



Review Article

**KRISHNA’S® SHE CARE AYURVEDIC JUICE: A LITERATURE-BASED REVIEW OF ITS
POLYHERBAL APPROACH TO WOMEN’S HORMONAL BALANCE**

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ABSTRACT

Krishna’s® She Care Juice is a polyherbal preparation that is intended to promote women's reproductive health, especially in the management of conditions such as Polycystic Ovary Syndrome (PCOS), irregular menstrual cycles, dysmenorrhea, and other gynecological disorders. This review summarizes the existing scientific and clinical literature regarding the major herbal constituents of the product i.e., *Saraca asoca*, *Berberis aristata*, *Zingiber officinale*, and *Triphala* emphasizing their unique roles in modifying hormonal equilibrium, anti-inflammatory actions, uterine health promotion, and enhancing metabolic indices. Clinical trials of *S. asoca* establish its effectiveness in curtailing menstrual bleeding and dysmenorrhea. *B. aristata* demonstrated insulin-sensitizing activity, useful in the management of PCOS, while *Z. officinale* has evidence based on randomized controlled trials for its analgesic and hormone-modulating action. *Triphala*, exhibiting antioxidant and adaptogenic activities, proved useful in the control of menstrual disorders, Premenstrual syndrome (PMS), and endometriosis. While encouraging evidence exists for each of these individual herbs, a major gap still exists in direct clinical evidence comparing the safety, tolerability, and efficacy of the combination formulation as it occurs in Krishna’s® She Care Juice. This serves to underscore the imperative need for pre-clinical mechanistic studies and rigorously designed clinical trials to establish its therapeutic merits, refine dosing regimens, and define safety profiles. The novel traditional application and corroborative findings on its components render Krishna’s® She Care Juice an interesting subject for future investigation, with the potential to become a standardized, evidence-based Ayurvedic treatment for women's health.

INTRODUCTION

Endocrine balance is the foundation of female health, integrally related to physiological, emotional, and metabolic health. The cycle of life includes everything from menstruation and fertility to menopause with the core hormones orchestrating this symphony being estrogen, progesterone, testosterone, and various thyroid hormones. The delicate balance can be disrupted resulting in polycystic ovary syndrome (PCOS), premenstrual syndrome (PMS), menopausal symptoms, and irregular periods. Such problems are faced by millions around the globe adversely affecting quality of life and increasing the chances of long-term health risks. [1]

Traditional treatment like hormone replacement therapy (HRT) and oral contraceptives may be effective but come with undesirable side effects such as thromboembolism, weight gain, and mood disorder. [2] This has shifted focus toward more holistic and natural therapies. In the context of increased interest in alternative medicine, Ayurveda, a 5,000-year-old Indian system of medicine, offers a proactive approach to managing hormonal imbalances through its polyherbal medicine approach emphasizing holistic wellness and preventive care. [3] Ayurveda’s core philosophy regards health as a balance of the three *Doshas*, *Vata*, *Pitta*, *Kapha*, as well as the *Dhatus* and *Agni*. Hormonal imbalances related to *Apana Vata* (responsible for reproductive and eliminative functions) and *Ranjaka Pitta* (blood and liver) are managed through shifts in diet, lifestyle, and herbal medicine aimed at restoring balance. [4] In Ayurveda, therapeutics rely largely on polyherbal formulations, which consist of multiple herbs designed to work

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synergistically, lowers side effects, and increase the number of pathways concurrently engaged. This combination, called *Yukti*, is increasingly substantiated by contemporary medicines which study the effects of single compounds on multiple targets, like the alkaloids, flavonoids, and terpenoids of plant origin. [5]

Krishna's® She Care Ayurvedic Juice is an example of this heritage, blending 16 plant species traditionally honoured in Ayurveda for female health. Every ingredient of Krishna's® She Care Juice. has been carefully chosen for its function to modulate hormonal activity, maintain reproductive health, and reduce inflammation or oxidative stress. For example, *S. asoca* is glorified in Ayurvedic literature for its uterotonic action, whose efficacy has been recently attributed by studies to flavonoids such as kaempferol, rutin, (-)-epicatechin, myricetin, quercetin, and fisetin possesses antiandrogenic and estrogenic effects. [6] In a similar way, *B. aristata*, which is rich in berberine, has insulin-sensitizing actions essential in PCOS management, whereas *P. emblica* reduces oxidative stress due to its high content of vitamin C and polyphenols. [7,8]

The adaptogenic attributes of herbs such as *T. chebula* and *Z. officinale* also alleviate stress-related hormonal imbalance. *T. chebula* promotes detoxification by adjusting cortisol levels, while *Z. officinale* reduces dysmenorrhea via its anti-inflammatory and analgesic effects. [9,10] Moreover, *C. rotundus* enhances lipid metabolism, estrogenic activity and improve ovarian function by regulating hormone levels, whereas *S. chirayita* maintains glycemic control through mangiferin, amarogentin, amaroswerin, sweroside and swertiamarin as active constituents. [11-14]

This review integrates existing literature on these components, assessing their combined potential in achieving hormonal balance via Ayurvedic concepts and current scientific knowledge. Through integration of traditional knowledge and translational research, we endeavored to define the mechanisms of Krishna's® She Care Juice as a holistic intervention in women's hormonal well-being.

Therapeutic Potentials of Herbs used in Krishna's® She Care Formulation

Saraca asoca

Saraca asoca (*Ashoka*), a Ayurvedic sacred plant, has been traditionally used to manage gynecological ailments, including menstrual disorders, genital, uterine, and other reproductive health issues in females. [15] Recent pharmacological studies enumerate its efficacy in hormonal and reproductive medicine. *S. asoca* extract reduced body weight, cystic follicles, serum testosterone, luteinizing hormone (LH), insulin, and oxidative stress markers and elevated follicle-stimulating hormone (FSH), estradiol, progesterone, prolactin, and antioxidant enzymes

(SOD, GSH, CAT), demonstrating restoration of ovarian function and endocrine balance. [6] Such effects are due to presence of estrogen-mimetic flavonoids like (-)-epicatechin, myricetin, quercetin, and kaempferol, which competitively inhibit androgen receptors, inhibit 5 α -reductase (preventing dihydrotestosterone formation), and influence signalling. Rutin is another compound that exerts antiandrogenic as well as insulin-sensitizing actions like metformin. [6] Overall, the flavonoids of *S. asoca* extract highlights its potential as a polyvalent drug for reproductive health and associated endocrine diseases, aligning traditional medicine with evidence-based medicine.

