A Clinical Case Study Article on Impact of Ayurvedic Treatment in Managing Anovulatory Infertility A Journey to The Birth of a Healthy Child.

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***Abstract*—Anovulation as understood in Ayurveda, can be correlated with terms such as Alpapushpa/Nashtartava arising primarily due to vitiation in majorly Vata dosha, Rasavaha srotodushti and Agnimandya. This case report highlights the successful Ayurvedic management of a 26-year-old woman with anovulatory infertility who had been unable to conceive for three years. After undergoing extensive allopathic treatments without success, she opted for Ayurvedic management, which included Virechana and Uttara basti. The combination of this treatment helped restore Shuddha Kshetra (uterus), balances the Agni, and proper formation and improvement in quality of Artava. Result: After three months of Ayurvedic management, the patient successfully conceived and delivered a healthy baby. This case underscores the potential of Ayurvedic approach in managing anovulatory infertility and improving reproductive outcomes.**

***Index Terms*—Nashtartava, Garbha sambhava samagri, Anovulatory infertility, Uttara basti.**

I. INTRODUCTION

Infertility affects millions of couples globally, with anovulation being one of the leading causes, accounting for 30-40% of female infertility cases. Infertility, defined as the inability to conceive after 12 months or more of regular, unprotected intercourse, is a growing global concern, affecting millions of couples and presenting profound emotional, psychological, and social challenges. According to a recent WHO report, approximately 17.5% of the adult population-about 1 in 6 people worldwide-experiences infertility, underscoring the urgent need for improved access to affordable, high-quality fertility care. One of the leading causes of female infertility is anovulation, a condition marked by the failure of the ovaries to release an oocyte, resulting in the absence of ovulation and, consequently, conception. The incidence of anovulatory infertility is on the rise, reflecting both lifestyle and environmental changes in contemporary society.

In Ayurveda, Infertility is termed "Vandhyatva," and women unable to conceive are referred to as "Vandhya". Acharya Sushruta mentioned Vandhya as "Nashtaartavam" Acharya's have mentioned essential factors for conception-Garbha Sambhava Samagri, Normalcy of the Hridaya, Proper functioning of Vayu (Apana Vata), and the involvement of Shadbhavas. Among Garbha Sambhava Samagri, Beeja is considered as one of the important factors for Sreyashi Praja. Shuddha Artava as a form of Bija plays a crucial role in fertility. Conditions like anovulation can be correlated with Alpapushpa /Nashtaratava which arise due to disruptions in the Artavavaha Srotas, Rasavaha Srotas and Agni.

This case study demonstrates the successful management of anovulatory infertility using Ayurvedic principles. Panchakarma procedures were employed to balance the doshas and promote the formation of Shuddha Artava, essential for conception. The treatment focused on correcting Agni, Srotodushti and the formation of Shuddha Artava Upadhatu along with Beejakarmukta and Vata Shamana. Virechana and Uttarbasti addressed these

factors holistically, resulting in successful conception and a healthy pregnancy.

1.1 Aims and Objectives:
To evaluate the efficacy of an Ayurvedic treatment protocol in the management of anovulatory infertility.

II. MATERIALS AND METHODS

2.1 Case report
A 28 -year-old female Teacher, married for three years, presented with primary infertility came to Prasuti tantra evum Stree roga Opd of Dr.N.A. Magdum ayurved college, hospital & Research centre, Ankali, karnataka. Her main complaint was anxious to conceive for 3 years of marriage. She had a history of anovulatory cycles confirmed by follicular study. Her Hsg was normal. Her partner's semen analysis was normal. Despite two years of modern treatment, the patient had not conceived.

Family history: There is no family history of female infertility involving the mother or siblings.

Menstrual history:
Age of menarche: 13 yrs
Regularity of cycle: Regular
Duration of flow: 4 to 5 days
Interval of flow: 25-30 days
Amount-2-3pads/day
Pain - absent
Clots - absent
Smell - absent

Personal history:
Ahara- Katu rasa pradhana ahara, Guru snigdha ahara
Bowel-2 times a day
Micturition-3-4 times a day
Sleep-Disturbed
Coitus- 3 to 4 times a week
No dyspareunia
No post coital bleeding
Manasika bhava-chinta
Systemic Examination

CNS- Conscious, oriented to person, place and time
CVS- S1 S2 heard, no abnormal sounds heard
RS- Normal vesicular breathing sounds heard
P/A- Inspection- No surgical scar or swelling noted
Palpation- Soft, non-tender

