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Review Article

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GENERAL INTRODUCTION OF VANDHYATWA (INFERTILITY) AND IT'S MANAGEMENT ACCORDING TO AYURVEDA

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ABSTRACT

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Anovulatory factor is the commonest with incidence of 30%-40%. Infertility in Ayurveda might be corelated to Vandhyatwa. Vandhyatva (Infertility) has been long standing problem since ancient period. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. 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. 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. Rasayana drugs modulates neuro-endocrino-immune system. Vaajikarana Rasayana is the special category of Rasayana, which improve the reproductive system and enhance sexual function. Vajikarana also claims to have anti stress, adaptogenic actions to alleviate anxiety associated with sexual desire and performance. Some of the

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formulations are, Vrihani Gutika, Vrishya Gutika, Vajikaranam Ghritam, Upatyakari

Shashtikadi Gutika etc.

KEYWORDS: Infertility, Vandhatva, Rasayan, Vajikarna, Ghritam.

INTRODUCTION

Vandhyatva (Infertility) has been long standing problem since ancient period. 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]

There are two types of Infertility, Primary infertility refers to couples who have not become

pregnant after at least 1 year having sex without using birth control methods and Secondary

infertility as couples who have been able to get pregnant at least once, but are now unable. [4]

Infertility is a common problem now a days and becoming a distressful condition. In

Ayurveda Vandhyatwa has been explained equivalent to infertility. The principle cause of

Vandhyatwa is imbalance in Artavaha srotas.^[5]

Common causes^[6]

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 factors

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.

Causes of female infertility

Causes of female infertility are categorized under following headings given below:

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1. Ovarian Factors: 30-40%

2. Tubal Factors: 25-35%

3. Peritoneal Factors: 25-35%

4. Uterine Factors: 10%

5. Cervical Factors: 5%

6. Vaginal 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. ^[6]

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 in three types according to Aacharya Charaka

- 1. Vandhya
- 2. Apraja
- 3. Sapraja

Maharshi Harita classified vandhyatva in six types, viz.

- 1. Kakvandhya (One child sterility)
- 2. Anapatya (No child or primary infertility)
- 3. Garbhasravi (Repeated abortion)
- 4. Mritvatsa (Repeated stillbirths)
- 5. Balakshaya (Loss of strength)
- 6. Vandhya due to balyavastha, garbhakoshabhanga and dhatukshaya.^[7]

Role of Rasayana and Vajeekarana drugs in Ayurveda

Vajikarana Or Vrishya Chikitsa is a one of eight major specialty of the Ashtanga Ayurveda which has aphrodisiacs effect and improves virility and health of progeny. Vajikarana producing ahorse's vigor, particularly the animal's great capacity for sexual activity in the individual. It revitalize all seven Dhatus, restores equilibrium and health. Rasayana drugs modulates neuroendocrino-immune system. Vaajikarana Rasayana is the special category of Rasayana, which improve the reproductive system and enhance sexual function. Vajikarana also claims to have anti stress, adaptogenic actions to alleviate anxiety associated with sexual desire and performance. Some of the formulations are, Vrihani Gutika, VrishyaGutika, Vajikaranam Ghritam, Upatyakari Shashtikadi Gutikaetc.^[8]

Uttar basti chikitsa

Uttarbasti Karma in cervical region stimulates secretion of mucus and helps in movement of sperms after receiving Bhrimhana drugs. Oil in combination with Lekhaniya drugs helps in treating dysmenorrhea and also helps in conception. When Lekhaniya drugs are given in intrauterine region through Uttarbasti then they remove the obstruction of tube and helps in development of tubal cilia in fallopian tubes. It helps in rejuvenating the endometrium lining and balances the processes of reproductive system like ovulation. Example: Shatapushpa Taila and Kumari Taila.

