

Review Article

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UNDERSTANDING VANDHYATVA THROUGH AYURVEDIC PRINCIPLES: A CLINICAL AND PATHOLOGICAL REVIEW

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ABSTRACT

Background: *Vandhyatva* (infertility) is a complex condition that affects reproductive health and progeny potential. In *Ayurvedic* literature, it is not merely a disease but a manifestation of *Doshic* imbalances, *Dhatu* vitiation (especially *Shukra* and *Artava*), and improper *Garbhasambhava Samagri*. The concept of *Vandhyatva* incorporates the holistic view of bodily, mental, and lifestyle factors affecting fertility. Understanding it through *Ayurvedic* principles offers individualized, root-cause-based approaches to diagnosis and treatment.

Aim And Objectives Aim:

To explore and analyze *Vandhyatva* (infertility) through classical *Ayurvedic* principles and correlate its clinical and pathological aspects with modern medical understanding.

Objectives: To study the concept and types of *Vandhyatva* as described in *Ayurvedic* texts. To identify the etiological factors (*Nidana*) and pathogenesis (*Samprapti*) of *Vandhyatva*. To evaluate the diagnostic approach of *Vandhyatva* in *Ayurveda* and modern science. To review the *Ayurvedic* therapeutic principles and interventions in managing *Vandhyatva*. To correlate *Ayurvedic* pathology with modern clinical findings of infertility. **Materials and Methods:**

This review is based on classical *Ayurvedic* texts such as *Charaka Samhita*, *Sushruta Samhita*,

and *Ashtanga Hridaya*, supported by commentaries like *Nibandha Sangraha* and *Ghanekar Teeka*. Secondary sources include modern gynecology and infertility textbooks, peer-reviewed articles, and clinical guidelines. A comparative analysis is drawn between *Ayurvedic* etiopathogenesis (*Samprapti*) and modern reproductive pathology. **Results:** The study identifies multiple etiological factors including *Beeja Dushti*, *Beejabhaga Dushti*, *Beejabhaga Avayava Dushti*, *Artava Kshaya*, and *Vata Prakopa* as principal causes of *Vandhyatva*. Modern medicine links these with anovulation, tubal block, hormonal imbalance, and endometrial pathologies. *Ayurvedic* approaches like *Vatahara*, *Srotoshodhaka*, *Artavajanana*, and *Rasayana* therapies show promising results in enhancing reproductive potential and systemic equilibrium. **Conclusion:** *Vandhyatva* is a multifactorial disorder that must be approached through a tridoshic, *Dhatu*-oriented and *Agnibala*-centered framework in *Ayurveda*. The integration of classical diagnostic tools with modern investigations can guide comprehensive, individualized management. Understanding the pathology of *Vandhyatva* through *Ayurvedic* principles not only enhances treatment efficacy but also reaffirms the timeless relevance of holistic reproductive healthcare.

KEYWORDS: *Vandhyatva*, *Artava Kshaya*, *Beeja Dushti*, *Vata Prakopa*, *Ayurvedic Pathology*, Infertility Management

INTRODUCTION

Infertility, or *Vandhyatva*, is a critical health issue that affects the reproductive capacity of women and contributes to emotional, social, and psychological distress.¹ In the context of *Ayurveda*, *Vandhyatva* is not merely seen as the inability to conceive but is a result of disturbances in the essential factors responsible for conception, such as the quality and quantity of *Shukra*, *Artava*, *Agnibala*, *Srotas*, and the receptivity of the *Garbhashaya*. Classical texts like *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* provide comprehensive explanations regarding the causes, types, and treatment of *Vandhyatva*, emphasizing a multidimensional approach.²

The *Ayurvedic* concept of reproduction is based on the presence and purity of *Garbhasambhava Samagri*, which includes *Ritu* (fertile period), *Kshetra* (healthy uterus), *Ambu* (nourishment), and *Beeja* (ovum and sperm).³ Disturbance in any of these components may lead to the manifestation of *Vandhyatva*. In addition, vitiation of *Doshas*, mainly *Vata*, plays a central role in disrupting the process of conception. The vitiated *Vata* obstructs the

normal movement and function of reproductive organs, causes dryness and irregularity in the menstrual cycle, and leads to improper *Artava* formation.⁴

