



Review Article

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**AN AYURVEDIC REVIEW ARTICLE ON BANDHYATVA WITH MODERN ANOVULATORY INFERTILITY AND ITS MANAGEMENT PRINCIPLES**

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**ABSTRACT:**

Infertility is encountered as a stressful condition by couples worldwide, impacting not just their physical and mental well-being but also placing financial strain on them. These days, a variety of variables, such as stress, a bad diet, and a sedentary lifestyle, pollution, impair both men's and women's fertility. In spite of years of trying, one in seven couple gets difficulties in conceiving. The reason for this is a combination of social, emotional and physiologic factors. About 25% of events might not be fully understood. Population growth and fertility rates have been progressively dropping throughout. In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and the endocrine system, among others. Infertility can be primary or secondary. Anovulation is the failure to produce a mature ovum by ovary. Anovulatory factor is an important subset in infertility among women accounting about 40% of cases. In such patients ovulation induction is a rescuer. Infertility brings marital disharmony, social rejection which results in anxiety and disappointment. **"Infertility is a silent killer, just like cancer- it eats at one's soul, as cancer eats at one's body."** In *Ayurveda, Vandhyatva* is a *Vata Dosh Pradhana Vyadi* and

Ovulation is under the control of *Vata* especially *Apana Vata*. The **aim** of this study is to understand *Vandhyatva* along with Anovulatory infertility and its management with *Ayurveda*. Ayurvedic management provides a promising, cost-effective avenue for addressing infertility disorders and enhances the success rates of in vitro fertilization (IVF), especially after previous unsuccessful attempts. Present paper aims to throw some light on the concept of infertility as per the concepts of *Ayurveda*.

**Keywords:** Vandhyatva, Infertility, Rasayana, Chikitsa, Dosha, Satvavajaya

## INTRODUCTION

Every human being has inherent, intense desire to continue his own race. To become a mother is one of the most cherished desires of every woman. Failure to achieve conception by a couple of mature age, having normal unprotected coitus during appropriate period of menstrual cycle regularly, at least for one year of their conjugal is termed as infertility. As per *Ayurveda*, important factors for conception are considered as **Rutu** (fertile period), **Kshetra** (uterus and reproductive organs), **Ambu** (proper nutrient fluid) and **Beeja** (*Shukra Shonita*) and also normalcy of *Hridaya* (psychology). Abnormality of properly functioning *Vayu* and *Shatbhavas*, any one of these causes *Vandhyatva* (infertility). Infertility is not an independent disease, rather a cardinal feature of so many diseases among which anovulation is found out to be a major cause. Clinically it has been observed that *Ayurveda* helps in treating anovulation which further causes infertility. Ayurvedic medications help by not only treating the symptoms but also by strengthening the reproductive system and improving the local cellular immunity. *Beejadushti* (anovulation) occurs when the ovum (*Beeja*) doesn't release from ovary during ovulatory phase of a menstrual cycle due to altered function of Hypothalamus Pituitary Ovarian (HPO) axis. Chronic anovulation (*Beejadushti*) is a common cause of *Vandhyatva*. Acharya Charakahas mentioned the *Shad garbhakara bhava* (six procreative factors) among which *Matruja* is first (female factors) is the most essential factor in producing offspring. According to Acharya Sushruta four factors essential for conception are- *Rutu*-Fertile period, *Kshetra*-Uterus and reproductive organ, *Ambu*-Proper nutrient fluid, *Beeja*-*Sukra-shonita*. Around 40% of cases of infertility in women are caused by abnormal ovulatory factor. The Acharyas explain *Vandhyatva* in detail, including the *Nidana* and *Chikitsa*. Various treatment protocols are described in our classics. Pacifying *Vata Dosha* is the main treatment principle for all gynaecological disease in *Ayurvedic* scriptures.

