

Ayurvedic Review Article on Streevandhyatwa WSR to Anovulation

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ABSTRACT

Anovulation is the failure to produce a mature ovum by ovary. Anovulatory factor is an important subset in infertility among women accounting about 40% of cases. In such patients ovulation induction is a rescuer. Infertility brings marital disharmony, social rejection which results in anxiety and disappointment. In Ayurveda, Vandhyatva is a Vata Dosha Pradhana Vyadi and Ovulation is under the control of Vata especially Apana Vata. The aim of this study is to understand Vandhyatva along with Anovulation with Ayurveda.

KEYWORDS: Vandhyatva, Infertility, Ayurveda

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INTRODUCTION

Every human being has inherent, intense desire to continue his own race. To become a mother is one of the most cherished desires of every woman. Failure to achieve conception by a couple of mature age, having normal unprotected coitus during appropriate period of menstrual cycle regularly, at least for one year of their conjugal is termed as infertility. As per Ayurveda, important factors for conception are considered as Rutu (fertile period), Kshetra (uterus and reproductive organs), Ambu (proper nutrient fluid) and Beeja (Shukra Shonita) and also normalcy of Hridaya (psychology). Abnormality of properly functioning Vayu and Shatbhavas, any one of these causes Vandhyatva (infertility). Infertility is not an independent disease, rather a cardinal feature of so many diseases among which anovulation is found out to be a major cause. Clinically it has been observed that Ayurveda helps in treating anovulation which further causes infertility. Ayurvedic medications help

by not only treating the symptoms but also by strengthening the reproductive system and improving the local cellular immunity.

Beejadushti (anovulation) occurs when the ovum (Beeja) doesn't release from ovary during ovulatory phase of a menstrual cycle due to altered function of Hypothalamus Pituitary Ovarian (HPO) axis. Chronic anovulation (Beejadushti) is a common cause of Vandhyatva. Acharya Charak has mentioned the Shad garbhakara bhava (six procreative factors) among which Matruja^[1] (female factors) is the most essential factor in producing offspring. According to Acharya Sushruta four factors essential for conception are- Rutu-Fertile period, Kshetra-Uterus and reproductive organ, Ambu-Proper nutrient fluid, Beeja-Sukra-shonita.^[2] Around 40% of cases of infertility in women are caused by abnormal ovulatory factor. The Acharyas explain Vandhyatva

in detail, including the Nidana and Chikitsa. Various treatment protocols are described in our classics. Pacifying Vata Dosha is the main treatment principle for all gynaecological disease in Ayurvedic scriptures^[3].

Types of Anovulation

Primary Anovulation: If a woman has never ovulated it is said to be primary anovulation.

Secondary Anovulation: Suspension of ovulation secondary to some other illness is considered as secondary anovulation.

Pathophysiology of Anovulation

Follicular growth is independent till it attains the size of 2-5 mm. after that follicles are recruited by follicle stimulating hormone. During menstrual phase and even prior to it, due to absence of negative feedback of oestrogen, progesterone and inhibin, anterior pituitary secretes FSH. FSH is responsible for follicular growth, helps in maintaining follicular microenvironment oestrogen dominant rather than androgen, which is essential for continuous follicular growth and development into dominant follicle. Further FSH induces receptors for LH activity in granulosa cells which is needed for ovulation and luteinisation process. The factors responsible for ovulation are LH surge. Before this there is oestradiol surge which initiates ovulation. LH surge is essential for triggering of ovulation and follicular rupture about 36 hours after the surge. Other functions are disruption of cumulus oocyte complex, induction of the resumption of oocyte meiotic maturation and luteinisation of granulosa cells. Following ovulation there is formation of the corpus luteum, increasing concentration of progesterone slow down the frequency of the LH pulses. Luteal phase is constant in each menstrual cycle i.e. 14 days, during which FSH and LH levels are low. After luteal phase, corpus luteum gets degenerated, progesterone levels fall. Again, FSH increases to recruit follicles for next menstrual cycle. The coordination between the follicle and hypothalamic pituitary ovarian axis and all gonadotropins those are FSH, LH, gonadal steroids oestrogen inhibin is responsible for ovulation. This recycling mechanism is regulated by substance functioning as classic hormones (FSH, LH, oestradiol and inhibin) transmitting messages between the ovary and the hypothalamic-pituitary axis and autocrine/paracrine factors, which co-ordinate sequential activities within the follicle designated to ovulate. Due to improper response to stimulus, improper function of IGF-2, inhibin and activin causes dysfunction of follicular receptor activity within the ovary. Among Garbhasambhava Samagri, Beeja is considered as one

