WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 21, 334-345. Review Article ISSN 2277–7105

ABEEJATVA AS A CAUSE OF *VANDHYATVA*: AN AYURVEDIC APPRAISAL OF ANOVULATORY FEMALE INFERTILITY IN THE LIGHT OF *GARBHA SAMBHAVA SAMAGRI*

Dr. Prabha Yadav*[1], Prof. (Dr.) Mamata Kumari Swain[2]

[1]PG Scholar, Department of Prasuti Tantra Evum Stree Roga, Jeevan Jyoti Ayurvedic Medical College and Hospital, Aligarh, Uttar Pradesh, India.

[2]Guide, HOD and Professor, Department of Prasuti Tantra Evum Stree Roga, Jeevan Jyoti Ayurvedic Medical College and Hospital, Aligarh, Uttar Pradesh, India.

Article Received on 27 Sept. 2026,
Article Revised on 17 Oct. 2026,
Article Published on 01 Nov. 2026

https://doi.org/10.5281/zenodo.23759034

***Corresponding Author**

Dr. Prabha Yadav

PG Scholar, Department of Prasuti Tantra Evum Stree Roga, Jeevan Jyoti Ayurvedic Medical College and Hospital, Aligarh, Uttar Pradesh, India.

How to cite this Article: Dr. Prabha Yadav*1, Prof. (Dr.) Mamata Kumari Swain2. (2026). Abeejatva As A Cause of Vandhyatva: An Ayurvedic Appraisal of Anovulatory Female Infertility In The Light of Garbha Sambhava Samagri. World Journal of Pharmaceutical Research, 15(21), 334–345.
This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Childlessness remains one of the most distressing conditions a couple can face, and in nearly one-third of infertile women the underlying problem lies in the failure to ovulate. Ayurveda explains conception as the outcome of four co-operating factors — *Ritu* (the proper time), *Kshetra* (the field), *Ambu* (nourishment) and *Beeja* (the seed) — and a defect in any of them may lead to *Vandhyatva*. When the female seed, *Beeja-rupa Artava*, is not formed or not released, the condition is described by terms such as *Abeejatva*, *Nashtartava* and *Beejopaghata*; this closely parallels anovulation in modern gynaecology. The present article examines these classical descriptions, traces their roots in *Agni*, *Rasa Dhatu*, *Artavavaha Srotas* and *Apana Vayu*, and places them alongside the current endocrine understanding of anovulation. A stage-wise line of treatment is proposed — *Nidana Parivarjana*, *Ama Pachana* and *Agni Deepana*, *Shodhana* with emphasis on *Basti* and *Uttara Basti*, *Artavajanana* and *Garbhasthapaka* drugs, and *Pathya* — along with the probable mode of action of the principal formulations. Seen through the *Garbha Sambhava Samagri* framework, *Abeejatva* emerges as a correctable, metabolism-linked disorder for which Ayurveda offers a rational and gentle therapeutic approach.

KEYWORDS: *Vandhyatva*, *Abeejatva*, Anovulation, *Beeja-rupa Artava*, *Garbha Sambhava Samagri*, Female Infertility, PCOS.

INTRODUCTION

The continuation of one's lineage has been regarded in Indian thought as a duty as well as a blessing, and the *Charaka Samhita* compares a childless person to a solitary tree without branches or shade. Against this cultural background, infertility is not merely a medical diagnosis but a source of social pressure, marital strain and emotional suffering, most of which is borne by the woman.[1,2]

In medical terms, infertility is the inability of a couple to achieve a clinical pregnancy after one year of regular unprotected intercourse.[3] The World Health Organization estimated in 2023 that roughly 17.5% of adults — about one in six — are affected at some point in life.[4] Among the causes in women, disturbances of ovulation account for about a quarter to two-fifths of cases, and polycystic ovary syndrome (PCOS) is by far the commonest of these.[5,6]

The Ayurvedic texts do not use a single word for anovulation, but describe the absence or destruction of the female seed under several names. Their views on causation emphasise digestion, metabolism, nutrition, lifestyle and the mind — areas that modern research increasingly links to ovulatory health. Drugs used for ovulation induction are effective, yet may be associated with ovarian hyperstimulation, multiple gestation, a thin endometrium and repeated cycle failure. A clear understanding of the classical concepts can therefore help in framing treatment that addresses the root cause and complements conventional care.

