Ayurvedic management of infertility (vandhyatva)

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Abstract

Background & objectives: Infertility is on the rise in many countries. Ayurveda coats that infertility primarily refers to the biological inability of a woman of reproductive age to contribute to conception & also the state of a woman who is unable to carry pregnancy to full term (Harit Samhita). Infertility is also defined in specific terms as the failure to conceive after a year of regular intercourse without contraception according to modern science. Treatment is available in modern science having good results but also has many side effects & very expensive. So it is need of an hour to find out solution which is having less complications & affordable. Ayurvedic background about the importance of treatment of Vandhyatva is fully explored in ancient literature Atharvaveda. Many Sutras (references) had been written about it. In this study report 54 cases having primary & secondary infertility had been studied over a period of two years (2013-2014) Method: All cases had taken ovarian stimulation before taking this treatment. Individuals had been treated in parts. In first part, three months treatment in three steps (I-Pachan, II-Basti, III-Pichu,Dhoopan,Uttarbasti) for three consecutive cycles, in second part, six months - Life style & dietary change advised Discussion: By Ayurvedic modality for infertility, 77% individuals conceived who followed changes in life style & diet at the end of six months, individuals over age 35 & undergone tubeectomy were not conceived, Conclusion: Ayurvedic treatment for infertility was proved effective in unexplained infertility & tubal block.

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Keyword: Infertility, Complete Ayurvedic modality

Introduction: Infertility is on the rise in many countries. Ayurveda coats that infertility primarily refers to the biological inability of a woman of reproductive age to contribute to conception & also the state of a woman who is unable to carry pregnancy to full term (Harit Samhita). Infertility is also defined in specific terms as the failure to conceive after a year of regular intercourse without contraception according to modern science. Causes of infertility includes ovulation problems, tubal blockage, age-related factors, uterine problems, previous tubal ligation, endometriosis.

Infertility may not cause any serious illness but results into psychological upset. In India it is social problem which may force woman to commit suicide or convert into divorce.

Treatment is available in modern science having good result but also has many side effects & very expensive. So it is need of an hour to find out solution which is having less complications & affordable.

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In this study report 54 cases having primary & secondary infertility had been studied over a period of two years (2013-2014)

According to Ayurvedic point of view same treatment had given to all individuals & waited for 6 months after treatment. Follow up of conception is noted.

Ayurvedic concept of Vandhyatva (Infertility)

Ayurveda is a science, having its own method of diagnosis & treatment based on it. According to Ayurvedic classics infertility is failure achieve a child rather than pregnancy as garbha strava (repeated abortions) & mrutvatsa (having repeated still births) is also included in types of infertility. Important factors of constituents of garbha (foetus) are 1)Ritu (fertile period), 2)kshetra (reproductive organs), 3)Ambu (nutritive fluids), 4)Beeji(Ovum) -Also healthy psychological status, normal functioning of Vata (one of the governing factor of body according to ayurveda), shadbhava (Six factors-mother, father, atma, satva, satmya, rasa). Any abnormality in these factors causes infertility.

In ayurvedic classics six type of vandhyatva are noted, which seems to be specific clinical features, garbha kosh bhanga (injury to uterus), kakvandhya (one child sterility or secondary infertility), anapatya (no child or primary infertility), garbhastravi (repeated abortions),
mrutvatsa (repeated still births), balakshaya (loss of strength)

Prognosis of infertility (cited by classics) is depends on the cause, in beejdosha- (developmental abnormalities of reproductive organs) is incurable, anapatya & kakvandhya can be treatable.

In ayurveda main cause of any abnormal function in body is agnimandya & tridosha dushti (vitiation of three governing factors of body). Agni

Materials & Methodology: Fifty four individuals were treated in two parts:

Part A} Three months treatment - In three step for three consecutive cycles

Part B} Six month - Life style change & dietary advice

Part A} Three months treatment - In three step for three consecutive cycles

Step I: Pachan – 10 days
1) Dashmoolarishtha – 20 ml + 20 ml luke warm water / after meals
2) Tab. Arogya Vardhini 500 mg/twice/day
3) Tab. Shankha Vati 500 mg /8am & 4 pm
4) Tab. Krumikuthar 500 mg / at night

Step II: Shodhan – Premenstrual Basti Chikitsa (Medicated Enema)

