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Ayurvedic Management Of Anovulation - A Clinical Case Report.

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ABSTRACT

Background: Primary infertility is defined as the inability of a couple to achieve conception after one year of unprotected coitus. Anovulation is a significant cause of female infertility, contributing to approximately 35% of cases attributed to ovulatory dysfunction. It is characterized by the failure of follicular rupture despite follicular development, resulting in the absence of ovulation. The etiologies of anovulation are diverse and include polycystic ovary syndrome (PCOS), hyperprolactinaemia, premature ovarian insufficiency, hypothalamic anovulation, luteinized unruptured follicle syndrome, and luteal phase deficiency. *Acharya Kashyapa* in the *Revati Kalpa Adhyaya* describes a condition termed *Pushpagni* referring to timely but fruitless menstruation. From an *Ayurvedic* perspective, this clinical presentation can be correlated with anovulation.

Case report: A 31-year-old female patient who has been trying to conceive for the past three years presented for *Ayurvedic* consultation and treatment. Following evaluation, she was diagnosed with primary infertility due to anovulation and elevated prolactin levels. In this particular case, the primary *Doshas* involved were predominantly *Vata* and *Kapha*, along with vitiation of the *Dhatus* - *Rasa*, *Rakta*, and *Artava*. Therefore, the treatment was formulated based on the prevailing *Dosha* dominance and the affected *Dhatus* incorporating both *Shodhana i.e., Vamana, Basti, Uttarabasti* and *Shamana* therapies

Results: Patient conceived after over one year of *Ayurvedic* line of treatment with regular follow-up. UPT was found positive on February 2025.

Conclusion: This case study concludes that the comprehensive and holistic principles of Ayurveda contribute significantly to the management and alleviation of infertility resulting from ovarian dysfunction

Keywords: Anovulation, *Beejadushti*, *Apraja Vandyatwa*, *Uttarabasti*, *Yogabasti*

1. INTRODUCTION

Vadhyatva or Female infertility is a gynecological condition that, which significantly impairs a woman's ability to conceive and contribute to progeny. Infertility is termed primary if conception has never occurred and secondary if the patient fails to conceive after having achieved a previous conception. The incidence of infertility in any community varies between 5 and 15% [1].

According to the *Harita Samhita*, the *Anapathya* type of *Vandhyatva* correlates with primary infertility–which means a women who has never conceived [2]. According to *Ayurveda*, four essential factors are required for successful conception are *Ritu*, *Kshetra*, *Ambu* and *Beeja* [3]. Here *Beeja* can be referred as healthy ovum and sperm. Speaking of female infertility, *Beeja dushti* can be considered as ovulatory dysfunction i.e., anovulation. If any derangement in any of these will result in *Vandyatwa*.

According *Acharya Kashyapa* in the *Revati Kalpa Adhyaya* mentions the condition *Pushpaghni Jataharini*, describing the symptom *"Vrutta Pushpa"* referring to a woman who experiences timely menstruation without the result of conception. This condition, from an *Ayurvedic* perspective, can be correlated with anovulation[4]. Anovulation is an important subset in infertility [5]. According to FIGO-Ovulatory dysfunction contributes to 30% - 40% causative factors of infertility [6].

The ovarian activity is totally dependent on the gonadotropins and normal secretion of the gonadotropins depends on the pulsatile release of GnRH from hypothalamus. Thus the disturbance may result in anovulation [7].

This paper presents a successful case report of a patient with primary infertility due to anovulation, managed through

Ayurvedic treatment, demonstrating positive clinical outcomes. The treatment protocol focused on enhancing *Agni* removing *Srotodushti* facilitating the proper formation of *Shuddha Artava* along with *Beejakarmukta* and *Vata Shamana*.

