

"Anushastra Karma in Stree Roga: A Comprehensive Review of Parasurgical Modalities and Their Modern Gynecological Correlates"

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Abstract

Ayurveda's surgical arm, Shalya Tantra, describes Anushastra (parasurgical procedures) as effective, minimally invasive interventions for conditions where major surgery is contraindicated or declined. This review examines the therapeutic role of Anushastra Karma in Stree Roga (gynecological disorders) and correlates these traditional techniques with modern medical concepts. Classical Ayurvedic texts, particularly Sushruta Samhita, detail four principal Anushastra modalities Kshara Karma (chemical cauterization), Agnikarma (thermal cauterization), Jalaukavacharana (medicinal leech therapy), and Ksharasutra (medicated alkaline seton) along with Uttara Basti (intrauterine drug delivery). Their pharmacological mechanisms include controlled tissue destruction, biofilm disruption, antimicrobial action, anti-inflammatory effects, and enhanced healing. Anushastra procedures are indicated for uterine fibroids (Arbuda Garbhashaya), cervical erosion (Kshaya), endometriosis (Aartavakshaya), infertility (Vandhyatva), PCOS (Granthi), pelvic inflammatory disease, and postpartum complications. Modern correlates include loop electrosurgical excision, thermal balloon ablation, sclerotherapy, seton placement, intrauterine devices, and pharmacologic biofilm inhibitors. Clinical studies demonstrate significant improvements in menstrual regularity, hormonal balance, fertility outcomes, and leucorrhea, with superior safety profiles compared to conventional treatments. Integrating Anushastra with contemporary reproductive medicine may offer a comprehensive, personalized framework for women's health. However, rigorous randomized controlled trials are essential to validate efficacy and safety.

Keywords: Anushastra, Stree Roga, Kshara Karma, Agnikarma, Jalaukavacharana, Ksharasutra, parasurgical procedures, gynecological disorders, integrative medicine, uterine fibroids, cervical erosion, endometriosis, PCOS

1. Introduction

Stree Roga, the Ayurvedic branch dedicated to women's reproductive health, encompasses a wide spectrum of gynecological disorders including menstrual irregularities (Raja Kshaya/Raja Vriddhi), inflammatory conditions (Yoni Vyapad), pelvic masses (Garbhashaya Arbuda), hormonal imbalances (Aartavakshaya), infertility (Vandhyatva), and postpartum ailments [1]. These conditions not only compromise physical well-being but also profoundly impact mental health, family dynamics, and socio-economic productivity. In modern India, the prevalence of PCOS among women of reproductive age ranges from 9% to 36%, while endometriosis affects approximately 10% of women globally, often leading to chronic pelvic pain and subfertility. The financial burden of managing these chronic conditions through repeated allopathic consultations, hormonal therapies, and surgical interventions places considerable strain on healthcare systems and individual households.

Conventional medicine offers pharmacological agents (oral contraceptives, GnRH agonists, progestins, metformin), hormonal therapies, antibiotics, and surgical options such as hysterectomy, myomectomy, laparoscopic excision, and endometrial ablation. Although these treatments provide symptomatic relief, they are associated with side effects (weight gain, mood disturbances, thromboembolic risk, bone density loss), high recurrence rates, surgical complications (bleeding, infection, adhesion formation), and significant costs.

Moreover, many women decline surgery due to fear, cultural considerations, desire to preserve fertility, or concerns about anesthesia, highlighting the urgent need for effective, minimally invasive therapeutic alternatives. Ayurveda, the ancient Indian system of holistic medicine, offers a comprehensive solution through Anushastra Karma parasurgical procedures that utilize non-sharp instruments or chemical/thermal agents to achieve surgical-like effects without formal incision [2]. The term "Anushastra" literally means "that which acts like a Shastra (sharp instrument) but is not a Shastra itself." In the Sushruta Samhita, Acharya Sushruta emphasizes that Anushastra should be employed when Shastra Karma is contraindicated in children, elderly individuals, pregnant women, those with debilitating illnesses, patients with bleeding disorders, or in anatomical regions containing Marma points (vital structures) [3]. Acharya Charaka similarly advocates parasurgical measures for delicate tissues, vascular areas, and patients with compromised immunity or psychological resistance to surgery.

The present review seeks to systematically consolidate scattered classical references and contemporary research on Anushastra applications in Stree Roga, elucidate their mechanisms of action through a modern scientific lens, and propose evidence-based integrative strategies for managing common gynecological conditions. By bridging traditional wisdom with modern validation, this article aspires to inform clinicians, researchers, and

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policymakers about the untapped potential of Anushastra in revolutionizing women's healthcare.

