

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

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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:

In the Study, 20 Infertility Subjects were selected with respect to the Anovulation from the OPD & IPD of Prasuti Tantra & Stree Roga Department JSS Ayurveda Medical Hospital Mysuru. Subjects were given with *Cap Mahanarayana taila* 600 mg before food for 2 months. Subjects were assessed based on the objective parameter like Follicular study by TVS on the 12th, 14th, 16th, 18th and 20th days of menstrual cycle before and after the treatment.

➤ Result:

Paired t test is applied. It shows p value less than 0.001 it shows highly significant in improving the follicles size.

➤ Conclusion :

This study concluded that *Cap mahanarayana taila* shows best results in anovulation.

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 life¹. Present documents estimate 8%-10% (60-80 million) of couples worldwide are having infertility. Prevalence of infertility in India is about 15-20 million². 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 ovulation⁴.

Ayurveda literature says who able to procreate within one year of married life are considered to be blessed⁵. 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 symptom of Vandhya Yonivyapada⁶. The main causative factor for Vandhyatva is Vata Doshha. so Taila Is considered as best line of treatment for Vata with the properties of Ushna Veerya and Tikshna Guna helps in Amapachana and Deepana, which helps in remove the Sanga and Avarana leading to proper function of Vayu⁷. In this study Mahanarayana Taila was found effective result in anovulation.

➤ *Aims and Objective:*

To evaluate the efficacy of oral administration of Mahanarayana Taila on anovulation.

II. MATERIAL AND METHOD

➤ *Selection of Subjects*

In this Study, 20 Infertility Subjects who fulfilling the criteria for diagnosis and inclusion were selected from the OPD & IPD of Prasuti Tantra & Stree Roga Department JSS Ayurveda Medical Hospital mysuru, camps and other referrals was consider for the study.

➤ *Drug Source:*

The Cap.Mahanarayana Taila was Purchased from GMP Certified Pharmacy.

• *Selection Criteria:*

The subjects who fulfill the diagnostic criteria with the informed consent were selected. And a detailed history was

filled up in specially prepared proforma on Ayurveda guidelines. Data was collected by interview method.

• *Diagnostic Criteria:*

Subjects with primary or secondary infertility with anovulation was confirmed by Follicular study [Transvaginal Ultra Sonography].

• *Inclusion Criteria:*

- ✓ Age group: 20 – 40 years.
- ✓ Patient with child bearing age with a complaint of failure to conceive after one year of married life.
- ✓ Primary or secondary infertility with anovulation.

• *Exclusion Criteria:*

- ✓ Know case of Infertility due to factors like Tubal blockage, Uterine factors, Cervical factors, Vaginal factors.
- ✓ Diagnosed case of reproductive tract Diseases such as Cervical tumours, Polyps, Genital Tuberculosis, Carcinoma and other Congenital deformities.
- ✓ Know case of other Chronic illness Like Cardiac diseases, Thyroid Disorders and Diabetes mellitus.
- ✓ Know case of Pelvic Inflammatory Diseases and Benign and Malignant lesions of Reproductive organs.

• *Assessment Criteria:*

Objective Parameters:

- ✓ The Assessment was based on the Follicular study by TVS on the 12th,14th, 16th, 18th, 20th days of menstrual cycle before and after the treatment.

Table 1 Follicular Size

GRADES	SIZE OF FOLLICLES
GRADE 0	< 12 mm
GRADE 1	12 – 19 mm
GRADE 2	19 – 23 mm
GRADE 3	Ovulation

Table 2 Effectiveness of Treatment was Assessed by Following

GRADES	IMPROVEMENT	RESULT
GRADE 0	No changes	No changes in growth of follicles
GRADE 1	Mild Improvement	Improvement in size of follicles up to 12-19mm
GRADE 2	Moderate Improvement	Ovulation will not occur but improvement in size of follicles >19 mm
GRADE 3	Marked Improvement	Evidence of Ovulation

Table 3 Treatment Protocol

	GROUP A	GROUP B
No.of.subjects	20	20
Medicine	Cap.Mahanarayana Taila	Cap. Shatapuspha Taila
Dose	600mg (1 TID)	600mg(1 TID)
Time of administartion	Before food	Before food
Route of administration	Oral	Oral
Duration of medication	Two consecutive cycles	Two consecutive cycles

	(starts from 6 th day of menstrual cycle till the next menstrual cycle)	(starts from 6 th day of menstrual cycle till the next menstrual cycle)
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- *Assessment Schedule:*

After treatment: D12– D20 (Alternate days) of the 3rd cycle.