AIM AND OBJECTIVES

1. To trace the concept of *Vandhyatva* and *Abeejatva* through classical Ayurvedic literature.
2. To analyse anovulatory infertility through the framework of *Garbha Sambhava Samagri*.
3. To correlate the Ayurvedic *Samprapti* with the modern endocrine basis of anovulation.
4. To outline a stage-wise line of management and the probable mode of action of key formulations.

MATERIALS AND METHODS

Classical references were collected from the *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya* with the commentaries of *Chakrapani* and *Dalhana*, and from the *Kashyapa Samhita*, *Harita Samhita*, *Bhavaprakasha* and *Bhaishajya Ratnavali*.

Contemporary information was taken from standard textbooks of gynaecology and reproductive endocrinology, WHO publications, international guidelines and indexed journals. The data were compiled, analysed and interpreted.

REVIEW OF LITERATURE

A. Historical Background

- **Vedic period:** The *Rigveda* and *Atharvaveda* contain prayers and charms for progeny; the *Atharvaveda* mentions herbs believed to promote conception. *Vandhya* appears as a recognised term for a childless woman.
- **Samhita period:** *Charaka* describes *Vajikarana* and *Jatisutriya* procedures for healthy progeny; *Sushruta* defines *Vandhya* among the *Yonivyapad*; *Kashyapa* gives the most detailed gynaecological account, including *Jataharini* (such as *Pushpaghni*) and *Shatapushpa–Shatavari Kalpa*.
- **Medieval period:** *Harita Samhita* and *Rasaratna Samuchchaya* classify *Vandhya* into types; *Bhavaprakasha*, *Yogaratnakara* and *Bhaishajya Ratnavali* add many *Garbhaprada* formulations.

B. The Concept of Artava and Beeja

Nirukti

Artava is derived from *Ritu* — that which appears in its proper season or periodically. *Beeja* denotes the seed or primary cause from which something arises. Commenting on *Sushruta*, *Dalhana* explains *Beeja* as the *Artava* of the woman and the *Shukra* of the man.[9]

Two meanings of Artava

Table 1: Dual meaning of Artava.

Aspect	***Bahirpushpa* (*Masanumasika Artava*)**	***Antahpushpa* (*Beeja-rupa Artava*)**
Nature	Monthly menstrual blood	Female reproductive element
Visibility	Externally seen	Not seen; inferred
Role	Indicator of cyclic health	Essential for conception
Modern correlate	Menstruation	Ovum and ovulation
Disorder relevant here	*Artava Kshaya*, *Anartava*	*Abeejatva*, *Nashtartava*, *Beejopaghata*

Formation of Artava

Artava is an *Upadhatu* of *Rasa*. *Sushruta* states that it is formed from *Rasa* itself:

□□ **[Su. Su. 14]**

(From *Rasa* alone the blood of a woman called *Raja* is produced; it starts after the age of twelve and ceases by about fifty).

Shukra is *Saumya* and *Artava* is *Agneya*. The nutritive *Rasa* matures into *Artava* under the influence of *Rasa-Dhatvagni* and *Pitta*. Therefore the quality of *Artava* depends directly on the state of *Agni* — a point central to the understanding of *Abeejatva*.[8,9]

C. Vandhyatva through the Framework of Garbha Sambhava Samagri

□□□□□□ □□□□□□□□ □□□□□□□□□□□□□□□□□□□□□

□□□□□□□□□□□□□□□□□□

□□ **[Su. Sha. 2]**

(As a sprout surely arises when season, field, water and seed come together, so conception surely follows the proper union of *Ritu*, *Kshetra*, *Ambu* and *Beeja*.)

