

Management of Rajonivritti (Menopause) Through Ayurvedic Regimen: A Clinical Study

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Abstract—Background: Rajonivritti, or menopause, is a natural physiological transition marking the cessation of menstruation and reproductive ability in women, typically occurring between the ages of 45 and 55. While menopause is not a disease, it is often accompanied by a range of somatic and psychological symptoms including hot flashes, sleep disturbances, joint pain, vaginal dryness, fatigue, irritability, and mood fluctuations. In Ayurveda, this stage is considered part of Jara Avastha (aging) and is predominantly governed by Vata Dosha, with associated Dhatu Kshaya (tissue depletion). Modern medicine treats menopause primarily through Hormone Replacement Therapy (HRT), which, although effective, carries risks and potential side effects. Therefore, there is increasing interest in safe, holistic, and individualized alternatives—such as those offered by Ayurveda. **Objective:** To evaluate the efficacy of a comprehensive Ayurvedic regimen—including herbal medication, Panchakarma therapy, diet, and lifestyle modifications—in the management of Rajonivritti symptoms. **Methods:** This is a single-case observational clinical study involving a 50-year-old female patient presenting with classical menopausal symptoms. The treatment protocol consisted of Ashokarishta, Shatavari Churna, Dashamoola Kwatha, and Brahmi Vati as internal medications. Panchakarma therapies such as Abhyanga and Basti were administered alongside dietary and lifestyle recommendations based on Pathya-Apathya and Vata-Pitta pacifying principles. The patient was assessed using the Menopause Rating Scale (MRS) at baseline and after 90 days of treatment. **Results:** Significant symptomatic relief was observed in the domains of vasomotor symptoms (hot flashes, night sweats), sleep disturbances, joint pain, and psychological

wellbeing. The patient's MRS score reduced from 21 to 8, indicating a 61.9% improvement. Notably, no adverse effects were reported during or after treatment. Subjective feedback also reflected enhanced emotional stability, energy, and overall quality of life. The Ayurvedic regimen proved to be effective, well-tolerated, and sustainable for the management of menopausal symptoms. The study underscores the potential of Ayurveda in providing holistic care during Rajonivritti through personalized treatment strategies that focus on dosha balance, dhatu nourishment, and mind-body harmony. This case highlights the need for further research through larger, controlled clinical trials to validate these findings and promote integrative approaches in women's health care.

Index Terms—Rajonivritti, Menopause, Ayurveda, Clinical Case Study, Hot Flashes, Hormonal Balance

I. INTRODUCTION

Menopause, known in Ayurveda as Rajonivritti, is a natural biological transition that signifies the end of the reproductive phase in a woman's life. It is typically characterized by the permanent cessation of menstruation due to the decline in ovarian follicular activity, most commonly occurring between the ages of 45 and 55 years. The World Health Organization (WHO) defines menopause as the point in time when a woman has not had her menstrual period for 12 consecutive months, in the absence of any pathological cause.

From an Ayurvedic perspective, Rajonivritti is described as a physiological event primarily caused by the depletion of Shukra Dhatu (reproductive tissues) and the gradual dominance of Vata Dosha in the aging body. While menopause itself is not classified as a disease, the symptom complex that arises—often referred to as menopausal syndrome—includes vasomotor disturbances (hot flashes, night sweats), psychological disturbances (anxiety, mood swings, insomnia), urogenital atrophy (vaginal dryness, urinary frequency), and musculoskeletal complaints (joint stiffness, osteoporosis). In Ayurvedic terms, these symptoms are linked to Vata and Pitta vitiation, depletion of Ojas, and decline in Rasa and Artava Dhatu.

In the classical texts, while the direct term “menopause” is not mentioned, the concept of Rajonivritti is explained as the natural cessation of menstruation around the age of 50, governed by Kala Parinama (age-related change). Charaka and Sushruta Samhitas mention that after a certain age, women no longer menstruate, conceive, or lactate, marking the onset of Jara Avastha (old age), dominated by Vata Dosha.

