; occupation; menopausal status; and, food habits.

The MRS³³ was used to determine and describe the severity of the participants' menopausal symptoms. The instrument consisted of 11 items that addressed psychological (4 items; depressed, irritable, anxious and exhausted), somato-vegetative (4 items; sweating/flushing, cardiac complaints, sleep disorders, and joint/muscle complaints), and urogenital symptoms (3 items: sexual problems, urinary complaints, and vaginal dryness). The items asked if each of the 11 symptoms was present and, if so, what was their level of severity (i.e., "Which of the following symptoms apply to you at this time and to what degree?"). Possible responses to each item were: 0 = "not present or minimal;" 1 = "mild;" 2 = "moderate;" 3 = "severe;" and, 4 = "extremely severe." A total score, which could range from 0 to 44, was obtained by summing the response scores across items. Interpretation of the total score was as follows: 0 to 4 = presence of no or few menopausal symptoms; 5 to 8 = presence of mild menopausal symptoms; 9 to 15 = presence of moderate menopausal symptoms; and, 16 and over = presence of severe/extremely severe menopausal symptoms. Thus, higher scores indicated a more severe level of menopausal symptoms. Test-retest reliability of the MRS, across cultures in prior research, was found to be between 0.6 and 0.9.³⁴ The MRS was available on the internet and did not require permission for use. However, since the MRS was written originally in English, it required translation from English into Thai and then back translation into English. The back translated version of the instrument was then compared to the original English version to assure no changes in meaning occurred. The translation and back translation were carried out by two Thai-English bilingual teachers.

The semi-structured interview focused on each participant's: stage of menopause; experiences with

menopausal symptoms; perceived health changes during menopause; daily activities; ways and duration of yoga practice; lifestyle; management of menopausal symptoms; and, understanding of how yoga practice influenced health and well-being during menopausal transition. Examples of the initial interview questions included: "In what stage of menopause are you?;" "Please describe your experiences with menopause?;" "What have been your most important experiences and health changes during menopause?;" "What are your daily activities in taking care of your health?;" "What special aspects of yoga do you practice for dealing with menopause?;" "How long do you practice yoga?;" "What other techniques do you use for management of menopausal symptoms?;" and, "Do you think yoga influences your health and well-being during your menopausal transition? If so, in what way does yoga influence your health and well-being?" As the interview proceeded probing comments or questions (i.e., "Please explain what you mean;" "Please provide more information about what you are saying;" and, "Am I correct in my understanding that you mean.....?") were used to clarify information and gain more depth in the content being addressed.

Procedure: Once a participant was determined to have met the inclusion criteria and consented to take part in the study, she was administered, by the PI via interview, the DDQ and MRS.³³ This process took approximately 12 minutes. The interview was then used to obtain in-depth data. Over one year, each participant was formally interviewed two to four times in her home or work place, depending upon which location was most convenient for her. Each interview lasted approximately 60 to 90 minutes. The number of times a participant was interviewed depended upon saturation of the data obtained (i.e., hearing the same information over and over.). Upon consent of each participant, interviews were tape-recorded. In addition, field notes were written regarding observations made during the interview process. While the data were being analyzed, telephonic follow-up interviews were used to confirm understanding of the data obtained.

Data analysis: Descriptive statistics were used to analyze the demographic data and information obtained from the MRS. Content on the audiotapes were transcribed verbatim. The transcripts and field notes were read repeatedly to foster insight regarding the participants' experiences within their context and background. Data analyses then were accomplished throughout the process of: coding the folk terms and symbols; organizing symbols into domains with semantic relationship; categorizing many domains into a few domains; and conceptualizing themes as set forward by Spradley.³¹

Rigors of the study: Trustworthiness was established by following several principles established by Lincoln and Guba³⁵ which served to ensure credibility, transferability, dependability, and confirmability of the findings. Strategies to ensure credibility were achieved when the PI's descriptions were recognized as valid by those who had experience in qualitative research (i.e., other members of the research team) and by participant checks during the interview process. This was done by restating, summarizing, and paraphrasing participants' responses to clarify and confirm the PI's understanding of what participants had verbalized. To ensure transferability, the details regarding participants' recruitment and study context were provided. However, no claim was made that participants' experiences represented the experiences of every female yogi master in Thailand. Dependability was established by providing enough information to enable future researchers to replicate the work. Confirmability, the degree in which the findings were determined by participants, involved participants' validation of the analyzed content, interpretation, and completeness of each of their interviews.