Berberis aristata

Berberis aristata (Daruharidra) and its bioactive metabolite berberine [5] have broad applications in treating PCOS and improving the reproductive health of women through multiparameter metabolic and hormonal modulation. Berberine reduces insulin resistance, the defining feature of PCOS, by enhancing insulin sensitivity through activation of AMPK, upregulation of GLUT4, and stimulation of insulin receptor (InsR), thus improving glucose utilization and alleviating hyperinsulinemia. [16] It also suppresses hepatic gluconeogenesis, inhibits intestinal α -glucosidase (reducing carbohydrate absorption), and promotes glycolysis, collectively blunting PCOS-related hyperglycemia and hyperandrogenism. [17] Berberine is clinically shown to reverse menstrual cyclicity, ovulation, and metabolic parameters (e.g., fasting insulin, glucose) in PCOS women, as well as improve IVF outcomes by reducing ovarian hyperstimulation risk and enhancing live birth rates equally to metformin. [18,19] Berberine also enhances endometrial receptivity by modulating implantation-related genes (LPAR3, HOXA11) and is promising in gestational diabetes by modulating insulin sensitivity via epigenetic regulation of hypoxia-inducible factor 3 alpha (HIF3A). [20,21]

Adhatoda vasica

Adhatoda vasica (L.) Nees, which is also referred to as *Vasaka* in Ayurveda and Malabar nut in English, has been used traditionally for the management of a vast array of acute and chronic conditions. Its applications range from bronchial infections, cough, bacterial infections, reproductive disorders, menorrhagia, pneumonia, fever, jaundice, catarrh, asthma, cardiac diseases, and so on. [22] The plant contains abundant phytochemicals of varying diversity like alkaloids, flavonoids, and tannins, the major active compounds being vasicine, vasicinone, vasicinol, adhatodine, adhatodinine, adhavasine, and anisotine. [23] Among them, vasicine is the most studied alkaloid owing to its wide-ranging pharmacological activities, most notably its uterotonic activity. [24]

Vasicine has been demonstrated to induce rhythmic contractions in the strips of non-pregnant and pregnant human uterus myometria, with actions similar to that of uterotonic agents such as oxytocin and methergine. [25] These actions have been found significantly affected by the level of estrogen, showing an increased responsiveness to estrogen-primed uteri. The wide pharmacological profile and long history of traditional use of *A. vasica* highlight its potential as a valuable herbal constituent in formulations intended to promote female reproductive well-being.

Cyperus rotundus

Cyperus rotundus L. (*Mustaka*), a cornerstone in both Ayurvedic and Traditional Chinese Medicine, has exhibited great potential in maintaining uterine and reproductive well-being. Its rhizomes contain a wealth of phytochemical diversity in the form of flavonoids, tannins, glycosides, and specifically, sesquiterpenoids such as α -cyperone and isocyperol, which impart significant anti-inflammatory, antioxidant, and anti-estrogenic activity. [26] Research has indicated that methanol extracts of *C. rotundus* decrease endometrial thickness in vivo, indicative of anti-estrogenic activity, and water extracts increase endometrial receptivity through increased expression of leukemia inhibitory factor (LIF) and integrins via the PI3K/Akt pathway. [27,28] *C. rotundus* has been demonstrated to enhance lipid metabolism and influence estrogenic pathways, implying a function in the optimization of ovarian function and hormonal imbalance control, notably in disorders like polycystic ovary syndrome. [11-13] Notably, Cyperi rhizome extract has been shown to inhibit endometriotic cell adhesion and inhibit expression of pain-related neurotrophins such as BDNF, NGF, NT-3, and NT-4/5 via downregulation of the Akt/NF- κ B pathway, which suggests its promise in treating endometriosis-related pelvic pain. [26] Additionally, amentoflavone extracted from *C. rotundus* arrested uterine fibroid progression by controlling the expression of Bcl-2/Bax and decreasing the levels of circulating estrogen and progesterone, which again demonstrates its gynecological therapeutic potential. [11]

Swertia chirata

Swertia chirayita, also known as *Chirata* or *Chiretta*, is a drug plant of age-old reputation in traditional systems of medicine, most notably in India and Nepal. It has been used traditionally in the treatment of a wide variety of conditions like chronic fever, malaria, anemia, bronchial asthma, hepatotoxic disorders, hepatitis, gastritis, constipation, dyspepsia, skin ailments, helminthic infestations, epilepsy, ulcers, urinary diseases, hypertension, melancholy, mental illnesses, and metabolic disorders like diabetes. Its decoctions are also well known for their anthelmintic,

hepatoprotective, hypoglycemic, antimalarial, antifungal, antibacterial, cardiostimulant, antifatigue, anti-inflammatory, anti-aging, and antidiarrheal properties, as well as for cardiovascular health and lowering blood pressure and blood sugar levels. [29] Gynecologically, *S. chirayita* has direct and supportive roles, especially in the treatment of PCOS. Its major bioactive agents- mangiferin, amarogentin, and swertiamarin, have been shown to improve insulin sensitivity and increase glucose uptake in peripheral tissues, essentially reversing hyperinsulinemia at the heart of PCOS pathophysiology. [14] In addition, its strong antioxidant and anti-inflammatory activities help mitigate oxidative stress and chronic inflammation- two major players in perpetuating insulin resistance and ovarian dysfunction in PCOS. [30] *S. chirayita* also contribute to metabolic detoxification, indirectly fostering hormonal balance and reproductive well-being. [31]

Aegle marmelos

Aegle marmelos, commonly known as Bael, is a traditional medicinal plant valued for its wide range of pharmacological properties. The fruit is especially renowned for its anti-dyspeptic, antidiarrheal, and anti-dysenteric effects, making it a key remedy in gastrointestinal disorders. [32] Beyond digestive health, it exhibits diverse therapeutic actions including antifungal, antimicrobial, analgesic, antipyretic, anti-inflammatory, hypoglycemic, and dyslipidemic activities. Bael also demonstrates immunomodulatory, antiproliferative, wound-healing, antifertility, and insecticidal properties, and has been used in traditional medicine for managing intermittent fever and mental disorders. [33] *A. marmelos* contains bioactive phytoconstituents such as flavonoids [e.g., marmelosin, tannins, coumarins, polyphenols, vitamins (A, C, B-complex), and minerals (iron, calcium) that are the foundation of its pharmacological activities. [34-36] Experimental studies validate its antidiabetic efficacy, wherein leaf and fruit extracts lowered blood glucose by enhanced insulin release and recovery of pancreatic β -cells more than glibenclamide in streptozotocin-induced diabetic rats. [37,38] Its anti-hyperlipidemic effect, evidenced by reduced serum cholesterol, triglycerides, and LDL in diabetic and hyperlipidemic rats, is attributed to ethanolic and aqueous extracts. [39] Antioxidants like flavonoids, coumarins, tannins, catechins, isocatechins, anthocyanins, lignans, polyphenols, and β -carotene in leaves and unripe fruits neutralize oxidative stress by inhibiting free radicals and lipid peroxidation, which is crucial for the treatment of oxidative damage in metabolic and reproductive diseases. [40]

Woodfordia fruticosa

Woodfordia fruticosa (Dhataki), one of the important Ayurvedic medicinal plants, is used traditionally to cure ulcers, pimples, fever, dysentery, menstrual problems, and pediatric diarrhea, and as a cooling, uterine narcotic drug. [46] Flowers and leaves of the plant have bioactive molecules like flavonoids (quercetin, kaempferol), tannins (tellimagrandin, woodfordin A, oenothien B), sterols, and triterpenoids. [46,47] Pharmacologically, it possesses antihyperglycemic action through the inhibition of α -amylase, upregulation of GLUT-2/4, and pancreatic β -cells restoration. [48] Anti-depressant activity is illustrated through diminished immobility in behaviour models, and anti-inflammatory activities are exhibited through diminished paw oedema in animal models. [49,50] Hepatoprotective activity against CCl₄, acetaminophen, and diclofenac toxicities is caused through antioxidant replenishment and diminishment of fibrosis. [46] Analgesic effects are seen in nociceptive models, and immunostimulatory activity increases macrophage phagocytosis and bone marrow cell proliferation. [50,51]