2. Materials and Methods

This narrative review was conducted by systematically searching classical Ayurvedic compendia (Sushruta Samhita, Charaka Samhita, Ashtanga Hridaya, Ashtanga Samgraha) for references to Anushastra Karma and its applications in Stree Roga, alongside electronic databases (PubMed, Google Scholar, Scopus, Dhara Online, AYUSH Research Portal) for peer-reviewed articles published from 2000 to 2025 using keywords including "Anushastra," "Kshara Karma," "Agnikarma," "Jalaukavacharana," "Uttara Basti," "Stree Roga," "gynecological disorders," "minimally invasive surgery," "cauterization," "leech therapy," "PCOS," "endometriosis," and "uterine fibroids." Only English-language articles, randomized controlled trials, clinical studies, case reports, systematic reviews, and authoritative textbooks were considered. Data extraction focused on historical context, classification, procedural details, indications, contraindications, pharmacological

activities, clinical outcomes, and modern correlates. Additionally, pharmacognostic and phytochemical databases were consulted to establish modern correlations for individual Anushastra components.

3. Results

3.1. Definition and Classification of Anushastra

In Ayurvedic parlance, Shastra refers to sharp metallic instruments (knives, scalpels, scissors) used for incisions, excisions, scraping, puncturing, and draining collections. In contrast, Anushastra encompasses all measures chemical, thermal, biological, or mechanical that achieve comparable therapeutic objectives without requiring a sharp cutting edge. Acharya Sushruta explicitly lists Kshara (medicated alkalis), Agni (fire/heat), and Jalauka (leeches) as the three primary Anushastra modalities, later expanded to include Ksharasutra (medicated thread/seton) and certain non-metallic agents [4].

Table 1 provides a comprehensive classification of Anushastra types, their classical references, modes of action, and primary indications in Stree Roga.

Table 1: Classification of Anushastra Karma with Gynecological Indications

Anushastra Type	Classical Source	Mode of Action	Primary Gynecological Indications
Kshara Karma (Chemical cauterization)	Sushruta Samhita, Sutrasthana 11	Chemical corrosion → tissue sloughing, debridement, hemostasis	Cervical erosion (Kshaya), Nabhi Granthi, Yoni Arsha, Nabhi Srava
Agnikarma (Thermal cauterization)	Sushruta Samhita, Sutrasthana 12	Thermal coagulation → protein denaturation, vessel sealing, nerve ablation	Cervical erosion (chronic), Garbhashaya Mukha Granthi, Nabhi Arsha, Kaphaja Yoni Vyapad
Jalaukavacharana (Medicinal leech therapy)	Sushruta Samhita, Sutrasthana 13	Salivary anticoagulants (hirudin, calin), vasodilators, anti-inflammatory enzymes, local bloodletting	Raktaja Yoni Vyapad, Nabhi Vidradhi, Pelvic congestion, Vulval pruritus
Ksharasutra (Medicated seton)	Sushruta Samhita, Chikitsasthana	Gradual cutting, debridement, granulation induction, antimicrobial action	Cervical polyps, Nabhi Nadvirana, Nabhi Arsha, Perineal fistulae

3.2. Description of Anushastra Modalities

3.2.1. Kshara Karma

Kshara is an alkaline preparation obtained by incinerating specific medicinal plants and dissolving their ashes in water, followed by filtration, evaporation, and concentration to desired potency. Classical texts describe two types: Paneeya Kshara (oral formulation) for metabolic and digestive indications, and Pratisarneeeya Kshara (topical application) for direct cauterization of diseased tissues [5]. Pratisarneeeya Kshara is further classified into Mridu (mild), Madhyama (moderate), and Teekshna (strong/caustic) based on pH, concentration, and duration of contact.

The classical method involves cleansing the diseased site, applying Kshara using a sterile probe (Yantra) or Kshara Plota (alkaline medicated gauze), allowing it to act for a

specified duration (typically 1–5 minutes depending on tissue sensitivity), followed by neutralization with acidic substances (Takra – buttermilk, Nimbu Swarasa – lemon juice) to limit tissue damage. Kshara exerts five key actions: Chedana (cutting), Bhedana (penetrating), Lekhana (scraping), Dahana (caustic), and Ropana (healing) [6]. On gynecological tissues, it induces controlled chemical eschar formation, eliminating infected or necrotic epithelium, reducing polypoidal growths, sealing small vessels, and promoting healthy granulation tissue.

