



Research Article

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF *SHIVLINGI BEEJ CHURANA* AND *NARAYANA TAILA UTTAR BASTI* IN *VANDHYATVA* W.S.R TO ANOVULATION

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Article info

Article History:

Received: 13-06-2026

Accepted: 17-07-2026

Published: 10-09-2026

KEYWORDS:

Vandhyatva,
Anovulation,
Uttarabasti.

ABSTRACT

Late marriages and delayed conception are the trend most of couples following these days. Along with these enormous stresses of day-to-day life and Insufficient consumption of organic food, daily exercise and faulty lifestyle habits has become a major concern among individuals of reproductive age leading to infertility. Ayurveda says *Mithya Ahara Vihara*, vitiated *Artava* (ovum, menstrual blood), vitiated *Beejadoshas* (ovum, sperms), *Daivaach* (unexplained) are the main causes of *Yonivyapada* and untimely correction of these factors leads to *Vandhyatva*. **AIMS & OBJECTIVES:** A clinical study to evaluate the efficacy of *Shivlingi Beej Churana* and *Narayan Taila Uttar Basti* in *Vandhyatva* w.s.r. to anovulation. **MATERIALS AND METHODS:** With ethical committee approval and informed consent clinical trial was conducted on 35 patients of primary and secondary infertility due to anovulation (*Anartava*) diagnosed on the basis of follicular study. Patients were divided into two groups. Group 1 patients were treated with *Dashmoola Trivrit Aasthapan Basti* followed by *Narayana Taila Uttar Basti* after the clearance of her menses for three consecutive cycles. Oral medicine *Shivlingi Beej Churana* was continued throughout the treatment. Group 2 patients were treated with standard drug letrozole 2.5mg started on 3rd day of menses for 5 days for three consecutive cycles. **RESULTS:** Successful conception was achieved in six patients after three months of treatment in group 1 and four patients conceived in group 2 after completion of trial. Anovulatory factor is an important subset in infertility in present study. Ovulation is under the control of *Vata* especially *Apana Vata* which can be regulated by *Basti*. So, in this study ovulation induction was probably regulated by *Basti* (*Aasthapan* and *Uttar*) and oral drug in combination. Present study will explain how to understand and manage *Vandhyatva*.

INTRODUCTION

Infertility is defined as the Inability to conceive within one or more years of regular unprotected coitus^[1]. Primary infertility denotes those patients who have never conceived. Secondary infertility indicated previous pregnancy but failure to conceive subsequently^[2]. About 80% of the couples achieve conception if they so desire, within one year of having regular intercourse with adequate frequency (4-5 times a week). Another 10% will achieve the objective

by the end of second year. As such, 10% remain infertile by the end of second year^[3]. Attributable causes like (1) male factor (2) cervical (3) uterine (4) tubal (5) ovarian or (7) immunologic factors can be considered in the etiopathology of infertility^[4]. In this study we took infertility in relation to anovulation. The incidence of anovulation in cases of infertility is 12%. The adult ovary goes through a cycle of activity which occupies approximately 28 days. ovulation does not necessarily take place in every menstrual cycle, but it is generally accepted that in a woman with regular menstruation, the cycles are ovulatory. If the menstrual cycles are regular the possibility of anovulation is said to be 1 in 1000 (Vorys et al, 1975). However, each woman tends to have her own menstrual rhythm. The menstrual cycle commences on the first day of menstruation and has 2 phases. First

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<https://doi.org/10.47070/ayushdhara.v13i4.2920>

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phase is called as follicular phase. During this period endometrial proliferation occurs and is the direct result of oestrogen influence. (2) The formation, function and degeneration of the corpus luteum which occurs in other half of the cycle comprises the luteal phase. Manifestation of luteal phase like secretory activity and decidual reaction of the endometrium are brought about by the progesterone acting in the presence of oestrogen. The two phases are separated by ovulation which makes the change over from the proliferative to the secretory phase in the endometrium. The duration of the luteal phase is more constant than that of the follicular phase. Ovulation is the process by which an ovum in the form of secondary oocyte is discharged from the ovary to become a gamete. In adolescent girls and in women preceding menopause most of the cycles are anovulatory. Ovulation precedes the establishment of menstruation and sometimes occurs after the cessation of menstrual period. Conception depends on the fertility potential of both the male and female partners. Infertility as such is either related to male partner or the female partner or both the partners may be equally involved. The contribution of both of them is as: Male in 30-40%, female in 40-55%, both in 10% and unexplained in 10% of the cases^[5]. Ovulation can be detected by different parameters such as changes in cervical mucus, properties and its constituent, basal body temperature, vaginal cytology, endometrial biopsy, essay of serum progesterone and other hormonal measurements. Basal body temperature charting^[6] and cervical mucus requires careful monitoring of the patients over a long period of time. Recently ultrasonography is most commonly used method for detecting anovulation.

AIMS AND OBJECTIVES

A clinical study to evaluate the efficacy of *Shivlingi Beej Churana* and *Narayan Taila Uttar Basti* in *Vandhyatva* w.s.r. to anovulation.

MATERIALS AND METHODS

With Ethical Committee approval and informed consent clinical trial was conducted on 35 patients of primary and secondary infertility due to anovulation (*Anartava*) diagnosed on the basis of follicular study. Patients were divided into two groups. Group 1 patients were treated with *Dashmoola Trivrit Aasthapan Basti* followed by *Narayana Taila Uttar Basti* after the clearance of her menses for three consecutive cycles. Oral medicine *Shivlingi Beej Churana* was continued throughout the treatment. Group 2 patients were treated with standard drug letrozole 2.5mg started on 3rd day of menses for 5 days for three consecutive cycle.

Plan of Study

To fulfil the above objective, the research work was planned as follows:

Review of literature

The literature available pertaining to *Vandhyatva* in classics and infertility in modern text was scrutinized.

Clinical study

Clinical study was done in patients under direct supervision, taking account of inclusion and exclusion criteria.