This analogy offers a practical way to classify every cause of female infertility. Each factor, when defective, produces a distinct group of disorders, and each group has a modern counterpart.

Table 2: Causes of Vandhyatva arranged by Garbha Sambhava Samagri.

Factor	Ayurvedic disorders	Modern counterpart
Ritu Dushti (time)	Intercourse outside *Ritukala*; *Akala Yoga*; extremes of age (*Bala*, *Vriddha*)	Coitus outside the fertile window; advanced maternal age; diminished ovarian reserve
Kshetra Dushti (field)	*Yonivyapad* (*Vamini*, *Putraghni*, *Aticharana*, *Shandhi*), *Artavavaha Srotas Viddha*, *Garbhashaya* diseases	Tubal block, uterine anomalies, fibroids, synechiae, endometriosis, cervicitis
Ambu Dushti (nourishment)	*Rasa Kshaya*, *Rasa Dushti*, *Agnimandya*, *Ama*	Malnutrition, anaemia, obesity, insulin resistance, thyroid disorders
Beeja Dushti (seed)	*Abeejatva*, *Nashtartava*, *Beejopaghata*, *Pushpaghni*; *Shukra Dosha* in the male	Anovulation, oligo-ovulation, PCOS, ovarian insufficiency; male factor

Vagbhata further adds the need for a healthy, mutually affectionate couple and normal *Vayu* and *Hridaya*, highlighting the psychological and neuro-hormonal aspects of conception.[10]

D. Classification of Vandhya

Table 3: Types of Vandhya in later texts.

Source	Types
Harita Samhita	*Kakavandhya*, *Anapatya*, *Garbhasravi*, *Mritavatsa*, *Balakshaya* and *Dhatukshayaja / Balyavasthaja*
Rasaratna Samuchchaya	*Adivandhya*, *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Raktaja*, *Bhutaja*, *Daivaja*, *Abhicharaja*

In clinical terms *Anapatya* corresponds to primary infertility, *Kakavandhya* to secondary infertility, and *Garbhasravi* and *Mritavatsa* to recurrent pregnancy loss and stillbirth.[11,12]

E. Abeejatva — The Ayurvedic Picture of Anovulation

Definition

□ □ □ □ □ □ □□□□ □ □ □ □ □ □ □□ □ □ □ □ □ **[Su. U. 38]**

(A woman whose *Artava* is destroyed is to be known as *Vandhya*.)

Read with *Dalhana*'s explanation of *Artava* as *Beeja*, this brief definition identifies the loss of the female seed as the essence of *Vandhyatva* and forms the classical basis for equating *Nashtartava* with anovulation.

Nidana

Table 4: Nidana of Abeejatva.

Group	Factors	Mechanism
Aharaja	*Vishamashana*, *Adhyashana*, *Anashana*, *Viruddha Ahara*, excess *Guru*, *Snigdha*, *Madhura* and processed food; or deficient, *Ruksha* diet	*Agni Vaishamya*, *Ama*, *Rasa Dushti* or *Rasa Kshaya*
Viharaja	*Divaswapna*, sedentary habits, *Ratri Jagarana*, excessive exercise, suppression of urges (*Vegadharana*)	*Kapha* accumulation or *Vata Prakopa*; *Apana* disturbed
Manasika	*Chinta*, *Shoka*, *Bhaya*, *Krodha*	*Vata Prakopa*, *Agnimandya*
Chikitsa-janya	*Tikshna Virechana* in *Mridu Koshtha* (*Kashyapa*)	*Vata Prakopa* causing *Beejopaghata*
Abhighataja	Injury to *Artavavaha Srotas*	*Artava Nasha*, *Vandhyatva*
Beeja Doshaja	*Vata*-aggravating conduct of the mother during pregnancy; inherited defect of *Beejabhaga*	Congenital defect — *Shandhi*, *Adivandhya*

Clinical forms described in the classics

- ***Pushpaghni Revati*** (*Kashyapa Samhita, Revati Kalpa*): menstruation occurs regularly but is futile (*Vritha Pushpa*), and the woman is obese with hairy cheeks. This is a remarkable classical portrait of anovulatory PCOS with hyperandrogenism.
- ***Vandhya Yonivyapad*** (*Sushruta*): *Vataja* disorder marked by *Nashtartava*.
- ***Shandhi Yonivyapad***: congenital absence of menstruation, undeveloped breasts and aversion to coitus — comparable to gonadal dysgenesis.
- ***Akarmanya Beeja*** (*Kashyapa*): a seed incapable of function, treated by *Virechana*.