3.2.2. Agnikarma

Agnikarma utilizes direct application of heat through specialized metal Shalakas (probes) made of gold, silver, copper, iron, or Panchaloha, heated to red-hot or appropriate temperature on a flame. The procedure is

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indicated in chronic cervical erosion, Nabhi Arsha, Garbhashaya Mukha Granthi, and Kaphaja Yoni Vyapad characterized by mucoid discharge and local edema. After proper exposure of the cervix using a speculum and thorough cleaning with antiseptic solutions, the heated Shalaka is applied for 1–3 seconds to the diseased area in specific patterns (Bindu – dot, Rekha – line, Vilekha – cross-hatching, Pratisarana – smearing). The therapeutic effects include sealing of dilated capillaries, coagulative necrosis of superficial abnormal epithelium, destruction of nerve endings (analgesia), and elimination of infected mucous membranes [7]. Acharya Sushruta advocates Agnikarma as the treatment of choice when Kshara fails to control recurrence, as thermal energy penetrates deeper tissues and ensures permanent obliteration of diseased foci [8].

3.2.3. Jalaukavacharana (Medicinal Leech Therapy)

Jalauka (medicinal leech, *Hirudo medicinalis* or indigenous species) is applied to the vagina, cervix, or perineal region in cases of Raktaja Yoni Vyapad (inflammatory pelvic disorders with predominant blood involvement), Nabhi Vidradhi (pelvic abscess), pelvic congestion syndrome, and chronic vulval pruritus. Leeches are starved for 4–6 hours to enhance feeding motivation, then applied to the predetermined site (often the posterior vaginal fornix or perineal body) and allowed to feed for 30–45 minutes. During feeding, leech saliva releases a complex cocktail of bioactive molecules, including hirudin (direct thrombin inhibitor), calin (collagen-binding platelet aggregation inhibitor),

destabilase (fibrinolytic), hyaluronidase (tissue permeability enhancer), and anti-inflammatory prostaglandins [9]. The resultant local bloodletting (approximately 5–15 mL per leech) reduces pelvic congestion, while the salivary enzymes break down inflammatory adhesions, improve local microcirculation, and modulate immune responses.

3.2.4. Ksharasutra

Ksharasutra is a sterile surgical thread (No. 20 linen or silk) repeatedly coated with Kshara and Haridra (turmeric) powder over 21 layers, then standardized for pH, tensile strength, and coating uniformity. In gynecological practice, Ksharasutra is inserted through cervical polyps, Nabhi Arsha, Nabhi Nadivrana (cervical fistulous tracts), or perineal fistulae and tied externally. Over 7–21 days, the alkaline thread gradually cuts through the tissue (Chedana effect), disinfects infected cavities (antimicrobial action), and simultaneously promotes healthy granulation tissue from the base (Ropana effect). Unlike conventional surgical excision, Ksharasutra does not require anesthesia, causes minimal bleeding, avoids sphincter damage, and can be performed on an outpatient basis with excellent patient compliance [10].

3.3. Anushastra Applications in Stree Roga

Table 2 summarizes major Stree Roga conditions amenable to Anushastra intervention, correlating Ayurvedic diagnoses with modern disease equivalents and listing appropriate Anushastra procedures.

Table 2: Indications of Anushastra in Stree Roga

Ayurvedic Diagnosis	Modern Correlation	Indicated Anushastra	Expected Outcome
Kshaya Garbhashaya Mukha	Cervical erosion (ectropion)	Agnikarma, Kshara Karma	Epithelial regeneration, discharge cessation
Nabhi Arsha	Uterine fibroids (submucous/pedunculated)	Kshara Karma, Ksharasutra	Size reduction, symptom relief
Nabhi Granthi	Cervical/endometrial polyps	Ksharasutra, Agnikarma	Complete excision without recurrence
Aartavakshaya	Endometriosis	Uttara Basti + Kshara Taila	Lesion regression, pain relief
Vandhyatva (PCOS)	PCOS-related infertility	Uttara Basti + Kshara + Shamana	Ovulation restoration, cycle regularization
Granthi (PCOS ovaries)	Polycystic ovaries	Uttara Basti + Shamana	Cyst resolution, follicular maturation
Raktaja Yoni Vyapad	Pelvic inflammatory disease (PID)	Jalaukavacharana	Infection clearance, adhesion reduction
Nabhi Vidradhi	Pelvic abscess/hematoma	Jalaukavacharana + Kshara	Abscess drainage, resolution
Nabhi Srava	Chronic leucorrhoea/endocervicitis	Yoni Varti (Kshara base)	Discharge normalization
Nabhi Nadivrana	Cervical fistulous tract	Ksharasutra	Complete tract healing

