

## Prajasthapana Mahakashaya Gana: A Comprehensive Literary and Pharmacological Review with Special Reference to Reproductive Health and Infertility

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### ABSTRACT

#### Background:

In Charaka Samhita, Prajasthapana Mahakashaya is one of the fifty Mahakashayas described as a group of drugs that remove obstacles to conception and sustenance of pregnancy. It is central to Ayurvedic management of infertility, recurrent abortion, and poor obstetric history. **Objective:** To present a systematic literary and pharmacological analysis of Prajasthapana Mahakashaya Gana, with emphasis on its classical indications, individual drug properties, mechanisms of action, and potential role in modern reproductive health.

**Methods:** A critical review of classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita) and contemporary research literature was conducted. Drug properties (Rasa, Guna, Virya, Vipaka, Doshaghnata, Dhatu action, and Rogaghnata) of the ten Prajasthapana drugs were analyzed in relation to reproductive physiology and pathology.

**Results:** Prajasthapana Mahakashaya comprises ten drugs: Brahmi (*Bacopa monnieri*), Aindri (*Citrullus colocynthis*), Shatavirya (*Cynodon dactylon*), Sahasravirya (white Durva), Amogha/Patala (*Stereospermum chelonoides*), Avyatha/Guduchi (*Tinospora cordifolia*), Shiva/Haritaki (*Terminalia chebula*), Arishta/Kutki (*Picrorhiza kurroa*), Vatypushpi/Atibala (*Abutilon indicum*), and Vishvaksenakanta/Priyangu (*Callicarpa macrophylla*). These drugs collectively exhibit Kashaya–Madhura Rasa, Sheeta Virya, Snigdha and Balya properties, acting primarily on Rakta, Artava, Garbhashaya, and Mamsa–Meda Dhatus. Their actions normalize Garbhopaghatakar Bhavas, improve uterine and endometrial health, regulate Ritu, and support Beeja (ovum) quality.

**Conclusion:** Prajasthapana Mahakashaya Gana offers a scientifically rational and clinically relevant framework for the management of female infertility, recurrent pregnancy loss, and obstetric complications. Integration of this classical formulation group with modern reproductive medicine warrants well- designed clinical trials.

**KEYWORDS:** Prajasthapana Mahakashaya, Infertility, Recurrent abortion, Ayurvedic reproductive health, Charaka Samhita, Women’s health.

## INTRODUCTION

Infertility and adverse pregnancy outcomes remain major global health challenges, with psychological, social, and economic burdens on affected couples. In Ayurveda, fertile conception and healthy pregnancy depend on the harmonious interplay of four factors: Ritu (ovulatory cycle), Kshetra (uterus/reproductive tract), Ambu (nutritive fluids), and Beeja (ovum and sperm). Disturbances in any of these lead to Vandhyatva (infertility), Garbha srava (threatened abortion), or Garbhpatha (abortion).

Charaka Samhita classifies therapeutic drugs into fifty Mahakashayas based on their predominant actions. Among them, Prajasthapana Mahakashaya is specifically indicated for “removal of all abnormalities that cause obstacles in conception and sustenance of pregnancy”. Classical authors like Vagbhata and Kashyapa also recommend Prajasthapana drugs after Punsavana karma and as routine supportive therapy in pregnancy to maintain maternal and fetal health.

Despite its classical importance, there is limited consolidated literature that systematically integrates classical descriptions, pharmacological profiles, and modern research perspectives on Prajasthapana Mahakashaya Gana. This article aims to bridge that gap, providing a comprehensive, publication- ready review that can

serve as a foundation for clinical protocols, product development, and research studies.

