ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

# INTEGRATIVE AYURVEDIC APPROACH IN INFERTILITY DUE TO PCOS – A CLINICAL CASE REPORT

**Dr. Minal S. Dherange'[1], Dr. Sujata S. Jagtap'[2]**
*[1]PG Scholar, [2]HOD & Professor, Department of Prasuti Tantra Evum Stree Roga, APM's Ayurved Mahavidyalaya, Sion, Mumbai.*

## ABSTRACT

***Introduction***
*Infertility is defined as inability to conceive after 12 months of unprotected sexual intercourse. Infertility can be attributed primarily to male factors in 25%, female factors in 58% and is unexplained in about 17% of couples. Infertility associated with Poly Cystic Ovarian Syndrome is a major cause of concern in present generation among the reproductive age groups due to undesirable lifestyle changes.*
*In Ayurveda primary infertility can be correlated with Anapatya type of Vandhyatva and its causative factor PCOS can be correlated with Nashtaartava as per Sushrut and Pushpaghnijataharni as per Kashyap. Treatment plan included both Shodhana and Shamana therapies.*

***Methodology***
*A case of 30-year-old women diagnosed with PCOS who had been struggling with infertility for 6 years having complaints of irregular periods, weight gain and increasing facial hairs. The Ayurvedic treatment protocol employed in this study included Virechana and Yogabasti procedures, followed by three cycles of Uttarabasti. In addition Abhyantara medications were administered to support systemic balance. The therapeutic plan was complemented with dietary modifications, lifestyle adjustments and stress management techniques to enhance overall efficacy and sustainability of outcomes.*

***Result***
*Patient conceived after treatment.*

***Discussion***
*Infertility is a serious health issue which impacts on couples. PCOS is one of leading cause of infertility primarily due to chronic anovulation and hormonal imbalance. Our management focuses on Agnideepana, Medohara and Artavajanana through Shodhana and Shamana Chikitsa.*

***Conclusion***
*This case highlights the potential efficacy of Ayurvedic interventions in managing infertility related to PCOS and emphasizes the importance of an integrative approach in healthcare.*

**KEYWORDS**: *Infertility, PCOS, Uttarbasti, Virechan, Phalaghruta.*

## INTRODUCTION

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Infertility may be primary or secondary. Primary infertility where patients have not gotten pregnant after having coitus for at least a year without using contraceptives. Secondary infertility is where couples who have been able to conceive at least once but currently fail to do so.[1] Primary infertility affects a significant portion of the population and one of its underlying causes is Polycystic Ovarian Syndrome (PCOS). Around 48 million couples and 186 million individuals live with infertility globally.[2]

Polycystic ovarian syndrome (PCOS) was originally described in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries. This heterogeneous disorder is characterized by excessive androgen production by the ovaries mainly. Fertility problems experienced by women with Polycystic Ovarian Syndrome may be related to the elevated hormone, insulin or glucose levels, which can interfere with ovulation, implantation as well as development of the embryo. Increased Luteinizing hormone reduces the chance of conception and increases miscarriage. Additionally abnormal insulin levels may also contribute to poor egg quality, making conception more difficult.[3]

*Vandhyatva* is a term used in Ayurveda to explain infertility. Ayurveda emphasized on 4 main essential factors (*Garbha-sambhava samagri*) for fertility i.e *Ritu* (ovulatory period), *Kshetra* (reproductive organs), *Ambu* (uterine fluid along with rasa dhatu), *Beeja* (healthy sperm and ovum) along with healthy psychological status & normal functioning of *vata* (one of the governing factors of body according to ayurveda).[4] Abnormality in any of this factor leads to infertility. *Stree beeja* & *Beejotsarga* mentioned in ayurveda text can be correlated with ovum & ovulation respectively.

