

REVIEW ARTICLE ON VANDHYATVA: A CONCEPTUAL STUDY

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ABSTRACT

Infertility implies apparent failure of a couple to conceive. If a couple fails to achieve pregnancy after one year of unprotected and regular intercourse, it is an indication to investigate the couple. This is based on the observation that 80% of normal couples achieve conception within a year. Currently it is one of the burning issues worldwide due to improper diet, weight, smoking, lifestyle, environmental pollutants, infection, medication, family medical history which might have an effect on conception in couples. Infertility is not a disease but a social stigma especially in Indian society. It affects the couple both socially as well as psychologically. In *Ayurvedic* literature, infertility is correlated with *Vandhyatva*. The important factors for conception are

Ritu, *Kshetra*, *Ambu* and *Beeja*. These factors should be in proper state to achieve the conception. Both the *Shodhana* and *Shamana Chikitsa* including *Panchakarma* is mentioned for infertility in *Ayurvedic* texts.

KEYWORDS: *Vandhyatva*, Infertility, *Panchkarma*, *Shodhana*.

INTRODUCTION

Vandhyatva (infertility) has been long standing problem since ancient period. 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*..? Infertility is defined as a failure to conceive

within one or more years of regular unprotected coitus.^[1] 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 functions. It is observed that 50% of normal couple achieve conception within three months of regular unprotected intercourse, 75% in six months and 80-85% conceive within a year.^[2] Infertility is termed primary if conception has never occurred and secondary if the patient fails to conceive after having achieved a previous conception. The incidence of infertility in any community varies between 5 and 15%.^[3]

Types of infertility^[4]

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

Harita has defined *Vandhyatva* as failure to achieve a child rather than pregnancy,^[5] because he has included *Garbhastravi* (having repeated abortions) and *Mritvatsa* (having repeated stillbirths) also under the classification. This definition is not acceptable today. *Aacharya Kashyapa* says that the couple having number of children with proper growth and development due to effect of nature or their own deeds are fortunate, otherwise it should be treated. Under the description of *Jatharinis*, *Kashyapa* has mentioned one *Pushpaghni* having useless *Pushpa* or menstruation and certain others characterized with repeated expulsions of fetuses of different gestational periods. Since in these conditions also the woman fails to get a child, thus can be included under infertility.^[6] In *Sushruta samhita* one disease named *Vandhya* is included among twenty gynaecological disorders. *Aacharya Charaka* and *Vagbhata* have referred *Vandhya* due to abnormality of *Bijansha*.^[7]

MATERIAL AND METHODS

The whole article is based on literary review collected from classical *Ayurvedic* texts, modern books and journals. The text from *Brihatrayee* i.e. *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya* and their respective commentaries in Sanskrit as well as Hindi have been referred for this literary work.

Etiology

Failure of any of the following factor leads to *Vandhyatva*,

1. *Ritu* means season or fertile period

2. *Kshetra* means healthy *Yoni*, uterus and passage (reproductive organs)
3. *Ambu* means proper nutrient fluid
4. *Beeja* means *Shuddha Shukra* and *Shonita*

Aacharya Charaka also says that abnormality of any one of the *Shadbhavas* will cause the failure to get a pregnancy.^[8] Coitus with a woman who is very young, old, chronically ill, hungry, unhappy and afflicted with other psychological abnormalities, lateral posture during conception^[9] semen falling over *Samirana Nadi*^[10] or in outer part of *Yoni*^[11] also fails to impregnate the woman. Due to acceptance of *Bija* (sperm) or *Garbha* (embryo) by vitiated *Yoni* in various *Yonivyapad* and destruction of *Bija* in *Artavadushtisthe* conception does not take place. According to *Aacharya Bhela*, there are two causes of failure to become pregnant i.e. affliction with various disease of *vata* and abnormalities of *Yoni*.^[12] Aggravated *Vayu* expels the *Shukra* from the uterus; destroy the *raja*, thus the woman become infertile.

