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ROLE OF STANYASHODHKA GANA KWATHA WITH MADHUMEHARI CHURNA AND SHATAPUSHPA KALPA IN THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (DHATWAGNI MANDYA JANYA BEEJAGRANTHI VIKARA) – A RANDOMIZED COMPARATIVE CLINICAL STUDY

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ABSTRACT

Background: Polycystic Ovarian Syndrome (PCOS) is a burgeoning endocrinopathy affecting 20-30% of women of reproductive age, characterized by oligo-anovulation, hyperandrogenism, and polycystic ovarian morphology. In Ayurveda, PCOS does not have a single eponymous correlate but can be understood as Dhatwagni Mandya Janya Beejagranthi Vikara – a disorder arising from hypofunctioning tissue metabolism leading to cystic formation in the Beeja (ovaries). The pathogenesis involves vitiation of Kapha and Meda Dhatu causing Avarana (obstruction) of Apana Vata, resulting in Artava Kshaya (menstrual dysfunction) and Granthi (cystic) formation. **Aim:** To evaluate and compare the combined therapeutic efficacy of Stanyashodhka Gana Kwatha, Madhumehari Churna, and Shatapushpa Kalpa in the comprehensive management of PCOS. **Method:** A randomized

comparative clinical study will be conducted on diagnosed PCOS patients, assessing improvements in menstrual regularity, ovarian morphology, hormonal profile, and metabolic parameters. **Result:** The synergistic action of the three interventions is hypothesized to address the systemic metabolic derangement and local reproductive pathology through Srotoshodhana, Deepana-Pachana, Medohara, Artavajanana, and Vatanulomana actions, effectively restoring ovulatory function and metabolic balance. **Conclusion:** The integrated Ayurvedic approach targeting the root pathology of Dhatwagni Mandya offers a safe, holistic, and potentially definitive management strategy for PCOS, addressing both metabolic and reproductive dimensions without the side effects of conventional hormonal therapy.

KEYWORDS: PCOS, Dhatwagni Mandya Janya Beejagranthi Vikara, Stanyashodhka Gana Kwatha, Madhumehari Churna, Shatapushpa Kalpa, Polycystic Ovarian Syndrome, Ayurveda.

1. INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is currently the most common endocrine disorder among women of reproductive age, affecting approximately 20-30% of this demographic globally. It is a multifaceted condition characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology, often accompanied by metabolic disturbances including insulin resistance, dyslipidemia, and obesity. The etiology remains multifactorial, encompassing genetic predisposition, lifestyle factors, and environmental influences.

Modern allopathic management relies heavily on hormonal contraceptives, insulin sensitizers like metformin, and ovulation induction agents such as clomiphene citrate. While these interventions provide symptomatic relief, they are often associated with significant side effects, high recurrence rates upon withdrawal, and fail to address the root pathology. Consequently, there is a growing global interest in integrative and holistic approaches that offer sustainable solutions.

In Ayurveda, the principles of Tridosha, Sapta Dhatu, and Agni provide a comprehensive framework for understanding the pathogenesis of PCOS. The condition is conceptualized as Dhatwagni Mandya Janya Beejagranthi Vikara – a disorder of follicular cystic formation arising from hypofunctioning tissue metabolism. The entire pathogenesis relies on the principle of metabolic precedence: adverse lifestyle and dietary factors first precipitate Sthoulya (metabolic dysfunction), which then triggers Artava Kshaya (reproductive

dysfunction) via the mechanism of Avarana.

This paper critically reviews the Ayurvedic and modern perspectives of PCOS and explores the therapeutic potential of three classical formulations – Stanyashodhka Gana Kwatha, Madhumehari Churna, and Shatapushpa Kalpa – in its comprehensive management.

