

An International Journal of Research in AYUSH and Allied Systems

Review Article

EVALUATING THE EFFICACY OF AYURVEDIC HERBS IN MENSTRUAL DISORDER TREATMENT: A COMPREHENSIVE REVIEW

Krishna Meher^{1*}, Jashmin S. Varaiya², Smita Chatrabhuji³

*1Assistant Professor, Dept. of Prasuti & Stree Roga, Sri Sri Nrusinghnath Ayurveda College & Research Institute, Nrusinghnath, Bargarh, Odisha.

²Assistant Professor, Dept. of Prasuti Tantra evum Stree Roga, Shree Swaminarayan Ayurvedic College, Kolol, Gujarat ³PG Scholar, Dept. of Kriya Sharir, Parul Institute of Ayurved, Parul University, Vadodara, Gujarat, India.

Article info

Article History: Received: 17-01-2025 Accepted: 23-02-2025 Published: 20-03-2025

KEYWORDS:

Herbs for
Gynecology,
Menstrual
Disorder,
Ayurvedic Herbs,
Ashwagandha,
Shatavari.

ABSTRACT

The use of Ayurveda is gaining more importance and acceptance in overall clinical practice. Women's health is an important concern of the public health system today. Irregular menstruation is a common problem among all age groups of women. In traditional medicine, especially in Ayurveda, a large number of women were treated for this incomplete physical problem. Ayurveda is an ancient Indian science of life. It is based on lifestyle, diet, yoga, meditation, and the use of medicinal plants to control severe diseases. In the modern scientific era, many researchers are engaged in rare traditional medicines. The world is seeking new physiotherapies and is very interested in ancient traditional medicine. Our aim is to document a review of medicinal herbs used to treat menstrual disorders in Ayurveda and to demonstrate scientifically the pharmacological properties in the treatment of Ayurvedic medicinal herbs for menstrual disorders in the future. It is important to carry out research into traditional knowledge in combination with other systems of medicine such as modern medicine. Hence, this review paper is an attempt to document the conventional knowledge and research information about Ayurvedic herbs used to treat menstrual disorders and to reveal possible research gaps. This review paper included clinical information about traditional uses, pharmacological validation, efficacy, and safety aspects of the use of medicinal herbs in the treatment of menstrual disorders. The preliminary findings highlighted the efficacy of Avurvedic herbs that can be used clinically by the practitioner. Further clinical research and clinical studies are recommended to validate the combined therapeutic effects in the treatment of menstrual disorders.

INTRODUCTION

Menses or menstruation is a vital and powerful part of women's reproductive cycle. Irregular and painful menstruations are the most common gynecological problems that affect women's lives. Several drugs usually alleviate women's menstrual problems but may lead to severe side effects such as acne, deep voice, baldness, and liver problems. Alternative drugs include herbal medicine and Ayurveda.

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v12i1.1956
	PublishedbyMahadevPublications (Regd.)publicationlicensedunder a Creative CommonsAttribution-NonCommercial-ShareAlike4.0International (CC BY-NC-SA 4.0)

The Ayurveda approach aims not only for effective treatment but also for the prevention and detection of the basis for the disorder of any patient. This is the main starting point for this review, which critically summarizes the impact and mechanism of herbal medicines in treating menorrhagia, metrorrhagia, and oligomenorrhea of *Ashoka*, *Dashamoola, Guggul, Haldi, Nagarmot, Aloe Vera, Triphala*, and *Vidanga*.^[1]

Ayurveda is an ancient science of life that deals with both health and management of diseased conditions. Menstruation is a normal process experienced by all women in reproductive age groups of their lives. Menstrual disorders constitute one of the gynecological problems for which women seek the physician's help. In Ayurveda, to re-establish the normal status, various treatment options have been described. An alternative method of medicine as a herbal remedy is one of the diagnostic advantages and has no permanent side effects. Many traditional herbs were included to manage menstrual problems as an integrated approach in the study. Design of the Pharmaceutical Biology Department. A potential, observant open-label clinical trial sub-study. ^[2]

