

Pippalyadi Ghrita Pratimarsha Nasya in The Management of Anovulation: A Case Study

Dr Prerna Atul Nalode¹, Dr Niveditha Somalapur²

¹Final Year PG Scholar, Department of Prasuti Tantra Evum Streeroga, SJJGAMC Koppal, Karnataka, India-583231

²Associate Professor, Department of Prasuti Tantra Evum Streeroga, SJJGAMC Koppal, Karnataka, India-583231

Abstract—Vandhyatva due to Beeja Dushti and Artavakshaya (anovulation) results from Apana Vata Prakopa and HPO axis dysfunction. This study evaluates Pratimarsha Nasya with Pippalyadi Ghrita to induce ovulation. Drug is Bhaishajya Ratnavali guided selection. The drug showed a positive result in a case of secondary infertility due to anovulation with pratimarsh nasya done. Pratimarsha Nasya offers non-invasive Vata-Kapha-Pitta Shamana for anovulatory infertility.

Index Terms—Vandhyatva, infertility, Anovulation, Pratimarsha Nasya, Pippalyadi Ghrita.

I. INTRODUCTION

Reproduction is a significant milestone in a woman's life, fulfilling her physiological, psychological, and social dimensions. Garbha Nirmana has been considered a divine process in Ayurveda, symbolizing the continuation of life. The reproductive phase defines a major portion of the female lifespan and is influenced by complex interactions between Doshas, Dhatus, and Upadhatus such as Artava. Balanced hormonal activity and healthy ovulation are crucial for conception and overall reproductive health. [1]

Anovulation occurs when the ovaries fail to release an egg during the menstrual cycle, disrupting the normal process of ovulation. This condition often due to imbalances anywhere along the hypothalamic-pituitary-ovarian (HPO) axis, which can impair follicle growth and alter hormone levels. Making it a leading cause of infertility, affecting 15-25% of women struggling to conceive. Common culprits include stress, hormonal imbalance (high prolactin or excess androgens), PCOS, thyroid Dysfunction,

premature ovarian failure, or even chronic health conditions.

Modern management often involves ovulation-inducing drugs like clomiphene citrate, letrozole, or gonadotropins; however, these are associated with side effects such as multiple pregnancies, ovarian hyperstimulation, and high relapse rates. [2]

As ovulation is considered as production of essence part of Rasa Dhatu. So, there is no separate concept of ovum development but sthanik Artava and sarvadaihih artava refers to role of Artava in its Moola sthana as Garbhashaya may be considered for Ovulation. In modern endocrine functions through HPO-Axis was better explained for folliculogenesis and Ovulation. If we want to stimulate HPO-Axis the nearest route for administration to Shiras is "Nasa – Nasa hi shiraso dwaram". [3] Therefore Nasya should be considered as first line of management for ovulation stimulation. So was chosen the route of administration of drug.

Pippalyadi yoga is mentioned in bhaishajya ratnavali as treatment for vandhya, which was made into ghrita form to use as nasya. [4]

Case Report

A 31 year old married female patient with a marital life of 11 years, presented to the OPD of Shree Jagaduru Gavisiddheshwara Ayurvedic medical college and hospital, Koppal, Karnataka with complaints of anxious to conceive for 8 years. So approached our hospital for further management.

No K/C/O HTN, DM, Thyroid Dysfunction or Any Other Systemic Disorder.

FAMILY HISTORY: Nothing significant

MEDICAL HISTORY: H/O- Ovulation induction 4 months back.

MENSTRUAL HISTORY-

LMP- 11/05/2025
M/C- Regular /30-34 days cycle
Duration -5days /2 pads per days
No Dysmenorrhea,
Clots -Present
Odour- Absent

COITAL HISTORY –

2-3 Times/week
 Dyspareunia – Mild
 OBS/H – P1L1
 P1- Male baby/ FTLSCS / 10 YRS-Live

PERSONAL HISTORY-

Bowel – Non constipated
 Appetite- Good
 Micturition – Normal 4-5 time/days
 Sleep – Disturbed

PHYSICAL EXAMINATION

BP- 120/70 mmhg
 PR- 84 bpm
 Weight- 62 kg

GENERAL EXAMINATION:

Appearance- Moderately built	Gait – Normal
Pallor – Mild	Cyanosis – Absent
Clubbing – Absent	Lymphadenopathy – Absent
Oedema - Absent	