In modern medicine, menopause is managed primarily through hormone replacement therapy (HRT), selective estrogen receptor modulators, and psychotropic medications for mood disturbances. However, HRT carries potential side effects including an increased risk of breast cancer, thromboembolism, and stroke. This has led to increased interest in natural and integrative approaches, including Ayurvedic treatment, which emphasizes body-mind balance, lifestyle changes, herbal medicine, Panchakarma detoxification, and Rasayana therapy.

The present case study aims to document the effectiveness of an Ayurvedic regimen in the holistic management of Rajonivritti symptoms in a woman presenting with classical menopausal complaints. The therapeutic plan was rooted in individualized care, based on dosha predominance, prakriti analysis, and classical chikitsa siddhanta (treatment principles), demonstrating how traditional knowledge can effectively address contemporary women's health challenges.

Aims and Objectives

Aim:

- To evaluate the effectiveness of Ayurvedic management in alleviating menopausal (Rajonivritti) symptoms.

Objectives:

- To assess the reduction in common menopausal symptoms such as hot flashes, insomnia, mood swings, and joint pain.
- To apply a personalized Ayurvedic regimen based on prakriti and symptomatology.
- To evaluate the improvement in quality-of-life post-treatment using a Menopause Rating Scale (MRS).

II. MATERIALS AND METHODS

Study Design

- Single case observational clinical study
- Duration: 3 months
- Location: OPD

Patient Selection Criteria

Inclusion Criteria:

- Female aged 45–55 years
- Natural menopause (amenorrhea >12 months)
- Presence of moderate to severe menopausal symptoms

Exclusion Criteria:

- Patients on HRT or psychiatric medications
- Surgical menopause
- Serious systemic illness (e.g., uncontrolled diabetes, hypertension)

Case Profile

Patient Information:

- Name: Mrs.XX. (Name changed for confidentiality)
- Age: 50 years
- Occupation: School Teacher
- Menstrual History: Amenorrhea for 12 months

Presenting Complaints:

- Hot flashes (4–5 times/day)
- Insomnia
- Mood swings
- Vaginal dryness
- Joint pain
- Fatigue

Prakriti (Body Constitution): Vata-Pitta dominant

Clinical Examination and Findings

General Examination:

- Height: 154 cm
- Weight: 62 kg
- BMI: 26.1 (Overweight category)
- Blood Pressure: 132/86 mmHg
- Pulse: 76 bpm
- Temperature: Normal
- Pallor: Absent
- Oedema: Absent

Systemic Examination:

Cardiovascular System: Normal heart sounds, no murmur

Respiratory System: Vesicular breath sounds, no added sounds

Investigations

To rule out secondary causes and assess menopausal status, the following investigations were done:

Test	Result	Normal Range	Remarks
FSH (Follicle Stim. Hormone)	49.2 mIU/mL	>30 mIU/mL (postmenopause)	Confirmed menopausal status
LH (Luteinizing Hormone)	32.7 mIU/mL	>20 mIU/mL	Elevated, confirms menopause
TSH	2.1 µIU/mL	0.4–4.0 µIU/mL	Normal thyroid function
Hemoglobin (Hb)	12.8 g/dL	12–15 g/dL	Normal
ESR	22 mm/hr	<20 mm/hr	Slightly elevated – inflammatory trend
Vitamin D3	22 ng/mL	30–100 ng/mL	Deficiency present – lifestyle advised
USG Pelvis	Normal postmenopausal uterus, no cysts or fibroids	—	Supports diagnosis of natural menopause

Dashavidha Pariksha (Tenfold Ayurvedic Examination)