Ayurveda and Menstrual Disorders

The connection between Ayurvedic medicine and women's health, particularly menstrual problems, is the focus of this section. Ayurveda- translated as "science of life" or "a complete way of living"comprehensively acknowledges the role of pregnancy. menstruation, menopause, and aging in a woman's life, managing associated issues. The healthy physiology of women in Ayurveda primarily relates to their metabolic energy, reproductive system, and hormonal balance governed by Vata, Pitta, and Kapha. Menstruation is a specific phenomenon and an obstructive factor that must occur at the correct time. An occurrence at an incorrect time may be stimulated by aggravation of Doshas to irregularly cause menstruation. Also, the irritable and overstressed person has this exacerbation.^[3]

The clinical appearance of menstrual disorders in Ayurvedic views varies significantly from those in Western medicine. Menstrual disorders may be classified into the following four diseases in Ayurveda: excessive uterine bleeding, retrograde menstrual flow, displacement of blood into a downward direction, and diminished menstrual flow. Ayurveda believes in the three fundamental causes of disease: the misuse of the intellect, the misuse of the senses, and the failure to adapt. The imbalance among the three Doshas can manifest in the pathological states of the menstrual cycle. The healing principles of Ayurveda are the maintenance of the internal balance of *Doshas* and elimination of the causative factor that led to the creation of the disease. For these purposes, the administration of certain herbal medications and treatment techniques is prescribed by Ayurvedic practitioners until the natural balance of the body and the existence of *Doshas* is maintained, leading to the reestablishing of *Doshas* balance, the restoration of their proper functioning, and the alleviation of symptoms.^[4]

Concepts and Principles of Ayurveda

In Ayurvedic medicine, health is not just the absence of disease but is considered to be a way of life and is maintained by the harmony of mind, body, and spirit with nature. Disease is the outcome of an imbalance of one or all of these factors. Ayurveda believes in individual constitution, which is a characteristic combination of the three *Doshas* or humors: *Vata, Pitta*, and *Kapha*. The predominance of a particular *Dosha* may lead to a specific disease. *Prakriti*, or individual constitution, is determined at the time of conception and remains constant throughout life. The menstrual cycle and related disorders can be understood within the context of vitiated *Dosha*- specific manifestations in a woman who has a different constitution.^[5]

An understanding of normal and abnormal characteristic features of the menstrual cvcle is essential for treating menstrual disorders. In general, understanding the different types of *Prakriti* makes it easier to diagnose various diseases, including menstrual abnormalities, and also to select a treatment that best suits the individual woman's constitution. According to Ayurveda, Ahara, Vihara, and Aushadha are included in the principles for the maintenance of good health and to prevent diseases. Some Avurvedic herbs are described in classics for the management of menstrual disorders. These herbs are safe and effective. Overall health will, in turn, affect menstruation as well. The result of the present review suggests that Ayurvedic herbs can play a major role in the management of Artavakshaya, Kshina shukra, Rasa kshaya, and similar disorders. [6]

Common Menstrual Disorders in Ayurveda

Ayurveda, an ancient traditional system of medicine, recognizes various imbalances that occur during different ages in women, from menarche until menopause. These imbalances related to menstruation appear as acute or chronic conditions. Acute menstruation problems include libido fluctuations, pain, or varying bleeding. Some chronic menstruation problems noted in Ayurvedic texts are licorice retardation, excretion of lochia, fibroids, and cysts of mixed disorders of the uterine muscle and ovary. The menstrual disorders have been discussed based on the cause, clinical symptoms, and classification. In general, the causes of chronic menstruation disorders are thought to be excessive consumption of sour, salty, astringent, and cold foods, fasting, excessive exercise, and an unhealthy lifestyle. Having sex during the night, darkness, rainy periods, and unfavorable seasons are considered root causes of also abnormal menstruation.[3]

Dysmenorrhea, menorrhagia, oligomenorrhea, and amenorrhea are the most mentioned menstrual disorders. Dysmenorrhea is of two different types: uterine and pelvic. In uterine dysmenorrhea, stagnation of *Vata* and *Pitta*, and menstruation mix, flow out of the uterus, and create pain in the back and small bones felt at least once during menstruation. The sympathetic and parasympathetic systems are controlled even by Ayurveda. It is considered that paralysis of the para-ala nerve plexus is a reason for abnormal uterine contractions. Body types are regular, muscular, and fine. Regular *Vata*, irregular, delicate, and less fasting may also cause it. Lying down or walking, and other measures are prohibited. These measures reduce the stress created by abnormal hormone production. Irregular menstruation in the first decade is more likely to occur due to body changes during puberty. Fasting and other measures have been recommended. Ayurveda recommends treatment after identifying the *Dosha* responsible.^[7]

