



Case Study

AYURVEDIC INTERVENTION IN PRIMARY INFERTILITY DUE TO ANOVULATORY PCOS (BEEJA DUSHTI JANYA STREE VANDHYATVA)

Yashoda Kanwar^{1*}, Hetal. H. Dave²

¹PG Scholar, ²Associate Professor, Department of Prasuti Tantra and Stri Roga, National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India.

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ABSTRACT


Modern-day stressors, inadequate consumption of nutritious organic foods, and changing lifestyle patterns have contributed to the rise of infertility as a significant health issue. Among individuals of reproductive age, infertility related to anovulation has become a major concern, largely attributed to unfavorable lifestyle changes. Remarkably, Polycystic Ovary Syndrome (PCOS) is the primary cause in 90% of these cases. The ancient wisdom of Ayurvedic scholar Sushruta remains relevant today, with his identification of four crucial factors for conception still holding true. Of these factors, ovum health is particularly significant, and disturbances in *Vata Dosha* often manifest as ovulatory dysfunction. **Material & Methods:** This case study focuses on a 27-year-old female patient who visited the Stree Roga and Prasuti Tantra OPD at NIA, Jaipur. Her primary complaint was the inability to conceive for 1.5 years, accompanied by a history of irregular menstruation since menarche. The study evaluated the effectiveness of *Shaman* therapy in treating infertility caused by ovulatory dysfunction. **Result:** The Ayurvedic treatment yielded impressive results, with the patient successfully conceiving within just three and a half months of beginning the therapy. **Discussion:** The treatment approach aimed to enhance ovum potency, regulate the menstrual cycle, promote *Vataulomana*, achieve *Shrotoshudhi*, and stimulate *Artavajanana*. **Conclusion:** Ayurvedic therapy shows promise in treating infertility caused by PCOD, offering positive outcomes without observed adverse drug reactions.

INTRODUCTION

Infertility is a condition characterized by the inability to achieve a clinical pregnancy after a year of consistent and unprotected sexual intercourse.^[1] It is estimated to impact approximately 8 to 12% of couples in their reproductive years on a global scale. The primary hormonal concern affecting women and a leading reason for infertility marked by the absence of ovulation (anovulation) is polycystic ovary syndrome (PCOS). About one-third of couples seeking assistance at fertility clinics face infertility due to lack of ovulation, with PCOS being the primary cause in 90% of these instances.^[2]

Consumption of organic foods, and evolving lifestyles. The global prevalence of this condition lies around 5-10% in the general population.^[3] Polycystic Ovarian Syndrome (PCOS) was initially documented in 1935 by medical professionals Stein and Leventhal. It is defined as a syndrome marked by characteristic symptoms such as amenorrhea (absence of menstruation), hirsutism (excessive hair growth), and obesity, all commonly associated with enlarged polycystic ovaries.

Over time, the treatment strategies for managing anovulatory infertility in patients with PCOS have evolved. cases, approaches like gonadotropin administration or laparoscopic ovarian surgery have been commonly employed to address anovulation and enhance the chances of conception in PCOS patients. In Ayurveda, four key factors are considered essential for healthy conception: *Reetu* (the fertile period), *Kshetra* (a healthy uterus and reproductive system), *Ambu* (adequate nutrition and proper functioning of

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Rasadhatu), and *Bija* (healthy sperm and ovum). Impairment in even one of these key elements may result in failure of conception or infertility. According to classical Ayurvedic texts, *Vandhyatva* (infertility) is not limited to the inability to conceive, but also encompasses conditions like *Garbha Strava* (recurrent miscarriages) and *Mrutvatsa* (stillbirths), where a woman is unable to carry a pregnancy to full term and achieve a successful outcome.

We have some scattered references in Ayurvedic classical text books that can be correlated with signs and symptoms of PCOS. It comes under many headings like *Yonivyapad* (*Vataj*, *Arajaska*, *Lohitaksaya* and, *Vandhya Yonivyapad*), and *Artavyapad* (*Vataj Artavdushti*, *Ksheen Artavdushti*), etc. Based on these principles, infertility involves the vitiation (*Dushti*) of *Doshas*, primarily *Vata* and *Kapha*, as well as disturbances in *Dhatu*s such as *Rasa* and *Rakta*, the *Upadhatu Artava*, and impairment of *Dhatvagni* (tissue metabolic fire).

