



Review Article	Volume 15 Issue 07	July 2026
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SHATAPUSHPA TAILA IN THE MANAGEMENT OF ALPARTHAVA: A CRITICAL REVIEW OF CLASSICAL AYURVEDIC LITERATURE AND CONTEMPORARY SCIENTIFIC EVIDENCE

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Abstract

Alparthava, a common menstrual disorder characterized by reduced menstrual flow with or without shortened duration, adversely affects reproductive health and quality of life among women of reproductive age. Contemporary management primarily focuses on hormonal therapy and correction of underlying etiological factors; however, long-term pharmacological treatment may be associated with adverse effects and recurrence following drug withdrawal. Ayurveda describes *Alparthava* as a disorder predominantly associated with derangement of *Vata* and *Kapha Dosha*, impaired *Artava Vaha Srotas*, and inadequate nourishment of *Artava*. Among the therapeutic formulations described in classical texts, *Shatapushpa Taila* has been extensively advocated in *Streeroga* owing to its *Vatanulomana*, *Artavajanana*, *Deepana*, and *Srotoshodhana* properties. This review critically examines classical Ayurvedic literature and contemporary scientific evidence regarding the therapeutic role of *Shatapushpa Taila* in the management of *Alparthava*. Classical references from major Ayurvedic compendia are synthesized with modern pharmacological findings, including anti-inflammatory, antioxidant, phytoestrogenic, uterotonic, and endocrine-modulating activities of *Shatapushpa* (*Anethum sowa* Roxb.).

Available experimental and clinical evidence is evaluated to explore plausible mechanisms underlying its therapeutic efficacy. Furthermore, the review identifies existing research gaps and highlights opportunities for integrating traditional knowledge with contemporary biomedical research. The findings suggest that *Shatapushpa Taila* possesses considerable therapeutic potential as a safe and holistic intervention for *Alparthava*; nevertheless, high-quality randomized clinical trials and mechanistic studies are warranted to establish its efficacy and strengthen its evidence base within integrative gynecological practice.

Keywords: *Alparthava*; *Shatapushpa Taila*; *Streeroga*; Hypomenorrhea; Ayurveda; Integrative Gynecology

Introduction

Menstrual disorders constitute one of the most common gynecological problems affecting women during the reproductive years and significantly influence reproductive health, fertility, and quality of life. Alterations in the frequency, duration, or quantity of menstrual bleeding may reflect disturbances in endocrine regulation, ovarian function, uterine physiology, or systemic health. Among these disorders, hypomenorrhea is characterized by an abnormally reduced menstrual blood loss with or without shortening of the duration of menstruation. Although frequently overlooked because it is not usually life-threatening, persistent scanty menstruation may indicate underlying pathological conditions and may adversely affect reproductive potential if left untreated. Conventional management primarily relies on hormonal therapy and treatment of the underlying cause; however, recurrence after discontinuation, adverse drug reactions, and patient dissatisfaction continue to encourage exploration of safer and holistic therapeutic alternatives. [1]

Ayurveda describes female reproductive physiology through the integrated concepts of *Artava*, *Artavavaha Srotas*, *Dosha*, *Dhatu*, *Agni*, and *Apana Vata*. Proper formation and timely elimination of *Artava* are considered essential for maintenance of reproductive health. Classical Ayurvedic literature does not describe hypomenorrhea as a separate disease entity; however, conditions such as *Alparthava* and *Artava Kshaya* closely resemble its clinical presentation. These conditions are characterized by diminished menstrual flow, delayed menstruation, and occasionally painful menstruation due to impairment in the normal physiology of *Artava*. The Ayurvedic approach emphasizes correction of the underlying pathological process rather than symptomatic suppression, thereby offering a comprehensive strategy for restoration of menstrual health. [2]

According to Ayurvedic principles, the pathogenesis of *Alparthava* involves disturbance of *Vata* and *Kapha Dosha*, impaired nourishment of *Rasa Dhatu* and *Rakta Dhatu*, dysfunction of *Artavavaha Srotas*, and derangement of *Apana Vata*. These pathological alterations ultimately lead to inadequate formation or improper expulsion of *Artava*. Therefore, treatment should focus on improving tissue metabolism, correcting *Dosha* imbalance, enhancing the functional integrity of reproductive channels, and promoting normal menstrual physiology. Such an approach differs fundamentally from conventional hormone-based management by addressing the disease process at multiple physiological levels. [3]

