

EFFECT OF GUDUCHI TAILA MATRA BASTI AND PIPPALYADI YOGA IN THE MANAGEMENT OF INFERTILITY W.S.R. TO ANOVULATION

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ABSTRACT

Infertility is defined as the inability to conceive within one or more years of regular unprotected coitus. Infertility is of two types i.e., Primary Infertility and Secondary Infertility. *Ritu*, *Kshetra*, *Ambu* and *Beeja* are the four essential factors for conception. Conception depends on the fertility potential of both the male and female partner. The male is directly responsible in about 30–40%, the female in about 40–55% and both are responsible in about 10% cases. The remaining 10% is unexplained.^[1] Now-a-days, various factors like late marriages, hectic jobs, smoking, obesity, alcohol and caffeine consumption, stress, exposure to environmental toxins, improper diet, sleep and lifestyle may directly or indirectly affect the fertility rate at the global level. WHO estimates reveal that about 1 in 6 people of reproductive age experience infertility in their lifetime.^[2] Ovulatory Dysfunction is an important subset in infertility among women, accounting for about 30-40% cases which includes Anovulation.^[3] *Tridoshas* have an impact over all the processes involved in ovulation. Among the three *Doshas*, *Vata* (*Apana vata*) *dosha* plays a

major role in the physiology and pathology of the reproductive tract.^[4] *Acharya Charak* has considered '*Basti Karma*' as the best line of treatment for *Vata dosha*. In this case study, an effort was made to study the effect of *Guduchi Taila Matra Basti* and *Pippalyadi Yoga* in the management of Infertility caused due to Anovulation.

KEYWORDS: Infertility, *Beeja*, Anovulation, *Vata dosha*, *Basti Karma*.

INTRODUCTION

Infertility is defined as the inability to conceive within one or more years of regular unprotected coitus. Primary Infertility denotes those patients who have never conceived. Secondary Infertility indicates previous pregnancy but failure to conceive subsequently.^[5] In *Ayurveda*, Infertility may be co-related with *Bandhyattva* or with *Bandhya Yonivyapad*. *Ritu*, *Kshetra*, *Ambu* and *Beeja* are the four essential factors for conception.^[6] Healthy ovum i.e., *Beeja* is very important for conception. Ovulatory dysfunction is an important subset in Infertility among women accounting for about 30-40% cases which includes Anovulation. Successful conception demands a sequential process i.e., timely ovulation, ovum pick up, sperm deposition, sperm motility, fertilization, transportation of embryo to the uterine cavity by healthy fallopian tube.

Acharya Charak mentioned *Basti* therapy as *Ardha Chikitsa* and it is the best line of treatment for vitiated *Vata dosha*. *Matra Basti* is a subtype of *Sneha Basti*. According to *Acharya Charak*, *Matra Basti* is "*Sukhopachaya*" which denotes anything that is simple to administer. *Matra Basti* is given through *Guda Marga* (Rectal route). It normalizes *Apana Vata* from the root along with other *Doshas* and in addition it gives nutrition to the body tissues.

Case Description

A Hindu female of 29 years, housewife, married for 6 years came to the OPD and IPD of Post Graduate Department of Prasuti Tantra Evam Stri Roga, State Ayurvedic College and Hospital, Lucknow. She had a history of one IUD at 7th month of pregnancy in 2023. After that she was actively trying to conceive around the last 2 years but couldn't conceive inspite of regular unprotected coitus. Semen Analysis of male partner was found to be within normal limit.

Menstrual history**Menarche** – 12 years**Duration of bleeding** – 3-4 days**Interval between two cycles** – 30-35 days**No of pads used/ day** – 2-3 pads/day**Pain during menses** – Absent**Clots** – Absent**Obstetric history** – P₁L₀**Contraceptive history** – Not using any Contraceptive method**Sexual history** – 3-4 times during fertile period**Allergy** – No drug or food allergy known.**Past history** – No H/o DM/ HTN/ Thyroid dysfunction or any other major medical and surgical history.**Husband history** – NAD**Family History** – NAD**General examination****Built** – Average**Nutritional Status** – Moderate**Pallor/ Icterus/ Cyanosis/ Clubbing/ Edema/ Lymphadenopathy** – Absent**Blood Pressure** – 120/76 mm hg**Pulse** – 74 bpm**Weight** – 49 kg**Height** – 4 Feet 9 Inches**BMI** – 23.4 kg/m²**Ashtavidha Pariksha**

