



A RACHANATMAKSTUDY OF GARBHASHAYAINPATIENTSOF VANDHYATVA: A SURVEY STUDY

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ABSTRACT

INTRODUCTION-

Infertility as described in Ayurveda as *Vandhyatva* has multiple causes most commonly to cite is Poly cystic ovarian disease which is the outcome of lifestyle disorder in present generation. Apart from PCOD, late marriages, hormonal imbalance, alcohol abuse, obesity are other causes enumerated for *Vandhyatva*. Even secondary infertility owing to other systemic disease like obesity, diabetes and commonly cited these days. While we specify these causes, in a nutshell *srotodushti* of *artavavahsrotas* leading to *rachnatmakvikruti* in *Garbhashaya* has still not being studied. **Aim:** A *Rachnatmak* study of *Garbhashaya* in Patients of *Vandhyatva*

Objective- The present study was conducted to evaluate the conceptual correlation of *Garbhashaya-Vandhyatva* through Ayurveda and modern conceptual studies with the findings received during the survey study. **Method:** The present study was a survey study conducted on 60 patients fulfilling the criteria on inclusion selected from OPD of Department of Stri-roga and Prasuti-tantra, YMT Ayurvedic Medical College,Kharghar

Study Design: The method of survey was history taking and OPD examination of patients regarding the causes of Infertility from the purview of *Rachana* of *Garbhashaya*.**Discussion**—In the present study, maximum patients were between age group of 31 to 35 years. In 65% of patient's anatomical deformity of uterus, in 33.33% abnormality of fallopian tube, and in 1.67% of patient's anatomical deformity of cervix is cause of infertility. The anatomical cause of infertility found in maximum number of cases was fallopian tube block. Koch's infection, abdominal surgeries are one of the causes of tubal block &peri-tubal adhesion.

Conclusion: The outcome of the survey study was the underlying history of systemic illness leading to *rachnatmakvikruti* of *Garbhashaya* is an important decisive factor along with treatment of *artavahsrotodushti*.

KEYWORDS: *Garbhashaya, Vandhyatva, artavah srotas, Infertility.*

INTRODUCTION –

Woman is considered as one of the most essential factors for continuity of life. Women have been placed on extreme worshiping place due to her power of "Janani". According to Acharya Charak women are route of progeny means woman is born for reproduction¹.

Female reproductive system is considered as ArtavVahastrotas in ayurveda and Acharya *Susruta* said *Garbhashaya* is *Mulasthana* of it² *Garbhashaya* is described as a part of *Tryavartayoni* in ayurveda *Tryavartayoni* is term refers to female genital organs, has three avarata, out of these *avarta*'s *garbhashayya* is situated in 3rd *avartai*. e.in *Garbhashaya*³ It is one of the *Ashayas* where *Garbha* stays during intrauterine life, grows and kept well protected. In modern science *Garbhashaya* is termed as Uterus, child bearing organ in female which protects and provides nutrition to the fertilized ovum. It is hollow, pear shaped thick walled muscular organ situated inside the pelvic cavity between the urinary bladder and the rectum normally anteverted and anteflexed position. Two fallopian tubes open into the uterine cavity on either side near its upper end.⁴ Childlessness is described as *Vandhyatva* which is not an independent disease rather a cardinal feature of so many diseases. Acharya Charaka and Vagbhata have referred *Vandhyatva* due to abnormality of beejam. In Charaka Samhita, classification is not given but considering the references together it can be classified as *vandhya*, *Apraja*, *Avandhya* and *Sapraja* type. Acharya Harita classified *Vandhyatva* into six types, they are *Kakvandhya*, *Anaapatya*, *Garbhastravi*, *Mrutvatsa*, *Balakshayatana* and Unexplained.⁵ Ayurvedic classics majority of gynaecological disorder have been described under the heading of *Yonivyapada*. Acharya Sushruta included *Vandhyatva* in 20 *yonivyapada*⁷ Out of twenty *yonivyapada*, *Vamini*, *Putraghni*, *aticharanaphalinivandhya*, *sandhi*, *suchimukhi yonivyapada* are accountable for *Vandhyatva*. *Vandhyatva* is termed as infertility in modern science, the condition in healthy couple of child being age cannot conceive for more than one year despite of having normal intercourse and not used contraceptive is called as infertility.⁶ Uterine causes of infertility are congenital anomalies of uterus, retroverted uterus, uterine hypoplasia, endometriosis, pin hole os, tubal adhesion, tubal blockages, uterine fibroid etc. Nowadays the number of infertility patients' is seen more frequently. Acharya Sushrut mentioned in Sharir sthana that *Ritu*, *Kshetra*, *Ambu* & *Beeja* are responsible factors for garbhotpatti.⁷ Out of these four factors, one important factor is *kshetra*, means all the reproductive organs. For conception all these factors should be in healthy and normal condition. It is obvious that if there is any defect in *kshetra* will defiantly affect the process of conception. Taking this in consideration, uterus has been identified as the most important component of female reproductive organ for this study. In this study, survey of sixty prediagnosed infertility female are carried out to study various *Rachnatmakvikruti* of *Garbhashaya* causing *Vandhyatva*.

