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Review Article

Critical Review of Ayurvedic Herbs in Treatment of Gynecological Problems Yadav Chandra Kishor^{1*}, Mishra Indra Bir², Jha Khushboo³

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ABSTRACT

Women are boon to the nature. They carry huge responsibility since beginning of their life. Due to excessive workload they don't follow *Rajahswalaparicharya*, *Garbhini paricharya* and *Sutika paricharya*, as a result they suffer from different diseases. Due to unhealthy lifestyle and diet women are prone to disease of reproductive system. They suffer from different diseases such as *Yonisrava*, *Yonikandu*, *Bandhyatwa*, *Garbhini vyadhis*, *Prasava vyadhis*, *Garbhasaya arbuda*, PCOD etc. so for the treatment of these diseases the Ayurvedic herbs plays important role. These herbs play important ingredient in *Sthanika chikitsa* as well. During the procedure like *Yoniprakshalana*, *Yoni pichu*, *Yoni lepan*, *Kshar karma* these Ayurvedic drugs become the major ingredient. Some herbs like *Aloe vera*, *Shatavari*, *Kanchnara*, *Lodhra* etc are described in detail. The aim of this article is to document about the Ayurvedic herbs which are commonly used in Gynecological problems. These Ayurvedic herbs are easily available and they don't have much side effects. This information are taken from Pubmed, Google scholar, Scopus, Science Direct and different Ayurvedic books.

INTRODUCTION

Aloe vera: Aloe vera belongs to family Xanthorrhoeaceae. It is perennial green herb. It has bright yellow tubular flowers. Aloe vera leaves contains colorless mucilaginous gel. The gel has pharmacological and cosmetic applications. In the ancient time, the *aloe vera* has been employed to treat skin problems like wounds, burns. Researches has shown therapeutic properties like anticancer, antioxidant, antidiabetic, and antihyperlipidemic. vera contains more than 75 different compounds, including vitamins (vitamin A, C, E, and enzymes (i.e., amylase, catalase, peroxgyidase), minerals (i.e., zinc, copper, selenium,

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and calcium), sugars (monosaccharides such as mannose-6-phosphate and polysaccharides such as glucomannans).

Use of *Aloe vera* in Gynecological problems

Aloe vera is commonly used to treat menstrual related problems. Artava dushti, Nastartava, maintains intimate hygiene (Samant et al., 2018).

Practical aspect: Aloe vera (fresh pulp) with small pinch of *Hingu* when taken in empty stomach can treat menstrual irregularities. It also acts as *Deepan* and *Pachana*. Along with this regimen, *Matra vasti* with *Dashmool taila* administered for 7 days results in treatment of PCOD cases. (sample size- 5, OPD basis District Ayurveda Hospital Kathmandu).

Shatavari

Shatavari is considered one of the essential Ayurvedic herbs with extensive health benefits. It is used as major ingredient in many Ayurvedic formulations. It is usually branched, woody, spinous climbing shrub that grows to height or length of 1-2

meters. The plant usually characterizes bell-shaped, scented, racemose white flowers with a pink tinge, which generally bloosoms from June to July. The seeds embedded within are brittle and black in colour. Leaves are usually pine-needle shaped and are shiny green in colour and then stem is woody and sparsely covered with curved spines. The major active constituents of *A. racemosus* are steroidal saponins (Shatavarins I-IV) that are present in the roots.

Shatavari used in Gyanecological problems

Improves hormonal imbalance, ovulation, egg growth, and quality. *Shatavari* has been mentioned in *Garbhini paricharya* as one of the major drug. During the *Garbhini* period women should take *Shatavari* with milk under the supervision of Gynaecologist.

During *Sutika paricharya*, *Shatavari* should be consumed by the women for proper milk production as well as proper nourishment of the body. *Shatavari* acts as *Rasayana*, the rejuvenator herbs which improves health by increasing immunity, vitality and resistance, imparting longevity as well as protection against stress. This herb is also mentioned as *balya* means a strength promoter, *Stanya* galactogogue and *jeevaniya*- an erythropoetic.

Problems related with female infertility: It helps to enhance folliculogenesis and ovulation. It also prepares the uterus for conception. Research showed it helps to prevent miscarriage.

Menopause: Menopause is a natural event of women's life's as they transit from reproductive to non-reproductive stage few years before and after this transition a majority of women encounter problems like hot flushes, night sweats, palpitations, insomnia, anxiety, irritability, vaginal dryness, vaginal atrophy, atrophy of cervix and decreases in size of uterus Problems related with menopause. Women having undergone hysterectomy also experience such symptoms due to removal of functional organs of reproductive system.

The preparations based on *A. racemosus* roots (eg. *Shatavari sidha ghrit*) are recommended in cases of threatened abortions.