Nadi	<i>Vata-Pittaj</i>
Mala	Irregular
Mutra	Normal, 4-5 times a day
Jihva	<i>Nirama</i>
Shabda	<i>Prakrit</i>
Sparsha	<i>Anushna sheeta</i>
Drika	<i>Prakrit</i>
Akriti	<i>Madhyam</i>

Dashavidha Pariksha

Prakriti	<i>Vata-Pittaj</i>
Vikriti	<i>Artava vaha srotas</i>
Sara	<i>Raktasara</i>
Samhanana	<i>Avar</i>
Satva	<i>Madhyam</i>
Satmya	<i>Madhyam</i>
Ahara Shakti	<i>Madhyam</i>
Vyayam Shakti	<i>Avar</i>
Vaya	<i>Yuvati</i>
Praman	<i>Sama</i>

Systemic Examination

CVS – S1 and S2 heard

CNS – Well oriented, conscious

RS – Normal Bronchovesicular Sounds heard

P/A – Soft, Non- tender

No Organomegaly

P/S – Cervix- Healthy

Mild white discharges, no foul smell

P/V – Uterus – AV, AF

Normal in size

Fornix tenderness – Absent

Lab Investigations

CBC – Hb- 12.6 g/dl

S.TSH – 2.14 uIU/ml

Urine Examination (Routine/ Microscopic) – WNL

USG (Follicular Study) – No dominant follicles in both ovaries.

Both ovaries are normal in size

Diagnosis – Secondary Infertility due to Anovulation

Treatment Protocol

Following treatment protocol was carried out for two consecutive menstrual cycles after clearance of menstrual cycle.

DRUGS

1. **Pippalyadi Yoga** – Acharya Chakrapani has indicated the *Pippalyadi Yoga* in the treatment of *Bandhya Yonivyapad*. It is a *Churna kalpana* which contains *Pippali*, *Maricha*, *Shunthi* and *Nagkesar* with *Goghrita* as *anupana*.

पिप्पल्यः शृङ्गबेरश्च मरिचं केशरन्तथा।

घृतेन सह पातव्यं बन्ध्याऽपि लभते सुतम् ॥ (चक्रदत्त 62/29)

2. **Guduchi Taila Matra Basti** – *Guduchi Taila* has been mentioned by Acharya Bhavmishra in *Vatarakta Chikitsa Adhyaya*. While describing *Guduchi Taila*, Acharya Bhavmishra mentions that it can be used in the form of *Pana*, *Abhyanga* and *Anuvasana Basti*. Moreover, he said that this *taila* is auspicious, provide progeny and eliminates vitiated *Vata* and *Pitta dosha*. The main content of this *taila* is *Guduchi*.

पचेज्जलद्रोणे गुडूच्याः पादशेषितम् । क्षीरद्रोणन्तु ताभ्यां च पचेतैलाढकं शनैः ॥132॥

कल्कैर्मधुकमञ्जिष्ठाजीवनीयगणोस्थितैः। कुष्ठलाऽगुमुदवीका मांसी व्याधनख नखी ॥133 ॥

हरेणुः श्रावणी व्योषं शताना शृङ्गिसारिवे । स्वक्पत्राग्रविक्रान्ताः स्थिरा तामलकी तथा ॥134॥

नतकैशरहीबेर पद्मकोत्पलचन्दनम् । सिद्ध कर्षसमैर्भौगैः पानाभ्यङ्गानुवासनैः ॥135॥

सेव्यं वातास्रजान्हन्ति स्रोतोधात्वन्तराश्रितान्। धन्यं पुंसवनं स्त्रीणा गर्भेदं वातपित्तन्तु ॥136॥

स्वेदकण्डूजाऽऽयामशिरः कम्पामयार्दितान्। हन्याद् ब्रणैकृतान्दोषान्गुडूचीतेलमुत्तमम् ॥137॥

