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"CLINICAL EFFICACY OF *ASHOKARISHTA* IN MENSTRUAL IRREGULARITIES: AN INTEGRATIVE REVIEW"

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ABSTRACT:

Introduction: Menstrual irregularities, including oligomenorrhea, menorrhagia, polymenorrhea, and dysmenorrhea, significantly affect women's reproductive and psychological health. *Ashokarishta*, a classical polyherbal Ayurvedic formulation with *Saraca asoca* as its chief ingredient, has been traditionally prescribed for gynecological disorders. Despite its centuries-long use, systematic evaluation of its clinical efficacy remains crucial. **Methods:** A systematic review was conducted by screening Ayurvedic classical texts (*Bhaishajya Ratnavali*, *Charaka Samhita*, *Ashtanga Hridaya*) for references to *Ashokarishta*. Electronic databases including PubMed, Scopus, Web of Science, and Google Scholar were searched (2000–2025) using keywords: "*Ashokarishta*," "Saraca asoca," "Ayurveda," "menstrual irregularities," and "dysmenorrhea." Clinical trials, observational studies, pharmacological experiments, and review articles were included. Data were synthesized thematically, integrating Ayurvedic concepts and modern biomedical findings. **Results:** Classical texts describe *Ashokarishta* as *stree-rogahara* (alleviator of gynecological disorders), promoting uterine health, balancing *doshas*, and regulating menstrual flow. Modern pharmacological studies reveal *Ashoka* bark's phytoestrogenic, anti-inflammatory, analgesic, and antioxidant properties. Clinical evidence supports its efficacy in reducing menorrhagia, dysmenorrhea, and irregular cycles, with improvements in hemoglobin levels and quality of life. Combination studies indicate enhanced outcomes when integrated with lifestyle modifications. However, data heterogeneity and limited large-scale randomized controlled trials restrict conclusive evidence. **Discussion:** *Ashokarishta* demonstrates a strong concordance between classical claims and modern findings. Its clinical benefits may be attributed to hormonal modulation, uterotonic effects, and improved endometrial function. More robust, well-designed trials are needed to validate its standardized dosage, safety, and long-term efficacy.

KEYWORDS: *Ashokarishta*, Ayurveda, Menstrual irregularities, Saraca asoca, Women's health.

INTRODUCTION

Menstrual irregularities are among the most common gynecological concerns, affecting women across reproductive age groups.[1] Irregularities such as menorrhagia, oligomenorrhea, polymenorrhea, and dysmenorrhea are not only medical issues but also carry psychosocial, cultural, and economic burdens. [2-3] Conventional therapies, including hormonal treatments and surgical interventions, often have side effects and limited acceptability, prompting interest in safe, natural alternatives.[4-5]

Ayurveda, the ancient Indian system of medicine, emphasizes the use of herbal formulations for restoring balance and promoting women's reproductive health. *Ashokarishta*, mentioned in authoritative Ayurvedic compendia, is a fermented preparation with *Saraca asoca* (Ashoka bark) as its chief ingredient, along with *Dhataki*, *Musta*, *Haritaki*, *Amalaki*, and other supportive herbs.[6] Traditionally, it has been prescribed for conditions like *rajodosha* (menstrual disorders), excessive uterine bleeding, and female infertility. Its polyherbal composition suggests multifaceted action—regulating *Vata*, *Pitta*, and *Kapha*; nourishing *dhatus*; and maintaining uterine tone. [7-8]

The present review aims to comprehensively evaluate the clinical efficacy of *Ashokarishta* in menstrual irregularities by analyzing classical Ayurvedic references and synthesizing evidence from contemporary pharmacological and clinical research.[9] The objectives are (1) to summarize traditional descriptions and therapeutic claims, (2) to review pharmacological studies elucidating its mechanism of action, and (3) to critically appraise clinical evidence for its role in managing menstrual irregularities. [10]

MATERIALS AND METHODS

A systematic review methodology was adopted.

Literature sources: Ayurvedic classics (*Bhaishajya Ratnavali*, *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Bhavaprakasha*) and relevant commentaries were examined for references to *Ashokarishta* and its indications. [11]

Electronic databases searched: PubMed, Scopus, Web of Science, AYUSH Research Portal, and Google Scholar. Search terms: *Ashokarishta*, *Saraca asoca*, *Ayurveda*, *menstrual irregularities*, *menorrhagia*, *dysmenorrhea*. [12]

Inclusion criteria: [13]

- Clinical trials, observational studies, and case series on *Ashokarishta* or *Saraca asoca* in menstrual disorders.
- Pharmacological studies on its ingredients related to gynecology.
- Review articles and meta-analyses published between 2000–2025.
- Articles in English and Sanskrit (with English translation).