Type of clinical study: Open and controlled study

MATERIAL AND METHOD

Patients were the material for present clinical trial. patients were selected through random method.

Selection of patients

The study was completed by 30 clinically diagnosed and confirmed patients of infertility at PG Department of Prasuti Tantra Evum Stree Roga of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Kangra, Himachal Pradesh, and Kanwar's Multi-speciality Hospital, Una, (Himachal Pradesh, after taking detailed history with general physical examination of patients irrespective of caste and religion. Patients were selected with consent and were examined thoroughly as per the case sheet specially prepared for this clinical study

Protocol of Research

1. Consent of patient was taken after making her aware of merits/demerits of trial with duration of the proposed trial.
2. Prior to the initiation of trial ethical clearance was obtained from the Institutional Ethical Committee (IEC) of R.G.G.P.G. Ayurvedic College Paprola, vide IEC No. Ayu/IEC/2021/1282.
3. The research work was registered under CTRI vide main ID: CTRI/2022/09/045234
4. Fulfilment of inclusion criteria.
5. Registration of the patients.
6. Investigations mentioned was advised to her before presenting Ayurvedic formulations.
7. Follow up of patients was scheduled during every cycle upto completion of trial and after two months of drug free trial for assessment and clinical evaluation.
8. Data so available and deducted clinically was statistically analysed.

Informed Consent

A comprehensive explanation was provided to the patients regarding the objectives of the study, the planned procedures, as well as the potential risks and benefits associated with it. This information was conveyed in a clear manner, utilizing Layman's terms

and respecting the patient's language preferences. Subsequently, written consent was obtained from each patient prior to commencing to procedure.

Inclusion Criteria

Patient ready for the trial after written consent, patient of age group 20-35 years, sperm analysis of male counterpart was normal in all aspects, fallopian tubes were patent, history of infertility for more than 1 year, all cases of primary and secondary infertility.

Exclusion Criteria

Female less than 20 yrs and more than 35 yrs of age, infertility due to abnormality in male partner, bilateral tubal blockage, reproductive tract abnormalities like cervical stenosis, cervical polyps, fibroid uterus etc., congenital anatomical deformities such as bicornuate uterus etc, patients suffering from diseases such as diabetes mellitus, tuberculosis, renal disorder, cardiac disorder, bronchial asthma as per history or laboratory investigations.

Discontinuation Criteria

Patients who voluntarily terminated the treatment regimen for any reason, follow-ups that were not completed by patients, if worsening of symptoms and drug reactions occur.

Grouping of the Patients

35 patients were registered and randomly divided into two groups: group I of 17 and Group II of 18 patients. Demographic data of 35 patients were presented but 5 patients dropped out during clinical trial and 30 patients completed the clinical trial i.e., 15 patients in each group.

Group I: 15 patients of this group were managed with oral drug *Shivlingi Beej Churana* (orally) and *Dashmoola Trivrita Aasthapana Basti* followed by *Narayana Taila Uttar Basti*

Drug Dosage

- *Shivlingi Beej Churana*: 2gm bd with milk
- *Dashmoola Trivrita Aasthapana Basti*: 12 *Prasruta* (960ml) for 3 consecutive days after the clearance of period.
- *Narayana Taila Uttar Basti*: 3-5ml for 3 consecutive days after 3 days of *Dashmoola Trivrita Aasthapana Basti*

Group II: 15 patients of this group were managed with tablet letrozole.

Drug dosage: 2.5mg to be started on 3rd day of cycle for 5 consecutive days.

Protocol Before Treatment

History

Detailed history of the patients was taken which include present, past, systemic, personal, family, obstetric, menstrual and contraceptive history.

Examination

General physical examination and pelvic examination to rule out any pathology was done.

Criteria of Assessment

- Subjective criteria
- Objective criteria
- Investigations before treatment
- Investigations after treatment

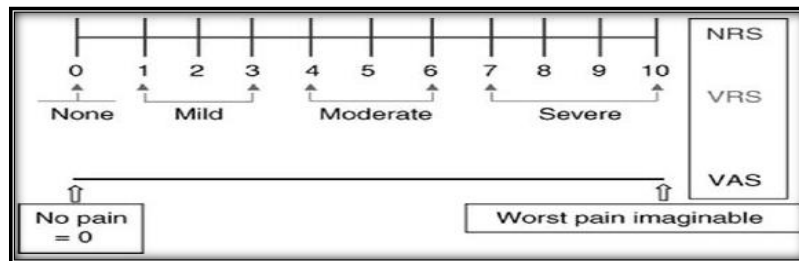
Subjective Criteria

Interval of menstrual cycle	21 – 35 days	0
	36 – 45 days	1
	46 – 60 days	2
	> 60 days <20 days	3
Duration of menstruation	3-5days	0
	1-2 days	1
	6 – 7 days	2
	>7 days	3
Amount of blood loss during menses	Normal (2-3 pads/day)	0
	Scanty (spotting to 1 pad/day)	1
	Moderate (4-5 pads/day)	2
	Excessive (more than 5 pads/day)	3
Pain during menses	No pain (0)	0
	Mild (1-3)	1
	Moderate (4-6)	2
	Severe (7-10)	3

Pain during coitus (Dyspareunia)	No pain	0
	Superficial penetration	1
	Deep penetration	2
	Patient tries to avoid marital relation due to pain during coitus.	3

Visual Analogue Scale

VAS is usually a horizontal line. The patient marks on the line point that she feels represents her perception of current status of pain. An imaginary line of 10cm was marked to indicate intensity of pain to assess the pain in the patient



Assessment of criteria of pain was done using VAS scale.

