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CASE REPORT

A Clinical Study to Evaluate the Efficacy of *Shivlingi Beej Churana* and *Narayana Taila Uttar Basti* in *Vandhyatva* – A Case report

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ABSTRACT

Infertility due to anovulation is increasingly observed among women because of stress, unhealthy lifestyle, delayed marriage, and hormonal imbalance. Ayurveda considers disturbed *Apana Vata* as a major factor responsible for *Vandhyatva* (infertility). The study aimed to evaluate the efficacy of *Shivling Beej Churna* and *Narayana Taila Uttar Basti* in the management of anovulatory infertility. Thirty-five patients diagnosed with infertility due to anovulation were selected and divided into two groups. Group 1 received *Dashmoola Trivrit Asthapan Basti*, *Narayana Taila Uttar Basti*, and oral *Shivling Beej Churna* for three cycles, while Group 2 received standard therapy. Follicular study and ultrasonography were used for assessment. The Ayurvedic treatment showed encouraging improvement in ovulation and conception rates by regulating *Apana Vata* and improving reproductive function. The study suggests that Ayurvedic management may be beneficial in anovulatory infertility.

1. INTRODUCTION

Mithya Ahara Vihara, vitiated *Artava* (ovum, menstrual blood), vitiated *Beejadoshas* (ovum, sperms), *Daivaach* (unexplained) are the main causes of *Yonivyapada,*[1] and untimely correction of these factors leads to *Vandhyatva.* Infertility is defined as the inability to conceive within 1 year of having regular unprotected intercourse.[2] There are many causes of infertility. Males are found to be a contributor in case of 30–40% of the cases, females are found to be a contributor in 40–50% of the cases, and unexplained cases comprise approximately 10% of the cases.[2] Anovulation is one of the ovarian factors which contributes to infertility.[2] As there is anovulation, the ovum will not be released and hence cannot be fertilized which leads to infertility. This is a case report of an infertile couple who had not been able to conceive for 7 years. On follicular study of the patient, the cycle was found to be anovulatory. They underwent conventional treatments of primary infertility in the form of ovulation induction with tablet letrozole 2.5 mg for 6 cycles, but the treatment was unsuccessful. The objective of this ayurvedic intervention was the management of infertility, thus ensuring regular ovulation which aided in healthy conception and thereby successful childbirth. The treatment plan included both *Shodhana* (Purification) and *Shamana* (pacification) therapies. During the treatment period, there was regulation of her menstrual cycle with relief in her symptoms of pain during menses. The final outcome of intervention was a healthy conception within a period of 4 months and normal pregnancy.

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1.1. 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.

2. MATERIALS AND METHODS

With Ethical Committee approval and informed consent, a 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 the standard drug letrozole 2.5 mg started on the 3rd day of menses for 5 days for three consecutive cycles. This is a case study of one of the patients from group 1.

2.1. Description of Patient

A female patient aged 26 years came with complaints of having no issues for 7 years and having unprotected sex. After confirmation of anovulation on USG, ovulation induction was done for 6 cycles but no positive results were found. Her hormonal assay was within normal limits. Patient wanted ayurvedic treatment for the same and came to RGGPG Ayurvedic College and Hospital, Paprola, Kangra, HP.

Menstrual history – Age of menarche: 13 years

Duration of menses – 5–6 days

Interval – Regular interval of 26–28 days

Amount – Uses 2–3 fully soaked pads for 3 days then 1–2 half-soaked pads per day

Pain – Present to the extent of missing her daily activities

Clots and smell – Absent

Contraceptive history – Nil

Sexual history

Frequency – 3–4 times/week

Dyspareunia not present

Family history

No family history of DM, HTN, TB, and thyroid dysfunction. No history of exposure to radiation, any toxin or chemical agent.

2.2. Examination

Mention in Table 1.

2.3. *Ashtavidha Pariksha*

Mention in Table 2

2.4. *Dashvidha Pariksha*

Mention in Table 3.

2.5. Investigations

Mention in Tables 4 and 5.

2.6. Treatment

1. *Shamana Chikitsa*
Shivlingi Beej Churna 2–3 g twice daily with milk for 3 months continuously.

