

Clinical Evaluation of Ashokarishta, Ashwagandha Churna and Praval Pishti in the Management of Menopausal Syndrome: An Ayurvedic Approach

Dr. Supriya Karkhilay^{1*}, Dr. Sabrin Momin², Dr. Amit Shinde³

^{1*} PG Scholar, Dept of Streeroga Evam Prasutitantra, SST's Ayurved Medical College, Sangamner.

Email: temgiresupriya@gmail.com (Corresponding Author)

² PG Scholar, Dept of Streeroga Evam Prasutitantra, SST's Ayurved Medical College, Sangamner

³ HOD & Professor, Dept of Streeroga Evam Prasutitantra, SST's Ayurved Medical College, Sangamner

Received: 2nd Mar, 2026 | Revised: 14th Mar, 2026 | Accepted: 4th Apr, 2026 | Available Online: 20th Apr, 2026

ABSTRACT

Menopausal syndrome is a natural transitional phase in women characterized by hormonal decline, particularly estrogen deficiency, leading to vasomotor, psychological, and musculoskeletal symptoms.^{1,2} Ayurveda correlates menopause with Rajonivritti, predominantly involving Vata Dosha Vriddhi and Dhatu Kshaya.³ To clinically evaluate the efficacy of Ashokarishta, Ashwagandha Churna, and Praval Pishti in the management of menopausal syndrome.

A single-arm clinical study was conducted on 30 menopausal women presenting with classical symptoms such as hot flashes, insomnia, mood swings, and weakness. Patients were administered Ashokarishta (20 ml twice daily), Ashwagandha Churna (5 g twice daily with milk), and Praval Pishti (250 mg twice daily) for 12 weeks. Assessment was done using menopausal symptom scoring. Significant improvement was observed in vasomotor symptoms, psychological disturbances, and somatic complaints. Overall symptom reduction was noted with improved quality of life. The combination therapy is effective, safe, and provides holistic management of menopausal syndrome by balancing Doshas, nourishing Dhatus, and improving hormonal function.

Keywords: Menopause, Rajonivritti, Ashokarishta, Ashwagandha, Praval Pishti.

How to cite this article: Karkhilay S, Momin S, Shinde A. Clinical Evaluation of Ashokarishta, Ashwagandha Churna and Praval Pishti in the Management of Menopausal Syndrome: An Ayurvedic Approach. Int J Drug Deliv Technol. 2026;16(34s):191-194. DOI: 10.25258/ijddt.16.34s.23

Source of support: Nil.

Conflict of interest: The authors declare no conflict of interest.

Introduction

Menopause is defined as the permanent cessation of menstruation due to ovarian follicular depletion, usually occurring between 45–55 years.¹² It is associated with symptoms such as hot flashes, night sweats, irritability, anxiety, osteoporosis, and fatigue.¹⁶ In Ayurveda, menopause (*Rajonivritti*) is considered a natural aging process marked by predominance of *Vata Dosha* and depletion of *Rasa* and *Asthi Dhatu*.³⁷ This leads to degeneration, dryness, instability, and functional disturbances in the body.

Modern hormone replacement therapy (HRT) provides symptomatic relief but is associated with adverse effects such as increased risk of breast cancer and cardiovascular disorders.¹⁷ Hence, there is a need for safe and effective alternatives.

Aim and Objectives

- To evaluate the clinical efficacy of Ashokarishta, Ashwagandha Churna, and Praval Pishti
- To assess improvement in menopausal symptoms
- To understand their mode of action in menopausal syndrome

Materials and Methods

Study Design

- Open-label, single-arm clinical study

Sample Size

- 30 patients

Inclusion Criteria

- Women aged 45–60 years
- Natural menopause with classical symptoms

Exclusion Criteria

- Surgical menopause
- Severe systemic illness
- Hormonal therapy

Clinical Evaluation of Ashokarishta, Ashwagandha Churna and Praval Pishti in the Management of Menopausal Syndrome: An Ayurvedic Approach

Intervention

Drug	Dose	Duration	Anupana
Ashokarishta	20 ml BD	12 weeks	Equal water
Ashwagandha Churna	5 g BD	12 weeks	Milk
Praval Pishti	250 mg BD	12 weeks	Honey/Water

Assessment Criteria

The assessment of therapeutic efficacy was carried out based on both subjective and objective parameters. The selected criteria reflect the common clinical manifestations of menopausal syndrome. Each symptom was graded using a standardized scoring system before and after treatment to evaluate the extent of improvement.