In Ayurveda different *Acharya's* have described various disorders whose sign and symptoms can be correlated with PCOS i.e., *Nashtaartava* mentioned by *Sushruta Samhita*[5] and

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

*Ashtanga Sangraha*,[6] *Pushpaghnijataharni* by *Kashyap Samhita*.[7] *Nashtaartava* is characterized by absence of *Artava* due to obstruction of *Yoni Marga* by vitiated *Dosha.* Mainly *Vata* and *Kapha Dosha* vitiation is mentioned as cause of *Nashtaartava.*

Ayurveda, an ancient system of medicine, offers a holistic approach that aims to address the root causes of health issues, including infertility. In this case study *Shodhana* procedure was done *Virechan* as *Amahara* and *Kaphahara Chikitsa*, *Yoga Basti* was given to stabilize the *Apana Vata* (*Vata Anulomana)* followed by *Shamana Chikitsa*. Also *Uttar Basti* is *Vata-shamak* & has *Ropan* and *Shodhan* property, so *Uttar basti* is the best line of treatment in Infertility. Relaxation technique mediation was advised to the patient.
This case report illustrates the successful management of infertility in a PCOS patient using an ayurvedic treatment plan.

## MATERIALS AND METHODS

**Case Report**

A female patient aged 30 years old, house wife by occupation visited the OPD of *Prasuti Tantra* and *Stree Roga* at Seth R. V. Ayurvedic hospital of APM's Ayurved Mahavidyalaya Sion, Mumbai on Aug 2024 with chief complaints of anxious to conceive after 6 years of marriage even after unprotected coitus from 4 years. Additionally the patient reported having irregular menstrual cycle for past two years, gradual weight gain excessive facial hair growth and disturb sleep cycle due to stress(Over thinking).

The patient's menstrual history reveled irregular cycles lasting for 3-4 days with intervals between two consecutive cycles ranging from 35 to 50 days.

History of Present Illnes:-
She got menarche at the age of 14 years. Patient is known case of PCOD since last 7 years & was on allopathic medication. The couple has also taken allopathy treatment for infertility for continuous period of 2 years but did not achieve satisfactory relief.

History of past illness (*Poorva Vyadhi Vrittanta*)- No K/C/O HTN, DM or Thyroid dysfunction.
Surgical History- No any surgical history.
Family History- No H/O delayed conception in maternal family.
Menstrual History

| | |
|---|---|
| Menarche at | 14 years of age |
| LMP | 10/06/2024 |
| Interval | 35-50 days |
| Duration | 3-4 days, Irregular |
| Character | Dark Red colour, Scanty flow |
| Consistency | Sometimes clots present |

Obstertrics History-Nulliparous
*Vyatika vrittanta*
*Aahara-Abhishyandi ahara, Ati madhura rasa sevan,Akal bhojana* Fastfood
*Vihara-Avyayam*
*Nidra-Khandit*
*Manasika-Chinta, Shoka*
General Examination

| | |
|---|---|
| Built | Moderate |
| Nourishment | Moderate |
| Temperature | $98.5^0$ F |
| RR | 16/Min |
| Pulse rate | 70/Min |
| Blood pressure | 100/60 mm of Hg |
| Height | 150 cm |
| Weight | 78 Kgs |
| BMI | 34 |

Systemic Examination

| | |
|---|---|
| RS | AEBE |
| CVS | S1S2 Normal |
| CNS | Conscious, oriented |
| P/A | Soft |

Gynecological Examination

| | |
|---|---|
| Bilateral breasts | Soft, NAD |

*Ashtavidha Pariksha*

| | |
|---|---|
| *Nadi* | 70/Min |
| *Mootra* | 5-6 times a day |
| *Mala* | Once a day |
| *Jivha* | *Niram* |
| *Shabda* | *Avishesha* |
| *Sparsha* | *Anushna Sheeta* |
| *Druk* | *Prakruta* |
| *Akruti* | *Sthula* |

*Dashavidha Pariksha*

| | |
|---|---|
| *Prakruti* | *Kaphapradhan pitta* |
| *Dosha* | *Pitta, vata, kapha* |
| *Dushya* | *Rasa, Rakta, Mamsa* |
| *Sara* | *Madhyama sara* |
| *Samhanana* | *Madhyama* |
| *Pramana* | 150 cms |
| *Dehabhara* | 78 kg |
| *Satmya* | *Madhyama* |
| *Satva* | *Madhyama* |
| *Ahara Shakti* | *Madhyama* |
| *Vyayam Shakti* | Hin |

