

## AYURVEDIC MANAGEMENT OF ANAPATYA(PRIMARY INFERTILITY): A CASE REPORT

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### ABSTRACT

Infertility is defined as failure to conceive within one or more years of regular unprotected intercourse. Conception depends on the fertility potential of both the male and female partner. The male is directly responsible in about 30%-40%, the female in about 40%-55% and both are responsible about 10% cases other 10% is unexplained. Primary Infertility denotes those patients who have never conceived. In *ayurvedic* classics *Aacharya Harita's ANPATYA vandhya* may be correlated with primary infertility. In female infertility tubal factor (25%-35%), ovarian factor (30%-40%) are responsible. Ovarian factor is the most common cause of female infertility. The prevalence of

ovarian factor was 19.1% in fertile age group. Prognosis of *ANPATYA vandhya* associated with *beej dusti* and *aratva vaha shrotorodha* is curable in *ayurveda*. **Case report:-** In this case report, a Patient came with the complaint of failure to conceive from infertility in the past 7 years and irregular menses since last 2 years. She took allopathic treatment for this problem but could not get succeed. She had past history of pulmonary T.B. for this she taken ATT (anti tubercular treatment) for 6 months and PCOD. Her husband also had complained of asthozoospermia and taken allopathic medicines. Then couple came in NIA, Jaipur OPD for *Ayurvedic* management which was *ajmodadi churna*, *takana bhasma* etc. to regularise *vatadi doshas* which are responsible for *artavadusti* or blockage of fallopian tubes (*aratva vaha shrotorodha*). Initially treatment starts with internal oral medicines. **Conclusion:-** After taking *ayurvedic* treatment for 3 months patient conceived. Then she took regular ANC visits from NIA Hospital and at present patient have a healthy male child. So, *ayurvedic* regimen with yoga and moral counselling of couple is effective in this type of infertility cases.

**KEYWORDS:** Anapatya, Artavadusti, Shrotovrodha, beeja dusti, case report.

## INTRODUCTION

Women has been regarded as the bearer of new life. Infertility is the inability to become pregnant after one or more year of coitus without using contraceptive methods by male and female partner. Now a days Female infertility becomes a very common reproductive illness. It affects approximately 10-15% of reproductive age couples, Conception depends on the fertility potential of both the partners. The male is responsible about 30-40 %, the female is about 40-55% and both are responsible about 10% or remaining 10% is unexplained. In female infertility tubal factor (25%-35%), ovarian factor(30%-40%) are responsible. Ovarian factor is most common type of infertility factor, most frequent causes of ovary diseases are poly cystic ovarian disease, anovulation, the luteinized unruptured follicle syndrome, chronic anovulation syndrome ovarian endometriosis etc. There are many causes of female infertility Peri -tubal adhesions, previous tubal surgery, tubal endometriosis, salpingitis etc are most common causes of tubal blockage. Allopathic management to correct ovarian and tubal factor infertility by hormonal or by reconstructive surgeries and invitro fertilization but that are unable to provide satisfactory results.

Ayurveda has explained *Anapatya vandhya* (according to *aacharya Harita*) and *Apraja* (According to *aacharya Caraka*) *Vandhayatwa* in which conceives after treatment as equivalent for Primary Infertility. *Aacharya Harita* has defined *Vandhayatwa* as failure to achieve a child rather than a pregnancy and according to *Aacharya Harita vandhya* is of six types, *Anapatya* is one type (no child or primary infertility). In *Sushruta Samhita*, one disease named “*Vandhya*” described in twenty *Yoni vyapada*. *Aacharya caraka* and *Vagbhata* have referred *Vandhya* due to abnormalities of *beejansha*. Among these *aacharya shushurta* has explained in detail about *Garbha Sambhavasamagri* (Important factors for conception). They included *Ritu* (season or fertile period), *Kshetra* (Reproductive system /*Artavavaha shrotas*), *Ambu* (Proper nutrient fluid), *Beeja* (Ovum and sperms). Abnormality in any one of these can cause infertility especially *Artavavaha srotas dusthi*.

