



## Case Study

### AYURVEDIC MANAGEMENT OF ANOVULATION

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#### ABSTRACT

Anovulation, defined as the failure of the ovary to release a mature ovum, accounts for nearly 40% of female infertility cases. Contributing factors include hormonal imbalance, stress, and systemic disorders. In Ayurveda, *Vandhyatva* (infertility) is described as a *Vata*-dominant disorder in which *Apana Vata* governs ovulation and menstrual regularity. **Case Presentation:** A 39-year-old female presented with secondary infertility for two years. Ayurvedic assessment revealed *Vata* predominance with associated *Agnimandya* and *Srotorodha*, suggestive of *Apana Vata Vaigunya* leading to *Artava Kshaya*. **Intervention:** Management aimed at *Amapachana*, *Vatanulomana*, and *Srotoshodhana* using *Panchkol Churna* and *Dashmoola Kwatha* internally, along with *Eranda Taila* for *Srotoshodhana*. Dietary and lifestyle modifications (*Pathya-Apathya*) emphasising *Agni Deepana* and *Kapha-Vata Shamana* were also advised. **Outcome:** After two treatment cycles, follicular monitoring confirmed ovulation, and the patient experienced regular menstrual cycles with no adverse effects. **Conclusion:** Individualised Ayurvedic therapy focusing on *Srotoshodhana* and *Vatanulomana* can effectively restore ovulatory function and enhance fertility, indicating a promising role for classical Ayurvedic interventions in anovulatory infertility.

#### INTRODUCTION

Infertility is defined as the inability to achieve pregnancy after one year of unprotected intercourse. It affects a significant proportion of couples worldwide and impairs physical, psychological, and social well-being.

In Ayurveda, infertility is recognised as a distinct clinical condition. *Bandhyava* is classified among the twenty *Yoni Vyapada* in the *Sushruta Samhita*. Acharya Charaka attributed *Bandhyatvato* anomalies in *Beejamsa*, a perspective also endorsed by Vagbhata. Kashyap refers to *Pushpaghni Jataharini*, describing a woman with regular menstrual cycles but the absence of ovulation, rendering conception impossible. Acharya Harita first provided a detailed classification of *Bandhyatva*.

According to classical Ayurvedic texts, four essential factors (*Chaturgarbha Karaka*) are required for conception: 1) *Ritu* (proper reproductive season), 2) *Kshetra* (healthy reproductive organs), 3) *Ambu* (nutritional fluid for conception), and 4) *Beeja* (gamete quality). Any disturbance in *Vata* function or obstruction (*Srotorodha*) may lead to *Vandhyatva* (infertility).

Ayurvedic management focuses on restoring *Apana Vata* balance, clearing obstructions in *Artavavaha Srotas*, and enhancing overall reproductive health. These interventions not only improve ovulation but may also strengthen local cellular immunity, supporting conception.

#### Patient Information

A 39-year-old female presented to the OPD on 14th July 2023 with secondary infertility for 2 years, accompanied by irregular menstruation and scanty bleeding for 8 years.

**Past Medical History:** No diabetes, hypertension, thyroid disorders, or other significant illnesses.

**Family History:** Non-contributory

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**Personal History**

- Diet: Mixed, slightly diminished appetite
- Bowel: Constipation intermittently
- Micturition: 4-5/day, 1/night
- Sleep: Disturbed
- Habits: None

**Obstetric History**

O/H- G2 P1 L1 A1

LD- 9 years ago FTND

A1- 2 years ago (at 10 weeks GA, spontaneous abortion)

**Contraceptive history:** None**Menstrual History:**

Menarche - 13 years of age

Menstrual cycle

- Nature - Irregular
- Interval- Irregular
- Bleeding phase – 1-2 days
- Clots – Absent
- Pain - Present
- No. of pads used /day – 1 pad/day

**General examination**

- Built - Moderate
- Nourishment - Moderate
- Temperature - 98.6°F
- Respiratory rate -18/min
- Pulse rate – 76/min
- B.P - 110/70 mmHg
- Height – 156 cms
- Weight - 69 Kg
- BMI- 28.4
- Tongue: Uncoated

**Systemic Examination**

- **CVS:** S1S2 normal
- **RS:** Vesicular breath sounds normal, no added sounds
- **CNS:** Well-oriented, conscious
- **Per abdomen:** soft, non-tender, no organomegaly

**Pelvic Examination**

- **Per Speculum:** Cervix healthy, vaginal wall normal
- **Per Vaginal:** Fornices non-tender, CMT absent, uterus normal in size and shape