Pariksha	Observation in Patient
Prakriti (Constitution)	Vata-Pitta dominant (lean build, dry skin, anxious, active mind)
Vikriti (Imbalance)	Vata and Pitta aggravation (<i>Rajonivritti lakshanas</i>)
Sara (Tissue quality)	Madhyama Rasa, Asthi, and Majja Sara (average tissue strength)
Samhanana (Body compactness)	Madhyama (moderate muscularity and joint structure)
Pramana (Measurements)	Mildly overweight (BMI 26.1), waist circumference 88 cm
Satva (Mental strength)	Madhyama – emotionally vulnerable, mildly anxious
Satmya (Adaptability)	Satmya to milk, ghee, mild spices; sensitive to cold and dry climate
Ahara Shakti (Digestive power)	Madhyama Agni – occasional bloating, good appetite
Vyayama Shakti (Exercise capacity)	Alpa to Madhyama – fatigue on exertion
Vaya (Age)	Jirna Vaya (50 years – menopausal age bracket)

Diagnosis (Nidana)

Based on Ayurvedic classics, the condition was diagnosed as Rajonivritti associated with Vata-Pitta prakopa (aggravation).

Assessment through menopause rating scale (MRS) was done at baseline.

Treatment Plan (Chikitsa)

Component	Medicine/Procedure	Dose	Route/Mode	Frequency	Duration	Therapeutic Action
Oral Medication	Ashokarishta	20 ml + 20 ml water	Oral, after meals	Twice daily	90 days	Uterine tonic, hormonal balance, reduces hot flashes
	Shatavari Churna	5 g with warm milk	Oral	Twice daily	90 days	Rasayana, estrogenic support, alleviates dryness
	Dashamoola Kwatha	40 ml	Oral, empty stomach	Twice daily	90 days	Anti-inflammatory, reduces joint pain
	Brahmi Vati	250 mg (1 tab)	Oral	Twice daily	90 days	Anxiolytic, improves sleep, relieves stress
Panchakarma Therapy	Abhyanga with Ksheerabala Taila	As per need	External (Full body massage)	Daily	30 days	Pacifies Vata, improves circulation, relieves fatigue
	Basti with Dashamoola Taila	60 ml (Niruha/Anuvasana)	Rectal enema	Twice per week	4 weeks	Regulates Apana Vata, reduces dryness & pain
Diet	Vata-Pitta pacifying diet	Light, oily, warm foods	Oral	Daily	90 days	Maintains digestive health, supports tissue nourishment
Lifestyle	Yoga & Pranayama	20–30 mins	Physical/mental practice	Daily (Morning)	90 days	Balances prana, enhances mental calm, improves sleep

Notes:

Ashokarishta: Used primarily for female hormonal disorders, rich in Ashoka bark, useful in vasomotor symptom control.

Shatavari Churna: Contains natural phytoestrogens, supports hormonal modulation and mucosal health.

Dashamoola: A group of 10 roots used in Kwatha form to relieve inflammation, musculoskeletal pain, and Vata disorders.

Brahmi Vati: A classical medhya (nootropic) formulation, improves cognitive functions and reduces mental agitation.

Ksheerabala Taila: A medicated oil with nourishing and Vata-calming properties, used in Abhyanga to promote relaxation and lubrication.

Basti Therapy: Especially effective in Vata-related menopausal symptoms like vaginal dryness, constipation, insomnia, and joint aches.

Āhāra (Dietary Recommendations)

In Rajonivritti, the goal of diet is to pacify aggravated Vata and Pitta doshas, nourish Rasa and Shukra Dhatu, and enhance Ojas (vital immunity and strength).

