

Case Report

Ayurvedic intervention in ovarian factor infertility: a clinical case study

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ABSTRACT

Most crucial stress for women in now days are having infertility issue. Successful healthy conception requires proper structure and function of entire reproductive system. Anti-mullerian hormone is an ovarian reserve marker that effects in ovulation and endometrium thickness. Low anti-mullerian hormone has become first choice for IVF centre. There is the great scope of Ayurveda research to find out appropriate and effective solution for this problem. Considering all these points the present study was planned according to Ayurvedic principles. A 29 years female presented with a 4-year history of inability to conceive and was diagnosed with poor ovarian reserve and anovulation based on her reports. Patient was treated with Virechana, Madhutailik Basti, Mustadi Yapana Basti, Uttarbasti and Shamana Aushadha. There was an improvement in endometrium thickness, ovulation occurred and the patient subsequently conceived and delivered a full term healthy male child. The administered therapy helped correct Dosha vitiation, which in turn promoted fertility restoration. The treatment led to ovarian function, restoration of ovulation and successful conception culminating in a full-term normal delivery.

Keywords: Anovulation, Basti, Infertility, Poor ovarian reserve, Uttarbasti, Virechana

INTRODUCTION

Ovulation disorders account for approximately 15-20% of infertility cases among women seeking treatment for subfertility.¹ These disorders can be classified based on the level of dysfunction within the hypothalamic pituitary ovarian axis, as described in the World Health Organization classification.² Women with anovulation commonly present with oligomenorrhea or amenorrhoea; however, nearly 10% of women with apparently regular menstrual cycles may also be anovulatory. A comprehensive menstrual history is essential, including assessment of cycle length, regularity and the timing of the last menstrual period. Additionally, it is important to note that laparoscopic surgery may have a negative impact on ovarian reserve. The lack of real plane of cleavage between the endometrium like stroma of the endometriotic cysts and the ovarian tissue may result in inadvertent excision of healthy ovarian tissue during surgical management, thereby compromising ovarian reserve.

Anti-mullerian hormone (AMH) has the potential to predict future measurements before and after surgery.³ The patient with a diminished ovarian reserve has the only option of in-vitro fertilization (IVF). This study demonstrates an association between surgical management of endometriotic cysts and declines ovarian reserve, which may contribute to anovulation.

The consumption of diet and activities in aggravating provoked Vayu adversely affect the reproductive system, leading to dysmenorrhoea and anovulatory cycles. Infertility is included among eighty diseases of Vata.⁴

Many Upakrama and Aushadha like Panchakarma, Rasayana, Vajikarana and Prajasthapana Aushadha are indicated in Vandhyatva. Samshodhana has usually initiated the sequence among which Virechana is almost recommended and most comfortable for women. Here, a case of multifactorial infertility was registered and management for the same was given in the form of

Virechana, Madhutailika Basti, Yapana Basti, Uttarabasti and Shamana Aushadha.⁵⁻⁷

CASE REPORT

Patient information

A 29-year-old married woman presented to the outpatient department of P.D. Patel Ayurveda Hospital, Nadiad, with complaints of scanty and painful menstruation and inability to conceive for the past four years. Her menstrual cycle was regular, with a duration of three days and scanty flow, requiring approximately one sanitary pad per day. She had undergone hysterolaparoscopy one year prior, during which an endometrial polyp was diagnosed and excised; bilateral fallopian tubes were found to be patent. Subsequent hormonal evaluation at a private medical center revealed a reduced level of AMH at 1.06 ng/ml, suggestive of diminished ovarian reserve, for which IVF was advised. However, the patient declined IVF and sought Ayurvedic management for her condition. She had

discontinued all allopathic medications for the past six months. There was no relevant family history, and she had no past history of diabetes mellitus, hypertension, tuberculosis or adverse obstetric outcomes. Her husband’s semen analysis was within normal limits.

Clinical findings

Her body mass index (BMI) was 20 kg/m², and her axillary temperature was 98.6°F. Appetite was normal. Sleep was disturbed during menstruation due to moderate pain. Per abdominal examination revealed no tenderness. No abnormalities were observed on per speculum examination. On per vaginal examination, there was no cervical or uterine tenderness; however, adnexal tenderness was present. The patient was assessed to have a Vata–Pitta Prakriti.

Timeline

Timeline of the event is depicted in Table 1.

Table 1: Timeline of the events.