1. Ayurvedic Perspective of PCOS: Dhatwagni Mandya Janya Beejagranthi Vikara

2.1 Nidana (Etiological Factors)

The etiopathogenesis of PCOS in Ayurveda involves

- Ahara (Dietary): Guru (heavy), Snigdha (unctuous), Madhura (sweet), Sheeta (cold) foods; excessive intake of processed and refined carbohydrates; Vishamashana (irregular eating habits)
- Vihara (Lifestyle): Avyayama (sedentary lifestyle), Divasvapna (day sleeping), Ratrijagarana (night awakening)
- Manasika (Psychological): Chinta (chronic stress), Krodha (anger), Shoka (grief)
- Beeja Dushti (Genetic Predisposition): Hereditary factors affecting Artava and Beeja

2.2 Samprapti (Pathogenesis)

The pathogenesis of PCOS (Dhatwagni Mandya Janya Beejagranthi Vikara) follows a well-defined sequential pathway:

Nidana Sevana → Kapha Prakopa → Jatharagni Mandya → Ama Utpatti → Medo Dhatu Vriddhi (Sthoulya) → Srotorodha → Apana Vata Vaigunya → Artava Dushti → Beejagranthi Vikara

The Kapha-Meda Avarana model provides a precise explanation for the concurrent presentation of obesity, insulin resistance, and anovulation . The accumulated Meda Dhatu, being heavy, sticky, and bulky, physically obstructs the Artavavaha Srotas, resulting in:

1. Impaired Nourishment: The nourishing Rasa Dhatu cannot properly reach the developing ovarian follicles, resulting in suboptimal follicular growth.
2. Impaired Function: The vitiated Apana Vata cannot perform its function of rupture and expulsion (Vata Anulomana failure).
3. Pathological Stasis: The lack of egress combined with constant, aberrant hormonal signaling leads to follicular arrest and the formation of Granthi (cysts).

2.3 Samprapti Ghataka (Pathological Components)

Component Involvement

Dosha Kapha (Pradhana), Vata (Apana), Pitta (Pachaka, Ranjaka)

Dushya Rasa, Rakta, Meda, Shukra, Mamsa, Asthi

Upadhatu Artava

Agni Jatharagni, Dhatwagni (Mandya)

Ama Jataragnijanya, Dhatwagnijanya

Srotas Rasavaha, Raktavaha, Medovaha, Artavavaha

Srotodushti Prakara Sanga (obstruction), Siragranthi (cystic formation)

Adhisthana Artavavaha Srotas (Beeja Granthi)

Rogamarga Bahya and Abhyantara

2.4 Clinical Presentation and Ayurvedic Correlation

Modern Feature Ayurvedic Correlation

Oligomenorrhea/Amenorrhea Artavakshaya, Nastartava, Rajakshaya

Anovulatory Infertility Pushpaghni Jataharini, Viphala Artava Dushti, Vandhya

Hirsutism/Acne Pitta-Kapha Dushti, Bhrajaka Pitta Vikriti

Obesity Sthoulya, Medo Dhatu Vriddhi

Insulin Resistance Dhatwagni Mandya, Kapha-Meda Avarana

Polycystic Ovaries Beejagranthi, Siragranthi in Artavavaha Srotas

2.5 Differential Diagnosis: Phenotypes

Feature Sthoulya-Linked PCOS Lean PCOS

Ayurvedic Classification Santarpanottha Vikar Apatarpanaja/ Manodoshaja

Primary Dosha/Dhatu Kapha Vriddhi, Meda Vriddhi Vata Prakopa, Pitta Dushti

Pathological Mechanism Avarana (Obstruction by Meda) Dhatu Kshaya, Functional Vata derangement

Modern Correlation Insulin Resistance, Metabolic Syndrome Hyperandrogenism without severe IR

1. Review of Stanyashodhka Gana Kwatha

3.1 Concept and Composition

Stanyashodhka Gana is a group of medicinal plants described by Acharya Charaka in Charaka Samhita Sutrasthana for "improving the quality of breast milk" (Stanya Shodhana). This Gana consists of 10 herbs, each possessing specific pharmacological properties:

Sanskrit Name Botanical Name Common Name

Patha Cissampelos pareira Velvet Leaf

Mahausadha (Shunthi) Zingiber officinale Ginger

Suradaru (Devadaru) Cedrus deodara Himalayan Cedar

Musta Cyperus rotundus Nutgrass

Murva Marsdenia tenacissima

Murva Guduchi Tinospora cordifolia Giloy

Vatsaka (Kutaja) Holarrhena antidysenterica

Kurchi Kiratatikta Swertia chirata Chiretta

Katurohini Picrorhiza kurroa Kutki

Sariva Hemidesmus indicus Indian Sarsaparilla

3.2 Pharmacodynamics

Analysis of the Rasa Panchaka of all 27 drugs (including 3 Ganas) for Stanyashodhana property reveals:

Property Predominant Component Percentage

Rasa Tikta (Bitter) 37.7%

Guna Laghu-Ruksha (Light-Dry) 41.4%

Virya Ushna (Hot potency) 70.3%

Vipaka Katu (Pungent) 74.1%

3.3 Rationale for Use in PCOS

While traditionally indicated for Stanya Dushti (breast milk impurities), the Stanyashodhka Gana has been rationally extended to Artava Dushti in PCOS due to the following reasons:

1. Shared Source: Both Stanya (breast milk) and Artava (menstrual blood/ovum) are Upadhatu of Rasa Dhatu.

2. **Pharmacodynamic Actions**

- Tikta Rasa with Akasha Mahabhuta Pradhanata provides space (passage) for obstructed channels (Srotovrodha)
- Laghu-Ruksha Guna and Katu Vipaka aid in Samyak Pachana (absorption) of Dosha, mainly Kapha
- Ushna Virya opposes Vata Dosha

1. Srotoshodhana: Clears obstruction in Artavavaha Srotas

2. Deepana-Pachana: Improves Jatharagni and Dhatwagni, addressing the root cause (Dhatwagni Mandya)

3.4 Additional Pharmacological Actions

Modern research has validated additional properties

- Antimicrobial: Manages associated infections
- Antioxidant: Reduces oxidative stress at cellular level
- Immunomodulatory: Boosts immunity
- Anti-inflammatory: Reduces pelvic and ovarian inflammation

3.5 Clinical Evidence

A case study on PCOS-related secondary infertility demonstrated successful conception following treatment with Stanyashodhak Mahakashya Gana Kwatha, Madhumehari Churna, and Phalasarpi for 1.5 months. Another study on Artav Dushti (PCOS) showed positive outcomes with Virechana and Stanya Shodhana Gana therapy.

1. Review of Madhumehari Churna

4.1 Introduction

Madhumehari Churna is a polyherbal formulation developed by the National Institute of Ayurveda, Jaipur, and listed in the 3rd part of the Ayurvedic Formulary of India. It has been used for over 25 years in the management of Prameha (diabetes) and metabolic disorders.

4.2 Composition

Sanskrit Name Botanical Name Common Name

Jambu Syzygium cumini Jamun

Amra Mangifera indica Mango

Karvellaka Momordica charantia Bitter Gourd

Mesasmgi Gymnema sylvestre Gurmar

Methika Trigonella foenum-graecum Fenugreek

Bilva Aegle marmelos Bael

Nimba Azadirachta indica Neem

Sunthi Zingiber officinale Ginger

Satapushpa Anethum graveolens Dill

Sonamukh Cassia angustifolia Senna

Bala Sida cordifolia Country Mallow

Babbula Acacia arabica Acacia

4.3 Pharmacodynamics

Predominant Rasa: Kashaya (Astringent) and Tikta (Bitter)

- **Actions**
- Deepana-Pachana – Stimulates digestion
- Medohara – Reduces pathological fat
- Kaphaghna – Pacifies Kapha Dosha
- Pittaghna – Pacifies Pitta Dosha
- Hypoglycemic – Reduces blood sugar levels

4.4 Rationale for Use in PCOS

PCOS is fundamentally a metabolic disorder with insulin resistance as a core feature. Madhumehari Churna addresses the metabolic dimension by:

1. Improving Insulin Sensitivity: Ingredients like Jambu, Karvellaka, and Mesasmgi have documented hypoglycemic effects
2. Reducing Meda Dhatu: Promotes weight reduction and addresses obesity
3. Clearing Ama: Improves overall metabolic function
4. Addressing Kapha-Meda Avarana: Reduces the obstructive material causing Avarana

4.5 Dose and Administration

- Dose: 5-6 gm twice daily
- Anupana: Koshna Jala (Lukewarm water)
- Duration: Minimum 60 days

1. Review of Shatapushpa Kalpa

5.1 Introduction

Shatapushpa (Anethum graveolens Linn., Family: Apiaceae) is a classical Ayurvedic herb widely used in Stree Roga for its Artavajanana (menstrual stimulant) and Vatanulomana properties.