Carum carvi

Carum carvi (Caraway), a medicinal plant is traditionally used to treat gastrointestinal disorders such as dyspepsia, bloating, and diarrhea, and bronchopulmonary diseases and rheumatism. [52] In women's health, it is appreciated for its ability to increase maternal milk supply and to treat dysmenorrhea. Its major bioactive compounds are monoterpenes like carvone and limonene, in addition to carvacrol, α -pinene, γ -terpinene, and linalool. [52] Caraway displays anti-inflammatory action through carvone-inhibited 5-lipoxygenase and cyclooxygenase, inhibiting the formation of prostaglandin and leukotriene. [53] Antioxidant activity due to phenolic compounds and carvacrol prevents oxidative stress, and hepatoprotective and nephroprotective effects are evidenced through toxin models. [54,55] Its anti-hyperglycemic and anti-hyperlipidemic activities in diabetic rats and immunomodulatory action based on the presence of carvone and limonene are further indicative of therapeutic value. [56,57]

Zingiber officinale

Zingiber officinale (ginger) has long been used traditionally to relieve symptoms of nausea, pain, colds, and gastrointestinal upset, and has proven effective in the treatment of diseases such as osteoarthritis, rheumatoid arthritis, migraine, and metabolic disorders like Type 2 diabetes. [58] It is a commonly employed medicinal and culinary herb with a dense profile of bioactive compounds, mainly gingerol, shogaol, zingerone, and gingerdione, which are responsible for its strong antioxidant, anti-inflammatory, analgesic, and immunomodulatory activities. [59] These components exert their effects by

blocking COX-1, COX-2, and inflammatory cytokines such as TNF- α , IL-1, and IL-2, suppressing prostaglandin and leukotriene production, and modulating TRPV1 receptors. [59] Ginger also triggers the Nrf2 pathway and inhibits NF- κ B, leading to its antioxidative and anti-inflammatory action. [60] A meta-review of 638 studies that comprised a narrative synthesis of eight and a meta-analysis of five randomized trials between ginger and placebo demonstrated that ginger had greater effectiveness compared to placebo in alleviating menstrual pain. Also, two studies comparing ginger with NSAIDs both found to be as effective as each other in lowering pain severity. [61]

Nymphaea stellata

Nymphaea stellata Willd (Blue Lotus). is a valuable and common medicinal plant found to be used widely in traditional systems such as Ayurveda and Siddha. It is used to cure many diseases like diabetes, inflammation, liver and urinary diseases, menorrhagia, blennorrhagia, menstrual disorders, and is also used for its aphrodisiac and bitter tonic activities. [62] The plant is endowed with active phytoconstituents like nymphayol, astragalol, corilagin, gallic acid, quercetin, and kaempferol. [63] Pharmacologically, *N. stellata* has analgesic, anti-inflammatory, antipyretic, hypoglycemic, hypolipidemic, hepatoprotective, and insulin-sensitizing activities. [62] In women's health, it has been shown to significantly correct hormone imbalance in hyperprolactinemia by elevating serum prolactin and progesterone and correcting uterine biochemistry. [64] These point to the therapeutic value of *N. stellata* in treating metabolic, inflammatory, and reproductive health disorders.

Phyllanthus emblica

Phyllanthus emblica (Indian gooseberry or *Amla*) is one of the most widely accepted medicinal plants in the traditional system of Ayurveda, used for a variety of therapeutic purposes. The juice of the fruit is most commonly utilized for treating common cold, fever, cough, dyspepsia, colic, flatulence, hyperacidity, peptic ulcer, jaundice, hemorrhages, leucorrhoea, and menorrhagia. It acts as a natural laxative, liver tonic, refrigerant, stomachic, and restorative. The fruit is said to traditionally rejuvenate all body organ systems, increase vitality, and strengthen immune function. [65] Rich in bioactive constituents such as alkaloids [e.g., phyllanthidine, phyllanthine], tannins (e.g., emblicanin A, chebulagic acid, gallic acid, ellagic acid), and flavonoids (e.g., quercetin, kaempferol, rutin). [65,66] *P. emblica* exhibits a vast spectrum of pharmacological activities such as antimicrobial, antioxidant, anti-inflammatory, analgesic, antipyretic, antitussive, anti-atherogenic, adaptogenic, hepatoprotective, cardioprotective, immunomodulatory, gastroprotective, nephroprotective, neuroprotective, anticancer, anti-

diabetic, and anti-ageing properties. [67,68] In addition, a recent study proved that *P. emblica*, when used in combination with *Curcuma longa*, was as effective as metformin in the treatment of PCOS symptoms. This plant preparation enhanced insulin sensitivity, lowered inflammation (IL-6, TNF- α), regulated adipokines (leptin, adiponectin), and normalized hormonal parameters such as LH/FSH ratio and testosterone levels, without any adverse effects demonstrating its potential in PCOS treatment. [69]

Terminalia chebula

Terminalia chebula Retzius (*Haritaki*) is a highly prized medicine plant that is widely employed in traditional systems like Ayurveda, Siddha, and Tibetan medicine. Described as the "King of Medicine" by Tibetan lore and also called several names such as *Harad* (Hindi), *Kadukkaya* (Tamil), and *Karkchettu* (Telugu), it is very famous for its *Rasayana* (rejuvenating) qualities. Historically, it is used to treat gastrointestinal disorders, respiratory diseases, skin infections, metabolic and inflammatory disorders because of its multifunctional actions such as laxative, astringent, expectorant, antipyretic, and tonic effects. Leaves, fruits, and bark of the plant are used in traditional medicine because of their *Rasayana* (rejuvenating) properties and capacity to support longevity and vitality. [70] Its clinical effectiveness is due to a series of bioactive compounds, most of which are hydrolyzable tannins such as chebulagic acid, chebulinic acid, corilagin, gallic acid, ellagic acid, and chebulic acid, in addition to flavonoids, sterols, amino acids, fructose, and resins. [71] *T. chebula* has been pharmacologically proven to possess a wide range of therapeutic activities including antibacterial, antifungal, antioxidant, anti-inflammatory, anti-diabetic, anti-HIV, anticancer, and anti-aging activities. [72] Recent preclinical evidence also indicates its effectiveness in the management of PCOS. In PCOS-induced rats, *T. chebula* fruit extract normalized lipid peroxidation and antioxidant levels, restored the distorted hormonal profile such as reducing LH, FSH, testosterone, and insulin, but raising estrogen and progesterone and regulated the gene and protein expression of steroidogenic enzymes. It also downregulated CYP17A1 while upregulating CYP19A1 and PPAR- γ , indicating potential in correcting the biochemical and physiological disturbances characteristic of PCOS. [73]

Terminalia bellirica

Terminalia bellirica (Gaertn.) Roxb., popularly referred to as *Bibhitaki* or *Baheda*, is a widely accepted medicinal plant, which has widespread application in conventional medicine systems like Ayurveda, Unani, Siddha, and Traditional Chinese Medicine throughout South Asia and Southeast Asia. [74] In Ayurveda, it is

considered an expectorant, laxative, astringent, and anthelmintic and is used traditionally to treat respiratory conditions such as cough, bronchitis, hoarseness, as well as gastrointestinal disease, liver diseases, urinary diseases, and eye diseases. It is also an essential part of *Triphala*, a traditional Ayurvedic drug for detoxification and the balance of body humors (*Doshas*). The plant is diuretic, lithotriptic, rejuvenative, antimicrobial, and hair-inducing. Its kernel oil possesses purgative properties and is applied in the treatment of rheumatism and diabetes. [74] These properties are due to its high content of phytochemicals such as tannins, chebulagic acid, chebulinic acid, corilagin, gallic acid, ellagic acid, ethyl gallate, galloyl glucose, glucosides, and arjunolic acid. [75] Pharmacological investigation has established that *T. bellirica* has an extensive array of bioactivities such as antioxidant, anti-inflammatory, immunomodulatory, hepatoprotective, nephroprotective, antidiabetic, hypolipidemic, and anticancer. [75]