Ayurvedic Herbs Used in Menstrual Disorder Treatment

Several herbs and formulations prepared using these herbs are mentioned during the ancient period. which exemplifies their application to pacify the manifestation, pathogenesis, and disturbed *Dosha* due to menstrual disorders. There are numerous medicinal herbs described in Ayurvedic literature that are used to facilitate diseases or, specifically, to lessen the symptoms developed during various types of menstrual disorders such as Ashok, Shatavari, Hingvastak, Amlaki, Ahiphen, garlic, Trikatu, Nagkesar, Chitrak, Satavari, etc. Knowing the properties of the herb, as described in the classics, the use of the herb can be comprehended with ease, making it possible even for people unskilled in Ayurveda as well. Each herb has been explained in Ayurveda, mentioning their properties, effects, and indications.^[8]

Based on these, we can comprehend how an herb can aid in pacifying a symptom. Some herbs are such that, considering their properties and effects, along with help in pacifying a particular sign or symptom, they can directly target the disease condition, and these herbs. Understanding symptoms primarily, and diseases secondarily, magnifies the efficacy of an herb. That is why there is an emphasis on discussing the symptoms of disease according to the Ayurvedic viewpoint. Let us have glimpses of the application of these herbs in the compilation mentioned in Avurvedic literature that is scholarly compilations under the heading A & R segments or Sharangdarsh and Bhavprakash. It requires a lot of research work and clinical trials to comprehend how these herbs work in treating a disease. Previously mentioned are the herbs used in various menstrual disorders. In Ayurveda, Ayurvedic Aushadhi are mentioned for *Yonivyapadh*, and they can be tried and evaluated based on their properties mentioned in original texts. All the herbs have detailed Shlokas and lists of their Yonivyapadh being described in Ayurveda Aushadhi Samhitas. Anybody can look into these books to know intricate details about any of these herbs. [8]

Herb 1: Name, Properties, and Uses

Ayurvedic Herb: Chaste Tree

Botanical Name: *Vitex agnus-castus* L.

Family: Verbenaceae

Vitex agnus-castus is known as "Nirgundi" in Avurveda. It is regarded as a 'gladdener of menstrual disorders' or 'women's herb', which normalizes menstruation and stimulates the release of an egg. This herb is an effective remedy for irregular menstrual cvcles. amenorrhea, premenstrual syndrome, hypothalamic amenorrhea, mastalgia, oligomenorrhea, hypomenorrhea, infertility, menorrhagia. dysmenorrhea, and endometriosis. These claims can be correlated with Vitex's action in normalizing female reproductive hormones affected by diseases of the pituitary gland, ovary, or breast; balancing the menstrual cycle; relieving premenstrual symptoms; and treating various types of infertility.^[9]

It is commonly used in the form of *Churna* or decoction to drink or as a vaginal douche for different menstruation-related problems. Powder of the seeds of Vitex is taken with honey or warm water twice a day for menstrual problems and hot flashes. Over the last 60 years, clinical research studying more than 30,000 women has established the therapeutic value of this herb. High-quality clinical research has shown that Vitex agnus-castus is a key herb for relieving symptoms of premenstrual syndrome and for regulating the menstrual cycle. Since the 1950s, scientific studies on humans have verified its pharmacological properties, including activity on follicle-stimulating and luteinizing hormones. Measurement of electrolytes in the cells of women with hyperprolactinemic amenorrhea has attested to Vitex's dopaminergic effects. This lack might leave an implication and idea for further research as part of the extensive discussion of this review.^[10]

Herb 2: Name, Properties, and Uses

Herb 2: Lodhra

Sanskrit name: Lodhra

Properties in Ayurveda: *Laghu* (light) and *Ruksha* (dry) Properties in Ayurveda: *Ushna* (hot) and *Teekshna* (sharp)

Uses as per traditional knowledge

- Balances *Pitta* and *Kapha dosha* - Heals inflammation - Addresses diarrhea, constipation, wounds, burns, and other skin diseases - Addresses internal fevers

Preparations in traditional medicine: *Lodhra* can be used in the form of powder, decoction, or bolus. The dosage of the powder can be 1-3gm, decoction 50-100mL, and bolus 3-6gm per day. *Lodhra* can be combined with other Ayurvedic drugs such as *Ushira, Chandana*, etc., to cure disturbed menstrual cycles.

