INFERTILITY (VANDHYATWA)-A CONCEPTUAL STUDY

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ABSTRACT

God is a creator of whole universe, five elements force of nature which governs the entire universe and many more things beyond our imagination. God is innovator of universe. Procreation in another word, is the desire to reproduce own species through natural sexual act. The fundamental in nature, namely prakriti and purush acts as driving force, which replicates the female and male gender respectively. Sexual act and desire for sex is a much important since ages, it is nothing but a sincere natures call. Inability of a couple to achieve conception after one year of unprotected coitus is termed as infertility. The causes either with male or female partner or both (couple). Infertility is a global health issue affecting approximately 8-10% of couples. It is a multidimensional problem with social, economic and cultural implication, which can take threatening proportions in countries with strong demographic problem. Although many a times only female is held responsible, it is essential to know in todays era that both (couple) man and women are equally responsible for conception occure only after the union.

KEYWORDS: Prakriti, purush, Infertility, Coitus.
INTRODUCTION

In today’s age of social equality, women carry many responsibilities of their families as well as their career. A desire of women for women for children is usually stronger than self-interest in beauty and figure and may be stronger than the claims of a career. In men, it is usually less intense. Childlessness may be a tragedy to a married woman and can be a cause of marital upset as well as of personal unhappiness and ill health. Having children cements a marriage and when a breakdown of the partners is threatened as it is at some stage in many if not most marriages the future welfare of their offspring may defer man and wife from separating.[1] Frequency of Infertility ten to fifteen percent of marriages prove to be childless. The incidence of infertility does not appear to be increasing, but more couple are seeking advice because of increased publicity. Couple do not hesitate, as they did in former times, to reveal their problem.[2]

According to WHO, positive reproductive health of a woman is a state of complete physical, mental and social well being and not merely absence of disease related to reproductive system and functions.[3] Since the beginning of time human infertility has been source of personal misery and even of national crises. It was once and still is in some communities, regarded as a disgrace, as a mark divine displeasure, as ground for divorce and even for compulsory suicide (on the part of the woman only).[4]

Infertility is defined as the failure to achieve conception by a couple of mature age, having normal coitus, during appropriate period of menstrual cycle, regularly, atleast for one year is termed as infertility. It develops due to fault in either of the partner or both of them.[5] It’s a significant problem that affects many couples mental and physical health. The causes of female infertility is multifactorial a systematic approach is used typically involves testing for many investigation like ovulatory factor uterine factor etc. and in male infertility hormonal and pathological problems are seen. The burden of infertility includes psychological, social & physical suffering. Documented consequences include- anxiety, depression, lowered life satisfaction. Frustration, grief, fear, guilt, helplessness, reduced job performance, marital duress, dissolution and abandonment, economic hardship, loss of social status, social stigma, social isolation and alienation, community ostracism, physical violence and where treatment is available uncomfortable, painful or life threatening medical interventions.[6] In most areas of the world, woman’s well being appear to be more seriously affected by infertility than men’s.[7]
Causes of Infertility
There are still some cases of unexplained infertility, despite the increased sophistication on tests now available. The proportion of cases of unexplained infertility seen in any clinic depends on the facilities available, varying from 6% to 60%, but is usually seen identified. In any series of infertile marriages, the main aetiological factors is found in the female in about 40% of cases, about 35% of the husband concerned have some degree of infertility. In 10-20% of cases a combination of factors operates and the rest have unexplained infertility.\(^8\)

Physiological causes
1) Before puberty
2) After menopause
3) During pregnancy (relative infertility)
4) During lactation

Pathological factors
1) Factors in female 40%
2) Factors in male 30%
3) Factors in both male & female 15%
4) Idiopathic: Unexplained infertility 10-15%

Female factors of Infertility
1) Tubal factor 40%
2) Ovulatory dysfunction 40%
3) Uterine factors 10%
4) Peritoneal factor 5%
5) Cervical factors 5%

Male factors of Infertility
1) Endocrine causes i.e. disorders of testicular control
2) Scrotal disorders
3) Testicular disorder
4) Duct obstruction
5) Accessory gland disorders
6) Coital factors.\(^9\)
Diagnostic Evaluation of Infertility