**Pelvic Examination**

P/S- Cervix healthy, No discharge, Vaginal wall appears healthy and pinkish.
P/V- Uterus-AV/NS/FF,
Cervical mobile,firm, smooth, non tender

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

- ***Samprapti Ghatak***

| | |
|---|---|
| *Dosha* | *Kapha, Vata* |
| *Dhatu* | *Rasa, Rakta, Maṃsa, Meda* |
| *Upadhatu* | *Raja* |
| *Srotas* | *Rasavaha, Artavavaha, Medovaha, Sukravaha* |
| *Agni* | *Jaṭharagni and Dhatvagni Maṇḍya* |
| *Srotodusṭi* | *Sanga, Granthi* |
| *Udbhava Sthana* | *Amapakvashaya* |
| *Vyakta Sthana* | *Garbhasaya* |
| *Adhiṣṭhana* | *Garbhasaya* |
| *Roga Marga* | *Madhyama* |

- **Investigation**

Husband semen analysis-Normal
Investigations of patient-
Blood Investigations:(13/08/2024)

| | |
|---|---|
| TSH | 3.40 mIU/L |
| Hb% | 10.6 gm/dl |
| FBR | 121mg% |
| FSH | 4.99mIU/ml |
| LH | 4.2 mIU/ml |
| Prolactine | 16.46 ng/ml |

USG(Pelvis) on 3/8/2024:- Uterus-6.7×8.8x4.5cm. Normal size, shape, echotexture, ET- 9.5 mm. Rt ovary-3.6x3.4x1.9cm(18.09cc) Lt. ovary -3.5x3.4×2.0cm(Vol-17.38cc) Both ovary bulky & central stromal enhancement, small follicles arranged peripheral S/O- PCOD.

X-Ray HSG (20/08/2024):-Anteverted uterine cavity normal in size and shape. Fallopian tubes on both sides seen Lumen of both tube patent and regular free dispersion of contrast noted in peritoneal cavity.

- **Diagnosis:-**The diagnosis was made based on Clinical history, Physical examination and USG report.
  - Provisional diagnosis: *Vandhyatva* with *Artavakshaya* (oligomenorrhea), PCOS.
  - Differential diagnosis: *Artavakshaya, Vatik artavadushti, Ksheena artavadushti*.
  - Final diagnosis: *Vandhyatva* with *artavadushti*/ Primary infertility with PCOS.

**Treatment Principles**

Dietary Modifications: *Rajaswala paricharya* was strictly advised in every cycle for 3 days. Protein rich diet (Split Green gram, Soya bean), Sesame, Black gram, Horse gram, Intake of egg, Plenty of fluids, Seasonal fruits and vegetables. Patient is advised to avoid Oily fried food, Spicy food, Potato and Brinjal .Patient was also counselled about the hazards of fast food and junk food.

Lifestyle Changes: Stress management techniques, including *Yoga* and meditation, were recommended to reduce stress levels and promote hormonal balance. The patient was encouraged to adopt a regular exercise routine.

Medical management:
*Shamana*

| Drug | Dosage | *Anupan* | *Kala* | Route | Duration |
|---|---|---|---|---|---|
| *1.Rajahpravartini Vati* | 250mg (2 Tab) | Water | BD (After meal) | Oral | 7 Days |
| *2.Sukumara Kashaya* | 2 Tsp | Equal quantity of water | TID (After meal) | Oral | 3 Months |
| *3.Pushpadhanva Rasa* | 250mg (2 Tab) | *Ghrita/Kshira* | TID (After meal) | Oral | 3 Months |
| *4.Phalaghrita* | 2 Tsp | *Kshira* | Morning (BF) | Oral | 3 Months |

*Shodhan*

1. ***Virechan Karma-***

| | |
|---|---|
| 17/08/2024 to 19/08/2024 | *Deepan pachan* with *Aampachak Vati* 1TDS with luke warm water |
| 20/08/2024 to 23/08/2024 | *Snehapana* with *Mahatikta ghruta* for 7 days in increasing order(30, 60, 90 &120ml) *Snehasiddhi Lakshans* achieved. |
| 24/08/2024 to 26/08/2024 | *Sarvang Udvartan* with *Triphala choorna* and *Swedan.* |
| 26/08/2024 | *Virechana* with Castor oil 50ml & 1 *Icchabhedi vati*. Number of Vegas-12 *Madhyama Shudhi.* |

Advice- Follow *Sansarjan karma* as per adviced & visit OPD after 7 days.