Role of virechana karma

Virechana Karma /purgative therapy is a procedure for removal of vitiated Pitta and Vata Doshas through anal route. Mainly indicated in Pitta predominant condition. Virechana Karma are of two types: Snigdha and Ruksh Virechana. Sneha type of Virechana was selected for current study as Acharya Charaka mentions Snehan Virechana in Klaibya Chikitsa. Due to peculiar properties of Virechana drugs (Ushna, Teekshan, Sukshma, Vyavayi and Vikasi Guna) it will reach up to Dhatu level and helps in expulsion of Doshas from minute channels of the body. After Smayaka Virechana symptoms like feeling of purification, feeling of lightness along with feeling of generalized weakness were there. Therefore, the process of Virechana Karma helps in removal of vitiated Vata and Pitta Doshas and simultaneously clear the Sroto-Avrodha of Shukra Vaha Srotas. So, execution of Virechana Karma is helpful in the management of Ksheena Shukra Dosha. Example: Gaudugdha virechana.

- *In Ashtangsanghrah, It is explained that Nasa being a door way to shira, the drug administered through nostrils, reaches shringataka.
- *Naryan Taila nasya plays important role in anovulatory cycle. Naryana Taila Nasya may stimulates olfactory nerve and limbic system which turns stimulates hypothalamus leading to stimulation of GnRH regulating ovulation. -Phytoestrogens are plant derived substances whose chemical nature is similar to endogenous estrogen. They are beneficial in both hypo estrogenic and hyper estrogenic activity in human body. As phytooestrogenic or esrogenic property of different components of Naryana Taila, Shatavri Taila, Tila Taila, Shtpushpa Taila may regulates neuropeptides activity, which in turn regulates the activity of gonadotropines secretion. Which in turns regulates ovarian cycle.
- *Proper production of Dhatu, Dhatu kshaya chikitsa santarpan, brimhana, rasayana. Shukradosa hara cikitsa is also indicated in the management of infertility.
- *Diet and Modern life style management: According to Ayurveda, food affects the mind by influencing the three gunas of the mind: Satvo, Rajo, and Tamo. According to Prakruti, the concept of Ahar aids in the production of dhatus, which leads to the formation of Shuddha Shukra and Artava. Ghee, milk, dates, sesame seeds, pumpkin seeds, saffron, and honey may help replenish and build Ojas. Fresh organic fruits and vegetables, whole grains, proteins from beans and peas, fruits like mango, plums, and pears, and spices like ajwain, cumin, and turmeric Black cumin may increase fertility.
- *Stress Management: Yoga, Pranayama, meditation helps to manage stress.
- *Bijotpadaka cikitsa Treatment of Alpa Puspa, Nasta Puspa, Nasta Bija, akarmanya Bija Artava Dosa hara chikitsa is useful in anovulation.
- *Ekal ausadhi dravya: Durva, Sivalingi, Putranjivi, Shatapuṣhpa, Nagakeshara, Lakṣmaṇa and Shatavari are useful in female infertility.
- *Yogas: Pushpdhanvarasa, Phala sarpi, Kalyanaka ghrita, Chitrakadi vati.

CONCLUSION

Infertilityis becoming a fieryproblem meanwhile past decade and this is primarily due to the amalgamation of environmental, social, psychological and nutritional factors. In contemporary medicine, treatment concentrating on correcting dysfunction diagnosed with the numerous diagnostic tests. Moreover, the hitches arising due to the infertility management including hormonal therapy, ovulation induction and invasive diagnostic techniques are huge. In cases of unexplained infertility, life style modifications and ART (Artificial reproductive techniques) are only treatment option available. But the success rates are less and highly

expensive too. Ayurveda on the other hand, looks pro foundly into the distinct constitution, and goals to improve the functioning of body systems that contribute in the process of fertilization in totally.

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. Dutta D.C., Text book of Gyaenacology, Thedition, Delhi, Jaypee medical publishers, 2014; 7: 186.
- 5. Dr Shree Bhaskar GovindjiGhanekar, Shushrut Samhita, Delhi, Motilal Banarasidas Pubisher, 1981; 283.
- 6. 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.
- 7. Ramavalamba Shastri. Harita Samhita, Varanasi; PrachyaPrakashan, 1985; 394.
- 8. Chauhan NS, Saraf DK, Dixit VK. Effect ofvajikaranrasayana herbs on pituitarygonadal axis. Eur J Integr Med, 2010; 2: 89–91.

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