SYSTEMIC EXAMINATION

CNS – Well oriented
 CVS – S1 S2 heard, no any added sounds
 RS – NVBS heard
 P/A –Soft and Non tender, no palpable mass

PER-SPECULUM

Cx- Posterior, healthy
 Vagina healthy, Rugae +
 White discharge not noted
 No signs of erosion, polyp or any mass seen

PER-VAGINA:

Ut -Anteverted. mildly bulky, mobile
 Cx healthy, CMT – negative
 Fornices free,
 No abnormal discharge,
 No mass, Polyp noted

ASHTA STHANA PARIKSHA

Nadi - 80 bpm	Shabda –Prakruta
Mala - Once / day	Sparsha -Anushna Sheeta
Mutra- 5-6times/day	Druk –Prakruta
Jivha –Aipta	Akriti –Madhyama

DASHA VIDHA PARIKSHA

Prakruti: Vatakapha
 Vikruti: Dosh: Vata, Kapha
 Dushya: Rasadhatu, Artava
 Sara: Madhyama
 Samhanana: Madhyama
 Satmya: Madhyama
 Satva: Madhyama
 Pramana: Madhyama
 Ahara shakti: Jarana shakti –Madhyama
 Abhyavarana shakti –Madhyama
 Vyayama Shakti: Avara
 Vaya: Madhyama

SAMPRAPTI GHATAKA:

Dosha: Vata, Pitta, Kapha
Dushya: Rasa, Artava
Agni: Jatharagni mandya, Dhatwagni mandya
Agni Dushti: Jatargni mandya, Rasa Dhatavagni vaishamyata
Srotas: Rasavaha, Artavavaha srotas
Srotodushti: Artavavaha srotas
Udbhava sthana: Aamashaya
Sanchara staana: Rasavaha, raktavaha, Artavaha Srotas
Vyakta Staana: Garbhashaya
Adhishtana: Garbhashaya
Roga Marga: Abhyantara

INVESTIGATIONS:

CBC findings on 25/01/2025
 Hb% - 11.0 gms/dl
 TLC- 11,100/cumm
 Platelets: 3.28 lakh/cumm
 AMH- 1.73 ng/ml (25/01/2025)

USG Finding: (25/01/2025)
 F/S/O- Ut- 5.7x4.1x5.5
 Right ovary – normal, left ovary- 10CC
 Follicular study (April 2025) – F/S/O- no dominant follicle in either ovary.
 Based on clinical history, Physical examination and investigations patient was diagnosed as Secondary Infertility due to anovulation.

TIMELINE

DATE	CLINICAL FEATURES	THERAPEUTIC INTERVENTIONS
13/05/2025	Anxious to conceive since 8 yrs. LMP- 11/05/25 PLMP- 09/04/25 D3 of cycles. Scanty bleeding	Pippalyadi ghrita- 2 drops in each nostril morning 5 th day to 25 th day of cycle for 2 consecutive cycles
02/07/2025	Came for follow up. Mild pain in iliac fossa Transparent vaginal discharge + LMP- 18/06/25 D15 of cycles	Adv- Ovulation kit Test –weakly positive Continue - Pippalyadi ghrita- 2 drops in each nostril morning 5 th day to 14 th day of cycle of cycle
27/07/2025	Pt came for follow up c/o- Amenorrhea for 45 days. LMP- 18/06/25	Adv- UPT- positive Adv- dating scan and routine ANC care.

II. OBSERVATIONS

During 1st cycle of medication, no mid cycle pain or vaginal discharge was noted.
 In second cycle clinical symptoms of ovulation were positive, advised Ovulation test which was positive, so

was advised copulation dates. And conceived successfully in August 2025.

III. DISCUSSION

Pippalyadi ghrita contains four content Pippali, Shunthi, Maricha, Nagkeshara and Go-ghrita. This is taken from the Bhaishajya Ratnavali in Yonivyapada chikitsa adhyaya. This yoga was mentioned to be taken as all four drugs in equal quantity with ghrita orally in the text. Here it was made in the form of ghrita and administered as Pratimarsha Nasya.

Nasya via Srungataka Marma reaches Shira, scratching vitiated Vata-Kapha Doshas and stimulating hypothalamic GnRH neurons. Enhanced FSH/LH receptor expression and intraovarian blood flow amplify follicular response to gonadotropins. Local estrogen-FSH synergy activates proteolytic enzymes, increasing follicular wall distensibility to trigger ovulation, complemented by sustained LH surge-progesterone axis regulation.