Diagnostic evaluation of the infertility male attempt to determine whether the testicles produce enough healthy sperm & the sperm ejaculate effective into the woman’s vagina. Fertility in the men is based on the investigation i.e. general physical examination which involves examination of illness, medical history, medication and disabilities and sexual habits. Semen analysis test is necessary that measure the quantity and quality of the sperm along with this hormone testing to determine the level of testosterone and other male hormones and there is necessity to evaluate the ejaculatory disorders such as retrograde ejaculation and ejaculatory duct obstruction. In women, the timing of her pubertal development and menarch, frequency of menstrual cycle, cyclic predictable menses, consistent with ovulation. A history of amenorrhea or abnormal or unpredictable bleeding suggest anovulation or uterine pathology about dyspareunia or severe dysmenorrheal that suggest pelvic endometriosis, basal body temperature, cervical mucus after sexual intercourse (post coital test), blood tests to measure hormones (like- progesterone, gonadotropins, thyroid, prolactine) level & ovulation, ovarian reserve to check for number of remaining eggs. Examination of uterus know as hysteroscopy is sometimes done to improve the chances of getting pregnant and diagnose the cause of infertility.

Diagnostic and treatment algorithm: Infertility
AYURVEDA AND VANDHYATWA

Failure to achieve conception by a couple of mature age, having normal coitus, during appropriate period of menstrual cycle, regularity, at least for one year is termed as infertility.[13]

Importance of child in human life

A person with many virtuous children has multi-facial, versatile, multidimensional, multi-activated, multi-vision personality. This person is regarded as auspicious, praise worthy, blessed and potential as a big tree having many branches. Love, strength, happiness, professional excellence, wide spread influence, vastness of kinsmen, fame, utility to the world, getting happiness at later stages, pleasure all are the attributes acquired by children.[14] The couple who can conceive due to previous deeds of life is considered as fortunate.[15]

Nidan (etiology) of Vandhyatwa

According to acharya Charak, causes of failure in achieving a child, says that abnormality of any one out of these sadbhawas will cause the failure to get a pregnancy. Due to non acceptance of bija (sperm) or garbha (zygote/embryo) by vitiated yoni in various yonivyapad (gynecological disorders) and destruction of bija in artavadustis (menstrual disorders) the conception does not take place, similarly due to destruction of artava as a complication of yoniarsha also conception will not occur or in other words yonivyapada, diseases of artava and yoniarsha can be include in the etiology of infertility. Acharya Bhela says that due to abnormalities of bija of mother and father, non consumption of congenital rasas, suppression of natural urges and disorders of yoni, the woman either deliver abnormal child or becomes infertile. Causes of failure become pregnant are only two i.e. affliction with various disease of vata and abnormalities of yoni (reproductive organ). Aggravated vayu expels the shukra (sperm) from the uterus, destroys the raja (ovum), thus woman becomes infertile. According to acharya Kashyapa, infertility is includes among eighty diseases of vata. If excessive medicines for emesis or purgation are given to a person of mrudu koshtha (soft bowel) even after proper oleation and sudation, due to bleeding, the vayu gets vitiating, this aggravated vayu causes destruction of bija (sperm and ovum) and pushpa (menstruation), in such condition infertility will always develop. While describing the classification, acharya Harita has included childhood, garbhako-sabhanga (injury to the uterus or prolapsed of uterus), loss of dhatus and constriction of uterus and vulva due to coitus having been done with girl before
her menarch also in the causes of infertility. According to acharya Sushruta, infertility has been included in the clinical features of injury to artavavaha strotas.[16]

**Types of Vandhyatwa**

According to acharya Charak

1) Vandhya- refer to absolute inability to conceive due to serious, innate problem like beejopaghatra (absolute congenital chromosomal or mullerian agenesis abnormality).

2) Apraja- refer to infertility in which woman conceive after treatment or a woman with unsuccessful pregnancies even after obtaining conception.

3) Sapraja- refer to a condition in which a woman in her active reproductive age does not conceive with previous history of bearing successful pregnancies.

According to acharya Harita-Harita is only the scholar who described the types of vandhyatwa. Balya, Garbhakosha-bhanga and Dhatukshaya- Balya indicates immaturity of female genital organ or delayed puberty with its pathology thus impending to infertility.

Garbhakosha-bhanga indicates pathology of uterus including prolaps, retroversion, mullerian dysgenesis and agenesis.

Dhatukshaya due to vyadhi or panchakarma vaishamya or ahar janya.

1) Kakavandhya- Inability to conceive after one child.

