

RECENT ADVANCEMENT AS PER AYURVEDA FOR THE CLINICAL MANAGEMENT OF FEMALE INFERTILITY

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ABSTRACT

The female infertility has become a major issue in current scenario due to the increasing number of incidences day by day. In India alone many couples suffer from infertility. The treatment options of female infertility also improving and traditional system of medicine such as ayurveda describes female infertility broadly with its treatment protocol. *Azoospermia and tubal blockage* are the major associated disease related to the female infertility. Since many researchers have worked on this issue but the awareness regarding disease and treatment are yet to be explored; considering this fact, there is a need to review the various clinical evidences and various treatment modalities available as per ayurveda thus this article summarizing various ayurvedic research contributions towards the female infertility to generate information regarding disease.

Keywords: Infertility, Vandhyatva, Ayurveda, Azoospermia, Tubal Blockage

INTRODUCTION

Female infertility is a disease of the reproductive system involves the failure to achieve a clinical pregnancy. Infertility affects women of reproductive age group all over the world. The infertility can be primary or secondary. If there are no incidences of acquiring pregnancy despite cohabitation for a period of two years, it is called primary infertility. If a couple fails to conceive following a previous pregnancy despite cohabitation for a period of two years, it is termed as secondary infertility. The WHO definition of female infertility involves a two-year reference period (Priyanka and Mandakini, 2015; Princy *et al.*, 2012).

Current scenario of medical sciences changing and people believe more in *Ayurveda* worldwide. The generations benefited greatly by available treatment options and suggestions of *ayurveda*. There are various treatment modalities that have been mentioned in *Ayurveda*, for female infertility. *Ayurveda* mentioned various causative factors for female infertility (Rathod *et al.*, 2012). Today's life style has also become an important factor for female infertility. Intake of tobacco, alcohol, radiation and obesity are also important factors responsible for female infertility.

Vandhyatva (Srikantha, 2004; Kashinath and Gorakhnath, 2005; Hariprasad and Harita; Mangesh and Kulkarni, 2015)

The ayurveda described permanent infertility as *Vandhyatva*, but as per the modern consideration it can be correlated as a major causative factor for infertility. *Vandhyatva* is one of the abnormal conditions in which complete infertility occurs due to the loss of *Artava* i.e. *Menstruation*. Ayurveda suggested imbalance *Artavahasrotas* as a principle causative factor of *Vandhyatva*. Physiologically *Bhela* stated that *Vata* may cause deformity of female genital system which overall responsible for is responsible for *Vandhya*.

As per traditional ayurvedic text Vandhya can be classified as follows:

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|------------------------|---|
| 1. <i>Balya:</i> | Delayed occurrence of puberty |
| 2. <i>Kakavandhya:</i> | Single child sterility |
| 3. <i>Anaptya:</i> | Primary sterility |
| 4. <i>Garbhasravi:</i> | Repeated abortion |
| 5. <i>Mrutavatsa:</i> | Conditions of still births |
| 6. <i>Balakshaya:</i> | Infertility due to <i>Dhatukshaya</i> . |

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Other Causative Related Diseases as per Ayurveda (Princy et al., 2012):

Ayurveda suggested some reproductive disorders as *yoni rogas* responsible for infertility such as; *Rakta yoni Asradgdhara (D.U.B)*, *Vatika yoni Roga*, *Paithika yoni roga*, *Aticharana* and *Mahayoni*:

➤ *Rakta yoni Asradgdhara (D.U.B)*: the increase *rakta* and *pitta* leads excess flow of the *pitta* through the genital tract. The blood flow does not stop even in the pregnancy. The pregnancy does not continue because of the excess blood flow.

➤ *Vatika Yoni Roga*: dominant *vata prakriti* and aggravation of *vayu* located in the reproductive organs, produces pain, ache, stiffness, a tingling sensation, dryness, numbness, fatigue, etc. and abnormal menstrual discharge may leads to female infertility.

➤ *Paithika Yoni Roga*: it is caused by the intake of pungent, sour, salty and alkaline types of food which may cause burning sensation, suppuration and fever. The menstrual discharge may become heavy, blue, yellow or black in colour.

➤ *Aticharana*: excess of sexual intercourse aggravated *vayu* and causes swelling, numbness and severe pain.

➤ *Mahayoni*: the long term dilation of openings of uterus and the vagina after intercourse may causes pain and the discharge of frothy blood. If condition persist for long time then it may become responsible for infertility.