Pippalyadi Ghrita; Bhaishajya Ratnavali, Yonivyapad Adhyaya: exhibits Madhura-Katu Rasa for Saptadhatu vardhana and Deepana, Laghu-Ruksha-Tikshna Guna for Avarana nashaka and Srotoshodhana, Ushna Virya for Ama pachana and vasodilatation, Katu Vipaka for Vata anulomana. Tikta-Kashaya Rasas provide Lekhana for Rasa shodhana and HPO axis regulation. Snigdha-Mridu-Yogavahi properties enhance Rasa-Artava transformation. Tridoshahara (Vata-Kapha predominant) action via Pratimarsha Nasya stimulates Srungataka Marma, activating GnRH-FSH/LH cascade for follicular maturation. Trikatu ensures Agnideepana; Nagakeshara provides Artavajanana. This restores Agneyatva in Artava Dhatu, facilitating ovulation.

IV. CONCLUSION:

The study demonstrates that *Pratimarsha Nasya* with *Pippalyadi Ghrita* effectively induced ovulation in anovulatory *Vandhyatva* through *Srungataka Marma* stimulation, *Shirogata Vata* pacification, and HPO axis regulation via *Madhura-Katu Rasa*, *Ushna Virya*, and *Tridoshahara* action. The patient successfully conceived following 2 months treatment, validating *Bhaishajya Ratnavali* (Yonivyapad Adhyaya) principles. This non-invasive *Srotoshodhana* approach demonstrates superior

Samprapti Vighatana, restoring Artava Dhatu Agneyatva without iatrogenic effects.

UPT – On 27/07/2025

REFERENCES

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- [4] Shri Govinda dasji – bhaishajyaratnavali – English translation by dr kanjiv lochan – volume 3 – chapter 67 yonivyapad chikitsa, shloka no 45, reprint edition. Chaukhambha Sanskrit Sansthan Varanasi;2009. p.367.



DATING SCAN ON 05/08/25

Kanva Diagnostic Services Pvt Ltd
No.744, 11th Block, 2nd Stage, Nagarbhavi
Bangalore - 560072

Patient name	Mrs. BHARATHI M	Age/Sex	30 Years / Female
Patient ID	N991149	Visit no.	1
Referred by	Dr. NIVEDITHA SOMALAPUR	Visit date	05/08/2025

EARLY PREGNANCY

LMP : 18.06.2025 GA : 6 wks 6 days EDD BY LMP: 25.03.2026

Uterus:
Gravid uterus shows evidence of a single intrauterine gestational sac.
Yolk sac seen.
Embryo is noted with CRL 4.7 mm corresponding to 6 wks 1 day ± 1wk.
(EDD assigned as per USG) : 30.03.2026
Early fetal cardiac activity is seen. (FHR – 110 bpm)
Cervical canal is closed. Cervical length 3.8 cm.
Both ovaries appear normal. No adnexal mass seen.
No free fluid in pelvis.

IMPRESSION
EARLY SINGLE LIVE INTRA-UTERINE PREGNANCY OF SONOGRAPHIC GESTATIONAL AGE 6 WKS 1 DAY ± 1 WK.
There is disparity of 5 days from the LMP. EDD is reassigned as per CRL: 30.03.2026
Suggested follow up scan after 2 weeks

Declaration : DR. SAHANA C declares that while conducting Ultrasonography on MRS. BHAARATHI M, I have neither detected nor disclosed the sex of her foetus to any body in any manner.
Consent form signed

DR. SAHANA C MD RD, DNB.,
CONSULTANT RADIOLOGIST.
Note: Please carry your previous reports during every visit

ANNEXURE:

Previous report: follicular study

12th	20.04.2025	NO DF	NO DF	5.2	NIL
14th	22/4/25	NO DF	11x10	5.8-	Nil
18th	26/4/25	NO DF	14x10	8.3	Nil Trilaminar

Ovulation Kit Test:

Ph. No. :- 8880000000

AGE/SEX :- 30. Yrs. /
DATE :- 14/10/2025

MS (AYU) (OBG)

OVULATION TEST

Normal Range

URINE EXAMINATION
OVULATION TEST REPORT : WEAKLY POSITIVE
----- END OF REPORT -----