Among the various medicinal plants described in Ayurvedic classics for gynecological disorders, *Shatapushpa* (*Anethum sowa* Roxb.) occupies a distinctive position. It has been extensively described in classical literature for its beneficial effects on female reproductive health and is traditionally indicated in disorders associated with deficient or obstructed menstruation. Ayurvedic texts attribute *Deepana*, *Pachana*, *Vatanulomana*, and *Artavajanana* properties to *Shatapushpa*, making it particularly suitable for conditions involving impaired menstrual flow. These pharmacodynamic attributes provide a logical therapeutic basis for its use in the management of *Alparthava* by facilitating normal physiological functioning of *Apana Vata* and promoting healthy *Artava* formation. [4]

The administration of *Shatapushpa* in the form of *Taila* further enhances its therapeutic utility. Medicated oils are considered effective drug delivery systems in Ayurveda because of their ability to penetrate tissues, improve bioavailability of lipid-soluble phytoconstituents, and provide additional *Snigdha* and *Vatahara* effects. Classical texts, particularly *Kashyapa Samhita*, describe *Shatapushpa Taila* in the management of menstrual disorders resembling *Artava Kshaya*, suggesting its importance in *Stree Roga* practice. Recent pharmacological studies have also demonstrated that *Shatapushpa* possesses antioxidant, anti-inflammatory, smooth muscle modulatory, and endocrine-supportive activities, thereby providing a plausible scientific basis for its traditional therapeutic use. [5]

2. Concept of *Alparthava* in Ayurveda

Alparthava refers to a condition characterized by diminished quantity of menstrual blood with or without a reduction in the duration of menstrual flow. Although Ayurveda does not describe *Alparthava* as an independent disease entity, the clinical features closely resemble those of *Artava Kshaya* described in the classical texts. *Sushruta* explains *Artava Kshaya* as a condition associated with delayed menstruation (*Yathochita Kale Adarshanam*), scanty menstrual

discharge (*Alpatvam*), and pain during menstruation (*Yoni Vedana*). These features exhibit considerable similarity with the contemporary understanding of hypomenorrhea. [6]

From an Ayurvedic perspective, normal menstruation depends upon the proper functioning of *Artava*, *Artavavaha Srotas*, balanced *Dosha*, adequate nourishment of *Rasa* and *Rakta Dhatu*, and unobstructed activity of *Apana Vata*. Disturbance in any of these physiological components may impair the formation or expulsion of *Artava*, ultimately leading to reduced menstrual flow. Therefore, *Alparthava* should be understood as a manifestation of disturbed reproductive physiology rather than merely a localized uterine disorder. [7]

Nidana (Etiological Factors)

The causative factors responsible for *Alparthava* include improper dietary habits, excessive fasting, intake of dry and nutritionally deficient food, chronic psychological stress, excessive physical exertion, suppression of natural urges, and disorders affecting *Agni*. These factors contribute to vitiation of *Vata* and *Kapha Dosha*, resulting in impaired tissue nourishment and obstruction of the *Artavavaha Srotas*. Consequently, adequate formation and timely elimination of *Artava* are compromised. [8]

Samprapti

The pathogenesis of *Alparthava* begins with derangement of *Vata* and *Kapha Dosha*, accompanied by impairment of *Agni*. This leads to inadequate nourishment of *Rasa Dhatu* and *Rakta Dhatu*, which are essential for healthy *Artava* formation. Simultaneously, obstruction of the *Artavavaha Srotas* and dysfunction of *Apana Vata* interfere with the normal production and expulsion of menstrual blood. The combined effect of tissue depletion and functional obstruction culminates in scanty or delayed menstruation. [9]

Clinical Features

The characteristic manifestations of *Alparthava* include reduced menstrual blood flow, shortened duration of menstruation, delayed menstrual cycles, dysmenorrhea, and occasionally infertility resulting from impaired reproductive function. The severity of symptoms varies according to the degree of *Dosha* vitiation and chronicity of the disease. Recognition of these features is essential for accurate diagnosis and selection of appropriate therapeutic interventions. Since *Shatapushpa Taila* possesses *Artavajanana*, *Vatanulomana*, and *Srotoshodhana* properties, its use appears rational in correcting the underlying pathophysiology of *Alparthava*. [10]

