



**FEMALE INFERTILITY (VANDHYATVA); CLASSIFICATION, CAUSES AND
MANAGEMENT AS PER AYURVEDA**

Dr. Dharmesh P. Nahata^{1*}, Dr. Mahendra Narayanrao Kamble² and Dr. Parinita R. Kunkuloi³

¹MS (Strirog-Prasutitantra), Director, Om Hospital & Maternity Home, Ghoti-Igatpuri, Nashik, India.

²Associate Professor, Sharir Kriya Department, Shri Gajanan Maharaj Sansthan's Ayurved Mahavidyalaya, Pusad. Dis. Yavatmal, India.

³Associate Professor, Sharir Kriya Department, Dr Rakesh Kambe Ayurved College, Turkhed, Murtizapur, Dist. Akola, India.

***Corresponding Author: Dr. Dharmesh P. Nahata**

MS (Strirog-Prasutitantra), Director, Om Hospital & Maternity Home, Ghoti-Igatpuri, Nashik, India.

Article Received on 19/09/2023

Article Revised on 09/10/2023

Article Accepted on 30/10/2023

ABSTRACT

Infertility, known as *Vandhyatva* in ancient texts, the condition is characterized by the failure to conceive after one or more years of regular unprotected intercourse. Potential factors contributing to this could include suboptimal timing of egg release for fertilization, issues related to fallopian tube, disrupted zygote transport and unsuccessful implantation, etc. *Rasayana* drugs serve to modulate the neuro-endocrino-immune system. Within this category, *Vaajikarana Rasayana* specifically targets the enhancement of the reproductive system and improvement of sexual function. It is also purported to possess anti-stress and adaptogenic properties, aiding in the reduction of anxiety associated with sexual desire and performance. Present article explains classification, causes and management of female infertility (*Vandhyatva*) as per Ayurveda.

KEYWORDS: *Ayurveda, Infertility, Vandhyatva, Reproductive, Sterility.*

INTRODUCTION

Ayurveda views *Vandhyatva* as the inability to conceive or sustain a pregnancy, encompassing conditions of *Garbha Strava* and *Mrutvatsa*. Factors such as lifestyle, excessive contraceptive use, stress, genetic predispositions, smoking and alcohol consumption, etc. contribute to the increasing prevalence of these cases. According to Ayurveda, *Vandhyatva* arises from the derangement of the *Vata Dosha*, which impacts the fundamental constituents of *Garbha* such as; *Rutu, Kshetra, Ambu & Beej*.

Sushruta Samhita categorizes it as *Yoni Vyapad*, while *Charaka* underscores *Vandhya* as an outcome of abnormalities in *Bijamsa. Ritu, Kshetra, Ambu* and *Beeja* are pivotal in the process of conception and the birth of a healthy offspring. Any irregularities or disruptions in these elements can lead to infertility. According to Ayurveda, *Vikriti* in *Grabhakara Sadbhavas*, abnormalities in *Artavahasrotas, Dustaartava* and *Abhighata*, etc. can leads condition of female infertility.

Ayurveda emphasizes three governing *Doshas* for the female reproductive system; *Sadhaka Pitta, Prana Vata*, and *Apana Vata*. Therefore, Ayurvedic treatment for female infertility focuses on balancing these *Doshas* and

fostering internal healing. Traditional Ayurvedic texts emphasize both mental and physical purification, alongside lifestyle management, as integral approaches for addressing infertility. *Shamana* and *Shodhana* treatments are outlined for infertility management. Among these, *Panchakarma* therapy is renowned for its effectiveness in balancing *Doshas* and eliminating toxic substances.^[1-2]

As per modern science female infertility often arises from imbalances in hormones, bodily issues and environmental factors. Structural problems, such as defects in the cervical canal, blocked fallopian tubes and uterine fibroids, etc. can also contribute to this condition. Imbalanced diet, physical or mental ailments and poor digestion, may also obstruct the reproductive channels.^[3]

Classification of Female Infertility

✓ ***Vandhya***

Vandhya means complete sterility; this irreversible condition involves the loss of *Artava* or menstruation, resulting in an inability to ovulate. Underdevelopment of the female reproductive organs can also contribute to complete sterility.

✓ **Apraja**

This condition is associated with primary infertility, women facing primary infertility struggle to conceive a child. The inability to sustain a full-term pregnancy, leading to miscarriage, falls under this category. Imbalanced *Vata* causing dryness in the cervix and fallopian tube can be a contributing factor.

✓ **Secondary Infertility**

This condition affects women who have previously conceived. Due to complications that may have arisen during their earlier pregnancy, they encounter difficulties in conceiving again. Secondary infertility is treatable, depending on the specific complications.^[4-6]

Causes/Etiological factors

The major factors responsible for the infertility in female are depicted in **Figure 1**. *Vata* is a primary causative factor for infertility, as stated by *Acharya Charaka*. Various types of *Vatavyadhi* can lead to *Vandhyatva*. Congenital or acquired diseases also affect entire reproductive system, including the vagina, uterus, fallopian tubes and cervix. Specific conditions under this category include *Yonivyapada*, *Artavavaha Srotas*, *Yoniarsha*, *Garbhakoshabhanga*, *Bhagasankocha* and *Sphalita Mutratva*; these all pathological situation can affect reproductive strength and capacity to bear *Garbha* potentially.