of the important factors for achieving Sreyasi praja. Here Beeja is considered as male and female gametes. In female Artava is essential for fertilization. Here Artava refers to Stribeeja (ovum). The type of Ankura depends on type of Beeja. For achievement of conception healthy oocyte and spermatozoa are essential. (AH Sh.1/18 Arunadatta) Importance of Beeja in conception: In Manusmriti is mentioned that the Beeja is more important than the Kshetra as the progeny will possess. The qualities of Beeja embedded and not that of the field. The Beeja formed by the Soumya bhava of the Rasa gets Agneyatwa after undergoing Dhatupaaka by the influence of Pitta. "Any abnormalities in Beeja, Beejabhaga, Beejabhagaavayava results in genetic abnormalities in the progeny, Abeejatha or anovulation may be one of such pathology which could be genetic inheritant. Under Twenty Yonivyapads all most all of the gynaecological diseases are included. If they are not treated properly cause infertility (Abeejatha). Few of the Yonivyapads cause infertility either primary or secondary if not treated.

AYURVEDIC REVIEW

Vandhyatva is described since Samhita kala in Brihattreya as well as Laghuttreya. Acharya Charaka and Acharya Vagbhata have referred Vandhya due to abnormality of Bijamsa and mentioned as the Upadrava of Yoni vyapada. According to Acharya Charaka, Abnormality (Satmya, Rasa) will cause the failure to conceive. In Sushruta Samhita, Vandhyatva has been described under Vandhya Yonivyapada, which is included amongst twenty Yonivyapadas. Acharya Bhela says that due to the abnormalities of Bija of mother and father, non-consumption of congenial Rasas and disorders of Yoni, the women become Vandhya. Bhavprakash has mentioned Vandhya in Yonirogadikara and mentioned Artavanasha as one among the 80 Vataja Nanatmaja Vikara. In Harita Samhita, Acharya Harita has described Vandhyatva as a disease, in eighty Vatajavyadhi. He has defined Vandhyatva as a failure to achieve a child rather than pregnancy, because he has included Garbhasravi, Mritavatsa also under the classification. The definition of Vandhyatva is not mentioned but the types and prognosis of the Vandhyatva individuals has been described. In Kashyapa Samhita under chapter of Jatiharani one is "Pushpaghni", which can be related with anovulatory cause of infertility and other various types of disease mentioned which leads to childlessness. In Ayurveda, Anovulation refers to Abeejotsarga. The Term Utsarga means to expel or to leave. So, Expulsion of matured ovum from the Beejagranthi means Beejotsarga. As Utsarga is a Karma of Vata so Vitiating of Apana Vata dosha causes Abeejotsarga.

Abeejotsarga is symptom as well as a disease caused due to vitiation of Vata and kapha doshas as they do Marga-Avarodha to ArtavahaSrotas leading to Abeejotsarga. According to Acharya Kashyapa, the women having amenorrhoea, Scanty menstruation, non-ovulation or useless ovulation (ovum with minimal or absence of capacity of fertilization) should be treated with AnuvasanaBasti^[4].

Nidana: While describing Nidanas for Vandhyatva, the acharas has mentioned the important factors as constituents of Garbha which included Ritu (appropriate time), Kshetra (healthy Uterus and passage), Ambu (proper nutrition of mother), Bija (healthy ovum and sperm), normalcy of Hridaya or Psychology, properly functioning Vayu and Shadbhavas; abnormality in one of these can cause infertility. Acharya Charaka has clearly described the Nidanas of Vandhyatva which are nearly identical to the causes of infertility according to modern science. Abnormality of Yoni, psychology (Manobhigata), Shukra, Asrik, diet and mode of life (Shukra-artava, Ahara - Vihara dosha), coitus at improper time (AkalaSamyoga) and loss of Bala (Balakshaya) have been included, in the causes of delay in achieving conception by an otherwise fertile or Sapraja woman by Charaka. Specific Nidanas of Anovulation: There are other scattered references to anovulation, including Beejopaghata, Pushpopaghata, and Abeejatva. Several circumstances with their Nidanas, which appear to be associated with Abeejotsarga and result in Vandhyatva, are being described here.