Modern medical science attributes female infertility to various factors such as hormonal imbalance, ovulatory dysfunction, tubal blockages, uterine abnormalities, and unexplained infertility.⁵ However, these factors often lack a holistic explanation of the root cause and fail to address the systemic imbalances that may contribute to the condition. Ayurveda offers a broader framework by considering diet, lifestyle, mental health, and *Sharirika* and *Manasika Prakriti* as important contributors to the reproductive process.⁶

Therapeutically, Ayurveda offers several treatment protocols such as *Shodhana* (purification), *Shamana* (palliative), *Rasayana* (rejuvenation), and *Vajikarana* (aphrodisiac) therapies to manage *Vandhyatva*.⁷ The selection of therapy is based on the detailed analysis of *Nidana*, *Doshic* status, *Dhatu* condition, and the *Srotasa* involved. Panchakarma therapies such as *Basti* and *Uttara Basti* are considered highly effective in managing uterine and tubal conditions. Herbal formulations like *Phala Ghrita*, *Ashwagandha Churna*, and *Shatavari Kalpa* are widely used to enhance *Artava* and reproductive health.⁸

This paper attempts to bridge the classical and modern approaches by critically reviewing the pathological, diagnostic, and clinical aspects of *Vandhyatva* through the lens of Ayurvedic principles. A comprehensive understanding of *Vandhyatva* as per Ayurveda can contribute significantly to the development of effective, natural, and individualized fertility-enhancing strategies, especially when combined with insights from modern reproductive medicine.⁹

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Objectives:

1. To study the concept and types of *Vandhyatva* as described in *Ayurvedic* texts.
2. To identify the etiological factors (*Nidana*) and pathogenesis (*Samprapti*) of *Vandhyatva*.
3. To evaluate the diagnostic approach of *Vandhyatva* in Ayurveda and modern science.

4. To review the *Ayurvedic* therapeutic principles and interventions in managing *Vandhyatva*.
5. To correlate *Ayurvedic* pathology with modern clinical findings of infertility.

MATERIALS AND METHODS:

This conceptual and clinical review was conducted through an extensive study of classical *Ayurvedic* texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and their commentaries such as *Nibandha Sangraha* and *Ghanekar Teeka*, with special focus on chapters related to *Vandhyatva*, *Artava Kshaya*, *Beeja Dushti*, and *Garbhasambhava Samagri*. Secondary data were collected from peer-reviewed journals, modern gynecology textbooks, clinical practice guidelines, and case studies related to female infertility. Comparative analysis was done to correlate *Ayurvedic* etiopathogenesis with modern pathological factors. The review also included clinical observations and documented outcomes of *Ayurvedic* interventions like *Panchakarma*, *Rasayana*, and *Aushadha Yogas* used in infertility management.

CONCEPTUAL STUDY



Vandhyatva, commonly understood as infertility, is a significant clinical condition affecting reproductive health and mental well-being. In *Ayurveda*, it is recognized not as a singular disease but as the outcome of disturbed equilibrium in *Doshas*, *Dhatus*, *Agni*, and *Srotas*. The *Ayurvedic* approach towards *Vandhyatva* is deeply rooted in the concept of *Garbhasambhava Samagri*—the essential components for conception: *Ritu* (proper time/ovulatory phase), *Kshetra* (healthy uterus), *Ambu* (nutritional support), and *Beeja* (healthy ovum and sperm).¹⁰

Vandhyatva is classified based on *Doshic* predominance—*Vataja*, *Pittaja*, *Kaphaja*—as well as on anatomical and physiological defects, including *Artava Kshaya*, *Beeja Dushti*, *Garbhashaya Vikriti*, and *Avarana* (obstruction). Among the three *Doshas*, *Vata*—especially *Apana Vata*—plays a primary role in ovulation, menstrual flow, fertilization, and implantation. Vitiated *Vata* leads to improper functioning of these processes and contributes to infertility. *Artava Kshaya* (diminution or absence of menstrual flow) and *Srotodushti* (obstruction or deformity of channels) are major pathological states in *Vandhyatva*.¹¹