PATIENT INFORMATION

A 31-year-old married woman visited the *Prasuti Tantra* and *Stree Roga* outpatient department (OPD) with the concern of being unable to conceive despite trying for three years during her regular and unprotected married life. Patient gave a detailed history that couple consulted allopathic gynaecologist in Bangalore where she underwent hormonal therapy and ovulation induction for 3 cycles and one cycle of intrauterine insemination (IUI) but no any results. Patient also underwent hysterosalpingography (HSG) investigation in 2022 - it was suggestive of bilaterally both fallopian tubes were patent. Later in 2023 she came to JSS Ayurvedic Medical Hospital for the further management

Past History: No history of DM/HTN/hypo- hyperthyroidism or any major medical or surgical history

Family History: Nothing significant

Occupation: Accountant

Menstrual History:

LMP- 20/10/2023

Menarche – 13 years

Regularity – regular

Menstrual cycle duration – 4-5 days

Interval – 28 to 30 days

Flow – moderate flow with mild lower abdomen pain

Obstetric History:

Married Life: 3 ½ years (NCM)

O/H – $G_0P_0L_0A_0$ (Nulligravida)

Contraceptive History – Nil

General Examination:

Built: lean built

Nourishment: Moderate

Pulse: 73 per min

Temperature: 97F

Weight: 45kg

Height: 156 cms

BMI- 18.1kg/m^2

Pallor - Absent

Icterus – Absent

Cyanosis – Absent

Clubbing – Absent

Oedema - Absent

Lymphadenopathy - Absent

Systemic Examination:

CNS - Conscious, well oriented to place, time, person

CVS – S1-S2 heard, Normal

R/S – B/L Air entry clear, No added sound - No abnormality found on other system

On clinical Examination –

P/A- soft, no palpable mass, no tenderness

Pelvic Examination - P/S, P/V was normal

Investigations -

USG Abdomen and Pelvis (11/09/2023) –

Uterus is normal in size and retroflexed in position. Echoes returning from myometrium and endometrium are normal. Uterus measures 7.5*3.9*4.3 cms.

Endometrial thickness – 9m

Follicular Study - on 12th Day

Right Ovary showing - 6 mm

Left Ovary showing - 10.8 mm

No dominant follicle noted on either side.

ET 9 m

Hormonal assay -

TSH - 3.47mIU/L

Serum Prolactin - 77.23ng/ml

2. THERAPEUTIC INTERVENTION

Table 1: Timeline of Therapeutic Intervention

Date	Therapeutic Approach	Medicines With Dosage	Duration
September 2023	1. *Deepana Pachana*	• With *Agnitundi Vati and Chitrakadi Vati* (1-1-1) / BF	5 days
	2. *Snehapana*	• With *Varunadi Ghrita* (30,60,90,110,130 ml)	5 days
	3. *Sarvanga Abhyanga* and *Bashpa Sweda*	• With *Mahanarayana Taila*	2 days
	4. *Vamana karma*	• With *Madanaphala Kalka and Yashtimadhu Phanta*	1 day
December 2023 (follow up)	Oral medicines	• Cap Ovarin (1-1-1) A/F • Tab Leptaden (1-1-1) A/F • Syrup Ovarin 10 ml TID	1 month
January-March 2024	1. *Yonyoniprakshalana* 2. *Uttarabasti*	• With *Panchavalkala Qwatha* • With *Phalaghrita*	3 consecutive cycle
April 2024 (follow up)	Oral medicines	• *Shatapushpa Churna Ksheerapaka* (1tsp/BD/BF) • *Pratimarsha Nasya* with *Mahanarayana taila* (4^0- 0 -4^0) • Syp Manol (1tsp BD/BF)	1 month