Exclusion criteria: [14]

- Studies unrelated to menstrual or gynecological disorders.
- Non-peer-reviewed, anecdotal, or duplicate reports.
- Articles lacking methodological clarity.

Data synthesis: Extracted data were thematically categorized as: (1) classical Ayurvedic descriptions, (2) pharmacological studies, and (3) clinical evidence. Observations were analyzed for efficacy, safety, mechanisms, and limitations. [15]

OBSERVATION AND RESULTS

1. **Ayurvedic Classical References**
   - *Ashokarishta* in *Bhaishajya Ratnavali* (Striroga Chikitsa Adhyaya).
   - Indicated in *raja pravritti vikaras* (irregular menstruation), *asrigdara* (menorrhagia), *yonirogas* (gynecological disorders).
   - Properties: *stambhana* (hemostatic), *garbhashaya shodhana* (uterine cleanser), *balya* (strengthening), *rasayana* (rejuvenating).
2. **Pharmacological Evidence of Saraca asoca**
   - Phytoestrogens: mimic estrogen, support endometrial regeneration.
   - Anti-inflammatory and antispasmodic action: reduces uterine cramps.
   - Antioxidant and hematinic effects: improve hemoglobin levels, counter anemia.
   - Synergistic role of other herbs (e.g., *Dhataki* as fermentative base, *Haritaki/Amalaki* as antioxidants).
3. **Clinical Studies on Ashokarishta**
   - **Menorrhagia and Dysfunctional Uterine Bleeding (DUB):** Trials showing reduction in bleeding duration and volume.

- **Dysmenorrhea:** Improvement in pain scores and decreased need for analgesics.
- **Oligomenorrhea/Polymenorrhea:** Restoration of regular cycles within 3–6 months.
- **Anemia-associated menstrual irregularities:** Significant improvement in hemoglobin and hematocrit.
- **Quality of life:** Increased energy levels, reduced fatigue, improved psychological health.

4. **Comparative Studies**
   - Ashokarishta vs. hormonal therapy: comparable efficacy in mild-to-moderate cases with fewer side effects.
   - Integrative use (diet + yoga + Ashokarishta): superior outcomes in PCOS-related irregularities.
5. **Safety and Tolerability**
   - No major adverse effects reported in clinical studies.
   - Mild gastric irritation in few patients, resolved with dosage adjustment.
6. **Limitations of Evidence**
   - Small sample sizes, short duration studies.
   - Lack of standardized preparation across different manufacturers.
   - Limited randomized controlled trials (RCTs).

DISCUSSION

The review highlights that *Ashokarishta*, a time-tested Ayurvedic formulation, demonstrates significant efficacy in managing menstrual irregularities. Classical references align with modern pharmacological findings, particularly regarding its phytoestrogenic and hemostatic properties. The polyherbal nature offers a multifaceted approach—addressing hormonal imbalance, improving uterine tone, reducing inflammation, and combating anemia. [16]

Modern studies corroborate its clinical benefits, with evidence showing reduced menorrhagia, improved cycle regularity, and alleviation of dysmenorrhea. Importantly, its favorable safety profile and minimal side effects distinguish it from conventional hormonal therapies, which often carry risks of metabolic and cardiovascular complications. [17]

Nevertheless, limitations persist. Most available clinical studies are observational or conducted with small cohorts. Few studies meet the rigor of randomized controlled trials with placebo controls. Variations in formulation and dosage among manufacturers create challenges in replicability and standardization. [18-19]

Future research should focus on large-scale RCTs, standardized pharmacological profiling, and long-term safety assessments. Additionally, exploring molecular mechanisms—particularly its interaction with estrogen receptors, inflammatory mediators, and endometrial angiogenesis—may deepen scientific understanding. Integrative approaches combining *Ashokarishta* with lifestyle and dietary modifications could enhance its therapeutic utility, particularly in conditions like PCOS and DUB. [20]

CONCLUSION

Ashokarishta, rooted in classical Ayurvedic wisdom, remains a potent and clinically relevant formulation for managing menstrual irregularities. Its multifaceted actions—hemostatic, phytoestrogenic, anti-inflammatory, analgesic, and hematinic—address the spectrum of pathophysiological factors underlying menstrual disorders. Clinical evidence demonstrates improvements in menorrhagia, dysmenorrhea, oligomenorrhea, anemia, and overall quality of life. Compared to conventional therapies, *Ashokarishta* offers a safe, well-tolerated, and holistic alternative, resonating with the increasing demand for integrative medicine. However, robust scientific validation is needed. Standardization of formulations, well-designed RCTs, and mechanistic studies are essential to establish it as evidence-based therapy in gynecology.

In conclusion, *Ashokarishta* exemplifies the convergence of traditional knowledge and modern science. With further research and clinical integration, it has the potential to enhance women's reproductive health and provide sustainable solutions for menstrual irregularities.

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