Samprapti

The pathogenesis may be understood at three linked levels:

1. **Level of* Agni*:* Nidana Sevana → Samana Vayu *and* Pachakagni *disturbed* → Jatharagnimandya → Ama* formation.
2. **Level of* Dhatu*:* Ama *and vitiated* Kapha *cause* Rasa Dushti, *while* Vata *causes* Rasa Kshaya → Rasa-Dhatvagnimandya → *defective formation of* Upadhatu Artava*.
3. **Level of* Srotas *and* Vayu*:* Kapha *and* Meda *produce* Sanga *in* Artavavaha Srotas *and* Avarana *of* Apana Vayu → *the* Beeja *neither matures nor is expelled* → Abeejatva → Vandhyatva*.

Table 5: Samprapti Ghataka.

Component	Details
Dosha	*Vata* (*Apana, Samana*) predominant, with *Kapha*; *Pitta* (*Pachaka*) involved
Dushya	*Rasa, Rakta, Meda, Artava*
Agni	*Jatharagni* and *Rasa-Dhatvagni Mandya*
Srotas	*Rasavaha, Artavavaha*
Srotodushti	*Sanga*
Udbhava Sthana	*Amashaya, Pakvashaya*
Adhishthana	*Garbhashaya, Phalakosha*
Rogamarga	*Abhyantara*
Sadhyasadhyata	*Kricchrasadhya* (acquired); *Asadhya* (congenital *Beeja Dosha*)

Lakshana

No *Purvarupa* is described. The main features are failure of conception, often with irregular, scanty or delayed menstruation; in the *Kapha*-dominant type there is obesity, heaviness, lethargy and excess hair, and in the *Vata*-dominant type there is emaciation, dryness, scanty flow and anxiety.

F. Contemporary Understanding of Anovulation

Physiology in brief

Ovulation is the outcome of a precisely timed dialogue between the hypothalamus, pituitary and ovary. Pulsatile GnRH stimulates FSH, which recruits and matures follicles and drives oestradiol production. Rising oestradiol eventually switches to positive feedback and triggers the LH surge; the dominant follicle ruptures about 34–36 hours after its onset. The corpus luteum then secretes progesterone for about 14 days. Local factors such as insulin, insulin-like growth factors, anti-Müllerian hormone, inhibin and activin modulate each step.[5,7]

Causes by level

Table 6: Causes of anovulation according to the level of defect.

Level	Examples	WHO group
Hypothalamic	Stress, excessive exercise, low body weight, eating disorders, Kallmann syndrome	Group I
Pituitary	Prolactinoma, Sheehan syndrome, pituitary tumours	Group I / hyperprolactinaemic
Ovarian–metabolic	Polycystic ovary syndrome, obesity, insulin resistance	Group II
Ovarian failure	Premature ovarian insufficiency, Turner syndrome, post-chemotherapy	Group III
Other endocrine	Hypothyroidism, hyperthyroidism, adrenal hyperplasia, Cushing syndrome	—

Diagnosis

Ovulation is suggested by regular cycles and confirmed by a mid-luteal serum progesterone above about 3 ng/mL, serial transvaginal follicular monitoring, urinary LH detection and a biphasic basal body temperature chart. Baseline FSH, LH, AMH, prolactin, TSH and, where indicated, androgens and glucose tolerance help to identify the cause; PCOS is diagnosed by the Rotterdam criteria.[5,6,7]

Conventional management

Weight optimisation is the first step in overweight women; letrozole is now preferred for anovulatory PCOS, with clomiphene citrate, metformin, gonadotropins and laparoscopic ovarian drilling as further options. Hyperprolactinaemia responds to dopamine agonists, and hypothalamic anovulation to correction of weight and stress or pulsatile GnRH.[6,7]

G. Ayurvedic Management of Abeejatva

Chikitsa Sutra

□ □ □ □ □ □ □ □□ **[Su. U. 1/25]**

(In short, the whole of treatment is avoidance of the cause.)