May 2024 (follow up)	1. Oral medicines 2. *Pratimarsha Nasya*	• *Sukumara Kashaya* (10 ml TID) A/F • Tab Gynakot (1-0-1) A/F • with *Phalagritha* (0-0-2 drops)	2 months
July (1/7/2024)	*Yogabasti*	• *Niruha basti* with *Erandamooladi Kashaya* *Anuvasana basti* with *Mahanarayana taila* (80 ml)	for 8 days
July (24/7/24) (follow up)	1.*Pratimarsha Nasya* 2. Oral Medicines	• with *Phalagritha* (0-0-2^0) • *Streevyadihara Rasa* (2-0-2) A/F • Cap *Nashtapushpantaka Rasa* (2-0-2) A/F • *Varunadi Kashaya* 10ml BD/AF	2 months
October 2024 (follow up)	1. Oral Medicines 2. *Pratimarsha Nasya*	• Tab Torchnil (1-0-1) A/F, • Cap *Shatavari* (1-0-1) A/F • with *Mahanarayana Taila*	3 months
January 2025 (Follow up)	1.*Pratimarsha Nasya* 2.Oral Medicines (Advised For Follicular Study on 12th day of cycle)	• with *Mahanarayana Taila* (0-0-2 drops) • Tab Torchfree (1-0-1) A/F • *Pushpadanwa rasa* (2-0-2) A/F	For one month