Types of Vandhyatva (Infertility)

1. Adivandhya

- Congenital infertility
- Infertility present since birth due to absence or malformation of reproductive organs (*Sahaja Vandhyatva*)

2. Raktavandhya

- Caused by vitiation of *Rakta Dhatu*
- Disturbed *Artava* formation or impure menstrual blood

3. Vatavandhya

- Due to aggravation of *Vata Dosha*, especially *Apana Vata*
- Causes defective ovulation, irregular menstruation, and uterine dysfunction

4. Pittavandhya

- Due to increased *Pitta Dosha*
- Causes *Artava Kshaya*, hormonal imbalance, and premature ovarian failure

5. Kaphavandhya

- Due to vitiation of *Kapha Dosha*
- Leads to *Avarana* (obstruction), anovulation, sluggish metabolism, PCOD-like condition

6. Tridoshvandhya

- Infertility due to simultaneous vitiation of *Vata*, *Pitta*, and *Kapha*

- Most difficult to treat; associated with complex systemic imbalance

7. **Grahadoshā Janya Vandhya**

- Caused by adverse planetary influences (*Jyotishya or Grahadoshā*)
- Managed by *Daivavyapashraya Chikitsa* (rituals, prayers, mantras)

8. **Daiva Bala Janya Vandhya**

- Result of past-life deeds (*Karmaja*) or divine causation
- Considered incurable or manageable only through spiritual and *Daivika* means

9. **Guruaadi Apachara Janya Vandhya**

- Caused due to disrespect to *Guru*, elders, or violation of moral/spiritual conduct
- Managed by *Achara Rasayana*, repentance (*Prayaschitta*), and spiritual practices

Table No. 6 Nidana (Causative Factors)

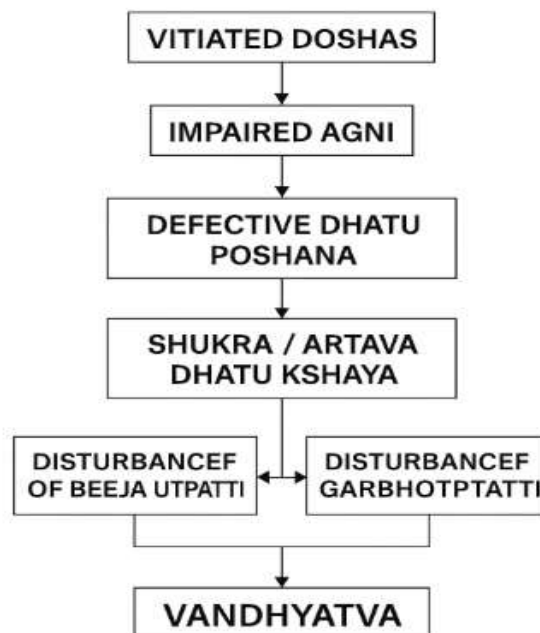
Category	Causative Factors
<i>Ahara (Dietary)</i>	Ati ruksha, kashaya rasa dominant diet, <i>Agnidushti</i> (digestive dysfunction)
<i>Vihara (Lifestyle)</i>	Ativyayama (excessive exertion), stress, irregular sleep, suppression of natural urges
<i>Manasika</i>	Shoka, krodha, bhaya, chinta (<i>Manodosha vitiation</i>)
<i>Sexual habits</i>	Excessive coitus, intercourse during menstruation, with <i>Prameha</i> -affected partner
<i>Beeja Dushti</i>	Defects in ovum or sperm (<i>congenital or acquired</i>)
<i>Artava Dushti</i>	Irregular, scanty, or absent menstruation
<i>Avarana</i>	Obstruction of <i>Vata</i> by <i>Kapha</i> , <i>Meda</i> , <i>Rakta</i>
<i>Garbhashaya Dushti</i>	Uterine abnormalities (structural, functional)

Table No. 7 Purvaroop (Prodromal Symptoms)