1) Asthapan Basti
   Time- 4 pm
   Duration - 1st & 3rd day - Dashmula Decoction 700 ml
   Crud Dashmool 5gm, Madhu 20 ml, Bala Oil 20 ml, Saindhav 2 gm

2) Anuvasan Basti
   Time: 8.30 am
   Duration: 2nd, 4th, 5th day
   Bala tail 70 ml, Madhu 20 ml, Saindhav 2 gm

Step III: Postmenstrual Treatment:
1) 5th to 7th day – Pichu (Medicated oil soaked vaginal tampon) followed by Dhupan (Crud Guguul foamentation to enternal genitalia)

   Pichu- Time : 8 am

   Medicine; Bala oil 15 ml – sterile cotton tampon soaked in it & placed for 3 hours

   Dhupan: Time: Immediately after placing tampon
   Duration: 2 minutes

2) 8th to 10th day – Uttarbasti (Intrauterine insufflations of medicated oil); Time: 8.30 am

   Medicine: Bala oil – 2 ml

Part B} Six month - Life style & dietary change advised to both partners

Advised life style:

Standard lifestyle advised by Ayurveda - Wake up 6-6.30 am, walk for 20-30 minutes, Lunch between 12.30 to 2 pm, Dinner between 7 to 8 pm, walk for 15 to 20 minutes, bed time around 9.30 to 10.30 pm,

Avoid overnight work, late night diet, avoid anger.

Dietary advice: Morning- Milk 1 cup(40 ml) + Ghee (10 ml)

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Mastu- (Water which collects on curd when kept at normal temperature) 40 ml
Udid dal – 30 gm daily
Teel chatani, Lasun chatani – ½ tsf in each meal
Draksha -50 at night

Methodology:
Basic investigations done in all cases
Haemogram , ESR, HIV , VDRL, HbsAg, Urine routine & microscopic , TORCH test
(in patients having history of abortion )

Female partner-
Ultrasound , Follicular study, Hysterosalphyngography , Hysteroscopy with diagnostic laparoscopy

Male partner- semen analysis

Inclusion criteria –
individual having regular menstrual cycle,
normal reproductive organs , Unovulatory cycle ,Tubal block , unexplained infertility,
primary & secondary infertility,

Exclusion criteria –
Polycystic ovaries , semen abnormalities ,
HIV positive , VDRL positive , Anaemia ,
Hypertension , Chronic illness , Heart disease

Observation & Discussion:
1)Prakruti observed :

Ayurvedic diagnosis:
A)Etiological factors ( Nidana / Hetu) observed

Dietary factors:

<table>
<thead>
<tr>
<th>No</th>
<th>Hetu</th>
<th>No of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dry diet</td>
<td>19</td>
<td>35.18</td>
</tr>
<tr>
<td>2</td>
<td>Spicy food (Tikta &amp; katu rasa)</td>
<td>21</td>
<td>38.89</td>
</tr>
<tr>
<td>3</td>
<td>Preserved food</td>
<td>14</td>
<td>25.92</td>
</tr>
</tbody>
</table>

B)Other Factors:-According to age

| No | Age | No of cases | %  | No of cases conceived | %  |

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C) According to type of infertility

<table>
<thead>
<tr>
<th>No</th>
<th>Type</th>
<th>No of cases</th>
<th>Percentage</th>
<th>No of cases conceived</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Primary</td>
<td>23</td>
<td>42%</td>
<td>13</td>
<td>56%</td>
</tr>
<tr>
<td>2</td>
<td>Secondary</td>
<td>31</td>
<td>57%</td>
<td>25</td>
<td>80%</td>
</tr>
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</table>

D) Duration of infertility

<table>
<thead>
<tr>
<th>No</th>
<th>Duration</th>
<th>No of cases</th>
<th>Percentage</th>
<th>No of cases conceived</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-3 yrs</td>
<td>24</td>
<td>44%</td>
<td>20</td>
<td>83%</td>
</tr>
<tr>
<td>2</td>
<td>4-6 yrs</td>
<td>27</td>
<td>50%</td>
<td>14</td>
<td>51%</td>
</tr>
<tr>
<td>3</td>
<td>7 &amp; above</td>
<td>03</td>
<td>5%</td>
<td>00</td>
<td>00%</td>
</tr>
</tbody>
</table>