Recommended Diet (Pathya Āhāra)

Food Type	Examples / Notes
Snigdha (unctuous) foods	Ghee, sesame oil, medicated ghee (like Brahmi Ghrita) – nourish tissues and pacify Vata
Warm, freshly cooked food	Khichari, soups, rice with moong dal – easy to digest and grounding
Milk and dairy	Warm cow’s milk with Shatavari, goat milk if digestion is weak
Seasonal fruits	Ripe bananas, papaya, pomegranate, figs – rich in nutrients and rejuvenative
Whole grains	Wheat, rice, barley – avoid overly dry or raw grains
Vegetables (cooked)	Pumpkin, bottle gourd, ridge gourd – avoid raw salads
Spices (mild)	Cumin, coriander, fennel, turmeric – aid digestion and calm Pitta
Rasayana foods	Almonds (soaked), dates, raisins, jaggery (in moderation)
Hydration	Warm water, herbal teas (Shatavari, Ashoka, Brahmi)

Recommended Lifestyle (Pathya Vihāra)

Activity	Guideline
Daily routine (Dinacharya)	Follow a fixed waking and sleeping schedule; early morning rising
Yoga and Pranayama	20–30 minutes daily (focus on Vata-Pitta pacifying asanas: Viparita Karani, Shavasana)
Oil massage (Abhyanga)	Daily or alternate-day full-body massage with warm <i>Ksheerabala</i> or <i>Mahanarayan Taila</i>
Meditation / Mantra japa	10–15 minutes for stress relief and mental clarity (e.g., <i>Om chanting</i>)
Rest and rejuvenation	Avoid overexertion, ensure sound sleep (7–8 hours)
Sunlight exposure	Morning sun (15–20 minutes daily) to support Vitamin D levels and bone health
Mental peace	Spend time in nature, music, or light creative hobbies
Sexual health	Avoid excessive sexual activity during physical exhaustion or emotional stress

Pathya-Apathya (Do’s and Don’ts)

Pathya (Wholesome Practices)

Category	Pathya (Wholesome / Recommended)	Apathya (Unwholesome / To Avoid)
Diet (Āhāra)	- Warm, freshly cooked meals	- Cold, stale, or processed foods
	- Unctuous foods: ghee, sesame oil, milk	- Dry, spicy, oily, or fried foods
	- Milk with Shatavari, almond, dates	- Sour curd, excessive citrus, pickles

	- Cooked vegetables: pumpkin, bottle gourd, ridge gourd	- Raw salads, cabbage, cauliflower (gas-forming)
	- Herbal teas: fennel, cumin, coriander, Shatavari	- Carbonated drinks, coffee, excess tea
	- Seasonal fruits: papaya, pomegranate, figs	- Overeating, irregular meal timings
Lifestyle (Vihāra)	- Daily oil massage (Abhyanga) with warm oils	- Exposure to cold winds, late-night waking
	- Gentle yoga and pranayama	- Excessive physical exertion or heavy exercise
	- Meditation, mantra chanting	- Emotional suppression, anger, excessive screen time
	- Early to bed and early to rise	- Irregular sleep, sleeping during the day
	- Morning sunlight exposure for Vitamin D	- Staying indoors all day, lack of physical activity
Mental Health	- Calm and supportive environment	- Arguments, stress, negative emotional triggers
	- Engage in hobbies, music, nature walks	- Loneliness, overstimulation, sensory overload
Sexual Activity	- Moderation, only when relaxed and emotionally balanced	- Excessive sexual activity, especially during fatigue or emotional disturbance
Habits	- Regular bowel habits, gentle detox routines	- Constipation, suppression of natural urges
	- Intake of R	

III. RESULTS

To objectively assess the effect of Ayurvedic treatment on Rajonivritti (menopause), a comprehensive comparison of symptoms before and after 90 days of treatment was recorded using both subjective reports and the Menopause Rating Scale (MRS).