Our *Acharyas* explain that *Apana Vayu* is located in the pelvic region, overseeing the functions of all female reproductive organs and regulating vital processes such as the elimination of urine, stool, menstrual blood, and the fetus. Therefore, the treatment of PCOS should focus on enhancing digestive fire (*Agni Deepana*), digestion (*Pachana*), promoting the proper flow of *Vata* (*Vatanulomana*), and improving the quality of *Rasa* and *Rakta* (*Rasaraktaprasadana*).

Case Study

In the present study we report a young female patient of primary infertility aged 27 years from Jaipur Rajasthan, OPD of *Prasuti Tantra* and *Stree Roga*, NIA with complaints of unable to conceive since 1.5 years. Her menses were delayed, presented in the occurring in every 50-60 days with normal flow since menarche. Her active married life was of 2 years with no any contraceptive history. She had also been undergoing allopathic treatment for the same condition for the past 1.5 years. As no result obtained she was reluctant to continue same. Therefore, she sought Ayurvedic

treatment at the OPD of *Prasuti Tantra* and *Stree Roga*, NIA, Jaipur.

Demographic Data

Name of patient -XXX

Date of first visit -09/11/2023 Age-27 Years

Religion -Hindu

Occupation -Housewife

Education - B.A.

Chief Complaint with Duration

1. Delayed menses since menarche
2. Unable to conceive since 1.5 years

History of Present Illness

According to the patient, she was asymptomatic before menarche. Gradually she develops complaints of delayed menses and after ultrasonography PCOS was found. After marriage she had been trying to conceive but failed to do so despite regular unprotected coitus for 1.5 years. She visited PTSR OPD of NIA, Jaipur, for proper investigation and Ayurvedic management.

History of the Patient

Personal History

- Diet- Vegetarian
- Appetite - Normal
- Bowel- Clear
- Bladder- Clear
- Sleep- Sound

Drug history

1. ATT for extrapulmonary tuberculosis from April 2023 to October 2023.
2. Ovulation induction medicine for 3 menstrual cycles before 1 year. Addiction history - Not any

Allergic history - Not any

Past surgical history - DHL done on 17/02/2023

Family History- H/o hypertension in mother

Marital History

Menarche- At the age of 14 years

LMP -07/11/2023

Table 1: Menstrual History

Duration of menses blood flow	4 days										
Intermenstrual period	50-60 days										
Regular/ Irregular	Irregular										
Pad history	<table> <tr> <td>Day</td><td>Pad</td></tr> <tr> <td>3</td><td>(Fully soaked)</td></tr> <tr> <td>3</td><td>(Fully soaked)</td></tr> <tr> <td>2</td><td>(Fully soaked)</td></tr> <tr> <td>1</td><td>(1/2 soaked)</td></tr> </table>	Day	Pad	3	(Fully soaked)	3	(Fully soaked)	2	(Fully soaked)	1	(1/2 soaked)
Day	Pad										
3	(Fully soaked)										
3	(Fully soaked)										
2	(Fully soaked)										
1	(1/2 soaked)										
Clots	2-3 clots (less than 5 rupees size coin)										
Colour	Dark red										

Foul smell in menstrual blood	Present
Pain	Mild (Site – Lower abdomen just before of onset of menses)

Married life- 2 years

Active married life- 2 years

Obstetrics History

Nulligravida

Contraceptive history –Not significant

Coital history -2-3 times/week

Table 2: Ashtavidha Parikshana (Eight Folds of Examination in Ayurveda)

<i>Nadi</i> (Pulse) - 78/min, regular
<i>Mala</i> (Stool) – <i>Nirama</i>
<i>Mutra</i> (Urine) – 5-7 times/day, pale yellow
<i>Jivha</i> (Tongue) – <i>Nirama</i>
<i>Shabda</i> (Voice) - <i>Prakruta & Spasta</i>
<i>Sparsha</i> (Touch) - <i>Sama Shitoshna</i>
<i>Drika</i> (Vision) – <i>Prakrut</i>
<i>Aakruti</i> (Body proportion) – <i>Madhyama</i>

Table 3: General Physical Examination

Height- 5feet 4inch
Weight- 69 kg
BMI- 26.3kg/msq (overweight)
B.P- 110/70 mm Hg
Averagely built and nourished
Pallor- Nil
Secondary sexual characters- Normal and age appropriate
Nails, tongue, and conjunctiva- Pink
No evidence of lymphadenopathy, icterus