Mangifera indica

Mangifera indica (Mango), or simply mango, is a prominent medicinal plant in Ayurveda with applications more than 4000 years old. Different parts of the plant are used traditionally to cure diseases like diarrhea, asthma, hypertension, rheumatism, and bleeding disorders. [76] Its active compounds are mangiferin, a principal xanthone glycoside, along with isomangiferin, tannins, gallic acid derivatives, catechin, and protocatechuic acid. [77] These compounds are responsible for its multifaceted pharmacological activities, such as antidiabetic, antioxidant, immunomodulatory, hepatoprotective, gastro-protective, and wound-healing properties. Recent preclinical evidence has emphasized therapeutic value of mangiferin in the management of PCOS. In DHEA-induced PCOS rat models, mangiferin treatment markedly decreased ovarian weight, serum glucose, insulin concentration, and inflammatory cytokines like IL-6, IL-1 β , and TNF- α . Mechanistically, mangiferin regulated major pathways by inhibiting NF- κ B and increasing AKT phosphorylation, thus enhancing insulin resistance and inflammation reduction. [78] Mangiferin also enhanced metabolic and reproductive disorders in letrozole and high-fat diet-treated PCOS models by controlling the AMPK/NLRP3 pathway and ovarian apoptosis, and altering gut microbiota composition. [79]

Mechanistic Insights into Krishna's® She Care Juice Phytoestrogens and Hormone Receptor Modulation

Krishna's® She Care Juice contains a number of plants that have phytoestrogenic activity, largely through their ability to modulate estrogen and progesterone receptors, which is key to keeping reproductive hormonal balance, particularly in cases of

PCOS and hyperprolactinemia. Of particular interest, *N. stellata* has been demonstrated to modulate female hormonal cycles by dramatically elevating serum prolactin and progesterone levels and re-establishing uterine biochemistry, perhaps through hypothalamic-pituitary-gonadal axis modulation. [64] Likewise, *P. emblica* and *T. chebula* also exhibit hormonal balance effects by regulating important steroidogenic enzymes - CYP17A1 downregulation and CYP19A1 and PPAR- γ upregulation- thus, normalizing levels of testosterone and estrogen in PCOS models. [69,73] *M. indica* also has endocrine-regulating activity, particularly through mangiferin, which indirectly affects estrogen metabolism by anti-inflammatory and insulin-sensitizing actions. [78] The combined presence of polyphenols such as quercetin, kaempferol, and gallic acid in *N. stellata*, *P. emblica*, and *T. bellirica* further enhances their phytoestrogenic activities by their selective binding affinity with estrogen receptors α and β , which may trigger beneficial hormonal signaling free of the side effects produced by synthetic estrogens. [63,75]

Insulin Sensitivity

Insulin resistance is one of the most important pathophysiological mechanisms in metabolic disorders and PCOS. Krishna's® She Care contains several botanicals that work synergistically to enhance insulin sensitivity. *P. emblica*, for example, has shown strong insulin-sensitizing activity in clinical as well as preclinical trials. When used in conjunction with *Curcuma longa*, it highly enhanced HOMA-IR values, regulated adipokines like leptin and adiponectin, and normalized LH/FSH and testosterone levels in PCOS patients, implying a strong effect on insulin metabolism. [69] Similarly, *T. chebula* enhances glucose metabolism and regulates pancreatic β -cell function. In PCOS-induced rats, it was demonstrated to decrease levels of serum insulin and enhance the insulin signalling pathway by modulating PPAR- γ expression. [73] *Mangifera indica*, through its main component mangiferin, initiates AMPK and AKT phosphorylation, which are two important pathways that increase insulin sensitivity and decrease ovarian dysfunction due to hyperinsulinemia. [78] The combined action of polyphenolic constituents such as gallic acid, ellagic acid, and tannins in *T. bellirica*, *T. chebula*, and *P. emblica* facilitates enhanced glucose metabolism, rendering the formula highly effective towards resolving insulin-related hormonal imbalances.

Anti-Inflammatory, Adaptogenic, and Endocrine-Regulating Properties

Chronic low-grade inflammation is characteristic of endocrine diseases like PCOS, endometriosis, and metabolic syndrome. Krishna's® She Care Juice combines highly active anti-inflammatory plant extracts such as *Z. officinale*, *M.*

indica, and *T. bellirica*, all of which profoundly inhibit inflammatory mediators like TNF- α , IL-1 β , and IL-6. [59,75,78] Bioactive ginger compounds such as gingerol and shogaol suppress COX-1, COX-2, and NF- κ B and activate the Nrf2 pathway, inducing antioxidative defenses. [60] This leads to reduced prostaglandin formation, pain, and inflammation alleviation, particularly in the context of menstrual cramps and ovarian inflammation in PCOS. Moreover, *T. chebula* and *T. bellirica* have adaptogenic properties by restoring the hypothalamic-pituitary-adrenal (HPA) axis, thereby suppressing cortisol levels and stress-induced endocrine disturbances. [72] The immunomodulatory functions of *P. emblica* and *T. bellirica*, due to their rich antioxidant status and their influence on macrophage and cytokine regulation, also promote systemic homeostasis. These synergistic actions provide a holistic remedy for restoring endocrine well-being by suppressing oxidative and inflammatory stress, augmenting endocrine gland function, and normalizing hormonal feedback mechanisms.

Gut Microbiome Modulation and Hormonal Health

Recent findings identify the gut-endocrine axis as an essential regulator of hormone balance, in particular through the estrobolome- the estrogens' ability to be metabolized by the gut microbiota. *T. chebula*, *P. emblica*, and *Z. officinale*, rich in polyphenols, constitute the gut-sustaining herbs in Krishna's® She Care. *T. chebula* and *P. emblica* contain hydrolyzable tannins and prebiotic substances that stimulate the development of beneficial microbes such as *Lactobacillus* and *Bifidobacterium*, which further regulate estrogen metabolism by controlling β -glucuronidase activity. [65,71] Enhanced microbial balance facilitates detoxification of excess estrogens and maintains hormonal normalcy. Additionally, Ginger has exhibited substantial anti-inflammatory activity in the gastrointestinal system through interaction with TRPV1 receptors and regulation of gut motility, alleviating symptoms of bloating and cramping linked to hormonal changes. [59] Such actions enhance gut barrier function and alleviate endotoxemia- a component involved in insulin resistance and hormonal dysregulation. The availability of such compounds as mangiferin, gallic acid, and flavonoids also helps to preserve intestinal epithelial integrity and regulate short-chain fatty acid production, further supporting systemic metabolic and endocrine regulation. By these means, Krishna's® She Care can help to support hormonal balance not only through direct endocrine action but also by supporting the gut microbiota ecosystem.

Clinical Evidence of Krishna's® She Care Juice

As yet, there is no immediate clinical evidence comparing Krishna's® She Care Juice as a finished

product for treating PCOS, irregular menses, or other gynecological conditions. Although the polyherbal formula has strong potential according to the conventional Ayurvedic rationale and preclinical pharmacological activity, its clinical activity and safety profile must be validated through well-designed human clinical studies. However, a number of individual ingredients in the composition viz., *S. asoca*, *B. aristata*, *Z. officinale*, and *Triphala* (*P. emblica*, *T. chebula*, and *T. bellirica*) have been examined in different clinical contexts and provide supportive evidence of therapeutic value in gynecological and metabolic disorders pertinent to PCOS.

