



AN OBSERVATIONAL STUDY ON AYURVEDIC MANAGEMENT OF VANDHATVA (INFERTILITY) ASSOCIATED WITH DIFFERENT TREATMENT MODILITIES

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ABSTRACT

Female infertility is a major disorder that has affected humanity because it prevents conception and reproduction. Other factors that contribute to female infertility include a stressful world, excessive radiation, a lack of biological food, genetic disorders, changing lifestyles, and increased electric discharge. Much personal sorrow and stress are brought on by infertility and childlessness. The majority of this suffering is kept from the public's view. 90% of couples experience infertility i.e., issues specific to men account for around 30% of difficulties, issues specific to women account for another 30%, and in the remaining 30% both are at fault.

KEYWORDS- Female Infertility, Yoga, Ayurveda etc.

INTRODUCTION

One of the most common health problems that modern married couples deal with is infertility. The failure to conceive after a year of continuous, regular sexual activity is referred to as infertility. It occurs in 10-15% of marriages.¹ According to current data, female infertility difficulties account for 40–55% and male infertility issues for 30–40% of cases, respectively. remaining 10% unaccounted for. Ovulatory variables account for nearly 30–40% of cases of female infertility, according to a careful analysis of the problem.² Poly Cystic Ovarian Syndrome

(PCOS) is a significant contributor to infertility among anovulatory causes. Anovulation, increased androgen levels, and the appearance of numerous ovarian cysts on USG results are used to diagnose PCOS.³

Female infertility is a major disorder that has affected humankind because it prevents conception and reproduction. Other factors that contribute to female infertility include a stressful world, excessive radiation, a lack of biological food, genetic disorders, changing lifestyles, and increased electronic discharge. Great personal suffering & distress are brought on by infertility/childlessness. The majority of this suffering is kept from the public's view. Incidence: 90% of couples experience infertility, of which 30% have issues with their partners' sex while another 30% have issues with their partners' sex. In the remaining 30%, both partners' sex issues are at fault.⁴

DEFINITION OF VANDHATVA

Infertility is defined as the inability to carry a pregnancy after a sufficient period of sexual activity and without the use of contraceptives. Sterility and infertility can refer to distinct populations and are frequently used interchangeably. On the other hand, people who do become pregnant after a certain amount of frequent sexual contact are said to be in the fertile population.⁵

CONCEPT OF VANDHATVA

The science of Ayurveda has its own system of diagnosis and treatment. Infertility is defined by the Ayurveda classics as the inability to conceive a child rather than pregnancy since it can also entail garbha strava (repeated abortions) and mrutvatsa (repeated stillbirths). Important components of the garbha (foetus) include the following: 1) Rutu (fertile period), 2) Kshetra (reproductive organs), 3) Ambu (nutritive fluids), 4) Beej (ovum), as well as a good psychological state, proper Vata function, and shadbhava (Six factors - mother, father, atma, satva, satmya, rasa). Infertility results from any deviation from normal in these variables. Six types of vandhyatva are mentioned in the Ayurveda texts, and they appear to have distinct clinical characteristics.⁶

Garbhastravi (repeated abortions), Mrutvatsa (repeated stillbirths), Balakshaya (damage to the uterus), Kakvandhya (one child sterility or secondary infertility), Anapatya (no child or primary infertility) (loss of strength) The prognosis for infertility, according to the classics, depends on the underlying cause; for example, beejdosha—developmental abnormalities of the reproductive organs—is incurable, whereas anapatya and kakvandhya—weaknesses in specific body parts—can be treated with the right diet, body therapies, herbs, sensory therapies, lifestyle changes, and yoga therapies.⁷

CAUSES OF INFRITLITY

- Issues with a fertilized egg or embryo's ability to survive after attaching to the uterine lining
- Issues with the eggs' ability to connect to the uterine lining

- Issues with the eggs' ability to migrate from the ovary to the uterus
- Issues with the ovaries generating eggs

INFERTILITY DUE TO ANOVULATION

A condition known as an ovulation is when follicular development and rupture are compromised, preventing the release of the oocyte from the follicle. There are many reasons why an ovulation occurs. They include genetic, autoimmune, and other conditions including chemotherapy that can cause intrinsic ovarian failure. Another reason is gonadotrophic regulation-related ovarian malfunction. It can be further divided into functional factors including low body weight, excessive activity, drug use, and idiopathic infertility, as well as specific causes like hyperprolactinaemia and Kallmann's syndrome. The following conditions are the most common reasons for an ovulation in women who have a suspicion of ovulatory failure.⁸

INFERTILITY DUE TO POLYCYSTIC OVARIES

This is the most common endocrine disorder in females and the main reason for ovulation. A wide range of clinical symptoms and signs may be present in women with polycystic ovaries, but an ovulation and hyperandrogenism are thought to be criteria for this Condition. Subsequently, the occurrence of this condition was linked to insulin resistance, and women with polycystic ovaries were shown to have it during ultrasound examinations.⁹