General Examination:
Built-Medium
Height-158 cm
Weight-61 kg
BMI-25.2 Kg/m²
Bp- 120/80 mmhg
Pulse- 76BPM
Temperature- 97.6°C
Respiratory rate- 19/ min

Gynaecological examination:
B/L Breast-Soft, Symmetrical, NAD
P/S-Cx os healthy, No Wdpv
P/V-AV/NS/FF

Investigations:
Hb- 12.4 gm/dL
TSH- 3.04 µIU/ml
Serum LH- 7.23 mIU/ml
Serum FSH- 6.69 mIU/ml
Prolactin-27.20 ng/ml
HSG-Normal
Nidana: Various Nidanas related to the patient's Ahara, vihara and Mansika avastha were ruled out, which are as follows:

Nidana-
1. Mithya Ahara -Oily food vada once or twice weekly, Snacks like namkeen, biscuits etc. during teatime, Spicy food, fast food like pizza, burger etc. once in a month.
2. Mithya Vihara - Sedentary lifestyle, sleeping during daytime, Staying awake till late at night, No yoga, pranayama or exercise
3. Mansika bhava: Chinta

- Poorva roopa: Nashtartava
- Roopa: Vandhyatawa (infertility)
- Upshaya: nil
- Anupshaya: nil
- Vyadhi vinishchaya: Vandhyatva due to Nashtartava

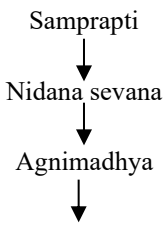

Table1: Treatment protocol

First Visit (7th March 2025- 16th March 2025)	• Sarvanga Udwartana followed by Bashpa Sweda for 3 days. • Deepana-Pachana: Chitrakadi Vati (2 tablets TID) + Panchkola Phanta (50 ml TID before meals) for 3days • Snehapana: With Phala Ghrita in increasing doses over 4 days (30 ml, 60 ml, 90 ml, 120 ml). • Virechana Karma: Performed on the 10th day with 21 Vegas leading to Pravara Shuddhi • Discharge medicines:(for 20 days) Pushpa Dhanwa Rasa (2 bd with milk a/f) Phala Ghrita (1tsp bd with milk b/f) Ashwagandha Churna (1tsp bd with milk a/f)
Second Visit (4th May 2025- 10th May 2025)	04/5/25Anuvasana basti 05/5/25 - Niruha and Uttara basti 06/5/25 - Anuvasana basti 07/5/25 - Niruha and Uttara basti 08/5/25- Anuvasana basti 09/5/25- Niruha and Uttara basti 10/5/25 - Anuvasana basti • Yoga basti: Niruha basti with Erandamoolaadi kashaya 300 ml at 8:00 am Uttara basti with Prasarini taila 5ml at 3:00 pm Anuvasana basti with Phala sarpi 20 ml+ Mahanarayana taila 80 ml at 2:00 pm • Discharge medicines: (for 20 days) Avipattikara churna on 13th day 40gm Pushpa dhanwa rasa (2 bd with milk a/f) Phala sarpi (1tsp bd with milk b/f)
Third Visit (30th May 2025 - 7th Jun 2025)	30/5/26-Anuvasana basti 01/6/26-Niruha and Uttara basti 02/6/26- Anuvasana basti 03/6/26- Niruha and Uttara basti 04/6/26- Anuvasana basti 05/6/26- Niruha and Uttara basti 06/6/26- Anuvasana basti 07/6/26- Anuvasana basti • Same timetable for Basti was provided as on the second visit. • Sarvanga Abhyanga with Ksheerabala Taila followed by Dashamoola Parisheka for 8 days Shiropichu: Applied with Jatamamsi, Ashwagandha, and Brahmi Churna mixed in Himsagara Taila.

III. OBSERVATION AND RESULTS

3.1 Diagnostic Assessment

A detailed evaluation of the patient was conducted through history, physical examination, and investigations. Objective parameters were follicular size and endometrial thickness.

Table 2: Diagnostic assessment before and after treatment

USG Findings	Date	Right Ovary	Left Ovary	ET
Before treatment	03/05/2025(Day 13) With ovulation induction (letrozole) and ovulation trigger (Inj. HCG)	20 * 15	No dominant follicle	7.0 Triple layered
After treatment	10.05.25 (Day 12)	15 mm	No dominant follicle	7.3 mm Triple layered
	07.06.25 (Day 12)	No dominant follicle	18 mm sized dominant follicle	6.7mm

After three months of consistent Ayurvedic treatment, the patient achieved conception. Her last menstrual period (LMP) was on 26th May 2025, and she missed her periods in June 2025. The pregnancy progressed smoothly, and she delivered a healthy baby girl weighing 2895 grams on 28th Feb 2026.