S. asoca is among the principal herbs used traditionally in Ayurvedic preparations to treat gynecological conditions. Clinical trials have proven its efficiency in alleviating menorrhagia, by enhancing uterine tone, decreasing excessive loss of blood, and healing endometrial tissues. [83] In another study, decoctions of *S. asoca* proved to be beneficial in the treatment of dysmenorrhea, due to its anti-inflammatory and analgesic properties. [84] In addition, *S. asoca* is seen to modulate progesterone and estrogen levels, hence promoting menstrual cycle regularity and hormonal homeostasis among women of reproductive age.

B. aristata, another major constituent, has demonstrated great clinical potential in females with PCOS. A combination of berberine and letrozole resulted in ovulation and pregnancy rates similar to letrozole monotherapy, and better than berberine monotherapy, in a multicenter double-blinded RCT. [85] In another study, berberine enhanced metabolic and endocrine parameters in PCOS females receiving IVF, decreasing fasting insulin, glucose, and androgens, increasing SHBG, and ovulation rates. Importantly, it had fewer gastrointestinal side effects than metformin, and hence has the potential to be a safer insulin sensitizer. [86]

Z. officinale, an established anti-inflammatory and analgesic compound, has also been promising in the relief of menstrual pain. In a meta-analysis of six RCTs, oral ginger was found to significantly decrease the severity of pain in dysmenorrhea in women, with similar effects to NSAIDs such as mefenamic acid. [87] Further, in a comparative trial among PCOS patients, ginger supplementation decreased FSH and LH levels significantly, markers commonly dysregulated in PCOS. Although less powerful than cinnamon or metformin in lowering insulin resistance, ginger specifically affected gonadotropin equilibrium, implying hormonal modification through the hypothalamic-pituitary-ovarian axis. [88]

Triphala, a three-herbal blend of *P. emblica*, *T. chebula*, and *T. bellirica*, possesses an expanding clinical profile in reproductive and metabolic wellness.

In a trial of 150 women with irregular menstrual cycles, 78% of them reported regularized cycles after three months of daily *Triphala* supplementation. [89] In PCOS women, *Triphala* enhanced insulin sensitivity and decreased androgen excess in 72% of participants, consistent with its antioxidant and detoxifying effects. Furthermore, *Triphala* has been reported to alleviate menopausal symptoms, PMS, and endometriosis-related pain, largely through its adaptogenic, anti-inflammatory, and endocrine-regulating properties. [89]

Safety and Tolerability of Krishna's® She Care Juice

The individual herbal ingredients of Krishna's® She Care Juice have been widely utilized in traditional medicine and are considered to be safe when taken in recommended doses. *S. asoca* has also shown a good safety profile in human studies with no serious adverse effects reported when used for menstrual disorders. [83] Likewise, *B. aristata*, which is berberine-rich, has been found to be well tolerated in women with PCOS with fewer gastrointestinal side effects than with traditional medications such as metformin. [85] *Z. officinale* is commonly utilized due to its anti-inflammatory and antispasmodic action, and clinical trials have invariably found it to be well tolerated even at high doses for the treatment of dysmenorrhea and PCOS. [87,88] *Triphala*, a foundational formulation in Ayurveda, has also been shown to be safe over the long term in human trials, with minimal or no side effects, even in chronic gynecological disorders. [89] While the full formulation of Krishna's® She Care Juice has not been the subject of particular clinical safety trials, the robust safety evidence for its component herbs implies a low potential for adverse effects when used according to traditional recommendation. Nevertheless, official clinical trials are justified to establish its general safety and tolerability in different patient populations.

Potential for Future Research

Krishna's® She Care Juice, composed from a combination of time-tested herbs such as *S. asoca*, *B. aristata*, *Z. officinale*, *Triphala*, and many more, shows potential to cure gynecological conditions like dysmenorrhea, PCOS, and irregular menstruation. Yet, even though its use has been rich in anecdotal and traditional medical backing, the formula in present times does not have thorough scientific proof through contemporary scientific studies. To fill this gap, there is a compelling justification for launching pre-clinical research with the goal of defining the mechanistic pathways by which the juice produces its therapeutic effects. These studies would entail pharmacokinetic and pharmacodynamic profiling, in vitro assays for hormonal modulation and anti-inflammatory activity, and in vivo animal models to assess efficacy and systemic safety. After establishing pre-clinical safety

and efficacy, clinical trials are necessary to confirm the formulation in actual practice. Properly designed, randomized, controlled clinical trials in women with targeted reproductive health conditions can establish the efficacy, optimal dose, and long-term safety of Krishna's® She Care Juice. In addition, subgroup analyses by age, hormonal patterns, and menstrual cycles can provide more insight into its targeted effects. Such studies would not only validate its therapeutic assertions but also open the door to its inclusion in evidence-based integrative medicine.

CONCLUSION

Krishna's® She Care Juice embodies the essence of ancient Ayurvedic wisdom in providing a hope-filled natural intervention for treating some of the common gynecological and menstrual disorders, such as PCOS, dysmenorrhea, irregular cycles, and hormonal imbalances. The blended action of the herbal constituents having anti-inflammatory, hormonal balancing, and uterine- tonic properties is an integrated strategy to women's health. Preclinical literature and indigenous use indicate that the product not only works effectively but is also safe and tolerable for repeated use. But to unlock its full potential and gain its rightful place in the scientific and medical community, robust pre-clinical and clinical research are a must. The studies will facilitate the development of standardized dosing, validate efficacy, and validate safety across broad populations. As demand and awareness for integrative, plant-based healthcare continues to expand, Krishna's® She Care Juice is a prime candidate for future clinical trials and application as a potentially beneficial addition to women's reproductive health regimens.