Treatment is planned in stages that follow the *Samprapti* in reverse — first clearing obstruction, then restoring *Agni* and *Vayu*, and finally nourishing the *Dhatu* and the *Beeja*.

Table 7: Stage-wise line of management.

Stage	**Aim**	**Measures**
I. *Nidana Parivarjana*	Remove the cause	Correction of diet, sleep and activity; stress management
II. *Ama Pachana* and *Agni Deepana*	Restore digestion and metabolism	*Trikatu*, *Chitrakadi Vati*, *Hingvashtaka Churna*, *Panchakola*
III. *Shodhana*	Eliminate vitiated *Dosha*, clear *Srotas*	*Vamana* (*Kapha* type), *Mridu Virechana*, *Niruha* and *Anuvasana Basti*, *Uttara Basti*
IV. *Vata Anulomana* and *Avarana* removal	Restore course of *Apana Vayu*	*Basti*, *Hingu*, *Eranda Taila*, *Dashamula*
V. *Artavajanana*	Stimulate formation of *Artava*	*Tila*, *Kulattha*, *Shatapushpa*, *Krishna Jiraka*, *Rajahpravartini Vati*
VI. *Garbhaprada* / *Rasayana*	Nourish *Dhatu* and *Beeja*, support conception	*Phala Ghrita*, *Shatavari*, *Pippalyadi Yoga*, *Prajasthapana* drugs

Shodhana

Charaka advises that a woman wishing to conceive should first be prepared by *Snehana* and *Swedana* and then purified with *Vamana*, *Virechana*, *Asthapana* and *Anuvasana* according to the *Dosha*.[1]

- **Vamana:* suited to obese, Kapha-dominant women; by reducing the Saumya element it enhances the Agneya quality of Artava*.
- **Virechana:* clears Pitta and Ama; Kashyapa recommends it for Akarmanya Beeja, but only mild purgatives in women of Mridu Koshtha*.
- **Basti:* the foremost treatment for Vata; Niruha clears and Anuvasana nourishes. Yapana Basti* combines both and suits weak patients.
- **Uttara Basti:* medicated oil or Ghrita (e.g. Phala Ghrita, Shatavari Ghrita) instilled into the uterus after menstruation, acting locally on the Kshetra and Artavavaha Srotas*.
- **Nasya:* Kashyapa and later authors mention Nasya* in the context of conception; its suggested action on the hypothalamo-pituitary axis remains a hypothesis.

Shamana* — *important formulations

Table 8: Selected formulations for Abeejatva.

Formulation	Reference	Main indication
Shatapushpa–Shatavari Kalpa	*Kashyapa Samhita, Kalpasthana*	*Artava Nasha*; said to grant progeny even to a *Vandhya*
Pippalyadi Yoga (*Trikatu* + *Nagakeshara* with *Ghrita*)	*Bhaishajya Ratnavali, Yonivyapad Chikitsa*	*Vandhyatva* with *Kapha-Vata* and *Agnimandya*
Phala Ghrita	*Ashtanga Hridaya, Uttaratantra*; *Bhaishajya Ratnavali*	*Vandhyatva, Yonidosha, Shukradosha*
Kalyanaka Ghrita	*Charaka, Chikitsasthana*	*Vandhyatva* with mental factors
Shatavari Ghrita	*Charaka, Chikitsasthana*	*Vata-Pitta* type, *Rasa Kshaya*
Prajasthapana Mahakashaya	*Charaka, Sutrasthana* 4	Establishment and maintenance of conception

[Ch. Su. 4]

(*Aindri*, *Brahmi*, *Shatavirya* (white *Durva*), *Sahasravirya* (green *Durva*), *Amogha* (*Patala*), *Avyatha*, *Shiva* (*Haritaki*), *Arishta* (*Katuki*), *Vatyapushpi* (*Bala*) and *Vishvaksenakanta* (*Priyangu*) — these ten are *Prajasthapana*.)