**AYURVEDIC REVIEW**

*Vandhyatva* is described since Samhita kala in *Brihattreya* as well as *Laghuttreya*. *Acharya Charaka*

and *Acharya Vagbhata* have referred *Vandhya* due to abnormality of *Bijamsa* and mentioned as the *Upadrava* of *Yoni vyapada*. According to *Acharya Charaka*, Abnormality (*Satmya, Rasa*) will cause the failure to conceive. In ***Sushruta Samhita***, *Vandhyatva* has been described under *Vandhya Yonivyapada*, which is included amongst twenty *Yonivyapadas*. *Acharya Bhela* says that due to the abnormalities of *Bija* of mother and father, non-consumption of congenial *Rasa* and disorders of *Yoni*, the women become *Vandhya*. *Bhavprakasha* has mentioned *Vandhya* in *Yonirogadikara* and mentioned *Artavanasha* as one among the 80 *Vataja Nanatmaja Vikara*. In ***Harita Samhita***, *Acharya Harita* has described *Vandhyatva* as a disease, in eighty *Vatajavyadhi*. He has defined *Vandhyatva* as a failure to achieve a child rather than pregnancy, because he has included *Garbhasravi, Mritavatsa* also under the classification. The definition of *Vandhyatva* is not mentioned but the types and prognosis of the *Vandhyatva* individuals has been described. In ***Kashyapa Samhita*** under chapter of *Jatiharani* one is "*Pushpaghni*", which can be related with anovulatory cause of infertility and other various types of disease mentioned which leads to childlessness. In Ayurveda, Anovulation refers to *Abeejotsarga*. The Term *Utsarga* means to expel or to leave. So, Expulsion of matured ovum from the Beejagranthi means *Beejotsarga*. As *Utsarga* is a *Karma* of *Vata* so Vitiation of *Apana Vata dosha* causes *Abeejotsarga*. *Abeejotsarga* is symptom as well as a disease caused due to vitiation of *Vata* and *kapha doshas* as they do *Marga-Avarodha* to *ArtavahaStrotas* leading to *Abeejotsarga*. According to ***Acharya Kashyapa***, the women having amenorrhoea, Scanty menstruation, non-ovulation or useless ovulation (ovum with minimal or absence of capacity of fertilization) should be treated with *AnuvasanaBasti*<sup>4</sup>

**Nidana:** While describing *Nidanas* for *Vandhyatva*, the *acharas* has mentioned the important factors as constituents of *Garbha* which included *Ritu* (appropriate time), *Kshetra* (healthy Uterus and passage), *Ambu* (proper nutrition of mother), *Bija* (healthy ovum and sperm), normalcy of *Hridaya* or Psychology, properly functioning *Vayu* and *Shadbhavas*; abnormality in one of these can cause infertility. ***Acharya Charaka*** has clearly described the ***Nidanas of Vandhyatva*** which are nearly identical to the causes of infertility according to modern science. Abnormality of *Yoni*, psychology (*Manoabhighata*), *Shukra, Asrik*, diet and mode of life (*Shukra-artava, Ahara - Vihara dosha*), coitus at improper time (*Akala Samyoga*) and loss of *Bala* (*Bala kshaya*) have been included, in the causes of delay in achieving conception by