In this case report the clinical condition of patient can be better correlated to *Anapatya vandhya due to beej dusti (ovarian factor)*

Vitiation of *vata* dominant *tridosha dosha* responsible for *beej dusti* and *srotorodha* in left fallopian tube and leads to tubal blockage.

Prognosis of infertility depends upon its specific causes *Anapatya* described by *Aacharya Harita* is curable in nature. Normalizing the vitiated *vatadi* doshas leads restoration of tubal function and conception. It can be achieved through proper *Ayurvedic* management.

## CASE REPORT

**Chief complaint:-**A female Patient of 22 years age, housewife living in shastri Nagar Jaipur, came along with her husband. Patient came to gynae O.P.D. of NIA Jaipur with complaint of wants issue for 7 years of unprotected intercourse and delayed cycles of menses since 2year. Her husband also having complain of asthenozoospermia (reduced sperm motility in male semen).

**Past medical illness:-**At 12 years of age she was married to a nonconsanguineous man of 20 years on 2011. She got her menarche at 15 years of age. They tried to conceive since then but failed even 7 years of unprotected intercourse. She has complaint of irregular menses last 2 years. Hence on 2019 she consulted an allopathic Gynaecologist and examine the patient, her TVS scan of uterus and adnexa on 5-2-2020 found normal impression. On 7-2-2020 in X-ray HSG left fallopian tube block and narrow cervix was detected. Semen analysis of male partner was abnormal(Asthenoteratozoospermia -reduced sperm motility and abnormal morphology in a man's semen sample.) on 5/2/2020. She was continuously taking treatment for the same complaints but did not get success after 2 years of treatment.

Finally, they came to the NIA gynae OPD on 14/12/2020 with a hope of wants issue by ayurvedic management.

## Menstrual history

Age of menarche: 15 years of Age

Last menstrual period(LMP): 23/2/2021

Cycle: Irregular

Duration: 4-5 days/60-85 days

Flow: Moderate, painless, without clots

Colour: Blackish red

Smell: normal

No. of Pads:-D1-D2=2-3 pad/day

D3-D4=2 Pads/day

**Obstetric history:** G0P0L0A0

**Contraception history:-** NIL

**Past Medical History:-** Allopathic treatment took for irregular periods and fallopian tube blockage for 2 years.

**Past surgical history (P/S/H)**

1.-Endometrial biopsy under GA on 27/07/2019- not significant finding

**Personal History**

**Diet -** Vegetarian

**Appetite -** Decreased

**Sleep –** Sound

**Bowel –** clear

**Micturition –** Mild burning (on/off) with increased frequency (1-2 times /hour), During sleeping hours – 3-4 times

**Allergy History -** None

**Addiction -** 1 cup of tea take daily in morning. No history of smoking, alcohol or tobacco intake.

**Physical examination**

**O/E**

<b>G.C.</b>	Fair	<b>Weight</b>	46 kg
<b>B.P.</b>	120/70 mm Hg	<b>BMI</b>	18.7
<b>P.R.</b>	76/min	<b>Body built</b>	Moderate
<b>Height</b>	5`2”	<b>Pallor</b>	Not present

**Systemic Examination**

**Respiratory system**

Inspection – B/L symmetrical chest

Auscultation- B/L air entry – Equal on both sides

**Cardio-vascular system**

Auscultation – Normal heart sounds

Central nervous system – Normal

Orientation – Well oriented to time, place and person.

**Gynecological examination**

**P/V & P/S Examination** not done due to covid -19 protocol.

**Diagnostic Assessment****a. Daśavidha Parīkṣya Bhāva**

1.	<i>Prakṛti</i>	<i>Vata-pitta</i>	6.	<i>Sātmya</i>	<i>Sarvarasa Sātmya</i>
2.	<i>Vikṛti</i>	<i>Vataja</i>	7.	<i>Satva</i>	<i>Madhyama</i>
3.	<i>Sāra</i>	<i>Asthisāra</i>	8.	<i>Āhāra Śakti</i>	<i>Madhyama</i>
4.	<i>Samhanana</i>	<i>Avara</i>	9.	<i>Vyāyāma Śakti</i>	<i>Madhyama</i>
5.	<i>Pramāṇa</i>	<i>Madhyama</i>	10.	<i>Vaya</i>	<i>Madhyamāvasthā</i>