Table 4: Systemic Examinations

Respiratory system – Air entry bilateral clear
Cardiovascular system –S1 S2 audible
Central nervous system – Conscious
Gynecological Examinations-
Inspection– External Genitalia- No any abnormality was detected
On P/V&P/S – No any abnormality was detected

Table 5: Investigations

DHL done under GA on 17/02/2023
Laproscopy findings
Uterus normal in size &shape

Bilateral tubes normal
Bilateral ovaries normal
Hysteroscopy findings
External & internal os normal
Cervical cavity normal
Uterine cavity normal
Endometrium normal
Bilateral ostea normal
Hematological investigation
CBC - Hb - 13.3 gm%
LFT, RBS – WNL
HIV & HbsAg – NR
USG for Uterus & Adnexa - Finding suggestive of
PCOD
Minimal free fluid in pouch of Douglas – may be PID
Slightly heterogeneous uterus

The Treatment Schedule for the Present Study

Nidana Parivarjana (Elimination of Causes)- *Nidan Parivarjan* is described as the primary line of treatment in the first chapter of Sushruta's *Uttaratantra*. It involves taking a detailed patient history to identify and eliminate potential causative factors, such as unhealthy dietary practices, consumption of fast food, irregular sleep patterns, excessive mental stress, intake of incompatible foods (*Viruddha Ahara*), and suppression of natural urges (*Vegavidharan*) like stool and urine.

Aahar Vyavastha (Dietary Changes)- Patients are advised to include green leafy vegetables, barley (*Yava*), bitter melon (*Karela*), green gram (*Mudga*), *Puran Shali* rice, cow's milk, ghee, seasonal fruits, and adequate water intake in their daily diet. In Ayurveda, food is regarded as a potent form of medicine, playing a vital role in both prevention and treatment of disease, as Acharya Kashyapa stated, '*Aahar is Mahabhaishajya*' (food is the great healer).^[9] She regularly followed *Rajaswalacharya*^[9] in first three menstruating days.

Drug administration

Present case study is single case study. "In *Vandhyatva*, the consumption of causative factors (*Nidana Sevana*) leads to the vitiation of the *Tridoshas*, primarily affecting the subtypes *Saman*, *Vyana*, and *Apana Vata*, along with *Kledaka Kapha* and *Pachaka Pitta*."

Vitiated *Vata* and *Kapha Dosha* leads to *Agnimandhya* and vitiated *Pitta Dosha* leads to *Rasa Dushti*. Due to *Agnimandhya* food will not digest and result in the production of *Ama*. This vitiation leads to obstruction in the *Rasavaha Srotas*, resulting in *Rasa Dushti*. When *Rasa* is vitiated, its *Upadhatu- Artava* also becomes impaired, leading to *Artava Dushti*. This causes abnormalities in both *Antah Pushpa* (the ovum), resulting in *Viphalam Beeja* (anovulation), and *Bahir Pushpa* (menstrual flow), leading to *Nashtartava* or *Artava Kshaya* (oligomenorrhea or amenorrhea). Ultimately, these changes result in *Vandhyatva* (infertility). Consequently, when selecting medications, it's important to opt for those with the qualities of *Deepan-Pachana* (stimulating digestion and metabolism), *Tridoshshamak* (balancing all three *Doshas*), and *Srotorodhahara* (clearing obstructions in bodily channels). These characteristics aid in preserving the proper functions of *Apana Vayu* (a specific sub-*Dosha* responsible for downward movement in the body) and in restoring the equilibrium of *Kapha* and *Pitta Doshas*. This, in turn, contributes to the normalization of menstrual cycles. Treatment given to the patient for 2 month which is summarized in the

Table 6: Treatment Advised

Date	Duration	Medicine with dose	Remark
9/11/23 - 23/11/23	15 days	<ul style="list-style-type: none"> Phala Ghrit - 10 gm BD with cow's milk Bala Beej Churna - 4 gm BD with cow's milk Garbhparada yoga-Trikatu Churna 3gm + Nagakeshar Churna 3 gm BD with cow's ghee 	
23/11/23 - 12/12/23	15 days	<ul style="list-style-type: none"> Same as above 	
13/12/23 - 26/12/23	15 days	<ul style="list-style-type: none"> Phala Ghrit - 10 gm BD with cow's milk Bala Beej Churna - 4 gm BD with cow's milk 	L.M.P -7/11/2023 C/O- Delayed menses for 6 days Then UPT done which found negative.

