



Case Series

CLINICAL EVALUATION OF NASYA KARMA IN ANOVULATORY INFERTILITY

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ABSTRACT

Ovulatory disorders account for 18–25% of infertility cases, with PCOS being the most common cause. *Beeja Dushti*, described by Acharya Sushruta as a key factor in *Garbha Sambhava Samagri*, emphasizes the importance of normal ovum development and function. *Nasya Karma*, a *Panchakarma* therapy plays major role in this. **Case Presentation:** This case series includes five female patients aged between 20 to 35 years, presenting with infertility of 1-5 years duration. Diagnosed patients of anovulation were taken. After informed consent, *Nasya Karma* with *Kshirbala (101 Avarthi) Taila* was administered for 14 days as per classical guidelines. **Results:** Post-treatment evaluation revealed improvement in follicular development and ovulatory patterns in 4 patients. Regularization of menstrual cycles was observed in 5 patients. **Conclusion:** The present case series suggests that *Nasya Karma* is a safe and potentially effective therapeutic modality in the management of anovulatory infertility. However, larger clinical trials are required to validate these findings and establish standard treatment protocols.

INTRODUCTION

Infertility is defined as the failure to conceive after more than one year of regular, unprotected sexual intercourse.^[1] Ovulatory dysfunction constitutes the most common cause of female infertility. According to the World Health Organization (WHO), ovulatory disorders are classified into three groups, among which Group II- normogonadotropic normogonadism- accounts for nearly 80% of cases. The most prevalent condition under this group is Polycystic Ovarian Syndrome (PCOS).^[2] Anovulation refers to the failure of release of an oocyte from a mature Graafian follicle^[3]. Disturbances in the hypothalamic-pituitary-ovarian (HPO) axis are considered a major etiological factor in anovulatory cycles; hence, their effective management is crucial in infertility treatment.

According to Ayurveda, the successful occurrence of *Garbha* depends upon the proper functioning of four essential factors- *Ritu*, *Kshetra*, *Ambu*, and *Beeja*^[4]. Among these, *Beeja* plays a vital role in conception and is closely related to ovulatory function. *Nasya Karma*, being a prime therapy for disorders involving the HPO axis, may stimulate both follicular proliferation and rupture through its systemic and neuroendocrine effects, thereby offering a promising approach in the management of anovulatory infertility.

Patient Information

Case 1- A 28-year-old married woman presented to Shri Dhanwantry Ayurvedic Hospital with the complaint of primary infertility, being anxious to conceive since one year despite having regular unprotected coitus during one year of active married life. Her menstrual history revealed irregular cycles occurring at intervals of 40–50 days, lasting for 3 days with light flow, without clots or dysmenorrhoea. Her last menstrual period was on 11/8/25. She was married at the age of 27 years and her obstetric history was nil. There was no history of contraceptive use. She also complained of progressive weight gain. Her height was 157cm and weight 67kg, with a BMI of

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27.1kg/m². *Prakriti* assessment revealed *Kapha-pitta* dominance, *Bala* was *Madhyama*, and *Agni* was *Mandagni*. She had a no history of hypertension/ diabetes/ thyroid disorders. On general and systemic examination, no abnormalities were detected. Abdominal examination was within normal limits. Per-speculum examination showed a healthy cervix with no abnormal vaginal discharge, and per-vaginal examination revealed a normal-sized, anteverted uterus with no cervical motion tenderness.

Case 2 - A 22-year-old married woman presented to Shri Dhanwantry Hospital with the complaint of primary infertility, having failed to conceive for two years despite regular unprotected coitus. She had been married for three years, with the age of marriage being 20 years. There was a history of contraceptive use for one year. Her menstrual history revealed irregular cycles for the past two years. The last menstrual period was on 26/07/2025. Cycles occurred at intervals of 38–40 days, lasting for 4–5 days with normal flow, associated with passage of clots, and without dysmenorrhoea. She also complained of weight gain and hair fall. Her obstetric history was nil. She weighed 64 kg and measured 157 cm in height, with a BMI of 25.9 kg/m². *Prakriti* assessment revealed *Kapha-vata* dominance, *Bala* was *Madhyama*, and *Agni* was *Mandagni*. General and systemic examinations were within normal limits. Abdominal examination revealed no abnormalities. Per-speculum examination showed a healthy cervix with no abnormal vaginal discharge, and per-vaginal examination revealed a normal-sized, anteverted uterus with no cervical motion tenderness.