AIM: -

A *Rachnatmak* study of *Garbhashaya* in Patients of *Vandhyatva*.

OBJECTIVES-

The present study was conducted to evaluate the conceptual correlation of *Garbhashaya* & *Vandhyatva* through Ayurveda and modern conceptual studies with the findings received during the survey study.

METHOD& MATERIAL

Patients –The 60 Prediagnosed female patients of *Vandhyatva* attending the out patients department of stree-rog & prasuti-tantra department, Dr.G.D.Pol foundation's Y.M.T. Ayurvedic college and hospital, Kharghar, Navi Mumbai fulfilling the criteria of Inclusion were selected for the present study. Informed consent was taken after explaining the purpose of study.

Inclusion Criteria: -

Patients between the ages 18 to 45 yrs having history of *Vandhyatva* related with *Garbhashaya* and fallopian tube were selected for the study.

Exclusive criteria

Patient below 18 yrs and beyond 45 yrs of age and having ovarian cause were excluded from the survey study.

Study Design:

The method of survey was by a questionnaire by which history of patient age, marriage & infertility duration, menstrual cycle; H/O previous abdominal surgeries were noted. The Questionnaire was validated by four experts & as per requirement special investigation such as HSG, USG pelvic, and hysteroscopy-laparoscopy was done. The subject was free to withdraw from the survey any time and was assured of confidentiality of data. The data recorded and further statistical analysis completed.

OBSERVATION & RESULTS:

Total 60 Patients were registered for the present study. The data showed that majority of the Patient i.e. 30 % were in the group of 31-35, and 60% females were house wives and 40% were Working In this study maximum i.e. 38.33% of patients were of Pitta-Kapha, 31.6% of Vata-Pitta Prakrti, and 30% of patients were of Vata-Kapha Prakrti.

Menstrual factor - 73.33% patients were having moderate amount of menses, 73.33 patients were having painless periods, and while 80 % patients were having regular menstrual cycle. 78.33% patients attained their menarche at the age of 11-13 yrs.

Sexual factor - Maximum, 58.33% of patients were having frequency of coitus 2-3 times / week,

