

**Ayurlog: National Journal of Research in Ayurved Science***A Web based quarterly online published Open Access peer reviewed National E-journal of Ayurved***Infertility- ayurvedic view****Bhandwalkar Ashwini S<sup>1</sup>, Mandakini Ghorpade<sup>2</sup>**

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**Abstract:** To have a legal heir or 'Putra' is an intrinsic desire (*Putraiasana*) of every living being and to find out causes and remedies in the event of failure is a cherished desire from the time immemorial. It is but natural to find references of this entity in earliest written record i.e. *Vedas* and other ancient literature. *Krimis* entering the uterus, curses of goddess 'Vasa', diseases or abnormalities of *Yoni*, negligence in oblations or rituals, disruption in flow of *Retas*, abnormalities of *Retas* and seizure of woman by *Nirrti*, *Parisrava* (vaginal discharges) cause infertility. Oblations,

prayers to various deities and drugs, i.e. *Apamarg*, *Pingabaja* (to iradicate *Krimis*), amulets of *Udumbara*, prayers to the *Yupa* (central pillar of place of sacrifice) made with *Bilva*, sacrifices to remove male frigidity and making *Retas* fit for impregnation, and also to make women fertile are mentioned. It is also said that charity and service to guests make out with progeny.

**Key words:** Infertility, Progeny, Oligomenorrhea, Dysmenorrhe, Ayurvedic treatment.

**Introduction:**

In ayurveda, infertility is not considered as an independent disorder, rather symptom of various conditions, hence

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one has to view the entity with this perspective. Presently in ayurvedic society the infertility is called as 'vandhyatva' but the term is not seen in great trios i.e. *Charak Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*, neither in *Ashtang Sangraha*. In *Sushrut Samhita* *vandhya* is one of the twenty gynecological disorders characterized with primary amenorrhea while in *Charak Samhita* and *Ashtang Sangraha* the 'vandhya', a congenital disorder having absence of uterus and menstruation is mentioned. In a later book *Harita Samhita* disease *vandhya* with its etiopathogenesis and clinical features is described.

### Etiopathogenesis:

To achieve conception, a healthy state of normalcy of *rutu* (ovulation), *kshetra* (female reproductive organs), *beeja* (sperm, ovum), *ambu* (nutrients), *hrdi* (psyche), properly functioning *vayu* (nervous system) or six factors i.e. mother (ovum), father (sperm), *atma* (self), *satmya* (congeniality), *rasa* (nutrition) and *satva* (psyche) are imperative. Any deviation in this can result in infertility.

In *Charak Samhita* the causes are summarized in one verse i.e. "Though fertile, yet a woman conceive after a long time due to *yoni-pradosha* *manas-abhitapa* abnormalities of *shukra* and *asruk*, diet,

mode of life, *akalayoga* and *bala-samyakhaya*."

Now let us examine each point.

A) *Yoni-Pradosha* (Defect of reproductive organs) -

This refers to abnormalities of vagina, cervix, uterus, fallopian tubes which hinder fertilization. It is clearly mentioned that in *yoni* seized with *doshas*, conception does not take place, it occurs only in healthy *yoni*. Due to spasm of vulva, vagina, cervix, uterus and also injury or displacement of uterus. Injury to *artavavaha strotas* (capillary bed of uterus and ovaries etc.) destruction of *yoni* and *artava* in *yoni arsha* (vulval/vaginal wart) and quivering or divided stream of urine of adolescents of both sexes (? gonorrheal urethritis → salpingitis → tubal blockage) cause infertility. Increase in thickness and *medas* of uterus by all *dosas* thus reduction in the space for *virya* (semen), increase in unctuousness, inflammation and thickness of uterus respectively caused by *kapha*, *pitta* and *vata*, ulcers and displacement of cervix are also included.

B) *Manasabhitapa* (mental worry)-

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Psychology of couple particularly of woman is said to be highest importance for conception. The women seized with grief, anger, fear, distraction etc. at the time of sex does not conceive. *Satva* one of the six factor also exert its influence through *monovaha srotasa*.

