
Menopause as a Complex Condition: Musculoskeletal Health Through the Lens of Yoga Therapy

Introduction

Condition Prevalence & Impact

As estrogen production declines in midlife, over 47 million women worldwide enter menopause each year. More than 70% experience musculoskeletal symptoms, and 25% are significantly impaired by them during the transition from perimenopause to postmenopause.¹ These symptoms—joint pain, muscle loss, bone density reduction, and osteoarthritis progression—are often overlooked because they don't show up on imaging and are overshadowed by more acute symptoms such as hot flashes, brain fog, mood swings, disturbed sleep, night sweats, urogenital symptoms, sexual dysfunction and memory changes.² As these subtler symptoms emerge, often beginning in the early 40s, many women reduce physical activity due to pain, further accelerating stiffness, muscle atrophy, and skeletal fragility.³ Collectively these symptoms are known as Musculoskeletal Syndrome of Menopause.

Nonetheless, while millions of women experience Musculoskeletal Syndrome of Menopause, when they seek medical care, they are often told that nothing specifically is wrong, largely because this condition is difficult to diagnose with conventional imaging or lab work. Despite its subtle presentation, the effects of estrogen fluctuation on muscle, bone, and joint health can significantly diminish quality of life. The personal, clinical, and financial impacts are considerable. For this reason, it is essential that clinicians, therapists, and the women they serve, recognize this condition and understand the constellation of musculoskeletal changes it entails, many of which can benefit from early, preventive, and integrative therapies.

Thesis Statement

This paper explores how Yoga Therapy, grounded in the Panchamaya model, can support women transitioning from perimenopause to menopause by addressing joint pain, muscle loss, and reduced mobility associated with Musculoskeletal Syndrome of Menopause through an integrative approach to physical body, respiratory function, mental/emotional state, and wisdom accumulation.

Condition Overview

Chronology

Menopause typically occurs between ages 45 and 55, with perimenopause beginning 7–10 years prior.⁴ Average age of menopause in the United States is 51 years, and is the same across the country for women of all races.⁵ Menopause is currently defined as one year after the last period of menstruation, though Dr. Mary Claire Haver critiques this definition for excluding women with hysterectomies, irregular cycles, or those who do not menstruate. Menopause marks the end of ovulation, when the finite supply of eggs, ~1 to 2 million at birth, is depleted. With each ovulation, women release roughly 11,000 eggs, though women who have children may delay menopause by 1–3 years due to reduced ovulation during pregnancy and postpartum. Onset is largely determined by genetics. During perimenopause, as women reach critical egg supply, the neuroendocrine system is disrupted, causing estrogen levels—particularly estradiol to fluctuate wildly, a period sometimes referred to as the “zone of chaos.”⁶