2. *Shodhana Chikitsa*

- *Aasthapan Basti* with *Dashmoola Trivrita* for 3 days following clearance of menses for three consecutive cycles.

Dose – 12 *Prasruta*[3] (960 mL)

Purva Karma – Abhyanga with any *Vatanashaka Taila* (*Bala Taila)* on *Kati-Prushta- Pad-Parshwa-Adhodara* for 15 min and *Sthanik Swedana* with *Patt*.

Pradhan Karma – Aasthapan Basti through the anal route in the left lateral position.

Pashchat Karma – Rest in supine position for at least 15 min or up to urge to defecate.

- *Uttar Basti* with *Narayana Taila* for 3 consecutive days following *Dashmoola Trivrita Kwatha*

Dose – 3–5 mL

Purva Karma – Abhyanga with *Bala Taila* on *Kati-Prushta-Pad-Parshwa-Adhodara* for 15 min followed by *Sthanik Swedana*

Pradhan Karma – Uttar Basti with *Narayana Taila* through cervical route in lithotomy position, followed by *Pichu Dharana,* i.e., medicated oil-soaked tampon

Dravya – Narayana Taila 15 mL sterile cotton tampon soaked in it and placed in *Yoni Marga* for 2 h or up to the urge of micturition

During this period, the patient was advised to take *Samyaka Aahara* and *Vihara* and avoid *Amla, Lavana, Vidahi,* and *Snigdha Aahara*. Along with this, she has to stay calm as Ayurveda says "*Saumanasaya Garbhadharanam*,"[4]

Pashchat Karma – Rest in the supine position for at least 30 min.

2.7. Results of Sonography before Treatment

Mention in Table 6 and Figure 1.

2.8. Follicular Study before Treatment - LMP-23/11/2019

Mention in Table 7.

2.9. Findings of sonography after treatment the patient conceived after 3 months of completion of treatment, and her sonography details are as follows:

- Single gestational sac with fetal node inside with CRL of 13 mm corresponding to gestation of 7 weeks 3 days
- Decidual reaction is present
- Yolk sac seen
- Fetal cardiac activity is positive.
- GA - 7.2 weeks
- CRL - 7 weeks 3 days
- FHR - 160 bpm
- No cervical dilatation seen
- Os is closed.

Pic 2- Sonography report After treatment

3. DISCUSSION

Acharya Sushruta has enlightened the factors essential for the formation of Garbha (fetus) as (1) *Rutu* (fertile period), (2) *Kshetra* (reproductive organs), (3) *Ambu* (proper nutrient fluid), (4) *Beeja* (*Shukra-Shonit*), and along with that, a healthy psychological status, normal functioning of *Vata*[5] is also required. *Acharaya Vagbhata* in *Ashtaang Hrudaya Shareer Sthana* has mentioned essential factors for healthy conception as *Shudh Garbhashya, Maarg* (genital tract), *Rakta* (*Streebeeja*), *Shukra* (*Pumbeeja*), *Anila* (*Apana Vata*), and *Hridaya* (psychological status of both partners).[6] Even if one of the factors is disturbed, pregnancy may not happen or any abnormality in any of these factors may cause infertility. *Acharaya Bhela* says that affliction with various diseases of *Vata* and abnormalities of *Yoni* are the two main causes of *Vandhyatva*.[7] He further says that aggravated *Vayu* expels the *Shukra* from the Uterus, destroys the *Raja*, thus the woman becomes infertile. Due to the coldness of *Ashaya (Garbhashaya* or