(भा० प्र० चि० 29/132-137)

DRUG	<i>Pippalyadi Yoga</i>	<i>Guduchi Taila Matra Basti</i>
DOSE	4 gm	60 ml
ANUPANA	<i>Goghrita</i> (1 teaspoon full approx. 4 ml)	-
ROUTE OF ADMINISTRATION	Oral Route	Rectal Route
FREQUENCY	Twice daily (Morning and Evening) 10-15 minutes before meals (<i>Pippalyadi Yoga</i> was not given during the first three days of menstrual cycle)	Given for 7 days after clearance of menstrual cycle
DURATION	For two consecutive menstrual cycle	For two consecutive menstrual cycle

Pathya-Apathya- The patient was advised to change her dietetic habits, avoid junk food and do regular exercise. She was advised to eat homemade, less oily and spicy food.

OBSERVATION AND RESULT

DATE	BEFORE TREATMENT	AFTER TREATMENT
05/01/2025	Follicular Study: No dominant follicle in both ovaries.	
19/04/25		UPT- Positive
27/04/25		Ultrasound Scan: Single live intrauterine embryo/ fetus of 6 weeks 1 day is present.
22/09/2025		Ultrasound Scan: Single live intrauterine fetus with composite gestational age of 29 weeks 2 days.

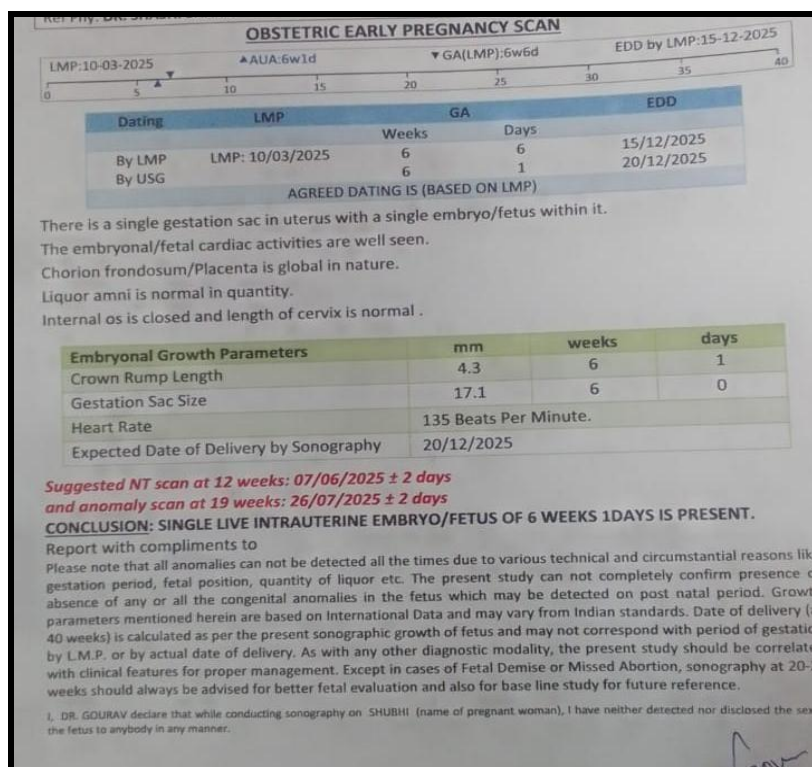
FOLLICULAR STUDY

- **Uterus** is normal in size, measures 61 x 31 mm and shows homogenous myometrial echotexture. No endometrial collection is seen. No myometrial mass lesion is seen.
- **Cervix** is normal in size (measures 27 x 22 mm) & echotexture.
- **Both ovaries** are normal in size and show multiple small peripherally arranged follicle with central echogenic stroma. Right ovary measures 22 x 21 x 26 mm vol. 6.7 cc. Left ovary measures 21 x 14 x 25 mm vol. 4.2 cc.
- No adnexal mass lesion is seen.