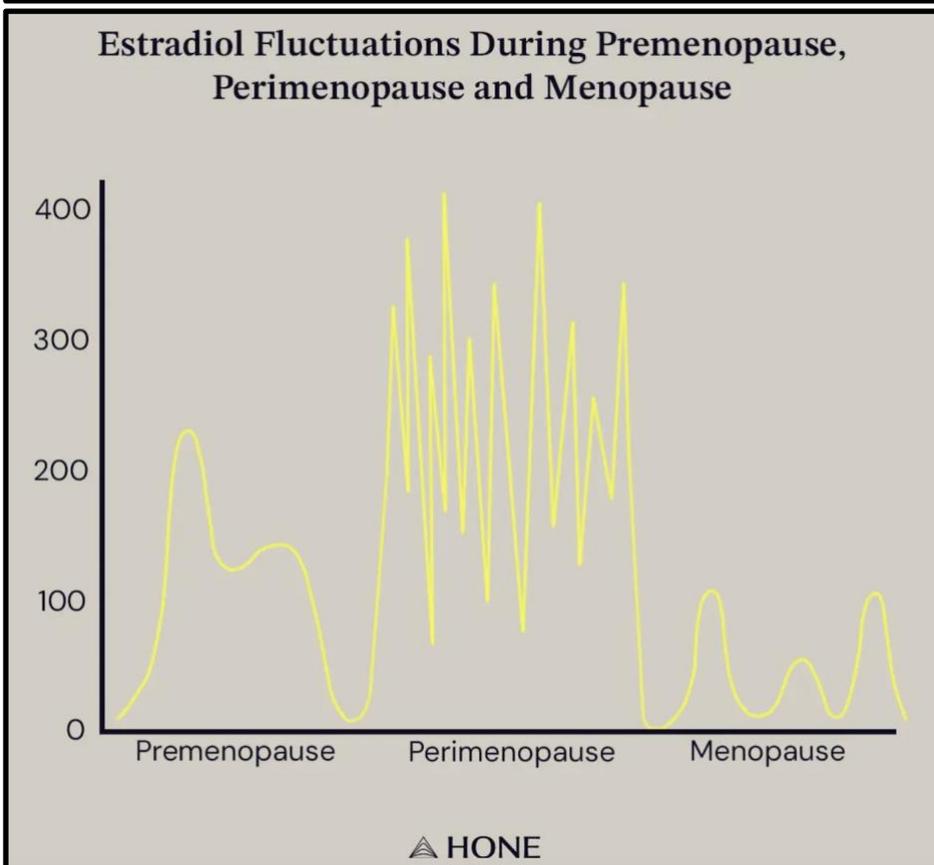
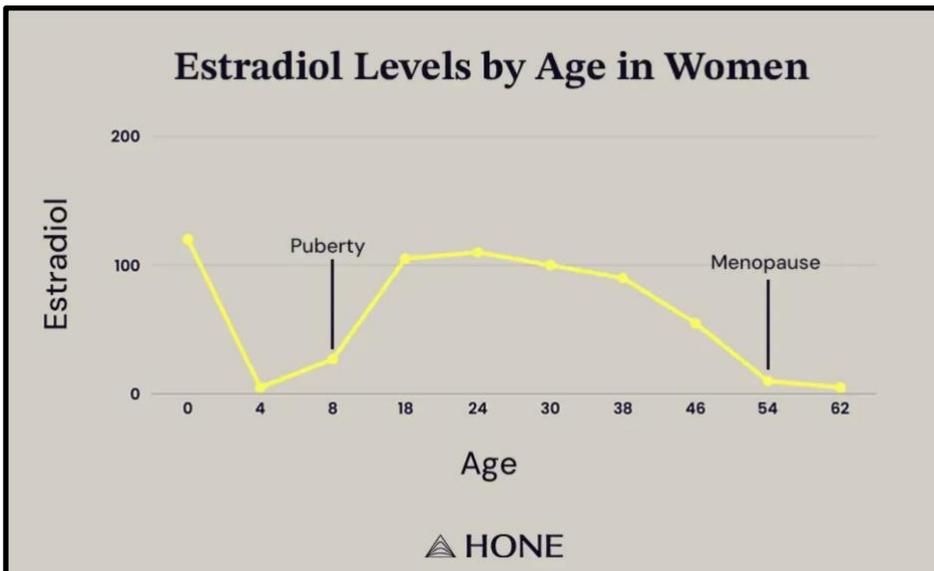


Image Source⁷

Estrogen & Inflammation

Estrogen is known to be anti-inflammatory and mildly immunosuppressive. Its role as a steroid hormone of pregnancy requires this. (Younger) rheumatoid arthritis patients routinely note improvement or even remission during pregnancy and much of this effect is attributed to the anti-inflammatory properties of estrogen.⁸ Estradiol (type of estrogen) loss has been linked to autoimmune disease as well as production of inflammatory cytokines, all hallmarks of chronic inflammation.⁹

Musculoskeletal Syndrome of Menopause

The musculoskeletal syndrome of menopause includes, but is not limited to, joint pain known as arthralgia, loss of lean muscle mass known as sarcopenia, loss of bone density known as osteopenia/osteoporosis, with increased risk of resultant fracture, increased risk for tendon and ligament injury, adhesive capsulitis and cartilage matrix fragility with the progression of osteoarthritis.¹⁰ In addition, women may experience increased joint discomfort and stiffness, change in balance with increased risk of falls, loss of stamina, loss of height, stooped posture and back pain. The musculoskeletal syndrome of menopause may have a profound negative impact on the quality of life of postmenopausal women.

Table 1. Musculoskeletal syndrome of menopause: processes and signs.

<i>Process</i>	<i>Signs</i>
Inflammation	Arthralgia, joint pain, joint discomfort, frozen shoulder
Sarcopenia	Poor balance, falls, decreased muscle mass, loss of stamina, walking slowly
Decreased satellite cell proliferation	Decreased muscle mass, inability to gain muscle
Osteoporosis	Loss of height, back pain, stooped posture, low-impact fracture
Arthritis	Arthralgia, joint pain, joint stiffness

Image Source¹¹

The effects of decreasing estrogen in the joints, both synovium and cartilage, are often misdiagnosed as rheumatoid arthritis (RA), degenerative osteoarthritis (OA), or fibromyalgia. Morning stiffness in the joints in peri and post menopausal women often mimics those of RA and OA. One article indicated that as many as half of all RA cases are misdiagnosed and the correct diagnosis was menopausal arthralgia.¹²

Now that we've looked at the condition and its impact in detail, let's explore the methods of treatment currently available in the West.

Western Medicine: Approaches & Treatments

Healthcare Providers

Women are encouraged to seek specialized consultation at the start of perimenopause (mid/late 40's) or at least establish relationships with providers who are at the forefront of the menopause research. While it is generally expected that a woman's OBGYN would be the first provider she seeks, she may be considering additional providers such as her PCP, PT, Chiropractor, Yoga Therapist, Acupuncturist, Nutritionist, Massage Therapist or any other wellness provider she believes can help.

Menopausal Hormone Therapy (MHT)

Menopause Hormone Therapy (MHT) is the “use of hormones to manage symptoms and/or prevent certain health complications related to the menopausal transition and/or menopause.”¹³ MHT was referred to as hormone replacement therapy (HRT), however the name “falsely implies that estrogen or other hormones are missing because of a medical problem...”¹⁴ MHT has a multitude of potential benefits and applications for women in perimenopause and menopause.

Joint Health & Immune Health

- Estrogen interaction with joint synovium and cartilage is well documented.¹⁵
- Estrogen is an inflammatory regulator that plays a role in the prevention of generalized arthralgia, the subjective experience of joint pain. Despite frequently lacking MRI findings or needing clinical intervention, over half of perimenopausal women report joint pain. Similar symptoms are observed in women who abruptly stop hormone therapy.¹⁶

Muscle & Bone Health

- Estrogen has important functions related to muscle mass and strength. As such, estrogen deficiency is associated with significant bone loss increasing fragility and risk of fractures.¹⁷

Benefits & Risks of MHT

In 1997, the National Institute of Health (NIH) funded a study commissioned by the Women's Health Initiative (WHI), which enrolled 64,000 women in an unprecedented effort to evaluate MHT as prevention for cardiovascular disease and fractures for osteoporosis.¹⁸ In 2002, the NIH halted the hormone arm of the study citing increased risk for breast cancer and at the time, preliminary findings that the study would not prove

that MHT reduced cardiovascular disease. A press conference followed claiming alarming statistics such as 41% increased risk of heart attacks and 26% increased risk of breast cancer.¹⁹ Publicity consequences were profound, resulting in an up to 80% drop of MHT use.²⁰ In 2007 however, the data from the WHI study was reviewed looking at women by age groups, and an entirely different set of findings emerged. It is now generally understood that there is a window of opportunity for MHT based on a woman's age. The North American Menopause Society (NAMS) guidelines "state that for women under the age of sixty or who are within ten years of menopause and have no contraindications, MHT is an appropriate choice for treating hot flushes/night sweats, preventing osteoporosis and ... genitourinary syndrome of menopause..."²¹

Despite these options, many women experience persistent musculoskeletal symptoms, pointing to the need for integrative approaches like yoga therapy.

Complimentary Treatments & Lifestyle

In the literature, it is clearly stated that complementary treatments should be considered along with MHT, and in some cases, these treatments are all that is sufficient to make the transition period from perimenopause to menopause more smooth and less acute. Here is a brief overview of what these are and how to seek them out:

- Diet - this is a major lifestyle component as a woman's body composition will change with the onset of menopause. As estrogen levels drop, visceral fat (type of fat stored deep in the abdominal cavity and encapsulating vital organs such as liver, intestines and stomach), will increase, increasing body mass. Insulin resistance will also increase with changing estrogen levels.²² As the body's chemistry changes, an increased intake of protein and fiber is recommended. A commonly agreed upon intake of protein should be 1-1.2 g/kg of body weight (20% energy).²³ In addition, anti-inflammatory foods are recommended such as the Mediterranean diet, which is low in inflammatory foods and high in antioxidants.²⁴
- Lifestyle - Quitting smoking, losing unnecessary weight, increasing time in nature, walking rather than driving and sitting less are among the many healthy lifestyle habits to consider.
- Supplementation - Vitamin D for low vitamin D levels, calcium for bone health. There is research into Kudzu root, which is a known isoflavone used in traditional Chinese medicine for over 1,200 years. This has shown promise to treat postmenopausal arthralgia as well as osteoporosis.²⁵ Dr. Mary Claire Haver recommends cumin as an anti-inflammatory supplement.²⁶
- Resistance Training - resistance & weight training has been shown to build and maintain lean muscle mass, attenuate muscle loss, improve balance and manage arthralgia pain. Low load resistance training was found to be particularly effective to manage sarcopenia.²⁷