Date	Follow up	Treatment
21/01/2023	Her first visit Lmp: 17/01/2023	Advised for panchakarma
24/01/2023	-	Patient admitted for panchakarma Snehapana with panchatikta ghrita in increasing dose 1st day: 40-40 ml (morning and evening) 2nd day: 55-55 ml (morning and evening) 3rd day: 70-70 ml (morning and evening) Sarvanga abhyanga with narayana taila and Sarvang bashpa sweda was advised for 3 days. On 3rd day after abhyanga and swedana: virechana was given with erand sneha (40 ml) and dinadayala churna (3 g). Vega: 18 occurred Samsarjana krama: for 3 days advised Madhutailika basti (250 ml) was done for 10 days Oral medicine: Prajasthapana vati 2 tablet 3 times a day before meal with warm milk Phalaghrita 5 ml twice a day before meal with warm water Patient was discharged and advised regular follow up with ultrasonography
	Lmp: 19/02/2023	Advised light diet Advised admit for mustadi yapana basti and uttarabasti Advised previous oral medicine
24/02/2023	Patient admitted	Mustadi yapana basti (250 ml) for 10 days Uttarabasti with tila taila (5 ml) for 3 days followed by phalaghrita (5 ml) for 3 days done Added in oral medicine Shatavari churna 5 g with warm milk before meal
02/03/2023	Advised ultrasonography for follicular study Follicular size: 16x18 mm in left ovary	Treatment as above continue
05/03/2023	Ovulation occurred	Basti was discontinued and patient was discharged. Oral medicine was advised.

Continued.

Date	Follow up	Treatment
22/03/2023	1st day of her menses	Patient got menses. Cycle failed. Advised her continue oral medicine
19/04/2023	1st day of her menses	Patient got menses. Cycle failed. Advised IUI and continue oral medicine
29/04/2023	Right ovary: DF-17.5X19 mm ET: 13 mm	Advised continue medicine
30/04/2023	Ovulation occurred	IUI done Advised rest
25/05/2023	Her UPT: positive	Fertility achieved Advised bed rest and continue medicine Advised folic acid 1 tab once in a day after meal
21/06/2023	Confirmation of pregnancy USG: 9 weeks and 3 days EDD:21/01/2024 FHR: 167 bpm	Advised medicine as previous regular follow up
22/01/2024	She admitted for induction of labour	She delivered healthy male child per vaginally. Weight: 3.2 kg Normal vitals

Diagnostic assessment

The comprehensive evaluation was conducted using detailed history, physical examination and relevant investigations. Subjective assessment included thorough menstrual history.

Objective evaluation, including ultrasonography was suggestive of anovulation. Previous laboratory investigations demonstrated a low level of AMH, indicating poor ovarian reserve. Prior Hyster laparoscopic findings revealed bilaterally patent fallopian tubes. From the Ayurvedic perspective, the disease condition was considered Vandhyatva due to Vata-Pitta dushti (~vitiation of Vata and Pitta) associated with Samana Vatadushti.

The treatment protocol of Vandhyatva (~infertility) was adopted after considering Tridosha Dushti. Since, Acharya Charaka has mentioned that Garbha (~conception) occurs only in Shuddha Yoni (~healthy reproductive organs), which can be achieved after Shodhana Karma (~purificatory therapy), thus the treatment protocol adopted was as per the line of Ayurveda classics.⁸ (Figure 1 and 2).

Therapeutic focus and assessment

Treatment was planned and executed on three lines: Virechana and Madhutailika Basti, Mustadi Yapana Basti and Uttarabasti and Selection of suitable oral medicines for poor ovarian reserve.

Follow up and outcome

The patient was advised for follow up on 1st, 30th, 60th, 90th, 120th days during the course of treatment and regular 9 month of ANC visit was also carried out. Menstrual flow become moderate. Ovulation was occurred. Fertility was achieved by IUI cycle. Regular ante natal check up was carried out. She had delivered healthy male child without any obstetric complains (Figure 3,4).

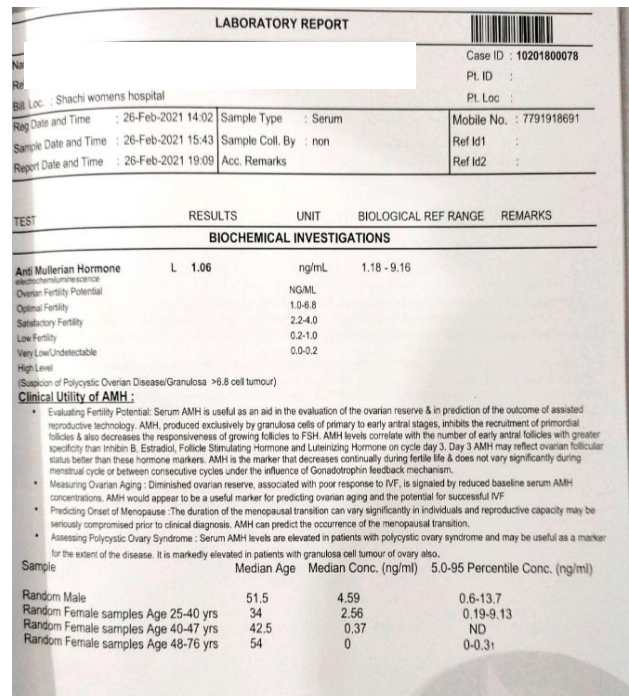


Figure 1: AMH findings.