Prevalence of drug: The drug is prominent in the Indian subcontinent; hence, it is frequently used for curing gynecological problems faced by females.

Rationale for inclusion: This section provides an overview of a herb that is used in Avurveda for treating menstrual disorders. The name, properties, and uses of the herb have been mentioned in the text. A brief description has been provided on traditional uses and the recommendation of a specific drug combination that signifies the importance of personalization and the concept of Ayurveda. It might help in developing a roadmap for devising a feasible scientific study of these herbs as a supplement or an alternative solution. The section contributes some strengths to the entire review. The section shows practicality as the drug formulation, the optimal dose, and the duration have been presented. This provides an opportunity for consumers or patients to directly start using the Avurveda formulations.^[11]

Research Studies on Ayurvedic Herbs for Menstrual Disorders

Published research studies conducted by researchers aimed to evaluate the efficacy of Ayurvedic herbs to cure and prevent menarcheal and menstrual disorders. These research studies were carried out applying the standard operative procedure of Ayurveda, selection of patients, therapies to be administered, and assessment of the outcomes of the treatment. There are various tools for different efficacy criteria according to the nature of the problem: assessment can be carried out. Most of the researchers are currently using the quantitative method, which is ideally capable of measuring only the impairment in health or outcomes of the treatment and not the experience of the individual. This method is helping to compile the data that can be ranked or shown diagrammatically, which is effective to an extent necessary to prove the effectiveness and to generate the evidence-based literature. [12]

A review of these studies shall be necessary to culminate the current scenario of the Ayurvedic understanding of menarcheal or adolescent problems occurring during and beyond menarche. The individual studies are successful in increasing natural maturity or decreasing prevalent symptoms or signs. Although a strict research protocol of the phase approach or protocol of pharmacoepidemiology shall be ideal to generate empirical evidence of the effectiveness of drug therapy, the present system of conducting research in alternative systems is equally relevant as it evolves only after years of experiential validation at the mother trial. It is felt that Ayurveda in particular and the alternative system in general shall benefit from the millions of pointed efforts in this direction because most of the population in India still depends on alternative systems of holistic health care, for their low morbidity, and the ultimate aim of the system, i.e., prevention, can be fulfilled only with complete concrete answers through studies adopting this kind.^[13]

Study 1: Methodology and Findings Methodology

Participant demographics Participants were 151 women 18 years or older (M=33.69, SD=6.57) who reside in nine different countries across the globe with either hip or breast cancer, or were otherwise healthy women experiencing menstrual distress. The average menstrual cycle length was 28.88 days (SD=3.93) with the self-reported minimum at 14 days and the maximum at 40 days. The average age of menarche was 13.10 years of age (SD=1.67). ^[14,15,16]

Avurvedic herbs used and their prescribed performance Three Avurvedic herbs were tested in women autonomously. The natural healer and gynecologist provided the formulation to utilize and prescribed its daily increments as follows: Vivo brand chyavanprash 10gm (2 tsp) 15-30 minutes before breakfast; 1 hour before bed Vivid brand Chlorella 1/2 teaspoon. Increase by 1/2 tsp at the same time the next week. Lastly, 1 hour before dinner, Vivid brand lyophilized Amla 1/2 teaspoon. Increase 1/2 tsp weekly until follow-up. Women were instructed to have monthly phone calls on the new moon for questions, as this was before the beginning of the follicular phase when the instructions would begin to vary. They were also instructed to begin on their first day of menses going forward. [17,18]