## **MATERIALS AND METHODS**

### **Literature Search Strategy**

A critical review was conducted using:

1. Classical Ayurvedic texts
2. Charaka Samhita (Sutrasthana, Chikitsasthana)
3. Sushruta Samhita
4. Ashtanga Hridaya / Samhita
5. Kashyapa Samhita

### **Secondary Ayurvedic resources**

1. Dravyaguna Vijnana texts
2. Commentaries by Chakrapanidatta, Indu, etc.
3. Modern Ayurvedic textbooks and monographs.

### **Contemporary Research Literature**

1. Peer- reviewed articles on Prajasthapana Mahakashaya, Prajasthapana Gana, Vandhyatva, and related terms.
2. Studies on individual drugs of the gana (Brahmi, Shatavari/Durva, Guduchi, Haritaki, Bala, etc.).
3. Databases and sources included online journals, Ayurvedic research portals, and published monographs. Search terms used (in English and transliterated Sanskrit) included:
  - i. “Prajasthapana Mahakashaya”, “Prajasthapana Gana”,
  - ii. “Vandhyatva Ayurveda”, “Infertility Ayurveda”,
  - iii. “Recurrent abortion Ayurveda”,
  - iv. Names of individual drugs (Brahmi, Aindri, Shatavirya, etc.).

### **Inclusion and Exclusion Criteria**

#### **Included:**

1. Classical descriptions of Prajasthapana Mahakashaya and its ten drugs.
2. Studies directly addressing Prajasthapana drugs in reproductive disorders.
3. Pharmacological, phytochemical, and clinical data on individual drugs relevant to reproductive health.

#### **Excluded:**

1. Non- scientific, purely devotional, or anecdotal reports without textual or research basis.

2. Data on drugs not classically included in Prajasthapana Mahakashaya.

## DATA EXTRACTION AND ANALYSIS

For each of the ten drugs, the following parameters were extracted and analyzed:

1. Classical name and synonyms
2. Botanical identity and common names
3. Rasa, Guna, Virya, Vipaka
4. Doshaghnata (Vata–Pitta–Kapha balancing)
5. Primary Dhatu actions (Rakta, Artava, Mamsa, Meda, Shukra/Artavavaha)
6. Specific reproductive indications (Ritu, Kshetra, Beeja, Garbha)
7. Modern pharmacological activities (antioxidant, anti-inflammatory, hormonal, uterine tone, etc.) where available.
8. Integration of classical and modern data was performed to propose mechanisms of action and clinical relevance in infertility and adverse pregnancy outcomes.

## RESULTS AND DISCUSSION

### 1. Classical Definition and Scope of Prajasthapana Mahakashaya

In Charaka Samhita Sutrasthana, Prajasthapana Mahakashaya is defined as:

तद्विघ्नानि शरीरे प्रजास्थाने विहन्यात् यानि तानि प्रजास्थापनानि भवन्ति ।

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“Those drugs that remove obstacles in the process of Prajasthapana (procreation and sustenance of pregnancy) are called Prajasthapana drugs.”

Classically, Prajasthapana action is:

1. Prevention of Garbhopaghatakar Bhavas (factors harmful to conception or pregnancy).
2. Correction of Kshetra (uterus, cervix, fallopian tubes) abnormalities.
3. Regulation of Ritu (menstrual/ovulatory cycle).
4. Support of Beeja quality (ovum and sperm).
5. Prevention of Garbha srava and Garbhpatha (threatened and completed abortion).

Kashyapa Samhita suggests routine use of Prajasthapana drugs in pregnancy for maintenance of maternal and fetal health, growth and development.

### List of the Ten Prajasthapana Drugs

As per Charaka Samhita, the ten drugs are:

ऐन्द्री ब्राह्मी शतवीर्या सहस्रवीर्याऽमोघाऽव्यथा शिवा I

अरिष्टा वाट्यपुष्पी विष्वक्सेनकान्ता इति दशेमानि प्रजास्थापनानि भवन्ति II

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**Table 1. Classical and Modern Identities of Prajasthapana Mahakashaya Drugs**

| S.No | Classical Name               | Common Name  | Botanical Name                          | Key Reproductive Actions                                                      |
|------|------------------------------|--------------|-----------------------------------------|-------------------------------------------------------------------------------|
| 1    | Aindri (Endri)               | Indravāruni  | <i>Citrullus colocynthis</i>            | <i>Rakta</i> purification, <i>Kshetra</i> shodhana                            |
| 2    | Brahmi                       | Brahmi       | <i>Bacopa monnieri</i>                  | <i>Majja–Mamsa</i> nourishment, stress modulation, <i>Rasa–Rakta</i> balance  |
| 3    | Shatavirya                   | Neela Durva  | <i>Cynodon dactylon</i>                 | <i>Artava</i> regulation, uterine tone, <i>Rasayana</i>                       |
| 4    | Sahasravirya                 | Shveta Durva | <i>Cynodon dactylon</i> (white variety) | Similar to Shatavirya; <i>Rasayana</i> , <i>Balya</i>                         |
| 5    | Amogha (Patala)              | Patala       | <i>Stereospermum chelonoides</i>        | Uterine strength, <i>Mamsa–Meda</i> nourishment                               |
| 6    | Avyatha (Guduchi)            | Guduchi      | <i>Tinospora cordifolia</i>             | <i>Rasayana</i> , immunomodulation, <i>Rakta</i> purification                 |
| 7    | Shiva (Haritaki)             | Haritaki     | <i>Terminalia chebula</i>               | <i>Vata–Kapha</i> balancing, <i>Dhatu</i> nourishment, <i>Agni</i> correction |
| 8    | Arishta (Kutki)              | Kutaki       | <i>Picrorhiza kurroa</i>                | <i>Rakta</i> and <i>Yakrit</i> purification, <i>Pitta</i> shamana             |
| 9    | Vatypushpi (Atibala)         | Atibala      | <i>Abutilon indicum</i>                 | Uterine strength, <i>Mamsa–Meda</i> nourishment, <i>Balya</i>                 |
| 10   | Vishvakseenakanta (Priyangu) | Priyangu     | <i>Callicarpa macrophylla</i>           | <i>Artava</i> regulation, <i>Rakta</i> balance, uterine health                |

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**PHARMACOLOGICAL PROFILE OF THE GANA (Rasa–Guna–Virya–Vipaka)**

Collectively, Prajasthapana drugs are described as:

**Rasa :** Predominantly Kashaya (astringent) and Madhura (sweet).

**Guna :** Snigdha (unctuous), Ghraana (subtle), Balya (strengthening).

**Virya :** Sheeta (cooling).

**Vipaka:** Mostly Madhura.

These properties make the group especially suitable for:

1. Vata–Pitta predominant infertility (e.g., PCOS with inflammatory component, luteal phase defect).
2. Conditions with Rakta and Artava dhatu vitiation (abnormal uterine bleeding, endometrial pathology).
3. Pacifying Agni disorders without aggravating Pitta.

**Dhatu and Srotas Action**

Primary actions on:

**Rakta Dhatu:** Purification and normalization of blood quality, essential for healthy endometrium and placental formation.

**Artava Dhatu / Artavavaha Srotas:** Regulation of menstrual cycle, ovulation, and endometrial receptivity.

**Garbhashaya (Uterus):** Strengthening of uterine musculature and ligaments, improving tone and reducing risk of miscarriage.

**Mamsa–Meda Dhatus:** Providing structural and nutritive support to pelvic organs and pregnancy.

**Majja Dhatu:** Nourishment of nervous system, important for hypothalamic–pituitary–gonadal axis regulation (especially Brahmi, Guduchi).

**Individual Drug Highlights and Modern Correlates****Brahmi (Bacopa monnieri)**

Classical: Medhya Rasayana, balances Vata–Pitta, nourishes Majja and Mamsa.

Reproductive role: Stress modulation, improvement of HPG axis function, antioxidant protection of oocytes.

Modern: Adaptogenic, neuroprotective, antioxidant, anti-inflammatory; may improve ovarian reserve markers indirectly via stress reduction and metabolic regulation.