**b. Investigations - (done on 5/2/2020)**

<b>Hemoglobin</b>	12.3 g/dL	<b>Australian antigen (HBsAg)</b>	Negative
<b>ESR</b>	12mm	<b>HIV screening</b>	Negative
<b>CBC</b>	WNL	<b>TSH</b>	1.03 $\mu$ IU/ml (Normal)
<b>BT</b>	4 min	<b>RFT</b>	WNL
<b>CT</b>	6 min	<b>LFT</b>	WNL
<b>Random Blood Sugar (RBS)</b>	116mg%	<b>Blood group</b>	B positive
<b>VDRL</b>	Non-reactive	<b>Serum Prolactin</b>	11.31 nenogram/dl
<b>SGPT/ALT</b>	36 U/L	<b>AMH</b>	2.95ng/dl

**Urine examination**

Routine – Color - Pale yellow, Clear

pH- 6.0

Protein, Sugar - Absent

Microscopic – RBCs - Nil/hpf, Pus cells - 1-2/hpf, Epithelial cells - 0-1 /hpf

From Ayurvedic perspective this condition can be compared with stree vandhyatwa (Female Infertility) due to left fallopian tube blockage.

**c. USG of uterus and adenexa** ON 5/2/2020(day of cycle 13<sup>th</sup> day)-Impression: uterus AVAF, Size 6.4 X 2.9 X4.7 cm, Endometrial thickness-7.9mm Right Ovary: multiple follicles (7-8), left Ovary: multiple small follicles<sup>[8-9]</sup>,

No Dominant follicle.

**HSG Report: on 7/2/2020**

Impression: Right Ovary -Normal, Left Ovary: Tubal block, Narrow cervix

**SEMEN ANALYSIS** on 5/2/2020

Volume: 3 ml

Total no.- 21 million /ml

Sperm motility: Total: 33 %

Progressive: 19 %

Non progressive: 14 %

Non motile: 76%

Sperm morphology: - NORMAL: 1 %

Head defects: 49 %

Neck & mid piece defects: 29 %

Tail defects: 21 %

## IMPRESSION: ASTHENOTERATOZOOSPERMIA

### c. *Vividha Nidāna*

Following *Nidāna Sevana* were present in this case almost since 10 years –

1. Intake of curd (*Dadhi* – nearly 1 bowl/days in a week)
2. Intake of **pickle (Mango)** daily usually.
3. *Ratrijagaraṇa*
4. History of *Vegadharāṇa* during working hours esp. urine urge.
5. Less intake of fruits and salad
6. **Lack of Rajaswalacarya** or any other specific regime during menses.

### Role of *Vividha Nidana* in Formulation of *Samprapti*

#### ▪ *Aharajanya Nidana*

##### 1. *Dadhi*

- *Dadhi* she was taking almost daily since childhood. Regular use of *dadhi*, leads to *shrotorodha* due to its *abhishayandi* property (*Acharya caraka*).
- According to *Aacharya Bhavaprakasa*, use of this *Madaka Dadhi* may lead to increased frequency of micturition and burning sensation during micturition.
- *Mandaka Dadhi* is responsible for vitiation of all three *Doṣas*.

##### 2. Less intake of fruits and salad

- Fruits and salad are high alkaline foods and balances the intake of acid-forming foods such as meat, fish, dairy, nuts, and grains.
- They form roughage helping in regulation of normal *Apana Vayu* functions.

- *Acarya Charaka* also indicated their use on regular basis and called the *Phalavarga* as *Prayopayogikah*.

- ***Viharajanya nidana***

1. ***Ratrijagrana***

- It leads to the vitiation of *Vata* and *Pitta Doṣas* (*Acharya charaka*) and *tridosha prakopa* according to *Acharya Sushruta*.

2. ***Vegadharāṇa***

- *Mutravega Dharāṇa* may lead to *Mutrakṛchra* as mentioned by *Acharya charaka* in *navegandharniya* Chapter.
- *Doṣas* vitiated by their *Nidana* intake, results in burning sensation in urinary tract and difficulty in micturition.
- Vitiation of *Pitta* is responsible for frequent and burning micturition.