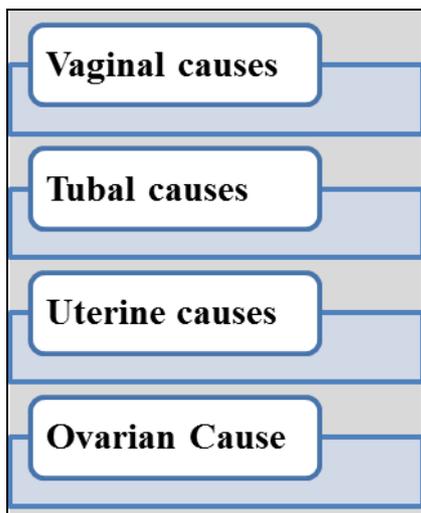


Figure 1: Various causes of female infertility.

- ✓ The healthy state of *Shonita* and presence of *Aatma* surrounded by *Satva* (purity) is also crucial for the formation of *Garbha* (embryo). Any abnormalities in these factors can impart consequences of female infertility.
- ✓ Inappropriate daily routine which mainly involves unwholesome *Aahar* and *Vihar* can leads abnormalities in menstrual system.
- ✓ Abnormalities in *Rutu*, *Kshetra*, *Ambu* and *Beeja* may also lead female infertility.

As per modern science anatomical and physiological health of reproductive organs, conditions of vagina, cervix, fallopian tubes and uterus mainly affects fertility in female. Nourishment for the reproductive organs, balanced hormonal levels, presence of healthy ovum and normal functioning of menstrual system, etc. are considered crucial for the success of fertilization and pregnancy.^[6-8]

Management of Infertility

Natural approaches for enhancing ovulation and addressing female infertility incorporate various remedies, such as: *Shatpushpa*, *Laxmana*, *Shatavari*, *Ashoka*, *Lodhra* and *Dashmool*, etc. Nutritious diet is advised to prevent hormonal imbalances. Ayurveda herb stimulates the ovaries and proves beneficial for women grappling with infertility, especially those affected ovarian or other disorders. These herbs are used to promote fertility and ensure the proper functioning of reproductive organs in female.

Foods rich in folate are particularly recommended for cell regeneration and preventing birth defects. Essential dietary inclusions consist of nuts, milk, ghee, saffron, honey and dates, etc. *Yoga* also helps to combat against such types of conditions. Stress reduction and fertility enhancement are some benefits of practicing *yoga*. *Nadi Shodhan Pranayama*, *Bhramari Pranayama*, *Viparita Karani* and *Hastapadasana* are contributes to improves women's reproductive health.

Shodhana therapy is recommended along with dietary and medicinal advises. As an essential *Shodhana* therapy, facilitates toxin elimination, opens bodily channels and promotes healthy circulation, thereby enhancing ovarian, tubular and uterine functions while rectifying fertility disorders in female. *Swedanam*, *Vamana*, *Shirodhara* and *Basti*, etc. are major approaches in Ayurveda to detoxify body which also helps to alleviates reproductive health issues in female.

Swedanam procedure induces sweating to eliminate toxins from the body, often facilitated by the use of heavy blankets and physical activities, this helps to detoxify body thus clears channels or passage involves in the process of menstruation and fertilization.

Shirodhara therapy employs medicated oils to address hormonal imbalances in women. The rhythmic pouring of the oil on a specific point of the forehead aids in balancing the mind.

Basti; is another therapy utilizing medicated oils, is administered to eliminate *Doshas* from the rectum and enhance the quality of the ovum.^[8-10]

CONCLUSION

Over the past decade, infertility has emerged as a pressing issue, influenced by a complex interplay of environmental, psychological, nutritional and social

factors. Infertility management involves approaches of hormonal therapy, ovulation induction and invasive diagnostic techniques, etc. *Ritu*, *Kshetra*, *Ambu* and *Beeja* play crucial roles in the journey of conception and the delivery of a robust offspring. Any imbalances or disturbances in these components can result in difficulties in conceiving. Ayurvedic principles suggest that *Vikriti* in *Grabhakara Sadbhavas*, irregularities in *Artavaahasrotas*, *Dustaartava* and *Abhighata* can contribute to conditions causing female infertility. Ayurveda delves deeply into individual constitutions, aiming to enhance the functionality of bodily systems contributing to the fertilization process holistically. Its approach offers a comprehensive perspective, emphasizing natural remedies, lifestyle adjustments and personalized treatments, potentially providing a more sustainable and effective alternative for the infertility management.

REFERENCES

1. DC Dutta. Textbook of gynecology. 5th ed. New central book agency (P) Ltd. Ltd, 2009; 220.
2. Dr Shree Bhaskar GovindjiGhanekar, Shushrut Samhita, Delhi, Motilal Banarasidas Publisher, 1981; 283.
3. Howkins and Bourne. Shaw's Textbook of Gynaecology, 14th ed., Noida; Reed Elsevier India Private Limited, 2009; 180.
4. Ramavalamba Shastri. Harita Samhita, Varanasi; PrachyaPrakashan, 1985; 394.
5. Chauhan NS, Saraf DK, Dixit VK. Effect of vajikaranrasayana herbs on pituitarygonadal axis. Eur J Integr Med, 2010; 2: 89–91.
6. Prof. K.R. Srikantha Murthy, Astanga Hridayam Volume 3 (Krishnadas Ayurveda Series), Chapter, 2010; 4.
7. Maya Tiwari, Women's Power to Heal through Inner Medicine (Mother OM Media), 2007; 1-5.
8. Shukla Upadhyaya K, Karunagoda K, Dei LP: Infertility caused by tubal blockage: an Ayurvedic appraisal. Ayu, 2010; 31: 159-166.
9. Harit samhita, tritiya khanda Adhyaya 48, shlok no.1 to 6, Harita Samhita- with Hindi Commentary by Ramvalamba Shastri, Prochya Prakashana, Varanasi, 1985.
10. Tiwari P.V, 2003, Ayurvediya Prasutitantra & Stri Roga, Part 1, Chaukhambha Orientalia, Varanasi.