an otherwise fertile or *Sapraja* woman by *Charaka*. Specific *Nidanas* of Anovulation: There are other scattered references to anovulation, including *Beejopaghata*, *Pushpopaghata*, and *Abeejatva*. Several circumstances with their *Nidanas*, which appear to be associated with *Abeejotsarga* and result in *Vandhyatva*, are being described here. Infertility is a multifactorial disease that is not directly addressed in any classics. It is comparable in some extent to *Vandhya Yonivyapada*. ***Pushpaghni*, *Revati*, *Jataharini*- *Acharya Kashyapa*** described. *Pushpaghni* and *Jataharini*, a woman who menstruates on a regular basis but is unable to conceive. *Pushpaghni*, like *Jataharini*, is curable. It most likely refers to infertility caused by decreased ovarian increase in hormone secretion from the adrenal cortex causes hirsutism, or facial hair. Adharma, which can be interpreted as an infection, is the cause of *Revati's* initiation. Infection causes *Sanga* in the *Srotasa*, which transforms into *Vikruti*, similar to anovulation. ***Artavavaha SrotoVighata***- In this case, the *Viddha* of *Artavavahi Dhamanyas* indicates damage to the ovaries and ovarian veins, which impedes the normal ovulation process and finally causes *Artavanasha* (Anovulation). *Abhighata* vitiates *Vayu* as well. Therefore, once more, *vitiating Vayu* results in *Sanga* and *Dhatu Kshayatmak asthiti* in *Artavavaha Srotasa*, followed by *Artavanasha* (anovulation). ***Avarana***- According to ***Sushruta*** and ***Vagbhata's*** concept of *Artavanasha*, both *Vata* and *Kapha*, when aggravated, obstruct the path, and thus *Artava* is destroyed. *Artava* can be interpreted as *Antahpushpa*, or ovum, and its *Nasha* as anovulation. The *Kapha* and *Vata* obstruct the *ArtavaVahaSrotas*, making *Artava* invisible (Ovulation does not occur). It is a *Sanga PradhanaVikara* as well. ***Vandhya Yoni Vyapad***: According to ***Sushruta***, the *Artava* is destroyed at *Vandhya Yoni*. *Artava* might be interpreted as an ovum and *Vandhya* as an anovulatory menstrual cycle. Ovum is a microscopic structure; it was assumed to have existed in those days due to its involvement in conception. The root cause of *VandhyaYonivyapada* is *vitiating Vata dosha*. Here, *Nashtartava* or anovulation is one of *Vandhya's* symptoms.

**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 *asruja yonivyapada* the word *apraja* has been given in *Charaka Samhita*. Considering all these references together *vandhyatva* can be classified in three types according to *Aacharya Charaka*

- *Vandhya*
- *Apraja*
- *Sapraja*

**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*

**Ashtartava dushti** - According to Acharya, if *Ashtartavadushti* is left untreated or improperly treated, it creates a *beejata*, i.e., the inability to do *prajotpadana*. Acharyas have not provided a detailed explanation for the origin of these eight menstruation diseases. It can be claimed that certain circumstances responsible for the aggravation of particular *Doshas*, in conjunction with non-observance of reproductive system regulations, are the causal factors. *Vata* gets aggravated, resulting in “*Dhatu- Kshaya*”. Due to this *DhatuKshaya*, *Rasa Dhatu* diminishes, which ultimately results in the *Kshaya* of its *Updhatu*, namely *Artava* (Anovulation).

According to *Acharya Sushruta* four main factors required for the proper conception are:

1. **Ritu** (Season or fertile period)
2. **Kshetra** (Normal female reproductive organ, healthy yoni)
3. **Ambu** (Nourishing factor)
4. **Beeja** (Viable ovum & sperm)

Abnormality in any of the above said factors cause ‘*Vandhyatva*’.

ऋतु क्षेत्रणम्बुबीजणिणं सणमग्रयणदंकुरो यथण || (सु. शा. 2/34)

**SAMPRAPTI GHATAKAS:**

<i>Dosha</i>	<i>Tridosha</i> with <i>Vata</i> , <i>Kapha</i> predominance.
<i>Dhatu</i>	<i>Rasa</i> , <i>Rakta</i>
<i>Upadhatu</i>	<i>Artava</i>
<i>Agni</i>	<i>Agnimandhya</i>
<i>Strotas</i>	<i>Artavavaha</i>
<i>Strotodushti</i>	<i>Sanga</i>
<i>Udbhavasthana</i>	<i>Pakvashaya</i>
<i>Adhishthana</i>	<i>Trayavarta Yoni</i>
<i>Marga</i>	<i>Abhyantara</i>