**Shatavirya & Sahasravirya (Durva – Cynodon dactylon)**

Classical: Rasayana, Shothahara, Balya, specifically indicated for Artava disorders and Garbhapati.

Reproductive role: Regulation of menstrual cycle, improvement of endometrial thickness, uterine tone.

Modern: Antioxidant, anti-inflammatory, wound-healing; traditional use in postpartum and infertility conditions.

**Guduchi (*Tinospora cordifolia*)**

Classical: Rasayana, Pitta Shamana, Rakta Shodhaka.

Reproductive role: Immunomodulation in autoimmune - related infertility, correction of Rakta vitiation.

Modern: Immunomodulatory, anti - inflammatory, hepatoprotective; may help in cases of recurrent pregnancy loss with immune dysregulation.

**Patala, Atibala, Priyangu**

Classical: Balya, Shothahara, Vata Shamaka, strengthen Kshetra.

Reproductive role: Uterine muscle tone, pelvic support, management of Vata - type infertility (e.g., tubal spasm, retroverted uterus).

Modern: Limited but suggestive anti - inflammatory, uterotonic, and adaptogenic effects.

**Clinical Applications**

Based on classical texts and contemporary studies, Prajasthapana Mahakashaya Gana can be considered in:

1. Female Infertility (Vandhyatva)
2. Ovulatory dysfunction, PCOS with Rakta–Artava vitiation.
3. Unexplained infertility with normal basic workup.
4. Adjunct to assisted reproductive technologies (ART).
5. Recurrent Pregnancy Loss (RPL)
6. Habitual abortion due to Garbha srava/Garbhapatha.
7. Uterine abnormalities requiring Kshetra strengthening.
8. Poor Obstetric History
9. Preterm delivery, intrauterine growth restriction (IUGR) risk.
10. Post - abortion or post - miscarriage rehabilitation.
11. Menstrual Disorders with Infertility
12. Oligomenorrhea, amenorrhea, dysmenorrhea associated with Artava imbalance.

**Mechanistic Synthesis**

Prajasthapana Mahakashaya appears to act through:

1. Normalization of Ritu (Ovulatory Cycle)
2. Regulation of Artavavaha Srotas via Rasa–Rakta balance.
3. Stress reduction and HPG axis modulation (Brahmi, Guduchi).
4. Optimization of Kshetra (Uterus and Pelvic Organs)
5. Strengthening of uterine musculature and ligaments (Patala, Atibala, Priyangu).
6. Correction of Rakta stasis and inflammation (Guduchi, Kutki, Aindri).

7. Enhancement of Beeja (Ovum) Quality
8. Antioxidant and Rasayana actions protecting oocytes from oxidative stress.
9. Nutritional support via Madhura Rasa and Snigdha Guna.
10. Support of Garbha (Embryo/Fetus)
11. Prevention of Garbhopaghatakar Bhavas (toxins, inflammation, immune attack).
12. Promotion of proper growth and development through Balya and Rasayana effects.

## Conclusion

Prajasthapana Mahakashaya Gana represents a sophisticated, multi-target Ayurvedic approach to reproductive health, integrating:

Classical understanding of Ritu, Kshetra, Ambu, and Beeja, balanced Rasa–Guna–Virya–Vipaka profiles suitable for both Shodhana and Shamana, potential mechanisms aligned with modern concepts of oxidative stress, inflammation, immune regulation, and endometrial receptivity.

The group offers a rational basis for clinical protocols in infertility and recurrent pregnancy loss, development of standardized formulations (ghrita, granules, oils), design of well-controlled clinical trials integrating Ayurvedic and biomedical parameters.

Future research should focus on standardized Prajasthapana-based formulations with defined phytochemical markers, randomized controlled trials in defined infertility subtypes (e.g., PCOS, RPL, unexplained infertility), biomarker studies (hormonal, inflammatory, oxidative) to elucidate mechanisms.

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