- Pushpaghni Revati Jataharini- Acharya Kashyapa described Pushpaghni as a Jataharini, a woman who menstruates on a regular basis but is unable to conceive. Pushpaghni, like Jataharini, is curable. It most likely refers to infertility caused by decreased ovarian increase in hormone secretion from the adrenal cortex causes hirsutism, or facial hair. Adharma, which can be interpreted as an infection, is the cause of Revati's initiation. Infection causes Sanga in the Srotasa, which transforms into Vikruti, similar to anovulation.
- Ashtartava dushti- According to Acharya, if Ashtartavadushti is left untreated or improperly treated, it creates Abeejata, i.e., the inability to do prajotpadana. Acharyas have not provided a detailed explanation for the origin of these eight menstruation diseases. It can be claimed that certain circumstances responsible for the aggravation of particular Doshas, in conjunction with non-observance of reproductive system regulations, are the causal factors. Vata gets aggravated, resulting in "Dhatu- Kshaya". Due to

this DhatuKshaya, Rasa Dhatu diminishes, which ultimately results in the Kshaya of its Updhatu, namely Artava (Anovulation).

- Artavavaha SrotoVighata- In this case, the Viddha of Artavavahi Dhamanyas indicates damage to the ovaries and ovarian veins, which impedes the normal ovulation process and finally causes Artavanasha (Anovulation). Abhigata vitiates Vayu as well. Therefore, once more, vitiated Vayu results in Sanga and DhatuKshayatmakasthiti in ArtavavahaSrotasa, followed by Artavanasha (anovulation).
- Avarana- According to Sushruta and Vagbhata's concept of Artavanasha, both Vata and Kapha, when aggravated, obstruct the path, and thus Artava is destroyed. Artava can be interpreted as Antahpushpa, or ovum, and its Nasha as anovulation. The Kapha and Vata obstruct the ArtavaVahaSrotas, making Artava invisible (Ovulation does not occur). It is a Sanga PradhanaVikara as well.
- Vandhya Yoni Vyapad: According to Sushruta, the Artava is destroyed at Vandhya Yoni. Artava might be interpreted as an ovum and Vandhya as an anovulatory menstrual cycle. Ovum is a microscopic structure; it was assumed to have existed in those days due to its involvement in conception. The root cause of VandhyaYonivyapada is vitiated Vata dosha. Here, Nashtartava or anovulation is one of Vandhya's symptoms.
- Anuvasanaayogya - Abeejatva: Here, NashtaBeeja directly indicates Anovulation.
- Use of TikshnaVirechana in Mridukostha: According to Acharya Kashyapa, when TikshnaVirechana is administered to a Mridukostha woman, Vata becomes worsened and induces Beejopaghata. Here, Apana Vayu is primarily responsible for Beejopaghata because it may inhibit the extrusion of the oocyte from the follicle.
- Beejadushti: During the prenatal time, if the mother consumes VataPrakopakaAhara and Vihara, the Vata becomes inflamed and ruins the Beeja or Beejabhaga or Beejabhagavayava in the female child, causing congenital abnormalities of the female genital organ, known as Vandhya.
- Asrikdoshha: The Word "Asrik" refers to both ovum and menstrual blood. Abnormalities of ovum and ovarian hormones produce infertility.
- Dietetic habit: In addition to these factors, poor dietary practises are a leading cause of

anovulation. Because of, AtiUshnaAnnapanana, Veerya, Artava, Beeja becomes vitiated. Practicing improper dietary practises such as Vishamashana, Adhyashana, Anashana, and Viruddhaannapanana promotes agnivaishamya and Rasadushti, which culminates in artavadushti in the form of Anovulation.

Purvarupa : In Kashyapa Samhita, Acharya Kashyapa has described “Vandhya Yoni” in context of VatajaNanatmajavyadhi. AvyaktaPurvarupa of VataVyadhi has been mentioned by Charaka. So, Purvarupa of Vandhyatva is not described by anyone, anywhere.