**Rupa:** A woman, in whom **Artava** has been destroyed, is termed as *Vandhya*.

**Samprapti:** Probable *Samprapti* due to *Nidana Sevana* (causative factors), *Dosha* (three humours- *Vata, Pitta, Kapha*) and *Agni* (biochemical transformers) get vitiated resulting into *Ama* (un-metabolized food) formation. The *Ama* formed adheres to *Srotas* (channels) and causes *Avarodhat* maka *Dushti* (improper functioning due to obstruction of channels). *Ama* spreads throughout the body, propelled by the vitiated *Vata* along the *RasavahaSrotas* (channels carrying the nutritional essence). Due to hypo functioning of *Jatharagni* (gastrointestinal metabolism), *DhatvagniMandya* (slow tissue metabolism) also occurs. Due to *Mandagni* (slow digestion) and *Nidana Sevana, Rasa* (plasma), *Rakta* (blood) *Dhatu* (tissue) gets vitiated. Also, the *DhatvagniMandya* causes the *Kshayatmaka* (declining) effect on the *Artava* (ovum) i.e., the production of *Artava, Updhatu* (subsidiary or secondary tissue product) of *Rasa dhatu* or *Rakta dhatu* becomes less. Thus, it is the *Upadhatvatmaka Dushti* (malfunctioning of secondary tissue products). *Vishvamitra* has clarified that hair thin vessels fill the uterus for whole month to receive *Bija* (ovum) and due to *Rasa dushti, Poshanatmaka* (nourishment) *Dushti* can occur. The vitiated *Apana Vayu* (and *Kapha* when get mix can cause *Avaranatmaka Dushti* (malfunctioning due to occlusion. The vitiated *Vata* along with *Pitta* causes the *Artavakshaya* i.e., *Kshayatmaka Dushti*. All these factors may cause *Abeejotsarga* (anovulation) which may lead to infertility.

#### **MODERN VEIW-**

Common Causes-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:

### **Types of Anovulation**

Primary Anovulation: If a woman has never ovulated it is said to be primary anovulation. Secondary Anovulation: Suspension of ovulation secondary to some other illness is considered as secondary anovulation.

### **Pathophysiology of Anovulation**

Follicular growth is independent till it attains the size of 2-5 mm. after that follicles are recruited by follicle stimulating hormone. During menstrual phase and even prior to it, due to absence of negative feedback of oestrogen, progesterone and inhibin, anterior pituitary secretes FSH. FSH is responsible for follicular growth, helps in maintaining follicular microenvironment oestrogen dominant rather than androgen, which is essential for continuous follicular growth and development into dominant follicle. Further FSH induces receptors for LH activity in granulosa cells which is needed for ovulation and luteinisation process. The factors responsible for ovulation are LH surge. Before this there is oestradiol surge which initiates ovulation. LH surge is essential for triggering of ovulation and follicular rupture about 36 hours after the surge. Other functions are disruption of cumulus oocyte complex, induction of the resumption of oocyte meiotic maturation and luteinisation of granulosa cells. Following ovulation there is formation of the corpus luteum, increasing concentration of progesterone slow down the frequency of the LH pulses. Luteal phase is constant in each menstrual cycle i.e. 14 days, during which FSH and LH levels are low. After luteal phase, corpus luteum gets degenerated, progesterone levels fall. Again, FSH increases to recruit follicles for next menstrual cycle. The coordination between the follicle and hypothalamic pituitary ovarian axis and all gonadotropins those are FSH, LH, gonadal steroids oestrogen inhibin is responsible for ovulation. This recycling mechanism is regulated by substance functioning as classic hormones (FSH, LH, oestradiol and inhibin) transmitting messages between the ovary and the hypothalamic-pituitary axis and

