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To Evaluate the Avartita Mahanarayana Taila in Management of Stree Vandhyatwa Vis a Vis Anovulation - A Case Study

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Abstract:

- ***Introduction:***

Infertility can be defined as inability to conceive with one year of unprotected sexual life.8%-10% (60-80 million) of couples worldwide are having infertility. Prevalence of infertility in india is about 15-20 million. The causes of infertility are, male- 30-40%, female-40-50%, unexplained-10-15%, In female factor, ovulatory-30-40%, tubal factor-25-35%, uterine- 10%, cervical-5%. Nastabeejatava is caused by vitiation of Vata and Kapha impairs the Uttarottaradhatu Vridhi resulting in Rasa Kshaya, this affects the Artava Utpati, which is an Upadhatu, due to impair Kapha does Avarana which results in anovulation.

- ***Aims and Objective:***

To evaluate the efficacy of Oral administration of *Avartita Mahanarayana taila* on Anovulation.

- ***Material and Method:***

A 29 year old married woman living in Nanjangudu reported the *Prasuti Tantra* and *Stree Roga* outpatient department (OPD) no.9 of JSS Ayurveda Medical Hospital, with the complaints of she is anxious to conceive for second child since 6 years with active marital life of 8½ years.

- ***Result:***

Patient got conceived within 2 months for treatment.

Keywords: *Vandyatwa, Anovulation, Apana Vata, Mahanarayan Taila.*

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I. INTRODUCTION

Infertility can be defined as inability to conceive with one year of unprotected sexual life[1]. Present documents estimates 8%-10% (60-80million) of couples worldwide are having infertility. Prevalence of infertility in india is about 15-20 million[2]. The causes of infertility are, male- 30-40%, female-40-50%, unexplained-10-15%, In female factor, ovulatory-30-40%, tubal factor-25-35%, uterine- 10%, cervical-5%[3]. Anovulation is an important subset in the infertility among women's, accounting about 40% cases, Many factors are responsible for infertility in present scenario due to delayed marriage, improper and unbalanced diet habits, increased sedentary life style, increased stress, obesity and use of hormonal contraceptives resulting in delayed ovulation[4]. Ayurveda literature says who able to procreate within one year of married life are considered to be blessed[5]. According to Ayurveda the four main factors involved In the proper conception are described as Garbh Sambhav Samagri Ritu, Kshetra, Ambu and Beeja. Absence or abnormality of any of the above factors can lead to infertility. Here Beeja can be referred as healthy ovum and sperm. In female infertility Beeja Dushti can be considered as ovulatory dysfunction. Thus anovulation is found to be an important factor causing infertility according to Ayurveda. Acharya Sushruta mentioned Nashtartava a cardinal

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symptom of Vandhya Yonivyapada[6]. The main causative factor for Vandhyatva is Vata Dosha. so Taila Is considered as best line of treatment for Vata with the properties of UshnaVeerya and Tikshna Guna helps in Amapachana and Deepana,which helps in remove the Sanga and Avarana leading to proper function of Vayu[7]. In this study Mahanarayana Taila was found effective result in anovulation.

➢ *Case Study:*

A married woman, aged 29 years, House wife living in Nanjangudu reported the *Prasuti Tantra* and *Stree Roga* outpatient department (OPD) no.9 with the complaints of anxious to conceive for second child since 6 years with active marital life of 8 years, and also complaints of irregular menstrual cycle with the interval of 50-60 days. For this she approached our hospital and was diagnosed with PCOS, for this pt underwent treatment and oral medication, it results in regular menstruation with the interval of 25-30 days.Now for fertility concern she approached JSSAMH for further management.

Patient had no history of Diabetes mellitus, Hypertension and Thyroid disorder and No any Family history of same illness or other major illness. On examination there was no abnormal findings seen in general and systemic examination. Menstrual history was 3 to 4 day with the interval of 25-30 days, regular, 2-3 pads per day and associated with mild lower abdomen pain during first day of cycle and LMP was on 08/07/2024.