uterus) and the dryness of *Indriya* (*Sishendriya*), infertility occurs in the couple.[8] Without the vitiation of *Vata Dosha, Yoni* cannot become *Dushit*. Hence, for curing the diseases of the *Yoni, Vata Dosha* should be in balanced state.[9] Obstruction of passage due to Vata (vitiated *Apana Vata*) and *Kapha* is the main cause behind *Nashtartava*[10] and if there is no *Artava,* conception will not occur. *Basti* and *Taila* are *Param Aushadha* for *Vata* according to *Acharya Vagbhatta.*[11] *Acharaya Charaka* says that *Basti*[12] 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* (potency), just as the sun draws the moisture from the earth by its heat.[13] *Narayana Taila* is mentioned by *Acharya Sharangdhara* for *Vandhyatva.*[14] *Narayana Taila* possesses properties such as *Tikta, Madhura* and *Katu Rasa*, *Laghu, Snigdha Guna*, both *Katu* and *Madhura Vipaka* and also *Ushna Veerya*. It also has properties such as *Vatakaphashamak, Dipana*, *Pachana, Anulomana, Balya, Rasayana, Aartavjanan,* and *Prajasthapana* actions. *Uttar Basti* with *Narayana Taila* may also remove the *Ama* and *Srotosangha* in the *Artava Vaha Strotas,* and thus, *Vata* (both *Vyana Vata* and *Apana Vata*) performs its proper function, i.e*., Vibhajana* (growth) and *Nishkasana* (release) of *Beej* which may lead to ovulation. 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. *Dashmoola Trivrita Aasthapana Basti*[15] has its role in *Vandhyatva* as all the contents of *Dashmoola Trivrita* are *Tridosh Nashaka*, especially *Vatanashaka.* Along with this, *Basti* is the best treatment for vitiated *Vata Dosha.*[16] Hence, it works by removing the *Avarana* of *Kapha* in the *Artavavaha Srotasa,* leading to normalcy in functions of *Artava Vaha Strotasa* and thus maintains normal functions of *Doshas* in the body and hence aids in *Samprapati Vighatana* of *Vandhyatva* due to *Beejoanutsarga. Shivlingi Beeja* by virtue of its *Katu Rasa, Katu Vipaka*, helps in removing the *Avaran* due to *Ama Dosha,* clears the *Strotas,* by virtue of *Ushna Veerya*. *Laghu and Ruksha Guna* aid in *Agni Vriddhi* and hence cause *Shodhana* of *Artava Vaha Strotas*. There occurs *Pittavrdhana* by virtue of *Katu Rasa, Katu Vipaka,* and *Ushna Veerya,* ultimately *Beejotsarga.* Probable *Rasayana Karma* of *Shivlingi* by acting upon *Agni* promotes the proper formation of *Rasa Dhatu,* followed by *Uttaro-Uttar Dhatu Nirmana*. Subsequently, *Rakta Dhatu* formation occurs along with *Updhatu* and *Artava* formation.

Thus, in combination, *Basti* and oral therapy were effective in the *Samprapti Vighatana* of *Vandhyatva,* and the patient conceived after 3 months of treatment.

4. CONCLUSION

Basti Karma brings about the harmony of *Tridosha* in the body. *Narayana Taila* has *Vatashamaka* and *Garbhasthapaka* properties. *Aartavjanana* property of *Shivlingi Beeja Churana* helps in regulating *Beejoutsarga* and further helps in conception.

Veerya of *Basti* administered into *Pakvashaya* reaches the whole body through the *Srotas.* Its active principles nourish the whole body just like watering the roots nourishes the whole plant. Thus, *Anuvasana* and *Niruha Basti* had their effect on the whole body.

4.1. Consent

Before starting treatment, consent of the patient and her husband was taken along with proper advice and counseling.

5. ACKNOWLEDGMENTS

Nil.

6. AUTHORS' CONTRIBUTIONS

All authors give equal contribution in making of this manuscript.

7. FUNDING

Nil.

8. ETHICAL STATEMENT

Institutional Ethical Committee approval is not required as it is a case report.

9. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

10. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

11. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

12. AI-USE DECLARATION

The authors declare that no generative AI tools were used to create scientific content, interpret data, or draft any sections of this manuscript. AI-based tools were used solely for minor language and grammar refinements to improve clarity and readability. All scientific content, analysis, and conclusions remain the sole responsibility of the author.