Table 1. Classical Ayurvedic Perspective of *Alparthava*

Aspect	Classical Description	Clinical Significance
Disease correlation	<i>Artava Kshaya / Alparthava</i>	Corresponds to hypomenorrhea
Predominant Dosh	<i>Vata and Kapha</i>	Reduced menstrual flow and delayed menstruation
Affected Dhātu	<i>Rasa and Rakta Dhātu</i>	Inadequate nourishment of <i>Artava</i>
Affected Srotas	<i>Artavavaha Srotas</i>	Impaired menstrual physiology
Major Lakshana	<i>Alpatva</i> , delayed menstruation, <i>Yoni Vedana</i>	Scanty menstruation with or without pain
Principle of treatment	<i>Artavajanana, Vatanulomana, Srotoshodhana</i>	Restoration of normal menstrual function

3. Contemporary Perspective of Hypomenorrhea

Hypomenorrhea is defined as an abnormally reduced volume and/or duration of menstrual bleeding while maintaining a relatively regular menstrual cycle. Although an exact quantitative definition remains variable, menstrual blood loss of less than approximately 20 mL per cycle or bleeding lasting less than two days is generally considered hypomenorrhea. The condition may occur as an isolated menstrual abnormality or as a manifestation of underlying endocrine, ovarian, uterine, metabolic, or systemic disorders. Appropriate evaluation is essential because persistent hypomenorrhea may adversely affect fertility and reproductive health. [11]

The prevalence of hypomenorrhea varies according to age, ethnicity, nutritional status, and associated gynecological disorders. It is commonly observed among adolescents during the initial years after menarche, women with polycystic ovary syndrome, thyroid dysfunction, premature ovarian insufficiency, chronic systemic illnesses, and those experiencing significant psychological stress or excessive physical activity. In recent years, lifestyle changes, obesity, nutritional imbalance, and increasing stress levels have further contributed to the rising incidence of menstrual irregularities. [12]

Etiological Factors

The causes of hypomenorrhea are multifactorial and involve disturbances at the hypothalamic-pituitary-ovarian axis, ovarian dysfunction, endometrial abnormalities, or systemic conditions. Identification of the underlying cause is crucial for selecting an appropriate treatment strategy.

Table 2. Major Causes of Hypomenorrhea[13]

Category	Common Causes
Endocrine	Polycystic ovary syndrome, thyroid disorders, hyperprolactinemia
Ovarian	Premature ovarian insufficiency, diminished ovarian reserve
Uterine	Asherman's syndrome, chronic endometritis, endometrial atrophy
Systemic	Malnutrition, anemia, chronic illness
Lifestyle	Psychological stress, excessive exercise, rapid weight loss
Drug-induced	Hormonal contraceptives, GnRH analogues

Clinical Features and Diagnosis

Patients commonly present with reduced menstrual flow, shortened duration of bleeding, infertility, menstrual irregularity, or dysmenorrhea depending upon the underlying pathology. Clinical evaluation should include detailed menstrual history, physical examination, hormonal assessment, ultrasonography, and other investigations whenever indicated. Early diagnosis is important to identify reversible causes and prevent long-term reproductive complications. [14]

Limitations of Conventional Management

Current management primarily depends on treating the underlying etiology through hormonal therapy, correction of endocrine disorders, nutritional support, and surgical intervention in selected uterine pathologies. Although these approaches are often effective, prolonged hormonal therapy may produce adverse effects, recurrence after discontinuation, and limited patient acceptance. These limitations have encouraged increasing interest in complementary and integrative approaches, particularly Ayurvedic interventions that aim to restore normal menstrual physiology through correction of the underlying functional imbalance rather than symptomatic management alone. This therapeutic perspective provides a scientific rationale for evaluating formulations such as *Shatapushpa Taila* in the management of *Alparthava*. [15]

4. Classical Review of *Shatapushpa*

Shatapushpa (*Anethum sowa* Roxb. ex Fleming/ *Anethum graveolens* Linn., depending on the accepted botanical source) is an important medicinal plant described in several Ayurvedic classics and *Nighantus*. It is widely indicated in disorders of the female reproductive system because of its *Artavajanana*, *Vatanulomana*, *Deepana*, and *Pachana* properties. The drug has traditionally been prescribed to regulate menstruation, relieve dysmenorrhea, improve

digestive function, and normalize *Apana Vata*. Owing to these multidimensional actions, *Shatapushpa* occupies a significant place in the Ayurvedic management of *Artava Vikara*, including *Alparthava*. [16]

Classical References

The therapeutic importance of *Shatapushpa* has been documented in *Brihattrayi* as well as in later *Nighantus*. While the descriptions vary slightly among texts, there is considerable agreement regarding its *Vata-Kapha Shamaka*, *Artavajanana*, and digestive properties.