INFERTILITY DUE TO TUBAL INFERTILITY

Around 30% of infertility reasons are tubal-peritoneal issues. The health of the ciliated epithelium that is in charge of oocyte uptake has a direct bearing on how well the Fallopian tubes perform their various tasks. The outer end of the or ampullar portion is fertilized. Moreover, the tubes have a role in early embryo development and in the movement of the embryo into the uterus. As a result, any structural or functional changes to the tubes are linked to infertility. Modern cultural shifts, such as the use of contraceptives, have predicted the onset of sexual activity years before partner stability or fertility is even correlated with the percentage incidence of tubero-peritoneal infertility.¹⁰

DYSFUNCTION	DEFECTIVE CHANGES
OVARIAN FUNCTION	Prolonged follicular phase Reduced rate of follicular growth Reduced pre-ovulatory follicle size Reduced pre-ovulatory serum oestradiol concentration Disordered and impaired LH surge Disordered early luteal phase patterns of oestradiol and progesterone Luteinized unruptured follicle
TUBAL FUNCTION	Alterations in normal tubo-ovarian relationships Hydrosalpinges Alterations in tubal motility by prostaglandins with accelerated tubal Motility
SPERM FUNCTION	Phagocytosis by macrophages
FERTILIZATION - EMBRYO DEFECTS	Impaired fertilization Embryo toxicity, impairs early embryo development
EARLY PREGNANCY FAILURE	Abnormal embryo's Immune reaction Auto-santibodies Cytokines (interleukin I)

[REFERENCES – Gaurav Gaur et al: Female Infertility: An Overview. International Ayurvedic Medical Journal {online} 2018 {cited April, 2018} Available from: http://www.iamj.in/posts/images/upload/897_902.pdf]

MANAGEMENT OF VANDHATVA

THROUGH DIET

In order to prevent and treat illnesses as well as to maintain good health, diet is essential. According to Ayurveda, food has an impact on the mind as well by altering the three mental characteristics of Rajo guna, Satva guna, and Tamo guna. According to ancient Indian literature, if dietetics is correctly observed, medication is not necessary, but if it is not, even medications are useless. Dietary management calls for careful adherence to the foods that

increase Ojas and the avoidance of those that deplete it. This is crucial to controlling ovulation and improving fertilization.¹¹

AYURVEDIC MANAGEMENT

1. Ashwagandha Churna
2. Kapikacchu Churna
3. Guduchi Churna
4. Gokshura Churna
5. Triphala Churna
6. Shatavari Churna
7. Phala Ghrita

YOGA FOR VANDHATVA

1. Bhramari Pranayama
2. Paschimottanasana
3. Supta Baddha Konasana
4. Sarvangasana

TREATMENT

1. **Nashtartava** - It should be treated with matsya, kulattha, amla padartha, tila, masha (udida), sura (madya), gomutra (cow's urine), takra, dadhi
2. **Artavkshaya**: Agneya dravyas like Agaru, Kaleyaka, Kushtha, Haridra, Sarala, Langali, etc. should be used.
3. **Ashta Artavdushti**: Sushrutacharya has given vidhivat snehan, svedana and then Vamana, Virechana, Niruhabasti,

DISCUSSION

Female infertility is a serious condition that has affected humankind because it causes problems with conception and reproductive ability, a stressful environment, excessive radiation, a lack of biological nourishment, genetic disorders, changing lifestyles, and more electronic discharge. Great personal sorrow & distress are brought on by infertility/childlessness.¹² The majority of this suffering is kept from the public's view. On the basis of Prakriti (Doshas, the primary cause), Adhishthana (Dushya, the seat), Linga (Lakshanas, the characteristics), and Aayatana (Ahar Vicharadi Nidanas), Charaka has provided room to comprehend the recently discovered disorders. The mind may get confused because Charakacharya delivers Rasayana Chikitsa while Sushrutacharya gives Agneya dravyas (of ushna virya) (of shita virya dravyas). But, as "Artavam Agneyam," rasayana chikitsa should be offered in rutavyatita kala while agneya dravya chikitsa should be supplied in rutukala.¹³

CONCLUSION

By examining the reproductive system's components, infertility is addressed. Ayurveda pays attention to each particular body type, strengthens the bodily systems involved in fertilization, and as a result offers a fantastic substitute for achieving conception. Finally, but certainly not least, yoga is crucial for fertility. Together with eating well, one should maintain a healthy routine, and God will unquestionably provide you with the most desirable blessings.

CONFLICT OF INTEREST -NIL**SOURCE OF SUPPORT -NONE****REFERNCES -**

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