Objective Criteria

Spinnbarkeit test on midcycle	10cm	0
	5-9cm	1
	1-4cm	2
	<1cm	3
Fern test on 22 nd day	Ferning pattern- Present	0
	Ferning pattern- Absent	1
Spinnbarkeit on 21-23 rd day	<1cm	0
	5-9cm	1
	1-4cm	2
	10cm	3
Sr. Progesterone (day 2)	<1ng/ml	
Sr. Progesterone (day 21)	>6ng/ml	
Assessment of follicular study on USG (9 th day of the cycle onwards).	Ovulated	0
	20 mm and unruptured	1
	12 – 20 mm	2
	< 12 mm/no dominant follicle	3
Assessment of endometrial thickness	>8 mm	0
	6 – 7.9 mm	1
	4 – 5.9 mm	2
	<4 mm	3

Serum progesterone values <6ng/ml at day 21 indicates anovulation. Individual Score was given for particular symptom and their assessment was done before and after treatment.

Investigations at the Time of Registration

Haematological investigations

- ABO Blood grouping
- BT, CT
- Complete blood count (CBC)
- Erythrocyte Sedimentation Rate (ESR)
- FBS

Serological investigations

- ICTC
- Venereal disease research laboratory (VDRL)
- Hepatitis B Surface Antigen (HBsAg)

Hormonal Assay

- Serum progesterone (day 2 and day 21 of cycle)
- Serum FSH (day 2 of cycle)
- Serum LH (day 13 of cycle)
- Serum TSH
- Serum prolactin

Mantoux test

Endometrial Biopsy (day 2 of cycle)

- CBNAAT
- HPE

Ultrasonography (day 9 of cycle onwards)

- Follicular study
- Endometrial thickness

Cervical Mucus test

- Spinnbarkeit test (mid-cycle)
- Fern test (day 22)
- Spinnbarkeit test (day 21-23)

Special test for male infertility

- Semen analysis of male partner to rule out any abnormality.

- USG: Follicular study (9th day of the cycle onwards until ovulation of dominant follicle).
- Serum progesterone (day 21 of cycle)
- Cervical mucous testing: Spinnbarkeit test (day 21-23), Fern test (day 22).
- Urine pregnancy detection test if amenorrhoea

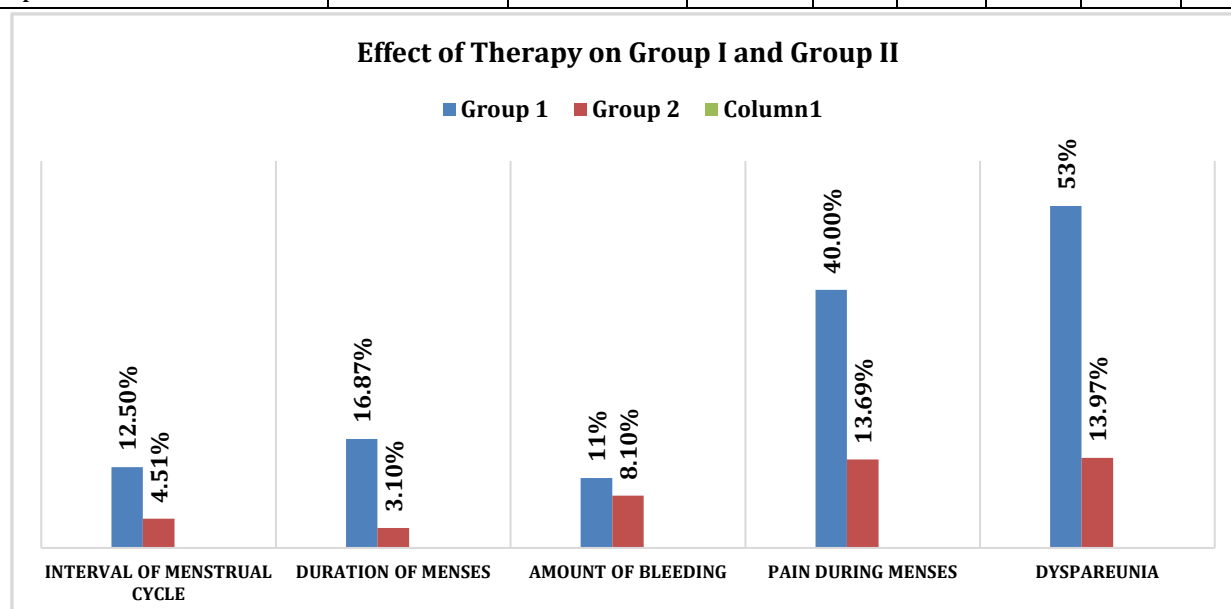
Statistical Analysis

Data was collected and recorded in detail in the clinical proforma. The obtained data was analysed statistically and expressed in the terms of mean score before treatment (BT), after treatment (AT), difference of mean (% change), standard deviation (SD) and standard error (SE). Overall percentage improvement of each patient was calculated. Data was arranged in MS Excel. Student's unpaired 't' test was used to compare difference in mean values between the two groups. Paired 't'-test has been used for within group analysis. The results were considered significant or insignificant depending upon the value of p.

- Highly significant $p < 0.001$
- Significant $p < 0.05$
- Insignificant $p > 0.05$

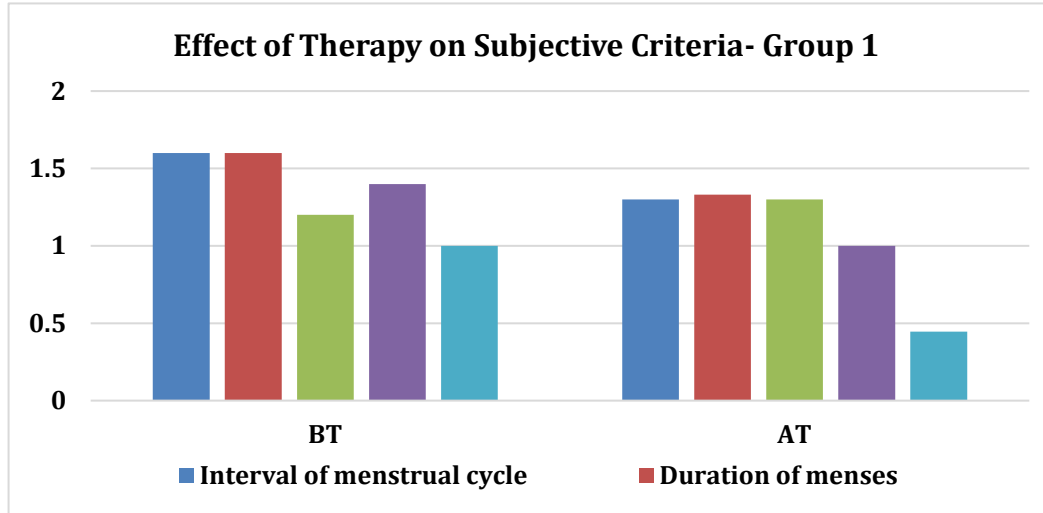
Investigations After Treatment**Effect of Therapy on Group I and Group II on the Basis of Subjective Criteria**