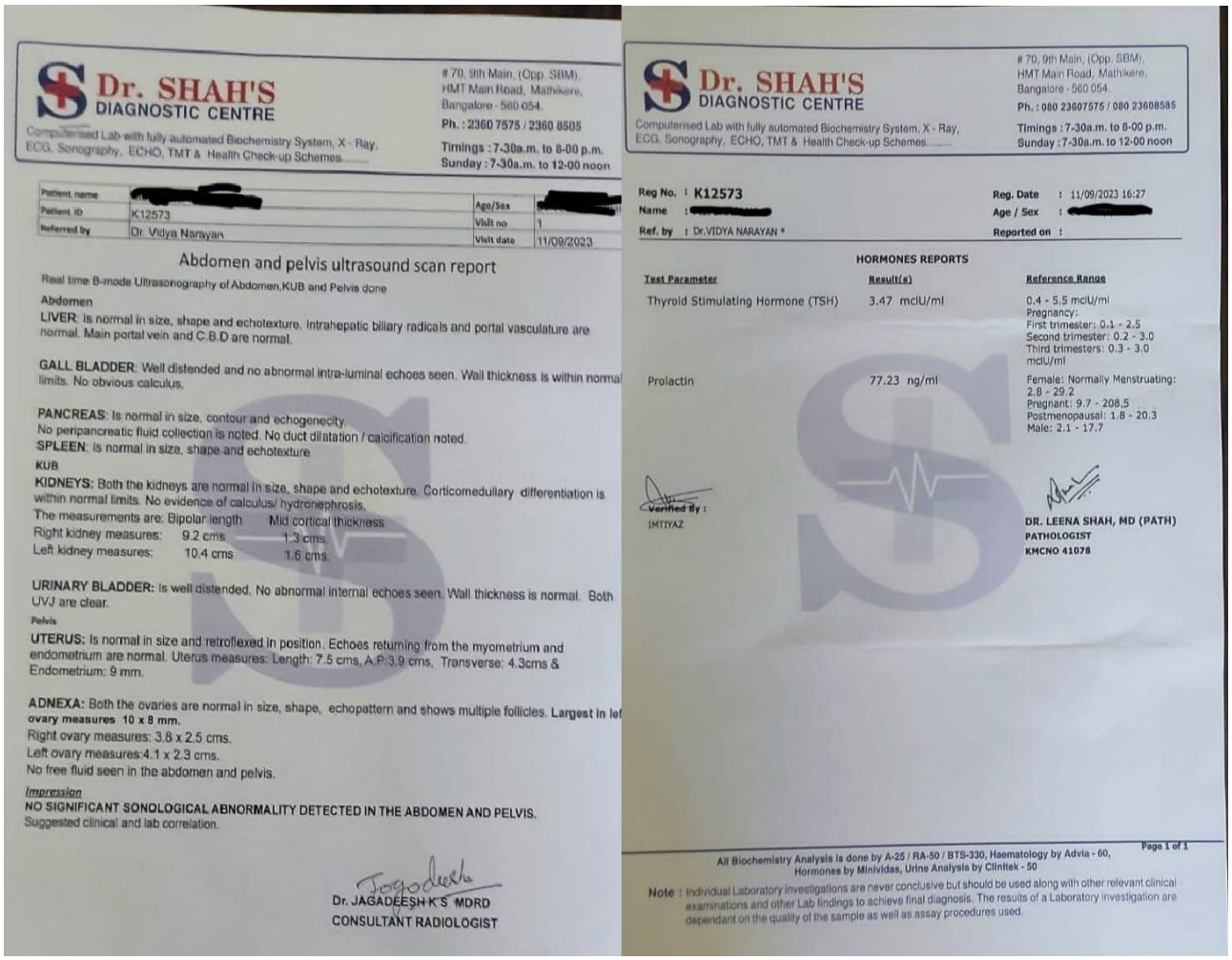
3. RESULTS

After over a year of undergoing *Ayurvedic* treatment, patient missed her menstrual cycle in February 2025, UPT was done, which showed a positive result, later confirmed by ultrasound (USG).

Table 2: Shows Before and After Treatment Results

SI no	Date	BT Report	AT report
1.	31/10/2023	Follicular study Impression : Anovulatory cycle	
2.	10/02/2025		Follicular scan : Ovulation Occurred

Before Treatment



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Ph. : 2360 7575 / 2360 8585
Timings : 7-30a.m. to 8-00 p.m.
Sunday : 7-30a.m. to 12-00 noon

Patient name	[redacted]	Age/Sex	[redacted]
Patient ID	K12573	Visit no	1
Referred by	Dr. Vidya Narayan	Visit date	11/09/2023

Abdomen and pelvis ultrasound scan report

Real time B-mode Ultrasonography of Abdomen,KUB and Pelvis done

Abdomen

LIVER: Is normal in size, shape and echotexture. Intrahepatic biliary radicals and portal vasculature are normal. Main portal vein and C.B.D are normal.

GALL BLADDER: Well distended and no abnormal intra-luminal echoes seen. Wall thickness is within normal limits. No obvious calculus.

PANCREAS: Is normal in size, contour and echogenecity.
No peripancreatic fluid collection is noted. No duct dilatation / calcification noted.
SPLEEN: Is normal in size, shape and echotexture

KUB

KIDNEYS: Both the kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is within normal limits. No evidence of calculus/ hydronephrosis.
The measurements are: Bipolar length Mid cortical thickness
Right kidney measures: 9.2 cms 1.3 cms.
Left kidney measures: 10.4 cms 1.6 cms.

URINARY BLADDER: Is well distended. No abnormal internal echoes seen. Wall thickness is normal. Both UVJ are clear.

Pelvis

UTERUS: Is normal in size and retroflexed in position. Echoes returning from the myometrium and endometrium are normal. Uterus measures: Length: 7.5 cms, A.P:3.9 cms, Transverse: 4.3cms & Endometrium: 9 mm.

ADNEXA: Both the ovaries are normal in size, shape, echopattern and shows multiple follicles. **Largest in lef ovary measures 10 x 8 mm.**
Right ovary measures: 3.8 x 2.5 cms.
Left ovary measures:4.1 x 2.3 cms.
No free fluid seen in the abdomen and pelvis.

Impression
NO SIGNIFICANT SONOLOGICAL ABNORMALITY DETECTED IN THE ABDOMEN AND PELVIS.
Suggested clinical and lab correlation.