13. PUBLISHERS NOTE

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Table 1: Examination parameters

Parameter	Results
Weight	56.2 kg
Height	125 cm
BMI	35.8 kg/m^2
B. P.	120/70 mm of Hg
Pulse rate	82/min
Pallor	Not present
Icterus	Not present
Edema	Not present
Breast examination	NAD
P/A	Soft, non-tender, no organomegaly
P/S	Cervix normal size, regular, no abnormal discharge present
P/V	Cervix normal size, regular, firm, mobile, no motion tenderness, uterus- anteverted, normal size, mobile, non-tender, bilateral fornix clear non-tender

BMI: Body mass index

Table 2: *Ashtavidha Pariksha*

Parameter	Results
Nadi	82/min
Mala	Once a day
Mutra	5–6 times/day, *Pitabh Shwet Varna*
Jivha	*Anavritta*
Shabda	*Spastha*
Sparsha	*Samsheetoushana*
Druk	*Samanya*
Akruti	*Madhyama*

Table 3: *Dashvidha Pariksha*

Parameter	Results
Prakruti	*Pitta Pradhan Vata*
Vikruti	*Lakshana Nimittaj*
Sara	*Raktasara*
Samhanan	*Madhyama*
Pramana	*Madhyama*
Satmya	*Sarvarasa*
Satva	*Madhyama*
Ahar Shakti	*Madhyama*
Vyayam Shakti	*Madhyama*
Vaya	*Madhyavastha*

Table 4: Semen analysis

Parameter	Results
Husband's semen analysis	Within normal limits

Table 5: Blood investigation of patient

Parameter	Results
Hb	10.2 g%
TSH	3.65 miu/mL
FSH	9.6
LH	8.87
Prolactin	7 ng/mL

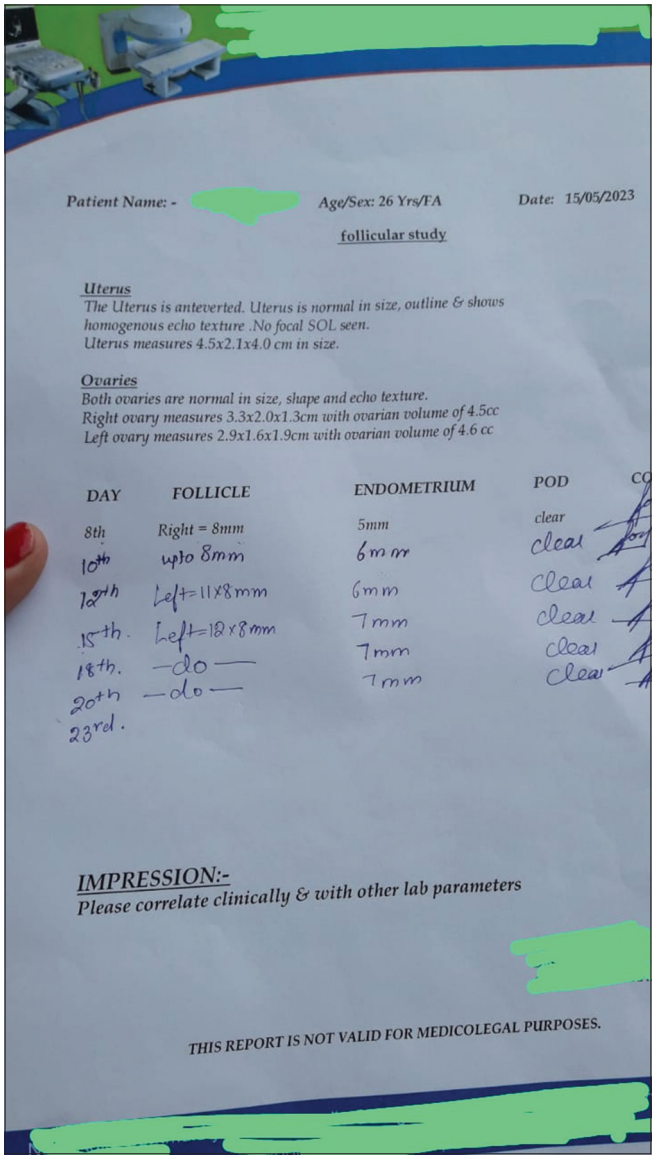
Hb: Hemoglobin, TSH: Thyroid-stimulating hormone, FSH: Follicle-stimulating hormone, LH: Luteinizing hormone

Table 6: Sonography report before treatment

Parameter	Result
Uterus	
Length	4.5 cm
Height	4.0 cm
Width	2.1 cm
Right ovary	
Length	3.3 cm
Height	2.0 cm
Width	1.3 cm
Left ovary	
Length	2.9 cm
Height	1.9 cm
Width	1.6 cm
Uterus anteverted, normal in size, outline and shows homogenous echotexture.	
No e/o anomalies.	
Right and left ovary normal in size, shape, and echotexture	

