

## Effect of Dhatrayadi Ghrta in Infertility with Special Reference to Anovulation – A Short Communication

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### Abstract

Anovulation is one of the most common causes of female infertility and remains a significant clinical challenge despite advances in ovulation induction therapy. Globally, infertility affects a considerable proportion of reproductive-aged couples, with ovulatory disorders constituting a major etiological factor. In Ayurveda, infertility due to ovulatory dysfunction can be correlated with *Artava-kcaya*, *Bijopaghata* and *Artavavaha srotodusti*, predominantly associated with *Vata* and *Kapha* vitiation. Classical Ayurvedic texts describe several ghrta-based formulations for gynecological and reproductive disorders. Dhatrayadi Ghrta is traditionally indicated in conditions such as *Yoniroga* and *Vandhyatva*. The present short communication highlights the therapeutic relevance and probable mode of action of Dhatrayadi Ghrta in infertility with special reference to anovulation.

**Keywords:** Anovulation, female infertility, Dhatrayadi Ghrta, *Artava-kcaya*, Ayurveda

### Introduction

Infertility affects a substantial proportion of couples worldwide, and ovulatory disorders are responsible for a major share of female-related infertility<sup>(1-3)</sup>. Anovulation is characterized by failure of follicular maturation and ovum release, leading to irregular or absent menstrual cycles and impaired fertility.

According to Ayurveda, successful conception depends upon the integrity of *Rtu*, *Ksetra*, *Ambu* and *Bija*<sup>(4)</sup>. Disturbance of *Dosa*, particularly *Vata* and *Kapha*, along with impairment of *Agni* and derangement of *Rasa* and *Rakta dhatu*, leads to defective formation and function of *Artava*<sup>(4-6)</sup>. Therefore, therapeutic interventions aimed at correcting *Agni*, normalizing *Apana vayu* and nourishing reproductive tissues are considered essential in the management of infertility.

### Dhatrayadi Ghrta – Classical Background

Dhatrayadi Ghrta is a classical medicated ghee preparation described for gynecological and reproductive disorders and is traditionally employed in conditions related to *Yoniroga* and *Vandhyatva*<sup>(4-6)</sup>. The formulation contains drugs possessing *Tridosasamaka*, *Brhmana*, *Balya* and *Rasayana* properties. The ghrta base is described in classical literature as *Yogavahi*, *Suksma* and *Samskara-anuvarti*, facilitating deep tissue

penetration and enhancing the therapeutic efficacy of the drugs processed in it<sup>(8)</sup>.

### Rationale for Use in Anovulation

From an Ayurvedic standpoint, anovulation can be understood as a functional impairment of *Artavavaha srotas* associated with *Kapha-avarana* and dysregulation of *Apana vayu*<sup>(4-6)</sup>. Dhatrayadi Ghrta is considered suitable in such conditions due to the following actions:

- Correction of *Agni* and improvement of *Rasa dhatu* formation
- Regulation of *Apana vayu*, supporting the physiological process of follicular maturation and ovulation
- Reduction of *Kapha*-dominant obstruction in *Artavavaha srotas*
- Nourishment of reproductive tissues through its *Brhmana* and *Rasayana* properties<sup>(7)</sup>.

### Probable Mode of Action

The probable mode of action of Dhatrayadi Ghrta in anovulatory infertility may be explained as follows:

1. **Dosa modulation** – Pacification of *Vata* and *Kapha* helps restore cyclical ovarian activity and supports normal follicular dynamics<sup>(4-6)</sup>.

2. **Srotas-sodhana** – Reduction of functional obstruction in *Artavavaha srotas* improves ovarian responsiveness and cyclicity<sup>(4-6)</sup>.
3. **Dhatu-posana** – Enhancement of *Rasa, Rakta* and *Artava dhatu* supports a healthy follicular and endometrial environment<sup>(4-7)</sup>.
4. **Sneha-pradhana effect** – Ghrta, owing to its *Suksma* and *Yogavahi* properties, facilitates better tissue delivery of phytoconstituents and supports physiological hormonal balance at the tissue level<sup>(8)</sup>.

#### Clinical Significance

Dhatrayadi Ghrta may be clinically beneficial in women presenting with:

- Irregular or delayed ovulation
- Oligomenorrhoea associated with anovulatory cycles
- Ultrasonographic evidence of poor follicular development
- Functional infertility without gross structural pathology

The formulation may be administered as internal *Sneha* therapy in appropriately selected patients after *Ama-pAcana* and *Koshta suddhi*, wherever indicated.

#### Discussion

Modern management of anovulation mainly relies on pharmacological ovulation-induction agents, which primarily act on the hypothalamic–pituitary–ovarian axis but may be associated with adverse effects and cycle dependency<sup>(3)</sup>. In contrast, Ayurvedic formulations such as Dhatrayadi Ghrta aim at restoring physiological balance by addressing the fundamental involvement of *Dosa, Dhatu* and *Srotas*<sup>(4-8)</sup>.

The multidimensional therapeutic attributes of Dhatrayadi Ghrta indicate its potential utility as a supportive or alternative intervention in functional anovulatory infertility, particularly in women with long-standing menstrual irregularities and metabolic or constitutional involvement.

#### Conclusion

Dhatrayadi Ghrta appears to be a promising Ayurvedic formulation in the management of infertility with special

reference to anovulation. Its *Vata-Kapha samaka, Agni-dipana, Srotas-sodhana* and *Rasayana* properties provide a strong conceptual basis for its role in restoring ovulatory function. Well-designed clinical studies incorporating hormonal profiling and ultrasonographic follicular monitoring are required to scientifically validate its efficacy and safety.

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