



## Case Study

### MANAGEMENT OF ANOVULATION THROUGH AYURVEDIC APPROACH

Narendra Kumar Meena<sup>1</sup>, Monika Godara<sup>2\*</sup>

<sup>1</sup>Associate Professor and HOD, <sup>2</sup>PG Scholar, PTSR Department, M.M.M. Govt. Ayurveda College & Hospital, Udaipur, India.

#### Article info

##### Article History:

Received: 16-01-2025

Accepted: 18-02-2025

Published: 20-03-2025

##### KEYWORDS:

Infertility, Vandhyatva, Anovulation, Vata Dosh, Pippalyadi churan, Basti, Lashun oil.

#### ABSTRACT

Anovulation refers to the absence of ovulation, a process where a mature ovum is released from the ovary. It can be caused by various factors, including hormonal imbalances, stress, and certain medical conditions. Difficulty in conceiving can be a sign of anovulation, as it prevents the release of an egg for fertilization. Anovulatory factor is an important cause in infertility among women about 40% of cases. Ovulation induction is a rescuer in such patients. Infertility can have a significant impact on people's lives, affecting their mental health, relationships, and finances. Infertility can cause emotional distress, anxiety, depression, and grief. Infertile people may also experience a loss of control over their lives and feel a sense of hopelessness. According to Ayurveda, *Vandhyatva* is a *Vata Dosh Pradhana Vyadi* and Ovulation is under the control of *Vata* especially *Apana Vata*. In this case report a patient age of 24 years came to our opd suffered from infertility from 5 years. After taking her detailed history involvement of *Vata* and *Agnimandhya* noticed. The line of treatment in this case followed by *Pippalyadi churna* for *Aampachan*, *Anuvasan basti* of *Lahshun* oil for *Vatanuloman* and *Strotoshuddhikaran*.

#### INTRODUCTION

Infertility is defined as no pregnancy with unprotected intercourse for 1 year.<sup>[1]</sup> *Bandhyatva* (infertility) is an independent disease also in Ayurveda. *Bandhyatva* is included in twenty *Yoni Vyapada* in Sushruta Samhita. Acharya Charaka referred *Bandhyatva* due to abnormality of *Beejamsa* and Vagbhata also consider the same. *Pushpaghni Jataharini*<sup>[2]</sup> is mentioned by Kashyap in which female having regular cycle but ovulation does not occur, so it is fruitless. First time *Bandhyatva* has classified in detail by Acharya Harita.

As per Ayurveda, important factors for of *Garbha* are 4. That are 1. *Ritu* 2. *Kshetra* 3. *Ambu* and 4. *Beeja*<sup>[3]</sup>. Also abnormality of properly functioning *Vayu* and *Shatbhavas*, any one of causes *Vandhyatva* (infertility). Ayurvedic treatments help not only

strengthening the reproductive system but it also improve the local cellular immunity.

#### Case Report

A 24 years old female Muslim patient, homemaker visited the OPD of Madanmohan Malviya Government Ayurveda College, Department of Prasuti Tantra and Streeroga on 13<sup>th</sup> June 2024, with complaints of inability to conceive after 5 years of marriage with associated complaints of irregular menstruation with scanty bleeding with length of the cycle of 28 to 30 days. Detailed history revealed that she had scanty menses since menarche.

#### Clinical findings

##### Menstrual History

Age of menarche: 10 years

Patient said that her duration of menstrual cycle was of 5 days with regular interval of 28 days to 30 days, amount of bleeding is scanty.

##### Obstetric history

G1P0A1L0

A1-March 2021, POG 2 weeks, spontaneous abortion.

##### Family history

No relevant family history.

#### Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdharma.v12i1.1960>

Published by Mahadev Publications (Regd.)  
publication licensed under a Creative Commons  
Attribution-NonCommercial-ShareAlike 4.0  
International (CC BY-NC-SA 4.0)

**Past surgical history**

There was not significant history found.

**Personal history**

Appetite: Slight diminished

Sleep: Normal

Micturition: Normal

Bowel: Constipation: on/off

**General examinations**

Built- Normal, Weight -74kg, Height - 155 cm, BMI- 30.8 Pulse rate- 80/min, B.P- 110/70mm of Hg, Respiration rate - 18/min, and Temp. -98.6°F.

Per abdomen- It was soft, non-tender and no organomegaly was detected.

Pelvic examination:

Per speculum: Cervix is healthy, vaginal wall were normal in color and texture, wall were moist with normal vaginal discharge.

Per Vaginal: Fornix- Non tender, CMT- not present, Uterus was normal in size and shape.