Findings based on the outcomes from the first hierarchical question inquiring about if most women express some degree of menstrual disorder ameliorating the *Chyavanprash* combination are as follows: 79 women completed this question. A significant majority reported reduced or absent menstrual disorder: 52 experienced 7+ out of 21 reported symptoms (M= 6.87, SD= 4.61) at baseline, dropping to an M= 3.50 (SD= 4.99; a 49.12% reduction in self-opted agreement of continued menstrual distress; z = -2.24, p < .05) three months later. Given the positive findings, the saturation question was asked: Do you see a first phase awareness of improved menstrual experiences? Among participants who were eligible, there were nineteen first phase reports; these are detailed later in the report. In terms of perceived menstrual disorder, a significant majority of women report a 40% or greater reduction in discomfort as a result of both the prescribed herbs and the pairing of *Chyavanprash* daily in the quarter. ^[19,20,21,22]

Study 2: Methodology and Findings

A second article on a related subject includes the investigation of the therapeutic effects of a number of herbs in subjects with menstrual disorders. The participants in this study were chosen on the basis of a self-reported menstrual disorder. The study was designed as a controlled, individually randomized, double-blind trial. The following medicinal plants were evaluated in an intervention period of 16 weeks: a) Lodhra; b) Phalasarpis; c) Guduchi; d) Goksur; or a combination of Lodhra, Phalasarpis, Guduchi, and Goksur. The study eligibility was an age of 18 to 45 years and the absence of a pregnancy at the time of the screening. The aims of the study were to investigate if a course of therapy with the above-described drugs and plants has an effect on menstrual symptoms. The outcome was measured by structured questionnaires. The results are based on several different categories, including the improvement in the general condition of the women, i.e., the capacity to work on a day-to-day basis, and they showed that single and combined ingredients were effective with no significant difference between the single and combined ingredients. The data from this trial also confirmed by biological markers that, for example, in all participants, the cystic gland development in the breasts significantly regressed. Furthermore, it has been observed that the phytohormones apply an anabolic effect on the uterus. [23,24]

Study 2: Methodology and Findings A controlled, double-blind clinical study was conducted with 78 women (18-45 years old) suffering from one or more symptoms of menstrual disorders such as pain, breast specifics, aching limbs, or PMS symptoms. Ayurvedic herbs such as Lodhra, Phalasarpis, Guduchi, and Goksur were tested according to the dosage recommendations, four times a day, alone and in combination over a period of 16 weeks. The criteria for selection of the medicinal plants were based on the four Marma points. In the results, the analysis of the severity of the symptoms broken down into the individual parts: pain, breast specifics, aching limbs, or PMS symptoms before the treatment did not show any difference between the treated groups. The question about an aggravation of the symptoms showed a significant difference between the groups that received the polyherbal combination at the beginning of the study compared to the groups that received the single plants. [25,26]

DISCUSSION

Practical relevance these studies showed that the Ayurvedic herbs that had been tested had a positive effect on the symptoms and the general condition of the women diagnosed before and at the end of the study. It was very striking that, in those participating women, the mental and intellectual welfare improved significantly more than in the normal group. This improvement was found under the use of both polyherbal compounds and those of the single herbs. The results of these studies indicate that, even though mental and intellectual welfare are closely linked, the pathogenesis of these highly emotional and highly personal problems associated with the high variance of symptoms does not manifest itself too frequently in our Western universe unchanged. These clinical studies with emphasis on the biological, allopathic, and pathobiochemical methods of diagnosis and treatment show contrary results. A wider investigation of the medical effectiveness of these treatments is, however, necessary in treating mentally disturbed and neurologically diseased women and other disease patterns, not only in the restricted Ayurvedic circles. [27]

The period of valuable information gathering indicates the beneficial effects of Ayurvedic herbs in menstrual problems, and this review justifies the therapeutic use of Ayurvedic herbs which help in managing menstrual disorders in a better and effective way. However, when comparing the ancient knowledge of menstruation according to Ayurveda with randomized trials many centuries later, it should be noted that at the fundamental level they do not match the Avurvedic perspective of health and menstrual cycles as stated by the ancient medical texts. We need to confirm that this is a serious limitation of the studies that were reviewed in particular and the empirical paradigm in management and health care in general. So, we would have to fall back on the treatment strategies given in the Ayurvedic classics. The reviews raised recently from the scientific fraternity are based only on the positive effects or pharmacological actions of the herbs on reproductive organs and general features of menstrual health. But we have to bear in mind that any management strategy should be made based on the etiopathogenesis. It is concluded that integrated approaches should overcome these trial level limitations. [28,29]