Pregnancy

Antenatal tonic

Classical Ayurvedic texts eg. Charka Samhita, Sushrut Samhita & Kashyap Samhita mention the objective of antenatal care as super baby, means a healthy child (both physically and mentally) with good complexion, built and strength. These recommended the use of medicines which are Jeevaniya (Erythropoetic) Balya (strength promotes), Medhya (Promoters of mental abilities) and Rasayana (agents for antiaging).

Post partum tonic

A. racemosus is termed as Stanya i.e. galactogogues in Ayurveda. Nepal Government is providing free distributions of Satavari churna to all the delivered women from every District Hospitals.

Kanchanar

B. Variegata is native to temperate and tropical Indian Sub-continent (i.e. India, Bhutan, Nepal and Pakistan), South- eastern Asia (i.e. Laos, Myanmar, Vietnam and Thailand) and China. It is a deciduous tree, up to 15 m tall with dark brownish bark, nearly smooth; branches gray puberulent when young, later glabrous. Petiole 2.5-3.5 cm; leaf blade suborbicular or broadly ovate, 5-9 × 7-11 cm. Flower buds fusiform, smooth, subsessile. Petals white, or with pink or purplish spots, obovate or oblanceolate, 4-5 cm. clawed. *Kachanar* bark is used in disorders like Gandamala (Lymphadenopathy), Galaganda (Goitre), Arbuda (Tumor), Ashthila (BPH) and Kapha-Pitta dosha disorders while flowers have Pittaghna (Pacify Pitta dosha), Rakta Pradaraghna (Cures Dysfunctional Uterine Bleeding), Kaasahna (Curing cough) and Kshyaghna (Anti tubercular) properties.

Gynaecological indications

Helps to manage PCOS symptoms, *Garbhasaya Arbuda*. *Artavadushti*.

Practical aspect: *Kanchanar guggulu* has been used in poly cystic ovarian syndrome to reduce the ovarian cyst and ovarian volume. In the case of endometriosis it has been practiced, size was reduced. In the case of uterine fibroid along with *Virechana* therapy *Kanchanar* can be used. In the case of breast lump, *Kanchanar* can be used. It is widely practiced everywhere as *kanchanar* is known for *Gandamaalanashak*. (practiced in OPD of Patanjali Ayuvedic Hospital and Research Center, Dhulikhle Nepal).

Jivanti

Among various herbs used in *Rasayana*, *Leptadenia reticulata* (*Jivanti*) has a unique place due to its revitalizing, rejuvenating, and lactogenic properties. *L. reticulata* is used to treat hematopoiesis, emaciation, cough, dyspnea, fever, burning sensation, night blindness, and dysentery. The therapeutic potential of this herb is because of the presence of diverse bioactive compounds such as α -amyrin, β -amyrin, ferulic acid, luteolin, diosmetin, rutin, β -sitosterol, stigmasterol, hentricontanol, a triterpene alcohol simiarenol, apigenin, reticulin, deniculatin, and leptaculatin. characteristics.

Antiabortifacient Effect

L. reticulata extract (Leptaden tablet) provides a remedy for new mothers suffering from breast milk deficient or absence. This medicine has a

galactagogue effect and also useful in the treatment of habitual abortions. This helps in preventing abortion, since any increase in prostaglandins causes abortion or premature delivery. The effect of leptaden therapy is more beneficial over the combined treatment with progesterone. Also, it has been concluded that Leptaden therapy when done alone proved beneficial for the management of threatened abortion. It was found to be safe for both the mother and the child without any toxic side effects. leptaden can also be used to reduce uterine cramps of threatened abortion.

Practical aspect: In the case of threatened abortion, Leptaden tablet can be prescribed along with progesterone. It acts as *Balya* and *Rasayan* to the pregnant lady.

Ashoka

Ashok or Ashoka (which is a Sanskrit term meaning one 'without sorrow or grief') also called 'Ashokbriksh' and botanically known as Saraca asoca (Roxb.) W. J. de Wilde or Saraca indica L. is among the most ancient medicinal plants known in India. It belongs to the family Caesalpiniaceae. Known by many local names in different languages, this plant has been regarded as a universal panacea in old Indian Ayurvedic texts and has been reported to be thus used since ancient times. Reaching a final height of 7-10 m, this evergreen and deciduous tree displays a profuse branching pattern with paripinnate leaves and orange to scarlet fragrant flowers arranged in dense lateral corymbs. The geographical distribution of Saraca is mainly in Asia and some parts of North America. S. asoca almost all plant parts such as bark, flowers, leaves and seeds are considered therapeutically valuable due to the presence of secondary metabolites such as alkaloids. terpenoids, flavonoids. steroids. glycosides, anthraguinones, phenolics, tannins, saponins and other phytochemicals (vide infra Phyto-chemistry) which are generally considered the biologically active ingredients in most natural products and herbal formulations.

Women suffering from menorrhagia drink a decoction on an empty stomach in the morning.

which is prepared from the bark of *Ashoka* in water in combination with other herbs such as *Terminalia chebula* and *Coriandrum sativum*. In *leucorrhoea*, the decoction of *Ashoka* bark in water and milk after evaporation of water is consumed by women. *Ksheerapaka* preparation of *Ashoka* bark is used to stop abnormal vaginal discharges.

