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EFFICACY OF KSHEERBALA TAIL YOGBASTI AND VRUDHDARUK GHRITA NASYA IN INFERTILITY

Dr. Mrs. Hemalata R. Jalgaonkar*

Professor and HOD, Dept. of Striroga and Prasutitantra, ASM 's Ashtang Ayurveda Mahavidyalaya, Pune, Maharashtra, India.

***Corresponding Author: Dr. Mrs. Hemalata R. Jalgaonkar**

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INTRODUCTION

Infertility is defined as failure to conceive though having regular unprotected coitus for more than a year.[1] The male is directly responsible in about 30-40%, the female in about 40-50% and both are responsible in about 10% cases. The remaining 10% is unexplained.[2] Infertility primarily refers to the biological inability of a person to contribute to conception. In Ayurveda infertility may be correlated with vandhyatwa or with vandhya yonivyapada. Ayurveda is science having its own method of diagnosis and treatment based on it. Important factors of constituents of garbha (foetus) are 1) Rutu (fertile period), 2) Kshetra (reproductive organs), 3) Ambu (proper nutrient fluid), 4) Beeja (shukra-shonit) also healthy psychological status, normal functioning of vata (one of the governing factor of body according to Ayurveda.[3] Any abnormality in these factors causes infertility.

Beeja is directly referred as antapushpa (ovum) and beejotsarga to ovulation process. Anovulation can be considered as Nashtartava which occur due to vitiated vata. Basti karma is considered as best line of treatment for vata. In this case study combined effect of kaheerbala tail yogbasti and vrudhdaruk ghrita nasya, pichu dharana and aartavjanan dravya was found to be effective in one patient of vandhyatva. It has been observed that this 3 step treatment helps not only treating the symptoms but also by strengthening the reproductive system and improving the local cellular immunity.

DESCRIPTION OF PATIENT

A female patient aged 29 years came with complaints of having no issue though married for 3 years and having uninterrupted sex. She took hormonal treatment for 2-3 times without any benefit. Her hormonal assay was within normal limit. On the basis of follicular study patient was diagnosed as anovulation (anartava).

MENSTRUAL HISTORY

Menarche- at the age of 13 years having menses with pain present during menses.

CONTRACEPTIVE HISTORY- Not used.

EXAMINATION OF PATIENT

SEXUAL HISTORY -3-4/week.

FAMILY HISTORY

PARAMETER		RESULTS
Weight	:	59Kg
Height	:	154 cm
BMI	:	24 kg/m2
B. P.	:	120/70 mm of Hg
Pulse rate	:	88/min
Breast examination	:	NAD
P/A	:	Soft
P/S	:	Cervix healthy, dry vagina.

ASHTAVIDHA PARIKSHA

PARAMETER		RESULTS
Nadi	:	88/min
Mala	:	Once a day
Mutra	:	5-6 times/day, Pitabh shwet varna
Jivha	:	Niram
Shabda	:	Avishesh
Sparsha	:	Anushna sheet
Druk	:	Avishesh
Akruti	:	Madhyam

DASHVIDHA PARIKSHA

PARAMETER		RSULTS
Prakruti	:	Kapha Pradhan vaat
Vikruti	:	Madhyam bal
Sara	:	Raktasar
Samhanan	:	Hin
Praman	:	Madhyam
Satmya	:	Mishrit
Satva	:	Pravar satva sampan
Ahar Shakti	:	Madhyam
Vyayam Shakti	:	Madhyam
Vaya	:	Madhyavastha

INVESTIGATIONS

PARAMETER RSULTS

Husband's Semen Analysis : WNL

Blood investigation of patient

PARAMETER		RSULTS
Hb	:	12.9 gm%
TSH	:	2.512 miu/ml
FSH	:	6.40 mIu/ml
LH	:	5.26 mIu/ml
Prolactin	:	7.90ng/ml
BSL	:	108mg/dl
AMH	:	2.99ng/ml

No family history of DM, HTN, T.B. and thyroid dysfunction

No history of exposure to radiation, any toxin or chemical agent.