3.4. Modern Correlates and Pharmacological Evidence

3.4.1. Kshara Karma Correlates

Chemical cauterization in modern gynecology includes silver nitrate application for cervical ectropion, trichloroacetic acid for genital warts, and podophyllin for condylomata accuminata. However, these agents offer only superficial effects. Kshara's multi-component phytochemical profile derived from Apamarga (*Achyranthes aspera*), Snuhi (*Euphorbia neriifolia*), Haridra (*Curcuma longa*), and other herbs confers additional antimicrobial, antioxidant, anti-inflammatory, and pro-wound healing properties [11]. Research demonstrates that Apamarga Kshara exhibits significant antibacterial activity against *Staphylococcus aureus*, *Escherichia coli*, and *Pseudomonas aeruginosa*, while Haridra provides curcumin-mediated NF- κ B inhibition and TNF- α suppression, reducing local inflammation and promoting tissue repair [12].

3.4.2. Agnikarma Correlates

Modern correlates include electrocautery, loop electrosurgical excision procedure (LEEP), thermal balloon ablation, radiofrequency ablation, and cryotherapy for cervical dysplasia, menorrhagia, and endometrial pathology. Recent clinical trials confirm that Agnikarma with metallic Shalaka is superior to conventional electrocautery for cervical erosion in terms of symptom relief, healing time, and recurrence rates, with no significant complications when performed by trained practitioners [13]. Additionally, Agnikarma's inherent antimicrobial and analgesic effects are attributed to thermal denaturation of bacterial proteins, coagulation of nerve endings, and modulation of local substance P levels.

3.4.3. Jalaukavacharana Correlates

Leech therapy for gynecological conditions corresponds to modern concepts of therapeutic phlebotomy, anticoagulation, and anti-inflammatory bio-product delivery. A 2023 study demonstrated that leech salivary extract suppresses IL-6, IL-1 β , and TNF- α production in lipopolysaccharide-stimulated macrophages, with a potency comparable to 1 μ M dexamethasone [14]. In clinical practice, Jalaukavacharana effectively reduces pelvic pain, vaginal discharge, and inflammatory markers in PID and vulval pruritus, with a 2025 observational study reporting significant improvement in 83% of patients with Raktaja Yoni Vyapad [15].

3.4.4. Ksharasutra Correlates

Ksharasutra's mechanism parallels modern seton placement for fistulae, but with distinct advantages: the alkaline thread provides continuous chemical debridement, eliminating the need for repeated surgical interventions. Animal studies confirm that Ksharasutra induces controlled tissue necrosis, fibroblast proliferation, and collagen deposition, achieving complete healing without sphincter damage [16]. In cervical polyps, Ksharasutra offers a simple, outpatient

alternative to polypectomy, with a success rate exceeding 95% in published case series.

3.4.5. Uttara Basti as Adjunct

Uttara Basti intrauterine instillation of medicated oils (Kshara Taila, Phalaghrita) or decoctions serves as a synergistic adjunct to external Anushastra procedures. Modern correlates include intrauterine devices (IUDs), hormonal intrauterine systems (Mirena), and therapeutic hydrotubation. Pharmacological studies demonstrate that Kshara Taila components exhibit anti-inflammatory (inhibition of COX-2, LOX), anti-fibrotic (reduction of TGF- β 1, collagen I/III), and estrogen-modulating properties, making it effective for endometriosis, adenomyosis, and PCOS [17].

3.5. Clinical Evidence

3.5.1. Cervical Erosion

A randomized controlled trial (n=120) comparing Agnikarma (group A, n=40), Kshara Karma (group B, n=40), and standard electrocautery (group C, n=40) for cervical erosion reported that Agnikarma achieved complete healing in 92.5% of patients within 4 weeks, compared to 87.5% for Kshara Karma and 72.5% for electrocautery. Recurrence rates at 6 months were 5%, 10%, and 22.5%, respectively, with no major adverse events in the Anushastra groups [18].

3.5.2. PCOS and Infertility

A 2024 study on PCOS-induced infertility (n=60) receiving Kshara-based Uttara Basti combined with Shamana therapy (Ashokarishtam, Shatavari) reported ovulation restoration in 78.3% of patients, pregnancy rate of 41.7% within 6 months, significant reductions in LH/FSH ratio, testosterone, and fasting insulin levels, and improvements in menstrual regularity in 86.7% of cases [19].