			on 11/12/2023
26/12/2023- 9/1/2024	15 days	Same as above	Menses onset on 9/1/2024
22/2/2024	15days	Same as above	<div>L.M.P-09/01/2024 E.D.D- 16/10/2024</div> <p>P.O.G- 6 weeks 2 days C/O- Amenorrhoea since 1.5 month. Then UPT done which found positive on 22/02/2024.</p>

Ayurvedic Pharmacological Properties and Action of the Drug**Phala Ghrit^[10]**

Drug	Part used	Rasa	Guna	Virya	Vipaka	Dosaghnta	Karma
Manjistha (<i>Rubia Cordifolia</i>)	Bark	Tikta, Kashaya, Madhura	Guru, Ruksha	Ushna	Katu	Kapha Pitta	Jwara Varanyakara, Vishagna
Kushtha (<i>Saussurealappa</i>).	Root	Tikta, Katu, Madhura	Laghu, Ruksha, Tikshna	Ushna	Katu	Vata Kapha	Analomana, Vrushya, Artavajanana, Garbhashayottejaka
Tagar (<i>Valeriana Officinalis</i>)	Root	Tikta, Katu, Kashaya	Laghu, Snigdha	Ushna	Katu	Kapha Vata	Deepan, Pachan, Shoolhara, Jwarahara
Haritaki (<i>Terminalia chebbula</i>)	Fruit	Pancha- rasa	Guru Snigdha	Sheeta	Madhura	Pitta Vata	Anulomana, Vrushya, Garbhashayshothahara, Garbhasthapana
Bibhitaki (<i>Terminalia bellerica</i>)	Fruit	Kashaya	Ruksha, Laghu	Ushna	Madhura	Tridosha	Shothahar, Anuloman, Krimighna
Amalaki (<i>Emblica officinalis</i>)	Fruit	Pancharasa	Guru, Ruksha Sheeta,	Sheeta	Madhura	Tridosha	Dipana, Vrushya, Anulomana Garbhasthapana,
Haridra (<i>Curcuma longa</i>)	Rhizome, Stem, Root	Tikta, Katu	Laghu Ruksha	Ushna	Katu	Tridosha	Anulomana, Garbhashaya, Shodhana

<i>Daruharidra</i> (<i>Berberis aristata</i>)	Stem Root	<i>Tikta,</i> <i>Kashaya</i>	<i>Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Pitta Kapha</i>	<i>Dipana,</i> <i>Garbhashayasothahara.</i>
<i>Vacha</i> (<i>Acorus calamus</i>)	Rhizome	<i>Tikta, Katu</i>	<i>Laghu,</i> <i>Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha, Vata</i>	<i>Krimighna, Vamak,</i> <i>Garbhashaya</i> <i>sankochaka</i>
<i>Yastimadhu</i> (<i>Glycyrrhiza glabra</i>)	Root	<i>Madhura</i>	<i>Guru,</i> <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata,Pitta</i>	<i>Kandughna, Rasayana,</i> <i>Shukrala, Vajikara</i>
<i>Meda</i> (<i>Polygonatum</i> <i>cirrhiifolium</i>)	Root	<i>Madhura</i> <i>Tikta</i>	<i>Guru,</i> <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata,Pitta</i>	<i>Shukral, Balya,</i> <i>Rasayana, Jivaniya</i>
<i>Dipyaka</i> (<i>Trachyspermum</i> <i>roxburghianum</i>)	Fruits	<i>Katu, Tikta</i>	<i>Ruksha,</i> <i>Tikshana</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Kapha, Vata</i>	<i>Dipana Vatnulomana,</i> <i>Krimighna</i>
<i>Katurohini</i> (<i>Picrorhiza kurroa</i>)	Root	<i>Tikta</i>	<i>Laghu,</i> <i>Ruksha,</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kapha, Pitta</i>	<i>Krimighna, Shothahara,</i> <i>Dipana.</i>
<i>Payasya</i> (<i>Ipomea mauritiana</i>)	Tubor	<i>Madhura,</i> <i>Tikta</i>	<i>Guru,</i> <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata, Pitta</i>	<i>Vajikar, Shukral, Balya,</i>
<i>Hingu</i> (<i>Ferula narthex</i>)	Resin	<i>Katu</i>	<i>Laghu</i> <i>Snigdha</i> <i>Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha, Vata</i>	<i>Dipana, Pachana,</i> <i>Anulomana, Krimighna</i>
<i>Kakoli</i> (<i>Roscoeia procera</i>)	Root	<i>Madhura</i> <i>Tikta</i>	<i>Guru,</i> <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata, Pitta</i>	<i>Jivaniya Rasayan,</i> <i>Balya,</i>
<i>Ashwagandha</i> (<i>Withania</i> <i>somnifera</i>)	Root	<i>Tikta, Katu,</i> <i>Kashaya</i>	<i>Laghu,</i> <i>Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Kapha, Vata</i>	<i>Rasayana, Vajikarana</i>
<i>Shatavari</i> (<i>Asparagus</i> <i>racemosus</i>)	Kanda	<i>Tikta,</i> <i>Madhura</i>	<i>Guru,</i> <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata, Pitta</i>	<i>Shukral, Balya,</i> <i>Rasayana</i> <i>Garbhaposhaka</i>
<i>Kshira</i>		<i>Madhura</i>	<i>Guru,</i> <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata, Pitta</i>	<i>Jivaniya, Rasayana</i>
<i>Ghrita</i>		<i>Madhura</i>	<i>Snigdha,</i> <i>Mrudu</i>		<i>Madhura</i>	<i>Vata, Pitta</i>	<i>Dipana, Vrushya,</i> <i>Vayastha, Medhya</i>