Findings

The findings fell within six main themes that reflected experiences of nine female yogi masters as they managed their menopausal transition via a yogic lifestyle. The themes consisted of: perceptions of menopause;

positive attitudes towards menopause; daily performance of yoga; healthy food habits; adequate sleep; and, use of a nature cure as a complement to a yogic way of life.

Perceptions of menopause: Although six women did not have menopausal symptoms, three reported, via the Menopause Rating Scale,³³ the presence of several symptoms related to menopause (i.e., sweating/flushing, vaginal dryness, irritability, and sexual problems). Those who experienced symptoms of menopause perceived their symptoms as mild and not bothersome as they went about their daily lives. The three women who dealt with several symptoms of menopause described their experiences as follow:

"This year, I experienced some hot flushes. However, I feel good about it; it reminds me that I am in the menopausal stage. (However) my yoga way of life will help me in my transition with menopause."(Mrs. A)

"Although I have experienced a decrease in sexual desire during my menopausal stage and I get easily irritable with my husband, I realize and am aware of these changes, so they do not disturb me."(Mrs. B)

"My uterus and ovaries were removed several years ago. I don't have any experience with menopausal symptoms. I think it is because my yoga way (of living) has helped me take care for my body and mind. This has lead to a balance in my life and health."(Ms. C)

Attitudes towards menopause: The subjects described menopause as a natural life transition that every woman has to face. All participants reported positive experiences as they transitioned through menopause. Their positive attitude and experiences appeared to facilitate confidence regarding their sense of well-being. Three of the women described their attitudes as follows:

“My menstruation stopped several years ago, I didn’t have any ‘vai-tong’ (menopausal) symptoms like others. I just sometimes felt down or had a lack of drive. My transition through this stage of life hasn’t given me any trouble.” (Mrs. D)

“I entered menopause several years ago, but I didn’t have the symptoms that others had, such as hot flushes, night sweats, sleep disturbances, and so on. One’s attitude toward life is very important when it comes to dealing with menopause. Our state of mind makes us aware of the importance of the changes that occur in life. Although some symptoms may happen during menopause, they occur naturally. I feel...menopausal symptoms should not affect our quality of life.” (Mrs. E)

“I became post-menopausal ten years ago. I didn’t have any ‘vai-tong’ (menopausal symptoms). My menstruation simply disappeared. I felt good because yoga practice helped me experience a smooth transition.” (Ms. H)

Daily performance of yoga: All participants stated that, every morning, they engaged in yoga *asana* (a body position/posture), *pranayama* (breath control), meditation, and relaxation. They described *asana* in two forms: *asana* on-a-mat and *asana* off-a-mat. *Asana* on-a-mat was performance of a yoga body position/posture either sitting or lying down on a mat, while *asana* off-a-mat could take place anywhere without a mat and involved consciously uniting the body and mind. Participants performed *asana* on-a-mat, each morning, for 15 to 60 minutes. If they had sufficient time, they performed a variety of basic body positions/postures and deep relaxation. The positions they used included the: crocodile (lying on abdomen with head down, arms bent, and hands placed under forehead for support); cobra (lying on abdomen,