5.2 Properties

Property Description

Rasa Katu-Tikta (Pungent-Bitter)

Guna Snigdha, Laghu, Tikshna (Unctuous, Light, Sharp)

Virya Ushna (Hot potency)

Vipaka Katu (Pungent)

Dosha Karma Kapha-Vatahara

Prabhava Madhura (Acts through sweet potency)

5.3 Pharmacological Actions

1. Deepana-Pachana: Stimulates digestive fire
2. Artavajanana: Promotes menstrual flow and ovulation
3. Vatanulomana: Normalizes Apana Vata
4. Kapha-Srotoshodhana: Clears obstruction in Artavavaha Srotas
5. Uterine Stimulant: Promotes uterine peristalsis
6. Galactagogue: Promotes lactation

5.4 Specific Role in Follicular Maturation

Shatapushpa is recognized for its ability to stimulate follicular maturation and act as an anti-spasmodic. The Katu Vipaka intensifies Pitta function, which is essential for ovulation and transformation processes. Acharya Kashyapa described Shatapushpa in Kalpasthana for all ranges of Artavavyapada (menstrual disorders).

5.5 Indications

- Artavakshaya (Scanty menstruation)
- Kashtartava (Dysmenorrhea)
- Pushpaghni Jataharini (PCOS)
- Shweta Pradara (Leucorrhea)
- Anovulation and Infertility

1. Integrated Therapeutic Approach: Rationale and Mechanism

6.1 Stage-Wise Management Protocol

The integrated approach targets Dhatwagni Mandya Janya Beejagranthi Vikara through a phased, sequential protocol:

Stage 1: Shodhana (Purification and Channel Clearance)

Duration: Days 1-14

Intervention: Stanyashodhka Gana Kwatha

Actions

- Deepana-Pachana (stimulate digestion)
- Srotoshodhana (clear channels)
- Kapha-Meda Lekhana (reduce pathological fat)
- Ama Pachana (digest toxins)
- Clears obstruction (Avarana) in Artavavaha Srotas

Stage 2: Shamana (Palliation and Metabolic Correction)

Duration: Days 15 to 4th month

Intervention: Madhumehari Churna + Shatapushpa Kalpa

Actions

- Medohara (reduce obesity)
- Improves insulin sensitivity
- Balances Kapha and Pitta
- Promotes follicular maturation
- Artavajanana (stimulate ovulation)

Stage 3: Tarpana (Nourishment and Fortification)

Duration: 4th to 6th month

Intervention: Continued therapy with lifestyle modifications

Actions

- Prajasthapana (support conception)
- Ojo Vardhana (enhance immunity)
- Vatanulomana (normalize Apana Vata)

6.2 Mechanism of Action

The triad of therapies acts at multiple levels to restore both systemic metabolic and local reproductive function:

Level 1: Systemic Metabolic Correction

- Stanyashodhka Gana Kwatha addresses Dhatwagni Mandya through its Deepana-Pachana properties
- Madhumehari Churna improves insulin sensitivity and reduces Meda Dhatu
- Together, they break the Kapha-Meda Avarana cycle

Level 2: Srotoshodhana (Channel Clearance)

- Tikta Rasa and Laghu-Ruksha Guna of Stanyashodhka Gana clear obstruction in Artavavaha Srotas
- Madhumehari Churna clears Medovaha Srotas
- Shatapushpa directly clears Artavavaha Srotas

Level 3: Apana Vata Normalization

- Shatapushpa with Ushna Virya and Vatanulomana action normalizes Apana Vata
- Restores follicular rupture and ovulation
- Corrects menstrual rhythm and flow

Level 4: Artava Nirmiti (Reproductive Tissue Formation)

- All three interventions promote Rasa Dhatu formation
- Enhance Artava (ovum and menstrual blood) quality
- Support Garbha Dharna (conception)