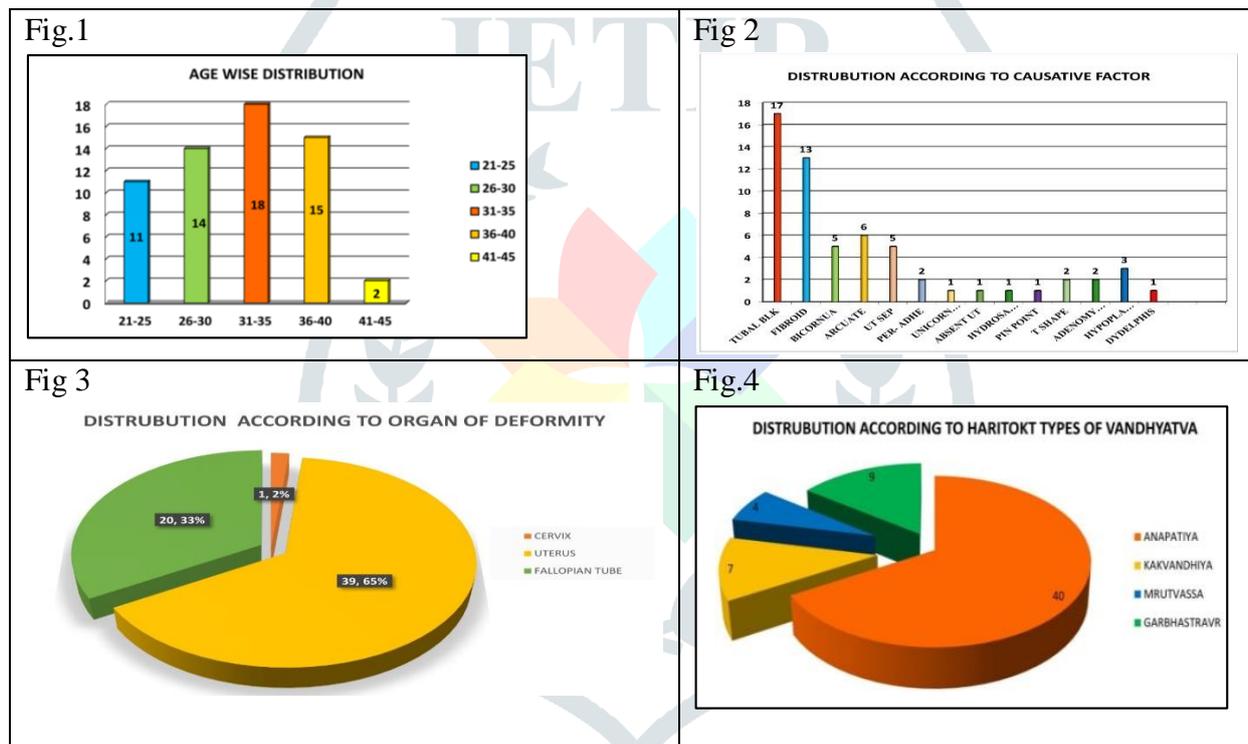
Infertility factors -Duration - In present study, majority were reported chronicity of this complaint ranging between 4-6 years (38.33%). 43.33% patients had 1-3 years of duration while 11.67% patients had 7-9 years, 6.67% patients had more than 10 years of chronicity Type of Infertility- 65% were suffering from primary infertility and 35% were suffering from secondary infertility. According to Haritokta types, 66.66% were *anapatiya*, 11.66 % were *Kakvandhya*, 6.67 % *Mrutavassa* and 15 % were *Garbhastravi*. (Fig. 4)

Medical illness factor - In the present study, H/O medical illness was present in 36.67% of patients; Out of 36.67% of patients 21.67 % had h/o Koch's infection in past which is one of the causative factor of tubal block and peritubal adhesion. In the present study 25% of patients had H/o abdominal surgeries done In P/S examination while assessing the Vagina: - 26.67% patients had white discharge, and 16.67% patients had cervicitis, 1 patient is of absent of uterus. 10% patient have abnormal cervix. (4 pt. have short cervix, 1 pt. have pin-hole OS & one pt. have cervical erosion. During p/v examination 6.66% of patients were having RVRV Position of uterus.

Causative Factors: Radiological examination revealed that, in present study, in 65% of patients anatomical deformity of uterus was the cause of infertility, in 33.33% of patients Anatomical abnormality of fallopian tubes was the cause of infertility, and 1.67% of patients anatomical deformity of cervix is present. (Fig 2), while 45% of patients were suffering from congenital anomalies of uterus and 55% of patients were suffering from pathological abnormalities.