Table 3. Classical References of *Shatapushpa* in Ayurvedic Literature[17]

Classical Text	Description of <i>Shatapushpa</i>	Therapeutic Relevance
<i>Charaka Samhita</i>	Mentioned among drugs promoting digestion and correcting <i>Vata</i> disorders	Supports menstrual physiology through correction of <i>Agni</i> and <i>Vata</i>
<i>Sushruta Samhita</i>	Described for therapeutic use in various systemic disorders	Useful in disorders involving <i>Vata</i> predominance
<i>Ashtanga Hridaya</i>	Included in formulations for digestive and gynecological disorders	Promotes proper functioning of <i>Apana Vata</i>
<i>Bhavaprakasha Nighantu</i>	Detailed description of properties and actions	Highlights <i>Artavajanana</i> and <i>Vatanulomana</i> actions
<i>Dhanvantari Nighantu</i>	Describes its pharmacodynamic profile	Supports its use in reproductive disorders

Rasapanchaka of *Shatapushpa*

The therapeutic efficacy of *Shatapushpa* is primarily attributed to its unique *Rasapanchaka*, which explains its action on *Agni*, *Dosha*, and the female reproductive system.

Table 4. *Rasapanchaka* of *Shatapushpa*[18]

Parameter	Description
<i>Rasa</i>	<i>Katu, Tikta</i>
<i>Guna</i>	<i>Laghu, Tikshna</i>
<i>Virya</i>	<i>Ushna</i>

Vipaka	<i>Katu</i>
Predominant Dosha Karma	<i>Vata-Kapha Shamaka</i>
Major Karma	<i>Artavajanana, Deepana, Pachana, Vatanulomana, Shoolahara</i>

Therapeutic Importance in *Alparthava*

From an Ayurvedic perspective, *Alparthava* is predominantly associated with deranged *Apana Vata*, impaired *Agni*, and inadequate nourishment of *Artava*. The *Ushna Virya*, *Tikshna Guna*, and *Artavajanana* properties of *Shatapushpa* help alleviate *Vata* obstruction, improve metabolic activity, facilitate proper circulation within the *Artavavaha Srotas*, and promote physiological menstruation. These classical attributes provide a sound Ayurvedic rationale for the use of *Shatapushpa Taila* in the management of *Alparthava*. [19]

5. *Shatapushpa Taila*: Ayurvedic Formulation and Therapeutic Significance

Shatapushpa Taila is a classical Ayurvedic medicated oil in which *Shatapushpa* serves as the principal ingredient. Owing to its *Ushna Virya*, *Tikshna Guna*, *Vatanulomana*, and *Artavajanana* properties, the formulation has traditionally been used in gynecological disorders characterized by impaired menstrual function and *Apana Vata* derangement. The lipid base of the formulation facilitates deeper tissue penetration and enhances the bioavailability of lipid-soluble phytoconstituents, thereby improving its therapeutic efficacy. [20]

The formulation is primarily indicated in conditions associated with diminished or obstructed menstrual flow, dysmenorrhea, and other *Artava Vikara*. By correcting *Agnimandya*, pacifying *Vata* and *Kapha Dosha*, and promoting the normal function of the *Artavavaha Srotas*, *Shatapushpa Taila* is believed to restore physiological menstruation. Unlike symptomatic therapies, Ayurveda emphasizes correction of the underlying functional imbalance, making *Shatapushpa Taila* a rational therapeutic option in *Alparthava*. [21]

Table 5. Therapeutic Profile of *Shatapushpa Taila*

Parameter	Description
Principal ingredient	<i>Shatapushpa</i>
Dosage form	Medicated oil (<i>Taila</i>)

Major Ayurvedic actions	<i>Artavajanana, Vatanulomana, Deepana, Pachana, Shoolahara</i>
Target Dosha	Predominantly <i>Vata</i> and <i>Kapha</i>
Target Srotas	<i>Artavavaha Srotas</i>
Primary indication	<i>Alparthava</i> and other <i>Artava Vikara</i>
Therapeutic objective	Restoration of normal menstrual flow and reproductive physiology