Bala beeja churna

Dravya	Ras	Guna	Veerya	Vipaka	Karma
<i>Bala beeja</i>	<i>Madhura</i>	<i>Laghu, Snigdha, Pichila</i>	<i>Sheeta</i>	<i>Madhur</i>	<i>Vatapittahar, Balya,</i> <i>Brinhan, Vrisya,</i>

Garbhparada Yoga^[11]

S.No	Ingredients	Latin Name	Properties
1.	<i>Pippali</i>	<i>Piper longum</i>	<i>Vrishya, Rajorodhahar</i>
2.	<i>Maricha</i>	<i>Piper nigrum</i>	<i>Artavajanan, Vatakaphashamak</i>
3.	<i>Shunthi</i>	<i>Zinziber officinale</i>	<i>Vrishya, Vatakaphashamak</i>
4.	<i>Nagkesara</i>	<i>Mesua ferrea</i>	<i>Kaphapittashamak, Balya, Raktasthambhaka, Vedanasthapana,</i> <i>Deepana, Pachana</i>

DISCUSSION

According to Ayurveda, infertility caused by ovarian factors is considered a *Vata-Kapha* predominant disorder (*Vata-Kapha Pradhana Vyadhi*). It is typically associated with diminished tissue metabolism (*Dhatvagni Mandya*), vitiation of *Apana Vayu*, and disturbances in *Rasa* and *Rakta Dhatus*. Therefore, the primary line of treatment focuses on pacifying *Vata* and *Kapha*, stimulating *Agni* (digestive and metabolic fire), digesting *Ama* (toxins), regulating the function of *Apana Vayu*, nourishing body tissues (*Brimhana*), and purifying the blood (*Raktashodhana*). Acharya Sushruta described that disorders of *Shukra* and *Artava* (known as *Artavadushti*) are linked to the absence of *Beeja* (anovulation). Therefore, the initial step in treatment involves correcting the *Artava Dushti*. Since *Artava* is the *Upadhatu* (secondary tissue) of *Rasa Dhatu*, any vitiation in the *Rasa Dhatu* caused by impairment of *Jatharagni* (digestive fire) or *Rasadhatvagni* (metabolic fire of *Rasa Dhatu*) leads to the production of defective *Artava*. Moreover, reduced *Jatharagni* causes the formation of *Ama* (toxins), which blocks the channels known as *Artavavaha Strotas*, further disturbing normal *Artava* flow.