2) Anapathya- Primary sterility where the lady never conceive.

3) Garbhasravtri- State of infertility characterized by unsuccessful pregnancies due to repeated abortions.

4) Mitavasta- State of infertility characterized by unsuccessful pregnancies due to intrauterine death, stillbirth and perinatal deaths.

5) Balashaya- Infertility due to Dhatukshaya.

By analyzing the above description Vandhyatwa in ayurveda is not limited to non achievement of pregnancy but also include failure of successful continuation of pregnancy leading to child birth of live child.[17]

**Chikitsa Sidhant of Vandhyatwa**

Treatment of specific causes responsible for infertility such as treatment of all the gynaecologic disorders including injury to the uterus or its prolapsed, disease of shukra and artava and yonyarsha etc. should be done. Forsaking other etiological factors such as
abnormal diet and mode of life, coitus before or after rutukaal. Psychological trouble etc. Use of strength producing and bruhana articles to compensate loss of bala and dhatus. After using snehan, swedan, vaman, virechana, niruha and anuwasana basti in consecutive order, the man should be given milk and ghrita medicated with sweet drugs and woman, oil with masha etc. Acharya Kashyapa says that after using cleansing measure, both should be prescribed congenital diet. The infertile woman should be prescribed vaman, virechana and asthapana basti with the use of these the woman conceive positively nd delivers normally. Use of basti in infertility due to diseases of vata is highly beneficial. Niruhabasti is like nector to an infertile woman. The woman having infertility due to abnormality of either of the partner conceive after anuwasana basti. Yapana basti perform both the actions i.e. cleansing of niruha and oleation of anuwasana. By use of these, the infertile couple gets progeny.[18]

Ayurvedic treatment for Infertility

1) Nidan parivarjana

Infertility is not a disease proper, either it is a symptom of some innate, grave condition or a complication of some other clinical condition. Hence it is proper to detect the right cause of infertility and to treat the actual disease.[19] Stress causes dysfunction of GNRH which impairs normal function of FSH and LH. It affect activity of testosterone and oestrogen. Stress developed due to chinta, shoka, bhaya/ krodh. Therefore, counseling and satvavjaya chikitsa required for both partners.

2) Shodhan chikitsa

Ayurvedic procedure panchakarma along with yonodhawan, pichudharan, male and female uttarbasti have been very effective in the management of infertility.

3) Shaman chikitsa

Ayurveda is the only healing science which has gone in depth into the effect of each plant, grain, legume, fruit, seeds, minerals. Central nervous system including immune system acts in top most gear during preparation. In that condition ayurvedic medicine promote higher secretion of hormones through certain herbs and minerals.

Generally medicine used for infertility

In female-Shatavari, Ashwagandha, Phalaghrita, Kalyanakaghrita, Kashmaryadi taila, Shatapushpa taila, Rasana taila, Kushmanda, Brahmi, Shatavirya, Sahatravirya, Shiva, Ashok, Lodhra, Kumari.
In male
Kapikachhu, Gokshura, Sheelajit, Ashwagandha, Vanarigutika, Vasantakusumakar, Makardhwaja rasa, Vangabhasma.

4) Yoga and medication
There is no specific medication for seminal abnormality except vit. E. In this scenario panchakarma, male uttarbasti and ayurvedic medicine along with yogasana plays vital role in male infertility. Ashwini mudra is already said to be very effective on guhya rogas. Thus it helps to rectify the apan dushti in apana kshetra. Pranayama, kapalbhati is also useful in both types of infertility. Medication helps increase energy level and goes hand in hand with yogas, pranayam etc. Breathing techniques, activation and clearing of chakras and faith in the power of the mind these practices incorporate spiritual well being and work towards opening up energetic healing channels within the body.

CONCLUSION
Infertility has increased massively in the past decade and this is due to the result of a combination of environmental, social, psychological and nutritional factors. Today the modern medicine can find out what exactly is dysfunctional in an individual through several diagnostic tests and examination. Using these tests, the treatment focuses on correcting the dysfunction. However, modern medicine treatment are not focused to the individual but are to what the dysfunction of the body is. Also, they fail to incorporate in their therapeutic approaches. Ayurveda, on the other hand, look at the individual constitutional types, enhances the body system that participate in the process of fertilization in totality, and hence serves as a better alternative for reaching fertilization.

REFERENCES
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