**Physical examination****Ashtavidhapariksha**

Nadi- Vat-pittaj

Mutra - Samyak mutrapravriti

Mala- Nirama

Jihwa- Nirama

Shabda- Samyak

Sparsha- Samanya

Drika- Samanya

Aakriti- Sthool

Dashvidhapariksha

Prakriti (nature)- Vatakafaj

Sara (purest body tissue) - Mamsasar

Samhanana (body compact) - Madhyam

Pramana (body proportion)- Madhyam

Satmya (homologation) -Sarvaras

Satva (mental strength) - Madhyam

Vaya (age)- Yuvavastha

Vyayamshakti (to carry on physical activities)- Avara (least capability)

Aharashakti- (food intake and digestive power)

Madhyam

Jaranashakti - Madhyam

**Systemic Examination**

CVS: Heart sounds (S1S2): Normal

**Respiratory system:** Normal bilateral air entry, no added sounds.

No abnormality found on other system

**Samprapti Ghataka (Pathogenic factor)**

Dosha - Vata, Kapha

Dushya - Ras dhatu

Agni (digestive fire) - Mandagni

Srotas (channel) Rasvah srotas, Artavahasrotas

Srotodushti- Siragranthi (cyst), Beejdushti

Vyaktisthana- Beejashaya Granthi

**Investigation**

Ultrasound scan of Pelvis- multiple small follicle (4-8mm) arranged peripherally. Polycystic ovaries.

Haemoglobin- 13.7gm%,

ESR- 10mm/hr

RBS-100mg/dl

**Follicular Study**

Right Ovary- MSF 4-8mm

Left Ovary MSF 4-8mm

No dominant follicle noted on either side.

ET 5.2mm

B/L PCOD

**Diagnosis**

The clinical features along with the ultrasound scan report suggests that it is case of B/L polycystic ovaries and was diagnosed as *Beejashya Granthi (Beejdushti)*.

**Therapeutic interventions**

Based on Ayurvedic line of management of anovulation and we formulated the line of treatment. Patient was advised the following medicines initially for a period of 3months to observe changes in the follicular study. The treatment was scheduled initially for 3 months with a follow up once in 15 days.

**Timeline**

The treatment was carried out with the following medicines for 3 months.

**Table 1: Medication**

S.no.	Medicine	Dose	Time	Duration
1.	<i>Pippalyadi churna</i>	3gm	Before food B.D.	3 months
2.	<i>Lahshun Oil (Matra basti)</i>	60 ml	After breakfast	7 days each cycle after cessation of menses
3	<i>Phala Ghrita</i>	10ml	After food B.D.	3 months
4	<i>Panchvalkal kwath</i>	<i>Yoni prakshalan</i>	After breakfast	7 days each cycle after cessation of menses

**RESULTS****Table 2: Subjective Criteria**

S.no.	Symptoms	Before Treatment	After Treatment
1.	<i>Alpartav</i>	Present	Absent
2.	Indigestion	Present	Absent
3.	Constipation	Present	Absent

**Table 3: Objective Criteria**

U.S.G. (TVS)	Before Treatment	After Treatment
Follicular study	Anovulation	Ovulation

**Result**

The result of this case study on Ayurveda management on anovulation (*Abeejotsarg/Artav dushti*) showed ovulation in patient. After the treatment she also got relief in scanty menses and low appetite. Her ultrasound examination reports showed ovulation. She got complete relief with Ayurvedic treatment. Till now she there is not any recurrence of symptoms.

**DISCUSSION**

Anovulation is a condition which explains the failure of ovulation. *Artava* is considered as *Stri Beeja* (ovum) as far as the conception is concern. *Artavdushti* is one type of *Artava vikara* the result of which is responsible for inability of *Prajotpadana* i.e., *Vandyatwa*<sup>[4]</sup>. *Artava* is formed as a *Upadhatu* after the proper digestion of *Ahara rasa* by *Prakruta Agni*. If *Agni* is disturbed by *Ahita ahara vihara* formation of *Rasadi dhatu* there by *Artava* is also affected which can be considered as anovulation. Different ovulation induction drugs are in clinical use to treat the anovulation. Clinically anovulation is treated with different ovulation induction drugs. The side effects like ovarian hyper stimulation, early pregnancy loss, multiple pregnancies of conventionally practiced ovulation induction drugs necessitate the need of other alternate safe treatment with no side effects. For the management of anovulation there are good numbers of formulations and treatment modalities mentioned in Ayurvedic classics and are well tested and trusted. *Pippalyadi Yoga*<sup>[5]</sup> is one such combination with *Trikatu* and *Nagakeshara churna* in equal quantity to be consumed with *Ghritha* mentioned in *Bhaishajya Ratnavali Stri rogadohikaara* in the treatment of *Vandyatwa*.