No.	Symptom
1	Irregular menstruation (<i>Artava vaishamya</i>)
2	Decreased libido
3	Feeling of pelvic heaviness
4	Generalized weakness and <i>Vata vriddhi</i> lakshanas
5	Anxiety or mental restlessness
6	White discharge (<i>Shweta pradara</i>)

Table No. 8 Roopa (Cardinal Features / Symptoms)

No.	Symptom
1	Inability to conceive after regular coitus
2	Irregular or absent menstruation (<i>Artava kshaya</i>)
3	Hormonal imbalances (in modern parallels)
4	Painful menstruation (<i>Kashtartava</i>)
5	<i>Vata</i> -dominant signs – dryness, cracking sounds, fatigue
6	Paleness of skin, eyes, and weakness

SAMPRAPTI (PATHOGENESIS):

The pathological process of *Vandhyatva* begins with the vitiation of *Doshas*, especially *Vata*, followed by impairment of *Agni* (digestive and tissue transformation fire), leading to defective *Dhatu Poshana*.¹³ This causes *Shukra* and *Artava Dhatu Kshaya* (tissue depletion), eventually disturbing *Beeja Utpatti* and *Garbhotpatti*. Additionally, *Avarana* (functional obstruction) of *Vata* by *Kapha* or *Meda* in *Artavavaha Srotas* results in ovulatory dysfunction, similar to polycystic ovarian conditions in modern terms.¹⁴

Table No. 8 Samprapti Ghatak (Pathological Components)

Ghataka	Description
<i>Dosha</i>	Primarily <i>Vata</i> , associated with <i>Kapha</i> or <i>Pitta</i>
<i>Dushya</i>	<i>Shukra</i> , <i>Artava</i> , <i>Rasa</i> , <i>Rakta</i> , <i>Meda</i>
<i>Srotas</i>	<i>Artavavaha</i> , <i>Rasavaha</i> , <i>Shukravaha</i> , <i>Manovaha</i>
<i>Agni</i>	<i>Jatharagni</i> and <i>Dhatu Agni</i> (esp. <i>Rasa</i> , <i>Rakta</i> , <i>Shukra</i>)
<i>Udbhava Sthana</i>	<i>Pakwashaya</i> (intestines)
<i>Sanchara Sthana</i>	<i>Rasavaha</i> , <i>Shukravaha</i> , and <i>Artavavaha Srotas</i>
<i>Adhithana</i>	<i>Garbhashaya</i> (uterus), <i>Beeja</i> , <i>Yoni</i>
<i>Vyadhi Swabhava</i>	<i>Krchrasadhya</i> or <i>Asadhya</i> depending on cause

CLINICAL AND DIAGNOSTIC:

Ayurvedic diagnosis of *Vandhyatva* involves comprehensive analysis of *Dosha*, *Dhatu*, *Agni*, and *Srotas*. Clinical evaluation also includes history of menstruation, mental status, dietary habits, and lifestyle. Modern diagnostic modalities such as hormonal profiling, ultrasonography, hysterosalpingography, and laparoscopy help assess anatomical and functional aspects of the reproductive system. A parallel can be drawn between *Artava Kshaya* and conditions like anovulation, amenorrhea, and luteal phase defects.¹⁵

MANAGEMENT OF VANDHYATVA

Management of *Vandhyatva* (infertility) in *Ayurveda* is holistic, patient-specific, and based on the identification of *Dosha*, *Dhatu*, *Agni*, *Srotas*, and psychological factors. The line of treatment includes *Shodhana* (bio-purification), *Shamana* (palliation), *Rasayana*

(rejuvenation), *Vajikarana* (aphrodisiac therapy), and *Satvavajaya* (mental strength therapy).¹⁶

NIDANA PARIVARJANA (AVOIDANCE OF CAUSATIVE FACTORS)

- Avoidance of faulty dietary habits: excessive *Ruksha*, *Tikta*, *Kashaya* rasa.
- Correction of lifestyle: avoiding suppression of natural urges, overexertion, late nights.
- Regulation of sexual activity: avoiding excessive or untimely coitus.
- Management of psychological factors like *Shoka*, *Krodha*, *Bhaya*, *Chinta*.