Symptoms	Group 1 percentage relief	Group 2 percentage relief	Diff	SD	SE	T	P	Result
Interval of menstrual cycle	12.5%	4.51%	7.99%	0.42	0.18	2.12	0.05	S
Duration of menses	16.87%	3.10%	13.77%	0.40	0.17	0.55	>0.05	NS
Amount of bleeding	10.83%	8.1%	2.73%	0.22	0.1	-1	<0.05	S
Pain during menses	40%	13.69%	26.31%	0.80	0.36	0.27	>0.05	NS
Dyspareunia	53%	13.97%	39.03%	0.96	0.43	-0.23	>0.05	NS

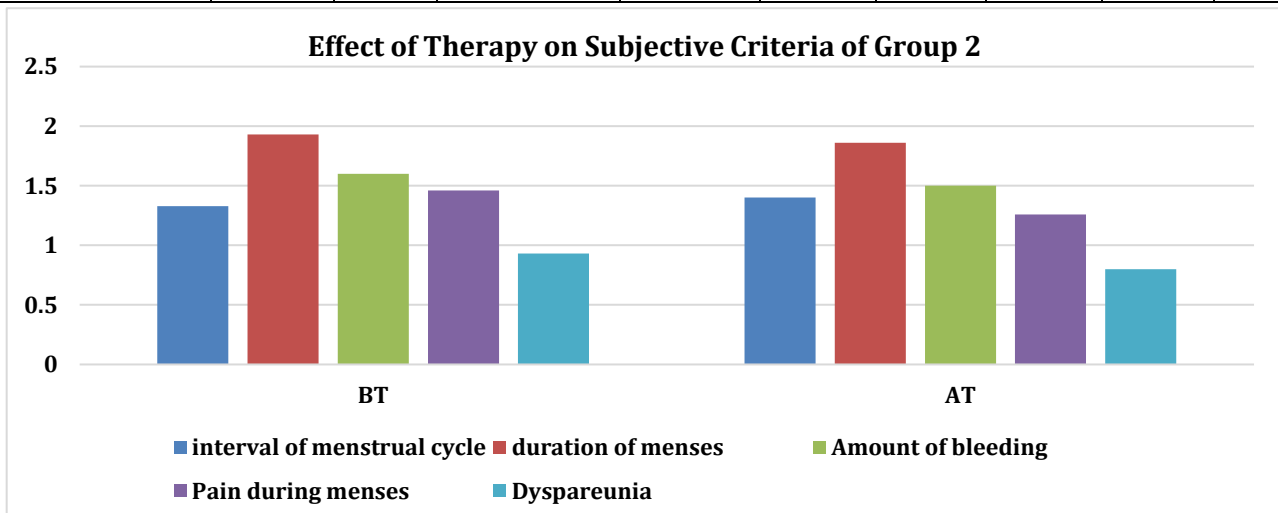


Effect of Therapy on Subjective Criteria- Group 1

Signs and Symptoms	Mean Score		Mean Difference	% Relief	SD±	SE±	t	P	Results
	BT	AT							
Interval of menstrual cycle	1.6	1.3	0.2	12.5%	0.737	0.190	2.25	<0.05	S
Duration of menses	1.6	1.33	0.27	16.875%	0.59	0.15	1.7	>0.05	NS
Amount of bleeding	1.2	1.3	-0.13	10.83%	0.352	0.09	-1.468	>0.05	NS
Pain during menses	1.4	1.0	0.4	40%	0.737	0.190	2.103	<0.05	S
Dyspareunia	1.00	0.446	0.53	53%	0.743	0.192	2.779	<0.05	S

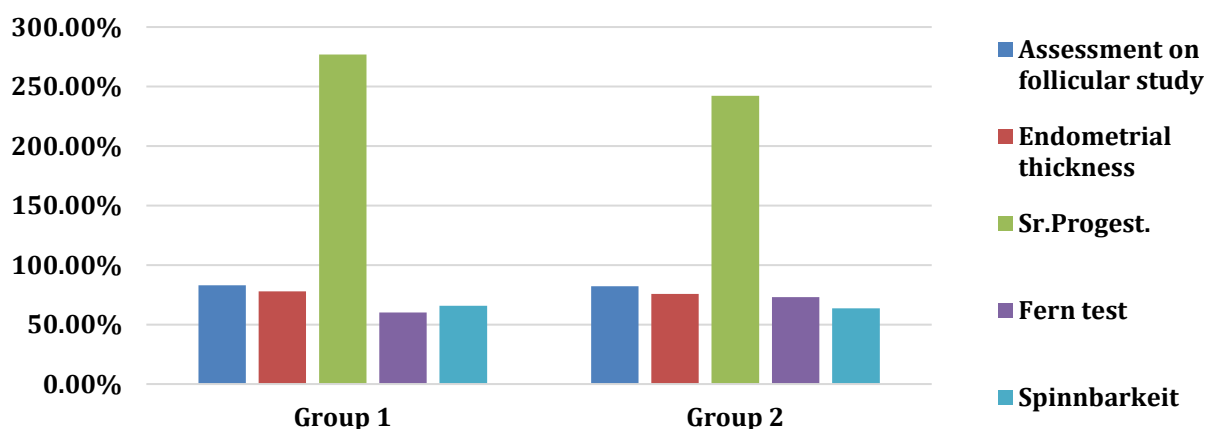
**Effect of Therapy on Subjective Criteria of Group 2**