### C) *Sukra dosa* –

In context *sukra* refers to semen, which is *pitruja bhava* (paternal component) and is essential for conception, desiccation due to *vata*, burning due to *pitta* (change in quantity or quality of spermatic fluid) and precipitation of semen by *kapha* (due to presence of antibodies in women), deficiency of *retas* and *krimis* eating away the seed of progeny (oligo-zoospermia of microspermia etc. due to infection) produce infertility.

### D) *Asrik dosa* –

*Asrik* refers to ovum and ovarian hormones i.e. *matruja bhava* (maternal component), its abnormalities or vitiation by *dosas* prevent conception. *Asrik* also refers to menstruation thus in its abnormality or *artava-vyapad*, the *artava* vitiated by *dosas* becomes seedless (anovulatory cycle).

E) *Ahara dosa* – *Satmya* (congenial diet) and *rasa* (nutrient fluid) two factors out of six are influence by diet, abnormalities of which hampers fertilization. Chronically ill women is said to be unfit for coitus as she may not conceive due to nutritional deficiency. Dietetic abnormalities vitiate *dosas* which produce various diseases including infertility. Deficiency of *rasa* cause *anuloma dhatukhsaya*, which may influence status of nutrition (deficiency of nutrients particularly micronutrients may prevent fertilization or development of zygote infertility).

### F) *Vihara dosa* –

Mode of life is also a factor to cause vitiation of *dosa*, thus influence fertilization. Beside this the abnormal act of coitus i.e. coitus in hump-back or lateral position of women (improper penile penetration thus deposition of sperms in fornices is hampered) and ejaculation of semen over *samirana nadi* (vulva) or out of vagina cause infertility.

### G) *Akalayoga*–

The conjugation not in appropriate time i.e. improper age i.e. too young or old women (absence of ovum) or after *rutukala* (secretary phase i.e. thick cervical mucus may prevent sperm ascend),

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does not bear fruit i.e. conception does not take place.

expression of idiopathic or undetected causes of infertility.

### H) *Balamsaksaya*-

At certain times it becomes difficult to detect specific cause for infertility, such causes can be considered as having decreased strength for conception. Immunological abnormalities can also be considered under this heading.

### I) *Atma dosa* –

*Atma* is included in six factors essential for conception. Influence of deeds of previous life of the couple carried over to this life through *atma* with *satva* and encircling *mahabhutas* are also said to be responsible for infertility.

### J) Others –

Besides specific mention of *vata*, *pitta*, *kapha*, *rakta*, and *sannipata*, *abhicara* (magical spell for evil purposes), influence of *devas* and *grahas*, *krimis* (infection), affliction by *Jataharini* and deriding other and punishing children of other also produce infertility, except infection and *dosas* others are

**Classification and clinical features:** Owing to its importance not only as a disease but also as a social stigma, it has been variously classified by different authors. Since name of the entity denotes its features, hence both are being mentioned together.

***Caraka Samhita*** – The classification is indirect one i.e. *vandhya* (sterility due to absence of uterus and *artava*); *apraja* (primary infertility mentioned under *yonivyapad*) and *sapraja* (secondary infertility).

***Kashyapa Samhita*** – In the list of *Jataharini* one *puspaghni* characterized with regular menstruation, but no conception, corpulent and hairy cheeks is described, which is also infertility.

***Harita Samhita***: *vandhya* is six types i.e.

1. A women never conceives during childhood, in case of injury to the uterus or it's prolapsed and loss of *dhatu*s. Besides, coitus with a girl before menarche causes constriction of *bhaga* (perineum/vulva) and *garbha* (uterus) thus the women never conceives.
2. *Kakavandhya* - Infertility after birth of one child.
3. *Anapatya*- Primary infertility.
4. *Garbhasravi* – Repeated abortions.

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5. *Mrtavatsa*- Repeated still births.
6. Due to *balakshaya*- infertility due to loss of specific strength to conceive.

**Navanitaka**– *Vandhya, kakavandhya* and non- achievement of conception these three.

**Basava Rajiyam** – *Kakavandhya, janamavandhya, mrtavandhya, mocika* and *garbhasnavi* these five; clinical features not describe.