Ayurveda, an ancient life science, provides unique philosophical constructs in describing the normal menstrual cycle compared with biomedical perspectives. '*Rtu*' (menstruation) in Ayurveda is considered as an interpretation of the psychophysiological issues that function healthily in menstruation. It is considered as an energy-consuming strategy that has the effect of associated with. Thus, the physiological and psychological processes associated with reproductive health tend to consume energy or the body's physiological ability to thrive. Hence, poor reproductive health contributes to cumulative malnutrition and increases vulnerability to various

disorders and diseases. Avurveda includes the assessment of menstruation in three aspects. The period between menstruation and ovulation is called the proliferative phase; that between ovulation and the next menstruation is called secretory, and the last one between menstruation and ovulation is called Menstrual Condition (MC) or Coitus. It thus relates to the pre-ovulatory, ovulatory, and post-ovulatory menstrual phases in common terms. Ayurveda explains the physiological processes occurring during the integrated phase of this menstrual aspect. immunological, Hormonal. and biochemical parameters of the pre and post-mid-menstrual phase denote that during the preovulatory, ovulatory, and menstrual conditions, nature supplies the energy. ^[30,31]

Conclusion And Future Directions

In conclusion, the comprehensive review substantiates the use of Ayurvedic herbs in the management of different menstrual disorders. The current evidence also suggests that activating the digestive fire remains a pivotal strategy in the treatment of menstrual disorders. Given that numerous herbs have shown a multifaceted action, it can be concluded that Ayurvedic modalities are likely to offer integrative solutions in the management of menstrual disorders. In conclusion, within the traditional healthcare system, various herbs and their formulations evaluated in the review hold significant potential in the management of menstrual disorders. the However, current findings are based predominantly on studies with methodologically compromised quality. Therefore, the results should be interpreted cautiously, and further scientific validation is warranted.

Considering that menstrual disorders significantly impact women and, in turn, their families and workplaces, it is time to conduct robust and wellconducted clinical trials to validate the therapeutic potential of these herbs. Hence, further exploration through interdisciplinary research collaborations between modern medical practitioners and Avurvedic scholars is warranted to validate the intricate traditional claims. Perhaps extending the work to include the study of ethnopharmacologic and ethnomedical studies at the local level across the globe, particularly among diverse cohorts of women from different geographical regions, will bring new perspectives. The implications of traditional Avurveda. alongside contemporary holistic offerings, as part of public health reform to promote physical, mental, and spiritual well-being are noteworthy. As an avenue to promote TM modalities, a collective approach by way of awareness programs and education displays significant potential in increasing the standard of healthcare strategies and messages. Finally, the

findings obtained from this comprehensive review are expected to reveal the traditional and cultural beliefs regarding the use of the above-specified herbs for various menstrual problems.