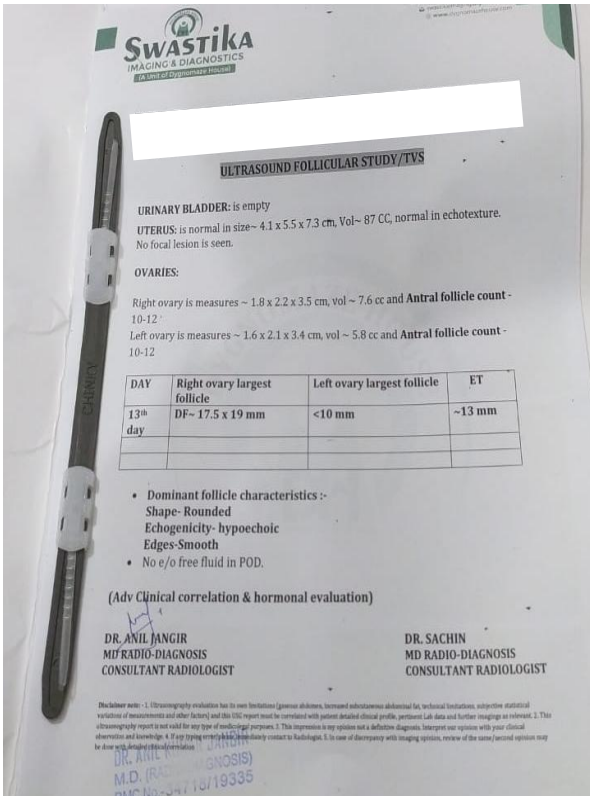


Figure 2: Follicular study.

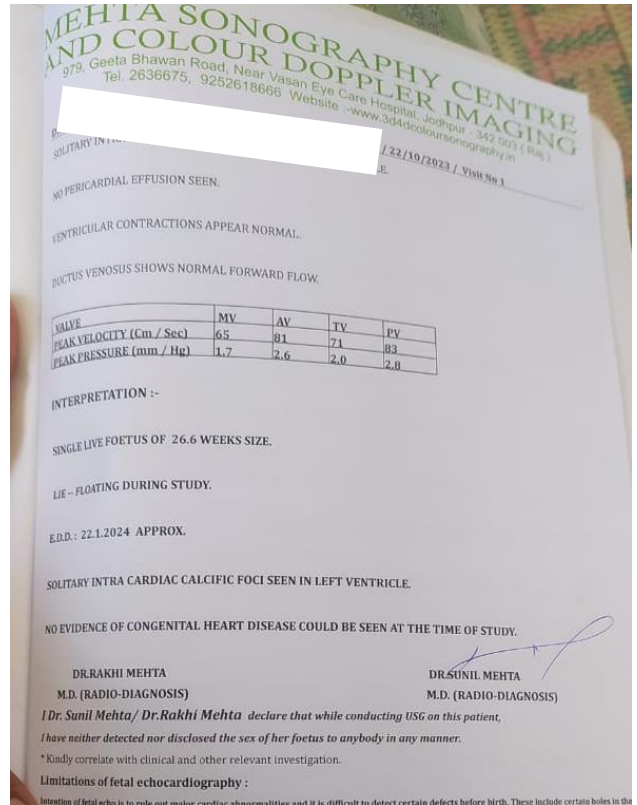


Figure 4: ANC scan.