2. ***Yogabasti***-04/09/2024 to 11/09/2024
*Anuvasan Basti* with *Tila taila* 120ml & *Niruha Basti* with *Dashamuladi Kwatha*-400ml, Sneha( *Tila taila*)-60ml, *Makshik*-10gms, *Saindhav*-5gms.

Advice- Follow up in OPD after menses. Start *Sukumara Kashaya, Pushpadhanva Rasa* & *Phalaghrita* as per adviced.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

3. ***Uttarbasti-*** 3 Cycles

| LMP | Date | Drug used for Uttarbasti | Advice |
|---|---|---|---|
| 14/09/2024 | 1st Cycle of *Uttarbasti* 18/09/2024 to 22/09/2024 | 1st & 2nd day- *Kshrtaila* 5ml & for next 3 days *Balataila* 5ml. | Follow up in OPD after menses. Continue *Phalaghruta, Pushpadhanva rasa* & *Sukumar Kashaya* as per adviced. |
| 18/10/2024 | 2nd Cycle of *Uttarbasti* 22/10/2024 to 26/10/2024 | *Sahachartaila* 5ml for 5 days | Follow up in OPD after menses. Continue *Phalaghruta, Pushpadhanva rasa* & *Sukumar Kashaya* as per adviced. |
| 20/11/2024 | 3rd Cycle of *Uttarbasti* 25/11/2024 to 29/11/2024 | *Phalaghruta* 5ml for 5 days. | Follicular study from 11th day of Menstrual Cycle & visit in OPD with reports. |

## RESULTS

Patient is adviced to do follicular study after 3rd Cycle of *Uttarbasti* from 11th day of menses.
Report of Follicular study:-

| Date | Day | Rt. Ovary | Lt.Ovary | ET |
|---|---|---|---|---|
| 30/11/2024 | 11th | 8,8 | 10,7 | 6mm |
| 03/12/2024 | 14th | 8,8 | 14mm | 7mm |
| 05/12/2024 | 16th | 8,8 | 16mm | 7.5mm |
| 06/12/2024 | 17th | 8,8 | 18mm | 8mm |
| 07/12/2024 | 18th | 8,8 | Not seen S/O Rupture | 9mm |

Patient is adviced to keep planned relations for next 3 days.
Patient followed up in OPD on 26/12/2024 with positive UPT test done on 25/12/2024.

USG(Obs) Early Scan on 06/01/2025- SLIUP OF 6 weeks, FHR-138 bpm, chorionic rim globular, Trophoblastic reaction-good, EDD-01/09/2025

Patient delivered healthy female baby of 3.1kg on 16/08/2025 through planned LSCS.

## DISCUSSION

The present case highlights the integrative role of Ayurvedic interventions in the management of infertility associated with Polycystic Ovarian Syndrome (PCOS). PCOS is a complex endocrinological disorder characterized by anovulation, hyperandrogenism and metabolic imbalance which collectively contribute to infertility. In contemporary medicine, management often includes ovulation induction, insulin-sensitizing drugs, and lifestyle modifications, yet outcomes are not always satisfactory, particularly when metabolic and psychological factors persist.

Ayurveda provides a multidimensional approach by addressing the root causes of infertility through correction of *Agni* (digestive fire), *dosha* balance and optimization of *dhatu* function. In this case, the use of *Virechana* served as a detoxifying therapy, targeting *kapha* and *pitta* vitiation, thereby correcting metabolic sluggishness. *Yogabasti* regulated *Apana Vata* a crucial factor for proper ovulation and menstruation. The administration of *Uttarbasti* provided localized action on the uterus and ovaries enhancing receptivity of the uterine endometrium and supporting ovulation. Simultaneously, internal medicines such as *Phalaghruta, Pushpadhanvarasa* and *Sukumar Kashaya* supported systemic balance and promoted ovulation.

