



VANDHYATVA – AN AYURVEDIC VIEW

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Abstract-

As per ayurveda, important factors for conception are considered as ritu (fertile period). Kshetra (uterus and reproductive organs), Ambu (Proper nutrient fluid) and Bija and also normalcy of Hridaya (Psychology). From the time immemorial the phenomenon of infertility was prevalent through out the world and this may persist till the human race exists. Every human being has inherent, intense desire to continue his (one's) own race; to become a mother is one of the most cherished desires of every woman. Failure to achieve conception by a couple of mature age. Having normal coitus during appropriate period of menstrual cycle regularly. At least for one year of their conjugal is termed as infertility. The historical importance of stri vandhyatva and a comparative study Nidan, Samprapti, Lakshane, Chalkitsa etc compiled from various Granth are being presented in this study. One in every four couples in developing countries had been found to be affected by infertility, when an evaluation of responses from women in Demographic and Health Surveys from 1990 was completed in collaboration with WHO in 2004. In India alone many women are suffering from infertility. The major causes are including male factor such as azoospermia, hypospadias, female factors such as such as peritoneal factor, tubal factor, ovarian factor, cervical factor. Sometimes unexplained causes are also explained. So this article contents general awareness and clinically used various treatment modalities as per Ayurveda for female infertility.

Keywords: infertility, Vandhyatwa, Ayurveda

INTRODUCTION -Vandhyatva has been longstanding problem of human community right from the ancient period up to this modern era. If the antiquity of Vandhyatva is looked back, one can see the praise of a fertile woman and slander of a barren woman. Also solutions of her barrenness have been mentioned in Veda, Upnishada, Purana etc. So what is infertility / Vandhyatva..?

1 “Infertility is the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year.

2 Types of infertility

- Primary infertility: It denotes those patients who have never conceived.
- Secondary infertility: It indicates previous pregnancy but failure to conceive subsequently within one or more years of unprotected regular intercourse.

Common causes: Conception depends on the fertility potential of both the male and female partner. The male directly responsible in about 30-40 %, the female in about 40-55 % and both are responsible in about 10% cases. The remaining 10% is unexplained. Male factor: 1. Defective spermatogenesis 2. Obstruction of the efferent duct system 3. Failure to deposit sperm high in the vagina.

Vandhyatva (infertility) is a condition of one year of intercourse without conception involving a male and a female partner. This health problem is present since ancient period and is increasing with the changing lifestyle. Stress and working pattern with multiple other factors affects the health and motility of spermatozoa leading to abnormalities in the factors which are essential for the conception. It is hard to accurately pinpoint male infertility prevalence across the globe since many cases do not get reported in many countries. Some studies concludes infertility cases close to 48 million couples worldwide, 50% infertility cases are women related, 30% are caused due to male infertility, and rest due to other factors. There is increasing public awareness for the implications of this problem and about the advancement available in the field of infertility. Many concepts and medicine are introduced by modern practitioner but they are not free from side effects. In Ayurveda, Vandhyatva (infertility) is a condition where, due to factors like Sukra Dosha (unhealthy semen), Ativyayama (over exercise), loss of Bala (low strength) and improper Ahara (food) and Vihara (lifestyle) etc., the Beejamsha (spermatozoa and ova) gets defected and finally leads to reduced fertility of Sukradhatu (sperm). In Ayurveda, this condition is managed with multiple concepts of correcting the states of Dhatu and Doshas. Balya (which increases strength of body), Vrishya (which increase fertility), Brumhana (which nourishes body), Rasayana (nourishing tissues) and Vajeekarana Dravya (increasing sexual potency) are used effectively in improving sexual wellness. understand Vandhyatva (infertility) from all aspects of reduced fertility and management of the condition from Ayurveda point of view has been elaborated.