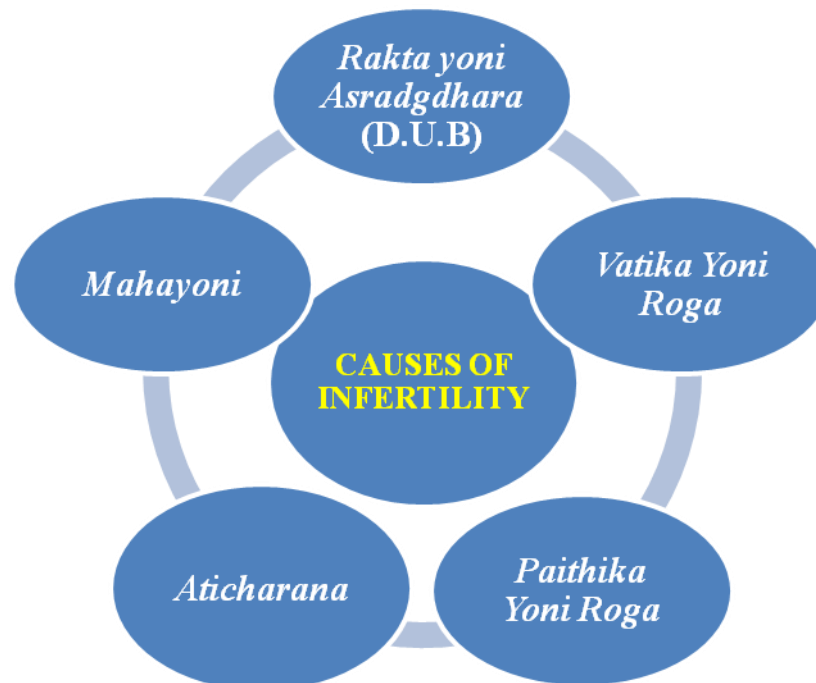


Figure 1: Causes of female infertility

This article presenting some recent evidence based clinical review and treatment of female infertility as per ayurveda;

Evidence Based Treatment of Female Infertility as per Ayurveda

A. *Dhanvantari Taila* for Infertility associated with Dysfunctional Uterine Bleeding (DUB)

Kamidi evaluated *dhanvantari taila* for the management of infertility with Dysfunctional Uterine Bleeding (DUB). Study considered Dysfunctional Uterine Bleeding (DUB) as a major cause of infertility. Study utilized *dhanvantari taila* as *uttara vasti* into uterine cavity after completion of bleeding during that particular cycle. Patients of related disease were selected for study. First patient was given *Snehana* and *Sodhana vasti* they are *Anuvasana* and *Niruhavasti*, which after patients were subjected for *uttara vasti* with *Dhanvantari taila*. *Dhanvantari taila* selected for study since its having efficacy over *Tridoshas* due to its composite ingredients like *Balamula* that is *Sida accuta*, *Manjista* that is *Rubia cordifolia*, *Tila taila*

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vacha chandana triphala dasamoola etc. Study proved *dhanvantari taila* as *uttara vasti* effective treatment option for the treatment of infertility with Dysfunctional Uterine Bleeding (DUB) (Kamidi, 2011).

B. *Panchagavya Ghrita Uttar Vasti* in Tubal Blockage:

Shushila *et al.*, studied effect of *Panchagavya Ghrita Uttar Vasti* in tubal blockage. Study described tubal abnormalities as important factor of infertility due to the higher rates of unrecognized pelvic inflammatory disease (PID) and tuberculosis. Tubal factor infertility accounts for a large portion of female factor infertility. The study was involved treatment of disease with *Panchagavya Ghrita Uttarvasti* after three month treatment by using *Yonigata prakshalana* with *Nimba patra*, *Shubhra Kwath* & *Jatayadi Taila Pichu* locally. Study concluded that most of content of drug of *Garbhasayagata Uttarvasti* have mainly *Ushna* & *Tikshna* property, which help the drug to act locally on tubal block. Study suggested that fallopian tube block is *tridosaja*; *Uttarvasti* is best therapy to regulate the tubal block since *Vasti* maintained *Vata*, whereas *Pitta* is regulated by *Ghritha* & contents of *Panchgavya Ghrita* is *Ushna* which regulate the *Kapha* (Shushila and Varsha, 2014).

C. *Kumari Taila Uttar Basti* on Fallopian Tube Blockage:

Kamayani *et al.*, studied effect of *Kumari Taila Uttar Basti* on fallopian tube blockage, *Kumari Taila* was selected for study due to its *Vata Kapha Shamaka* and *Lekhana* properties. Patients of the reproductive age group were investigated for the study. The study was proved that tubal blockage was removed in 80% of the patients after the treatment and 40% of the patients had conceived within the follow-up period of two months. The results suggested *Kumari Taila Uttar Basti* as effective treatment option for the tubal blockage, with no apparent complications (Kamayani *et al.*, 2010).