- Acupuncture - Studies have shown some evidence that acupuncture can help patients with chronic pain. Acupuncture has also been found to be helpful in treating low back pain, and pain from other conditions, such as osteoarthritis.²⁸
 - Yoga Therapy - a newer modality using ancient tools, which looks not only at the whole body, but also at the experience and the resulting narrative of the experience of aging and life-cycle transition. We will explore Yoga Therapy in detail in the next section.
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Yoga Therapy: Frameworks & Applications

Traditional Frameworks

Hatha Yoga Pradipika

Since ancient times, Hatha yoga has been used to prepare the mind for spiritual awakening. In addition, Hatha yoga has a therapeutic benefit to treat a multitude of diseases and conditions. Unlike allopathic (western) medicine, which relies on pharmaceuticals and surgeries to treat symptoms and diseases, Hatha yoga requires the practitioner to invest a significant portion of their time and effort to alleviate, mitigate and in certain instances vanquish disease altogether.

Hatha Yoga therapy is grounded in the principles of harmony and integration. Its approach to both physical and mental healing rests on three key foundations:

1. Restoring health to one system or area of the body in order to positively influence the whole.
2. Balancing the body's dual energy currents—ida and pingala, or prāṇa and apāna.
3. Cleansing the system of accumulated wastes, or doshas.²⁹

When one organ or system falls out of balance, the entire body is affected. According to the principle of mutual rhythms, restoring health in a single system can create harmony throughout. Chronic and long-standing conditions can often be alleviated through Hatha yoga, as many mental and emotional disturbances stem from energetic imbalances. Hatha Yoga addresses these imbalances—physical, mental, and energetic—through practices like asana and pranayama, which help regulate and integrate the whole body.³⁰

To better understand these system dynamics, we turn to the yogic Panchamaya model, which outlines five interrelated layers of human experience.

The Panchamaya Model & Koshas

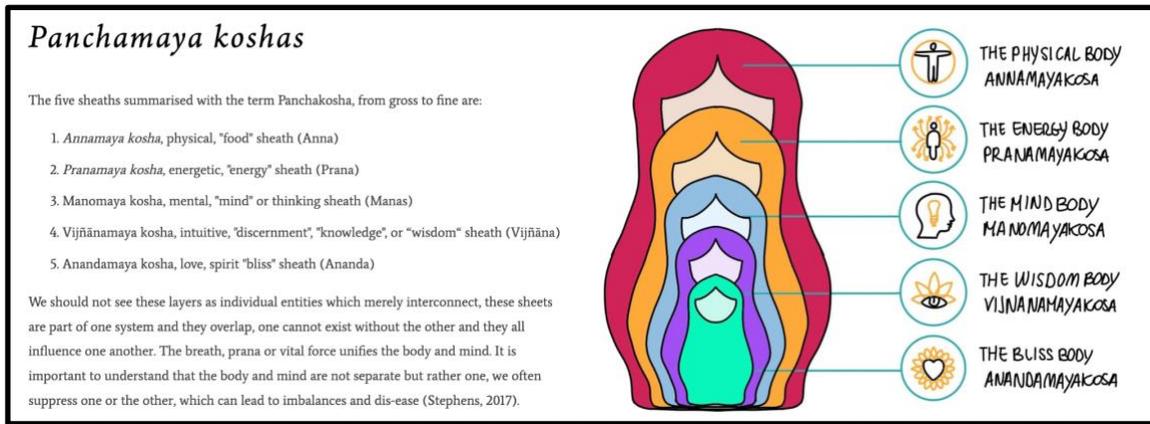


Image Source³¹

Just as the physical body (*Annamaya kosha*) exists along a spectrum of full ability to limitation, so too do all the other koshas express themselves across a range. The breath body (*Pranamaya kosha*), is not a fixed function but a pendulated rhythm between inhale and exhale. The mental-emotional body (*Manomaya kosha*), holds within it the entire field of emotional experience, from joy to sorrow, none more valid or real than the other. The wisdom body (*Vijnanamaya kosha*), also fluctuates: at times clear and discerning, at other times clouded by confusion or forgetfulness. And even the bliss body (*Anandamaya kosha*), has its own continuum—not just bliss as an ecstatic state, but its opposite: the dullness or disconnection we might call non-bliss, or in more extreme cases despair.

In the context of menopause and its related musculoskeletal challenges, this spectrum becomes especially relevant. As we have seen in the above sections, joint pain, fatigue, and inflammation often register first in the *Annamaya Kosha*, but they inevitably ripple through the subtler layers—affecting breath patterns, emotional regulation, clarity of thought, and even one's sense of inner coherence. By working across the koshas, yoga therapy offers a multidimensional approach: mobilizing the body to reduce stiffness, regulating prana to stave off inflammation, supporting emotional balance, restoring clarity, and cultivating resilience in the face of change.