autocrine/paracrine factors, which coordinate sequential activities within the follicle designated to ovulate. Due to improper response to stimulus, improper function of IGF-2, inhibin and activin causes dysfunction of follicular receptor activity within the ovary. Among *Garbha sambhava Samagri*, *Beeja* is considered as one of the important factors for achieving *Sresthapraja*. Here *Beeja* is considered as male and female gamete. In female *Artava* is essential for fertilization. Here *Artava* refers to *Stribeeja* (ovum). The type of *Ankura* depends on type of *Beeja*. For achievement of conception healthy oocyte and spermatozoa are essential. (AH Sh.1/18 *Arunadatta*) Importance of *Beeja* in conception: In *Manusmritii* is mentioned that the *Beeja* is more important than the *Kshetraas* the progeny will possess. The qualities of *Beeja* embedded and not that of the field. The *Beeja* formed by the *Soumya bhava* of the *Rasa* gets *Agneyatwa* after undergoing *Dhatupaaka* by the influence of *Pitta*. “Any abnormalities in *Beeja*, *Beejabhaga*, *Beejabhagaavayava* results in genetic abnormalities in the progeny, *Abeejatha* or anovulation may be one of such pathology which could be genetic inheritant. Under Twenty *Yonivyapads* all most all of the gynaecological diseases are included. If they are not treated properly cause *infertility (Abeejata)*. Few of the *Yonivyapads* cause infertility either primary or secondary if not treated.

### **Management of *vandhyatva***

Chikitsa includes-treating the underlying pathological condition of infertility, Avoiding the etiological factors (*Nidanaparivarjana*), basic treatment methods of *Vandhyatva* by *Garbhapradayogas* and following regimens indicated in *Garbhadhana.Nidana Parivarjana*: Infertility is a condition caused by different etiological factors. Identifying those causes and strictly avoiding them is the first and foremost thing in the treatment. Treating the underlying pathology: Treatment of specific causes responsible for infertility such as all gynaecological disorders, disease of *Shukra* and *Artava* should be done because it is said that pregnancy occurs only in healthy reproductive organs(Ch. Chi. 30/125)

The line of management is based on *Trividha Chikitsa*—*Nidanaparivarjana*, *Shodhana*, and *Shamana*, supported by *Rasayana* and *Satvavajaya* therapies.

Vitiated *Vata* is the root cause of *Yonirogas*. So *Vatadushti* has to be treated first, following by other *Prakupita Doshas*.

### **Chikitsa**

*Daivavyapashraya*

*Uktivyapashrayay*

*Satvavajaya*

*Ahara- Vihar*

*Aushad*

Shamana

Shodhana

DAIVAVYAPASHRAYA CHIKITSA:

YUKTIVYAPASHRAYA CHIKITSA

**PATHYA APATHYA:**

***Pathya:***

***Ahara:***

- The women who consume *Lasuna* never remains infertile
- *Ksheer* is beneficial for *Vandhya* and helps to achieve pregnancy (*Garbhadhankara*).
- *Mamsa* is *Pushtikara*, *Garbhadhankara* increases *Retas* (*Artava*) and beneficial for *Vandhya*.
- Root of *Vandhyakarkati*, *Langali*, *Katutumbi*, *Devadali*, *Brihatidaya*, *Suryavalli* and *Bhiruka* are *Pathya*.

***Vihara:***

- Wearing the clothes and garland left over by the women having son.
- Bath with water left over or flowing during bath being taken by the women having son.
- “ऋतुसंगम” Coitus during *Rutukala*.

***Apathya:***

- *Kacchara*, *Suran*, *Amla*, *Kanji*,
- *Vidahi* (Articles producing burning sensation) and *Tikshna* (pungent or sharp acting) *Ahara*.
- Entire *Nidana* mentioned earlier are *Anupashaya* for *Vandhyatwa*