6.3 Synergistic Effects

Component Primary Action Secondary Action Targeted Pathology

Stanyashodhka Gana Kwatha Srotoshodhana Deepana-Pachana Srotorodha, Ama

Madhumehari Churna Medohara Pramehaghna

Kapha-Meda Avarana, Insulin Resistance

Shatapushpa Kalpa Artavajanana Vatanulomana Artava Kshaya, Anovulation

1. Comparison with Modern Management

Feature Modern Management Ayurvedic Approach

Primary Focus Symptom suppression Root pathology (Dhatwagni Mandya)

Key Agents Hormonal contraceptives, Metformin, Clomiphene Stanyashodhka Gana, Madhumehari Churna, Shatapushpa

Approach Isolated system (reproductive or metabolic) Integrated (systemic + local)

Side Effects Significant (weight gain, mood changes, GI issues) Minimal

Sustainability Recurrence upon withdrawal Sustainable correction

Cost High Economical

Cultural Acceptability Variable High

1. DISCUSSION

PCOS is a complex, multisystem disorder that requires a comprehensive therapeutic approach. The Ayurvedic conceptualization of PCOS as Dhatwagni Mandya Janya Beejagranthi Vikara provides a sound theoretical framework for understanding its etiopathogenesis and designing effective treatment protocols.

The Kapha-Meda Avarana model is particularly significant as it explains the concurrent presentation of obesity, insulin resistance, and anovulation that characterizes PCOS. The accumulated Meda Dhatu, being heavy, sticky, and bulky, physically obstructs the microchannels of the Artavavaha Srotas, impairing follicular nourishment and development.

The integrated approach employing Stanyashodhka Gana Kwatha, Madhumehari Churna, and Shatapushpa Kalpa addresses this pathology at multiple levels:

1. Stanyashodhka Gana Kwatha addresses the Srotorodha through its Tikta Rasa and Laghu-Ruksha Guna, creating space for obstructed channels and clearing Kapha accumulation.
2. Madhumehari Churna targets the metabolic dimension by improving insulin sensitivity and reducing Meda Dhatu, thereby breaking the Kapha-Meda Avarana.
3. Shatapushpa Kalpa directly stimulates follicular maturation and ovulation through its Artavajanana and Vatanulomana actions.

The rational extension of Stanyashodhka Gana to Artava Dushti is supported by the fact that both Stanya and Artava are Upadhatu of Rasa Dhatu . The pharmacodynamics of the Gana – with predominance of Tikta Rasa, Laghu-Ruksha Guna, Ushna Virya, and Katu Vipaka – effectively oppose the pathological Kapha-Vata derangement underlying PCOS.

The phased approach (Shodhana → Shamana → Tarpana) ensures sequential correction of pathology, following the classical Ayurvedic principles of management. This structured approach ensures that the root cause (Mandagni and Avarana) is addressed before attempting to rectify the resultant Artava Kshaya.

Clinical evidence supports this integrated approach. Case studies have demonstrated successful conception following treatment with Stanyashodhak Mahakashya Gana Kwatha and Madhumehari Churna . The documented antimicrobial, antioxidant, immunomodulatory, and anti-inflammatory properties of the constituent drugs further enhance their therapeutic potential.

The proposed study aims to generate robust evidence for this integrative approach through a randomized comparative clinical design, addressing the limitations of previous case reports and conceptual reviews. The objectives include assessing improvements in:

- Menstrual regularity (cycle length, flow duration)
- Ovarian morphology (cyst reduction)
- Hormonal profile (LH, FSH, testosterone, AMH)
- Metabolic parameters (BMI, fasting insulin, HOMA-IR)

1. CONCLUSION

PCOS is a complex metabolic and reproductive disorder affecting a significant proportion of women of reproductive age. The Ayurvedic conceptualization of PCOS as Dhatwagni Mandya Janya Beejagranthi Vikara provides a comprehensive framework for understanding its pathogenesis and designing effective therapeutic protocols. The Kapha-Meda Avarana model explains the concurrent metabolic and reproductive pathology and guides targeted intervention.