The cyclicity of a woman's reproductive life, from menstruation to menopause, is not just a biological arc; it is an emotional and energetic journey that affects all five koshas. Research and experience confirm that as reproductive capacity begins to wane, the *Annamaya kosha* undergoes measurable shifts: in hormone levels, bone density, muscle mass, and posture.³² These changes ripple outward into the *Pranamaya kosha*, often resulting in less effective breathing patterns, disrupted sleep, and a loss of energetic coherence. The *Manomaya kosha* is equally affected, with mood fluctuations, increased sensitivity, or episodes of depression and uncertainty.³³ Cognitive shifts, whether subtle or pronounced, point to a transformation in the *Vijnanamaya kosha*, the wisdom body, where lived experience begins to consolidate into deeper insight, discernment, and often, an expanding worldview.

And then there is the Anandamaya kosha, the most subtle and elusive of the five. While it may seem counterintuitive to speak of ‘bliss’ in the context of a life stage often marked by discomfort or loss, menopause can also be a portal to a more stable form of contentment. As a sense of self shifts, there may arise a quiet knowing—an inner coherence that is not dependent on youth, fertility, or external validation. This is not characterized by euphoric bliss, but rather the subtle peace that can emerge from no longer needing to be anything other than what one already is.

A yoga therapist who works with the koshas, works with the full spectrum of being. She recognizes that health, wisdom, and joy are not static endpoints, but dynamic, shifting experiences. Just as pain must be honored for the physical body to heal, so too must emotional discomfort, doubt, or spiritual desert be acknowledged as part of a greater unfolding. Wholeness does not mean constant wellness, it means presence across the range. Unfortunately, the western medical system tends to categorize and isolate symptoms, thus creating a division in the body, leading to shortfalls.

Clinical Shortfalls

“When I wake up in the morning, my body just hurts...”

- Tatyana S.

“Ah, that’s what all these aches and pains are after all...”

- Amy L.

“Occasionally my whole body just hurts and I am trying to figure out what I did and it’s always not too much...”

- Maria L.

“My low back has gotten so finicky, it’s never been that way before...”

- Rachel G.

When women bring these concerns to their doctors, they are often told that nothing is wrong, that such symptoms are simply a normal part of aging. Even when diagnostic tests are ordered, blood work or imaging rarely reveal anything considered clinically significant. As a result, many women are left to navigate the condition on their own.³⁴ Some may try exercising more, others turn to internet research, conversations with friends, or a patchwork of self-directed strategies to reduce suffering and preserve quality of life.

Before further exploring yogic approaches that can address these challenges, it’s important to first consider how our culture views movement, and the kinds of movement patterns that shape our daily lives.

Types of Movement Patterns

Functional Movement vs. End Range Movement

Functional movement supports activities of daily living by building balanced strength and mobility. It's inherently therapeutic, enhancing ease in walking, lifting, and navigating the everyday world.³⁵

End range movement, common in yoga, has been criticized for potentially stressing joints, especially when practiced without guidance. However, when approached skillfully, end range work serves a distinct purpose. In yoga, we refer to this as "playing the edge", a conscious exploration of physical limitations to build nervous system resilience. It's not about pushing through pain or feeding the ego, but rather training the system to recognize, regulate, and recalibrate its response to discomfort. When done with intention and support, end range movement becomes a powerful tool for nervous system repatterning and somatic awareness.³⁶

Aspect	Functional Movement ³⁷	End-Range Movement ³⁸
Definition	Movement patterns used in daily life (e.g., squatting, walking, reaching)	Taking joints and tissues to their full available range, often seen in vinyasa, iyengar, ashtanga & yin yoga (e.g., peak postures)
Primary Benefit	Improves strength, stability, and mobility for ADLs (Activities of Daily Living)	Builds joint capacity, enhances flexibility, and trains the nervous system to tolerate sensation ("playing the edge")
Accessibility	Can be practiced with PT, yoga, personal trainer or independently	Should be practiced under guidance of an experienced yoga teacher
Risk	Low if performed correctly	Higher if ego-driven or done without supervision; risk of overstretching or joint injury
Common Use	Found in PT, fitness, functional yoga	Found in yoga (especially styles like Vinyasa, Yin, Ashtanga.)
Breath Integration	Often taught without specific breath awareness (e.g., in PT)	Should always integrate breathwork (e.g., Ujjayi) to support nervous system regulation and enhanced respiratory function

Psychological Benefit	Builds confidence and supports independence in daily tasks	Helps reshape relationship to discomfort and pain; fosters internal awareness and resilience
Therapeutic Role	Supports muscular engagement, joint stability, proprioception	Trains nervous system desensitization, improves joint hydration and mobility when done mindfully

Barrier to Yoga Therapy: Dysfunctional Movement

A big barrier to yoga therapy is the student’s prior exposure to yoga through environments that promote dysfunctional movement. In this context, dysfunctional movement refers to ego-driven posturing, pushing the body to mimic others or achieve visually ideal shapes, often beyond safe or functional range. This can lead to discomfort, rigidity, or even injury. This is often the case where neither the Functional Movement Pattern nor the End-Range Movement Pattern are fully established or well understood.