Female factor: The important causes of female infertility as given by FIGO Manual (1990) are as follows: 1. Vaginal factors: 2. Uterine factors 3. Tubal factors: 4. Peritoneal factors: 5. Ovarian factors: 6. Coital errors: 7. Cervical factors: Some Other factors which hamper the Fertility: Any psychiatric illness can cause hypothalamic dysfunction and anovulatory infertility; Antipsychotic drugs, Endocrine Disorders, Cushing's syndrome- Cushing's syndrome causes menstrual irregularities and sub fertility, Thyroid disease, Diabetes- Both type I and type II diabetes are associated with disturbed ovarian function. If the diabetes is poorly controlled anovulatory infertility may occur. Type I diabetes can affect hypothalamic- pituitary function and may be associated with premature menopause due to ovarian autoimmunity. Women with type II diabetes are hyper insulinemic and insulin increases ovarian steroidogenesis leading to hyper androgenism and the pcos. Conversely, women with PCOS are prone to develop gestational diabetes, especially if they are overweight. Unexplained infertility - In about 10% of cases the infertility investigation will show no abnormalities. In these cases abnormalities are likely to be present but not detected by current methods. Possible problems could be that the egg is not released at the optimum time for fertilization, which it may not enter the fallopian tube, sperm may not be able to reach the egg, fertilization may fail to occur, transport of the zygote may be disturbed, or implantation fails. It is increasingly recognized that egg quality is of critical importance and women of advanced maternal age have eggs of reduced capacity for normal and successful fertilization. Material and Methods: In this article literary reference was collected from Ayurvedic classics, commentaries, modern literature, other recently published books, research journals and internet. Literary view of Vandhyatwa The woman in whom there is a hindrance of any kind to the normal process of conception is called Vandhya. Classification: The Classification of Vandhyatva has not been given separately in any classics except Harita Samhita, RasaRatnaSammuchaya and VandhyaKalpadruma. Harita(Ha.S. III. 48:1-3) have described six5 types of Vandhya with special clinical features. (Ha.TritiyaSthana 48) (1) Kakavandhya: -The woman who has one child but second time she is not conceived. (2) Anapatya: - The woman who has no child or primary infertility. (3) Garbhasravi: - The woman who has repeated abortion. (4) Mritvatsa: - The woman

who has repeated still births. (5) Balakshaya: - Infertility due to loss of Bala (strength). (6) Unexplained: - Infertility due to idiopathic cause. NIDANA OF VANDHYATVA: Many factors are responsible for Vandhyatva

ESSENTIAL FACTORS FOR FERTILITY: According to Acharya Charaka : Matrutah and Pitrutah: The normalcy of Shonita and Shukra. Aatmatah and Satvataha: Aatma is always encircled with Satva, which descends in the fertilized egg, and forms Garbha (embryo) without them the formation of Garbha is not possible and established idiopathic infertility. Satmyataha and Rasataha: The normalcy of Shonita and Shukra greatly depend upon the use of Satmya Aahar and Vihar. The nourishment of mother and embryo depend upon the Rasa. Without Rasa even mother cannot survive, so there is no question about embryo. According to Acharya Sushruta- Sushruta similarizes the achievement of conception with the germination of a seed by saying that,

Rutu: Fertile period is more explained by Acharya Dalhana that Rutu means Rajaha Kala i.e. ovulation period. Deposition of the spermatozoa in the upper vagina should be in appropriate time of the menstrual cycle. Kshetra: Anatomically and physiologically adequate reproductive organs. Vagina must be healthy. Cervix and its secretion are also permitted to pass spermatozoa. The oviduct must be patent and sufficient ciliary movement is present. The uterus must be capable of supporting implantation and fetal growth throughout pregnancy. Ambu: Proper nourishment to genital organs, adequate hormonal level and proper nutrition is required for genital organs. Beeja: The adequate ovum and spermatozoa and the female's ovulatory mechanisms must be normal. The male must produce an adequate number of normal spermatozoa. In the practice so many cases are seen, in which all above factors are fulfilled, yet pregnancy cannot take place. This condition is known as idiopathic Vandhyatva. This condition can be explained by the Atmaja and Satvaja Bhavas of Acharya Charaka. So in any abnormality in these essential factors, cause Vandhyatva. **CAUSATIVE FACTORS:** Without Vata the Yoni never gets spoiled, Vandhyatva has also been described in eighty types of Vatavyadhi (Cha. Chi. 30/115). So, Vata is the prime causative factor of Vandhyatva. Acharya Charaka has clearly described the Nidan of Vandhyatva which are almost similar to causes of infertility according to modern science.