Antimennorhagic, oxytocic and uterine tonic

The use of *S. asoca* dried bark, root and flowers to manage uterine abnormalities, menorrhagia (excessive menstrual bleeding), ammenorhea, painful periods, endometrosis and disorders of the menstrual cycle.

Practical aspect: Widely used in treatment of excessive bleeding, uterine fibroid associated with excessive bleeding. Patient with excessive pain during menses treated with *Ashokarista*. Previously, patient was having pain killer during menses. Then after one cycle having the Ayurvedic regimen the patient did not take the pain killer.

Lodhra

Female reproductive disorder: Saraswathi et al (2012) evaluate the ethanolic extract of bark in treating female reproductive dysfunctions. Cold restraint stress (4 degree for 3 hour -1 for 28 days) was used as a stressor to induce changes in reproductive dysfunctions. From the experimental studies, ethanolic extract of bark at two different doses showed promising result in treating female reproductive dysfunctions induced by cold restraint stress.

Gynecological indications: Menorrhagia, Uterine fibroid, Bandhyatwa, PCOS

Practical Indications: *Lodhra* can be taken in irregular periods. Patient complaining with white discharge per vaginum was treated with *Lodhra churna*. Menstrual cramps were also relieved by taking *Lodhra churna*. Skin problems like acne during PCOS was treated with *Lodhra churna*.

Some important medicines are tabulated below which are used for the treatment of Gynecological problems.

S.no.	Common name	Family	Botanical name	Uses
1.	Lahsun	Amaryllidaceae	Allium sativum	Bandhyatwa, PCOS
2.	Haldi	Zingiberaceae	Curcuma longa	Treats infertility caused by Endometriosis (Chauhan et al 2022)
3.	Saunf	Apiaceae	Foeniculum vulgare	Helps to regulate PCOD symptoms, Treats infertility. Menstrual irregularities
4.	Alsi	Linaceae	Linum usitatissimum	Regulates menstruation, controls the PCOS

IJRAPS, 2024:8(3):1-4						
5.	Amla	Phyllanthaceae	Phyllanthus emblica	Enhances fertility, maintains regular menstrual cycle.		
6.	Vidarikand	Fabaceae	Pueraria tuberosa	Used to treat <i>Artavadushti</i> , infertility problems		
7.	Manjistha	Rubiaceae	Rubia cordifolia	Useful in menstrual problems		
8.	Til	Pedaliaceae	Sesamum indicum	Regulates irregular menses and helps to regulate testosterone level		
9.	Aswagandha	Solanaceae	Withania somnifera	Menopausal syndrome, improves sexual function and menstrual irregularities.		

CONCLUSION

Women as a main pioneer of family, they are always busy taking care of others health and requirements. They neglect owns health as a result due to unhealthy diet, stressful and hectic lifestyle etc. leads to deterioration of the reproductive health. They undergo different medications which leads to huge side-effects to health. Thus, it is high time to embrace Ayurvedic treatments involving the use of medicinal plants proved to be a boon and a better alternative for curing gynecological disorders.

REFERENCES

- 1. Komal Sharma et al. Asparagus racemosus (Shatavari): A Versatile Female Tonic International Journal of Pharmaceutical & Biological January 2011 2(3):855-863
- 2. Dwivedi M, Tewari PV. Dhatriyadi Yoga in obstetrics: Efficacy and cost. Sachitra Ayurved 1991; 44(5): 360-362.
- 3. Misra DN, Renu G. A Clinical Trial to Evaluate the Efficacy of M-3119 in Menopausal Syndrome. Obs. And Gynae. Today,2000; 12; 749
- 4. Sudipta Kumar Mohanty et al Leptadenia reticulata (Retz.) Wight & Arn. (Jivanti):

- Botanical, Agronomical, Phytochemical, Pharmacological, and Biotechnological Aspects Molecules. 2017 Jun;22(6):1019.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6152761/
- 5. Marta Sanchez Pharmacological Update Properties of Aloe Vera and its Major Active Constituents Pharmacological Update Properties of Aloe Vera and its Major Active Constituents Molecules. 2020 Mar; 25(6): 1324.
- 6. Singh Satpal Phytomedicinal importance of Saraca asoca (Ashoka): an exciting past, an emerging present and a promising future. Current science, vol. 109, no. 10, 25 november 2015
- 7. Ahmad, V.U., M. Zubair,M.A.Abbasi,F.Kousar and M.A. Rashed et al., 2006. Butyrylcholinesterase inhibitory C-glycoside from Symplocos racemosa, Polish J. Chem., 80;403-407
- 8. Bharati et all Role of medicinal herbs in Treatment of Gynecological problems in Women Ecology & Biodiversity of Himalaya 95-100 https:\\www.researchgate.net\publication\3707 15424

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