3. ***Not following the Rajaswalacarya***

- *Haviṣya Annam* is prescribed by *Acharya sushruta*, which is intake of *shali Odanam* (*shali* rice) along with *Ghṛita* and milk or *Yava Annam* (*Barley*) as explained by *Acharya Dalhaṇa*.
- *Ghṛita* is helpful in raising the level of good cholesterol which is a plasma antioxidant. *Shali* rice are *Tridoṣa shamaka* and *Bṛmhāṇa*. Milk is having *Bṛmhāṇa* and *Rasāyana* properties.
- ***Yava*** – It has *Guru*, *Madhura*, *Śita*, *Sara* properties, and low Glycemic Index. It is used *Karṣaṇārtha*, *Koṣṭhaśodhanārtha* and *Agnivardhanārtha*. It is *Puraṣajanana* and *Kapha-Pitta-Rakta Vikarahara*. It is also mild *Vatakara* which is pacified by adding milk.
- As the patient was not following the *Rajaswalacarya* so she was unable to get benefits of *Rajaswalācarya*.

That is how the pathological condition is arising from different *Nidana Sevana*.

### ***Nidana Pancaka***

1. *Nidana* – Previously mentioned causes are the *Nidānas*.
2. *Purvarūpa* – *Aartavadusti*
3. *Rupa* – *Apraja*
4. *Samprapti* – Mentioned along with *Hetus* previously

**Upśaya – beejdusti chikitsa**

- *Rajaswalācarya*
- *Yoga and Prāṇayama*.
- Stress releasing activities, meditation etc.

**Samprapti Ghaṭaka**

- *Dosa: vata Pradhana Tridosha*
- *Dushya: Rasa, Rakta, Aartva*
- *Agni: Dhatvagni dusti*
- *Srotsha: Artvavaha srotodusti*
- *Udbhavasthana: Aampakvashya*
- *Srotodusthi: Sanga*
- *Vyaktaisthana: Andashaya, Garbhashya*
- *Avayava: Beejvahini, Andashaya*
- *Rogvinichaya: Beejdusti, Beejvahini avarodha*
- *Sadhyasadyata: Krichasadhaya*

**Therapeutic intervention**

- **Following treatment was given to patient for 15 days**

A. 14/12/2020 (OPD NO.-63787)

S.No	MEDICINE	DOSE	TIME	ANUPANA
1.	• Triphala Guggul	2 TAB BD	<i>After meal</i>	Luke warm water
2.	• Kutajghan Vati	2 TAB BD	<i>After meal</i>	Luke warm water
3.	• Ajmodadi churna • Tankan bhasma	3 Gm BD 250 Mg BD	<i>Before meal</i>	Luke warm water
4.	• <i>Aswaganda churna</i> • <i>Vidarikanda churna</i>	3 Gm BD 2Gm BD	<i>Before meal</i>	Milk

Advise Yoga and pranayama.

TREATMENT OF HUSBAND for 2 months

S.NO.	MEDICINE	DOSE	Time	ANUPANA
1.	- <i>Aswagandha churna</i> + - <i>Vidarikanda churna</i> + - <i>Gokshura churna</i>	5 gm BD  3 Gm BD  2Gm BD	Before meal	Ksheerapaka

B. 5/4/2021 FOR 15 DAYS

UPT DONE FOUND POSITIVE ON 5/4/2021 AT NIA GYNAE OPD



S.NO.	MEDICINE	DOSE	TIME	ANUPANA
1.	<ul style="list-style-type: none"> <li>• <i>Sitopladi churna</i></li> <li>• <i>Dadimastaka churna</i></li> <li>• <i>Sankha bhasama</i></li> </ul>	2Gm 2 Gm 500 mg	1-1 tsf twice a day After meal	luke warm water
2.	<ul style="list-style-type: none"> <li>• <i>Avipatikara churna</i></li> <li>• <i>Gokshura churna</i></li> <li>• <i>Pittantaka bhasma</i></li> <li>• <i>Sankha bhasma</i></li> <li>• <i>Praval bhasma</i></li> <li>• <i>Yastimadhu churna</i></li> </ul>	2 Gm 2 Gm 1 Gm 500 Mg 500 Mg 1 Gm	1-1 tsf twice a day before meal	luke warm water
3.	• <i>Syp.ZYMNET</i>	2 tsf	bd after meal with water	Water

\*Usg of uterus and adnexa for FWB

(Impression: Single intra uterine live foetus of about 6 Weeks 05 days ON12/4/2021)

She took regular antenatal care and uneventfully continuing her pregnancy onwards.