Pathya and Apathya

Table 9: Pathya and Apathya in Abeejatva.

	***Pathya* (advisable)**	***Apathya* (to be avoided)**
Ahara	Old *Shali* rice, *Yava*, *Godhuma*, *Mudga*, *Kulattha*, *Tila*, moderate *Ghrita* and milk, warm freshly cooked food, seasonal fruits	*Guru*, *Abhishyandi*, excessively sweet, fried and processed food, *Viruddha Ahara*, irregular meals or fasting
Vihara	Regular sleep, daily walking, *Yogasana* (*Baddhakonasana*, *Bhujangasana*, *Supta Virasana*), *Pranayama*	*Divaswapna*, *Ratri Jagarana*, sedentary life, *Vegadharana*, excessive strenuous exercise
Manasika	Counselling, *Dhyana*, family support	*Chinta*, *Shoka*, *Krodha*, *Bhaya*

DISCUSSION

Correlation of the two systems

The *Garbha Sambhava Samagri* model places anovulation under *Beeja Dushti*, yet its roots usually lie in *Ambu Dushti* — the disturbance of nourishment and metabolism. This mirrors

the modern view that most anovulation is functional and metabolic rather than structural. The *Kapha-Meda-Avarana* picture, exemplified by *Pushpaghni* with obesity and facial hair, resembles WHO Group II anovulation (PCOS with insulin resistance). The *Vata-Rasa Kshaya* picture, with emaciation and anxiety, resembles hypothalamic anovulation of WHO Group I. *Beeja Dosha* conditions such as *Shandhi* parallel ovarian dysgenesis and insufficiency (Group III), which the classics rightly regard as difficult or incurable.

The role given to *Manasika* factors corresponds to the effect of stress on GnRH pulsatility, while the emphasis on the downward movement of *Apana Vayu* for the expulsion of *Artava* reflects the neuro-endocrine events leading to follicular rupture.

Probable mode of action

- ****Deepana–Pachana** drugs* *such as* Trikatu *correct* Agni *and clear* Ama. *Piperine from* Pippali *and* Maricha* is known to enhance the bioavailability of co-administered substances, and experimental studies suggest beneficial effects on glucose and lipid metabolism.
- ***Shatavari*** (*Asparagus racemosus*) is *Madhura*, *Shita* and *Rasayana*; its steroidal saponins (shatavarins) are reported to have phyto-oestrogenic and adaptogenic properties, supporting *Dhatu* nourishment in *Vata-Pitta* types.
- ***Shatapushpa*** is *Ushna*, *Tikshna* and *Artavajanana*; its *Agneya* nature counters *Kapha*-dominant *Sanga* and supports the *Agneya* quality of *Artava*.
- ****Ghrita**-based formulations* *act as lipid vehicles that carry active principles across membranes, pacify* Vata *and nourish the* Dhatu*; through* Uttara Basti* they act directly on the endometrium and tubes.
- ***Basti*** acts on *Pakvashaya*, the main seat of *Vata*, restoring *Apana Vayu*; it is regarded as the most important single measure in disorders of the female reproductive system.

Most supporting clinical studies so far are small and lack adequate controls. Future trials should confirm ovulation objectively with follicular monitoring and serum progesterone, and report pregnancy and live-birth rates.

CONCLUSION

Anovulation, described in Ayurveda as *Abeejatva*, *Nashtartava* or *Beejopaghata*, is a disorder of the *Beeja* that usually originates in disturbed *Agni*, *Rasa Dhatu* and *Apana Vayu*. Viewing it through the four factors of *Garbha Sambhava Samagri* provides a clear and practical

clinical framework. A stage-wise approach — *Nidana Parivarjana*, *Agni Deepana* and *Ama Pachana*, *Shodhana* with *Basti* and *Uttara Basti*, *Artavajanana* and *Garbhaprada* drugs, *Pathya* and mental well-being — addresses the root cause rather than the symptom alone. Integration of these principles with modern methods of confirming ovulation can make Ayurvedic management of anovulatory infertility both rational and verifiable.