*Anuvasana basti* is an ideal treatment in *Beeja Dosh sambandhi Vandhyatva*. In cases of *Beeja Dosh Vandhyatva*, like *Alpa dosha*, *Alpa arthava* and *Nasta Beeja Anuvasana Vasti* is ideal, so *Lahshun oil*<sup>[6]</sup> was preferred.

**Mode of action of drugs**

- Pippalyadi Churna:** Posses *Deepana*, *Pachna*, *Srotroshodak*, *Rasayan* properties which acts on *Aama* and pacify vitiated *Doshas* mainly *Kapha-vatshamak*. On the account of having a dominance of *Katu rasa*, *Ushana veerya*, *Katu vipaka* clear the state of *Mandagni* which is main causative factor of anovulation due to hindrance in *Utrotar dhatu nirmana*.

Most of content drugs of this formulation having Hepato-protective and antioxidant properties which ultimately helps in regulation of ovarian cycle.

*Sahapana-* The drug is given with the *Sahapana* of *Ghritha* which adds *Rasayana* property and also decreases *Tikshna Guna* of formulation. In addition, *Ghritha* contains beta-carotene and Vit. E, which are antioxidants themselves. It also contains Cholesterol which provides the basic material for the production of sex hormone. Saturated fats boost immune system also.

*Aushadha Sevana Kala-* was *Pragbhakta* i.e., before meal which is best *Kala* for *Apana Vata Dushti*. By virtues of these, it helps in removal of *Sanga* and so as to proper functioning of *Apana Vayu*. Antioxidant drugs are supposed to remove free radicals which are similar to *Aama*

- Lahshun Taila matra Basti Vata* (one of the three *Dosha* responsible for all bodily movements) is mainly responsible for all types of *Yoni Roga* (gynaecological disorders). *Beejotsarga* (ovulation) is depends upon balanced *Vata*. *Basti* is best treatment for vitiated *Vata* from the root.

*Vatanulomana* of *Apan Vayu* and physiological functioning of *Vata* can achieved by *Matra basti* and may help in ovulation.

Oil given by *Basti* spreads all over the body and it pacifies the vitiated *Dosha* along with *Vyana Vayu*. It may lead to *Samyaka Rasa Raktadi Dhatu Nirmana*. This *Samyaka Rasa* reaches the *Beejagranthi* and with the help of normal *Apana Vayu Beejotsarg* happens.

**Phala-Ghritha<sup>[7]</sup>****Properties of Phalaghritha**

*Phalaghritha* is mentioned in the treatment of *Vandhyatva* in *Sharangadhara*<sup>[8]</sup>, *Vagabhatta*<sup>[9]</sup>, *Yogaratanakar*<sup>[10]</sup> and *Bhavaprakash*<sup>[11]</sup>. *Vandhyatva* is a *Sannipataja vyadhi* with dominance of *Vata*.

*Ghritha* is *Tridoshaghna* due to its properties and milk is also *Vata-pitta shamaka*, *Jivaniyaand Rasayana*. So, *Phala-ghritha* has the properties of *Ghritha*, milk and other ingredients. *Phala-ghritha* has mainly *Tikt Madhura*, *Tikta* and *Katu rasa*, *Snigdha guna*, *Laghu guna*. It has both *Vipaka Madhura* and *Katu*. *Veerya* is also both *Ushna* and *Sheeta*. It also has *Pachana*, *Dipana*, *Lekhana*, *Shothahara*, *Balya*, *Anulomana*, *Yoni Pradoshanashaka* and *Prajasthapana* actions.

Hence this drug was selected for oral administration in the present study

**Panchvalkal Kwath<sup>[12]</sup>**

*Panchvalkal* i.e., bark of five trees viz., *Vata*, *Udumbara*, *Ashwatta*, *Parisha* and *Plaksha*. *Panchvalkal* has *Kashya Rasa* (astringent properties).

So *Panchavalkala* is one of the ideal combinations for a vast range of therapeutics focused in Ayurveda like *Vranaropana* (wound healing)<sup>[13]</sup>, *Shothahara* (anti-inflammatory), *Graahi*, *Visarpahara*, *Vedanasthapan* (pain reliever), *Stambhana* (striping action). So this drug was selected for present study.