### Follow-up and outcomes

Patient took all medicines as prescribed by doctor with good will, Follow up in every 15 days

### DISCUSSION

*Ayurveda* infertility (*vandhyatva*) is a condition which occurs due to various *yonivyapad*. These *yonivyapada* is due to *beejadosha*, *mithya aahar vihar*, *daiva*, *aartava dushti*. *Anapatya vandhya stri* is either because of *beeja dosha* which can be treated with *Ayurveda* and patient made to conceive. Ovarian Factor (Polycystic ovarian disease) is one of the leading causes in female infertility. In *Ayurveda*, it can correlate with *beejadusti* associated with one side *beejavahini srotorodha*. One side of *beejavahini srotorodha* not much hamper fertility. *Ajmodadi churna* and *takan bhasam* acts on *rasa dhatu* and *aam dosha* which forms healthy *rasadhatu*. *Kutajghana vati* pacifying *pita* and *kapha*. This *rasa dhatu* onwards forms healthy ovum forms and induce ovulation. *Triphala guggulu* is improves digestion capacity by filtering out all the toxins from body. Remove unwanted *kapha* from the system. Is also act as an anti-inflammatory drug. This Treatment significantly show result in the form of healthy formation which leads fertility. *Vata* and *Kapha* doshas are the prime causative factor for *agnimandhya*, due to *agnimandhaya* of *beeja dhatu* formation hamper and blockage in fallopian tubes also happens. *Vata* has properties of *Ruksha* (dryness), *Khara*(rough), and *Darana*(tearing) due to vitiation in *Vata* produced *Sankocha* in Fallopian tube. *Kapha* has *Sthira*(stable), *Mantha*(slow) properties, vitiation in *Kapha dosha* results *Sanga* (stagnation)in Fallopian tube. This ultimately leads to *Vandhyatwa*.

So, the treatment protocol principle should be normalising *Vata Kapha dohsa* and *agnivardhaka* medicines. For *vata dosha Anulomana* and for *Kapha dosa deepana pachana* treatment given or proper mental counselling it makes a good attitude towards treatment and normalising the hormonal imbalance.

Male partner taken *aswgandha*, *Gokshura* and *vidarikanda churna* are *sheeta virya* and *Madhura vipaka* medicines which improve *shukra dhatu*. promoting reproductive functions and treating infertility in both male and females. It has *balya* and *vajiakarna* property which improves fertility male partner. *Aswgandhadi* herbal medicines are *Soumya* in nature, all *Soumya* medicines are improved quantity and quality of *sukra dhatu*.