The successful conception and subsequent healthy delivery following this treatment demonstrate the effectiveness of an integrative Ayurvedic protocol in overcoming infertility related to PCOS. This case also suggests that Ayurvedic therapies can restore menstrual regularity, enhance follicular development and improve the chances of conception without invasive interventions.

**Probable Mechanism of Action of Drugs**

1. ***Mahatiktaka ghruta***-[8]
   It helps reduce *kapha* dominance which is often linked with obesity, cyst formation, and metabolic sluggishness in PCOS, balances excess pitta, improving hormonal equilibrium and reducing inflammation. It's *Ghṛuta* base helps in proper movement of *vata* supporting ovulation and menstrual regularity. It reduces insulin resistance and metabolic imbalance through its *deepana–pachana* (digestive-metabolic enhancing) effect. Supports weight management and reduces acne, pigmentation and other *pitta–kapha* related symptoms often seen in PCOS.
2. ***Triphala Churna***-[9]
   In *Udvartana, Triphala* acts as a *Lekhana* and *Rasayana* drug which not only helps in weight reduction but also prevents recurrence by improving metabolism.
3. ***Erand Taila***-[10]
   It is *Vataghna, Vibandha hara* and *Anulomaka*.
4. ***Tila Taila***-[11]
   It is *Vatanulomaka, Vatahara* & *snigdha*.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

5. ***Dashamularishta***-[12]
   It pacifies both Kapha and Vata, improves functioning of medovaha srotas, helping in obesity-related PCOS. It also promotes regularization of menstrual cycles by restoring apana vata & enhances digestion and metabolism it reduces ama which is a contributing factor in PCOS.
6. ***Kshara Taila Uttarbasti***-[13]
   *Kshara Taila* is *Katu Rasa, Ushna Virya, Katu Vipaka, Tridoshaghna* mainly alleviates *Kapha-Vata Dosha*. The components have *Lekhana, Shodhana* and *Ropaka* properties. Thus, it helps in removing the unhealthy tissues causing the obstruction causes healing with replenishment of the healthy tissue linings of the uterus and thus provides the healthy environment for conception and regulate the normal function of HPO axis.
7. ***Bala Taila Uttarbasti***-[14]
   It pacifies *Vata*, restoring normal functioning of *Apana Vata*. It nourishes the endometrium (*garbhashaya poshan*), improving receptivity for implantation. It acts as a uterine tonic, strengthening reproductive tissues.
8. ***Sahachar Taila Uttarbasti***-[15]
   It has *Vatashamaka* action, balancing *Apana Vata*, which governs menstruation, ovulation, and conception. *Uttar Basti* with *Sahachar Taila* helps in clearing obstruction of *Artava vaha srotas*, regulating the flow of *Artava. Sahachar Taila* nourishes the *garbhashaya* (uterus), restoring normal endometrial thickness and receptivity. It supports implantation by providing a healthy uterine environment. *Sahachara* is used to remove unwanted follicles. Oil of *Sahachara* were helped to destroy cysts on ovaries and stimulate the follicular maturity.
9. ***Phalaghruta***- [21,22,23]
   It balances Vata and Pitta, corrects Artavavaha Srotodushti and supports proper follicular development. Locally in Uttarbasti, it provides direct snehan to yoni-marga and garbhashaya, removes vata-kapha avarana and nourishes endometrium. As ghṛta acts on manovaha srotas and HPO axis, it helps in stress-related infertility and restores hormonal rhythm.
10. ***Rajahpravartini Vati***[16]
    It stimulates and supports proper formation and expulsion of menstrual blood, clears obstruction in *Artava vaha srotas*, improves digestion and metabolism, indirectly supporting *dhatu* formation.It also pacifies vitiated *Vata-Kapha* doshas that commonly cause delayed or suppressed menstruation.
11. ***Sukumara Kashaya***
    It mainly contains *Punarnava, Yashti Madhu, Ashwagandha, Shatavari, Dashamula*, *Draksha, Eranda, Ikshumula, Dwidarbha* etc. provides best result in menstrual and vaginal disorders (*Yonirogahara)*.[17] In addition, it is found to be excellent *Vrishya*, *Vajikara, Pushtidayaka* and S*arvakalopayogi*. It is an excellent remedy for infertility and menstrual problems which rectifies the imbalanced hormonal function. The drugs possessing Anti-bacterial, Anti-inflammatory activity, Immunomodulator, Anti-stress and Estrogenic properties are found to be very effective in the present condition and if taken regularly promotes conception.[18]
12. ***Pushpadhanva rasa***
    It acts as an *Artavotpadaka*, helping in proper and timely ovulation, Corrects *Agnimandya*, thereby improving *Rasa-Dhatu* formation and subsequently *Artava Dhatu*.It Clears obstruction (*Srotorodha*) in *Artavavaha Srotas*, a major pathology in *Vandhyatva* & balances *Apana Vata* ensuring proper follicular rupture, ovum transport and implantation. It enhances overall reproductive health, strengthens *Garbhashaya* and supports conception.[19,20]