The dysfunctional movement pattern is reinforced when classes lack skilled instruction in breath integration and progressive range of motion. Without adequate guidance, students may brace against certain postures or endure pain, associating yoga with strain rather than healing. As a teacher, I observe this frequently: students locked into compensatory movement patterns, needing continuous precise alignment cues to rebuild trust in their kinesthetic intelligence.

This can become a significant barrier to trying yoga therapy. Students may assume it will be "more of the same", another performative, posture-focused class, rather than a nuanced, therapeutic approach tailored to individual needs.

Yoga Therapy: Applications for Pain

We learned that arthralgia does not show up on imaging and unlike other, more treatable symptoms of this complex condition, is left for women to manage on their own. Arthralgia can be a debilitating condition, but it can be attenuated through movement, attunement, breathwork & stress management. Co-occurring muscle loss can be addressed through resistance training and movement. Yoga Therapy is uniquely positioned to impact the aforementioned symptoms, as well as provide secondary benefits for other symptoms of the condition such as brain fog, mood swings and sleep disturbances.

Embodied Experience Through the Lens of Yoga Therapy

When approaching complex conditions, such as the musculoskeletal disruptions associated with menopause, it is vital to address more than just the physical body. According to the Panchamaya model we discussed earlier, health and healing must occur across the physical, energetic, mental-emotional, wisdom, and bliss bodies. Musculoskeletal pain is not merely a mechanical failure; it is layered with emotional holding, mental interpretation, energetic disruption, and disorientation that can arise when one's sense of identity is challenged.

In the Western cultural framework, pain is regarded as something to suppress, either with medication, distraction, or forced positivity. But in reality, as trauma expert Dr. Bessel van der Kolk writes in *The Body Keeps the Score*, the body still stores unresolved pain.³⁹ If the mental and emotional layers are not permitted to acknowledge and integrate the physical experience, disassociation or chronic dysfunction may result. Yoga Therapy, a truly integrative approach, gives the mind space to feel the body's pain, not as suffering to be avoided, but as sensation to be understood. Pranamaya kosha offers a bridge between the Annamaya (physical) and Manomaya (mental) koshas, while Vijnanamaya (wisdom) kosha can help reframe the meaning of our experience. Finally, Anandamaya (bliss) kosha reminds us that moments of clarity, even in pain, are possible, and that a sense of wholeness does not depend on the absence of difficulty, but on presence within it.

In addition, how else are we meant to learn from the body's innate wisdom if not by listening, compassionately, to the full range of sensation it offers? A yoga therapist understands that attunement to the body requires more than mindfulness when things don't feel good. It requires presence when there is effort, curiosity when there is discomfort, and courage when there is pain. If we only allow ourselves to dwell in ease, respect effort for productivity's sake, and suppress discomfort as inconvenient, we curtail the gamut of our human experience. Pain is not simply something to endure or overcome; it is also something to understand. When approached with awareness, it can be heard and seen to carry vital information of our boundaries, needs, and buried truths. To inhabit the full spectrum of experience is not to glorify pain, but to refuse to numb the self in the face of it.

Yoga Therapy: Neuroscience Perspective

In a Huberman Lab episode on flexibility and pain tolerance, Dr. Andrew Huberman discusses research showing that long-term yoga practitioners demonstrate significantly greater pain resilience than non-practitioners. The study found that they:

- Withstand thermal pain (both heat and cold) at nearly twice the level of non-practitioners.

- Exhibit increased gray matter volume in the insular cortex, the brain region responsible for integrating interoception (body awareness), emotional processing, and pain regulation.
- Rely on breath, positive imagery, acceptance, and mindful observation, rather than distraction or resistance, as their primary strategies for coping with pain.⁴⁰

The study that Dr. Huberman is referencing was conducted in 2014 (Villemure et al. (2014): “Insular Cortex Mediates Increased Pain Tolerance in Yoga Practitioners”), noting that yoga practitioners demonstrate both structural brain changes and enhanced pain regulation.⁴¹

Clinical Implications for Arthralgia

Aspect	Explanation
Pain perception	Yoga & yoga therapy encourages non-reactive awareness of sensation, allowing clients to notice joint pain without immediately bracing or resisting.
Neuroplasticity	Repeated movement at breath (vinyasa) and interoceptive awareness may help remodel the brain’s relationship to discomfort, impacting chronic or idiopathic joint pain often seen in perimenopause. ⁴²
Joint preservation	Yoga therapy as a modality, emphasizes functional range, co-contraction, and load distribution, potentially reducing joint irritation and improving long-term function.
Empowerment over fear	Clients learn that some pain is manageable, not dangerous, reducing fear-based avoidance and increasing movement confidence.