Table 7: Follicular study

Days of cycle	Right ovary	Left ovary	ET	POD
8th	Follicle of size 8 mm		5 mm	Clear
10th	Follicle of size 8 mm		6 mm	Clear
12th				
	Do	11*8 mm	6 mm	Clear
15th	Do	12*8 mm	7 mm	Clear
18th	Do	12*8 mm	7 mm	Clear
20th	Do	12*8 mm	7 mm	Clear



Patient Name: - [redacted] Age/Sex: 26 Yrs/FA Date: 15/05/2023

follicular study

Uterus
The Uterus is anteverted. Uterus is normal in size, outline & shows homogenous echo texture .No focal SOL seen.
Uterus measures 4.5x2.1x4.0 cm in size.

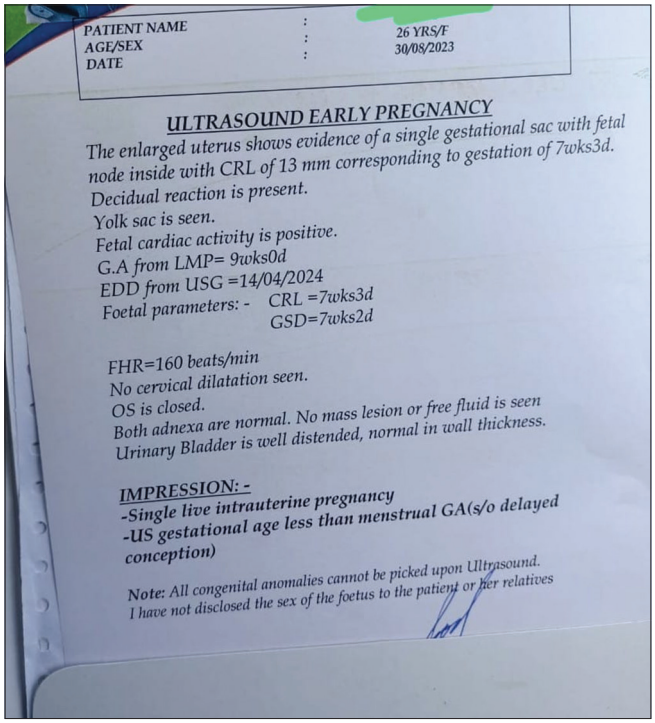
Ovaries
Both ovaries are normal in size, shape and echo texture.
Right ovary measures 3.3x2.0x1.3cm with ovarian volume of 4.5cc
Left ovary measures 2.9x1.6x1.9cm with ovarian volume of 4.6 cc

DAY	FOLLICLE	ENDOMETRIUM	POD	CO
8th	Right = 8mm	5mm	clear	
10th	upto 8mm	6mm	clear	
12th	Left=11x8mm	6mm	clear	
15th.	Left=12x8mm	7mm	clear	
18th.	—do—	7mm	clear	
20th	—do—	7mm		
23rd.				

IMPRESSION:-
Please correlate clinically & with other lab parameters

THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES.

Figure 1: Sonography report before treatment



PATIENT NAME : [redacted]
AGE/SEX : 26 YRS/F
DATE : 30/08/2023

ULTRASOUND EARLY PREGNANCY

The enlarged uterus shows evidence of a single gestational sac with fetal node inside with CRL of 13 mm corresponding to gestation of 7wks3d.
Decidual reaction is present.
Yolk sac is seen.
Fetal cardiac activity is positive.
G.A from LMP= 9wks0d
EDD from USG =14/04/2024
Foetal parameters: - CRL =7wks3d
GSD=7wks2d

FHR=160 beats/min
No cervical dilatation seen.
OS is closed.
Both adnexa are normal. No mass lesion or free fluid is seen
Urinary Bladder is well distended, normal in wall thickness.

IMPRESSION: -
-Single live intrauterine pregnancy
-US gestational age less than menstrual GA(s/o delayed conception)

Note: All congenital anomalies cannot be picked upon Ultrasound.
I have not disclosed the sex of the foetus to the patient or her relatives

Figure 2: Sonography report after treatment