Case 3 - A 32-year-old married woman presented with the complaint of inability to conceive for one year despite regular unprotected coitus. She had been married for eight years. Her menstrual history revealed irregular cycles occurring at intervals of 30–38 days, lasting for 4–5 days with normal flow (approximately two fully soaked pads per day), without passage of clots, and associated with mild dysmenorrhoea. Her last menstrual period was on 16/08/2025. Her obstetric history was G5P3L3A2, with previous uneventful full-term normal vaginal deliveries. She had undergone ovulation induction in the past but failed to conceive. She was a known case of hypothyroidism and was on regular medication. Her weight was 52.9kg and height 160cm, with a BMI of 20.6kg/m². *Prakriti* assessment revealed *Vata-Pitta* dominance, *Bala* was *Madhyama*, and *Agni* was *Mandagni*. General and systemic examinations were within normal limits. Abdominal examination revealed

no abnormalities. Per-speculum examination showed a healthy cervix with no abnormal vaginal discharge, and per-vaginal examination revealed a normal-sized, anteverted uterus with no cervical motion tenderness.

Case 4 - A 34-year-old married woman presented with the complaint of inability to conceive for the past 1.5 years despite regular unprotected coitus during five years of married life. She also reported associated symptoms of light menstruation, facial hair growth, and progressive weight gain. Her menstrual history revealed irregular cycles occurring at intervals of 35–60 days, lasting for 3–4 days with light flow, without passage of clots, and associated with mild dysmenorrhoea. Her last menstrual period was on 30/06/2025. Her obstetric history was G1P1L1A0, with a previous lower segment caesarean section performed in view of fetal distress. There was no history of abortion. She weighed 56kg and measured 154cm in height, with a calculated BMI of 23.6kg/m². *Prakriti* assessment revealed *Kapha-Vata* dominance. *Bala* was *Madhyama* and *Agni* was *Mandagni*. She had no past history of medical or systemic illness. Family history was significant for diabetes mellitus in her mother. General and systemic examinations were within normal limits. Abdominal examination did not reveal any abnormalities. Per-speculum examination showed a healthy cervix with no abnormal vaginal discharge, and per-vaginal examination revealed a normal-sized, anteverted uterus with no cervical motion tenderness.

Case 5 - A 30-year-old married female presented with the chief complaint of inability to conceive for the past 1.5 years despite regular marital life of three years. She had a past history of contraceptive use and was a known case of polycystic ovarian disease (PCOD). Her menstrual history revealed that the last menstrual period (LMP) was on 18/8/25, with cycles occurring at intervals of 30–40 days and a duration of bleeding lasting 7–8 days. The menstrual flow was normal without passage of clots, and she experienced moderate pain during menstruation. Her obstetric history was nil (nulligravida). Assessment of *Prakriti* revealed *Vata-Kapha* dominance. *Bala* was *Madhyama* and *Agni* was *Mandagni*. There was no history of any associated medical or systemic illness. No relevant family history was elicited. On general and systemic examination, no abnormalities were detected. Abdominal examination revealed no abnormalities. Per-speculum examination showed a healthy cervix with no abnormal vaginal discharge. Per-vaginal examination revealed a normal-sized retroverted uterus with no cervical motion tenderness.