D. Management of *Vandhyatwa* with Anovulatory Cycles (*Artava Dosha*) by Ayurvedic Medicines:

Bhaskaruni *et al.*, described management of *vandhyatwa* with anovulatory cycles (*artava dosha*) by ayurvedic medicines. In ayurveda ovulation disorder is mentioned as one of essential factors for conception apart from *ritu*, *kshetra* and *ambu*.

Ayurveda suggest that absence of *bija* in women which yields the *garbha* (pregnancy) is termed as anovulation, which contributes about 40% of female infertility. The study involves many patients, suffered with infertility.

All the patients were subjected to *phala kalyana ghrutam pichu* for five days after followed by *sahacharadi tailam matravasti* for five days. Both procedures were done one after one for three cycles. *Bhumyamalaki* (*Phyllanthus urinaria* Linn.) & *Jyotishmati* (*Celastrus panniculatus* Willd) were administered as formulation. Study also suggested proper *pathyapathya*, *ahara* (diet), *vihara* (behaviour) along with medication. Results were found to be very satisfactory. Gradual relief of symptoms was noticed. Study proved utilization of *Sahacharadi taila matravasti*, *Phala kalyana ghruta pichu* and oral administration of *Bhumyamalaki* & *Jyotishmati* were effective treatment options for the management of *Vandhyatwa* (infertility) with anovulatory cycles (Bhaskaruni, 2014).

E. Effect of *Chitrakadi Ghritam* in the Management of *Vandhyatva* (Infertility) with *Yonidosha*:

Bhaskaruni *et al.*, studied effect of *chitrakadi ghritam* in the management of *vandhyatva* (infertility) with *yonidosha*. The study described tubal block, PCOD, PID and endometriosis as main causes of infertility. Study was involved evaluation of *Chitrakadi ghrita* for the management of *Vandhya*. Study proved *Chitrakadi ghrita* as effective remedies for the treatment of *Vandhyatva* with *Yonidosha*. Action of *Chitrakadi ghritam* in management of *Stri vandhyatwa* (female infertility) was found to be highly significant amongst the treated patient (Bhaskaruni and Meera, 2014).

F. *Asparagus Racemosus* (*Shatavari*) in Female Infertility;

Asparagus racemosus, traditionally known as *shatavari* means. In Ayurveda it is considered a female tonic. Traditionally it has been reported beneficial in female infertility since it's enhances folliculogenesis and ovulation, prepares the womb for conception, and prevents miscarriages. Study described that the energy source for the female reproductive system is oestrogen dependent glycogen. Estrogen increases the glycogen content in the uterus and any decrease in uterine glycogen would directly implicate estrogen deficiency and investigation suggested that *asparagus racemosus* increased uterine glycogen without

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altering serum estrogen progesterone levels which overall promotes fertility (Gopumadhavan *et al.*, 2005).

G. Role of Panchakarma in Infertility

Patil *et al.*, (2014) reviewed role of *panchakarma* in infertility. Review study was focused on the concept that *shamana* and *shodhanchikitsa* are mentioned for infertility in ayurvedic texts; thus researchers evaluated effect of *panchakarma* in female infertility. Review study concluded that modern life style, stress and excess use of antibiotics are responsible for abnormal condition like like unovulatory cycle, tubal block and PCOD, etc. Review suggested that *Panchakarma* play significant role in treating these disorders responsible for infertility by various methods like *basti*, *Uttarbasti* and *nasya*. *Basti*: acts on *vata* predominantly. It increases strength of reproductive organs. *Uttarbasti*: Acts on endometrial receptors and also increases receptivity of genital tract to entry of sperms. *Nasya*: It may act on pituitary gland stimulate secretion of FSH, LH hormones. Review summarized that *panchakarma* can treat infertility successfully using various methods along with ayurvedic formulations (Patil *et al.*, 2014).

CONCLUSION

Infertility has becomes the major health problem in current scenario since incidences increasing day by day due to the change in life style. As per World Health Organization (WHO) estimates that 60 to 80 million couples affected by this problem worldwide. Ayurveda mentioned various modes and methods for the good progeny. This review articles concluded that some ayurvedic medicine along with methods like; *Uttara Vasti* (performed to the patient according to the ayurvedic *chikitsa vidhi vidhana*) and *Panchakarma* may be helpful to treat disease; these information regarding ayurvedic treatment of female infertility may be utilized for the further research work.

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