Signs and Symptoms	Mean Score		Mean Difference	% Relief	SD±	SE±	t	P	Results
	BT	AT							
Interval of menstrual cycle	1.33	1.40	-0.06	4.51%	0.458	0.118	-0.564	>0.05	NS
Duration of menses	1.93	1.86	0.06	3.10%	0.258	0.06	1.00	>0.05	NS
Amount of bleeding	1.6	1.5	0.13	8.1%	0.352	0.09	1.46	>0.05	NS
Pain during menses	1.46	1.26	0.20	13.69%	0.67	0.17	1.14	>0.05	NS
Dyspareunia	0.93	0.80	0.40	13.97%	0.35	0.09	1.46	>0.05	NS

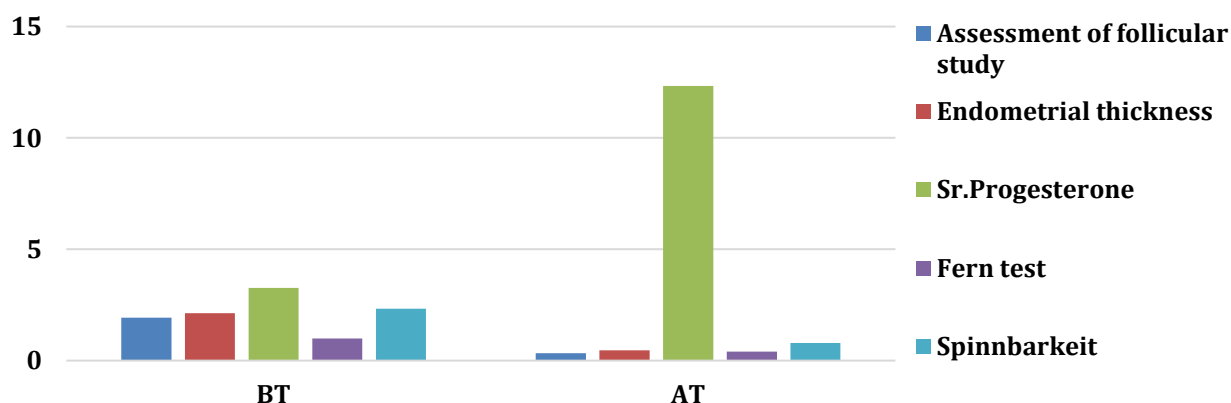


Effect of Therapy on Group I and Group II on the Basis of Objective Criteria

Investigations	Percentage relief grp 1	Percentage relief grp 2	Diff	SD	SE	T	P	Result
Assessment on follicular study	82.90%	82.30%	0.6%	0.60	0.26	-1.86	>0.05	NS
Endometrial thickness	77.9%	75.64%	2.26%	0.50	0.22	0.88	>0.05	NS
Sr. progesterone	277.0%	242.1%	34.9%	1.51	0.67	-1.05	>0.05	NS
Fern test	60%	73 %	13%	0.5	0.22	-0.44	>0.05	NS
Spinnbarkeit test	65.66%	63.75%	1.91%	0.48	0.21	0	>0.05	NS

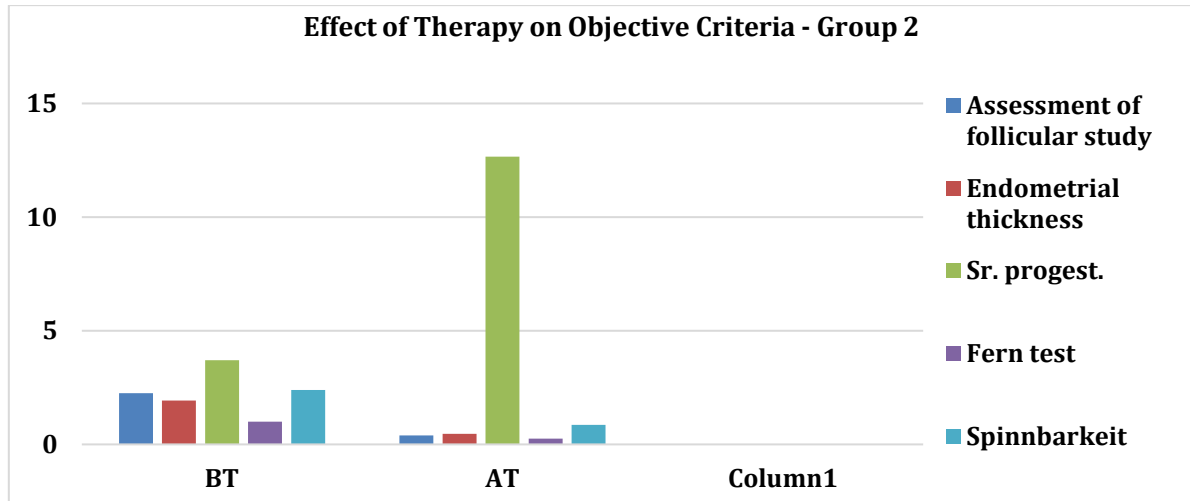
Effect of Therapy on Group I and Group II on the Basis of Objective Criteria**Effect of Therapy on Objective Criteria - Group 1**

Investigations	Mean Score		Mean Difference	% Relief	SD±	SE±	t	P	Results
	BT	AT							
Assessment of follicular study	1.93	0.33	1.60	82.90%	0.50	0.13	12.22	<0.001	HS
Endometrial thickness	2.13	0.46	1.66	77.9%	0.488	0.126	13.22	<0.001	HS
Sr. Progesterone	3.26	12.33	-9.06	277.0%	1.30	0.33	-27.00	<0.001	HS
Fern test	1.00	0.40	0.60	60%	0.50	0.13	4.583	<0.001	HS
Spinnbarkeit test	2.33	0.80	1.53	65.66%	0.516	0.13	11.500	<0.001	HS