III. OBSERVATION

Table 4 Subject Based on Age

Age (in years)	Number of subject
20-25	2
26-30	6
31-35	8
36-40	4

Table 5 Subject Based on Religion

Religion	Number of subject
Hindu	19
Muslim	01
Christian	0
Others	0

Table 6 Subject Based on Occupation

Occupation	Number of subject
Housewife	10
Engineer	3
Teacher	5
Doctor	0
Other	2

Table 7 Subject Based on Duration of Marital life

D.O.M	Number of subject
1-5 years	8
6-10 years	10
10-15 years	1
16-20 years	1

Table 8 Subject Based on Purva Chikitsa

<i>Purva chikitsa</i>	Number of subjects
OI	4
IUI	4
IVF	1
None	11

Table 9 Subject Based on Regularity

Regularity	Number of subjects
Regular	12
Irregular	8

Table 10 Subject Based on Obstetric Outcome

Obstetric outcome	Number of subjects
Nulliparous	17
Parous	03

Table 11 Subject Based on Follicular Size (Before Treatment)

Follicular size	Number of subjects
< 12 mm	11
12 – 19 mm	09
19 – 23 mm	00

Ovulation	00
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IV. RESULT

The study was carried out in 20 subjects received *Avartita Mahanarayana Taila*. The data was collected from subject before and after the treatment. According to type of parameter the Paired t test is applied and analysis was done.

Table 12 Result

Follicles size	Mean		% of improvement	S.D.		t	P value	Results
	BT	AT		BT	AT			
Group A	11.3	23.65	52.21	2.73	0.74	-19.119	<0.001	HS

The mean follicle size before treatment was 11.30, which increased significantly to 23.65 after treatment. The standard deviation was 2.73 before treatment and 0.74 after treatment, indicating a more consistent response after treatment. This improvement was statistically significant, as confirmed by the paired t-test with a t-value of -19.119 and a p-value of <0.001, it shows highly significant in improving the follicles size.

Out of 20 subjects, 16 subjects had showed ovulation and 4 Subjects had Moderate improvement in follicular size and among 20 subjects, 4 subjects got conceived during study period.

V. 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.

The *Mahanarayana Taila* with its *Katu, Tikta, Laghu Ruksha Snigdha Guna, Ushna Veerya, Katu Vipaka* and *Vata Kapha Shamaka*, it ultimately leads to *Karma* such as *Deepana, Pachana, Vilayana, Vatanulomana* and also act as *Balya, Brimhaniya* and *Rasayana*. which helps in removal of the *Sanga* and *Avarana* leading to proper function of *Vayu* its resulting in *Beejotsarga* (ovulation). It has phyto-estrogenic components that control the activity of the activity of gonadotropins that may correct the functioning of the HPO axis and it helps for proper maturation of the follicles⁸.

Mahanarayana Taila contain *Ashwagandha, Bala, Shatavari*, and *Dashamoola*, which help strengthen the uterus and ovaries by enhance pelvic blood circulation, reduce inflammation, and regulate the hormonal environment

essential for ovulation and these are rich in adaptogenic and phytoestrogenic factors that can contribute to improved folliculogenesis and endometrial receptivity, it promote maturation of ovarian follicles and support natural conception.

VI. CONCLUSION

Thus present case study concludes that the holistic approach of Ayurvedic system of medicine gives best result in infertility due to anovulation. the study outcomes suggest that the Mahanarayana taila is showing better promising results in improvement of follicle size. It helps in remove the sanga and Avarana leading to proper function of vayu its resulting in ovulation. It stimulates the H-P-O axis with promoting ovulation. There were no adverse effects found during this study.

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