## CONCLUSION

This case highlights the effectiveness of Ayurvedic protocols in restoring fertility in a woman with PCOS-associated infertility. The integrative approach, combining *Shodhana* (*Virechana, Yogabasti*) and *Shamana* (*Phalaghrita, Sukumara Kashaya, Pushpadhanva Rasa)* along with *Uttarabasti*, successfully regulated menstrual cycles, enhanced follicular development and led to conception. Lifestyle modifications, dietary regulation and stress management further strengthened therapeutic outcomes.

The successful pregnancy and delivery of a healthy baby emphasize the potential of Ayurveda in managing infertility without invasive interventions. By addressing *Agni, dosha* balance, and *dhatu* nourishment, Ayurveda provides a holistic framework for reproductive health. Although results are promising, larger studies are needed to validate efficacy and establish standardized protocols. This report supports Ayurveda as a safe, natural, and sustainable approach in infertility management.

**INFORMED CONSENT**: Patient was informed for the details and consent taken.

**LIMITATION OF STUDY**: Present study was undertaken and it should done in large sample of Primary Dysmenorrhea.

**ACKNOWLEDGEMENT**: The authors are grateful to the patient who had faith on Ayurveda and took treatment and gave written consent for publication. The authors would like to thank Dr. Sujata Jagtap HOD and Professor, Dept of Prauti tantra and stree roga APM's Ayurveda Mahavidyalaya Sion, Mumbai for their valuable guidance.

## REFERANCES

1. *Dutta DC. Textbook of Gynaecology.9th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2024. Chapter 17, Page No. 212.*
2. *World Health Organization (WHO). Polycystic ovary syndrome. 2023 Jun 28.*
3. *Dutta DC. Textbook of Gynaecology.9th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2024. Chapter 29, Page No. 432.*
4. *Prof. K.R Srikanth Murthy (translator). Susruta samhita of susruta, Uttara sthana, chapter 2, verse no. 33, reprint edition, Varanasi; Chaukhamba Orientalia: 2017:26*
5. *Prof. K.R Srikanth Murthy (translator). Susruta samhita of susruta, Uttara sthana, chapter 2, verse no. 33, reprint edition, Varanasi; Chaukhamba Orientalia: 2017:26*