REFERENCES

1. Shastri K, Chaturvedi G, editors. Charaka Samhita of Agnivesha with Vidyotini Hindi commentary. Varanasi: Chaukhambha Bharati Academy; reprint 2013. Sutrasthana 4; Chikitsasthana 2, 30; Sharirasthana 8.
2. Tewari PV. Ayurvediya Prasuti Tantra evam Stri Roga, Part 2 (Stri Roga). 2nd ed. Varanasi: Chaukhambha Orientalia; 2000. Chapter on Vandhyatva.
3. Zegers-Hochschild F, Adamson GD, Dyer S, Racowsky C, de Mouzon J, Sokol R, et al. The International Glossary on Infertility and Fertility Care, 2017. Fertil Steril., 2017; 108(3): 393-406.
4. World Health Organization. Infertility prevalence estimates, 1990–2021. Geneva: World Health Organization, 2023.
5. Konar H, editor. DC Dutta's Textbook of Gynecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers, 2016. Chapter: Infertility.
6. Teede HJ, Tay CT, Laven JJE, Dokras A, Moran LJ, Piltonen TT, et al. Recommendations from the 2023 International Evidence-based Guideline for the Assessment and Management of Polycystic Ovary Syndrome. Fertil Steril., 2023; 120(4): 767-793.
7. Taylor HS, Pal L, Seli E. Speroff's Clinical Gynecologic Endocrinology and Infertility. 9th ed. Philadelphia: Wolters Kluwer, 2019.
8. Shastri AD, editor. Sushruta Samhita with Ayurveda Tattva Sandipika Hindi commentary, Part 1. Varanasi: Chaukhambha Sanskrit Sansthan; reprint 2012. Sutrasthana 14; Sharirasthana 2, 3.
9. Acharya YT, editor. Sushruta Samhita with Nibandhasangraha commentary of Dalhana. Varanasi: Chaukhambha Orientalia; reprint, 2014.
10. Gupta A, editor. Ashtanga Hridaya of Vagbhata with Vidyotini Hindi commentary. Varanasi: Chaukhambha Prakashan; reprint 2012. Sharirasthana 1; Uttaratantra 34.
11. Tripathi HP, editor. Harita Samhita. Varanasi: Chaukhambha Krishnadas Academy; 2009. Tritiya Sthana.

12. Bhat Gayathri NV, Suru P. Critical review of Vandhyatwa w.s.r. anovulation – literary review. Int J Ayur Pharma Res., 2021; 9(7): 45-52.
13. Shastri AD, editor. Sushruta Samhita with Ayurveda Tattva Sandipika Hindi commentary, Part 2. Varanasi: Chaukhambha Sanskrit Sansthan; reprint 2012. Uttaratantra 1, 38.
14. Tewari PV, editor and translator. Kashyapa Samhita or Vriddhajivakiya Tantra. Varanasi: Chaukhambha Visvabharati; reprint 2008. Kalpasthana (Revati Kalpa; Shatapushpa-Shatavari Kalpa).
15. Shastri AD, editor. Bhaishajya Ratnavali of Govinda Dasa with Vidyotini Hindi commentary. Varanasi: Chaukhambha Prakashan; 2015. Yonivyapad Chikitsa Prakarana.
16. Bhat Gayathri NV, Suru P. Physicochemical analysis and drug standardization of Pippalyadi yoga. Pharma Innov J., 2021; 10(1): 06-08.
17. Alok S, Jain SK, Verma A, Kumar M, Mahor A, Sabharwal M. Plant profile, phytochemistry and pharmacology of Asparagus racemosus (Shatavari): a review. Asian Pac J Trop Dis., 2013; 3(3): 242-51.

Source of Support: Nil. **Conflict of Interest:** None declared.