**AUSHADHA:**

### SHODHANA CHIKITSA:

- *Acharya Charaka* has mentioned that after *Snehana, Svedana, Vamana, Virechana, Asthapana* and *Anuvasana Basti* in consecutive order male should be given milk and *Ghrta* medicated with *Madhuraushadha* and female should be given *Taila* and *Masha* for healthy progeny.
- *Virechana* is ideal treatment for *Akarmanya Beeja* (Anovulation).
- *Acharya Kashyapa* has said that *Anuvasana Basti* should be given in *Alpapushpa, Nastapushpa* (scanty menses and amenorrhoea), *Nashtabeeja* (Anovulation) and *Akarmanya Beeja*.
- The following *Basti* can be used -
- *Shatapakataila Basti* (*Su. Chi. 38/89*)
- *Bala Taila Basti*
- *Traivrita Sneha Basti*
- *Shatavaryadi Anuvasana Basti* (*Ch. Si. 12/18*)
- *Sahacharadi Yapana Basti* (*A. S. K. 5/24*)
- *Mustadi Yapana Basti* (*A.S. K. 5/11*)

### SHAMANA CHIKITSA:

- *Rasayana* and *Vajikarana* drugs are also useful for treating *Artavadushti*.<sup>8</sup>
- *Mutradosha Pratishodhaka* drugs can be used in *Artavadushti*.
- The line of treatment described for *Shukra Dosha, Artavadosha* and *Stanaroga* can be adopted for *Yonivyapada Chikitsa*.
- *Svayonivardhaka Ahara & Aushadha* like *Shali, Yava, Madya, Mamsa*, may be useful in *Yoniroga*.

### TAILA -

- *Narayana Taila* –used in form of *Nasya, Abhyanga, Pana* and *Basti* (*Sh. M. 9/101 – 109*)
- *Shatpushpa Taila* – used in form of *Nasya, Pana, Abhyanga* and *Basti* (*Ka. K.5/23 – 25*)
- *Shatavari Taila*- used in form of *Nasya, Pana, Abhyanga* and *Basti* (*Sh. M. 9/133 – 138*)

### GUTIKA -

- *Yograj Guggulu (Sh. M. 7/ 56 – 62, 66)*
- CHURNA, KALKA & SWARASA
- *Baladhya Churna, Chanadanadhya Churna and Drakshadhya Churna (Ha. Tri. 48/25)*
- *Lakshmana & eight Vatashunga with Ksheer (A. H. Sha. 1/48)*
- *Shatapushpa Kalpa (Ka. K.5/14-17)*
- *Shatavari Kalpa (Ka. K.5/14-17)*
- *Ashwagandha Kashaya Siddha Dugdha (B. P. Chi. 70/25)*
- *Matulunga Beeja pounded with milk. (Y. R. Yonivyapad Chi)*
- *Prajasthapana Mahakashaya (Ch. Su. 4/18(49) & Ch. Sha. 8/2)*
- *Pippalyadi Churna mixed with Ghrita (Chakradatta Yonivyapada Chikita/27)*

#### **KWATHA -**

- *Maharasnadi Kwatha (Sh. M. 2/90 – 94, 96)*
- GHRITA –
- *Phala Ghrita (Sh. M. 9/80 – 87)*
- *Lagu Phala Ghrita*
- *Kamadev Ghrita (Sh. M. 9/27-32)*
- *Sheetakalyanaka Ghrita (Y. R. Pradara-Roga Chikitsa)*
- *Kasmaryadi Ghrita (Ch. Chi. 30/52 – 54)*
- *Lasuna Ghrita (Ka. K. 2/ 93 – 97)*
- *Paniya Kalyanaka Ghrita (Sh. M. 9/38-40)*
- *Satavari Ghrita (Ch. Chi. 30/64-67)*

#### **ARISHTA –**

- *Dasamularishta (Sh. M. 10/ 77 – 92)*

#### **PAKA –**

- *Pugapaka (Y. R. Prameha Chi.)*
- RASA –

- *Khandakadhya lauha (Ka. K. 2/22)*

### **SATVAVAJAYA CHIKITSA:**

- *Chikitsa* is used to give psychological motivation.
- *Saumanasya* is said by *Acharya Charaka* is the important *Satvavajaya Chikitsa* achieving pregnancy.
- Mental stress is a significant contributor to infertility.
- Practices such as *Yoga, Pranayama, Dhyana* (Meditation) and *Satvavajaya* therapy promote relaxation and regulate hypothalamic–pituitary–gonadal axis activity.<sup>9</sup>
- *Asanas* like *Baddha Konasana, Paschimottanasana* and *Setu Bandhasana* are beneficial.