TREATMENT

Three step treatment given

I) Premenstrual Basti Chikitsa – 3 Cycles of Yogbasti

Time- 8 am to 10 am for 8 days

Drug- Ksheerbala tail for Anuvasan basti

Dashamuladi kwath for Niruh basti

Route- Basti by rectal route

Dose- 80 ml

Purva karma- Abhyanga with Til taila on kati-prushtapad-parshwa-adhodara for 15 min and Swedan by Nadiswed.

Pradhan karma- Niruh & Anuvasan basti through anal route in left lateral position on alternate days.

Pashchat karma- rest in supine position for at least 30 min.

II) Abhyantar yoga

Tab.Profala 2 tablets BD

Cap.KQ 100 1 tablet OD

Tab. M2 Tone 2 tablets BD

Pushpadhanva Rasa 2 Tablet BD

Tab Alloes Compound 2 BD

III) Post menstrual Sthanik Chikitsa

-Nasya Karma with Vriddhadaru Ghrita 2 drops in each nostril from 5th to 15th day of menses

-Uttarbasti with Phal ghrita 3-5 cc for 3 days.

During this period the patient was advised to take

Pichu Dharan i.e. medicated ghrita soaked in vaginal tampon

Dravya- Phal ghrita 15 ml

Standard life style advised by Ayurveda

Wake up : 6-6:30 am

Walk For : 20-30 min

Lunch : In between 11am to 1 pm

Afternoon free time : Listen to favourite songs, spending time with family, whatever she wants to do she can as "saumanasyam garbhadharnanam"[4]

Dinner :Between 7 to 8 pm

Walk for : 15-20 min

Bed time : Around 9:30 to 10:30 pm

Precautions : Avoid overnight work, late night diet, avoid anger.

Results of Sonography before treatment

PARAMETER RESULT

1. UTERUS

Length : 7.90 cm

Height : 6.50 cm

Width : 3.5 cm

LEFT OVARY - Not seen

(S/H/O – Left ovary excision @ 2024)

2. RIGHT OVARY

Length : 2.57 cm

Height : 1.08 cm

Width : 3.54 cm

Uterus anteverted, normal in size, shape and echostructure.

No e/o anamolies.

POD empty.

Right normal in size and shape. Left ovary not seen .

Follicular study

LMP-26/05/2025

Day of ovulation	Right ovary	Left ovary	Endometrial thickness	Free fluid
11th	20×19 mm	-	5mm	-
13th	25×25 mm	-	6mm	-
14th	Rupture	-	7.4mm	Minimal free fluid

UPT done- positive (08/11/2025)

Findings of sonography after treatment – (29.06.2026)

Single live intrauterine pregnancy seen within G sac appears normal.

Yolk sac seen

Single foetal pole with good and regular cardiac activity noted. GA- 6 weeks 4 days Weeks. CRL- 7.1 mm .HR-134 bpm

DISCUSSION

There is dominance of vata dosha in vandhyatva.

Basti and Taila is param aushadham for vata according to Acharya Vagbhat.[6] Anuvasan Basti is indicated by Acharya Kashyap for Nashtabeeja.[7] So it will act on ovulation.

Vriddhadaru Ghrita properties

Vriddhadaru is vrisshya dravya,it acts as Shukrajanan which is very important factor for fertility.

Rasayana drugs maintain the proper flow of rasadi dhatus in their srotas and supports formation of further dhatus.

Vriddhadaru has Medhya property which support to achieve conception by elevating the psychological factors.

Vatahara and Strotoshodhana property acts in restoring the normal Physiological function of vata, pitta, kapha and formation of Ovum and Ovulation.

Dosha: Kapha being pradhana dosh it gets mitigated by katu, tikta kashaya rasa and laghu guna, ushna veerya,; Ushna veerya of helps in mitigating vata dosha.

Dushya: Laghu guna helps in srotoshodhana and helps for fresh blood circulation to the affected area.

Agni: deepana (katu, kashaya rasa, ushna veerya) and pachana (tiktarasa and ushna guna). This process increases the jataragni and dhatvagni and helps in bringing the vitiated doshas to normal form.

Pushpadhanva Rasa has properties like vata-pittakaphahar, balya, vrushya and rasayan. It helps in correcting an anovulatory cycle.