Literature Review

Numerous studies have examined the role of yoga in mitigating pain and inflammation across a range of chronic conditions, including joint pain, arthritis, and arthralgia.⁴³ While this paper references research on the link between estrogen decline and joint pain/inflammation, a broader body of evidence confirms yoga’s effectiveness as an intervention for managing these symptoms. The Yoga Alliance provides a curated collection of such studies, available to members through their research library and can be accessed [here](#) with current membership.

Conclusion

Musculoskeletal syndrome of menopause presents a significant barrier to quality of life, mobility, and long-term health for women. While conventional treatments such as hormone therapy (MHT) address systemic changes, many women continue to experience persistent pain, joint stiffness, and functional limitations. This gap underscores the need for integrative, evidence-informed strategies that empower women to restore movement confidence, reduce discomfort and accept their changing bodies.

Yoga therapy offers a practical, accessible framework to meet this need. By combining breath regulation, functional movement, and progressive resistance within a biopsychosocial model (Panchamaya), yoga therapy addresses both physical and neurocognitive dimensions of pain. This approach not only enhances muscle strength and joint stability, but also promotes parasympathetic regulation, reducing the stress and fear responses that perpetuate chronic pain and physiological uncertainty.

The protocol outlined in this paper demonstrates how traditional yogic principles, aligned with modern science, can be structured into a therapeutic intervention targeting the layered nature of musculoskeletal dysfunction due to menopause. Future directions may include clinical application in hospital settings, individualized adaptation based on comorbidities, and outcome tracking for efficacy. Yoga therapy can serve as a vital tool in restoring function and improving quality of life for women navigating this transition.

This paper concludes with a focused exploration of protocol development for the condition discussed, with a client-facing version provided in the Appendix. It is my hope, as an aspiring Yoga Therapist, that more people come to recognize yoga's therapeutic potential and discover ways to integrate its practices into their daily life. It is also my calling to continue pursuing yoga both as a source of wisdom and as an embodied practice, so that I may be of service to those who need it most.

Yoga Therapy: Applications

Protocol Development

Intent

Managing Arthralgia through the Five Koshas, this protocol is designed to address symptoms by engaging all five Koshas as an integrated therapeutic framework:

- Annamaya Kosha (physical body) – the focus is on joint mobilization to reduce pain and functional strength-building to support musculoskeletal health.

- Pranamaya Kosha (breath body) is emphasized as the primary entry point, optimizing respiratory function to enhance cellular health and regulate energy flow.
- Manomaya Kosha (mental-emotional body) centers on nervous system regulation, cultivating healthy pendulation between stress and rest states.
- Vijnanamaya Kosha (wisdom body), moments of clarity are invited, supporting self-realization and acceptance of life's impermanence.
- Anandamaya Kosha (bliss body) provides access to inner coherence, a steadiness of being that remains regardless of fluctuations across the other layers.

Framework: Pranamaya Kosha and the Five Vayus

Grounded in the Prāṇamaya Kosha, the protocol draws on the five vāyus, directional movements of prāṇa, as both therapeutic tools and organizational principles. Breathwork serves as the foundation, establishing correct respiratory mechanics and setting the stage for pranic alignment.

- Prana & Apana Vayu: Initial practices balance the forces of intake and elimination, laying the groundwork for internal harmony. According to the *Haṭha Yoga Pradipika*, their integration activates Samana Vayu, which governs digestion and assimilation.⁴⁴
- Samana to Vyana Vayu: Once balanced, Samana metabolizes prana and distributes it through Vyana Vayu, the expansive current that supports circulation and systemic integration.⁴⁵ For arthralgia, this is especially critical, as coherent Vyana flow reduces inflammation, supports synovial fluid production, and improves joint mobility.⁴⁶
- Udana Vayu: Yoga Nidra and breath-based meditation refine awareness through Udana, the upward-moving current. This facilitates clarity, integration of subtle awareness, and the repatterning of pain perception.

