



AYURVEDIC PERSPECTIVE OF INFERTILITY

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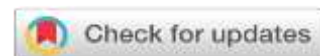
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ABSTRACT

Infertility is defined as failure to achieve a pregnancy even after one or more years of regular unprotected sexual intercourse. The risk of infertility increases with advancement in age in both males and females as the quality of egg and sperm is declining. The treatment starts with identifying the cause and rectifying it, along with assurance and support. In *Ayurveda* classics, this can be correlated with the condition *vandhyatva* where the word “*vandhya*” means a lady without progeny. *Vandhatva chikitsa* also aims in identifying and rectifying the cause. Both male and female have to be assessed and *sodhana chikitsa* is given to both to expel the *doshas* resulting in *sudha sukra* and *artava* leading to a healthy pregnancy.

Keywords: Infertility, *Vandhyatva*, *Vandhya*, *sodhana*, *doshas*

INTRODUCTION

Infertility is defined as a failure to conceive with in one or more years of regular unprotected coitus¹. Primary infertility is the condition where the patient has never conceived, and secondary Infertility is where the patient has previous pregnancy but failure to conceive subsequently. The WHO estimates the overall prevalence of primary infertility in India to

be between 3.9 and 16.8 per cent². Conception depends on the fertility potential of both the male and female partners. The male is directly responsible in about 30-40 percent, the female in about 40-55 percent, both are responsible in about 10 percent of cases and the remaining 10 percent is unexplained in spite of thorough investigations with modern tech-

nical knowhow¹. The management of infertility should aim at identifying the cause, rectifying it to improve fertility, and giving assurance to those with no detectable pathologies. In Ayurveda, *Vandhyatva* is the condition equivalent to infertility. *Vandhyatva* was elaborately explained in *Brihatrayees*, *Laghutrayee*, and other classical texts in Ayurveda. In Ayurveda, the definition of *vandhyatva* is not restricted to the inability to conceive but not begetting a live progeny. In *Vandhyatva chikitsa* a single line of management cannot be applied; the treatment should be aimed at rectifying the cause and in our classics *shodhana chikitsa* is advised to give according to the *dosas* involved. *Sodhana chikitsa* is essential for both the male and female to achieve a healthy pregnancy.

MATERIALS AND METHODS

This includes classical Ayurveda books, modern gynaecological textbooks, and published articles to collect information and analyse the details to arrive at a conclusion.

OBSERVATIONS AND DISCUSSION

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse³. According to World Health Organization, the overall prevalence of primary infertility in India is estimated to be between 3.9 to 16.8%.

ETIOLOGY

The causes of infertility include both male and female factors with around 55% due to a female partner and about 40% attributed to a male partner. The most common causes of female infertility include Tubal and peritoneal factors (25–35%), Ovulatory factors (30–40%), and Endometriosis (1–10%). The ovulatory factors encompass Anovulation or oligo-ovulation, diminished ovarian reserve, Luteal phase defect (LPD), and luteinized unruptured follicle (LUF). The male is solely responsible in about 20% of cases and is a contributing factor in another 30% to 40% of all infertility cases⁴. The important causes of male infertility are Primary gonadal disorders (30–40%), Obstruction of efferent ducts (10–20%),

Hypothalamic-pituitary disorders (1–2%), Thermal factors, Infections, Immunological factors and Idiopathic factors (40–50%). Sperm abnormalities like Asthenozoospermia (reduced sperm motility), Teratozoospermia (abnormal sperm morphology), and Seminal fluid errors like high viscosity, low fructose content, High or low volume of ejaculate, and high prostaglandins are the other important factors. Among the causes of female infertility found, PCOS and tubal pathology were the most common causes contributing 46% and 33.8%, respectively, to all cases attributed to female infertility⁵.