S.No..	DRUGS	Rasa,Guna, Vipaka, Virya	Dosha shamana	EFFECTS
1.	AJMODADI CHURNA	<i>Rasa: Katu,Tikta</i> <i>Guna: Laghu</i> <i>Veerya: Ushna</i> <i>Vipaka: Katu</i>	<i>Vata and Kapha shamaka</i> , improve digestion, <i>Ama pachaka</i>	<i>AJMODADI C HURNA</i> , is a polyherbal ayurvedic medicine used as <i>deepan - pachana</i> (digestive & carminative), and an antispasmodic, and is a strong wormifuge. It also has a <i>vatanulomana</i> property.
2.	TANKAN BHASMA	<i>Rasa: Katu, Lavana</i> <i>Guna: Laghu, riksha, Tikshna.</i> <i>Veerya: Ushna</i> <i>Vipaka : Katu</i>	<i>Kapha and vata shamaka</i>	<i>TANKAN BHASMA</i> is has a <i>Artavpravartaka</i> property so used in scanty ( <i>Oligomenorrhoea</i> )and delayed ( <i>hypomenorrhoea</i> ) menstruation cases. <i>Tankan</i> has warm property so pacifying <i>vata</i> and <i>kapha dosha</i> .
3.	TRIPHALA GUGGULU	<i>Rasa: Bitter, Pungent,Astringent, sweet.</i> <i>Guna: Laghu.</i> <i>Veerya: ushna</i> <i>Veepaka: katu</i>	<i>Tridosha shamaka</i>	<i>TRIPHALA GUGGULU</i> is improves digestion capacity by filtering out all the toxins from body. Remove unwanted <i>kapha</i> from the system. Is also act as an anti-inflammatory drug.
4.	KUTAJGHANA VATI	<i>Rasa: Katu, Kashaya</i> <i>Guna: Ruksha</i> <i>Veerya: Sheeta</i> <i>Vipaka: Katu</i>	<i>Pitta and kapha shamaka</i>	<i>KUTAJGHANA VATI Kutaj</i> which helps to pacifying <i>kapha</i> and <i>pitta dosha</i> .
5.	ASWAGANDA CHURNA	<i>Rasa: Katu, Tikta, Kashaya</i> <i>Guna: Laghu, snighadha</i> <i>Veerya: Ushna</i> <i>Vipaka: Katu</i>	<i>Tridosha shamaka</i> (Specially <i>kapha vata</i> and <i>shamaka</i> )	<i>ASWAGANDA CHURNA</i> is strong immunity booster and brain tonic drug. It normalizes all body functions, by working on the HPO axis and the neuroendocrine system that's why regulate reproductive hormonal levels. It improves sperm count and motility inhibit lipid peroxidation. It has anti oxidative property which gives relief in stress as well as an indirect mechanism consisting of a gamma-

				aminobutyric acid-like-mimetic pathway ameliorating hormonal balance through crosstalk among different endocrine glands to improve male fertility.
6.	VIDARIKANDA	<i>Rasa: Madhur</i> <i>Guna: guru, sinigdha</i> <i>Veerya-sheeta</i> <i>Vipaka-madhur</i>	<i>Vatapitta shamaka</i>	VIDARIKANDA promoting reproductive functions and treating infertility in both male and females. It has <i>balya</i> and <i>vajiakarna</i> property which improves fertility of male.
11.	GOKSHURA CHURNA	<i>Rasa -madhura</i> <i>Guna -guru</i> <i>Veerya -sheeta</i> <i>Vipika -madhura</i>	<i>Vata shamaka</i>	GOKSHURA CHURNA: -Gokshura has <i>brishaya</i> (fertile power) property and <i>srotoshodhana</i> property which improves genital organ functioning.

Hence, over all line of treatment was *srotoshodhaka* (tubal blockage) and *tridosha shamaka* (ovarian factor) for female. *Shukrajanan* and *shukrashodhana* medicines are given to male partner.

## CONCLUSION

In a present scenario *Artavdusti* or *beejadusti* is the one of major cause of female infertility.

In this case female having *beejadusti* along with *beejavahini shrothodha*, Male factor also equal responsible in this case, so treatment for infertility, both partners are treated. In Ayurveda aims to enhance the proper functioning of reproductive system by normalising the *tridosa* with the help of *shamana chikitsa*, yoga and proper mental counselling of partners. So, we can treat this type of cases by *shamana chikitsa* (oral medicines) along with *shodhana chikitsa* it gives effective results. Contemporary science is not much effective in such cases.

In this case Patient having *srothodha* in *artavvaha srothas* (left tubal blockage) but one side of blocked tube not much hamper fertility here we are treating patient mainly for *beejadusti* and we got succussed, *Ayurvedic* treatment protocol was found effective in eliminating the *beejadusti* or *sanga* in *beejavahini granthi* and normal functioning of ovaries and tubes cause by *shamana chikitsa*. Patient followed treatment properly as instructed. Patient conceive after taking that treatment and delivered an alive healthy male child.

**Informed consent:-** The patient provided verbal consent about treatment.

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