The Pranic Body & Vayus

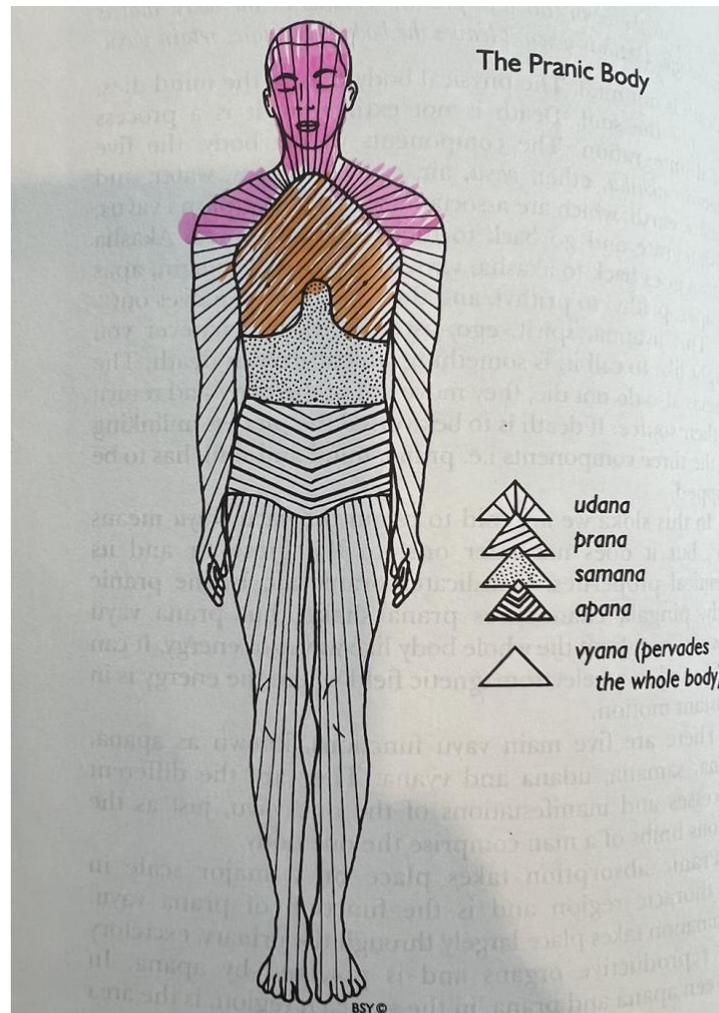


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Functional Application: Movement and Strength

Physical practices are rooted close to the earth in supine and hands-and-knees positions, providing safety, proprioceptive feedback, and nervous system grounding.

1. Joint Mobilization
Gentle mobilization of joint junctions enhances circulation, range of motion, and pain reduction while maintaining stability through earth-bound positions.
2. Isometric Strength-Building (1-Minute Holds)
Postures such as forearm plank, dolphin, straight-arm plank, side planks, and locust variations build deep core and spinal stability. By activating stabilizing musculature, gravitational load is redistributed from the joints to the muscles, decreasing stress on vulnerable structures and reducing injury risk

3. Resistance-Based Work

Integrating wall support, straps, and other resistance tools introduces functional loading within a yoga framework. This preserves and rebuilds lean muscle mass⁴⁸, an essential concern during the menopausal transition, while maintaining the therapeutic integrity of yoga practice.

Functional Application: Emotional Freedom Technique (EFT)

- Alleviates chronic pain & improves function: EFT offers demonstrable reductions in both the intensity of pain and the degree to which it disrupts daily life.
- Modulates brain regions associated with pain: Functional imaging suggests EFT taps into neural circuits involved in pain perception and reduction.
- Reduces inflammatory stress responses: Lowering cortisol and improving emotional state can help lessen systemic inflammation—often a contributing factor in joint pain.

Given these findings, EFT tapping can be a valuable adjunct to this protocol, especially within the Manomaya Kosha and Pranamaya Kosha layers, by helping to recalibrate stress responses, easing neuroinflammation, and supporting more balanced pain processing.⁴⁹

Access to Anandamaya Kosha

The protocol concludes by orienting toward the Ānandamaya Kosha. Here, the aim is not a pursuit of bliss as a fixed state but the cultivation of inner coherence: an enduring alignment that persists through the fluctuations of the other koshas. By developing a path to this layer, the practice supports the mind in releasing its grasp on youth and the suffering that arises from misaligned expectations.⁵⁰ In doing so, it creates space for a more integrated understanding of aging, where the loss of physical vitality is met with the gaining of wisdom, and where the deeper self can be lived into with clarity. In this way, the practice serves both therapeutic and existential aims—relieving pain while also reframing the experience of embodiment.

Resources

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Appendix

Clinical Protocol - Click link below:

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