SHODHANA CHIKITSA (PURIFICATION THERAPIES)

Used when there is *Bahudosha Avastha*, *Srotorodha*, or *Avarana* conditions:

Procedure	Indication and Benefit
<i>Vamana Karma</i>	Useful in <i>Kaphaja Vandhyatva</i> or <i>Meda Avarana</i> cases.
<i>Virechana Karma</i>	To eliminate <i>Pitta</i> , regulate <i>Artava</i> , and purify uterus.
<i>Basti Karma</i>	Most effective for <i>Vataja Vandhyatva</i> – nourishes <i>Apana Vata</i> .
<i>Uttara Basti</i>	Administered via the vaginal route to clean and strengthen uterus.

SHAMANA CHIKITSA (PALLIATIVE TREATMENT)

Administered after *Shodhana* or when purification is not indicated:

- **Ayurvedic Formulations:**
 - *Phala Ghrita*, *Ashokarishta*, *Pushpadhanva Rasa*, *Rajapravartini Vati*
 - *Shatavari Churna*, *Ashwagandha Churna*, *Dashamoola Kwatha*
 - *Vang Bhasma*, *Lauh Bhasma* for *Dhatu Pushti*
- **Medicated Ghee and Oils:**
 - *Kalyanaka Ghrita*, *Sukumara Ghrita* – enhance *Artava Janana*
 - *Balataila*, *Ashwagandha Taila* – externally for *Abhyanga* and internally in *Basti*

RASAYANA THERAPY (REJUVENATION)

- Enhances the quality of *Shukra* and *Artava Dhatu* and delays degeneration.
- Improves *Agnibala*, *Ojas*, and *Strotoshuddhi*.
- Useful Rasayana drugs: *Shatavari*, *Ashwagandha*, *Amalaki*, *Guduchi*, *Bala*, *Yashtimadhu*.

VAJIKARANA THERAPY

- Strengthens reproductive tissues and promotes *Beeja Utpatti*.
- Used in both male and female infertility to boost *Shukra* and *Artava*.
- Common *Vajikarana* formulations: *Vajikarana Ghrita*, *Vrishya Vati*, *Kapikacchu Churna*, *Musali Pak*

SATVAVAJAYA AND ACHARA RASAYANA

- **Satvavajaya Chikitsa:** Managing mental stress, anxiety, depression which can affect fertility. Includes counseling, meditation, yoga, pranayama, and positive reinforcement.
- **Achara Rasayana:** Ethical conduct, mental discipline, and positive lifestyle—e.g., *Daya*, *Satya*, *Ahimsa*, regular routine (*Dinacharya*), seasonal regimen (*Ritucharya*).

DIET AND LIFESTYLE RECOMMENDATIONS

- **Pathya Ahara:** Warm, unctuous, nutrient-rich food such as milk, ghee, *Shatavari* kheer, moong dal, sesame.
- **Apathya Ahara:** Avoid dry, cold, processed, fermented food; overconsumption of tea, coffee.
- **Lifestyle:** Daily *Abhyanga* (oil massage), *Vyayama* (moderate exercise), adequate rest, no mental strain.

SUPPORTIVE THERAPIES

- **Yoga:**
 - **Asanas:** Baddha Konasana, Bhujangasana, Supta Baddha Konasana, Paschimottanasana

- **Pranayama:** Nadi Shodhana, Bhramari – enhances hormonal balance and mental calmness.
- **Local Treatments:**
 - *Yoni Pichu, Yoni Dhavana* with decoctions like *Triphala, Dashamoola* for uterine hygiene.

RESULT AND FINDINGS:

- *Vandhyatva* is a multifactorial condition involving *Dosha, Dhātu, Agni,* and *Srotas* imbalance.
- *Vata Dosha* plays a dominant role, especially *Apana Vata* in reproductive dysfunction.
- *Agnidushti* leads to *Dhātu Kshaya*, particularly of *Shukra* and *Artava*.
- *Srotorodha* and *Avarana* by *Kapha* or *Meda* mimic PCOD and tubal blockage.
- Clinical correlation exists between *Ayurvedic* types of *Vandhyatva* and modern infertility causes.
- Therapies like *Basti, Uttara Basti,* and *Rasayana* are effective in restoring fertility.
- The *Ayurvedic* approach is holistic, addressing physical, mental, and lifestyle factors.