Dr. JAGADEESH K S MDRD
CONSULTANT RADIOLOGIST

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Timings : 7-30a.m. to 8-00 p.m.
Sunday : 7-30a.m. to 12-00 noon

Reg No. : K12573 Reg. Date : 11/09/2023 16:27
Name : [redacted] Age / Sex : [redacted]
Ref. by : Dr.VIDYA NARAYAN * Reported on :

HORMONES REPORTS

Test Parameter	Result(s)	Reference Range
Thyroid Stimulating Hormone (TSH)	3.47 mcIU/ml	0.4 - 5.5 mcIU/ml Pregnancy: First trimester: 0.1 - 2.5 Second trimester: 0.2 - 3.0 Third trimesters: 0.3 - 3.0 mcIU/ml
Prolactin	77.23 ng/ml	Female: Normally Menstruating: 2.8 - 29.2 Pregnant: 9.7 - 208.5 Postmenopausal: 1.8 - 20.3 Male: 2.1 - 17.7

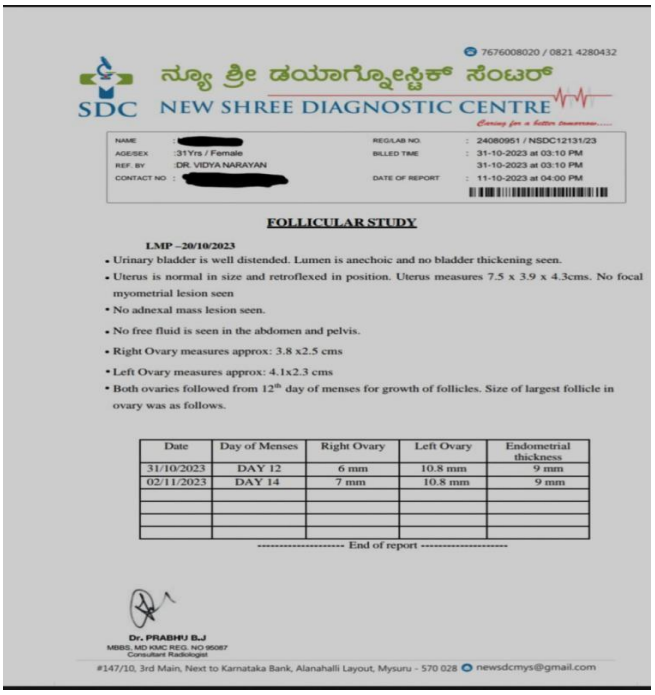
Verified By : IMTIYAZ

DR. LEENA SHAH, MD (PATH)
PATHOLOGIST
KMCNO 41078

Page 1 of 1

All Biochemistry Analysis is done by A-25 / RA-50 / BTS-330, Haematology by Advia - 60, Hormones by Minividas, Urine Analysis by Clinitek - 50

Note : Individual Laboratory investigations are never conclusive but should be used along with other relevant clinical examinations and other Lab findings to achieve final diagnosis. The results of a Laboratory investigation are dependant on the quality of the sample as well as assay procedures used.



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NEW SHREE DIAGNOSTIC CENTRE

NAME	[redacted]	REG/LAB NO.	: 24080951 / NSDC12131/23
AGE/SEX	:31Yrs / Female	BILLED TIME	: 31-10-2023 at 03:10 PM
REF. BY	:DR. VIDYA NARAYAN		31-10-2023 at 03:10 PM
CONTACT NO	: [redacted]	DATE OF REPORT	: 11-10-2023 at 04:00 PM

FOLLICULAR STUDY

LMP –20/10/2023

- Urinary bladder is well distended. Lumen is anechoic and no bladder thickening seen.
- Uterus is normal in size and retroflexed in position. Uterus measures 7.5 x 3.9 x 4.3cms. No focal myometrial lesion seen
- No adnexal mass lesion seen.
- No free fluid is seen in the abdomen and pelvis.
- Right Ovary measures approx: 3.8 x2.5 cms
- Left Ovary measures approx: 4.1x2.3 cms
- Both ovaries followed from 12th day of menses for growth of follicles. Size of largest follicle in ovary was as follows.

