



## A Critical Review On Vandhyatwa

**Dr. Laxmi M. Pattan<sup>1</sup>, Dr. G.Ramadevi<sup>2</sup>, Dr. Sucheta Kumari<sup>3</sup>, Dr. Ramesh T.Konakeri<sup>4</sup>**

1. Ph.D. scholar, Department of PrasutiTantraEvamStreeRoga, S.D.M College of Ayurveda, Udupi, Karnataka.
2. HOD and Professor, Department of PrasutiTantraEvamStreeRoga, S.D.M College of Ayurveda, Udupi, Karnataka.
3. Associate Professor, Department of PrasutiTantraEvamStreeRoga, S.D.M College of Ayurveda, Udupi, Karnataka.
4. Principal, Dr N A Magadum Ayurveda Medical College Hospital and Research Centre Ankali, Karnataka

### Abstract:

Infertility is often a silent struggle. Infertility is defined as a failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. According to WHO, positive reproductive health of a woman is a state of complete physical, mental and social wellbeing and not merely absence of disease related to reproductive system and its functions. Ayurveda explains female infertility as Vandhyatwa and Primary factors associated with Vandhyatwa are abnormalities in Garbha Sambhava Samagri, Manas along with abnormality of properly functioning Vayu and Shatbhavas (matrija. pitrija atmaja. satvaja, satmyaja and Rasaja), any one of these can cause infertility. From the time immemorial the phenomenon of infertility was prevalent through out the world and this may persist till the human race exists. The historical importance of stri vandhyatva and a comparative study on Nidan, Samprapti, Lakshana, Chikitsa etc compiled from various Granth are being presented in this study.

Keywords: Infertility, Vandhyatwa, Ayurveda.

### Introduction:

Infertility is a medical condition that can cause psychological, physical, mental, spiritual, and medical detriments to the patient. The unique quality of this medical condition involves affecting both the patient and the patient's partner as a couple. The largest study identified that 85% of women would conceive within 12 months. Based on this study's findings, fecundability is 25% in the first three months of unprotected intercourse and then decreased to 15% for the remaining nine months.

### Definition:

The word Vandhya is derived from the root "Vandh" with "Yak" Suffix, which means barren, unproductive, fruitless and useless so the woman in whom there is hindrance of any kind to the normal process of conception is called Vandhya. According to sushruta, woman, in whom Artava has been destroyed, is termed as Vandhya.

**Incidence Rate:**

**The World Health Organization (WHO)** performed a large multinational study to determine gender distribution and infertility etiologies. In 37% of infertile couples, female infertility was the cause; in 35% of couples, both male and female causes were identified; in 8%, there was male factor infertility. In the same study, the most common identifiable factors of female infertility are as follows:

1. Ovulatory disorders - 25%
2. Endometriosis - 15%
3. Pelvic adhesions - 12%
4. Tubal blockage - 11%
5. Other tubal/uterine abnormalities - 11%
6. Hyperprolactinemia - 7%

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.
4. Errors in the seminal fluid.

**Classification Of Vandhyatva:** It has not been given in any classics except Harita Samhita. In earlier description of etiology Charaka mentioned the word sapraja; in the clinical features of asrujayonivyapada the word apraja has been given in Charaka Samhita. Considering all these references together vandhyatva can be classified

- a. Three types according to Acharya Charaka
  - Vandhya
  - Apraja
  - Sapraja
- b. Maharshi Harita classified vandhyatva in six types, viz.
  - Kakvandhya (one child sterility)
  - Anapatya (no child or primary infertility)
  - Garbhasravi (repeated abortion)
  - Mritvatsa (repeated stillbirths)
  - Balakshaya (loss of strength)
  - Vandhya due to balyavastha, garbhakoshabhanga and dhatukshaya

**Essential Factors for Fertility:**

- a. 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.

- b. 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.

**A. 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 prolapsed 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 gonorrheal urethritis, because gonococci causes inflammation of reproductive system along with urinary system. Gonorrheal salpingitis is very common cause of infertility.

(7) Utkshipta 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. Bhavaprakashah 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 Dosh:** 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 NanatmajaVyadhi. Avyakta Purvarupa of VataVyadhi 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

**Chikitsa:** Many studies focusing infertility have been carried out but the vast nature of the disease is attracting many researchers to work on the topic, the treatment has been divided in to two types.

a.ShodhanaChikitsa

b.ShamanaChikitsa

**Shodhana Chikitsa:** Panchakarma Therapy (for Sharira Shodhana purpose) should be done, especially Basti because of its wide range of effectiveness in normalizing Vata Dosha.

- 1) Pre-conceptional use of shodhana karma to get quality progeny: The couple who wants best progeny should undergo the process of shodhana karma, after shodhana karma male should take ksheera ghrita and female should take tila taila and Urad.
- 2) Virechana for vitiated pitta nirharana and inducing regular ovulation
- 3) Nasya karma as prescribed in Punsanvanvidhi helps in conception and stability of pregnancy. And may also help in regulation of 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 and to tackles the condition related to manasika abhighata causing infertility.

**Shamana Chikitsa:** The therapeutic measures mentioned for Pradara, Raktatisara, Shonitapitta, Raktarsha can be adopted as Yoni Rogas Chikitsa<sup>28</sup> (Cha.Chi. 30/327). Rasayana and Vajikarana drugs are also useful for treating Yoni Roga. (Su.Sha.2/12 - Dalhana ). Vajikarana or VrishyaChikitsa is a one of eight major specialties of the Ashtanga Ayurveda, which has aphrodisiacs effect and improves virility and health of progeny. It revitalizes all seven Dhatus, restores equilibrium and health. Rasayana drugs modulates neuro-endocrino-immune system. Vajikaranaalso claims to have anti stress, adaptogenic actions to alleviate anxiety associated with sexual desire and performance.

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