DISCUSSION

The concept of *Vandhyatva* in *Ayurveda* is more expansive than the biomedical definition of infertility. Rather than limiting itself to reproductive tract anomalies or hormonal irregularities, *Ayurveda* investigates the condition from a systemic and holistic perspective, considering imbalances in *Doshas*, weakness of *Dhatus*, impairment in *Agni*, and obstruction in *Srotas* as primary causes.¹⁷ This allows for a personalized and root-cause-based approach, which contrasts with the protocol-driven treatments commonly employed in modern infertility management. Additionally, the involvement of mental and emotional factors like *Shoka, Krodha,* and *Chinta* is particularly emphasized in *Ayurvedic* texts as critical contributors to *Vandhyatva*, reinforcing the psychosomatic nature of the disease.¹⁸

The central role of *Vata Dosha*, particularly *Apana Vata*, in the pathogenesis of *Vandhyatva* is well elaborated in classical literature. When *Vata* is aggravated, it disturbs the downward movement of reproductive functions, resulting in ovulatory dysfunction, implantation

failure, or non-retention of the zygote.¹⁹ This view aligns with modern observations where conditions like anovulation, luteal phase defects, or implantation failures are prominent. Furthermore, *Avarana* of *Vata* by *Kapha* and *Meda* obstructs normal follicular maturation and ovulation, resembling the pathophysiology of polycystic ovarian disease (PCOD). Similarly, *Srotorodha* in *Artavavaha Srotas* can be likened to tubal blockages observed in diagnostic laparoscopy.²⁰

Therapeutically, the *Ayurvedic* management of *Vandhyatva* integrates *Shodhana* procedures like *Basti* and *Uttara Basti*, which are particularly effective in cleansing the reproductive tract and normalizing *Apana Vata*. This is followed by *Shamana* with formulations such as *Phala Ghrita*, *Ashokarishta*, and *Pushpadhanva Rasa* to nourish and support *Artava* and *Beeja*. Rejuvenative (*Rasayana*) and *Vajikarana* therapies further enhance the reproductive tissues, improve conception capacity, and address recurrent miscarriages. Unlike hormone-based modern therapies, *Ayurvedic* drugs support hormonal regulation through natural and *Agni*-driven metabolism.²¹

The uniqueness of *Ayurvedic* management lies in its inclusion of diet (*Ahara*), daily regimen (*Dinacharya*), seasonal discipline (*Ritucharya*), and mental hygiene (*Satvavajaya Chikitsa*), which are often neglected in conventional treatments. This holistic approach not only corrects underlying pathologies but also strengthens general health, enhancing the chances of successful conception and a healthy pregnancy. The review thus underscores the potential of *Ayurveda* in contributing significantly to integrative reproductive care and opens avenues for further clinical validation and multidisciplinary research in the field of infertility.²²

CONCLUSION

Vandhyatva is a multifactorial condition that reflects the intricate interplay of *Dosha*, *Dhatu*, *Agni*, and *Srotas* within the reproductive system. The *Ayurvedic* understanding of infertility extends beyond anatomical and hormonal imbalances to include psychological, dietary, and lifestyle factors. Central to its pathogenesis is the aggravation of *Vata Dosha*, especially *Apana Vata*, along with *Agnidushti*, *Dhatu Kshaya*, and *Srotorodha*, often resembling modern conditions like anovulation, tubal block, and PCOD. Effective management lies in individualized therapies involving *Shodhana*, *Shamana*, *Rasayana*, and *Vajikarana* procedures, supported by *Satvavajaya* and lifestyle regulation. Thus, the holistic and root-

cause-based approach of *Ayurveda* provides a promising and integrative framework for the comprehensive management of *Vandhyatva*.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT –NONE

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