AYURVEDIC REVIEW

A lady without progeny is a *vandhya* and the condition is termed *Vandhyatva*. *Acarya Susruta* explained the destruction of *arthava* (ovum) as *Vandhya* leading to the condition *vandhyathva*⁶. *Acarya Bhela* stated that *vandhya* is -mainly due to *vata*⁷. *Bhela* also explained the semen that falls on *bahya nadi* does not bear fruit (conceive), similarly *Bhavaprakasa* mentioned that the *sukra* which falls on *sameerana nadi* will not lead to pregnancy.

BHEDA

Maharshi Harita classified *vandhyatva* into 6 types based on etiology: *balya Garbhakosha bhanga dhathukshaya* (congenital disorders, chromosomal or genetic abnormalities), *dhathukshaya* due to improper *ahara* or *vihara*), *Kakavandhya* (secondary infertility), *Anapathya* (Primary infertility), *Garbhasravi vandhya* (Recurrent pregnancy Loss), *Mrthavatsa* (Still birth) and *Balakshaya vandhya* (due to *dhatukshaya avastha*)⁸. In *Madhavanidana* there are 2 types of classification: based on etiology and based on clinical outcome. *Aadivandhya* (due to misdeeds of past and present life), *Doshaja* (*vata*, *pitta*, *kapha*, *sannipataja*, and *raktaja*), *Bhutaja* (Infections), *Daiva* (idiopathic factors), and *Abhicharaja* (witchcraft) are the 9 types based on etiology. *Garbhasravi vandhya*, *Mrthaputrika*, *Kanyaprasoscha* (only female child), and *sakrthprasoorya* (secondary Infertility) are the 4 types of *vandhya* based on clinical outcome. *Vandhyakalpadrumam* mentioned 8 types of *vandhya*, *Rasaratnasamuchaya* as same as *Madhava nidana*, *Meghavinoda* men-

tioned 4 types of *vandhya*, *Kamasatra* explained 13 types and *Balatantra* mentioned 9 types and 8 types of *vandhyatva*. *Balatantatra* is the only text which described male factor infertility- *Retohina purusha*, all other *samhithas* had explained similar types of *vandhya*.

NIDANA

Acarya Caraka clearly stated that the female genital tract affected by *yonirogas* does not hold the semen and as such, the woman does not conceive⁹. *Charakacharya* explained though fertile, a woman gets conceived after a long time due to defects in the genitals, mental worry, derangement of sperm, ovum, diet, and behaviour, absence of proper timing, and diminution of strength¹⁰. *Bhela* opined a woman afflicted with *vata dosha* does not conceive and *vayu* expels *sukra*, and destroys *rajas* resulting in infertility. *Sushrutacharya* in *Sareera sthana* opined that *artava* vitiated by *vatadi doshas* is not able to cause healthy progeny. *Bhela* explained the *nidana* of *vandhyatva* and *garbhanga vikrithi* together: *Beeja dosha* (defects of ovum and sperm), a woman not following *pathya ahara vihara* during *rithukala*, intake of *apathya rasa, vega sandharana* and *yonidoshas*¹¹. *Carakacharya* in *sareera sthanam* explained when in a woman's ovum (*sonitha*) the gene concerned with the uterus is damaged (*garbhasaya beeja bhaga pradosham*) the progeny becomes *vandhya*¹². *Acarya Kashyapa* in *Sidhi sthana* mentioned, in an oleated and sudated person inspite of having soft bowel, if treated with a large quantity of drugs, this medicine becomes a cause for discharge of vital blood, get abnormal properties, his *vayu* causes delirium, insanity, hiccough, dyspnoea, cough, dryness of palate, thirst, colic, deafness, obstruction to the voice, suppression of seed(spermatogenesis/ovulation), *timira*, amenorrhoea¹³. He also opined that *Jathaharinis* leads to infertility in those women who indulge in unrighteous acts, nonreligious acts, inauspicious acts, uncleanliness, dislike of God, cows, Brahmins, teachers, and respectable persons. *Harita* explained coitus with a girl before menarche will cause infertility due to constriction of the uterus or vulva. He also stated

that in *Vandhya*, *vata* fills the milk-carrying channels causing no milk secretion in her breasts, and loses more amount of blood during menstruation. Trauma to *artavavaha srotas, shoulya*, and *apathya ahara vihara* also causes *vandhyatva* (infertility).

SAMPRAPTHI: Considering the etiologies of *Vandhyatva* it can be considered as a condition involving mainly *vata dosa* but with the vitiation of all three *doshas*. According to *Susrutacharya* *vandhya* is included under *vatika yoniroga*, with the clinical feature "*nashtartavam*" which means the destruction of *artava* (ovum). *Carakacharya* explained *vandhya* as a congenital disorder where there is *garbhasaya beeja bhaga pradosham* (gene concerned with the formation of uterus is defective) and is not curable. *Vata dosha* along with *pitta* and *kapha dosha dushti* occurs leading to *bija doshas* causing *artavavaha srotho dushti* and *nashtartava* which is the condition called *vandhyatva*.

SADYASADYATHA: *Acarya Caraka's* *vandhya* is *asadya* as it is a congenital disorder. The prognosis of *vandhyatva* depends on the etiology, if the *Yonidoshas* or *artava dosa* is incurable so will be the end result. Among the *jathaharinis* *vasya, kaambhara, pisaci* are *asadhya, pushpaghni, andaghni, durdhara, kalaratri, Mohini, stambhini* and *krosana jathaharinis* are *sadya*.

CHIKITSA: *Vandhyatva chikitsa* cannot be done through a single line of management as the underlying cause will be different in each individual. *Ayurveda* classics have elaborately mentioned various methods of treatments for *vandhyatva*. *Sodhana chikitsa* is the first and foremost among them which expels the *doshas* and helps in maintaining the normal physiological function of the body, so it is mandatory before *samana chikitsa*. *Acarya Caraka* explained when the genital tract is normalised, the woman conceives if the seed (sperm and ovum) is normal and undamaged, and consciousness (*Jeeva*) has moved in¹⁴. The man also should be evacuated with five measures and after examining his semen involvement of *dosa* should be known according to colour and the derangement should be treated with proper remedy¹⁵. *Ayurveda* thus advocates the eval-

uation of both males and females to assess the issue and treat it accordingly. *Kashyapa acarya* described after the *sodhana chikitsa* (*snehana, swedana, vama, virecana, asthapana, anuvasana*) a man should be treated with milk processed with *madhura dravyas*, and the woman with *taila masha*. He also advised that both should follow *pathya ahara, vihara, and oushadhas*. In *Bhela samhitha Niruha vasti* is considered like nectar to *vandhya* as it cures *vata-dosa, Rajodosa* leading to conception. *Virecana* can improve the quality of both ovum and sperm according to *Acarya Kashyapa*. He also stated that *anuvasana vasti* given in proper time produces complexion, lusture, strength, and longevity and increases *sukra*. It clarifies the *yonis* (female reproductive organs) and provides fortune and son even to an infertile woman. It is like nectar to the children¹⁶. *Yapana vasthi* carries out the function of both *sodhana* and *sneha vasti* and is beneficial for infertile males and females. *Acarya Susruta* opined that all the drugs used for *pumsavana* can be used in *vandhyatva chikitsa*. From all these opinions it can be concluded that *sodhana chikitsa* followed by *samana chikitsa* along with *sthaniya chikitsa* (*pichu, utharavasthi, douche, etc*) purifies the whole body, restores the health of reproductive organs and enhances the functional capacity thus leading to healthy conception.

CONCLUSION

Infertility is a challenging health issue that has serious implications for individuals and society. According to a report by the World Health Organization (WHO), one in every four couples in developing countries is affected by infertility¹⁷. Infertility can be correlated with *Vandhyatva* explained in *Ayurveda* classics based on the clinical feature inability to beget a viable child, even though they are not analogous. Based on the explanations *vandhyatva* is infertility mainly due to congenital problems or chromosomal anomalies in which the woman is unable to have a child. Considering the etiologies, types, and clinical features, *vandhyatva* can be correlated with Infertility and the treatment

methods of *vandhyatva* can be adopted in infertility considering the *nidana, dosha dushti, and prakruthi* of the patient.

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