Aacharya Kashyapa says that girl or boy passing urine with quivering or flopping stream are also infertile.^[13] Infertility is included among eighty disease of *Vata*.^[14] He says that if excessive medicine for emesis or purgation is given to a person of *Mrudu Koshta* even after proper oleation and sudation then due to bleeding the *Vayu* gets vitiated; this aggravated *Vayu* cause's destruction of *Bija*, in such condition infertility will always develop. Infertility is also noted in *Pushpaghni jatharini*.

Abnormalities of *Yoni*, psychology, *Shukra*, *Asruk*, diet, mode of life, coitus at improper time and loss of *Bala* has been included in the causes of delay in achieving conception by an otherwise fertile or *Sapraja* woman by *Aacharya Charaka*.^[15]

Without *Vata* the *Yoni* never gets spoilt, *Vandhyatva* has also been described in eighty types of *Vatavyadhi*.^[16] So, *Vata* is the prime causative factor of *Vandhyatva*. *Acharya Charaka* has clearly described the *Nidans*^[17] of *Vandhyatva* which are almost similar to causes of infertility according to modern science.

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).^[18]
- 2) **Injury to *artavavahasrotas*:** *Acharya Sushruta* has included *Vandhyatva* under the clinical feature of injury to *Artavavaha Srotas* along with other symptoms i.e. dyspareunia and amenorrhoea (anovulation).^[19]
- 3) **Yoniarsha:** *Yoniarsha* on cervix produces infertility by destroying the *Artava*.^[20]
- 4) **Garbhakoshabhanga:** Word '*Bhanga*' also refers to prolapse of uterus or its retrodisplacement, is one of the cause of infertility.^[21]
- 5) **Bhagasankocha:** During coitus with a girl before 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.^[22]

B. *Mansika abhitapa*^[23]

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 pragyapradh*, *parinaaam*, *kaal*, are 3 causes for all the diseases. Here *pragyapradhas Manasika Abhighata* 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 ovulatory cycles occur.

C. *Beejadushti*^[24]

When in Ovum, the gene concerned with uterus is damaged, the progeny becomes sterile.

D. *Shukra dushti*^[25]

Quantitative and qualitative abnormalities of sperms along with spermatid fluid cause infertility. *Pitruja Bhavas* described under six factors are carried to the embryo through sperms.

E. *Artava dushti*^[26]

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 hormone.

Common causes^[27]

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.

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:

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.^[28]

Types

Classification of *vandhyatva* 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 *asruja yonivyapada* the word *apraja* has been given in *Charaka Samhita*.

Considering all these references together *vandhyatva* can be classified in three types according to *Aacharya Charaka* -

- *Vandhya*
- *Apraja*
- *Sapraja*

***Maharshi Harita* classified *Vandhyatva* in six types, viz^[29]**

- *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*.

Management

As pregnancy occurs only in healthy reproductive organs. So the treatment of specific causes responsible for infertility such as treatment of all the gynaecologic disorders including injury to the uterus or it's prolapsed, disease of *Shukra* and *Artava* and *Yonyarsha* etc. should be done.^[30]

- Etiological factors such as abnormal diet, mode of life, mental stress should be avoided.
- Use of *Snehana* (oleation), *Swedana* (sudation), *Vamana* (emesis), *Virechana* (purgation), *Asthapana* and *Anuvasana basti* is indicated. Milk and *Ghrita* medicated with sweet drugs should be given to man while oil with *Masha* should be given to woman. *Aacharya kashyapa* says that after using this cleansing measure the woman conceives positively and delivers normally.^[31]
- Use of strength producing and *Brihana Dravyas* to compensate the loss of *Bala* and *Dhatu*.

- Use of *Basti* (enema) in infertility due to disease of *Vata* is highly beneficial.^[32] The woman having amenorrhea, scanty menstruation, anovulatory cycle or absence capacity of fertilization etc. causes of infertility *Anuvasana Basti* should be found beneficial. By the use of *Basti* the *yoni* becomes healthy even sterile woman can conceive. *Yapana basti* perform both the action i.e. cleansing of *Niruha* and oleation *Anuvasana*. By the use of this infertile couple also gets *progeny*.^[33]

Drugs for external use^[34]