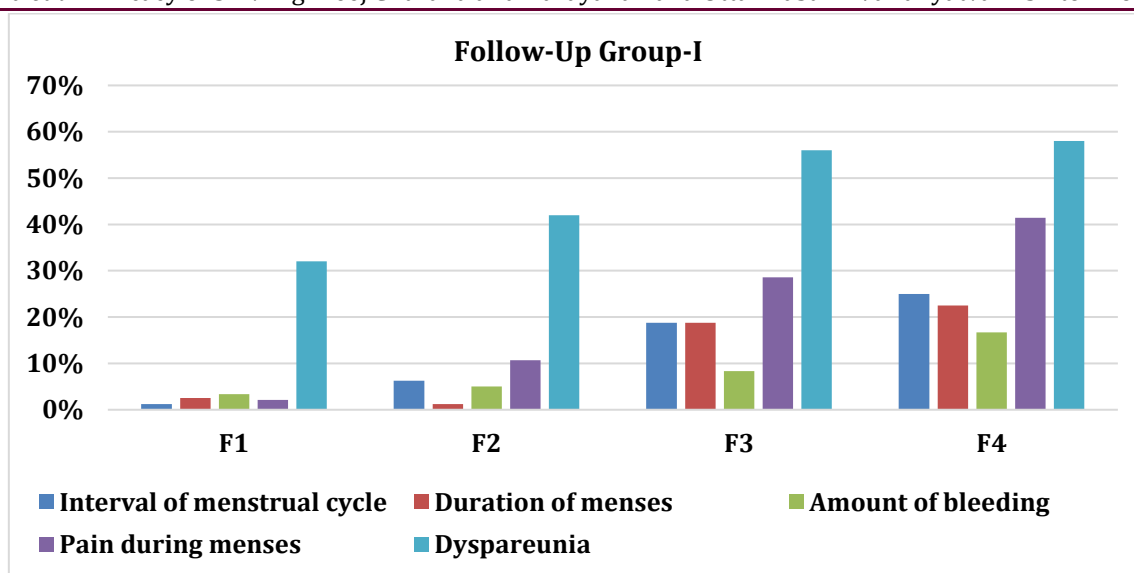
Effect of Therapy on Objective Criteria - Group 1

Effect of Therapy on Objective Criteria - Group 2

Investigations	Mean Score		Mean Difference	% Relief	SD±	SE±	t	P	Results
	BT	AT							
Assessment of follicular study	2.26	0.400	1.86	82.30%	0.64	0.16	11.29	<0.001	HS
Endometrial thickness	1.93	0.46	1.46	75.64%	0.51	0.13	11.00	<0.001	HS
Sr. Progesterone	3.70	12.66	-8.96	242.1%	2.16	0.56	-16.020	<0.001	HS
Fern test	1.00	0.26	0.73	73 %	0.45	0.11	6.20	<0.001	HS
Spinnbarkeit test	2.40	0.86	1.533	63.75%	0.51	0.13	11.53	<0.001	HS

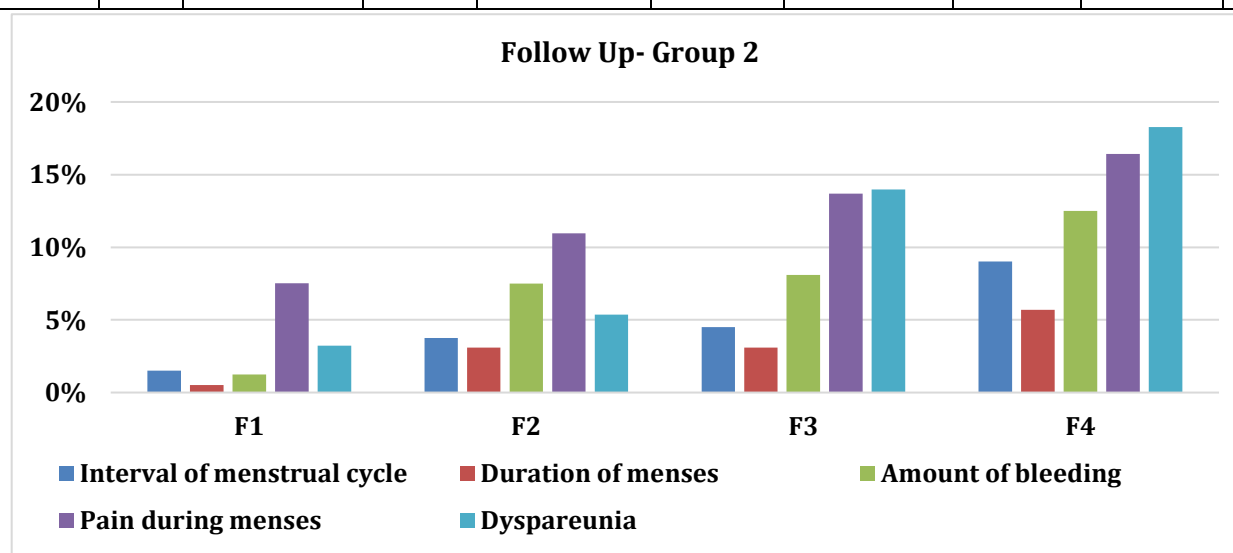
**Follow Up- Group-I**

Symptoms	BT	F1 (during 2 nd cycle of <i>Uttar Basti</i>) Mean score	% relief after F1	F2 (during 3 rd cycle of <i>Uttar Basti</i>) Mean score	% relief after F2	F3 After the completion of trial Mean score	% relief after F3	F4 2 months after drug free trial	% relief after F3
Interval of menstrual cycle	1.6	1.58	1.25%	1.5	6.25%	1.3	18.75%	1.2	25.00%
Duration of menses	1.6	1.56	2.5%	1.58	1.25%	1.33	18.76%	1.24	22.5%
Amount of bleeding	1.2	1.16	3.33%	1.26	5%	1.3	8.33%	1.4	16.66%
Pain during menses	1.4	1.37	2.14%	1.25	10.7%	1.0	28.57%	0.82	41.42%
Dyspareunia	1.00	0.68	32.00%	0.58	42%	0.446	56.00%	0.42	58.00%