back arched, with arms extended to support head and torso so they are perpendicular to floor); locust (lying on abdomen, arms extended along the back, knees bent with lower legs elevated off floor, and head and chest hyper-extended off floor); corpse (lying on back, arms placed on the floor and extended perpendicular to torso, legs spread apart, and whole body relaxed); half plough (lying on back, arms extended down, both legs raised slowly and steadily without support, then creating angles of 30°, 60° and 90° with the legs, and then bringing both legs slowly down to the floor); sitting (sitting with back perpendicular to floor, knees bent with ankles crossed, and lower part of arms placed on knees with palms up); head-to-knee (sitting with back perpendicular to the floor, right leg extended, left knee bent, sole of left foot brought to inner-right thigh, and torso and head brought down toward the extended right leg); seated-forward-bend (sitting with back perpendicular to the floor, legs extended, torso bent forward from the hips while keeping the spine as elongated as possible, hands grasping feet, and head placed on both knees); kneeling (sitting with lower legs placed under buttocks, back perpendicular to the floor, and palms placed on knees); yoga-symbol (sitting with lower legs placed under buttocks, holding the left wrist with the right palm at the lower back, then placing the forehead on the floor); spinal-twist (sitting with spine erect and the right knee bent, left leg crossed over the right leg, twisting the torso by bringing the left shoulder towards the bent right knee, turning further towards the right, and locking the right knee into the left armpit while keeping the right hand unbent and near the body); tree (standing erect and keeping feet together, lifting right leg and bending it at the knee, placing the sole of the right foot against the upper left thigh, placing palms of hands together in front of the torso, and raising both hand up over the head); wheel (standing with legs apart, hands at the side of the body, raising the left hand straight over the head, slowly bending in a semi-circle to the right with

the right hand hanging down, and then repeating the motion on the left side); and shoulder stand (lying on shoulders with the head on floor, and torso and legs extended perpendicular to the floor while using the arms to support the back). These various poses have been recommended for facilitation of good health.³⁶ One participant described her practice of yoga as follows:

“I usually practice a variety of simple poses, breath control, and meditation that have been recommended in Kaivalyadhama. When one regularly practices yoga, the body becomes balanced. Thus, no suffering from symptoms occurs.” (Mrs. G)

Since all participants were yogi masters, they performed additional postures, such as sun-salute (a specific sequence of yoga postures that are performed with a particular type of breathing) and lying-on-stomach-posture (reclining on the floor on one’s stomach and pulling the legs up and back) when they taught yoga to others during weekly evening classes. They believed that when they performed *asana*, especially the lying-on-stomach-posture, it affected the sex organs. As one participant stated:

“When using lying down poses during yoga, a woman’s ovaries and other organs in the abdomen get massaged. This improves the circulation of blood to these organs and their functioning becomes better.” (Mrs. E)

Four participants mentioned additional postures they practiced, which included the: butterfly (knees bent, soles of feet placed together with heels placed against crotch) and *moola-bandha* (sitting in a comfortable position, applying pressure to the perineal area by contracting muscles of the pelvic floor, and then following this by relaxation of these muscles). These postures generally are recommended for regulating menstruation, facilitating healthy functioning of the ovaries, improving sex organ

functioning, and having a positive influence on one’s intellect and memory.³⁷ One participant stated:

“In every yoga class, we perform 12 poses of the sun-salute and then continue with other poses. The last thing we do is deep muscle relaxation. After class we share our experiences regarding the practice of yoga and ways to improve our health. All members of our yoga class are educated, so that helps.” (Mrs. B)

“I always practice the lying-on-stomach-posture and moola-bandha. These poses help regulate the sex organs and improve menstruation.” (Mrs. F)

One participant was not concerned about postures related to menopause. She believed that every yoga position/posture of the body helped to balance all of the body’s hormonal secretions, including the sex hormones. She expressed:

“I have practiced yoga regularly for twelve years. I am not concerned about body postures specific to menopause. During yoga practice, many organs in my body are massaged, especially when using lying down poses because they help to balance the hormones. I always tell my students that yoga poses help to massage the glands, which helps them improve. If you do yoga poses as much as you can, your body will tell you about the benefits.” (Mrs. E)

Another participant indicated:

“I always practice yoga poses, every morning, for an hour, using a mat. However, when I don’t have enough time or I am in a hurry, I perform yoga poses for at least 15 minutes. When I want to obtain awareness, I do yoga poses without a mat. I have done yoga for five years. My health is much better. My colleagues tell me that because of yoga, I am a calmer person (Jai-yen).” (Mrs. B)

Seven participants agreed that doing yoga poses off-a-mat helped connect body and mind, as well as improve wisdom and awareness of self. One participant stated:

“I prefer to practice yoga poses, each day, off-a-mat. Because of this, I am always aware of myself during work, as well as while sitting or walking. My mind and body are always connected by keeping my senses focused. My yoga practice helps me to have an inner sense of relief from any problems before they affect my physical body. Even now, while I am talking with you, my mind is awakened and interacting with my physical body.” (Mrs. A)

Breath control (*pranayama*) and meditation are two techniques often performed during the practice of yoga. Meditation and breath control are thought to help calm the mind. Four of the participants stated they practiced meditation, along with breath control for an hour, every morning and evening. One participant indicated:

“Usually, I wake up at 4:30 in the morning. I practice yoga as much as I can, depending upon my available time. Then, I continue with the practice of meditation by focusing on breathing and being aware of my body and mind. I do this for one hour every day, in the morning, as well as an hour before going to sleep. I get clarity of mind before sleeping.” (Mrs. A)

Three participants engaged in meditation every day, but not at a fixed time. The others practiced meditation, but not regularly. They felt that if emotions changed, breathing patterns also changed. Instead, they practiced concentrating on breathing. Four participants felt that even after many years of practice, they still had emotions left in them. Since they were aware of them, they could release them easily, since they believed that breath control helped to balance their emotions. This was reflected by the following statement:

“When my mood changes, I focus on breathing and then my emotions feel better.” (Mrs. B)

All participants agreed that yoga practice for health was achieved not only from practicing physical body poses, breath control, and meditation, but also by following *yama* (universal ethics) and *niyama* (individual ethics), because they helped to achieve a positive social attitude and develop self-discipline. When these became their daily life practices, their behaviors were modified so as to make them more pleasant and friendly towards others. In their words:

“Yoga teaches us how to understand ourselves and other people, especially while we are working. It teaches us to be patient and diligent and not to oppress ourselves and other people.” (Mrs. B)

“Yoga does make me listen to other people. I do not hate them. I know that my yoga practice changes my mood and makes me think more positively about the situation than about the force of anger. Yoga helps me with my relationship with friends.” (Mrs. I)

Healthy food habits: Since food is important for maintaining the physical body sheath, as well as the mind body sheath, the food habits of participants were taken into consideration. Although most participants were non-vegetarians, they consumed mainly seafood and poultry, while avoiding other meats. They also consumed a lot of vegetables, fruits, and brown unpolished rice. They preferred fish because of being aware of its health benefits. These beliefs were reflected in such statements as:

“I like to consume fruits and vegetable. I have vegetables, at every meal. I have a small garden where I plant several kinds of vegetables that are free from chemicals. I and my youngest daughter consume similar food, such as brown unpolished rice, Ginkgo nuts, and fresh vegetables.” (Mrs. B)

“I noticed that by not eating meat, but eating a lot of vegetables makes my body light and helps with excretion of wastes. I have focused on eating healthy food, which I practiced before entering menopause.” (Mrs. F)

Only one participant was a total vegetarian and regularly used soy bean, other soy products, and mushrooms in her food. All participants preferred soya milk, tofu, and coconut juice. All of these are *sattvic* (pure fresh grains, legumes, vegetables, fruits, nuts, milk and honey) yogic foods. These types of food are believed to increase one’s vitality, purity, strength, cheerfulness, and appetite.³⁸ One participant commented:

“I got fibroids (myoma) and underwent a total hysterectomy. The doctor prescribed hormone replacement therapy for me, but I got headaches from the medication. So I did not take it. I find that several food items, such as soya milk, tofu, and coconut juice from young fresh coconuts, balance my health. I have not had any problems with my health since then.” (Ms. C)

Adequate sleep: All participants experienced adequate sleep (average = 6 to 7 hours/night). They usually went to bed early and woke up early. Upon awakening, some of them performed yoga, followed by meditation. Others did yoga and breath control. These practices were reflected in such comments as:

“Health requires enough sleep. I don’t go to sleep late at night. Usually, I go to bed between 9 and 10 pm and, automatically, wake up at 4 am. If we don’t have enough sleep, our body still needs more rest because bio-chemicals related to sleep are still being produced in the body.” (Mrs. E)

