

**TO STUDY THE ROLE OF SHATAVARI AND ASHWAGANDHA  
KSHEERPAK SEVAN IN MANAGEMENT OF INFANTILE UTERUS**

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**ABSTRACT**

The increasing impact of lifestyle changes has contributed to the development of several challenging diseases, one of which is the infantile uterus. Classical Ayurveda views this as an individual disease entity, often related to yonivyapad (gynecological disorders), such as shandhi, shushka yonivyapad, and garbhashayagat vata. The primary cause is nutritional derangement, which leads to dhatukshaya and ultimately vataprakopa, particularly affecting the apana and vyan vayu and leading to mamsa dhatu kshaya. Infantile uterus is characterized by uterine hypoplasia, often resulting from pubertal failure or hypogonadism. This case study investigates the efficacy of Shatavari and Ashwagandha ksheerpak sevan (milk decoction) in managing infantile uterus. A 16-year-old girl with primary amenorrhea, abdominal pain, and nutritional deficiencies was treated with this therapy. The results, assessed over 8-9 months, showed improvements in menarche, reduced abdominal pain, and weight gain, suggesting the potential effectiveness of Shatavari and Ashwagandha ksheerpak in

treating infantile uterus.

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## INTRODUCTION

Women's health is a critical factor in the well-being of families, societies, and cultures. Any physical or mental disorder affecting women can significantly disrupt their education, social, and economic lives. Changes in lifestyle, stress, and inadequate nutrition have particularly impacted women's health, leading to conditions such as the infantile uterus, also known as uterine hypoplasia. This condition results in delayed menarche, painful or irregular menstruation, infertility, or recurrent miscarriages, accompanied by fatigue. The usual treatment in modern medicine involves puberty induction with estrogen and progesterone, which can have short-term benefits but may lead to side effects.

In Ayurvedic terms, the infantile uterus is associated with the improper development of dhatus (bodily tissues), especially rasa, rakta, and mamsa dhatus, due to nutritional deficiencies. Shatavari (*Asparagus racemosus*) and Ashwagandha (*Withania somnifera*) are Rasayana (rejuvenating) drugs known for their estrogenic properties, which aid in nourishing the dhatus and balancing Vata dosha. Both herbs promote dhatupushti (tissue nourishment) and possess balya (strengthening) and vatashamak (Vata-pacifying) qualities, making them ideal candidates for managing the infantile uterus.

## AIM AND OBJECTIVE

To study the efficacy of Shatavari and Ashwagandha ksheerpak sevan in the management of infantile uterus.

## MATERIALS AND METHODS

### Drugs

#### 1. Shatavari (*Asparagus racemosus*)

- Family: Asparagaceae
- Rasa: Madhura, Tikta
- Guna: Guru, Snigdha
- Virya: Sheeta
- Vipaka: Madhura
- Doshaghnata: Vataghna, Pittaghna

## 2. Ashwagandha (*Withania somnifera*)

- Family: Solanaceae
- Rasa: Tikta, Katu, Madhura
- Guna: Laghu, Snigdha
- Virya: Ushna
- Vipaka: Madhura
- Doshaghnata: Vataghna, Pittaghna

### Ksheerpak (Milk Decoction) Preparation

10 grams each of Shatavari and Ashwagandha churna (powder) were mixed with 80 ml of milk and 80 ml of water. The mixture was boiled for 30 minutes to obtain 80 ml of ksheerpak.

### Investigations

- Initial ultrasonography (USG) of the abdomen and pelvis showed a tube-like infantile uterus.

### Follow-up

After 2 months, follow-up assessments were performed every 2 months.

### Drug Administration

- **Shatavari:** 10 gm orally, twice daily for 9 months
- **Ashwagandha:** 10 gm orally, twice daily for 9 months

### Assessment Criteria

#### 1. Menarche

- No period: 0
- After 6 months: 1
- After 4 months: 2
- After 2 months: 3

#### 2. Abdominal Pain

- No pain: 0
- Intermittent pain during 6 months: 1
- Frequent pain during 6 months: 2

### 3. Weight Gain

- Weight gain: 0
- No weight gain: 1

### 4. General Weakness

- No weakness: 0
- Mild weakness: 1
- Severe weakness: 2

## DISCUSSION

The case study of a 16-year-old girl with primary amenorrhea and an infantile uterus demonstrated promising results following treatment with Shatavari and Ashwagandha ksheerpak. After 9 months of therapy, the patient showed significant improvements. USG revealed a normal-sized uterus, and the patient had her first menstruation, accompanied by a reduction in abdominal pain and weight gain. Additionally, breast development improved, and general weakness diminished. This suggests that the combination of Shatavari and Ashwagandha, both of which possess Rasayana and Balya properties, can address nutritional deficiencies that contribute to the improper development of the reproductive organs. The treatment's estrogenic effects helped regulate hormonal levels, promoting the maturation of the reproductive system.

The success of this Ayurvedic approach highlights the potential of using natural remedies for managing conditions like the infantile uterus. Unlike conventional hormonal treatments, which may cause side effects, Ayurvedic therapies aim to restore the balance of doshas and nourish dhatus, offering a holistic solution for long-term health.

## CONCLUSION

This case study suggests that the use of Shatavari and Ashwagandha ksheerpak sevan for 8 to 9 months is effective in managing the infantile uterus. The treatment not only helped induce menarche but also alleviated abdominal pain, promoted weight gain, and improved general health. These findings support the potential of Ayurvedic treatments in managing gynecological disorders by addressing the root cause—nutritional deficiencies and dhatukshaya—rather than providing temporary relief.

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