Follow Up- Group 2

Symptoms	BT	F1 (during 2 nd cycle of <i>Uttar Basti</i>) Mean score	% relief after F1	F2 (During 3 rd cycle of <i>Uttar Basti</i>) Mean score	% relief after F2	F3 After the completion of trial	% relief after F3	F4 2 months after drug free trial	% relief after F3
Interval of menstrual cycle	1.33	1.31	1.50%	1.28	3.75%	1.40	4.51%	1.45	9.02%
Duration of menses	1.93	1.92	0.51%	1.87	3.10%	1.86	3.10%	1.82	5.69%
Amount of bleeding	1.6	1.58	1.25%	1.48	7.5%	1.5	8.1%	1.4	12.5%
Pain during menses	1.46	1.35	7.53%	1.30	10.95%	1.26	13.69%	1.22	16.43%
Dyspareunia	0.93	0.90	3.22%	0.88	5.37%	0.80	13.97%	0.76	18.27%



Overall Effect of the Treatment

The score of subjective and objective criteria was obtained before and after treatment and the total effect of therapy was assessed in the following manner:

- Good response: Induction of ovulation/achievement of conception.
- Fair response: Increased size of ovarian follicles as well as of endometrial thickness and improvement of character of cervical mucus along with regularity in menstrual cycle.
- Poor response: Increased size of ovarian follicles or slight improvement of character of cervical mucus and poor or no effect in endometrial thickness as well on regularity in menstrual cycle.
- No response: unchanged.

Improved: Ovulated (100%)

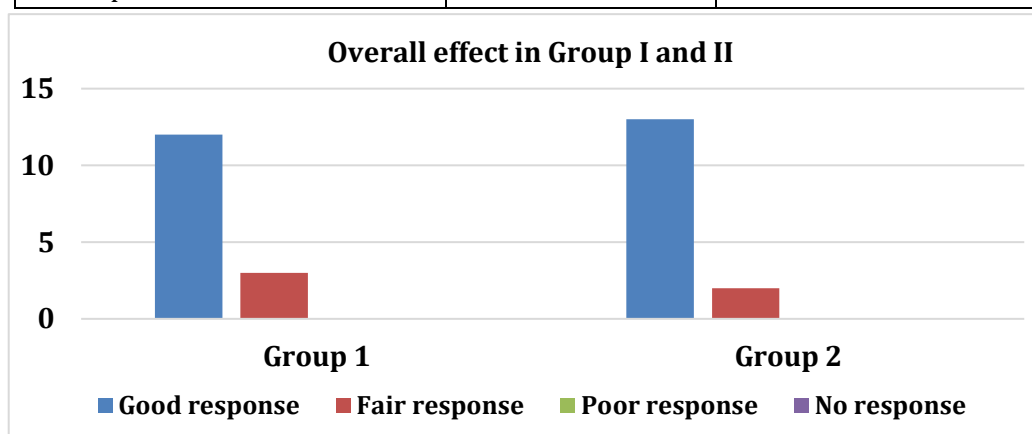
Unimproved: Anovulated

Overall effect in Group I

Assessment	Patients	%
Good response	13	86.66%
Fair response	2	13.33%
Poor response	0	0%
No response	0	0%

Overall effect in Group II

Assessment	Patients	%
Good response	13	86.66%
Fair response	2	13.33%/
Poor response	0	0%
No response	0	0%



Overall Results

Group I: 13 patients showed good response, 2 patients showed fair response, none of the patients showed poor or no response.

Group II: 13 patients showed good response, 2 patients showed fair response, none of the patient showed poor or no response.

No. of patients conceived in group I- 6

No. of patients conceived in group II- 3

DISCUSSION

The data obtained in clinical study before and after treatment was expressed in term of mean, standard deviation (SD) and standard error (SE).

Paired t-test was applied for intragroup observation the significance between before and after treatment and unpaired t-test regarding intergroup comparison of drug effects was applied. In present study in Group I In 13.33% of the patients gave fair response, 86.66% of the patients gave good response and none of the patients gave no response. 6 out of 15 patients conceived after completion of trial in group1 whereas 3 patients conceived from group 2 after three months of trial.

Probable mode of action of drugs

Mainly three compound drugs were used for the study i.e., *Dashmoola Trivrita Asthapan Basti*^[7]

Narayana Taila Uttar Basti^[8] and *Shivlingi Beej Churana*^[9] (orally) *Dashmoola trivrita Asthapan basti*. *Virya* of *Basti* administered into *Pakvashaya* reaches the whole body through the *Srotasa* just as the active principles in the water when poured at the root of the tree reaches the whole plant^[10]. Thus, in both *Anuvasana* and *Niruha, basti* will definitely give a systemic effect.

Acharya Charaka says that *Basti* administered into *Pakvashaya* draws the *Dosha/Mala* from the foot to the head i.e., all over the body by the virtue of its *Veerya*^[11] (potency), just as the sun draws the moisture from the earth by its heat. *Dashmoola trivrit* has *Madhura, Kashaya rasa* and *Guru guna, Ushna Veerya* and *Katu Vipaka*. It has *Tridosha Nashak* properties and thus it incredibly appeases all the three doshas. According to *Acharya Susruta* and *Charaka* It is *Balya, Ama nashak, Deepana, Pachana, Rochana, Hikkanighrana, Kantya, Svasha hara, Triptighno, Kapha-Vata hara Rasayana, Anulomana, Kasahara, Shotha hara* and *Jwara hara*.