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

6. *Prof. K.R Srikanth Murthy (translator). Ashtanga hrdayam of Vagbhata, Chikitsa sthana, chapter 21, verse no. 67-69, reprint edition, Varanasi; Orientalia; 2008:509-510 Chaukhamba.*
7. *Kashyapa Samhita, text with upodhata of Sri. Hema raja Sharma, Kashi Samskrita Maala 154, Choukhamba Sanskrita Sansthan, Varanasi. Kalpasthana. Re-vatikalpa sloka no-33.*
8. *Charaka Samhita Vol 2 (2007) by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi, Pub-Chaukambha Sanskrit Pratishthan, Delhi (Ch.Chi.7/144-150). 2007; 2:199p.*
9. *Mukherjee PK, Rai S. Bhattacharyya S. Debnath P. Biswas TK, Jana U, et al. Clinical Study of Triphala': A well known phytomedicine from India. Iran J Pharmacol Ther. 2006;5:51-4.*
10. *Vaidya Vijaya Shankar Kale, Editor(s) (1st Edi), Charaka Smahita of Agnivesha, Siddhisthana, Kalpanasiddhi Adhyaya chapter 1, verse- 41, Varanasi Chaukhamba Snaskrit Pratishthan, 2013, Pg.867*
11. *Vaidya Vijaya Shankar Kale, Editor(s) (1st Edi), Charaka Smahita of Agnivesha, Sutrasthana, Snehadhyaya Adhyaya chapter 13, verse- 1, Varanasi Chaukhamba Snaskrit Pratishthan, 2013, Pg.205*
12. *Brahmanad Tripathi Editor(s) 2001, Sharangdhara Samhita of Sharangdhara, Madhyamakhanada, Chapter 2, Verse-28-29, Varanasi Chaukhamba Surbharti Prakashan, Edi.2001 Pg138*
13. *Gohli Hitaba, Kinnari Dhruve PK. Prajapati: role of media in the preparation of apamarga ksharataila, Ayu 2010;31(3):391-4.*
14. *Kaviraj Ambikadat shastri, Sushruta Samhita.edition -2015. Chaukhambha Sanskrit Sansthan, Varanasi, Sutra Sthana 45/112, page no.-229-230.*
15. *S. A. Dayani Siriwardene, L. P. A. Karunathilaka, N. D. Kodituwakku, Y. A. U. D. Karunarathne, Clinical Researches Clinical efficacy of Ayurveda treatment regimen on Subfertility with Poly Cystic Ovarian Syndrome (PCOS), AYU, Jan-Mar 2010:31 (1), pg. no. 24-27*
16. *Bhaishajya Ratnavali of Kaviraj Govind Das sen, edited with Siddhiprada Hindi commentary, By Prof. Siddhi Nandan Mishra, Chaukhamba Surbharati Prakashan, Varanasi, First Edition, 2005.*
17. *Vagbhata. Ashtanga Hridaya with the commentaries Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri. Edited by Pandit Hari Sadasiva Sastry Paradakara. Varanasi; Chaukhamba Sanskrit Sansthana; Chikitsa Sthana, Chapter 13/41-47, Page no. 684.*
18. *CP Khare. Indian medicinal plants. Janak Puri, New Delhi; Springer; Page No. 78, 295, 296, 716/836.*
19. *Shri Govindadas, Bhaishajya Rtanavali, with Vidyotini Tika by Kaviraj Shri Ambikadatta Shastri, Chaukhambha Prakashan, Varanasi, Edition 19th, Vajikaran Adhyaya, 70: 1123.*
20. *Trimalla Bhatta, Yoga Tarangini, by Nirmal Saxena, 1st edition, 2007; 80/5-7: 432.*
21. *Sharangdhara, Sharangdhara Samhita by Pandit Sarangdharacharya with Commentary Adhamalla's dipika and Kasirama's gudharthadipika, edited by Pandit Parasurama Sastri, Vidysagar, Chaukhambha orientalia, Varanasi, 2008 edition, Pp398, pg no. 221.*
22. *Vahat or Vrddha Vagbhata, Astanga Sangraha with Sasilekha Sanskrit commentary by Indu, edited by Dr. Shivprasad Sharma, Chowkhambha Sanskrit Series Office, Varanasi, 2008, Pp 965, pg no. 841.*
23. *Yogaratakara with Vidyotini Hindi Commentary by Vaidya Laksmipati Sastri, edited by Bhisagratna Brahmasankar Sastri, Chaukhambha Prakashan, Varanasi, edition 2010, Pp 504, pg no. 408.*