- 1) **Taila** – *Narayana Taila, Shatpushpa Taila, Lashuna tala.*
- 2) **Basti** – *Shatpaka taila basti, Traivrutta sneha basti, Bala taila basti, Shatavaryadi anuvasana basti, Guduchyadi rasayana basti, Sahacharadi and mustadi yapana basti, Jivantyadi anuvasana yamaka.*
- 3) **Taila pana** - *Narayana taila, Shatavari taila, Bala taila, Shatpushpa taila.*
- 4) **Ghrita** – *Laghupahala ghrita, Phala ghrita, Kamdev ghrita, Paniyakalyanaka ghrita, Shitkalyana ghrita, Brihat shatavari or Shatavari ghrita, Kashmaryadi or Shatavaryadi ghrita, Jivaniya gan sadhiata kshirsarpi, Lashuna ghrita.*
- 5) **Arishta** – *Dashmularishta.*
- 6) **Rasa** - *Khandakadya lauha.*
- 7) **Paka** – *Pugapaka.*
- 8) **Churna** - After relief from menstrual disorders due to *Vata*, powdered *Shwetagirikarni, Shweta gunja* and *Shweta punarnava* should be found beneficial for achievement of conception.
 - After relief from menstrual disorders due to *pitta*, woman should use root of white *Arka* or *Shweta* and *Girikarnika* with milk.
 - After relief from menstrual disorders due to *Kapha*, oral use of *Triphala, Girikarni, Argvadha, Vatsaka* and *Payasa* with milk make the woman fertile.
 - Oral use of *Shatpushpa kalpa, Ashwagandha Kwath Siddha Dughdha* and *Ghrita*.

CONCLUSION

According to Ayurveda, Infertility primarily refers to the biological inability of a woman of reproductive age to contribute to conception and also the state of the woman who is unable to carry pregnancy to full term. The problem of infertility is fairly common nowadays and it has become need to find out the solution. The treatment in infertility includes *Agni Deepana* and *Ama Pachana* because its imbalance leads to many diseases.

Panchakarma treatments helps to eliminate ama thus corrects the *Agni* and healthy *Agni* will also contributes to healthy *Ojas*. Also the detoxification by *Panchakarma* helps in the expulsion of toxins from the body *Vata* is the main *Dosha* involved in infertility, and the treatment helps in *Vatanulomana*. The right combination of treatment helps in regulating menstrual cycle revitalizing sperm reduces mental stress, enhances general health, wellness, balancing the endocrine system and improving blood flow in pelvic cavity, thereby promoting fertility.

REFERENCES

1. DC Dutta. Textbook of gynecology. New central book agency (P) Ltd. Ltd., 2009; 5: 220.
2. Howkins and Bourne. Shaw's Textbook of Gynaecology, Noida; Reed Elsevier India Private Limited, 2009; 14: 180.
3. Howkins and Bourne. Shaw's Textbook of Gynaecology, Noida; Reed Elsevier India Private Limited, 2009; 14: 180.
4. D.C, Dutta's textbook of gynecology, Enlarged & revised print of Sixth edition nov. edited by Hiralalkonar, page number published by jaypee brothers medical publishers (p) ltd new delhi, 2013; 227.
5. Smita Sarmah, Balen Baishya, Infertility – An Ayurvedic Perspective. International Ayurvedic Medical journal, 2017; 5(9): 3569-3571.
6. Smita Sarmah, Balen Baishya, Infertility – An Ayurvedic Perspective. International Ayurvedic Medical journal, 2017; 5(9): 3569-3571.
7. Smita Sarmah, Balen Baishya, Infertility – An Ayurvedic Perspective. International Ayurvedic Medical journal, 2017; 5(9): 3569-3571.
8. Premvati Tiwari. Ayurvediya Prasutitantra Evam Sriroga, Part II, Varanasi; Chaukhambha Orientalia, 2007; 7: 273.
9. Brahmanand Tripathi. Charaka Samhita, Part I, Varanasi; Chaukhamba Surbharati Prakashan, 2008; 931.
10. Bramhasankara Misra. Bhav Prakash, purvardha, Varanasi; Chaukhambha Sanskrit Bhawan, 2015; 22.
11. Girijadayalu Shuklah. Bhela Samhita, Varanasi; Chaukhambha Bharati Academy, 1999; 84.
12. Girijadayalu Shuklah. Bhela Samhita, Varanasi; Chaukhambha Bharati Academy, 1999; 82.
13. P.V. Tewari. Kashyapa Samhita, Varanasi; Chaukhambha Visva Bharati, 2016; 76.