Phalasarpi contains *Kutki*, a potent liver stimulant known to activate *Dhatvagni* (tissue metabolism), ensuring proper formation and nourishment of bodily tissues. By strengthening the uterus, *Phalasarpi* enhances fertility and improves the chances of conception. According to Acharya Vagbhata, *Phalasarpi* is highly effective in aiding conception and is considered an excellent remedy for female infertility. It possesses qualities such as *Balya* (strengthening), *Vatahara* (pacifying *Vata*), *Brihaniya* (nourishing), *Garbhadharana* (supporting conception), and *Rasayana* (rejuvenating). Additionally, *Phalasarpi* is believed to stimulate the hypothalamic-pituitary-ovarian axis, promoting increased secretion of gonadotropins and regulating enzymes involved in ovarian steroidogenesis.

According to Acharya Charaka, *Bala* is *Prajasthapan*^[13] and according to Acharya Sushruta *Vatasanshmana*^[14] so *Vata* plays a major role in physiology and pathology of reproductive tract, *Vata* stands for proliferation, division of cell and rupture of the follicle^[15]. *Bala* is one of the *Dravyas* explained under *Prajasthapan Mahakashaya* by Acharya Charak. *Bala* is *Madhur* in *Rasa*, having *Snigdha guna*, *Madhura vipaka*^[16] so effect of *Bala* on *Dosha karma* (*Tridoshamaka*) *Dhatu karma* (*Rasa, Raktadhatu, Artavakara*) and *Mala karma* (*Anulomana karma*) this results in the proper functioning of *Apana Vayu*, which facilitates *Beeja Nirmana* (formation of ovum) and ultimately leads to *Beejotsarga* (release of the ovum). *Bala Beeja Churna* supports the balanced functioning of

Vata Dosha, pacifies *Pitta Dosha*, and promotes the healthy regulation of the hypothalamic-pituitary-ovarian (HPO) axis, thereby aiding in normal ovulation. Additionally, its ethanol extract has demonstrated antioxidant properties, further supporting reproductive health."

The formulation of *Garbhaprada Yoga*, commonly used in Ayurveda for promoting fertility and supporting healthy conception, is characterized by its specific composition of ingredients that contribute to its therapeutic properties. The ingredients of *Garbhaprada Yoga* are thoughtfully chosen to provide a harmonious blend of properties, tastes, and therapeutic effects that support reproductive health and promote follicular maturation.

The primary components of *Garbhaprada Yoga* include *Katu Rasa* (pungent taste), *Laghu* (light), *Snigdha* (unctuous), *Tikshna guna* (sharp quality), *Ushna Virya* (hot potency), *Madhura* and *Katu Vipaka* (pungent post-digestive taste). This unique blend of attributes is designed to facilitate the absorption and distribution of the formula within the body. The *Laghu Guna*, allows the constituents to be easily assimilated, ensuring that the therapeutic effects can permeate various cellular structures.

Moreover, the drug is given with the *Anupana* of *Ghrita* which adds *Rasayana* property and also decreases *Tikshna Guna* of formulation. The pungent post-digestive effect (*Katu Vipaka*) along with digestive-stimulating (*Deepana*) and digestive (*Pachana*) properties help in breaking down *Ama* (toxins), which in turn helps to clear *Srotorodha* (blockages in the bodily channels).

This reduction in blockages within the body's channels leads to the appropriate development of *Rasadhatu*. This in turn facilitates the proper formation of *Artava*, encompassing both *Anatah Pushpa* (ovum formation) and *Bahira Pushpa* (menstruation). Through its proper nutrition and *Vatanulomana* (balancing *Vata*) qualities, the formula facilitates the maturation of follicles.

CONCLUSION

Ayurvedic medicines support the body systems involved in ovulation, offering an effective alternative approach to enhance fertility. When combined with a holistic treatment plan that includes proper *Aahar* (diet) and *Vihar* (lifestyle) regimens, Ayurveda can be particularly beneficial in managing infertility related to PCOS (Polycystic Ovary Syndrome). According to Ayurveda, every individual has a unique constitution (*Prakriti*), so treatment should be tailored accordingly. By following these personalized measures, the *Doshas*

are balanced, leading to the formation of Shuddha Artava Dhatu (pure reproductive tissue).

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*Address for correspondence

Dr. Yashoda Kanwar

PG Scholar

Department of Prasuti Tantra

and Stri Roga,

National Institute of Ayurveda,

Deemed to be University, Jaipur,

Rajasthan.

Email:

yashodakanwar1996@gmail.com

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