Table 1: Patient Information

Parameters	Case 1	Case 2	Case 3	Case 4	Case 5
Menstrual cycle interval	40-50	38-40	30-38	35-60	30-40
Duration	3 days	4-5 days	4-5 days	3-4 days	7-8 days
Flow	Light	Normal	Normal	Light	Normal
Married life	1	3	8	5	3
Obstetrical history	Nil	Nil	G5P3L3A2,	G1P1L1A0	Nil
BMI	27.1	25.9 kg/m ²	20.6 kg/m ²	23.6	25.2
Prakriti	Kapha- pitta	Kapha- vata	Vata-pitta	Kapha-vata	Vata- kapha
P/S, P/V examination	Normal	Normal	Normal	Normal	Normal

Diagnostic Assessment: Patients presenting with inability to conceive due to suspected anovulation were clinically evaluated, and the diagnosis was confirmed with the help of ultrasonography (TVS) follicular study or by estimating serum progesterone levels one week prior to the expected date of menstruation. After confirmation, patients with anovulatory cycles were included in this case series. Associated gynaecological symptoms such as menstrual irregularities, amount and duration of menstrual blood loss, weight gain, and hair fall were documented. Laboratory investigations including complete blood count (CBC) with erythrocyte sedimentation rate (ESR), thyroid-stimulating hormone (TSH), and serum prolactin levels were carried out. The purpose and expected effects of the medication were explained to the patients, and the procedure was detailed to those willing to undergo treatment. Patient outcomes were subsequently analysed.

Therapeutic intervention: *Nasya* with *Kshirbala taila* (101 Avarthi)^[5] was given for 3 consecutive cycles.

Table 2: Therapeutic Intervention

Drug	<i>Kshirbala taila</i> (101 Avarthi) <i>Nasya</i>
Ingredients	<i>Tailam, Bala mulam, Kshiram</i>
Dose	Total 14 days: 8 drops in each nostril for 7 days after cessation of menses – 3 days break and again for 7 days
Duration	3 (cycles) months (except during menstruation)
Route	Nasal

Follow up & outcomes- The patients were followed up on a monthly basis, and the outcomes were recorded accordingly. Case no.1 after 3rd month of treatment patient missed her period and pregnancy test was positive. In Ultrasonography (TVS) on 13 December 2025 period of gestation shows 6 weeks 5 days. Case 2 and Case 3 Improvement in menstrual regularity was noted after completion of three months of treatment. Case 4. After three months of treatment, regularization of menstrual cycles along with improvement in menstrual flow was observed. Case 5 At the end of the third month of treatment, the patient reported a missed menstrual period, and pregnancy was confirmed by a positive urine pregnancy test. Ultrasonography shows early intrauterine pregnancy of unconfirmed viability with mean gestation age approximately 5 weeks 4 days.

Table no 3 Shows follow ups and outcome

	Before treatment	During treatment		After treatment
Case no.	1 st cycle	2 nd cycle	3 rd cycle	Follow up
Case 1	LMP- 11/8/25 Menstrual cycle irregular (40-50 days) Light flow during menses and lasts for 3 days	LMP- 25/9/25 Menstrual cycle irregular (40-50 days). Light flow during menses and lasts for 3 days.	LMP- 23/10/25 Menstrual cycle regular (30 days) Menstrual flow is improved and lasts for 5 days. Follicular study shows – ovulation	Conceived

Case 2	LMP- 26/7/25 Menstrual cycle irregular (38- 40 days)	LMP- 28/8/25 Menstrual cycle irregular (30-32 days)	LMP- 29/9/25 Menstrual cycle regular (30 days) Menstrual cycle regular (28-30 days). Serum progesterone and follicular study shows ovulation	LMP- 30/10 Menstrual cycle regular (30 days)
Case 3	LMP- 16/8/25 Menstrual cycle irregular (30-38 days)	LMP- 18/9/25 Menstrual cycle irregular (36 days)	LMP- 21/10/25 Menstrual cycle irregular (35 days) Follicular study- Both ovary shows ruptured follicle-ovulation	Menstrual cycle regular (30 days)
Case 4	LMP- 30/6/25 Menstrual cycle irregular (35-60 days)	LMP- 31/7/25 Menstrual cycle regular (30 days)	LMP- 27/8/25 Menstrual cycle regular (30 days) Menstrual Flow was normal USG shows normal study, no evidence of PCOD S. Progesterone shows no ovulation	LMP- 1/9/25 Menstrual cycle regular (34 days) Menstrual Flow was normal
Case 5	LMP- 18/8/25 Menstrual cycle irregular (30-40 days)	LMP- 27/9/25 Menstrual cycle irregular (39 days)	LMP- 30/10/25 Menstrual cycle regular (30 days)	conceived