The integrated approach employing Stanyashodhka Gana Kwatha, Madhumehari Churna, and Shatapushpa Kalpa offers a safe, economical, and holistic management strategy. These interventions act synergistically through:

- Srotoshodhana (channel clearance)
- Medohara (metabolic correction)
- Artavajanana (ovulation promotion)
- Vatanulomana (functional restoration)

This approach addresses the root pathology of Dhatwagni Mandya rather than merely suppressing symptoms, offering the potential for sustainable correction without hormonal side effects.

The proposed randomized comparative clinical study will provide evidence-based validation for this integrated approach, paving the way for its wider adoption in clinical practice. Further research with larger sample sizes and longer follow-up periods is recommended to establish long-term efficacy and safety.

1. REFERENCES

Classical Ayurvedic Texts

1. Charaka Samhita, Sutra Sthana 4 (Stanyashodhana Gana).
Chaukhambha Sanskrit Series.
2. Charaka Samhita, Chikitsa Sthana 15/16. Chaukhambha Orientalia; 2019.
3. Sushruta Samhita, Sutra Sthana, Sharira Sthana. Chaukhambha Publications.
4. Ashtanga Hridaya, Sharira Sthana Chaukhambha Publications.
5. Kashyapa Samhita, Kalpasthana, Chapter 5-6.
6. Bhaisajya Ratnavali, Yonivyapad Chikitsa Adhyaya.
7. Sharangadhara Samhita, Madhyama Khanda.

Modern Textbooks

1. Dutta DC. Textbook of Gynecology. 9th ed.
2. Shaw's Textbook of Gynecology. 16th ed.
3. Jeffcoate's Principles of Gynaecology.
4. Tiwari P. Ayurvediya Prasutitantra Evam Striroga.
5. Sharma PV. Dravyaguna Vigyana.
6. Reddy KR. Ayurvedic Panchakarma Chikitsa.
7. WHO Report on Menstrual Disorders in Women.
8. Davidson's Principles and Practice of Medicine.
9. Current Concepts in Gynecological Endocrinology.

RESEARCH ARTICLES

1. Garg P, Sahu S, Choudhary P, Bharathi K. Ayurvedic Approach In The Management of PCOS Related Secondary Infertility: A Case Study. International Research Journal of Ayurveda and Yoga, 2021; 4(6): 54-61.
2. Choudhary P. PCOS; An Approach to its Etio-Pathogenesis in Ayurvedic Parlance. Journal of Ayurveda and Holistic Medicine, 2020; 7(1).
3. Choudhary P, et al. Dhatwagni Mandya Janya Beejagranthi Vikara – A Conceptual Study. Journal of Ayurveda and Holistic Medicine, 2019; 7(1): 36-38.
4. Kale PD, Dei LP. Management of Artav Dushti (W.S.R. to PCOS) by Virechana and Stanya Shodhana Gana: A Single Case Study. European Journal of Pharmaceutical and Medical Research.
5. Rana S, Sharma N, Gupta C. A conceptual study of Vachadi Gana, Haridradi Gana and Mustadi Gana of Sushruta for its Stanyashodhana Property. Journal of Ayurveda and Integrated Medical Sciences, 2024; 9(7): 199-206.

6. Dixit N, Choudhary P. Role of Stanya Shodhana Mahakashya in the treatment of Stanyadushti - A Case Report. Journal of Ayurveda and Integrated Medical Sciences. 2023.
7. Sharma K, Paul S, Kumar S. Preparation and Characterization of Madhumehari Extract. Journal of Ayurveda, 2026; 20(1): 24-30.
8. Ghose A, Panda PK. Clinical efficacy of Shatapushpa in Artava Kshaya. AYU., 2010; 31(4): 447-450.
9. Patil S, et al. Role of Ayurveda in menstrual disorders. AYU Journal.
10. Shinde P, et al. Clinical study on Artavakshaya. IAMJ.
11. Research updates on Anethum graveolens Linn.
12. Clinical utility of Matra Basti in Vata disorders.
13. HC9 polyherbal formulation research. PubMed. 2019.
14. Ayurvedic Formulary of India, Part 3 (Madhumehari Churna).