Dashmoola Trivrit Asthapan Basti^[12] has its role in *Vandhyatva* as all the contents of *Dashmoola Trivrit* are *Tridoshnashaka* specially *Vatanashaka*. Along with this *Basti* is the best treatment for vitiated *Vata Dosha*. According to *Acharya Charaka* "The *Karma* where in the drugs administered through anal canal reaches up to *Nabhi Pradesha, Kati, Pasarva, Kuksi* (anatomical landmarks on the abdomen), churns the accumulated *Dosha* and *Purisha* (morbid humours and fecal matters), all over the body and easily comes out along with the churned *Purisha* and *Dosha* is called as *Basti*^[13]. So, it works by removing the *Avarana* of *Kapha* in the *Artavavaha Srotasa* leading to normalcy in functions of *Artava Vaha Srotas* and thus maintains normal functions of *Doshas* in the body and hence aids in *Samprapati Vighatana* of *Vandhyatva* due to *Beejoanutsarga*.

Probable mode of action of Narayana Taila Uttarbasti^[14]

Vandhyatva is managed with concepts of correcting the states of *Dhatu* and vitiated *Doshas*. *Narayana Taila* with its *Katu, Tikta Rasa, Tikshna, Snigdha Guna, Ushna Veerya* and *Katu Vipaka* and *Vata Kaphashamaka Doshaghata* leads to *Karmas* such as *Deepana, Pachana, Vilayana, Anulomana*, and *Srotoshodhana* resulting in *Amapachana* and *Vata-Kapha Shamana*, which may remove *Sanga* and *Avarana*, relieving the obstruction and thus leading to proper function of *Vayu* and regulating action of *Artava Vaha Srotasa*. The contents of *Narayana Taila* also possess properties like *Balya* (which increases strength of body), *Vrishya* (which increase fertility), *Brumhana* (which nourishes body), *Rasayana*

(nourishing tissues) and *Vajeekarana* (increasing sexual potency).

Vitiated *Vata* is the main cause behind all the *Yoni Roga*. *Taila* is the best *Sneha* for *Vata Shamana* and along that it has best *Yoni Vishodhana* actions. So, *Narayana Taila* with the properties like *Balya, Brimhaniya, Rasayana, Vrishya, Vaajikaran* was used. All these properties may help in proper growth and in recuperating thickness of endometrium and improving quality of endometrium, especially where poor endometrium is causing infertility. As the endometrium has the capacity to regenerate, so antioxidant and healing properties of various contents of *Narayana taila* like *Shatavari, Ashwagandha*, aids it for the same.

Uttar Basti with *Narayana Taila* may also remove the *Ama* and *Srotasangha* in the *Artava Vaha Srotasa* and thus it may help in *Vibhajana* (growth) and *Nishkasan* (release) of *Beej* which may lead to ovulation. On an ovulatory factor *Vandhyatva*, it may act by stimulating some neuro-endocrine pathways after getting absorbed and may aid in coordination of the H-P-O axis. Ovaries contain receptors which receive hormones secreted by hypothalamus and pituitary gland. *Narayana Taila* may stimulate these receptors, so that proper ovulation occurs in each cycle. The drug also acts on ovary after absorption and then it may act by stimulating the Hypothalamo-Pituitary-Ovarian axis and thus ovulation. The lower part of the body is governed by *Apana Vayu*. Normal movements of *Artava* is governed by *Apana Vata*. vitiation in the *Apana Vata* due to *Avarana* of *Kapha* leads to improper function of *Apana Vata* and hence *Beejoanutsarga*. *Uttar Basti* of *Narayana Taila* helps in *Artava Vaha Stroto Shudhi*, and thus *Vatahamana* which regulates *Beejoutsarga*.

Hence, *Narayana Taila Uttar Basti* due to its *Vata- kapha Shamana* properties helps in balancing primarily *Apana Vata* and aids in *Vatanulomana*, by virtue of *Tikta Rasa* there is *Dhatvagni Vardhana*, removal of *Avarana* due to *Ama*, proper growth and rejuvenation of endometrium, regulation in the HPO axis and ultimately all this results in ovulation.

Uttarbasti regulates the ANS controlling the pelvic organs. there by gives proper feedback to the hypothalamus which is the governing body of HPO axis. by governing the HPO axis, it helps in maintenance of Follicular growth and ovulation^[15].

Probable mode of action of Shivlingi Beej

Shivlingi by virtue of its *Katu rasa, Katu vipaka*, helps in removing the *Avarana* due to *Ama dosha*, clears the *Srotas*, by virtue of *Ushna veerya*. *Laghu* and *Ruksha guna* aids in *Agni vridhhi* and hence cause *Shodhana* of *Artava vaha srotas* and ultimately

Beejoutsarga^[16]. This mechanism also improves supply of nutrients to the uterus and ovary. *Rasayan* action of *Shivlingi* helps to synthesize purest *Rasa dhatu* and subsequently its *Updhatu*, *Artava* and *Utar-uttar dhatu* was formed having required quality.

So, we can say that the trial drug removed the obstruction of the channels, was *Vatanulomaka*, absorbed the sliminess of *Kapha* cleared the passage for easy flow of *Artava* and there occurred *Uttrotar Dhatu Pushti* as *Agni Vardhan* occurred and ultimately normal functions of *Artava vaha strotas* was regained.

CONCLUSION

It was concluded from the above study that infertility was properly managed through Ayurvedic management which included *Shamana Aushadha* along with *Shodhana* procedures without any deleterious effect on the health status of the patient. *Basti (Aasthapana Basti and Uttar Basti)* provides promising results in the field of infertility.

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Cite this article as:

Pratibha, Seema Shukla, Charulata. A Clinical Study to Evaluate the Efficacy of Shivlingi Beej Churana and Narayana Taila Uttar Basti in Vandhyatva w.s.r to Anovulation. AYUSHDHARA, 2026;13(4):29-40.

<https://doi.org/10.47070/ayushdhara.v13i4.2920>

Source of support: Nil, Conflict of interest: None Declared

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