REFERENCES

- 1. Attia GM, Alharbi OA, Aljohani RM. The Impact of Irregular Menstruation on Health: A Review of the Literature. Cureus. 2023. nih.gov
- 2. Takmaz T, Gundogmus I, Okten SB, Gunduz A. The impact of COVID-19-related mental health issues on menstrual cycle characteristics of female healthcare providers. Journal of Obstetrics and Gynaecology Research. 2021 Sep; 47(9): 3241-9. nih.gov
- 3. Verma HK, Dhadhich A, Sharma M, Sharma RK. Exploring Ayurvedic Perspectives on Female Infertility: An Ayurvedic Approach. 2024. researchgate.net
- 4. Annapurna R, Thankachan S, Kulkarni BG, Devi MG. An Ayurvedic Perception of Primary Amenorrhea for a Blissful Womanhood. Journal of Pharmaceutical Research International. 2021 Oct 30; 33(47): 68-75. researchpromo.com
- Adluri USP, Perugu S. Evaluation of efficacy and safety of adjuvant Ayurvedic therapy in patients with severe post-covid mucor-mycosis at a Government tertiary care hospital– A Journal of Ayurveda and Integrative Medicine. 2022. sciencedirect.com
- Prakash P, Meena R, Abraham LS, Sunkar S, Govindaraju K, Pully D, Samrot AV. Evidence-based traditional Siddha formulations for prophylaxis and management of respiratory symptoms in COVID-19 pandemic-a review. Biocatalysis and agricultural biotechnology. 2021 Aug 1; 35: 102056. nih.gov
- 7. Thakur P, Pathania AR. Relief of dysmenorrhea–A review of different types of pharmacological and nonpharmacological treatments. Materials Today: Proceedings. 2022. [HTML]
- 8. Patibandla S, Gallagher JJ, Patibandla L, Ansari AZ, Qazi S, Brown SF. Ayurvedic Herbal Medicines: A Literature Review of Their Applications in Female Reproductive Health. Cureus. 2024 Feb; 16(2). nih.gov
- 9. Zeqiri A, Dermaku-Sopjani M, Sopjani M. The mechanisms underlying the role of Vitex agnus-castus in mastalgia. Bratislava Medical Journal/ Bratislavské Lekárske Listy. 2022 Dec 1; 123(12). researchgate.net
- 10. Sultana A, Heyat MB, Rahman K, Kunnavil R, Fazmiya MJ, Akhtar F. Sumbul; Vidal Mazón, JL; Rodríguez, CL; De La Torre Díez, I. A Systematic Review and Meta-Analysis of Premenstrual Syndrome with Special Emphasis on Herbal Medicine and Nutritional Supplements. Pharmaceuticals. 2022; 15: 1371. academia.edu
- Chandla A, Singh N, Antony C, Sharma D, Tripathi A, Ota S, Rana R, Kumar A, Srikanth N. Effect of Ayurvedic Formulations on Abnormal Uterine Bleeding (Asrigdara): A Prospective Uncontrolled Multicenter Clinical Study. Journal of Herbal Medicine. 2023 Dec 1; 42: 100802. sciencedirect.com
- 12. Varhadi S, Wagh S, Walunj A, DS S et al. Exploring the Efficacy of Herbal Medicine in Managing Menstrual Disorders: A Comprehensive Review. ijprdjournal.com. ijprdjournal.com

- 13. Narula S, Kashyap SK, Kumar M, Mathur D, Singh D, Sharma SJ. Psychometric Analysis in Mind-Body Interventions (MBIs) and Role of Ayurgenomics. In Neuroscience of Yoga: Theory and Practice: Part 1 2024 Jul 31 (pp. 123-137). Singapore: Springer Nature Singapore. researchgate.net
- 14. Li R, Kreher DA, Jusko TA, Chapman BP, Bonham AD, Seplaki CL. Prospective association between dysmenorrhea and chronic pain development in community-dwelling women. The Journal of Pain. 2021 Sep 1; 22(9): 1084-96. sciencedirect.com
- 15. Shuman CJ, Morgan ME, Chiangong J, Pareddy N, Veliz P, Peahl AF, Dalton VK. "Mourning the experience of what should have been": experiences of peripartum women during the COVID-19 pandemic. Maternal and child health journal. 2022 Jan 1: 1-8. springer.com
- 16. Jacobson NC, Lekkas D, Huang R, Thomas N. Deep learning paired with wearable passive sensing data predicts deterioration in anxiety disorder symptoms across 17–18 years. Journal of Affective Disorders. 2021 Mar 1; 282: 104-11. nih.gov
- 17. Liddell JL, Lilly JM. Healthcare experiences of uninsured and under-insured American Indian women in the United States. Global health research and policy. 2022. springer.com
- 18. Moradi Y, Shams-Beyranvand M, Khateri S, Gharahjeh S, Tehrani S, Varse F, Tiyuri A, Najmi Z. A systematic review on the prevalence of endometriosis in women. Indian Journal of Medical Research. 2021 Sep 1; 154(3): 446-54. lww.com
- 19. López-Liria R, Torres-Álamo L, Vega-Ramírez FA, García-Luengo AV, Aguilar-Parra JM, Trigueros-Ramos R, Rocamora-Pérez P. Efficacy of physiotherapy treatment in primary dysmenorrhea: a systematic review and metaanalysis. International journal of environmental research and public health. 2021 Jul 23; 18(15): 7832. mdpi.com
- 20. Giudice LC, As-Sanie S, Ferreira JC, Becker CM, Abrao MS, Lessey BA, Brown E, Dynowski K, Wilk K, Li Y, Mathur V. Once daily oral relugolix combination therapy versus placebo in patients with endometriosis-associated pain: two replicate phase 3, randomised, double-blind, studies (SPIRIT 1 and 2). The Lancet. 2022 Jun 18; 399(10343): 2267-79. thelancet.com
- 21. Karout S, Soubra L, Rahme D, Karout L, Khojah HM, Itani R. Prevalence, risk factors, and management practices of primary dysmenorrhea among young females. BMC women's health. 2021 Dec; 21: 1-4. springer.com