3.5.3. Endometriosis

A 2023 case series (n=15) of women with stage III–IV endometriosis-associated infertility treated with Kshara Taila Uttara Basti plus oral Shamana therapy documented complete pain relief in 86.7% of patients, reduction in endometrioma size on ultrasound in 73.3%, and a clinical pregnancy rate of 33.3% within 12 months [20].

3.5.4. Pelvic Inflammatory Disease

A prospective study (n=50) evaluating Jalaukavacharana for PID (Raktaja Yoni Vyapad) revealed significant improvement in pelvic pain (Visual Analog Scale reduction from 7.2 \pm 1.3 to 2.1 \pm 0.8, p<0.001), vaginal discharge (Semm's score decreased by 78%), and inflammatory markers (CRP reduction by 65%) within 4 weeks, with no serious adverse events [21].

4. Discussion

This review establishes that Anushastra Karma constitutes a sophisticated parasurgical armamentarium with precise indications, standardized protocols, and verifiable mechanisms that align remarkably well with contemporary minimally invasive gynecological

techniques. The concept of Kshara Karma mirrors modern chemical cauterization but offers broader therapeutic benefits through its polyherbal composition, which simultaneously provides antimicrobial, antioxidant, and healing-promoting actions. Agnikarma parallels thermal ablation modalities, yet classical Ayurveda emphasizes differentiated patterns (Bindu, Rekha, Vilekha) and location-specific probes advances that modern practice is only beginning to rediscover through precision ablation technologies. Jalaukavacharana uniquely combines selective bloodletting, direct anticoagulation, targeted anti-inflammatory enzyme delivery, and biofilm disruption, a multimodal approach unmatched by any single modern intervention. Ksharasutra exemplifies the concept of "chemical seton" that cuts, disinfects, and heals simultaneously an innovation that modern surgery is only now exploring through drug-eluting suture technologies. The clinical superiority and safety profile of Anushastra over conventional treatments observed in available studies can be explained through their holistic design: they address not merely the structural lesion but also the underlying Dosha imbalance (especially vitiated Pitta and Rakta in inflammatory disorders, Kapha and Meda in PCOS/fibroids, and Vata in chronic pain conditions). By restoring local and systemic equilibrium, Anushastra reduces the likelihood of recurrence, a persistent challenge in modern gynecology.

However, several limitations must be acknowledged. The evidence base remains predominantly observational, with few randomized controlled trials meeting contemporary methodological standards. Sample sizes are generally small, blinding is often impractical due to the nature of procedures, and follow-up durations rarely exceed 12 months. Furthermore, standardization of Kshara preparations, Agnikarma temperature, and leech species/variety across different clinical settings remains inconsistent, hindering meta-analysis and reproducibility. The integration of Anushastra into mainstream gynecological practice requires: (1) well-designed, multicenter, double-blind RCTs comparing Anushastra to gold-standard modern interventions; (2) development of international consensus guidelines on patient selection, procedural protocols, and complication management; (3) regulatory harmonization for Kshara preparations and leech therapy; (4) capacity building through structured training programs for Ayurvedic practitioners and cross-training for allopathic gynecologists; and (5) pharmacovigilance systems to monitor long-term safety and adverse events.

5. Conclusion

Anushastra Karma encompassing Kshara Karma, Agnikarma, Jalaukavacharana, and Ksharasutra represents a time-tested, minimally invasive, cost-effective, and holistic approach to managing a wide spectrum of Stree Roga conditions, including cervical erosion, uterine fibroids, PCOS, endometriosis, infertility, pelvic inflammatory disease, and postpartum complications. Their pharmacological mechanisms controlled chemical or thermal cauterization, biofilm

disruption, antimicrobial and anti-inflammatory action, selective local bloodletting, and stimulation of physiological healing correlate closely with modern concepts of tissue ablation, sclerotherapy, seton placement, IUDs, anti-inflammatory biologics, and electrosurgery. Clinical evidence, though preliminary, suggests superior symptomatic relief, fertility outcomes, and safety profiles compared to conventional treatments. Anushastra procedures are particularly valuable for women who wish to preserve fertility, those with contraindications to major surgery, those who decline invasive interventions, and those seeking integrative care. The convergence of ancient wisdom and modern science offers a promising framework for personalized, evidence-based, and compassionate women's healthcare. Future research should prioritize rigorous RCTs, long-term follow-up studies, mechanistic investigations, and standardized protocols to fully validate and integrate Anushastra into contemporary gynecological practice.

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