**Ashtavidha Pariksha**

- *Nadi:* Vat-Pittaj
- *Mootra:* Samyak mutrapravriti
- *Mala:* Once/day
- *Jihwa:* Alipta
- *Shabda:* Avisesha
- *Sparsha:* Anushna-Sheeta
- *Druk:* Avisesha
- *Aakruti:* Madhyama

**Dashvidha Pariksha**

- *Prakriti:* Vatakapahaj
- *Sara:* Mamsasar
- *Samhanana:* Madhyam
- *Pramana:* Madhyam
- *Satmya:* Sarvaras
- *Satva:* Madhyam
- *Vaya:* Madhyama avastha
- *Vyayamshakti:* Madhyam
- *Aharashakti:* Madhyam
- *Jaranashakti:* Madhyam

**Samprapti Ghataka**

- *Dosha - Vata, Kapha*
- *Dushya - Ras dhatu*
- *Agni - Mandagni.*
- *Srotas - Rasvah srotas, Artavahasrotas*
- *Srotodushti - Siragranthi, Beejdushti*
- *Vyaktisthana - Beejashaya Granthi*

**Investigation**

Ultrasound scan of pelvis- multiple small follicle (<10mm) arranged peripherally. Polycystic ovaries suggested.

Hemoglobin- 13gm/dl

RBS-100mg/dl

**Diagnosis**

The clinical features, along with the pelvic ultrasound findings of multiple small follicles (<10 mm) arranged peripherally, suggest polycystic ovarian morphology. In Ayurveda, this corresponds to *Beejashaya Granthi* due to *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 2 months. The treatment was scheduled initially for 2 months with a follow up once in 15 days.

The treatment was carried out with the following medicines for 2 months.

**Table 1: Timeline**

S.no.	Medicine	Dose	Time	Duration
1.	<i>Panchkol churna</i> (2gm) <i>Punarnava mandoor</i> (500mg) <i>Balsudha</i> (250mg)	3gm	After food B.D.	2 months
2.	Cap. Regulate	1 cap.	After meal B.D.	2 months
3.	Tab. Hyponidd	1 Tab.	After food B.D.	2 months
4.	<i>Dashmool kwath</i>	30-40 ml	Empty stomach	2 months
5.	Castor oil	10 ml	HS with milk	1 month

## RESULTS

**Table 2: Subjective Criteria**

S.no.	Symptoms	Before Treatment	After Treatment
1.	Alpartav	Present	Absent
2.	Indigestion	Present	Absent
3.	Constipation	Present	Absent

**Table 3: Objective Criteria**

U.S.G. (TVS)	Before Treatment	After Treatment
	Anovulation	Conceived (Ovulation occurred)

## RESULTS

This case study on Ayurvedic management of Anovulation (*Abheejotsarga/Artavdushti*) demonstrated restoration of ovulation in the patient. Following the prescribed medications, her sparse menstruation was alleviated, her appetite improved, and subsequent ultrasound examination indicated a pregnant uterus. The patient achieved complete recovery through Ayurvedic treatment.

## DISCUSSION

Anovulation is a condition characterised by the absence of ovulation, which may lead to infertility. In Ayurveda, *Artava* is regarded as *Stri Beeja* (ovum) essential for conception, and *Artavdushti* refers to its derangement, resulting in incapacity of *Prajotpadana* (*Vandyatwa*). *Artava* is formed as an *Upadhatu* after complete digestion of *Ahara Rasa* by *Prakruta Agni*; disruption of *Agni* due to improper diet or lifestyle affects *Artava*, leading to anovulation. Conventional ovulation induction medications are widely used clinically but are associated with adverse effects such as ovarian hyperstimulation, early pregnancy loss, and multiple pregnancies, emphasising the need for safe alternative treatments. Ayurvedic management, using formulations such as *Panchkol Churna*, *Balsudha*, and *Punarnava Mandoor*, provides a reliable, well-documented approach to restoring ovulation and promoting reproductive health.

### Rationale and Mode of Action of Ayurvedic Interventions

The selected Ayurvedic interventions were aimed at *correcting Agnimandya*, eliminating *Ama*,

regulating metabolism, balancing *Doshas*, and supporting normal ovulatory function. The rationale for individual drugs is as follows:

#### 1. *Panchkol Churna*

*Panchkol Churna* primarily acts as a *Dipana-Pacana* formulation, enhancing digestive fire and improving gut metabolism. By reducing *Ama*- a key factor in *Srotorodha* in the reproductive channels- it promotes better hormonal regulation and supports overall reproductive health.