14. P.V. Tewari. Kashyapa Samhita, Varanasi; Chaukhamha Visva Bharati, 2016; 75-88.
15. Brahmanand Tripathi. Charaka Samhita, Part I, Varanasi; Chaukhamba Surbharati Prakashan, 2008; 840.
16. Charaka Samhita revised by charak and dridhbala with vidyotinihindi commentary by Pt kashinathshastri edited by rajeshwar data shastichikitsasthanadhyaya shlok number, page,published by chaukhambhabharati publication, 858: 30 - 115.
17. Charaka Samhita revised by charak and dridhbala with vidyotinihindi commentary by Pt kashinathshastri edited by rajeshwar data shastisharirasthanadhyaya shlok number, page, published by chaukhambhabharati publication, 838: 7 – 2.
18. Sushruta Samhita edited with Ayurveda tatvasandipika hindi commentary by kavirajambikaduttashastri sharirasthan chapter published by chaukhambha sanskritasansthan, 2: 7 – 12.
19. Sushruta Samhita edited with Ayurveda tatvasandipika hindi commentary by kavirajambikaduttashastri sharirasthan chapter published by chaukhambha sanskritasansthan, 9: 12 – 71.
20. Sushruta Samhita edited with Ayurvedatatvasandipika hindi commentary by kavirajambikaduttashastri nidasthan chapter published by chaukhambha sanskritasansthan, 2: 18 – 239.
21. Stree rog vijnan (A textbook of gynecology) by Prof V.N.K. Usha, reprinted, published by chaukhambha Sanskrit pratishthan, delhi, chapter, 2014; 10: 433.
22. Ayurvediyaprasutitantraevamstriroga part II striroga by Prof.Premvatitewari, edition second reprint published by chaukhambhaorientalia, chapter, 2007; 5: 283.
23. Charaka Samhita revised by charak and dridhbala with vidyotinihindi commentary by Pt kashinathshastri edited by rajeshwar data shastisharirasthanadhyaya published by chaukhambhabharati publication, 3: 3 – 851.
24. Charaka Samhita revised by charak and dridhbala with vidyotinihindi commentary by Pt kashinathshastri edited by rajeshwar data shastisharirasthanadhyayapublished by chaukhambhabharati publication, 4: 30 – 877.
25. Sushruta Samhita edited with Ayurveda tatvasandipika hindi commentary by kavirajambikaduttashastri sharirasthan chapter published by chaukhambhasanskritasansthan, 2: 5 – 9.
26. Sushruta Samhita edited with Ayurveda tatvasandipika hindi commentary by kavirajambikaduttashastri sharirasthan chapter published by chaukhambhasanskritasansthan, 2: 5 – 9.

27. D. C, Dutta's textbook of gynecology, Enlarged & revised print of Sixth edition nov, edited by Hiralalkonar, published by jaypee brothers medical publishers (p) ltd, new delhi, 2013; 227.
28. D.C, Dutta's textbook of gynecology, Enlarged & revised print of Sixth edition nov, edited by Hiralalkonar, published by jaypee brothers medical publishers (p) ltd, new delhi, 2013; 227.
29. Ramavalamba Shastri. Harita Samhita, Varanasi; Prachya Prakashan, 1985; 394.
30. Brahmanand Tripathi. Charaka Samhita, Part II, Varanasi; Chaukhamba Surbharati Prakashan, 2008; 1033.
31. P.V. Tewari. Kashyapa Samhita, Varanasi; Chaukhamha Visva Bharati, 2016; 134.
32. Brahmanand Tripathi. Charaka Samhita, Part II, Varanasi; Chaukhamba Surbharati Prakashan, 2008; 1168.
33. Brahmanand Tripathi. Charaka Samhita, Part II, Varanasi; Chaukhamba Surbharati Prakashan, 2008; 1339.
34. Premvati Tiwari. Ayurvediya Prasutitantra Evam Sriroga, Part II, 2nd ed., Varanasi; Chaukhambha Orientalia, 2007; 288-303.