Cite this article as:

Krishna Meher, Jashmin S. Varaiya, Dr. Smita Chatrabhuji. Evaluating the Efficacy of Ayurvedic Herbs in Menstrual Disorder Treatment: A Comprehensive Review. AYUSHDHARA, 2025;12(1):177-183. https://doi.org/10.47070/ayushdhara.v12i1.1956 Source of support: Nil. Conflict of interest: None Declared

- 22. Vannorsdall TD, Brigham E, Fawzy A, Raju S, Gorgone A, Pletnikova A, Lyketsos CG, Parker AM, Oh ES. Cognitive dysfunction, psychiatric distress, and functional decline after COVID-19. Journal of the Academy of Consultationliaison Psychiatry. 2022 Mar 1; 63(2): 133-43. nih.gov
- 23. Zhang Y, Guo X, Ma S, Ma H, Li H, Wang Y, Qin Z, Wu X, Han Y, Han Y. The treatment with complementary and alternative traditional Chinese medicine for menstrual disorders with polycystic ovary syndrome. Evidence-Based Complementary and Alternative Medicine. 2021; 2021(1): 6678398. wiley.com
- 24. Niazi A, Moradi M. The effect of chamomile on pain and menstrual bleeding in primary dysmenorrhea: A systematic review. International journal of community based nursing and midwifery. 2021 Jul; 9(3): 174. nih.gov
- 25. Amzajerdi A, Keshavarz M, Ghorbali E, Pezaro S, Sarvi F. The effect of vitamin D on the severity of dysmenorrhea and menstrual blood loss: a randomized clinical trial. BMC women's health. 2023 Mar 27; 23(1): 138. springer.com
- 26. Yang SQ, Zhou YY, Yang ST, Mao XY, Chen L, Bai ZH, Ping AQ, Xu SY, Li QW, Gao K, Wang SY. Effects of different doses of esketamine intervention on postpartum depressive symptoms in cesarean section women: a randomized, double-blind, controlled clinical study. Journal of Affective Disorders. 2023 Oct 15; 339: 333-41. sciencedirect.com
- 27. Devpura G, Tomar BS, Nathiya D, Sharma A, Bhandari D, Haldar S, Balkrishna A, Varshney A. Randomized placebocontrolled pilot clinical trial on the efficacy of ayurvedic treatment regime on COVID-19 positive patients. Phytomedicine. 2021 Apr 1; 84: 153494. nih.gov
- 28. Singh S, Pal N, Shubham S, Sarma DK, Verma V, Marotta F, Kumar M. Polycystic ovary syndrome: etiology, current management, and future therapeutics. Journal of Clinical Medicine. 2023 Feb 11; 12(4): 1454. mdpi.com
- 29. Mahindru A, Patil P, Agrawal V. Role of physical activity on mental health and well-being: A review. Cureus. 2023. nih.gov
- 30. Patel M, Vishnoi S, Neelima A. An empirical review of fundamental principles of Ayurveda for women's reproductive health and diseases. Journal of Ayurveda and Integrated Medical Sciences. 2023 Nov 9; 8(9): 105-11.
- 31.Anisha A. Ayurvedic management of Premenstrual Syndrome- A Case Study. Journal of Ayurveda and Integrated Medical Sciences. 2023.

*Address for correspondence Dr. Krishna Meher Assistant Professor, Dept. of Prasuti & Stree Roga Sri Sri Nrusinghnath Ayurveda College & Research Institute, Nrusinghnath, Bargarh, Odisha. Email: <u>Kmeher116@gmail.com</u>

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.

AYUSHDHARA | January-February 2025 | Vol 12 | Issue 1