**CONCLUSION**

This case study concludes that the significant relief can be achieved in patients of anovulation from holistic approach of Ayurvedic treatment. *Strotoshodhan* is done with *Anuvasan basti karma* resulting in pacification of vitiated Doshas. Thus formation of *Sudhh antapushapa*. This case study provides a positive outlook on the potential of Ayurvedic treatment in managing anovulatory cycle.

**Patient Perspective**

The patient was satisfied with the improvement. From her prospective Ayurveda could provide effective natural treatment in managing anovulation. She appreciated how Ayurvedic treatment does not involve hormonal therapy, surgery (ovarian drilling) unlike conventional methods. She found comfort and feel supported during therapy.

**Patient consent:** Written consent for publication of this case study in your journal was obtained from the patient.

**Pathya-Apathya:** To avoid psychological stress. To avoid spicy and excessive sweet foods, fast foods (pasta, pizzas), baked goods, fermented foods and cold drinks. To consume more green leafy vegetables (spinach, cabbage, capsicum, broccoli), sesame seeds, flax seeds, fruits (orange, apple, papaya).

**REFERENCES**

1. Hiralalkonar, D.C Dutta's Textbook of Gynecology including Contraception Chapter 17, New Central Book Agency (P) Ltd., Eighth Edition, 2020, p188
2. Sharma Hemaraja. (ed). Kasyapa Samhita by Vriddha jivaka with The Vidyotini Hindi Commentary revised

- by Vatsya, 8<sup>th</sup> ed. Varanasi, Chaukhamba Sanskrit Bhawan; 2002. p.192.
3. Harita, Vandhya roga chikitsa, Pandey, Harita samhita, Varanasi, Chaukhambha Bharati Academy, 2010; P.460-463
4. Agnivesha, Charaka, Dridhabala, Chakrapani Yoniogadhikara, Shastry SN, Edition.13, Varani Chaukhambha orientalia: 1986; p; 503
5. Kaviraj Govind Das Sen, Bhaishajya Ratnavali, edited with Siddhiprada Hindi Commentary, by Prof. Siddhi Nandan Mishra, Choukhamba Surbharti Prakashan, Varanasi, 2007. Strirogadhikar 173
6. Kashyap Samhita shree Satyapal bhishakacharya krita vidhyotini Hindivyakhya kalpa sthana page no.271 Lashun kalpa adhyaya/93-97
7. Sarangadhara Samhita of Pandita Sarangadhar aacharya containing Anjananidana of Maharshi Agnivesa annotated with Dipika Hindi commentary by Dr. Brahmanand Tripathi, Madhyam Khand Chapter 9.
8. Sharangdhara, Sharangdhara Samhita by Pandit Sarangdharacharya with Commentary Adhamalla's dipika and Kasirama's Gudharthadipika, edited by Pandit Parasurama Sastri, Vidysagar, Chaukhambha orientalia, Varanasi, 2008 edition, Pp398, pg no. 221
9. Vahat or Vrddha Vagbhata, Astanga Sangraha with Sasilekha Sanskrit commentary by Indu, edited by Dr. Shivprasad Sharma, Chowkhambha Sanskrit Series Office, Varanasi, 2008, Pp 965, pg no. 841.
10. Vagbhata, Astanga Hridayam with Nirmalahindi Commentary, edited by Dr. Brahmananda Tripathi, Chaukhambha Sanskrit Pratishthan, Delhi, 2012 edition, Pp1295, pg no. 1142.
11. Yogaratakara with Vidyotini Hindi Commentary by Vaidya Laksmipati Sastri, edited by Bhisagratna Brahmasankar Sastri, Chaukhambha Prakashan, Varanasi, edition 2010, Pp 504, pg no. 408.
12. Tripathi Brahmanand, Charak Samhita- Charak Chandriak, Hindi Commentary, Reprinted, Varanasi, Chaukhambha Subharti Prakashan, Vol.2 Charak Chikitsa 30/108, page no. 1029
13. Shastri SN. Ch. 47. Varanasi: Chaukhambha Sanskrita Sansthan; 2009. Bhaishjya Ratnavali. Reprint edition; p. 819. 822

**Cite this article as:**

Narendra Kumar Meena, Monika Godara. Management of Anovulation Through Ayurvedic Approach. AYUSHDHARA, 2025;12(1):253-256.

<https://doi.org/10.47070/ayushdhara.v12i1.1960>

Source of support: Nil, Conflict of interest: None Declared

**\*Address for correspondence**

**Dr. Monika Godara**

PG Scholar,  
PTSR Department,  
M.M.M. Govt. Ayurveda College &  
Hospital, Udaipur.

Email:

[drmonikagodara@gmail.com](mailto:drmonikagodara@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.