

## A CONCEPTUAL STUDY ON VANDHYATVA

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## ABSTRACT

Vandhyatva (infertility) has been long standing problem since ancient period. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.<sup>[1]</sup> According to WHO, positive reproductive health of a woman is a state of complete physical, mental and social wellbeing and not merely absence of disease related to reproductive system and functions.- In about 10% of cases the infertility investigation will show no abnormalities. In these cases abnormalities are likely to be present but not detected by current methods. Possible problems could be that the egg is not released at the optimum time for fertilization, which it may not enter the fallopian tube, sperm may not be able to reach the egg, fertilization may fail to occur, transport of the zygote may be disturbed, or implantation fails. Rasayana drugs modulates neuro-endocrino-immune system. Vaajikarana Rasayana is the special category of Rasayana, which improve the reproductive system and enhance sexual function. Vajikaranaalso claims to have anti stress, adaptogenic actions to alleviate anxiety associated with sexual desire and performance. Some of the formulations are, VrihaniGutika, VrishyaGutika, Vajikaranam Ghritam, Upatyakari Shashtikadi Gutika etc.

**KEYWORDS:** Infertility, Rasayan, Vajikarna.

## INTRODUCTION

Vandhyatva (infertility) has been long standing problem since ancient period. Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus.<sup>[1]</sup> According to WHO, positive reproductive health of a woman is a state of complete physical, mental and social wellbeing and not merely absence of disease related to reproductive system and functions. It is observed that 50% of normal couple achieve conception within three months of regular unprotected intercourse, 75% in six months and 80-85% conceive within a year.<sup>[2]</sup> Infertility is termed primary if conception has never occurred and secondary if the patient fails to conceive after having achieved a previous conception. The incidence of infertility in any community varies between 5 and 15%.<sup>[3]</sup>

There are two types of Infertility, Primary infertility referstocouples whohave not becomepregnant after at least 1 year having sex without usingbirth control methods and Secondary infertility as couples who have been able to get pregnant at least once, but are now unable.<sup>[4]</sup> Infertility is a common problem now a days and becoming a distressful condition. In Ayurveda Vandhyatwa has been explained equivalent to infertility. The principle cause of Vandhyatwa is imbalance inArtavahasrotas.<sup>[5]</sup>

Common Causes<sup>[6]</sup>

Conception depends on the fertility potential of both the male and female partner. The male directly responsible in about 30-40 %, the female in about 40-55 % and both are responsible in about 10% cases. The remaining 10% is unexplained.

## Male factor

1. Defective spermatogenesis.
2. Obstruction of the efferent duct system.
3. Failure to deposit sperm high in the vagina.
4. Errors in the seminal fluid.

**Female factor:** The important causes of female infertility as given by FIGO Manual (1990) are as follows:

1. Vaginal factors.
2. Uterine factors
3. Tubal factors.
4. Peritoneal factors
5. Ovarian factors
6. Coital errors
7. Cervical factors:

**Unexplained infertility-** In about 10% of cases the infertility investigation will show no abnormalities. In these cases abnormalities are likely to be present but not

detected by current methods. Possible problems could be that the egg is not released at the optimum time for fertilization, which it may not enter the fallopian tube, sperm may not be able to reach the egg, fertilization may fail to occur, transport of the zygote may be disturbed, or implantation fails. It is increasingly recognized that egg quality is of critical importance and women of advanced maternal age have eggs of reduced capacity for normal and successful fertilization.<sup>[6]</sup>

**Classification of vandhyatva:** It has not been given in any classics except Harita Samhita. In earlier description of etiology Charaka mentioned the word sapraja; in the clinical features of asrujayonivyapada the word apraja has been given in Charaka Samhita.

Considering all these references together vandhyatva can be classified in three types according to Acharya Charaka

- Vandhya
- Apraja
- Saprja

Maharshi Harita classified vandhyatva in six types, viz.

- Kakvandhya (one child sterility)
- Anapatya (no child or primary infertility)
- Garbhasravi (repeated abortion)
- Mritvatsa (repeated stillbirths)
- Balakshaya (loss of strength)
- Vandhya due to balyavastha, garbhakoshabhanga and dhatukshaya.<sup>[7]</sup>

#### **Role of Rasayana, Vajeekaranadrugs in Ayurveda**

Vajikarana Or VrishyaChikitsais a one of eight major specialty of the Ashtanga Ayurvedawhich has aphrodisiacs effect and improves virility and health of progeny. Vajikarana producing a horse's vigor, particularly the animal's great capacity for sexual activity in the individual. It revitalizes all seven Dhatus, restores equilibrium and health. Rasayanadrugs modulates neuro-endocrino-immune system. Vajikarana Rasayanais the special category of Rasayana, which improve the reproductive system and enhance sexual function. Vajikarana also claims to have anti stress, adaptogenic actions to alleviate anxiety associated with sexual desire and performance. Some of the formulations are, VrihaniGutika, VrishyaGutika, Vajikaranam Ghritam, Upatyakari Shashtikadi Gutikaetc.<sup>[8]</sup>

#### **CONCLUSION**

Infertility is becoming a fiery problem meanwhile past decade and this is primarily due to the amalgamation of environmental, social, psychological and nutritional factors. In contemporary medicine, treatment concentrating on correcting dysfunction diagnosed with the numerous diagnostic tests. Moreover, the hitches arising due to the infertility management including hormonal therapy, ovulation induction and invasive diagnostic techniques are huge. In cases of unexplained

infertility, life style modifications and ART (Artificial reproductive techniques) are only treatment options available. But the success rates are less and highly expensive too. Ayurveda on the other hand, looks profoundly into the distinct constitution, and goals to improve the functioning of body systems that contribute in the process of fertilization in totality.

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