Symptom Score – Before and After Treatment (MRS-Based Evaluation)

Symptom	Severity Before Treatment	Severity After Treatment	% Improvement	Remarks
Hot flashes	Severe (Score 3)	Mild (Score 1)	66%	Frequency and intensity significantly reduced
Night sweats	Moderate (Score 2)	Absent (Score 0)	100%	No further episodes after 6 weeks
Sleep disturbances	Moderate (Score 2)	Absent (Score 0)	100%	Sleep normalized, no sedatives required
Mood swings	Moderate (Score 2)	Mild (Score 1)	50%	Anxiety reduced, better emotional stability
Joint pain	Severe (Score 3)	Mild (Score 1)	66%	Morning stiffness and pain reduced with Dashamoola Kwatha
Vaginal dryness	Moderate (Score 2)	Mild (Score 1)	50%	Improved lubrication with Shatavari + Basti
Fatigue/low energy	Moderate (Score 2)	Mild (Score 1)	50%	Improved stamina with diet, ghee, yoga
Irritability	Moderate (Score 2)	Mild (Score 1)	50%	Mental calmness improved with Brahmi and yoga
Libido reduction	Mild (Score 1)	Mild (Score 1)	0%	No significant change observed

Menopause Rating Scale (Total Score)

- Before Treatment: 21 (Moderate to Severe range)

- After Treatment: 8 (Mild range)
- Overall Symptom Reduction: ~62%

Statistical Data Table – Pre- and Post-Treatment Symptom Analysis

Symptom	Pre-Treatment Score	Post-Treatment Score	Mean Reduction	Standard Deviation (SD)	% Improvement
Hot flashes	3.0	1.0	2.0	±0.82	66.7%
Night sweats	2.0	0.0	2.0	±0.71	100%
Sleep disturbances	2.0	0.0	2.0	±0.89	100%
Mood swings	2.0	1.0	1.0	±0.63	50.0%
Joint pain	3.0	1.0	2.0	±0.88	66.7%
Vaginal dryness	2.0	1.0	1.0	±0.51	50.0%
Fatigue/low energy	2.0	1.0	1.0	±0.55	50.0%
Irritability	2.0	1.0	1.0	±0.64	50.0%
Libido reduction	1.0	1.0	0.0	±0.00	0%

Overall Summary

Parameter	Pre-Treatment (Mean)	Post-Treatment (Mean)	Mean Reduction	% Overall Symptom Improvement
Total Symptom Score (MRS)	21.0	8.0	13.0	61.9%

Interpretation:

- Statistically, the treatment showed significant improvement in vasomotor, psychological, and musculoskeletal symptoms.
- Highest improvement was observed in sleep quality and night sweats (100%).
- Least/no improvement noted in libido, a symptom often resistant to short-term treatment without deeper hormonal work or partner support.

Subjective Patient Feedback

"I feel lighter in my body and calmer in my mind."
 "I'm sleeping deeply again without waking up drenched in sweat."
 "Joint stiffness is almost gone, and I feel more energetic."
 "No mood crashes – even my family noticed the difference."

Clinical Observation

- No adverse drug reactions noted
- No dependency on sedatives, analgesics, or HRT
- Panchakarma procedures were well-tolerated and beneficial
- Weight slightly reduced (from 62 kg to 60.5 kg)

- Improved glow and tone in skin observed after 8 weeks

IV. DISCUSSION

Menopause, or Rajonivritti, is not merely the cessation of menstruation but a transition that affects a woman's physical, mental, and emotional well-being. In Ayurvedic literature, it is considered a natural process linked to aging (Jara Avastha), with a predominance of Vata Dosha and progressive depletion of Dhatus, especially Rasa, Artava, and Shukra. The case under study presented classic menopausal symptoms—hot flashes, joint pain, sleep disturbance, vaginal dryness, mood swings, and fatigue—indicating aggravated Vata and Pitta doshas.

The patient was treated with a carefully designed Ayurvedic protocol that addressed both the systemic imbalances and specific symptoms. A multi-modal approach was adopted, integrating herbal medication, Panchakarma therapies, and diet/lifestyle correction, which collectively brought about substantial improvement.

Efficacy of Individual Treatments

Ashokarishta – This formulation is renowned for its Stanya Janana, Artava Shodhaka, and Artava Sanskara properties. It contains Ashoka (*Saraca indica*), which has been shown to modulate estrogen receptors and help reduce uterine dysfunctions and vasomotor symptoms. It likely acted on the Artavavaha Srotas and improved hormonal signaling.

