

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

***¹Dr. Shruti Yadav, ²Prof. Shashi Sharma, ³Dr. Jaya Srivastava**

***¹M.S. Final Year, Post Graduate Department of Prasuti Tantra Evam Stri Roga, State Ayurvedic College and Hospital, Lucknow.**

²Professor and H.O.D., Post Graduate Department of Prasuti Tantra Evam Stri Roga, State Ayurvedic College and Hospital, Lucknow.

³Lecturer, Post Graduate Department of Prasuti Tantra Evam Stri Roga, State Ayurvedic College and Hospital, Lucknow.

Article Received on 30 Dec. 2025,
Article Revised on 20 Jan. 2026,
Article Published on 01 Feb. 2026,

<https://doi.org/10.5281/zenodo.18437872>

***Corresponding Author**

Dr. Shruti Yadav

M.S. Final Year, Post Graduate Department of Prasuti Tantra Evam Stri Roga, State Ayurvedic College and Hospital, Lucknow.



How to cite this Article: ¹Dr. Shruti Yadav, ²Prof. Shashi Sharma, ³Dr. Jaya Srivastava (2026). Effect of guduchi taila matra basti and pippalyadi yoga in the management of infertility w.s.r. To anovulation. "World Journal of Pharmaceutical Research, 15(3), 1017-1025.

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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 *Beja* 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, *Beija*, 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 *Beija* are the four essential factors for conception.^[6] Healthy ovum i.e., *Beija* 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 Evar 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

<i>Prakriti</i>	<i>Vata-Pittaj</i>
<i>Vikriti</i>	<i>Artava vaha srotas</i>
<i>Sara</i>	<i>Raktasara</i>
<i>Samhanana</i>	<i>Avar</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Satmya</i>	<i>Madhyam</i>
<i>Ahara Shakti</i>	<i>Madhyam</i>
<i>Vyayam Shakti</i>	<i>Avar</i>
<i>Vaya</i>	<i>Yuvati</i>
<i>Praman</i>	<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 वन्ध्याऽपि 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 पचेत्तैलाढकं शनैः ॥132॥

कल्कैर्मधुकमस्त्रिष्ठाजीवनीयगणोस्थितैः । कुष्ठलाऽग्रुमुदवीका मांसी व्याधनख नखी ॥133॥

हरेणुः श्रावणी व्योषं शताना शृङ्गिंगसारिवे । स्वक्षपत्राग्रविक्रान्ताः स्थिरा तामलकी तथा ॥134॥

नतकैशरहीबेर पद्मकोत्पलचन्दनम् । सिद्धं कर्षसमैभौगैः पानाभ्यङ्गानुवासनैः ॥135॥

सेव्यं वाताख्यजान्हन्ति स्रोतोधात्वन्तराश्रितान् । धन्यं पुंसवनं स्त्रीणा गर्भेदं वातपित्तन्त् ॥136॥

स्वेदकण्डूरुजाऽस्यामशिरः कम्पामयार्दितान् । हन्याद् व्रणैकृतान्दोषानुडूचीतेलमुत्तमम् ॥137॥

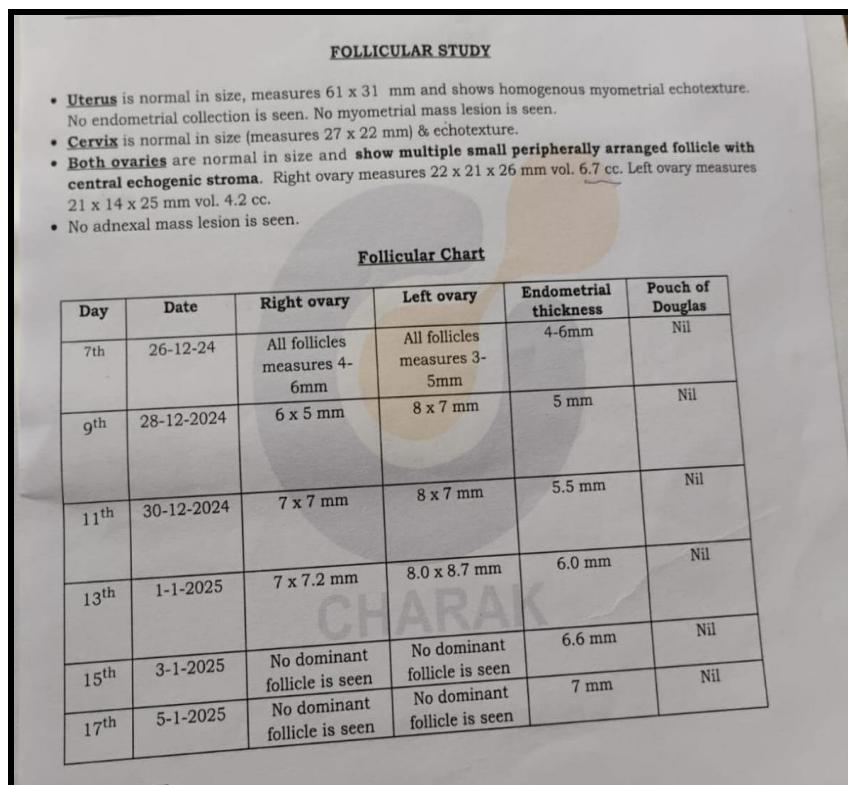
(भा० प्र० चि० 29/132-137)

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.

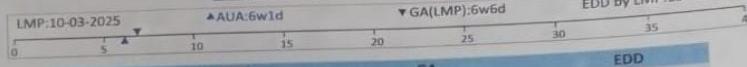
OBSERVATION AND RESULT

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.



Report of Ultrasonography (Follicular Study) of patient before treatment

OBSTETRIC EARLY PREGNANCY SCAN

LMP:10-03-2025	▲ AUA:6w1d	▼ GA(LMP):6w6d	EDD by LMP:15-12-2025
			
Dating	LMP	Weeks	Days
By LMP	LMP: 10/03/2025	6	6
By USG		6	1
AGREED DATING IS (BASED ON LMP)			
There is a single gestation sac in uterus with a single embryo/fetus within it. The embryonal/fetal cardiac activities are well seen. Chorion frondosum/Placenta is global in nature. Liquor amni is normal in quantity. Internal os is closed and length of cervix is normal.			
Embryonal Growth Parameters		mm	weeks
Crown Rump Length		4.3	6
Gestation Sac Size		17.1	6
Heart Rate		135 Beats Per Minute.	
Expected Date of Delivery by Sonography		20/12/2025	
<i>Suggested NT scan at 12 weeks: 07/06/2025 ± 2 days and anomaly scan at 19 weeks: 26/07/2025 ± 2 days</i>			
CONCLUSION: SINGLE LIVE INTRAUTERINE EMBRYO/FETUS OF 6 WEEKS 1DAYS IS PRESENT.			
Report with compliments to Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post-natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.			
I, DR. GOURAV declare that while conducting sonography on SHUBHIL (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.			

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 it's *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 *Apama 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 *Apama 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.

Source of Support: Nil.

Conflict of Interest: None declared.

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