**Megha Vinoda** – Four types i.e. *janamavandhya, kakavandhya, mrtavatsa* and *nalaparavartini* (delivering only daughters).

**Bala –Tantra** – In this book infertility is classified in three different types i.e. according to cause, according to specific function related to conception etc. and according to general sings/symptoms or menstrual pattern i.e.

- a) Nine types are due to *vata, pitta, kapha, sannipata* and *rakta*, characterized with menstrual abnormality according to inflicting *dosa*; due to seizure by *graham* due to curses of god thus suffers from bodyache on eight and fourteen day of fortnight and dysmenorrhoea and due to *abhicara* (magical spell for evil purpose) ninth is due to lees semen of men.
- b) Four types i.e. *Kakvandhya, mrtavatsa, garbhasravi* and *adivandhya* (primary sterility).

- c) Classification under eight i.e. *tripaksi* having menstrual period after three *paksa* (45 days); *subhrati* having always flexed body and discoloration with slight change in body appearance; *sajja* having irregularly irregular menstrual cycle; in *trimukhi* watery vaginal discharges during coitus, non-satisfaction with eating and sex and always thinking about sex; in *vyaghrini* first child at advance age followed by infertility; *baki* type is characterized with whitish blood mixed discharges prevaginum on every eighteenth day; *kamalini* an incurable sterility is characterized with watery vaginal discharges and *vyaktini* having *prameha* are mentioned.

### Examination / investigation:

Detail examination after history (*prsnaprariksa*) of both partners should be practiced. But for one special instrument to examine ulcers of vagina (*yoni vraneksana yantra*). Special investigations as done today are not described in classics, yet some investigation is seen in later book i.e.

- a) The one having frothy urine and whose semen sink in water is a man (fertile / potent), opposite one is hermaphrodite.
- b) Husband and wife both should urinate in separate pots filled with

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*mudga* (green- lentil), germination indicates fertile status.

- c) Husband and wife should urinate for seven consecutive days on separate pots filled with clay wheat or barley, germination indicates fertile state.

### Treatment of Infertility:

Treatment of infertility depends upon the cause. To treat either or both the partners following therapies prescribed are to be employed i.e. – *Daiva-vyapasraya* (spiritual), *yukti-vyapasraya* (rational) and *satvavajaya* both act through psychic component; *yukti-vyapasraya* is *sodhana* i.e. *antah* and *bahih parimarjana* (internal and external cleansing) and *samana* (pacificative measure) which influence primarily somatic status, albeit psychic component is also involved.

In the classics, large number of drugs to be used is describe. According to vitiation of *dosa* and condition of disease or diseased internal cleansing with internal oleation or intake of unctuous substance, massage, sudation emesis, purgation, cleansing and nutriting enemas. Vaginal application of pastes or tampones. Pacifications or eradication of abnormality as well as use of preparations prescribed for achievement of conception (*garbhaprada*) and *pumsavana* are prescribed. Physicians are using these with their own faith and experience.

No cause detected

Both partners are advised –

- 1) Daily *dhyana* or worship according to faith.
- 2) Happy / peaceful life as much as possible.
- 3) Wife – powdered *Asvagandha*, *satavari*, *vidarikanda* (*Pueraria tuberosa*) and *sveta musali* (*Asparagus adscendens roxb*) in equal quantity 2 gms x thrice daily with milk.
- 4) Husband – above drugs with *kapikacchu* (*Mucuna prurita hook*) all five drugs in equal quantity thrice with milk.

Preceding description clearly indicates that in ayurveda detail etopathogenesis of infertility is mentioned. Classification proposed by *Charaka* i.e. sterility (*vandhya*, untreatable condition), primary (*aparaja*) and secondary infertility (*sapraja*) is accepted even today, yet, due to sociomedical importance and variation in manifestation it is classified variously in later books. Special investigations being done today were not in practice and the diagnosis was done according to history, signs, symptoms and general physical examination. All these therapies and drugs are quite effective particularly in functional disorders.

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