“I go to sleep early..... some people are envious of me that I can sleep so well. This causes me to feel more energetic. I usually get up early, practice yoga, and then meditate.” (Ms. C)

Sleep is an unconscious state when one is not aware of his/her surroundings. Adequate sleep is essential for the maintenance of a healthy body, as well as a healthy mind. The body restores its energy supply and makes the necessary repairs to the damaged tissues during deep sleep. Lack of sleep can leave an individual feeling tired, listless, and irritable. In the yogic way a person should go to bed early at night and wake up early in the morning (i.e., before the sun rises).³⁸

Use of a nature cure as a complement to a yogic way of life: Most participants indicated they used a form of nature cure because they believed nature cures helped with health promotion, disease prevention, and curative and restorative actions. Several techniques were used, such as fasting, detoxification, selection of the suitable food products, and living in well-ventilated houses. All participants were sensitive to the amount of food they required at each meal. They did not want to over or under eat.

Fasting for elimination and providing rest to the digestive system was religiously followed. Short-fasting with certain fruits (i.e., apples, papayas, or bananas, complimented with coconut juice) was regularly performed. When three participants felt their bodies were feeling heavy, they fasted, for one day, by consuming only coconut juice or plain water. Two of the participants practiced detoxification, with coffee or *tiliacora triandra* (yanang leaf), on a weekly basis, or when they consumed too much food or unhealthy food. Another technique used was the selection and eating of fresh seasonal fruits and vegetables. All of the participants appeared to live in a natural environment that provided good ventilation. Two participants indicated:

“I am a non-vegetarian, but I consume many fruits and natural food items. I look at several types of food and the correlation they have with certain emotions. I also look at how much food is enough for me, how much food will cause me to have indigestion and give me a tight

feeling in my stomach, and what kind of foods will keep me happy. I eat many fruits because they are easily digested and are good for body cleansing.” (Mrs. E)

“Since I have used yoga as my way of life, conventional medicine has disappeared totally from my life. I have done detoxification by not eating food for a day. However, I still drink plain water or coconut juice for detoxification. If I feel sick, such as having a headache or fever, I sometimes use water from the yanang leaf, plain water, or my own urine to do enema detoxification.” (Mrs. A)

Discussion

The yogic masters, who served as participants in this study, perceived menopause as a natural part of their life cycle. All of them were well educated, with most being healthcare professionals. All participants were well informed about menopausal changes, did not appear to manifest stress, and maintained a positive attitude towards menopause. Ayers and associates,³⁹ concluded, in their study, that women with high levels of education and a strong social support system tend to maintain a positive attitude toward menopause. Prior research has revealed that the menopausal syndrome is effectively alleviated by yoga practice.^{23, 31} This factor could help explain why six of the participants did not indicate the presence of menopausal symptoms. Vaze and Joshi⁴⁰ have suggested that through the use of yoga, a correct diet, and a healthy lifestyle, a woman, more easily, can manage menopausal symptoms.

All participants were yogic masters who regularly practiced yoga. This factor most likely helped them maintain a high sense of emotional well-being.⁴¹ Furthermore, all participants consumed *sattvic* foods, which are supposed to improve one’s vitality, purity, strength, cheerfulness, and appetite.³⁶ Participants

preferred food items included soya milk, tofu, fresh vegetables, coconut juice, and brown unpolished rice. All of these foods provide a rich source of phytoestrogens that can help mitigate the drop in estrogen concentration that occurs during menopausal transition.⁴² Thus, the trigger for the onset of common symptoms (i.e., hot flashes, cold sweats, and vaginal dryness) and the prime organic factor associated with depletion of female hormones are minimized. A diet high in phytoestrogen is known to be effective in reducing hot flashes and improving vaginal mucosal dryness among post-menopausal women.⁴³