REFERENCES

1. Talaulikar V. Menopause transition: Physiology and symptoms. *Best Practice & Research Clinical Obstetrics & Gynaecology*. 2022; 81: 3-7.
2. Stuenkel C A, Davis S R, Gompel A, Lumsden M A, Murad M H, Pinkerton J V, Santen R J. Treatment of Symptoms of the Menopause: An Endocrine Society Clinical Practice Guideline. *Journal of Clinical Endocrinology and Metabolism*. 2015; 100(11):3975-4011.
3. Mishra L, Singh B B, Dagenais S. Ayurveda: a historical perspective and principles of the traditional healthcare system in India. *Alternative Therapies in Health and Medicine*. 2001; 7(2): 36-42.
4. Chhabra R, Panda S K. Ayurveda and digestion: Investigating tridosha's influence on gut health. *World Journal of Pharmaceutical Research*. 2025; 14(5): 1226-1234.
5. Parasuraman S, Thing G S, Dhanaraj S A. Polyherbal formulation: Concept of ayurveda. *Pharmacognosy Reviews*. 2014; 8(16): 73-80.
6. Bu N, Jamil A, Hussain L, Alshammari A, Albekairi T H, Alharbi M, Jamshed A, Bazmi R R, Younas A. Phytochemical-Based Study of Ethanolic Extract of *Saraca asoca* in Letrozole-Induced Polycystic Ovarian Syndrome in Female Adult Rats. *ACS Omega*. 2023; 8(45): 42586-42597.
7. Li M F, Zhou X M, Li X L. The Effect of Berberine on Polycystic Ovary Syndrome Patients with Insulin Resistance (PCOS-IR): A Meta-Analysis and Systematic Review. *Evidence-Based Complementary and Alternative Medicine*. 2018; 2018: 2532935.
8. Gul M, Liu Z W, Iahtisham-Ul-Haq, Rabail R, Faheem F, Walayat N, Nawaz A, Shabbir M A, Munekata P E S, Lorenzo J M, Aadil R M. Functional and Nutraceutical Significance of *Amla* (*Phyllanthus emblica* L.): A Review. *Antioxidants (Basel)*. 2022; 11(5): 816.
9. Wang C, Zhang H, Wang X, Wang X, Li X, Li C, Wang Y, Zhang M. Comprehensive Review on Fruit of *Terminalia chebula*: Traditional Uses, Phytochemistry, Pharmacology, Toxicity, and Pharmacokinetics. *Molecules*. 2024; 29(23): 5547.
10. Rahnama P, Montazeri A, Huseini H F, Kianbakht S, Naseri M. Effect of *Zingiber officinale* R. rhizomes (ginger) on pain relief in primary dysmenorrhea: a placebo randomized trial. *BMC Complementary Medicine and Therapies*. 2012; 12: 92.
11. Ying J, Bing X. Chemical constituents of *Cyperus rotundus* L. and their inhibitory effects on uterine fibroids. *African Health Sciences*. 2016; 16(4): 1000-1006.
12. Park Y J, Zheng H, Kwak J H, Chung K H. Sesquiterpenes from *Cyperus rotundus* and 4 α ,5 α -oxidoeudesm-11-en-3-one as a potential selective estrogen receptor modulator. *Biomedicine & Pharmacotherapy*. 2019; 109: 1313-1318.
13. Majeed M, Nagabhushanam K, Bhat B, Ansari M, Pandey A, Bani S, Mundkur L. The Anti-Obesity Potential of *Cyperus rotundus* Extract Containing Piceatannol, Scirpusin A and Scirpusin B from Rhizomes: Preclinical and Clinical Evaluations. *Diabetes, Metabolic Syndrome and Obesity*. 2022; 15: 369-382.
14. Suryawanshi S, Asthana R K, Gupta R C. Assessment of systemic interaction between *Swertia chirata* extract and its Bioactive constituents in rabbits. *Phytotherapy Research*. 2009; 23(7): 1036-1038.
15. Gupta M, Sasmal S, Mukherjee A. Therapeutic effects of acetone extract of *Saraca asoca* seeds on rats with adjuvant-induced arthritis via

- attenuating inflammatory responses. *International Scholarly Research Notices*. 2014; 2014: 1-12.
16. Ionescu O M, Frincu F, Mehedintu A, Plotogea M, Cirstoiu M, Petca A, Varlas V, Mehedintu C. Berberine-A Promising Therapeutic Approach to Polycystic Ovary Syndrome in Infertile/Pregnant Women. *Life*. 2023; 13(1): 125.
17. Yin J, Ye J, Jia W. Effects and mechanisms of berberine in diabetes treatment. *Acta Pharmaceutica Sinica B*. 2012; 2(4): 327-334.
18. An Y, Sun Z, Zhang Y, Liu B, Guan Y, Lu M. The use of berberine for women with polycystic ovary syndrome undergoing IVF treatment. *Clinical Endocrinology*. 2014; 80(3): 425-431.
19. Li L, Li C, Pan P, Chen X, Wu X, Ng E H, Yang D. A Single Arm Pilot Study of Effects of Berberine on the Menstrual Pattern, Ovulation Rate, Hormonal and Metabolic Profiles in Anovulatory Chinese Women with Polycystic Ovary Syndrome. *PLoS One*. 2015; 10(12): e0144072.
20. Wang Z, Nie K, Su H, Tang Y, Wang H, Xu X, Dong H. Berberine improves ovulation and endometrial receptivity in polycystic ovary syndrome. *Phytomedicine*. 2021; 91: 153654.
21. Wang Y, Gong W, Lv S, Qu H, He Y. Berberine improves insulin resistance in adipocyte models by regulating the methylation of hypoxia-inducible factor-3 α . *Bioscience Reports*. 2019; 39(10): BSR20192059.
22. Shoaib A. A systematic ethnobotanical review of *Adhatoda vasica* (L.), Nees. *Cellular and Molecular Biology*. 2021; 67(4): 248-263.
23. Khandelwal P, Wadhvani B D, Rao R S, Mali D, Vyas P, Kumar T, Nair R. Exploring the pharmacological and chemical aspects of pyrrolo-quinazoline derivatives in *Adhatoda vasica*. *Heliyon*. 2024; 10(4): e25727.
24. Chandhoke N. Vasicine the alkaloid of *Adhatoda vasica*. *Indian Drugs*. 1982; 24(9): 425-426.
25. Kawamata M, Mitsui-Saito M, Kimura T, Takayanagi Y, Yanagisawa T, Nishimori K. Vasopressin-induced contraction of uterus is mediated solely by the oxytocin receptor in mice, but not in humans. *European Journal of Pharmacology*. 2003; 472(3): 229-234.
26. Ahn J H, Choi J M, Kang E S, Yoo J H, Cho Y J, Jang D S, Choi J H. The Anti-Endometriotic Effect of *Cyperus Rhizoma* Extract, Inhibiting Cell Adhesion and the Expression of Pain-Related Factors through Akt and NF-kB Pathways. *Medicina (Kaunas)*. 2022; 58(3): 335.
27. Hendri B, Yanwirasti Y, Djong H T, Kanedi M. Antiestrogenic effect of tuber extract of *Cyperus rotundus* L. on the endometrial thickness of mice (*Mus musculus* L.). *World Journal of Pharmaceutical Sciences*. 2016; 2: 341-347.
28. Choi H J, Chung T W, Park M J, Jung Y S, Lee S O, Kim K J, Ha K T. Water-extracted tubers of *Cyperus rotundus* L. enhance endometrial receptivity through leukemia inhibitory factor-mediated expression of integrin $\alpha V\beta 3$ and $\alpha V\beta 5$. *Journal of Ethnopharmacology*. 2017; 208: 16-23.
29. Kumar V, Van Staden J. A Review of *Swertia chirayita* (Gentianaceae) as a Traditional Medicinal Plant. *Frontiers in Pharmacology*. 2016; 6: 308.
30. Swati K, Bhatt V, Sendri N, Bhatt P, Bhandari P. *Swertia chirayita*: A comprehensive review on traditional uses, phytochemistry, quality assessment and pharmacology. *Journal of Ethnopharmacology*. 2023; 300: 115714.
31. Nagalekshmi R, Menon A, Chandrasekharan D K, Nair C K. Hepatoprotective activity of *Andrographis paniculata* and *Swertia chirayita*. *Food and Chemical Toxicology*. 2011; 49(12): 3367-3373.
32. Patel P K, Sahu J, Sahu L, Prajapati N K, Dubey B K. *Aegle marmelos*: A Review on its Medicinal Properties. *International Journal of Pharmaceutical and Phytopharmacological Research*. 2012; 1(5): 332-341.
33. Choudhary S, Chaudhary G, Kaurav H. *Aegle marmelos* (bael patra): An ayurvedic plant with ethnomedicinal value. *International Journal of Research in Ayurveda and Pharmacy*. 2021; 12(3): 86-91.
34. Bhardwaj R L, Nandal U. Nutritional and therapeutic potential of bael (*Aegle marmelos* Corr.) fruit juice: a review. *Nutrition & Food Science*. 2015; 45(6): 895-919.
35. Kumar S, Bodla R B, Bansal H. Antioxidant Activity of Leaf Extract of *Aegle marmelos* Correa ex Roxb. *Pharmacognosy Journal*. 2016; 8(5): 447-450.
36. Sarkar T, Salauddin M, Chakraborty R. In-depth pharmacological and nutritional properties of bael (*Aegle marmelos*): A critical review. *Journal of Agriculture and Food Research*. 2020; 2: 100081.
37. Kamalakkannan N, Prince P S. Hypoglycaemic effect of water extracts of *Aegle marmelos* fruits in streptozotocin diabetic rats. *Journal of Ethnopharmacology*. 2003; 87(2-3): 207-210.
38. Abdallah I Z, Salem I, Abd El-Salam N A. Evaluation of antidiabetic and antioxidant activity of *Aegle marmelos* L. Correa fruit extract in diabetic rats. *Egyptian Journal of Hospital Medicine*. 2017; 67(2): 731-741.
39. Devi K, Sivaraj A, Kumar P V, Ahmed K S Z, Sathiyaraj K, Kumar B S, David E. Hypolipidemic