Rupa: A woman, in whom Artava has been destroyed, is termed as Vandhya^[6].

Samprapti

Probable Samprapti Due to Nidana Sevana (causative factors), Dosha (three humours- Vata, Pitta, Kapha) and Agni (biochemical transformers) get vitiated resulting into Ama (un-metabolized food) formation. The Ama formed adheres to Srotas (channels) and causes Avarodhatmakadushti (improper functioning due to obstruction of channels). Ama spreads throughout the body, propelled by the vitiated Vata along the RasavahaSrotas (channels carrying the nutritional essence). Due to hypo functioning of Jatharagni (gastrointestinal metabolism), DhatvagniMandya (slow tissue metabolism) also occurs. Due to Mandagni (slow digestion) and Nidana Sevana, Rasa (plasma), Rakta (blood) Dhatu (tissue) gets vitiated. Also, the DhatvagniMandya causes the Kshayatmaka (declining) effect on the Artava (ovum) i.e., the production of Artava, Updhatu (subsidiary or secondary tissue product) of Rasa dhatu or Rakta dhatu becomes less. Thus, it is the Upadhatvatmakadushti (malfunctioning of secondary tissue products). Vishvamitra has clarified that hair thin vessels fill the uterus for whole month to receive Bija (ovum) and due to Rasa dushti, Poshanatmaka (nourishment) Dushti can occur. The vitiated Apana Vayu (and Kapha when get mix can cause Avaranatmakadushti (malfunctioning due to occlusion. The vitiated Vata along with Pitta causes the Artavakshaya i.e., Kshayatmaka Dushti. All these factors may cause Abhejotsarga (anovulation) which may lead to infertility.^[7]

Management The vandhyatva

Chikitsa includes-treating the underlying pathological condition of infertility, Avoiding the etiological factors (Nidanaparivarjana), basic treatment methods of Vandhyatva by Garbhpradayogas and following regimens indicated in Garbhadhana.

NidanaParivarjana: Infertility is a condition caused by different etiological factors. Identifying those causes and strictly avoiding them is the first and foremost thing in the treatment^[8].

Treating the underlying pathology: Treatment of specific causes responsible for infertility such as all gynaecological disorders, disease of Shukra and Artava should be done because it is said that pregnancy occurs only in healthy reproductive organs (Ch. Chi. 30/125)

➤ Treatment for Asrikdosha

Panchakarma- Doshanusaravamanadiprayoga

Sthanika Chikitsa- Kalka, Pichu, Yoni Prakshalana Shukradoṣahara Chikitsa- Rasayana, Vajeekarana, Mutrarogaharadravyas

➤ **Treatment for Yonivyapad** - After proper Purvakarma, Panchakarma Chikitsa should be given. As Vata is the prime cause for Yonivyapad, without vata vitiation no Yoni rogas will manifest, that should be controlled well. Application of LavanaTaila, Swedana with Pindasweda and Kumbhikasweda, Parisheka with SukhoshnaJala, Vataharaahara and according to the condition after Shodhana, Uttara Basti can be administered.

➤ **Treatment of Anartava** - In a condition of Artavanasha, Acharya Kashyapa mentioned use of Shatavari – Satapushpa by use of this Vandhya or even Shanda can get a son. Regimens indicated in Garbhadhana: As PurvaSamyoga Vidhi some regimens are told, i.e., Shodhana, maintenance of Sadvritta, avoiding negative emotions. By proper purification and samskara yoni, Garbhashaya, beeja and manas will remain unvitiated and are ensured leading to healthy pregnancy by perfect unification of beeja. Panchakarma along with other basic methods in Vandhyatva (Anovulation)

➤ The infertile women should be prescribed Vamana, Virechana and Asthapanabasti by which she conceives positively.

➤ **Vamana-** Vamana, when given for Kaphadoshanirharan, performs the Soumya Dhatu Shamana and ignites the Agni. Thus, Dhatus in the body, helps in Pitta vrudhhi and ultimately increases the quantity and quality of Artava in the Stree.

➤ **Virechana-** According to Kashyapa Samhita, the best treatment for AkarmanyaBeeja, also known as anovulation, is Virechana.