The fact participants had adequate sleep and engaged in a nature cure appeared to facilitate their levels of health and decrease the presence of menopausal symptoms. Adequate sleep is essential for maintenance of a healthy body and mind. Similar to prior research,⁴⁴ the fact participants engaged in regular yoga practice and were long-time yoga practitioners, most likely, improved the quality of their sleep. Finally, as reflected in the literature, the participants’ use of various types of nature cures (i.e., detoxification, fasting, and living in an open and well-ventilated environment) appeared to facilitate the promotion of their health and sense of well-being.³⁸

Limitations and Recommendations

When applying the findings, the limitations of the study need to be taken into consideration. First, all participants were yogic masters from one geographic location in Thailand, who were highly educated and primarily health care providers. Thus, generalizability of the findings is limited to yogic masters who are similar to those who served as study participants. Secondly, the sample size was very small. Thus, the findings do not necessarily reflect the beliefs of all Thai yogic masters who experience a menopausal transition. Future research needs to include a larger number of participants, from various locations throughout the country, who are representative of a

broader cross-section of Thais. Finally, one has to assume the participants were truthful regarding their comments about their personal menopausal transition. Thus, future research needs to include a variety of methods for obtaining data (i.e., review of medical records, video-taping, journal recordings, and interviews with family members and co-workers) and not rely, solely, on interviews.

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การเปลี่ยนผ่านภาวะหมดประจำเดือนด้วยวิถีโยคะ : ประสบการณ์ของครูโยคะไทย

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บทคัดย่อ: การวิจัยเชิงชาติพันธุ์วรรณานี้มีวัตถุประสงค์เพื่อศึกษาประสบการณ์ครูโยคะไทยในการเปลี่ยนผ่านภาวะการหมดประจำเดือนด้วยวิถีโยคะ การคัดเลือกกลุ่มตัวอย่างแบบเฉพาะเจาะจงเป็นครูโยคะจำนวน 9 คน ที่อยู่ในวัยภาวะหมดประจำเดือนและกำลังจะหมดประจำเดือน เก็บข้อมูลโดยการสัมภาษณ์เจาะลึก ร่วมกับการสัมภาษณ์ทางโทรศัพท์ การสังเกตแบบมีส่วนร่วม และการจดบันทึกภาคสนาม เพื่อศึกษาประสบการณ์การปฏิบัติโยคะในชีวิตจริง ในช่วงของการเปลี่ยนผ่านภาวะหมดประจำเดือน การวิเคราะห์ข้อมูลเชิงเนื้อหาโดยใช้รูปแบบตามแนวคิดของสปรอตล์

ผลการศึกษาพบว่า ครูโยคะรับรู้ภาวะการหมดประจำเดือนในระดับความรุนแรงที่ต่ำและมีทัศนคติที่ดีกับภาวะหมดประจำเดือน ซึ่งสามารถก้าวผ่านพ้นไปได้อย่างราบรื่นไม่เกิดความทุกข์ทรมานจากอาการภาวะหมดประจำเดือน โดยการปฏิบัติตามแนววิถีโยคะ คือการปฏิบัติโยคะอย่างสม่ำเสมอ ร่วมกับการรับประทานอาหารสุขภาพ นอนพักผ่อนอย่างเพียงพอ และใช้วิถีโยคะผสมผสานกับธรรมชาติบำบัด

จากผลการวิจัยครั้งนี้แสดงให้เห็นว่าวิถีโยคะช่วยให้ผู้หญิงวัยกลางคนเปลี่ยนผ่านภาวะหมดประจำเดือนไปได้ด้วยความราบรื่นไม่เกิดความทุกข์ทรมาน ซึ่งจะส่งผลไปสู่การมีชีวิตในวัยสูงอายุที่มีสุขภาวะต่อไป บุคลากรทางด้านสุขภาพควรตระหนักและกระตุ้นให้ผู้หญิงมีทัศนคติที่ดีต่อการหมดประจำเดือนซึ่งเป็นเหตุการณ์ปกติของชีวิตและนำโยคะมาปฏิบัติอย่างสม่ำเสมอจนเกิดการตระหนักรู้ในการดำรงชีวิตตั้งแต่นั้นมา

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คำสำคัญ: การเปลี่ยนผ่านภาวะหมดประจำเดือน, ครูโยคะ, วิถีโยคะ

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