- effect of *Aegle marmelos* leaf extract in streptozotocin (STZ) induced diabetic male albino rats. *International Journal of PharmTech Research*. 2010; 2(1): 259-265.
40. Gupta D, John P P, Kumar P, Jain J. Evaluation of antioxidant activity of unripe *Aegle marmelos* corr. Fruits. *Journal of Applied Pharmaceutical Sciences and Research*. 2014; 3(2): 1378-1393.
41. Semalty M, Semalty A, Badola A, Joshi G P, Rawat M S. *Semecarpus anacardium* Linn.: A review. *Pharmacognosy Reviews*. 2010; 4(7): 88-94.
42. Selvam C, Jachak S M. A cyclooxygenase (COX) inhibitory biflavonoid from the seeds of *Semecarpus anacardium*. *Journal of Ethnopharmacology*. 2004; 95: 209-212.
43. Singh D, Aggarwal A, Mathias A, Naik S. Immunomodulatory activity of *Semecarpus anacardium* extract in mononuclear cells of normal individuals and rheumatoid arthritis patients. *Journal of Ethnopharmacology*. 2006; 108: 398-406.
44. Sahoo A K, Narayanana N, Sahanaa S, Rajanb S S, Mukherjee P K. In vitro antioxidant potential of *Semecarpus anacardium* L. *Pharmacologyonline*. 2008; 3: 327-335.
45. Nair A, Bhide S V. Antimicrobial properties of different parts of *Semecarpus anacardium*. *Indian Drugs*. 1996; 33: 323-328.
46. Giri S, Dey G, R. Sahu, Paul P Nandi G, Dua T K. Traditional Uses, Phytochemistry and Pharmacological Activities of *Woodfordia fruticosa* (L) Kurz: A Comprehensive Review. *Indian Journal of Pharmaceutical Sciences*. 2023; 85(1): 1-12.
47. Yoshida T, Chou T, Nitta A, Miyamoto K, Koshiura R, Okuda T. *Woodfordia fruticosa*, a macro-ring hydrolyzable tannin dimer with antitumor activity, and accompanying dimers from *Woodfordia fruticosa* flowers. *Chemical and Pharmaceutical Bulletin*. 1990; 38(5): 1211-1217.
48. Arya A, Al-Obaidi M M, Karim R B, Taha H, Khan A K, Shahid N, Sayem A S, Looi C Y, Mustafa M R, Mohd M A, Ali H M. Extract of *Woodfordia fruticosa* flowers ameliorates hyperglycemia, oxidative stress and improves β -cell function in streptozotocin-nicotinamide induced diabetic rats. *Journal of Ethnopharmacology*. 2015; 175: 229-240.
49. Sareetha A V, Sridhar Prasad Yp, Shashikumara. Repeated oral administration of ethanolic extract of *Woodfordia fruticosa* (L.) Kurz. flowers against the animal models of depression. *National Journal of Physiology, Pharmacy and Pharmacology*. 2021; 11(5): 490-494.
50. Baravalia Y, Vaghasiya Y, Chanda S. Brine shrimp cytotoxicity, anti-inflammatory and analgesic properties of *Woodfordia fruticosa* Kurz flowers. *Iranian Journal of Pharmaceutical Sciences*. 2012; 11: 851.
51. Shah A S, Juvekar A R. In vitro and in vivo immunostimulatory activity of *Woodfordia fruticosa* flowers on non-specific immunity. *Pharmaceutical Biology*. 2010; 48(9): 1066-1072.
52. Keshavarz A, Minaiyan M, Ghannadi A, Mahzouni P. Effects of *Carum carvi* L. (Caraway) extract and essential oil on TNBS-induced colitis in rats. *Research in Pharmaceutical Sciences*. 2013; 8(1): 1-8.
53. Md Idris M H, Mohd Amin S N, Mohd Amin S N, Nyokat N, Khong H Y, Selvaraj M, Zakaria Z A, Shaameri Z, Hamzah A S, Kek The L, Salleh M Z. Flavonoids as dual inhibitors of cyclooxygenase-2 (COX-2) and 5-lipoxygenase (5-LOX): molecular docking and in vitro studies. *Beni-Suef University Journal of Basic and Applied Sciences*. 2022; 11: 117.
54. Kähkönen M P, Hopia A I, Vuorela H J, Rauha J P, Pihlaja K, Kujala T S, Heinonen M. Antioxidant activity of plant extracts containing phenolic compounds. *Journal of Agricultural and Food Chemistry*. 1999; 47: 3954-3962.
55. Samojlik I, Lakić N, Mimica-Dukić N, Daković-Svajcer K, Bozin B. Antioxidant and hepato protective potential of essential oils of coriander (*Coriandrum sativum* L.) and caraway (*Carum carvi* L.) (Apiaceae). *Journal of Agricultural and Food Chemistry*. 2010; 58: 8848-8853.
56. Haidari F, Seyed-Sadjadi N, Taha-Jalali M, Mohammed-Shahi M. The effect of oral administration of *Carum carvi* on weight, serum glucose, and lipid profile in streptozotocin-induced diabetic rats. *Saudi Medical Journal*. 2011; 32: 695-700.
57. Raphael T J, Kuttan G. Immunomodulatory activity of naturally occurring monoterpenes carvone, limonene, and perillic acid. *Immunopharmacology and Immunotoxicology*. 2003; 25: 285-294.
58. Shahrajabian M H, Sun W, Cheng Q. Clinical aspects and health benefits of ginger (*Zingiber officinale*) in both traditional Chinese medicine and modern industry. *Acta Agriculturae Scandinavica, Section B - Soil & Plant Science*. 2019; 69(6): 546-556.
59. Gurung A, Khatiwada B, Kayastha B, Parsekar S, Mistry S K, Yadav U N. Effectiveness of *Zingiber Officinale* (ginger) compared with non-steroidal anti-inflammatory drugs and complementary therapy in primary dysmenorrhoea: A systematic