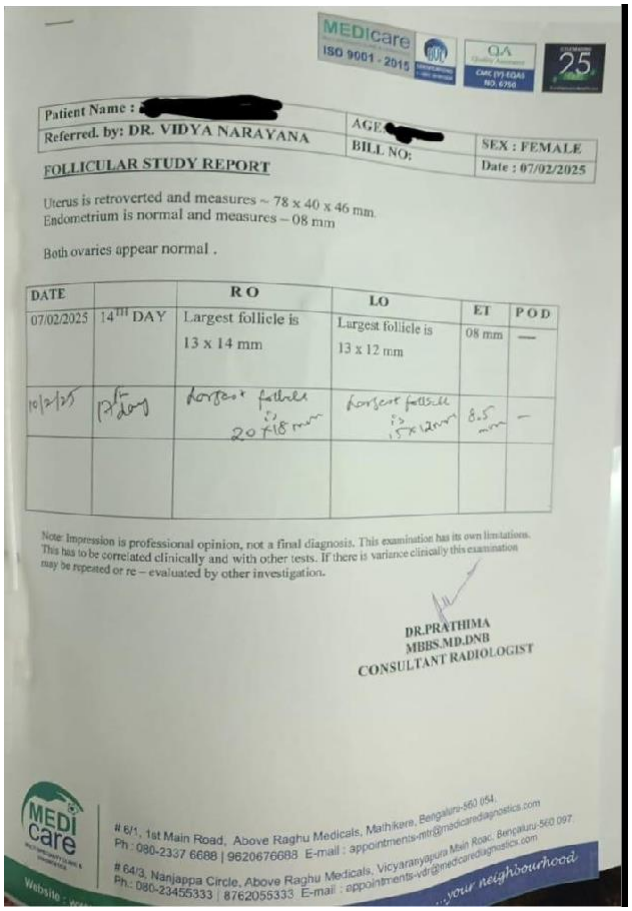
Date	Day of Menses	Right Ovary	Left Ovary	Endometrial thickness
31/10/2023	DAY 12	6 mm	10.8 mm	9 mm
02/11/2023	DAY 14	7 mm	10.8 mm	9 mm

---------- End of report ----------

Dr. PRABHU B.J
MBBS, MD KMC REG. NO 95087
Consultant Radiologist

#147/10, 3rd Main, Next to Karnataka Bank, Alanahalli Layout, Mysuru - 570 028 newsdcmys@gmail.com

After Treatment



MEDIcare ISO 9001 - 2015

Patient Name : [redacted] AGE [redacted] SEX : FEMALE
Referred. by: DR. VIDYA NARAYANA BILL NO: Date : 07/02/2025

FOLLICULAR STUDY REPORT

Uterus is retroverted and measures ~ 78 x 40 x 46 mm.
Endometrium is normal and measures – 08 mm

Both ovaries appear normal .

DATE		RO	LO	ET	POD
07/02/2025	14TH DAY	Largest follicle is 13 x 14 mm	Largest follicle is 13 x 12 mm	08 mm	—
10/2/25	17th day	largest follicle is 20 x 18 mm	largest follicle is 15 x 12 mm	8.5 mm	—

Note: Impression is professional opinion, not a final diagnosis. This examination has its own limitations. This has to be correlated clinically and with other tests. If there is variance clinically this examination may be repeated or re – evaluated by other investigation.