Follicular Chart

Day	Date	Right ovary	Left ovary	Endometrial thickness	Pouch of Douglas
7 th	26-12-24	All follicles measures 4-6mm	All follicles measures 3-5mm	4-6mm	Nil
9 th	28-12-2024	6 x 5 mm	8 x 7 mm	5 mm	Nil
11 th	30-12-2024	7 x 7 mm	8 x 7 mm	5.5 mm	Nil
13 th	1-1-2025	7 x 7.2 mm	8.0 x 8.7 mm	6.0 mm	Nil
15 th	3-1-2025	No dominant follicle is seen	No dominant follicle is seen	6.6 mm	Nil
17 th	5-1-2025	No dominant follicle is seen	No dominant follicle is seen	7 mm	Nil

Report of Ultrasonography (Follicular Study) of patient before treatment



Report of Ultrasonography scan of patient after treatment

DISCUSSION

Probable mode of action of *Guduchi Taila Matra Basti* and *Pippalyadi Yoga*

Guduchi Taila Matra Basti- The *Basti* drug travels to *Pakvashaya* initially (large intestine). *Pakvashaya* is the primary site of *Vata dosha*. As a result of its activity on the primary site, *Basti* gains control over *Vata dosha* throughout the body. Moreover, *Guduchi* has *tridosha shamak* property. Due to its *Snigdha guna* and *Ushna veerya* it helps in pacifying vitiated *Vata dosha*, due to its *Tikta* and *Kashaya rasa* it is helpful in pacifying vitiated *Pitta* and *Kapha doshas* which ultimately helps in normalizing the Menstrual cycle. *Basti* eradicates the morbid *Vata dosha* from the root along with other *Doshas*. The *Basti dravya* also helps in eradicating *Mala* and *Vata* from the *Pakvashaya* and has exerted the alleviating effect in the sites viz *nabhi*, *kati*, *parshava*, *kukshi* (lower abdomen and pelvic region).

Basti given through the rectal route enters into G.I. tract which is considered as Enteric Nervous System. The *Veerya* (potency) of the *Basti dravya* stimulates endogenous opioids which are usually present in G.I. tract. Endogenous opioids are a group of peptides, which play an important role in the ovarian cycle through the inhibitory effect on GnRH secretion. Other pituitary hormones are also modulated by opioids. β -endorphin has been the best

known opioid related to the reproductive system regulating a variety of pituitary hormones including Gonadotrophins. It has a role in the regulation of the normal Ovarian Cycle.^[7]

Pippalyadi Yoga- The contents of *Pippalyadi Yoga* have *Katu Rasa, Laghu, Snigdha, Tikshna Guna, Ushna Veerya, Madhura* and *Katu Vipaka*, due to these properties it is helpful in *Agni deepana, Ama pachana, Srotoshodhana* and *Vatanulomana* resulting in balancing *tridoshas* and ultimately there is normal functioning of Ovarian cycle. Moreover, *Goghrita (Anupana)* has *agnivardhak, rochaka, rasayana* and *vrishya* properties due to which it is helpful in balancing *tikshna guna* of *Pippalyadi Yoga*. It is also helpful in regulating *tridoshas*. Time of ingestion of medicine was before meals, which is the best time for the management of vitiated *Apana vata*, which is the prime causative factor behind Anovulation.

CONCLUSION

Here in this case study, the patient was suffering with Secondary Infertility. The diagnosis was confirmed with the Follicular Study. The main treatment protocol focussed on the management of Secondary Infertility w.s.r. to Anovulation which includes regulation of menstrual cycle which ultimately leads to proper growth, maturation and rupture of follicle. *Guduchi Taila Matra Basti* acts through a combination of local rectal absorption and systemic regulation of the autonomic nervous system. This results in pacification of *Apana Vata*, nourishment of deeper tissues and removal of blockages which ultimately leads to normal functioning of the Menstrual Cycle. Moreover, *Pippalyadi Yoga* because of its properties of *Agni Deepana, Ama Pachana* and *Vatanulomana* regulates and promotes follicle growth and its maturation.

The case study highlights the effectiveness of *Guduchi Taila Matra Basti* and oral administration of *Pippalyadi Yoga* in the successful treatment of Secondary Infertility related with Anovulation.

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