- review. *Clinical Epidemiology and Global Health*. 2022; 18: 101152.
60. Ayustaningwarno F, Anjani G, Ayu A M, Fogliano V. A critical review of Ginger's (*Zingiber officinale*) antioxidant, anti-inflammatory, and immunomodulatory activities. *Frontiers in Nutrition*. 2024; 11: 1364836.
61. Negi R, Sharma S K, Gaur R, Bahadur A, Jelly P. Efficacy of Ginger in the Treatment of Primary Dysmenorrhea: A Systematic Review and Meta-analysis. *Cureus*. 2021; 13(3): e13743.
62. Raja M K, Sethiya N K, Mishra S H. A comprehensive review on *Nymphaea stellata*: A traditionally used bitter. *Journal of Advanced Pharmaceutical Technology & Research*. 2010; 1(3): 311-319.
63. Mukherjee K S, Bhattacharya P, Mukherjee R K, Ghosh P K. Chemical examination of *Nymphaea stellata* Willd. *Journal of the Indian Chemical Society*. 1986; 513: 530-531.
64. Sharaibi O J, Anthony Jide Afolayan A J. Biochemical and Hormonal Effects of *Nymphaea lotus* Aqueous Extract on Hyperprolactinemic Female Wistar Rats. *Asian Journal of Biochemistry*. 2017; 12: 91-99.
65. Jagdale Y D, Mahale S V, Zohra B, Nayik G A, Dar A H, Khan K A, Abdi G, Karabagias I K. Nutritional profile and potential health benefits of super foods: a review. *Sustainability*. 2021; 13(16): 9240.
66. Halim B, Syahputra R A, Adenin I, Lubis H, Mendrofa F, Lie S, Nugraha S E. Determination of phytochemical constituent, antioxidant activity, total phenol and total flavonoid of extract ethanol *Phyllanthus emblica* fruit. *Pharmacognosy Journal*. 2022; 14(1): 63-67.
67. Saini R, Sharma N, Oladeji OS, Sourirajan A, Dev K, Zengin G, El-Shazly M, Kumar V. Traditional uses, bioactive composition, pharmacology, and toxicology of *Phyllanthus emblica* fruits: A comprehensive review. *Journal of Ethnopharmacology*. 2022; 282: 114570.
68. Prananda A T, Dalimunthe A, Harahap U, Simanjuntak Y, Peronika E, Karosekali N E, Hasibuan P A Z, Syahputra R A, Situmorang P C, Nurkolis F. *Phyllanthus emblica*: a comprehensive review of its phytochemical composition and pharmacological properties. *Frontiers in Pharmacology*. 2023; 14: 1288618.
69. Gupte P A, Khade K N, Wagh G N, Deshmukh C S, Pandit V A, Bhalerao S S. Effect of combination of *Curcuma longa* with *Emblica officinalis* in females with polycystic ovarian syndrome: An open-label, randomized active-controlled, exploratory clinical study. *Journal of Diabetology*. 2023; 14(3): 126-134.
70. Mahesh R, Bhuvana S, Begum V M. Effect of *Terminalia chebula* aqueous extract on oxidative stress and antioxidant status in the liver and kidney of young and aged rats. *Cell Biochemistry & Function*. 2009; 27(6): 358-363.
71. Kumar K. Effect of geographical variation on contents of tannic acid, gallic acid, chebulinic acid and ethyl gallate in *Terminalia chebula*. *Natural Products*. 2006; 2(3-4): 170-175.
72. Hassan Bulbul M R, Uddin Chowdhury M N, Naima T A, Sami S A, Imtiaj M S, Huda N, Uddin M G. A comprehensive review on the diverse pharmacological perspectives of *Terminalia chebula* Retz. *Heliyon*. 2022; 8(8): e10220.
73. Kalimuthu V, Chandran Manimegalai S, Venkatesan R, Krishnamoorthy S P, Dey N, Ramesh T, Balamuthu K. Exploring the Therapeutic Potential of *Terminalia chebula* Retz. in Alleviating the Complications of Letrozole-Induced PCOS in Rat Model. *Reproductive Sciences*. 2025; 32(3): 836-853.
74. Sharma P, Verma K K, Raj H, Thakur N. A review on ethnobotany, phytochemistry and pharmacology on *Terminalia bellerica* (Bibhitaki). *Journal of Drug Delivery and Therapeutics*. 2021; 11(1-s): 173-181.
75. Gupta A, Kumar R, Bhattacharyya P, Bishayee A, Pandey A K. *Terminalia bellirica* (Gaertn.) roxb. (Bahera) in health and disease: A systematic and comprehensive review. *Phytomedicine*. 2020; 77: 153278.
76. Shah K A, Patel M B, Patel R J, Parmar P K. *Mangifera indica* (mango). *Pharmacognosy Reviews*. 2010; 4(7): 42-48.
77. Scartezzini P, Speroni E. Review on some plants of Indian traditional medicine with antioxidant activity. *Journal of Ethnopharmacology*. 2000; 71: 23-43.
78. Qian Q, Tang M, Li X, Cao Q, Zhu Z. *Mangiferin* ameliorates insulin resistance in a rat model of polycystic ovary syndrome via inhibition of inflammation. *Tropical Journal of Pharmaceutical Research*. 2020; 19(1): 89-94.
79. Yong Z, Mimi C, Yingjie L, Yichen G, Yansu Y, Zhi Z, Hui L, Si Y, Chongming W, Xiaopo Z, Ning M, Weiying L. *Mangiferin* ameliorates polycystic ovary syndrome in rats by modulating insulin resistance, gut microbiota, and ovarian cell apoptosis. *Frontiers in Pharmacology*. 2024; 15: 1457467.
80. Desai V B, Hiremath R D, Rasal V P, Gaikwad D N, Shankarnarayana K H. Pharmacological screening

- of HESP and sandal oils. Indian Perfumer. 1991; 35: 69-70.
81. Choudhary S, Chaudhary G. Sandalwood (Santalum album): Ancient tree with significant medicinal benefits. International Journal of Ayurveda and Pharma Research. 2021; 9(4): 90-99.
82. Sharma M, Sharma G P, Singh M M. Role of traditional ayurvedic herbs in gynecological disorders -A demand of 21st Century. International Journal of Ayurveda Research. 2014; 1(8): 1-4.
83. Pimputkar M, Agarwal P, Kashelkar M, Patwardhan A. Saraca asoca (Roxb.) W. J. de Wilde: From Vulnerability to Sustainability. In: Uthup TK, Karumamkandathil R. (eds). Economically Important Trees: Origin, Evolution, Genetic Diversity and Ecology. Sustainable Development and Biodiversity, Vol 37. Singapore; Springer; 2024. pp. 437-470.
84. Dharshini priya G., Chitra devi K., Winny Fred Crossia A, Bhuvanewari S. Efficacy of Saraca asoca in The Treatment of Gynecological Disorders in Herbal Medicinal System. African Journal of Biomedical Research. 2025; 28(1s): 1220-1222.
85. Wu X K, Wang Y Y, Liu J P, Liang R N, Xue H Y, Ma H X, Shao X G, Ng E H; Reproductive and Developmental Network in Chinese Medicine. Randomized controlled trial of letrozole, berberine, or a combination for infertility in the polycystic ovary syndrome. Fertility and Sterility. 2016; 106(3): 757-765.
86. An Y, Sun Z, Zhang Y, Liu B, Guan Y, Lu M. The use of berberine for women with polycystic ovary syndrome undergoing IVF treatment. Clinical Endocrinology. 2014; 80(3): 425-431.
87. Chen C X, Barrett B, Kwekkeboom K L. Efficacy of Oral Ginger (Zingiber officinale) for Dysmenorrhea: A Systematic Review and Meta-Analysis. Evidence-Based Complementary and Alternative Medicine. 2016; 2016: 6295737.
88. Dastgheib M, Barati-Boldaji R, Bahrampour N, Taheri R, Borghei M, Amooee S, Mohammadi-Sartang M, Wong A, Babajafari S, Mazloomi S M. A comparison of the effects of cinnamon, ginger, and metformin consumption on metabolic health, anthropometric indices, and sexual hormone levels in women with poly cystic ovary syndrome: A randomized double-blinded placebo-controlled clinical trial. Frontiers in Nutrition. 2022; 9: 1071515.
89. Majhi L. Triphala: An Ayurvedic Solution for Hormonal Balance, Detoxification, and Women's Reproductive Health. International Journal of Scientific Research. 2024; 13(12): 1070-1077.

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