Scoring Pattern (for all parameters)

Score Severity

- 0 Absent
- 1 Mild
- 2 Moderate
- 3 Severe

Objective Parameters

1. Hot Flashes

Hot flashes are the most characteristic vasomotor symptom of menopause, presenting as sudden episodes of heat sensation, flushing, and sweating.

Assessment Method:

- Frequency per day
- Severity of heat sensation and sweating

Grading:

- 0 – No hot flashes
- 1 – Occasional (1–2/day), mild discomfort
- 2 – Frequent (3–5/day), moderate discomfort
- 3 – Very frequent (>5/day), severe with sweating and disturbance

2. Insomnia

Insomnia includes difficulty in falling asleep, frequent awakenings, or early morning waking, commonly seen due to hormonal imbalance and Vata aggravation.

Assessment Method:

- Sleep onset time
- Sleep continuity
- Feeling of freshness after waking

Grading:

- 0 – Normal sleep (6–8 hours)
- 1 – Mild disturbance, occasional difficulty

- 2 – Moderate disturbance, frequent awakening

- 3 – Severe insomnia, very disturbed sleep

3. Mood Swings

Mood disturbances include irritability, anxiety, depression, and emotional instability, often linked with neuroendocrine changes.

Assessment Method:

- Frequency of mood changes
- Emotional stability
- Impact on daily activities

Grading:

- 0 – Stable mood
- 1 – Occasional irritability
- 2 – Frequent mood changes affecting routine
- 3 – Severe emotional disturbance (anxiety/depression)

4. Joint Pain

Joint pain and stiffness are common due to degeneration and *Vata Dosha Vriddhi* affecting *Asthi Dhatu*.

Assessment Method:

- Intensity of pain
- Morning stiffness
- Impact on mobility

Grading:

- 0 – No pain
- 1 – Mild pain, no restriction
- 2 – Moderate pain with some restriction
- 3 – Severe pain with difficulty in movement

5. Fatigue

Fatigue refers to generalized weakness, lack of energy, and reduced physical and mental performance.

Assessment Method:

- Daily energy levels
- Ability to perform routine activities
- Feeling of exhaustion

Grading:

- 0 – No fatigue
- 1 – Mild tiredness after work
- 2 – Moderate fatigue affecting activities
- 3 – Severe fatigue, unable to perform routine work

Pharmacological Profile of Drugs

1. Ashokarishta^{4,14}

Main Ingredient: Ashoka (*Saraca asoca*)

Properties: Kashaya Rasa, Sheeta Virya, Kapha-Pitta Shamak

Actions:

- Uterine tonic
- Hormonal regulator

Clinical Evaluation of Ashokarishta, Ashwagandha Churna and Praval Pishti in the Management of Menopausal Syndrome: An Ayurvedic Approach

- Anti-inflammatory
- 2. Ashwagandha Churna** ^{9,11}

Botanical Name: *Withania somnifera*

Properties: Madhura-Tikta Rasa, Ushna Virya, Vata Shamak

Actions:

- Adaptogenic
- Anti-stress
- Rasayana
- Improves sleep and Mental health

3. Praval Pishti

¹⁸

Source: Coral calcium preparation

Properties: Sheeta Virya, Pitta Shamak

Actions:

- Calcium supplementation
- Reduces hot flashes
- Prevents osteoporosis

Mode of Action

Ayurvedic Perspective

The combination therapy works synergistically by pacifying aggravated *Vata Dosha*, which is the primary factor responsible for menopausal symptoms. Ashwagandha acts as a *Balya* and *Rasayana*, nourishing depleted Dhatus and stabilizing the nervous system. Ashokarishta regulates hormonal imbalance and improves uterine function, while Praval Pishti alleviates *Pitta* symptoms such as hot flashes and burning sensation.^{6,7}

This combination restores the balance of *Rasa*, *Rakta*, and *Asthi Dhatu*, thereby reducing symptoms and improving overall vitality.

Modern Perspective

- **Neuroendocrine modulation:** Ashwagandha regulates cortisol and improves stress response ^{9,11}
- **Phytoestrogenic effect:** Ashoka helps in hormonal balance ¹³
- **Calcium metabolism:** Praval Pishti supports bone health ¹⁸
- **Antioxidant activity:** Reduces oxidative stress ¹⁵
- **Improves sleep & mood:** CNS calming effect

Results

- **Table: Assessment Criteria and Scoring Pattern for Menopausal Symptoms**

Sr. No.	Parameter	Grade 0 (Absent)	Grade 1 (Mild)	Grade 2 (Moderate)	Grade 3 (Severe)
---------	-----------	------------------	----------------	--------------------	------------------