E) Duration taken for conception

<table>
<thead>
<tr>
<th>No</th>
<th>Duration</th>
<th>No of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1st month</td>
<td>-</td>
<td>00</td>
</tr>
<tr>
<td>2</td>
<td>2nd month</td>
<td>05</td>
<td>9.25</td>
</tr>
<tr>
<td>3</td>
<td>3rd month</td>
<td>03</td>
<td>5.56</td>
</tr>
<tr>
<td>4</td>
<td>4th month</td>
<td>09</td>
<td>16.67</td>
</tr>
<tr>
<td>5</td>
<td>5th month</td>
<td>08</td>
<td>14.81</td>
</tr>
<tr>
<td>6</td>
<td>6th month</td>
<td>13</td>
<td>24.07</td>
</tr>
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</table>

F) According to cause

<table>
<thead>
<tr>
<th>No</th>
<th>Cause</th>
<th>No of cases</th>
<th>Percentage</th>
<th>Conceived</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tubal block Total Type of block</td>
<td>10</td>
<td>18.51%</td>
<td>07</td>
<td>12.96%</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>06</td>
<td>11.11%</td>
<td>05</td>
<td>9.26%</td>
</tr>
<tr>
<td></td>
<td>Both</td>
<td>04</td>
<td>7.40%</td>
<td>02</td>
<td>3.70%</td>
</tr>
<tr>
<td>2</td>
<td>Tuboplasty</td>
<td>02</td>
<td>3.70%</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td></td>
<td>HSG: Delayed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>spill</th>
<th>Ovarian cause</th>
<th>Unovulatory cycle</th>
<th>09</th>
<th>16.67 %</th>
<th>04</th>
<th>7.41 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Unexplained</td>
<td></td>
<td>33</td>
<td>61.11 %</td>
<td>27</td>
<td>50.00 %</td>
</tr>
</tbody>
</table>

Dietary & Life style change advice followed by individuals – almost 24 individuals followed , both dietary & life style modification , 18 individuals followed life style change only, 12 individuals followed only dietary change

History recorded:

It is noted that in all cases , they had taken ovarian stimulation at least 3 to 5 times before , Out of 54 cases 2 patients had been operated for endometriotic cyst, 3 patients operated for ovarian cyst, 2 patients undergone caesarian section , dilatation & evacuation in 18 patients ,hysteroscopy with diagnostic laprosopy done in 13 patients

History : 3 patient had one live child, 3 patients had previous intrauterine death of foetus , out of 5 patients one had H/O pregnancy induced hypertention & two patients are Rubella recent infection , 13 patients had H/O two missed abortion , 3 patients had H/O one missed abortion

All cases were recorded haemoglobin more than 9 gm%, HIV, VDRL, HbsAg negative , normal urine report

Complications recorded :

Laproscopy – one patient showed intra uterine fibroisis after six months which was normal uterine cavity before one year , having unexplained infertility . It could not be concluded that this is side effect of treatment , but noticed .

Oral treatment – Acidity observed in 6 patients which was reduced by reducing dose of *Dashmoolarishita* 2 tsf /twice & *Krumikuthar* 250 mg

Loose motion is observed in 11 patients , relieved after reducing dose of *Arogya Vardhini* to 250 mg / twice

Abdominal pain is observed in 2 patients , relieved by increase dose of *Shankh Vati* to 500 mg at bed time

*Pichu* ( tampon ) : Vulval itching with leucorrhoea was observed in 9 patient , relieved by *Triphala* Decotion vaginal douche , given five times for alternate days

*Dhupan* : No any complaint was recorded while giving foamentation

*Uttarbasti* : Pain in abdomen immediately after procedure was observed in 19 patients which was subcided by Tab. *Chandraprabha* vati 500mg , given immediately after pain & hot water fomentation on lower abdomen

7 patients complained abdominal discomfort on 3rd day of *uttarbasti* & it
was treated by Shankhavati 500mg / thrice / day for 3 days

Vaginal blood spotting was recorded in 8 patients which was due to trauma to cervix in which treatment was not given

Vaginal bleeding was recorded in 2 patients on 2nd day of procedure , treated by Praval pishhi 500 mg with milk for 7 days

Discontinuation of treatment : In 3 patients , postmenstrual treatment was stopped for one month & then continued as patient was not willing to take treatment due to some family problem these patients are conceived within a period of six month in spite of discontinuation of treatment

Conclusion: Ayurvedic management of infertility is found to be effective in 77.37% patients.

This treatment is not directly hormonal stimulation but indirectly keeping hormones in normal state which is resulting into conception.

Reference:

