



A SYSTEMIC STUDY ON VANDHTVA (INFERTILITY) -AN AYURVEDIC PROSPECTIVE

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ABSTRACT

Since the beginning of time, infertility has been a persistent issue. Failure to conceive during one or more years of a regular, unprotected coitus is considered infertility. According to the WHO, a woman's reproductive health is not just the absence of diseases affecting her reproductive system or functions, but also her overall physical, mental, and social welfare. - The examination of infertility will come up empty in 10% of cases. In these situations, anomalies are probably present but cannot be seen with existing techniques. The egg may not be released at the right moment for fertilization, it may not enter the fallopian tube, sperm may not be able to reach the egg, fertilization may not take place, zygote transport may be disrupted, or implantation may not succeed. These are all potential issues. Drugs used in rasayana influence the immunological and neurological systems. Vaajikarana Rasayana is a unique subcategory of Rasayana that boosts sexual function and the reproductive system. Additionally, Vajikarana asserts to have anti-stress and adaptogenic properties to lessen anxiety related to sexual desire and performance. VrihaniGutika, VrishyaGutika, Vajikaranam Ghritam, Upatyakari Shashtikadi Gutika, etc. are a few of the formulations.

KEYWORDS - Infertility, Rasayan, Vajikarna.

INTRODUCTION

Since the beginning of time, infertility has been a persistent issue. Failure to conceive during one or more years of a regular, unprotected coitus is considered infertility.[1] According to the WHO, a woman's reproductive health is not just the absence of diseases affecting her reproductive system or functions, but also her overall physical, mental, and social welfare. It has been noted that 50% of typical couples become pregnant after three months of frequent, unprotected sexual activity, 75% after six months, and 80-85% after a year.[2] Primary infertility refers to the absence of conception, whereas secondary infertility refers to the patient's inability to conceive after a prior successful pregnancy. Any community can have an incidence of infertility between 5 and 15%.

There are two forms of infertility: primary infertility, which describes couples who haven't gotten pregnant after having intercourse for at least a year without taking birth control, and secondary infertility, which describes couples who were previously able to become pregnant but are now unable to. Infertility is a prevalent issue today and is becoming into a distressing condition. In the Ayurvedic system, Vandhyatwa is equated to infertility. Unbalance in the Artavahasrotas is the main contributor to Vandhyatwa.

HETU

The reproductive potential of both the male and female partners must be considered before conception. About 30–40% of the time, it is the man who is directly at fault, about 40–55% it is the female, and about 10% it is both of them. The final 10% is mysterious.

MALE FACTOR

- One is faulty spermatogenesis.
- The efferent duct system is blocked.
- The sperm do not reach the highest point in the vagina.
- Mistakes in seminal fluid.

FEMALE FACTOR

- Vaginal elements.
- Uterine components
- Tubal influences.
- Peritoneal elements
- Ovarian elements
- Coital mistakes
- Cervical elements

The examination of infertility will come up empty in 10% of cases. In these situations, anomalies are probably present but cannot be seen with existing techniques. The egg may not be released at the right moment for fertilization, it may not enter the fallopian tube, sperm may not be able to reach the egg, fertilization may not take place, zygote transport may be disrupted, or implantation may not succeed. These are all potential issues. More and more people are realizing how crucial egg quality is and how eggs from older women have less potential to fertilize normally and successfully.

CLASSIFICATION

Other than the Harita Samhita, it has never been presented in a classic. In a previous account of the etiology, Charaka used the word sapraja; in the clinical characteristics of asrujayonivyapada, Charaka Samhita used the word apraja.

- a. Vandhya
- b. Apraja
- c. Sapraja

EFFECT OF RASAYANA, VAJEEKARANA IN AYURVEDA

One of Ashtanga Ayurveda's eight key specialties, Vajikarana or VrishyaChikitsa, has aphrodisiac properties and enhances virility and progeny health. A horse's vitality, in especially the animal's powerful ability for sexual activity in the human, is produced by Vajikarana. It revitalizes each of the seven Dhatus and restores harmony and health. Rasayana medicines affect the immunological, endocrine, and nervous systems. Vaajikarana Rasayana is a unique subcategory of Rasayana that enhances sexual function and improves the reproductive system. Additionally, Vajikarana asserts to have anti-stress and adaptogenic properties to lessen anxiety related to sexual desire and performance. VrihaniGutika, VrishyaGutika, Vajikaranam Ghritam, Upatyakari Shashtikadi Gutika, etc. are a few of the formulations.

CONCLUSION

The combination of environmental, social, psychological, and dietary variables is the main cause of infertility's escalating prevalence during the past ten years. Treatment in modern medicine focuses on resolving dysfunction identified by the myriad diagnostic tests. The difficulties brought on by infertility care, such as hormone therapy, ovulation induction, and invasive diagnostic procedures, are also considerable. The only current treatments for cases of unexplained infertility are lifestyle changes and ART (artificial reproductive methods). However, the success rates are low and the costs are very substantial. On the other hand, Ayurveda takes a close look at each individual's constitution and aims to enhance the performance of the bodily systems that fully contribute to the process of fertilization.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE**REFERENCES**

1. DC Dutta. Textbook of gynecology. 5th ed. New central book agency (P) Ltd. Ltd., 2009; 220.
2. Dr Shree Bhaskar Govindji Ghanekar, Shushrut Samhita, Delhi, Motilal Banarasidas Publisher, 1981; 283.
3. D.C, Dutta's textbook of gynecology, Enlarged & revised print of Sixth edition nov, edited by Hiralalkonar, page number 227, published by jaypee brothers medical publishers (p) ltd, new delhi, 2013.
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. Howkins and Bourne. Shaw's Textbook of Gynaecology, 14th ed., Noida; Reed Elsevier India Private Limited, 2009; 180.
7. Howkins and Bourne. Shaw's Textbook of Gynaecology, 14th ed., Noida; Reed Elsevier India Private Limited, 2009; 180.
8. Dutta D.C., Text book of Gyaenacology, 7 Th edition, Delhi, Jaypee medical publishers, 2014; 186.