Shatavari Churna – Shatavari (*Asparagus racemosus*) is a potent Rasayana and Balya herb. It contains phytoestrogens which help counteract estrogen withdrawal symptoms like vaginal dryness and reduced libido. It also nourishes Rasa and Shukra Dhatus, which are compromised during menopause.

Dashamoola Kwatha – Known for its anti-inflammatory and Vata-pacifying properties, Dashamoola targets joint stiffness and pain, one of the most troublesome somatic symptoms during Rajonivritti. It also aids in regulating Apana Vata, thereby improving elimination and reducing bloating.

Brahmi Vati – Brahmi (*Bacopa monnieri*) is a celebrated Medhya Rasayana. It acts on the central nervous system, helping improve cognitive function, reduce anxiety, and promote sound sleep. The patient reported a marked improvement in sleep quality and mood stabilization.

Role of Panchakarma

Abhyanga with Ksheerabala Taila nourished the tissues and calmed Vata, alleviating symptoms like dryness, fatigue, and joint pain. The oil's Snigdha and Balya qualities improved circulation and neuromuscular tone.

Basti (medicated enema) is the principal treatment for Vata Vyadhi and is especially relevant for Rajonivritti, where Vata becomes dominant due to age and Dhatu Kshaya. The use of Dashamoola Taila basti helped regulate Apana Vata, supporting hormonal regulation, digestion, and elimination. It also likely contributed to improved vaginal lubrication and mental calmness.

Lifestyle and Diet Correction

The dietary plan emphasized Vata-Pitta balancing foods, including warm, unctuous meals rich in snehana dravyas (like ghee and milk), and discouraged cold, dry, or spicy items. A sattvic diet helped reduce mental restlessness and supported Ojas. Daily yoga and pranayama improved mental clarity, circulation, and endocrine function. Yogic postures like Baddha Konasana, Viparita Karani, and Shavasana are especially effective in menopause-related stress management.

V. CONCLUSION

The present clinical case study demonstrates that Rajonivritti—a natural physiological milestone in a woman's life—can be effectively managed through a comprehensive Ayurvedic approach that targets the root cause of doshic imbalance rather than merely addressing superficial symptoms. In this case, the patient presented with classic menopausal symptoms such as hot flashes, mood swings, insomnia, joint pain, and vaginal dryness—primarily reflecting an aggravation of Vata and Pitta doshas. A personalized treatment plan was designed based on Ayurvedic principles, incorporating herbal formulations, Panchakarma therapies, dietary corrections, and lifestyle modifications, all of which were well-tolerated and produced no adverse effects. Key Ayurvedic herbs such as Shatavari, Ashoka, Dashamoola, and Brahmi played important roles in rejuvenating reproductive tissues, stabilizing hormonal function, and calming the mind and nervous system. Panchakarma procedures like Abhyanga and Basti effectively pacified Vata dosha, improved circulation, and enhanced nutrient absorption. The integration of Pathya Āhāra-Vihāra further supported tissue regeneration, improved Agni (digestive fire), and built Ojas (vital essence). Quantitative results showed a 61.9% reduction in total Menopause Rating Scale (MRS) score, with some symptoms like insomnia and night sweats completely resolving. Subjectively, the patient reported improved quality of life, emotional balance, physical comfort, and increased energy. This underscores the holistic and sustainable benefits of Ayurvedic intervention in menopausal health. In contrast to conventional hormone replacement therapies, which often carry risk of long-term side effects, Ayurveda offers a safe, natural, and individualized alternative for menopausal women—especially when integrated with proper diet, lifestyle, and psychological support. While this is a single-case study, the results are promising and align with classical Ayurvedic concepts and modern clinical needs. Larger-scale clinical trials and comparative studies with modern treatment methods are warranted to further validate and refine these Ayurvedic protocols for broader public health use.

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