The radiological and endoscopic examination of patients to find out the anatomical causes responsible for infertility revealed that-(Fig.3)

- 1) Fallopian tube block in 28.33% of patients.2) Uterine fibroid in 21.67% of patients.
- 3) Bicornuate uterus in 8.33% of patients.4) Arcuate uterus in 10% of patients.
- 5) Uterine septum in 8.33% of patients.6) Peri tubal adhesion in 3.33% of patients.
- 7) Unicornuate uterus, absent of uterus, Pin hole Os, Dydelphis uterus and hydrosalphynx each of these in 1.67% of patients.8) T shape uterine cavity was observed in 3.33% of patients.
- 9) Adenomyosis in 3.33% of patients.10) Hypoplastic uterus in 5% of patients.



DISCUSSION-

Garbhashaya, one of the important components of reproductive system plays an important role in reproduction. Acharya Sushrut has mentioned *yonivyapad* with *rachnatmakvikruti*. Out of twenty *yonivyapada* Vamini, *Putraghni*, *aticharana*, *phalini*, *vandhya*, *sandhi*, *Suchimukhi* *yonivyapada* are accountable for *Vandhyatva*. Among which *Suchimukhi* which means a constricted or pinpoint OS is characterised by anatomical deformity and an important reason for *vandhyatva*. Acharya Charaka says that when a pregnant woman consumes *Vata* aggravating diet, then this aggravates *vayu*, due to dryness of *vayu* Yoni becomes vitiated (reproductive organs) and thus the female fetus yoni became *Suchimukhi yoni*.⁸ Charaka says, in *sandhi yonivyapada* congenital anomalies of uterus such as hypoplastic or rudimentary uterus occur due to *Beejadusti*.⁹ Any *Rachnatmakvikruti* of *Garbhashaya* affects the fertility, and female does not achieve the pregnancy.

After conducting a survey and evaluating 60 subjects the following observations were analysed. Maximum patients 30% were between 31 to 35 yrs. age group as now a day's trend of late marriages is because of higher education and social awareness of women. There is also a trend in professional couples to delay pregnancy until careers are established so this may be probable causative factor (fig 1)

Maximum no. of Patients i.e. 60 % were house wives.

But on this observation no relation can be drawn between occupation and disease but it still, it can be said that women having extra time than household work, so they may have enough time for thinking about their problem, leading them in psychological stress. So, this psychological factor may affect the fertility as well as personality of the patients. In professional couples delay planning the pregnancy may increase gynaecological pathology like endometriosis, fibroid etc.

Infrequency of coitus and attempts to limit it to the day of ovulation are much more important causes for failure to conceive.

Maximum patient's i.e. 43.33% had infertility history of 1-3 years.

According to the definition, infertility is diagnosed after one year of marriage. Therefore chronicity starts after one year and patients trying for year till they get success, from different parties and different medical centres. 65% were suffering from primary infertility and 35% were suffering from secondary infertility. H/o Koch's infection in past, which is one of the causative factor of tubal block and peritubal adhesion. 3.33 % (2 pts) were suffering from hypothyroidism. One pt. is a k/c/o of PCOD.

Thus anatomical cause of infertility found in maximum number of cases was fallopian tube block (28.33%) respective causes of infertility below it are Uterine fibroid, Arcuate uterus, Bicornuate uterus, Uterine septum. Unicornuate uterus, Absent of uterus, Pin hole Os, Dydelphis uterus and hydrosalpinx were ranking as causes of infertility in minimum number patients.

CONCLUSION-

Vandhyatva is major complication of *yonivyapad* if not treated at proper time with proper treatment. As per Acharya Charaka congenital anomalies of uterus occur due to Beejadusti, and any congenital/pathological defect in *Garbhashaya* causes infertility. In present study anatomical cause of infertility found in maximum number of cases was fallopian tube block on account of either Koch's infection or abdominal surgeries are resulting in tubal block & peri tubal adhesion. More data is required to substantiate the study.

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