#### 2. *Punarnava Maṇḍura*

*Punarnava Maṇḍura* is indicated in metabolic disorders and obesity. Its *Medohara* and *Rasayana* effects improve metabolism, reduce water retention, and help restore normal tissue function. It supports correcting insulin resistance, a frequently associated factor in anovulation and PCOS.

#### 3. *Shuddha Tankana*

*Shuddha Tankana* is described as possessing ovulation-enhancing properties. It supports follicular maturation and timely rupture, thereby assisting in the restoration of regular ovulatory cycles.

#### 4. *Hyponidd*

Hyponidd contains *Guduchi*, *Amalaki*, *Haridra*, and *Vijayasar*.

These herbs exhibit *Amapacaka*, antioxidant, and anti-inflammatory activity, helping to regulate impaired metabolism. *Vijayasar* acts as an insulin sensitiser, enhancing glucose utilisation and aiding

hormonal balance. This supports menstrual regularity and helps in managing mild features of PCOS.

### 5. Dashamula Kwatha

*Dashamula*, comprising *Bṛhat Pancamula* and *Laghu Pancamula*, is well known for its *Vata-Kapha shamaka* and *Medonashaka* properties. Its strong anti-inflammatory and analgesic actions help correct pelvic congestion, regulate *Vata* functions, and support proper follicular growth and ovulation.

### 6. Cap. Regulate

Containing *Gajar bija*, *Papaya bija*, *Muli bija*, *Hingu nirryasa*, *Trikatu*, and *Aloe vera*, this formulation acts as a *Deepana-Pacana* and reduces inflammation. It is traditionally used in primary and secondary amenorrhoea, oligomenorrhoea, and irregular menses due to its action *Agnivardhana* normalisation of *Arttava vaha srotas*.

### 7. Castor Oil

Castor oil exhibits *Vata-Kapha shamaka* effects owing to its *Madhura rasa*, *Madhura vipaka*, and *Ushna virya*. Its *Amapacaka* and *Srotoshodhaka* properties help cleanse the internal channels and support the functioning of the reproductive system. It helps pacify pelvic *Vata* and improve menstrual regularity.

### Pathya-Apathya

**Objective:** To reduce psychological stress and support reproductive health.

### Apathya

- Spicy and excessively sugary foods
- Fast foods such as pizzas and spaghetti
- Baked goods
- Cold beverages

### Pathya

- Green leafy vegetables: Spinach, cabbage, capsicum, broccoli
- Fruits: Oranges, apples

### CONCLUSION

The ovarian factor has become a prominent contributor to infertility among women of

reproductive age. Ayurveda offers a comprehensive and holistic approach to managing anovulatory infertility, particularly in cases where conventional treatments such as ovulation induction have shown limited success. Ayurvedic management emphasises restoring the body's natural rhythm and addressing the underlying etiological factors. Integrative Ayurvedic care presents a promising alternative for the treatment of infertility; however, further clinical studies are necessary to substantiate its therapeutic efficacy. This case study underscores the potential role of Ayurvedic interventions in managing secondary infertility associated with anovulatory cycles.

### Patient Perspective

The patient expressed satisfaction with the overall improvement. From her viewpoint, Ayurveda provided an effective and natural approach to managing secondary infertility due to anovulation. She appreciated that Ayurvedic treatment avoided the use of hormonal therapy or invasive surgical interventions, such as ovarian drilling, commonly employed in contemporary medicine. Throughout treatment, she experienced comfort, emotional support, and renewed confidence.

### Patient Consent

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

### REFERENCES

1. D.C. Dutta's Textbook of Gynaecology Including Contraception- Edited by Enlarged and Revised Reprint of 10<sup>th</sup> Edition, 2023, Chp. 21
2. Andya N., & Baraiya H.P. "Ayurvedic Management of Infertility W.S.R. Anovulation: A Case Study." *Journal of Drug Delivery & Therapeutics*.2019; 9(5-s): 151-153. DOI: 10.22270/jddt.v9i5-s.3626.
3. Jiten J.K., Joshi S., Lakshmi M. "Ayurvedic approach in Infertility due to PCOS (Anovulatory cycle): A Single Case Study." *Journal of Ayurveda and Holistic Medicine (JAHM)*. .2023;11(4). DOI:10.70066/jahm.v11i4.796

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