IV. DISCUSSION

In Ayurveda, Anovulation correlates with Nashtartava (absence of menstruation/ovulation). The treatment focused on correcting Agnimandya, Srotodushti, imbalance in Vatakapha dosha and promoting the formation of Shuddha Artava updhatu (healthy ovum). The Virechana process plays a vital role in management particularly by facilitating Vata Anulomana, Sroto Shodhana and ensuring proper nourishment of the Uttrottara Dhatus. Acharya Kashyapa emphasized the significance of Virechana for Akarmanya Beeja [6]. He noted that Virechana not only purifies the body but also clarifies the senses (Indriyas), cleanses the Dhatus, and enhances the efficacy of the Beeja (ovum), making it capable of fertilization.

Acharya charaka has mentioned that only in Shuddha yoni (Kshetra) conception occurs. He highlighted Basti as the best treatment, since no Yonivyapada can occur without Vata involvement. He described Niruha Basti as a remedy for infertility, likening it to nectar for Vandhya (infertile women) as it pacifies Vata and Raja Dosha, aiding conception. Erandamooladi Niruha Basti balances Vata-Kapha, removes Srotorodha, has Vrishya and Vatahara properties. Acharya Sushruta has included Eranda in Adhobhaghara varga and in Vata Sanshaman. Eranda possesses Madhura-Katu-Kashaya rasa, Madhura Vipaka, and Ushna Virya, along with Guru, Snigdha, Tikshana, and Sukshma qualities, making it effective in pacifying Kapha and Vata doshas.

In cases of Anovulation, Uttar Basti plays a crucial role by removing Srotosangha and correcting Artavagni. It stimulates ovarian hormones, aids in follicular development, and promotes ovulation, while also improving the thickness and quality of the endometrium, creating a favorable environment for conception. Prasarinyadi Taila, used in Uttar Basti, contains herbs that are Tridosha shamaka with a specific focus on Vatakaphahara (pacifying Vata and Kapha). This helps remove Srotosanga, corrects Artavagni, and enhances the ovulation process.

Stress (Chinta) and Shok aggravates Vata, which in turn increases hypothalamic activity of Corticotrophin-Releasing Hormone (CRH). This disrupts the normal pulsatile secretion of Gonadotropin-Releasing Hormone (GnRH), ultimately leading to anovulatory cycles.

To address this, Shiropichu was administered, which helps balance the Tridoshas, especially Vata. It also improves brain circulation, hypothalamic-pituitary-ovarian (HPO) axis and promotes overall psychosomatic well-being.

Pushpadhanva Rasa is a potent Ayurvedic formulation known for its Tridosha Shamaka, Deepana and Pachana properties. These attributes address Agnimandya a key factor in the Samprapti of Nashtartava. By correcting Agnimandya, the formulation helps restore proper function of the Dhatvagni leading to the healthy formation of Rasa Dhatu. This, in turn, results in the correct development of the Upadhatus, particularly Shudha artava. Among its key ingredients, Rasasindoora possesses the unique property of Panchavataniyamana, making it highly effective in treating Vata Dushti. Additionally, Naga Bhasma and Abhraka Bhasma, contribute to nourishing the Dhatus and enhancing Bala. These Bhasmas have a specific action on the Prajanana Sansthana (reproductive system) and Andakosha (ovaries), promoting healthy reproductive function.

It has been mentioned in Bhaishjya ratnawali that woman conceives after consumption of Phala ghruta. Experimental studies on Phala Sarpi have confirmed its effectiveness. Its oleating, nourishing, and phytoestrogenic properties, is easily absorbed through mucous membranes, glands, and vessels, enhancing ovulation. It improves endometrial health by increasing blood circulation, promoting endometrial proliferation, and enhancing the receptivity of the endometrium and cervical mucus, thereby supporting fertility.

V. CONCLUSION

The Ayurvedic management of infertility due to Anovulation, as demonstrated in this case, highlights the effectiveness of Virechana and Basti, and the use of herbal formulations like Phala Ghrita and Pushpadhanva Rasa. These treatments, grounded in the principles of Tridosha balance majorly Vata dosha and Agni correction, play a vital role in restoring reproductive health by enhancing ovulation, improving endometrial receptivity, and addressing hormonal imbalances. The success of this case, culminating in the natural conception and delivery of a healthy baby, underscores the potential of Ayurveda in treating Anovulatory infertility, particularly when modern interventions (hormonal therapy) have proven unsuccessful. This integrative approach, offers a holistic alternative for couples struggling with infertility, supporting both physical and psychosomatic well-being.

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