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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 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. Ayurvedic background about 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 ovarien stimulation before taking this treatment .Individuals had been treated in parts. In first part , three months treatment in three step(*I-Pachan ,II-Basti,III-Pichu,Dhoopan,Uttarbasti*) for three consecutive cycles,in second part, six month - Life style & dietary change adviced **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 tubectomy 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*).³ 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.

Ayurvedic background about 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)

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.

²According 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)*Rutu* (fertile period),

2)*kshetra* (reproductive organs) , 3)*Ambu* (nutritive fluids) ,

4)*Beej*(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.

¹In 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) ,

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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* & *tri dosha 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) *Dashmoolarishta* – 20 ml + 20 ml luke warm water / after meals

2) *Tab.Arogya Vardhini* 500mg/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:Imidiately 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 2pm, Dinner between 7to 8pm, 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:

No	Hetu	No of cases	Percentage
1	Dry diet -	19	35.18
2	Spicy food (Tikta & katu rasa)	21	38.89
3	Preserved food	14	25.92

B) Other Factors:-According to age

No	Age	No of cases	%	No of cases conceived	%

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1	18-25	30	55	23	76
2	26-35	21	38	15	71
3	36 & above	03	5	00	00%

C)According to type of infertility

No	Type	No of cases	Percentage	No of cases conceived	Percentage
1	Primary	23	42%	13	56%
2	Secondary	31	57%	25	80%

D)Duration of infertility

No	Duration	No of cases	Percentage	No of cases conceived	Percentage
1	1-3 yrs	24	44%	20	83%
2	4-6 yrs	27	50%	14	51%
3	7 & above	03	5%	00	00%

E)Duration taken for conception

No	Duration	No of cases	Percentage
1	1 st month	-	00
2	2 nd months	05	9.25
3	3 rd month	03	5.56
4	4 th month	09	16.67
5	5 th month	08	14.81
6	6 th month	13	24.07

F)According to cause

No	Cause	No of cases	Percentage	Conceived	Percentage
1	Tubal block Total Type of block Single Both	10	18.51%	07	12.96 %
		06	11.11%	05	9.26 %
		04	7.40%	02	3.70 %
2	Tuboplasty HSG: Delayed	02	3.70 %	00	00 %

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	spill				
3	Ovarian cause Unovulatory cycle	09	16.67 %	04	7.41 %
4	Unexplained	33	61.11 %	27	50.00 %

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 laproscopy 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 fibrosis 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 *Dashmoolarishta* 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* Decoction vaginal douch , 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

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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 pishiti* 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.

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