- Obstetric History : $P_1L_1A_0D_0$
- P_1 : Female child 7 years old FTND in 2018.
- Contraception History: Nil

➢ *Personal History:*

- Appetite: Good
- Ahara: Vegetarian
- Vihara: Actively working
- Habit: No any habits.
- Micturition: 4 to 5 times / day
- Bowel: once / day.
- Weight: 53 Kg
- Height :151 cm

➢ *Ahtavidha Pariksha:*

- *Nadi:-* 72b/min
- *Mala*:- once a day
- *Mutra*:- 4-5 times in day
- *Jivha:- Ishadliptata*
- *Shabda:- Prakruta*
- *Sparsha:- Anushna Sheeta*
- *Drik: - Prakruta*
- *Aakruti:- Madhyama.*

➢ *Dashavidha Pariksha:*

- *Prakruti:- Kapha Pitta*
- *Vikruti:- Vata Kapha*
- *Sara:- Madhyama*
- *Samhanana:- Madhyama*
- *Pramana:- Madhyama*
- *Satmya:- Madhyama*
- *Satva:- Madhyama*
- *Aahara shakti:- Abhyavarana- Madhyama*
- *Vyayama shakti:- Madhyama*
- *Vaya:- Madhyama,*

➢ *General Examination:*

- BP: 130/80 mmHg
- P.R: 72B/min
- R.R: 20/min
- Temperature: Afebrile

➢ *Systemic Examination:*

- Central Nervous System- conscious and well oriented
- Cardiovascular System- S1, S2 heard and No murmur
- Respiratory System- NVBS Heard
- Per Abdomen : Soft and Non tender

➢ *Gynecological Examination:*

- P/S: Cervix normal in position, healthy, No white discharge seen.
- P/V: Uterus normal in size & position – Anteverted and Ante flexed

Fornixes free and no tenderness.

➢ *Diagnostic Criteria:*

Subjects with Primary or secondary infertility with anovulation will be confirmed by Follicular study [Transvaginal Ultra Sonography].

➢ *Investigation:*

- *General Investigation:*

Table 1 General Investigation

1	**Hb**	**10.3mg/dl**
2	RBC	5.05 million cells /mcL

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- *Special Investigation:*

Table 2 Special Investigation

1	**Luteinizing Hormone**	**4.81 mIU/ml**
2	Follicle Stimulating Hormone	4.76 mIU/ml

Transvaginal Ultra Sonography for Follicular Study was done Before and After the intervention.

➢ *Diagnosis:*
Secondary infertility due to Anovulation.

- *Treatment Protocol:*

Table 3 Treatment Protocol

Day	Treatment	
Day 3	Tab. Hinguvachadi 1BD	Gandharva hastadi eranda taila 10 ml at bed time
Day4	Tab. Hinguvachadi 1BD	Gandharva hastadi eranda taila 10 ml at bed time
Day5	Tab. Hinguvachadi 1BD	Gandharva hastadi eranda taila 10 ml at bed time
Day 6 to till next menstrual cycle	Cap. Mahanarayana taila	600mg 21 Avartita 1 TID (Before food)

✓ *Patient Took Treatment for 2 Consecutive Cycle.*

- 1st LMP: 9/8/24
- 2nd LMP: 11/9/24

➢ *Observations:*

- *Follicular Scan Report*

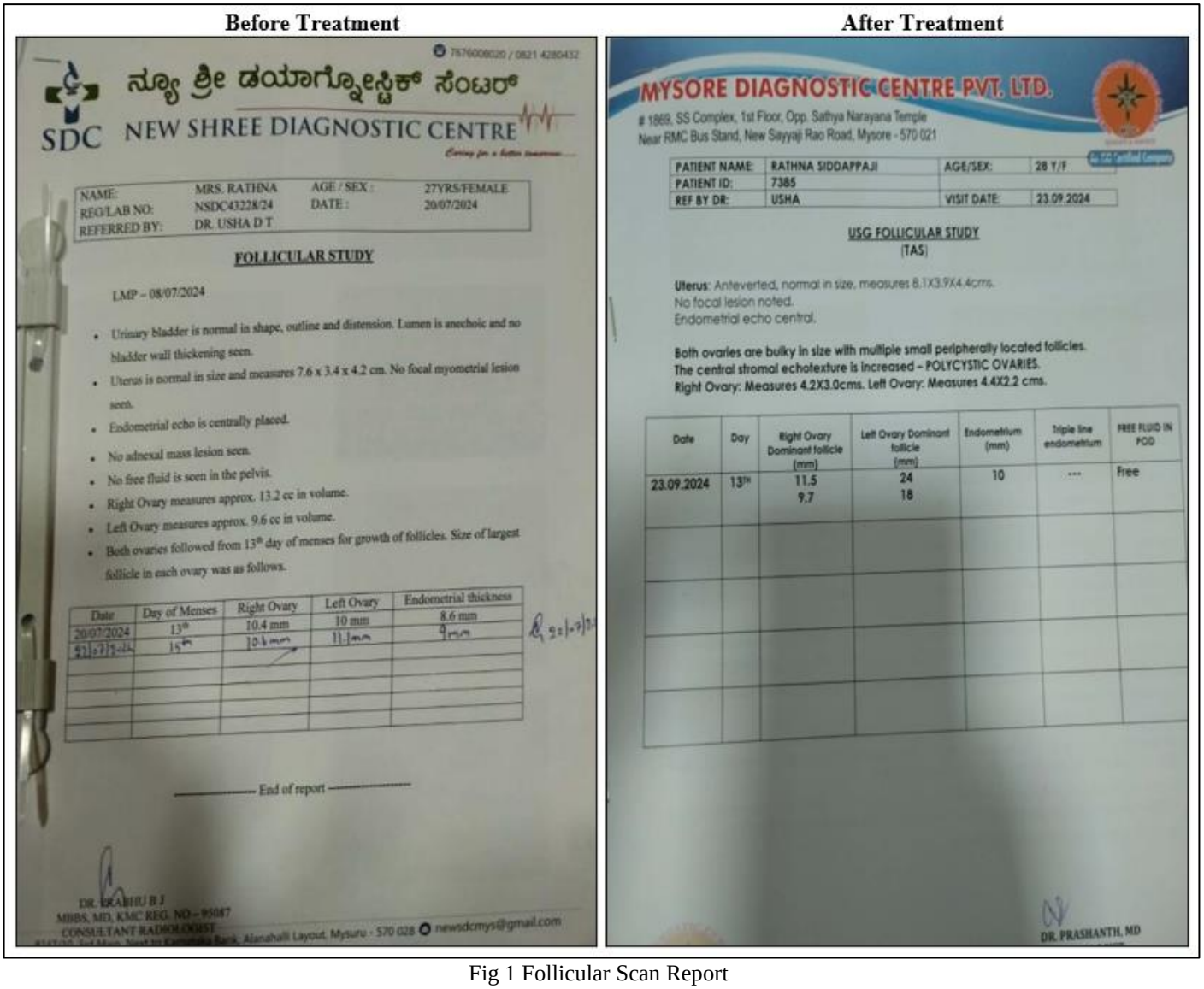

Fig 1 Follicular Scan Report

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➢ *Before Treatment: LMP -08/07/2024*

Table 4 Before Treatment: LMP -08/07/2024

Day	RT Ovary Follicle	LT Ovary Follicle	Endometrium Thickness
DAY 13	10.4mm	10mm	8.6mm
DAY 15	10.6mm	11.1mm	9mm

➢ *After Treatment: LMP- 11/09/2024*

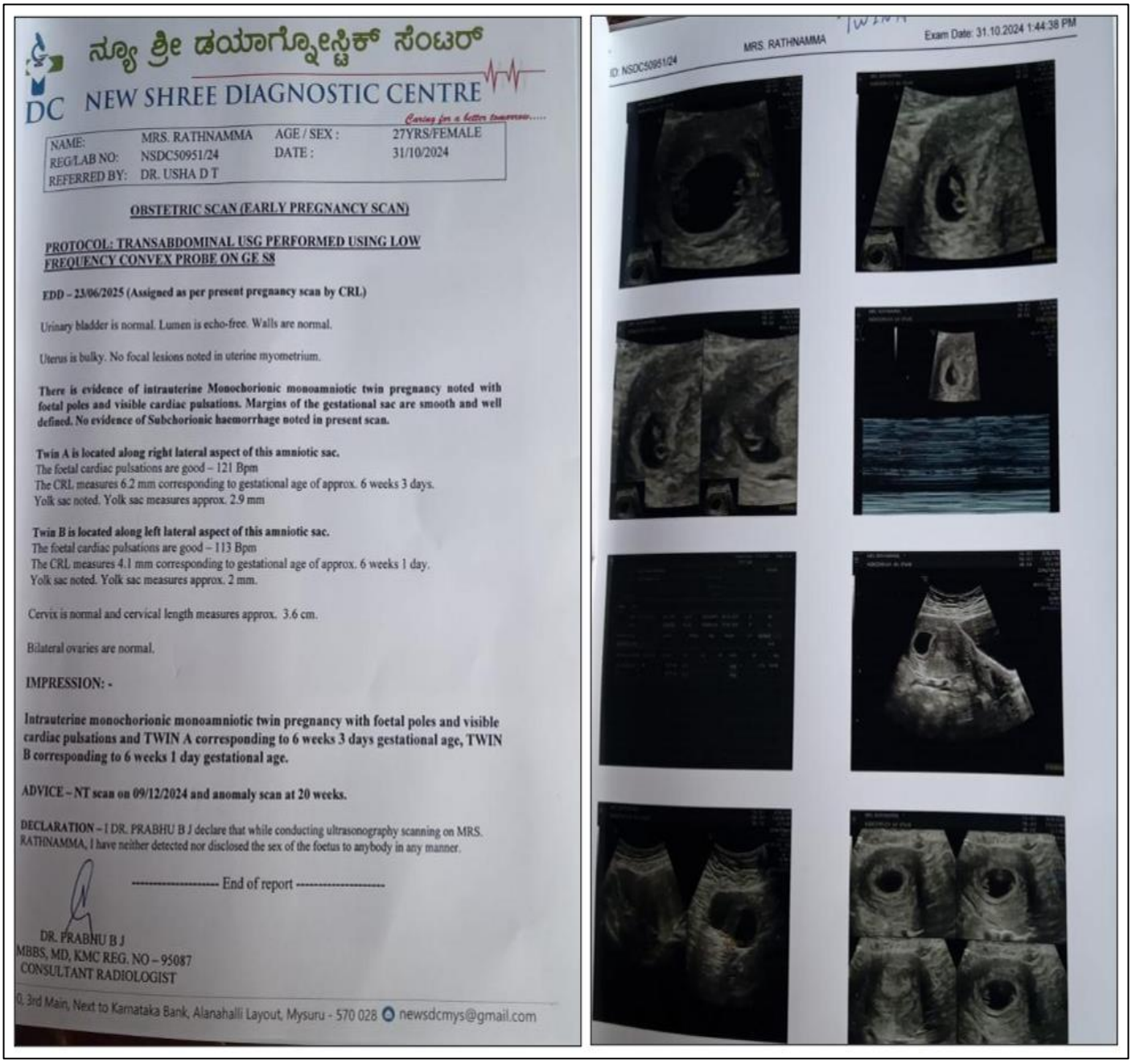
Table 5 After Treatment: LMP- 11/09/2024

Day	RT Ovary Follicle	LT Ovary Follicle	Endometrium Thickness
DAY 13	11.5*9.7mm	24*18 mm	10mm

➢ *Follow up and Result: on 28/10/2024*

Patient complaint of Amenorrhea since 1½ month.

- UPT Done: Positive on 28/10/2024 (self)
- Advice: Obstetric Scan (Early pregnancy scan) on 31/10/2024



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DC NEW SHREE DIAGNOSTIC CENTRE

Caring for a better tomorrow.....

NAME: MRS. RATHNAMMA AGE / SEX : 27YRS/FEMALE
REG/LAB NO: NSDC50951/24 DATE : 31/10/2024
REFERRED BY: DR. USHA D T

OBSTETRIC SCAN (EARLY PREGNANCY SCAN)

PROTOCOL: TRANSABDOMINAL USG PERFORMED USING LOW FREQUENCY CONVEX PROBE ON GE S8

EDD – 23/06/2025 (Assigned as per present pregnancy scan by CRL)

Urinary bladder is normal. Lumen is echo-free. Walls are normal.

Uterus is bulky. No focal lesions noted in uterine myometrium.

There is evidence of intrauterine Monochorionic monoamniotic twin pregnancy noted with foetal poles and visible cardiac pulsations. Margins of the gestational sac are smooth and well defined. No evidence of Subchorionic haemorrhage noted in present scan.

Twin A is located along right lateral aspect of this amniotic sac.
The foetal cardiac pulsations are good – 121 Bpm
The CRL measures 6.2 mm corresponding to gestational age of approx. 6 weeks 3 days.
Yolk sac noted. Yolk sac measures approx. 2.9 mm

Twin B is located along left lateral aspect of this amniotic sac.
The foetal cardiac pulsations are good – 113 Bpm
The CRL measures 4.1 mm corresponding to gestational age of approx. 6 weeks 1 day.
Yolk sac noted. Yolk sac measures approx. 2 mm.

Cervix is normal and cervical length measures approx. 3.6 cm.

Bilateral ovaries are normal.

IMPRESSION: -

Intrauterine monochorionic monoamniotic twin pregnancy with foetal poles and visible cardiac pulsations and TWIN A corresponding to 6 weeks 3 days gestational age, TWIN B corresponding to 6 weeks 1 day gestational age.

ADVICE – NT scan on 09/12/2024 and anomaly scan at 20 weeks.

DECLARATION – I DR. PRABHU B J declare that while conducting ultrasonography scanning on MRS. RATHNAMMA, I have neither detected nor disclosed the sex of the foetus to anybody in any manner.

---------- End of report ----------

DR. PRABHU B J
MBBS, MD, KMC REG. NO – 95087
CONSULTANT RADIOLOGIST

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ID: NSDC50951/24 MRS. RATHNAMMA Exam Date: 31.10.2024 1:44:38 PM

Fig 2 Result: on 28/10/2024

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➢ *Impression:*

Intrauterine monochorionic monoamniotic twin pregnancy with foetal poles and visible cardiac pulsations and TWIN A corresponding to 6 weeks 3 days gestational age, TWIN B corresponding to 6 weeks 1 day gestational age.

II. DISCUSSION

Vandhyatwa is a predominant of Vata dosha. This imbalance in Vata can disturbs normal physiological processes, leading to issues such as anovulation. There are number of drugs are used to ovulation induction but they are reported to have various adverse effects, such as ovarian enlargement, nausea, vomiting, breast discomfort, headache etc. So in Ayurvedic classics Various treatment protocols are described. Pacifying Vata Dosha is the main treatment principle for Vandyatwa.

Vata plays a major role in physiology and pathology of reproductive tract, Vata stands for proliferation, division of cell and rupture of the follicle. Acharya Vagbhat mentioned Taila is param aushadham for vata, So Mahanarayan taila is selected for this study, it is explained in Vatavyadi.Mahanarayan taila with its Katu, Tikta Rasa, Laghu, Ruksha Guna, Ushna Veerya and Katu Vipaka and Vata Kaphashamaka Doshaghnata ultimately leads to Karmas such as Deepana, Pachana, Vilayana, Anulomana, and Srotoshodhana resulting Amapachana and Vatakaphashamana, which may removes Sanga and Avarana leading to proper function of Vayu, which is correct the function HPO axis subsequently resulting in proper development of dominant follicle and resulted in ovulation[8].

III. CONCLUSION

Thus present case study concludes that the holistic approach of Ayurvedic system of medicine gives best result in infertility which is caused due to ovarian factor. Anovulation is the failure to produce a mature ovum by the ovary. Beeja is the one of the essential factors required for conception. Mahanarayan taila helps in remove the sanga and Avarana leading to proper function of vayu its resulting in Beejotsarga (ovulation). It stimulates the H-P-O axis with promoting ovulation. There were no adverse effects found during this study.

REFERENCES

[1]. Narendra Malhotra . Jeffcoate’s principles of Gynaecology 8th ed. New Delhi. Infertilityand Reproductive technology chapter 46, page No.650.
[2]. Katole A, SaojiA.V. Prevalence of primary infertility and its associated risk factors in Urbann population in central India. [IJCM]Indian journal of community medicine 2019 Oct Available from: https:/www.ncbi.nlm.nih.gov/pmc/articles/PMC6881900/#40.3226.
[3]. Jonathan S. Berek. Berek and Novaks Gynecology 5th ed. Reproductive Endocrinology Section 7 page No.1150.
[4]. Kumar P. Malhotra N. Jeffcoate’s principles of Gynecology. 7th ed. New Delhi. Infertility and Reproductive technology 46. .
[5]. Kashyapa Samhita Or Vrddhajivakiya Tantra, Chaukhambha Visvabharati Varanasi , Sharira Sthana 5 Sloka No.3.
[6]. Sushrut Samhita Vol-2 Sharirsthan 2/33, Chaukhamba Orientalia Varanasi,2016.
[7]. Shri Govinda Dasji , Bhaishajya Ratnavali Volume 1. Chaukhambha Sanskrit Sansthan Varanasi, Vata vyadhi Chapter 26 Sloka No.343-354.
[8]. Donga K R, Donga S B, Dei LP, 2013, Role of Nasya and Matra basti with Narayana taila on anovulatory factor, An international Quarterly journal of research in ayurveda, 34[1], p81-85.