➤ **Basti NiruhaBasti** is considered as Amrutha for an infertile woman.

AnuvasanaBasti is an ideal treatment in BeejaDoshasambandhitVandhyatva. In cases of BeejaDoshaVandhyatva, like Alpadosha, KashtaArtava and NashtaBeeja, AnuvasanaBasti is ideal. YapanaBasti is very ideal in StreeVandhyatva. It performs both NiruhaBasti and Anuvasana Basti which does both Snehana and Shodhana karma. Uttara Basti removes the Srotosangha and corrects the Artavagni which regulates the menstrual cycle, thus resulting in ovulation.

- Nasya - The medications administered through the nasal route reaches the Shiras and helps in pulsatile action of Gonadotrophin releasing hormones and promotes the ovulation. Thus, helping in treatment of infertility. Lakshmana Kalka with Ghee or milk for Nasya is indicated.
- Ashwagandha^[9] siddha Ksheerapaka every day in morning hours after Rutusnana
- Lakshmana mula uprooted in Pushya nakshatra, pounded with milk Other yogas: Narayana Taila, ShatavariTaila, PhalaGhrita, LasunaGhrita, ShatavariGhrita, Kalyanakaghrita, KushmandaAvaleha^[10].

Discussion

In the ancient Ayurvedic texts, the Acharyas emphasized several essential factors that contribute to the formation of Garbha (embryo). These factors include Ritu (appropriate timing), Kshetra (healthy uterus and passage), Ambu (adequate nutrition for the mother), Bija (healthy ovum and sperm), normalcy of Hridaya or Psychology, and proper functioning of Vayu and Shadbhavas^[11]. Any abnormalities in these factors can lead to infertility. Thus, it becomes crucial to ensure the health of the uterus, vagina, cervix, tubes, ovaries, ovum, and sperm, alongside maintaining a proper diet and psychological well-being of the mother, in order to achieve a healthy pregnancy. Conception occurs when a mature ovum is successfully fertilized by a qualified sperm and attaches to the uterine wall. However, unsuccessful fertilization and infertility can arise due to poor quality of the ovum, sperm, or both, along with other contributing factors. According to Ayurveda, Vata is considered the primary causative factor for female reproductive disorders, including infertility. Without Vata, the Yoni (female genital organs) never get spoiled. Additionally, Vayu plays crucial roles in Vibhajana (cell division leading to ovum development in the ovary) and Pravartana (ovulation). Vata is responsible for completing the process of cell division for ovum formation, known as DhatuVyuhara. Moreover, Apana Vayu governs the process of Pravartana, indicating that ovulation is under the influence of Vata. Any imbalance or vitiation of

Apana Vata can affect ovulation. As per the teachings of Charaka Samhita, the primary factor contributing to the accumulation of Ama (toxins resulting from undigested food) is Agni (digestive fire), and all diseases arise due to imbalances in Agni. In the case of Anovulation, where the release of the ovum is hindered due to Marga-avarodha (blockage of the reproductive channels) caused by Vata and Kapha, it is crucial to address these doshas and eliminate the Marga-avarodha. This can be achieved through Shodhana (cleansing) and Shamana (pacifying) treatments. Thus, the first line of treatment includes NidanaParivarjana (avoidance of causative factors), Agni deepana.

CONCLUSION

Infertility has increased tremendously in the past decade and this is due to the result of a combination of social, environmental, psychological, and nutritional factors. Today, the modern medicine has the ability to find out the causes of infertility in an individual through several diagnostic tests and examinations. Using these tests, the treatment focuses on correcting and treating the dysfunction. In Ayurveda, etiology, clinical features and treatment of Vandhyatva has been described in scattered manner throughout the texts. It is described under the heading of Yonivyapad, Artavadushti, Beejadushti, Jataharini and Matrijbhavadusti, which are comparatively as gynaecological disorders. Ayurveda addresses each body type and boosts the body systems involved in fertilisation, making it a great choice for fertilisation. Ayurveda builds Ojas, improves health, stimulates the hypothalamus and pituitary glands, and indirectly causes the ovaries to mature and release eggs by addressing internal balances and external stimuli. Ayurveda offers a non-invasive, low-cost, and non-iatrogenic alternative and complement to current western therapy for female infertility.

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