Tab M2 Tone-In Endometrial factors it increases the blood circulation, helps in proliferation increase the receptive activities of endometrial & cervical mucus secretion.

Cap KQ 100 - is a nutritional supplement containing Coenzyme Q10 (Ubidecarenone), L-Arginine, Omega-3 fatty acids, Lycopene, and essential vitamins and minerals. It is primarily used to support heart health, improve cellular energy production, provide antioxidant protection, and manage nutritional deficiencies.

Tab Alloes Compound- to induce regular ovulation, regulate menstrual cycles, and improve the uterine environment for successful conception.

Tab Profala - Acts as Artava-janana (promotes ovulation). Balances Vata and Kapha dosha.Improves artava dhatu.

Local cellular immunity increases as pichu dharan was done. Snehan karma occurs due to use of bala taila. This sthanik chikitsa helps to reduce acidity of vaginal secretion and promotes motility of sperms. Panchakarma and Ayurvedic herbal medicines acts at root level and brings back deviations of hormonal system back to normalcy. All these drugs are having vata-pittakapha-shamak qualities also have vatanuloman property which promotes fertility. Thus combined effect of these 3 treatment was found effective.

CONCLUSION

Basti karma is a best treatment to regulate vata dosha. It also bring about the harmony of tridosha. Ksheerbala Taila has vatashamak and garbhasthapak properties. aartavajanan property of Tab M2 Tone and Tab Alloes compound vati and inhancing local immunity by pichu dharana helps in regulating menstrual cycle and further helps in conception. Nasya karma corrects prana and apana vayu and harmonal imbalance .Uttar Basti corrects Apana Vata dushti, improves uterine and tubal function, enhances ovulation and endometrial receptivity, thereby aiding conception.The combined effect of all these found to be effective.

RESULT

The patient got conceived after 3 months of treatment and is under regular ante natal checkup. Now her gestational age is 10 weeks 3 days (12/08/2026).

CONSENT

Before starting treatment consent of the patient and her husband is taken along with proper advice and counselling.

REFERENCES

1. D.C. Dutta’s Textbook of Gynaecology by D C Dutta, Edited by Hiralal konar; Jaypee Brothers Medical Publishers (P) Ltd. New Delhi, Sixth Edition, Reprint, 2013; Chapter no.16, Infertility, 227.
2. D.C. Dutta’s Textbook of Gynaecology by D C Dutta, Edited by Hiralal konar; Jaypee Brothers Medical Publishers (P) Ltd. New Delhi, Sixth Edition, Reprint, 2013; Chapter no.16, Infertility, 227.
3. Sushrut Samhita of Maharshi Sushrut edited with Ayurveda Tattva Sandipika hindi commentary by Kaviraj Ambikadutta Shastri; Sharir sthan 2/35, part 1, page-19; Chaukhamba Sanskrit sansthan, Varanasi, reprint, 2016.
4. Charaka Samhita of Agnivesa edited with Caraka chandrika hindi commentary by Dr. Brahmanand Tripathi; Sutra sthan 25/40, part 1, page 455; Chaukhamba surbharati prakashan, Varanasi, reprint, 2012.
5. Astangahrdayam of Vagbhata edited with Vidyotini hindi commentary by Kaviraj Atridev Gupta; Uttar sthan 40/52, page 833; Chaukhamba Prakashan, Varanasi.
6. Astangahrdayam of Vagbhata edited with Vidyotini hindi commentary by Kaviraj Atridev Gupta; Sutra sthan 1/25, page 14; Chaukhamba Prakashan, Varanasi.
7. Kashyap Samhita by Vriddha Jivika, revised by Vatsya, Edited by Pandit Hemraja Shara,

Sidhdisthan; Adhyay7, Sutra11; Chaukhamba prakashan, Varanasi, Reprint, 2004.
8. Kashyap Samhita by Vriddha Jivika, revised by Vatsya, Edited by Pandit Hemraja Shara, Kalpasthan; Adhyay2, Sutra 93-96; Chaukhamba prakashan, Varanasi, Reprint, 2004.
9. Jivananda Vidyasagara, Chikitsasarsangraha Vangasena Samhita, Calcutta 1891, Streerogadhikar verse no.174: 835.