**Anuvasanaayogya - Abeejatva:** Here, *NashtaBeeja* directly indicates Anovulation.

**Use of *TikshnaVirechana* in *Mridukostha*:** According to *Acharya Kashyapa*, when *TikshnaVirechana* is administered to a *Mridukostha* woman, *Vata* becomes worsened and induces *Beejopaghata*. Here, *Apana Vayu* is primarily responsible for *Beejopaghata* because it may inhibit the extrusion of the oocyte from the follicle.

***Beejadushti*:** During the prenatal time, if the mother consumes *Vata Prakopaka Ahara* and *Vihara*, the *Vata* becomes inflamed and ruins the *Beeja* or *Beejabhaga* or *Beejabhagavayava* in the female child, causing congenital abnormalities of the female genital organ, known as *Vandhya*.

***Asrikdoshha*:** The Word “*Asrik*” refers to both ovum and menstrual blood. Abnormalities of ovum and ovarian hormones produce infertility.

**Dietetic habit:** In addition to these factors, poor dietary practises are a leading cause of anovulation. Because of, *Ati Ushna Annapana, Veerya, Artava, Beeja* becomes vitiated. Practicing improper dietary practises such as *Vishamashana, Adhyashana, Anashana*, and *Viruddhaannapana* promotes *agnivaishamy* and *Rasadushti*, which culminates in *artavadushti* in the form of Anovulation.

- **Treatment for *Asrikdoshha***

**Panchakarma-**Doshanusara *vamanadiprayoga, SthanikaChikitsa-Kalka, Pichu, Yoni Prakshalana*

- ***Shukradoṣhahara Chikitsa-*** *Rasayana, Vajeekarana, Mutrarogahara dravyas*

- **Treatment for Yonivyapad** - After proper *Purvakarma*, *Panchakarma Chikitsa* should be given. As *Vata* is the prime cause for *Yonivyapad*, without *vata vitiating* no *Yoni rogas* will manifest, that should be controlled well. Application of *LavanaTaila*, *Swedana* with *Pindasweda* and *Kumbhikasweda*, *Parisheka* with *SukhoshnaJala*, *Vataharaahara* and according to the condition after *Shodhana*, *Uttara Basti* can be administered.
- **Treatment of Anartava** - In a condition of *Artavanasha*, *Acharya Kashyapa* mentioned use of *Shatavari – Satapushpa* by use of this *Vandhya* or even *Shanda* can get a son. Regimens indicated in *Garbhadhana*: As *PurvaSamyoga Vidhi* some regimens are told, i.e., *Shodhana*, maintenance of *Sadvritta*, avoiding negative emotions. By proper purification and *samskara yoni*, *Garbhashaya*, *beeja* and *manas* will remain unvitiating and are ensured leading to healthy pregnancy by perfect unification of *beeja*. *Panchakarma* along with other basic methods in *Vandhyatva* (Anovulation).
- **The infertile women should be prescribed Vamana, Virechana and AsthapanaBasti** by which she conceives positively.
- **Vamana-** *Vamana*, when given for *Kaphadoshanirharan*, performs the *Soumya Dhatu Shamana* and ignites the *Agni*. Thus, *Dhatu* in the body, helps in *Pitta vrudhhi* and ultimately increases the quantity and quality of *Artava* in the *Stree*.
- **Virechana-** According to *Kashyapa Samhita*, the best treatment for *AkarmanyaBeeja*, also known as anovulation, is *Virechana*.
- **Basti Niruha Basti** is considered as *Amrutha* for an infertile woman. *Anuvasana Basti* is an ideal treatment in *Beeja Dosha sambandhit Vandhyatva*. In cases of *Beeja Dosha Vandhyatva*, like *Alpadosha*, *Kashta Artava* and *Nashta Beeja*, *AnuvasanaBasti* is ideal.
- **YapanaBasti** is very ideal in *Stree Vandhyatva*. It performs both *NiruhaBasti* and *Anuvasana Basti* which does both *Snehana* and *Shodhana karma*.
- **Uttara Basti** removes the *Srotosangha* and corrects the *Artavagni* which regulates the menstrual cycle, thus resulting in ovulation.
- **Nasya** - The medications administered through the nasal route reaches the *Shiras* and helps in pulsatile action of *Gonadotrophin releasing hormones* and promotes the ovulation. Thus, helping in treatment of infertility. *Lakshmana Kalka* with *Ghee* or *milk* for *Nasya* is indicated.