YONI PRADOSHAT: The word "Yoni" refers to entire reproductive system. Thus under this heading, congenital or acquired disease of anatomic components of reproductive system i.e. vagina, cervix, uterus, fallopian tubes can be included. It includes, 1) Yonivyapada: All twenty Yonivyapada (gynecological disorders), if not treated properly cause infertility (Abeejata)10: (Su. Sha.2/3). 2) Injury to Artavavaha Srotas: Acharya Sushruta has included Vandhyatva under the clinical feature of injury to Artavavaha Srotas along with other symptoms i.e. dyspareunia and amenorrhoea (anovulation). 3) Yoniarsha: Yoniarsha on cervix produces infertility by destroying the Artava. 4) Garbhakoshabhanga : Word 'Bhanga' also refers to prolapse of uterus or its retro- displacement, is one of the cause of infertility (Ha.TritiyaSthana 48/1-2). 5) Bhagasankocha : During coitus her menarche (very young girl), deep lacerations or tear of vulva and vagina may take place. Healed scars of these ulcers may produce constriction of vagina; thus, hamper proper penetration of penis during coitus resulting into incomplete coitus, a cause of infertility. (6) Sphalita Mutratva: Sphalitamutratva in girls is also responsible for Vandhyatva i.e. partial obstruction or spasm of urethra, for which the most common cause is gonorrhoeal urethritis, because gonococci causes inflammation of reproductive system along with urinary system. Gonorrhoeal salpingitis is very common cause of infertility.

(7) Utkshiya Yoni: Upward displacement of cervix in cases of retro flexion of uterus is one of the cause of infertility. (8) Aticharana Yoni Yyapada: Acharya Sushruta says that this disease is caused by excessive coitus. The woman does not achieve conception. All the authors have accepted excessive coitus as the cause of this condition. Charaka and Vagbhata have described it to be Vataja, while Sushruta due to Kaphaja. In the initial stage, due to intense sexual desire, the woman may feel vaginal itching and due to repeated coitus may have excessive mucoid unctuous secretion from cervical and endometrial glands, which are the clinical features of Kapha as explained by Sushruta. Bhavaprakash has explained that in this condition the woman discharges Raja before the ejaculation of male partner. It appears to be analogous to vaginal inflammation due to excessive coitus associated with infertility. B) MANSIKA ABHITAPA: Normal psychology of the Couple is very important for achievement of pregnancy. Fear of doing sex, marital disharmony and infrequent coitus affect the fertility. According to Acharya Charaka (Sha. 2/40) pragyapradh, parinaam, kaal, are 3 causes for all the diseases. Here pragyapradhas Manasika Abhigata affects the fertility. Due to Stress, Bhaya, Shoka, Krodha, Lajja etc., Vata will be vitiated. So, it increases hypothalamic activity of CRH (corticotrophin releasing hormone) and further it inhibits normal GnRH pulsatile secretion and ultimately anovulatory cycles occur. C) BEEJADUSHTI : When in Ovum, the gene concerned with uterus is damaged, the progeny becomes sterile. D) SHUKRA DUSHTI : Quantitative and qualitative abnormalities of sperms along with spermatic fluid cause infertility. Pitruja Bhavas described under six factors are carried to the embryo through sperms. E) ARTAVA DUSHTI : The word Artava refers to ovum, menstrual blood, and ovarian hormones abnormality of ovum and ovarian hormones produce infertility. F) AHARADOSHA : Dietetic abnormalities cause infertility in two ways: 1. By producing loss of Dhatus and that of Dhatvagni, thus they influence hormones. 2. By vitiating Doshas which cause various gynecological disorders, leading to infertility. Dietetic abnormalities influence nourishment of the body or cause loss of Dhatus which influences normal secretion of hormones. G) VIHARA DOSHA: Abnormal mode of life and suppression of natural urges aggravate Doshas, which produce. Management Of Female Other than the supine posture of the women during coitus, discharge of semen on Samirana Nadi or outside the vagina comes under defective practice. In all these conditions probably semen is not properly deposited inside the vaginal canal. Thus sperm fail to enter uterus causing infertility. Abnormalities of mode of life also produce infertility in two ways- 1. By vitiating Doshas, they cause gynecological disorder 2. By preventing proper entry of sperm due to faulty deposition of seminal ejaculation. H) AKALA YOGA : The word "Kala" refers to period of age and Rutukala both. In adolescent girls and old ladies due to pre menarche and menopause stage respectively and before or after Rutukala due to absence and destruction of ovum respectively, the conception does not take place. I) BALA KSHAYA: Bala refers to physical strength and capacity to become pregnant. Here, probably Bala refers to infertility due to unknown cause or premature aging or any systemic disorder. PURVARUPA: In Kashyapa Samhita, Acharya Kashyapa has described "Vandhya Yoni" in context of Vataja Nanatmaja Vyadhi . Avyakta Purvarupa of Vata Vyadhi has been mentioned by Charaka as per this quotation- So, purvarupa of Vandhyatva is not described by anyone, anywhere. RUPA: A woman, in whom Artava has been destroyed, is termed as Vandhya. PROBABLE SAMPRAPTI GHATAKA: Dosha Tridosha with pre dominant Vata. Dhatu Rasa, Rakta Upadhatu Artava Srotasa Artavavaha Srotodushti Sanga Udbhavasthana Pakvashaya Adhishthana Trayavarta Yoni Marga Abhyantara RESULTS Many studies focusing infertility have been carried out but the vast nature of the disease is attracting many researchers to work on the topic. Some of the studies with their results are listed below: "An analytical study of prajasthapanmahakashaya on vandhyatva w.s.r to female infertility" . "Efficacy of yoga vasti in anovulation.