DR.PRATHIMA
MBBS.MD.DNB
CONSULTANT RADIOLOGIST

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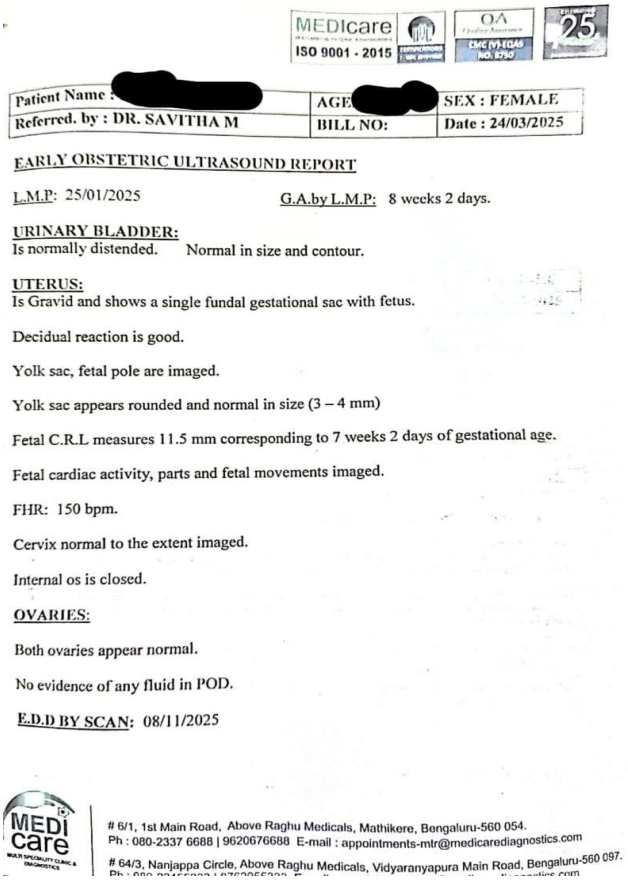

MEDIcare ISO 9001 - 2015

Patient Name : [redacted] AGE [redacted] SEX : FEMALE
Referred. by : DR. SAVITHA M BILL NO: Date : 24/03/2025

EARLY OBSTETRIC ULTRASOUND REPORT

L.M.P: 25/01/2025 G.A.by L.M.P: 8 weeks 2 days.

URINARY BLADDER:
Is normally distended. Normal in size and contour.

UTERUS:
Is Gravid and shows a single fundal gestational sac with fetus.

Decidual reaction is good.

Yolk sac, fetal pole are imaged.

Yolk sac appears rounded and normal in size (3 – 4 mm)

Fetal C.R.L measures 11.5 mm corresponding to 7 weeks 2 days of gestational age.

Fetal cardiac activity, parts and fetal movements imaged.

FHR: 150 bpm.

Cervix normal to the extent imaged.

Internal os is closed.

OVARIES:

Both ovaries appear normal.

No evidence of any fluid in POD.

E.D.D BY SCAN: 08/11/2025

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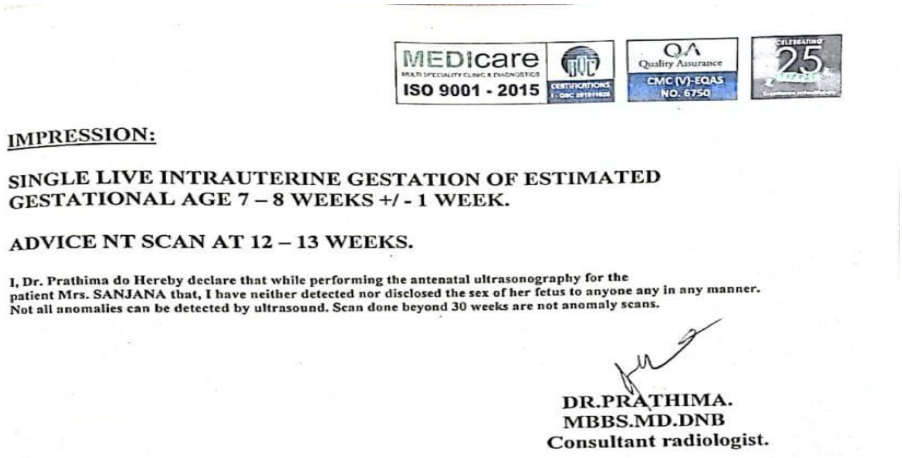

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IMPRESSION:

SINGLE LIVE INTRAUTERINE GESTATION OF ESTIMATED GESTATIONAL AGE 7 – 8 WEEKS +/ - 1 WEEK.