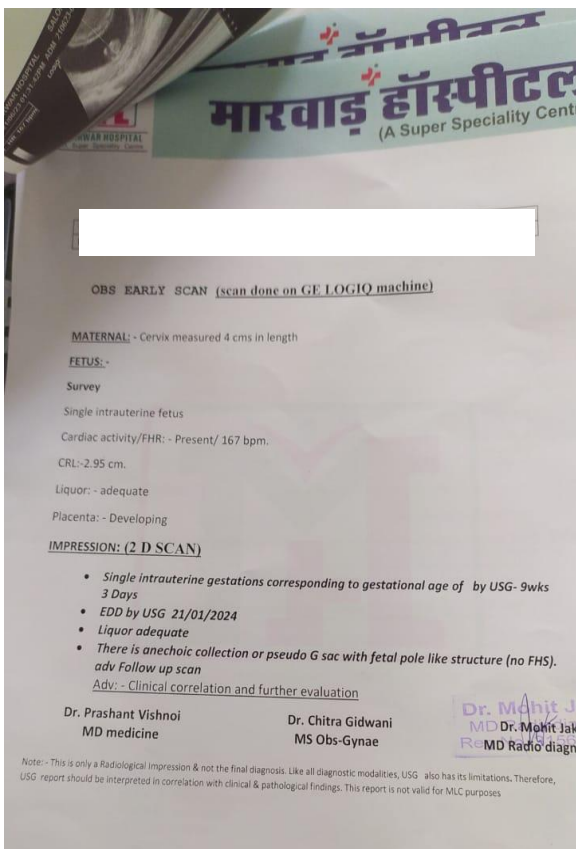


Figure 3: USG for confirmation of viable fetus.

Table 2: Advised following regimen.

Pathya	Apthya
Cow's milk, ghee and butter	Salty, sour, spicy and corrosive food items
Wheat and rice	Nonvague
Bottle gourd, ridge gourd, pointed gourd vegetables	Curd, vinegar, curd water, paneer
Rock salt	Cold drinks, packaged foods, chocolates, maggi
Sesam oil	Pizza, burgers, pasta
Timely intake food	Vegadharana, avoiding wearing tight cloths
Regular night sleep	Ratrijagarana

DISCUSSION

In the present context, a comprehensive understanding of the factors contributing to healthy progeny is essential. In this case of infertility, the patient achieved conception following Ayurvedic management. The clinical condition was interpreted as Triodsha Vikriti with predominance of Vata-Pitta, progressing toward Dhatu Kshaya, which in turn affected the Artava Upadhatu, manifesting as features of Artavakshaya.⁹ The whole treatment was planned according to clinical features of patient with the diagnosis supported by proper investigations. The therapeutic approach primarily focused on Shamana of Tridosha, especially Vata-Pitta, along with correction of Agni to

restore physiological equilibrium. As described by Acharya Kashyapa, Virechana Karma is beneficial in enhancing the quality and potency of the ovum, suggesting its role in improving both structural and functional aspects of reproductive gametes.¹⁰ It may also contribute to regulation of the hypothalamic-pituitary-ovarian axis and promote follicular development.

Infertility is considered a Tridoshaja condition with predominance of Vata vitiation and Basti is regarded as the principal therapy for Vata Vyadhi.¹¹ Without Vata, Yoni never gets ruined. Madhutailika Basti having properties like Vrushya and Rasayana. Shatapushpa which had been used as Kalka Dravya, is mentioned in separate Adhyay in Kashyapa Samhita due to its special properties like Putrada, Veeryakari, Yonishukra Vishodhani and Pushpa Prajakari. Yapana Basti performs both the actions i.e. cleansing and Anulomana by Niruha and oleation with the help of Anuvasana.¹² According to the principle of Dhatu Poshana Nyaya, impairment of Rasa Dhatu ultimately affects Artava Dhatu. The clinical presentation of scanty menstruation along with reduced levels of AMH in this case is indicative of Dhatukshayajanya Vandhyatva, as described in Ayurvedic literature.¹³ Mustadi Yapana Basti, indicated for Vrishya Karma, may contribute to Balajanana, Rasayana and Garbhashaya Shodhana.

Uttarabasti normalizes the function of Vayu and enhances Garbhasthapana in Yoni. Abhyanga, Swedana and Uttarabasti (local effect) increases blood flow in uterus, fallopian tube and ovary which leads to increased exposure of follicle to gonadotropins that is greater content of FSH and LH receptors. FSH, LH and Progesterone stimulate proteolytic enzymes activity which leads to increase distensibility of follicular wall and promotes ovulation.¹⁴ Prajasthapana Vati and Phalaghrita has the property like Vrishya, Garbhasthapana and Balya. Phytoestrogenic effect of Shatavari which effects after metabolism and enters into blood following estradiol is converted into catecholestrogen 2 hydroxylase enzymes in hypothalamus. Catecholestrogen may influence GnRH release and regulate hypothalamo-pituitary ovarian axis thus regulating a reproductive function.¹⁵ Good result obtained in this case shows the effectiveness of complete Ayurveda management.

CONCLUSION

A thorough understanding of the pathogenesis and potential complications of a disease from both Ayurvedic and modern perspectives is essential for appropriate treatment planning. In present manuscript Shodhana and Shamana therapies were found to be beneficial in managing anovulation and improving ovum quality for conception. This approach may help avoid premature

reliance on in IVF, particularly in younger patients. Therefore, this approach can be worth to considered in further studied of integrative medicine.

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