**DISCUSSION:**

In the ancient Ayurvedic texts, the Acharyas emphasized several essential factors that contribute to the formation of Garbha (embryo). These factors include Ritu (appropriate timing), Kshetra (healthy uterus and passage), Ambu (adequate nutrition for the mother), *Bija* (healthy ovum and sperm), normalcy of Hridaya or Psychology, and proper functioning of Vayu and *Shadbhavas*. Any abnormalities in these factors can lead to infertility. Thus, it becomes crucial to ensure the health of the uterus, vagina, cervix, tubes, ovaries, ovum, and sperm, alongside maintaining a proper diet and psychological wellbeing of the mother, in order to achieve a healthy pregnancy. Conception occurs when a mature ovum is successfully fertilized by a qualified sperm and attaches to the uterine wall. However, unsuccessful fertilization and infertility can arise due to poor quality of the ovum, sperm, or both, along with other contributing factors. According to Ayurveda, Vata is considered the primary causative factor for female reproductive disorders, including infertility. Without Vata, the Yoni (female genital organs) never get spoiled. Additionally, Vayu plays crucial roles in *Vibhajana* (cell division leading to ovum development in the ovary) and *Pravartana* (ovulation). Vata is responsible for completing the process of cell division for ovum formation, known as *DhatuVyuh* Kara. Moreover, *Apana Vayu* governs the process of *Pravartana*, indicating that ovulation is under the influence of Vata. Any imbalance or vitiation of Apana Vata can affect ovulation. As per the teachings of *Charaka Samhita*, the primary factor contributing to the accumulation of *Ama* (toxins resulting from undigested food) is Agni (digestive fire), and all diseases arise due to imbalances in *Agni*. In the case of Anovulation, where the release of the ovum is hindered due to *Marga-avarodha* (blockage of the reproductive channels) caused by Vata and Kapha, it is crucial to address these doshas and eliminate the *Marga-avarodha*. This can be achieved through *Shodhana* (cleansing) and Shamana (pacifying) treatments. Thus, the first line of treatment includes *NidanaParivarjana* (avoidance of causative factors), *Agni deepana*.

**CONCLUSION**

Infertility has increased tremendously in the past decade and this is due to the result of a combination of social, environmental, psychological, and nutritional factors. Today, the modern medicine has the ability to find out the causes of infertility in an individual through several diagnostic tests and examinations. Using these tests, the treatment focuses on correcting and treating the dysfunction. In *Ayurveda*, etiology, clinical features and treatment of *Vandhyatva* has been described in scattered manner throughout the texts. It is described

under the heading of *Yonivyapad*, *Artavadushti*, *Beejadushti*, *Jataharini* and *Matrijbhavadusti*, which are comparatively as gynaecological disorders. Ayurveda addresses each body type and boosts the body systems involved in fertilisation, making it a great choice for fertilisation. *Ayurveda* builds Ojas, improves health, stimulates the hypothalamus and pituitary glands, and indirectly causes the ovaries to mature and release eggs by addressing internal balances and external stimuli. *Ayurveda* offers a non-invasive, low-cost, and noniatrogenic alternative and complement to current western therapy for female infertility.

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