Chikitsa-

The treatment has been divided in to two types. a.ShodhanaChikitsa b.ShamanaChikitsa (A) SHODHANA CHIKITSA: Panchakarmatherapy (for Sharira Shodhana purpose) should be done, especially Basti because of its wide range and effective use for VataDosha. Importance of Panchakarma: 1) Pre-conceptional use of panchakarma to get quality progeny: The couple who wants best progeny should undergo the process of panchakarma,after panchakarma male should take ksheera ghrita and female should take tila taila and Urada . In our daily practise we generally use Dashmula Taila - Snehana Dashamula Kwatha - Dwedana, Trivritadileham - Virechan Bala panchanga Kwath - Asthapanana Bala Taila- Anuvasana 2) Virechana for ovulation : Patient with PCOS, generally we use virechana For snehana we use many Ghrita like Brahmi ghrita, Phalaghrita, Shatavarighrita, etc. 3) Nasya karma as prescribed in Punsanvanvidhi helps in conception and stability of pregnancy. Nasya with Anutaila mayhelps to regulate H-P-O axis. 4) Aasthapanabasti and AnuvasanaBasti followed by Uttar Basti useful to correct ovulatory factor , tubal factor, uterine factor and cervical factor. Uttar basti with brahmighrita, phalaghrita shatavarighrita helps in Kshetra Nirmana, Uttar basti with kshara ghrita, panchagavyaghrita, dhanvantar taila helps to patent the tubes. 5) Shirodhara used to regulate H-P-O axis. Shirodhara with taila, dashmulakwatha , milk, takra as per prakriti and dosh dushti in patient. (B) SHAMANA CHIKITSA: The therapeutic measures mentioned for Pradara, Raktatisara, Shonitapitta, Raktarshacan be adopted as Yoni RogasChikitsa28 (Cha. Chi. 30/327). Rasayanaand Vajikaranadrugs are also useful for treating Yoni Roga. (Su.Sha.2/12 - Dalhana)

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