Rationale for the Use of *Shatapushpa Taila* in *Alparthava*

The selection of *Shatapushpa Taila* in *Alparthava* is supported by both classical Ayurvedic principles and emerging pharmacological evidence. Classical texts attribute *Artavajanana* and *Vatanulomana* properties to *Shatapushpa*, which directly address the fundamental pathogenesis of *Alparthava*. Contemporary studies have demonstrated that *Shatapushpa* contains essential oils, flavonoids, phenolic compounds, and other bioactive constituents possessing antioxidant, anti-inflammatory, antispasmodic, and phytoestrogenic activities. These pharmacological properties may improve endometrial receptivity, modulate uterine function, and support hormonal balance, thereby providing a scientific basis for its traditional use in menstrual disorders. [22]

Overall, the classical indications of *Shatapushpa Taila* are supported by modern evidence, suggesting that the formulation has the potential to improve menstrual physiology through both Ayurvedic and biomedical mechanisms. However, further well-designed clinical studies are warranted to establish its efficacy and safety using standardized outcome measures. [23]

6. Probable Mode of Action of *Shatapushpa Taila* in *Alparthava*

The therapeutic efficacy of *Shatapushpa Taila* in *Alparthava* can be explained through both Ayurvedic principles and contemporary pharmacological evidence. From an Ayurvedic perspective, *Alparthava* is primarily associated with derangement of *Apana Vata*, impairment of *Agni*, inadequate nourishment of *Rasa* and *Rakta Dhatu*, and dysfunction of the *Artavavaha Srotas*. Owing to its *Ushna Virya*, *Tikshna Guna*, *Deepana*, *Pachana*, *Vatanulomana*, and *Artavajanana* properties, *Shatapushpa Taila* acts at multiple levels of disease pathogenesis rather than merely relieving symptoms. [24]

Ayurvedic Perspective

The *Ushna* and *Tikshna* attributes of *Shatapushpa* help pacify aggravated *Vata* and *Kapha Dosha*, thereby relieving functional obstruction within the *Artavavaha Srotas*. Simultaneously, its *Deepana* and *Pachana* actions improve digestive and metabolic functions, ensuring proper formation and nourishment of *Rasa* and *Rakta Dhatu*, the precursor tissues responsible for healthy *Artava*. Restoration of *Apana Vata* facilitates timely and adequate menstrual flow, while its *Artavajanana* property directly supports normal reproductive physiology. [25]

Table 6. Ayurvedic Attributes of *Shatapushpa* and Their Therapeutic Relevance

Ayurvedic Attribute	Therapeutic Role in <i>Alparthava</i>
<i>Ushna Virya</i>	Alleviates <i>Vata-Kapha</i> predominance and promotes menstrual flow
<i>Tikshna Guna</i>	Removes functional obstruction in the <i>Artavavaha Srotas</i>
<i>Deepana</i>	Improves <i>Agni</i> and tissue metabolism
<i>Pachana</i>	Facilitates proper nourishment of <i>Rasa</i> and <i>Rakta Dhatu</i>
<i>Vatanulomana</i>	Restores normal function of <i>Apana Vata</i>
<i>Artavajanana</i>	Enhances physiological menstruation

Contemporary Scientific Perspective

Phytochemical investigations have shown that *Anethum graveolens* contains volatile oils, flavonoids, phenolic compounds, coumarins, and terpenoids that contribute to its diverse biological activities. Experimental studies have demonstrated antioxidant, anti-inflammatory, antispasmodic, antimicrobial, and estrogen-modulating properties. These pharmacological effects may reduce oxidative stress, improve uterine function, and support endometrial health, thereby providing a plausible scientific explanation for its traditional use in menstrual disorders. [26]

In addition, antioxidant compounds present in *Shatapushpa* may protect reproductive tissues from oxidative damage, whereas its antispasmodic activity may alleviate uterine discomfort associated with menstrual disorders. Emerging evidence also suggests that certain phytoconstituents exhibit mild phytoestrogenic activity, which may contribute to improved endometrial maturation and menstrual regulation. Although these findings are promising, the

exact molecular mechanisms responsible for its effects on menstrual physiology require further investigation through well-designed clinical and experimental studies. [27]

Table 7. Major Phytoconstituents of *Anethum graveolens* and Their Pharmacological Relevance

Phytoconstituent	Reported Pharmacological Activity	Possible Role in <i>Alparthava</i>
Carvone	Antioxidant	Protects reproductive tissues from oxidative stress
Limonene	Anti-inflammatory	Reduces inflammatory changes in reproductive tissues
Flavonoids	Antioxidant, phytoestrogenic	Supports endometrial function and menstrual regulation
Phenolic compounds	Free radical scavenging	Improves cellular integrity and tissue health
Coumarins	Smooth muscle modulation	May assist in maintaining normal uterine physiology