DISCUSSION

Anovulation is one of the leading causes of female infertility, commonly associated with hormonal imbalance, disturbed hypothalamo-pituitary-ovarian (HPO) axis function, and lifestyle-related factors. From an Ayurvedic perspective, anovulation can be correlated with *Beeja Dushti*, *Artava Dushti*, and *Vata-Kapha* predominance, leading to impaired follicular maturation and ovulation. Hence, therapeutic interventions that act at the level of the central regulatory mechanism and normalize *Doshic* imbalance are essential. *Nasya Karma* is described as a prime therapy for disorders originating above the clavicle (*Urdhva Jatru*), and classical texts emphasize its influence on *Sira*, *Indriya*, and *Manas*, thereby indirectly regulating endocrine and neurohormonal functions. Administration of *Kshirbala Taila (101 Avarti)* through *Nasya* is particularly indicated in *Vāta*-dominant conditions due to its *Vatshamaka*, *Brahma*, *Balya*, and *Rasayana* properties. In the present case series, patients were followed up monthly, and outcomes demonstrated significant improvement. In Case 1 and Case 5, conception occurred after three months of treatment, confirmed by a positive urine pregnancy test, with ultrasonographic evidence of early intrauterine pregnancy in one case. In Cases 2, 3, and 4, marked improvement in menstrual regularity and menstrual flow was observed, indicating restoration of normal ovarian cycle and endometrial

response. These findings suggest a positive role of *Nasya Karma* in regulating ovulatory function.

The probable mode of action of *Kshirbala Taila (101 Avarti)* *Nasya* can be understood through both Ayurvedic and modern perspectives. *Nasya* facilitates drug absorption through *Nasa marga*, reaching *Sringhataka marma*, influencing the central nervous system, and normalizing *Prana vata*, which governs hormonal regulation and reproductive function. *Bala (Sida cordifolia)* is known for its *Vata-hara* and *Balya* effects, while *Kshira* provides nourishment and stabilizes hormonal fluctuations. Repeated processing (*101 Avarti*) enhances the potency and penetrative capacity of the formulation.

From a modern viewpoint, intranasal drug administration is known to influence the hypothalamic-pituitary axis, potentially improving gonadotropin release and ovarian responsiveness. Regularization of menstrual cycles, improvement in flow, and achievement of pregnancy observed in this case series indicate normalization of ovulatory mechanisms and endometrial receptivity. Overall, the outcomes of this case series suggest that *Kshirbala Taila (101 Avarti)* *Nasya* is a safe and effective therapeutic modality in the management of anovulatory infertility.

CONCLUSION

Anovulation is a major contributing factor to female infertility, often resulting from disturbances in the hypothalamic-pituitary-ovarian axis. *Nasya Karma*, being a prime therapeutic modality acting through the *Nasa-Shiras* pathway, plays a significant role in regulating neuroendocrine functions. By pacifying vitiated *Vata dosha*, *Nasya* helps in restoring the normal process of follicular development and ovulation. The observed improvement in ovulatory patterns following *Nasya* therapy suggests its potential efficacy in managing anovulatory infertility. Thus, *Nasya Karma* emerges as a safe, non-invasive, and effective Ayurvedic intervention for anovulation.

Informed consent: Written informed consent was obtained from all the five participants before administering *Nasya* procedure and data collection.

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