ADVICE NT SCAN AT 12 – 13 WEEKS.

I, Dr. Prathima do Hereby declare that while performing the antenatal ultrasonography for the patient Mrs. SANJANA that, I have neither detected nor disclosed the sex of her fetus to anyone any in any manner. Not all anomalies can be detected by ultrasound. Scan done beyond 30 weeks are not anomaly scans.

DR.PRATHIMA.
MBBS.MD.DNB
Consultant radiologist.

4. DISCUSSION

In this case, evaluation of the follicular study confirmed anovulation, and laboratory investigations revealed elevated serum prolactin levels as contributing factors to primary infertility. Also involvement of *Vata* and *Kapha Doshas* was observed, along with *Dushti* of *Rasa*, *Rakta*, and *Artava*.

Therefore the primary line of treatment focused on *Agnideepana* and *Pachana*.

The next step was *Snehapana* with plain *Varunadi Ghrit*a which became the ideal medicine for *Snehana* in the conditions where predominance of *Kapha* and *Vata Dosha*. After *Abhyanga and Swedana, Vamana* was the selected *Shodhana* therapy because of the involvement of *Kapha Doṣha* [8] as it removes the vitiated *Doshas* and clears *Abhishyandi* from *Srotas* and

helped for proper absorption of medicines.

In anovulation, *Uttara Basti* is an effective treatment as it helps remove *Srotosangha* and restores *Artava*. It stimulates ovarian hormone secretion, supports follicular development, and promotes ovulation. *Phalaghrita* was used in *Uttar Basti,* because *drugs* possess the properties like *Yonishukradoshahara, Prajasthapana, Ayushya, Medhya, Pachana, Deepana, Lekhana, Shothahara, Balya, Anulomana* [9].

Basti was selected as the next line of treatment. This was due to the predominant involvement of *Vata Doṣha* in the pathogenesis. *Acharya Charaka* stated that conception occurs only in a *Shuddha Yoni*. He highlighted *Basti* as the most effective treatment, as *Yonivyapad* are primarily caused by *Vata dosha* [10]. He especially recommended *Niruha Basti* for infertility, comparing it to nectar for a *Vandhya* [11], as it helps to balance *Vata* and *Raja*, thus promoting conception. Therefore *Eraṇḍa mooladi niruha basti* was selected, as it balances *Vata-Kapha* and removes *Srotorodha* [12]. *Taila* used for *Anuvasana Basti* was *Mahanarayana Taila* which is *Brimhana* and *Vatahara*.

Mahanarayan Taila and *Phalaghrita* were used as *Pratimarsha Nasya*, it reaches to *Shringataka Marma* (*Siro Antarmadhyam*) through the route of nasal. It spreads all over *Urdhwajatrugata* part. It eliminates the morbid *Doshas*. It stimulates the Gonadotropin Releasing Hormone (GnRH) neurons[13]. Thus, it regulates the pulsatile secretion of Gonadotropin Releasing Hormone. Finally, it leads to ovulation aids in conception.

5. CONCLUSION

The present case study demonstrates that the integrative and holistic approach of *Ayurvedic* medicine shows significant efficacy in the management of infertility associated with ovarian factors, particularly anovulation. Anovulation, defined as the failure of the ovary to produce and release a mature oocyte, is a leading cause of female infertility. In this study, *Srotoshodhana* was achieved through *Vamana Karma* and *Basti*, which facilitated the elimination and pacification of vitiated *Doshas*. The administration of *Uttar Basti* helped remove *Srotorodha* and corrected *Artava*, thereby promoting ovulation. Additionally, the *Pratimarsha Nasya* procedure was employed to stimulate the hypothalamic-pituitary-ovarian (H-P-O) axis, further supporting the induction of ovulation. Throughout the course of treatment, no adverse effects were observed

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