Overall, the available classical and scientific evidence suggests that *Shatapushpa Taila* exerts a multimodal therapeutic effect by correcting the underlying Ayurvedic pathogenesis while simultaneously influencing biological processes relevant to menstrual regulation. This integrative mode of action provides a rational basis for its use in the management of *Alparthava*; however, additional high-quality randomized clinical trials are required to strengthen the current evidence base. [28]

7. Contemporary Scientific Evidence on *Shatapushpa* in Menstrual Disorders

The therapeutic use of *Shatapushpa* in menstrual disorders is supported by a growing body of experimental and clinical evidence. Although the number of high-quality randomized controlled trials remains limited, available studies suggest beneficial effects on menstrual regularity, menstrual flow, dysmenorrhea, and reproductive function. The observed therapeutic benefits are attributed to its antioxidant, anti-inflammatory, antispasmodic, and hormone-modulating properties, which complement the classical Ayurvedic concept of *Artavajanana* and *Vatanulomana*. [29]

Preclinical Evidence

Experimental studies have demonstrated that *Anethum graveolens* possesses significant antioxidant, anti-inflammatory, antimicrobial, and smooth muscle-modulating activities. These pharmacological properties may reduce oxidative stress, improve reproductive tissue function, and support normal uterine physiology. Such findings provide biological plausibility for its traditional use in menstrual disorders, although direct evidence in *Alparthava* models is still limited. [30]

Table 8. Summary of Preclinical Evidence

Study	Experimental Model	Major Findings	Clinical Relevance
Phytochemical studies	Laboratory analysis	Presence of flavonoids, phenolics, terpenoids and volatile oils	Explains antioxidant and anti-inflammatory potential
Pharmacological studies	Experimental models	Antioxidant and antispasmodic activities	Supports uterine function and relief of menstrual symptoms
Anti-inflammatory studies	Experimental models	Reduction in inflammatory mediators	May improve reproductive tissue health

Clinical Evidence

Clinical studies evaluating *Shatapushpa* have reported encouraging outcomes in women with menstrual disorders. In a clinical study on patients with *Artava Kshaya* (oligomenorrhea), administration of *Shatapushpa Churna* produced significant improvement in menstrual interval, duration, quantity of menstrual bleeding, and dysmenorrhea without notable adverse effects. Likewise, a more recent clinical study in women with PCOS-associated oligomenorrhea demonstrated improvement in menstrual cyclicity following treatment with *Shatapushpa Churnam* administered with *Tila Tailam*. Although these studies involved relatively small sample sizes and lacked control groups, they provide preliminary clinical evidence supporting the traditional use of *Shatapushpa* in menstrual disorders. [31]

8. Discussion

Alparthava is a multifactorial menstrual disorder that can significantly affect a woman's reproductive health and quality of life. Ayurveda attributes its pathogenesis primarily to the

vitiation of *Apana Vata*, impaired *Agni*, inadequate nourishment of *Rasa* and *Rakta Dhatu*, and dysfunction of the *Artavavaha Srotas*. Therefore, the treatment approach aims not only to improve menstrual flow but also to restore normal reproductive physiology.

The present review highlights that *Shatapushpa Taila* possesses several classical properties, including *Artavajanana*, *Vatanulomana*, *Deepana*, and *Pachana*, which directly address the underlying Ayurvedic pathogenesis of *Alparthava*. These actions are likely to improve the physiological formation and expulsion of *Artava*, thereby promoting normal menstrual function.

Contemporary scientific evidence also supports the traditional use of *Shatapushpa*. Experimental studies have demonstrated antioxidant, anti-inflammatory, antispasmodic, and hormone-modulating activities that may contribute to improved uterine function and menstrual regulation. Clinical studies have reported encouraging improvements in menstrual regularity, menstrual flow, and associated symptoms following the administration of *Shatapushpa*-based formulations. However, most available studies are limited by small sample sizes and methodological shortcomings, emphasizing the need for well-designed randomized controlled trials.

Overall, the available classical literature and modern scientific evidence suggest that *Shatapushpa Taila* is a promising Ayurvedic intervention for the management of *Alparthava*. Its ability to address both the Ayurvedic pathogenesis and the biological mechanisms involved in menstrual disorders supports its potential role as an integrative therapeutic option. Nevertheless, further high-quality clinical research is required to establish its efficacy, safety, and mechanism of action using standardized outcome measures.

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