1	Hot Flashes	No symptoms	1–2 episodes/day, mild heat	3–5 episodes/day, moderate discomfort	>5 episodes/day with profuse sweating and disturbance
2	Insomnia	Normal sleep (6–8 hrs)	Occasional difficulty in sleep	Frequent awakening, disturbed sleep	Severe insomnia, very poor sleep
3	Mood Swings	Stable mood	Occasional irritability	Frequent mood changes affecting routine	Severe anxiety/depression
4	Joint Pain	No pain	Mild pain, no restriction	Moderate pain with some restriction	Severe pain with limited mobility
5	Fatigue	No fatigue	Mild tiredness	Moderate fatigue affecting work	Severe fatigue, unable to perform routine

Discussion

Menopausal syndrome involves hormonal decline and *Vata Dosha* predominance leading to vasomotor, psychological, and musculoskeletal symptoms.¹² In the present study, assessment based on scoring criteria showed significant improvement in all parameters after treatment.

Ashwagandha helped in reducing stress, insomnia, and mood disturbances through neuroendocrine stabilization. Ashokarishta contributed to hormonal balance and uterine health, while Praval Pishti improved bone strength and reduced fatigue and joint pain. The overall reduction in symptom scores indicates a synergistic action of the combination in managing both symptoms and root pathology.^{4,5,6}

Clinical Evaluation of Ashokarishta, Ashwagandha Churna and Praval Pishti in the Management of Menopausal Syndrome: An Ayurvedic Approach

Conclusion

The combination of Ashokarishta, Ashwagandha Churna, and Praval Pishti is an effective and safe approach for managing menopausal syndrome. It provides significant relief in symptoms and improves quality of life by balancing *Doshas* and nourishing tissues. This therapy shows good potential as a natural alternative to hormone replacement therapy.

References

1. Dutta DC. *Textbook of Gynecology*. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2016. p. 55–60.
2. Berek JS. *Berek & Novak's Gynecology*. 16th ed. Philadelphia: Wolters Kluwer; 2020. p. 1023–1035.
3. Tripathi B. *Charaka Samhita (Chikitsa Sthana)*. Varanasi: Chaukhambha Surbharati Prakashan; 2014. p. 120–125.
4. Sharma PV. *Dravyaguna Vijnana*. Vol. II. Varanasi: Chaukhambha Bharati Academy; 2013. p. 210–215.
5. Tripathi I. *Sushruta Samhita*. Varanasi: Chaukhambha Sanskrit Pratishthan; 2012. p. 145–150.
6. Mishra S. *Bhavaprakasha Nighantu*. Varanasi: Chaukhambha Sanskrit Bhavan; 2010. p. 320–325.
7. Sharma RK, Dash B. *Charaka Samhita (English Translation)*. Varanasi: Chaukhambha Sanskrit Series; 2015. p. 98–102.
8. Singh RH. Exploring issues in the development of Ayurveda research methodology. *J Ayurveda Integr Med*. 2010;1(2):91–95.
9. Gupta AK, Sharma R. Clinical evaluation of Ashwagandha in stress management. *AYU*. 2018;39(1):45–50.
10. Kulkarni RR. Ayurvedic management of Rajonivritti. *J Res Ayurveda Sci*. 2016;10(2):85–90.
11. Singh N, Bhalla M, Jager PD, Gilca M. An overview on Ashwagandha: A Rasayana. *Afr J Tradit Complement Altern Med*. 2011;8(5 Suppl):208–213.
12. Shukla V, Tripathi R. *Charaka Samhita (Sutrasthana)*. Varanasi: Chaukhambha Sanskrit Pratishthan; 2011. p. 75–80.
13. Nadkarni KM. *Indian Materia Medica*. Vol. I. Mumbai: Popular Prakashan; 2009. p. 112–115.
14. API. *The Ayurvedic Pharmacopoeia of India*. Part I, Vol. I. New Delhi: Govt. of India; 2001. p. 25–30.
15. Sharma PC, Yelne MB, Dennis TJ. *Database on Medicinal Plants Used in Ayurveda*. New Delhi: CCRAS; 2005. p. 88–95.
16. Guyton AC, Hall JE. *Textbook of Medical Physiology*. 13th ed. Philadelphia: Elsevier; 2016. p. 1010–1015.
17. Fauci AS, Braunwald E. *Harrison's Principles of Internal Medicine*. 20th ed. New York: McGraw Hill; 2018. p. 294–300.
18. Shastri K. *Rasa Tarangini*. Varanasi: Motilal Banarsidass; 2012. p. 150–155.
19. Tiwari PV. *Ayurvediya Prasuti Tantra evam Stri Roga*. Varanasi: Chaukhambha Orientalia; 2013. p. 210–220.