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A SYSTEMIC REVIEW ON VANDHATVA (INFERTILITY) - AN AYURVEDIC MANAGEMENT APPROACH

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ABSTRACT

Because it hinders pregnancy and reproduction, female infertility is a serious condition that has had an impact on mankind. A stressful environment, high radiation, a dearth of biological food, hereditary diseases, changing lifestyles, and increasing electric discharge are other causes of female infertility. Infertility and childlessness cause a lot of personal grief and worry. Most of this pain is concealed from observation from the general population. 90% of couples struggle with infertility, meaning that about 30% of the problems are men-specific, another 30% are women-specific, and the other 30% are the fault of both partners.

KEYWORDS- Female Infertility, Yoga, Ayurveda etc.

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INTRODUCTION

Infertility is one of the health issues that modern married couples experience most frequently. Infertility is the inability to conceive after a year of consistent, routine sexual activity. 10% to 15% of marriages experience it.1 According to the most recent statistics, problems with female infertility account for 40–55% of cases while problems with male infertility account for 30%–40% of instances. 10% are still unaccounted for. A thorough investigation of the issue reveals that between 30 and 40% of cases of female infertility are caused by ovulatory factors.2 One of the main anovulatory causes of infertility is Poly Cystic Ovarian Syndrome (PCOS). PCOS is identified by ovarian anovulation, elevated androgen levels, and the presence of multiple ovarian cysts on USG images.³

Because it hinders pregnancy and reproduction, female infertility is a serious condition that has impacted humans. A stressful environment, high radiation, a dearth of biological food, hereditary abnormalities, changing lifestyles, and more electronic discharge are other causes of female infertility. Infertility or being childless causes a lot of personal anguish and distress. Most of this pain is concealed from observation from the general population. Incidence: 90% of couples struggle with infertility; 30% of these couple's report having sex problems, and another 30% report having problems with their partners' sex. The remaining 30% of cases, both spouses' sex problems are to blame.⁴

DEFINITION OF VANDHATVA

The inability to carry a pregnancy after a significant amount of sexual activity and without the use of contraception is referred to as infertility. The terms sterility and infertility are commonly used interchangeably even though they might apply to different populations. People who do become pregnant after a particular level of regular sexual interaction, on the other hand, are considered to be members of the fertile population.⁵

CONCEPT OF VANDHATVA

Ayurvedic medicine has its own method of diagnosis and care. Since it can also result in recurrent abortions and stillbirths, the Ayurvedic classics describe infertility as the inability to conceive a child rather than pregnancy. The following list of garbha (foetus) parts is

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important. The six elements of mother, father, atma, satva, satmya, and rasa are: 1) Rutu (fertile period), 2) Kshetra (reproductive organs), 3) Ambu (nutritive fluids), 4) Beej (ovum), as well as a sound mental state, appropriate Vata function, and shadbhava. Any variation from the norm in these factors leads to infertility. The Ayurvedic writings identify six different forms of vandhyatva, and each one seems to have unique clinical traits.⁶

Anapatya (no child or primary infertility) (loss of strength), Kakvandhya (one child sterility or secondary infertility), Garbhastravi (repeated abortions), Mrutvatsa (repeated stillbirths), Balakshaya (uterine injury), and According to the classics, the prognosis for infertility depends on the underlying cause; for instance, beejdosha—developmental abnormalities of the reproductive organs—can be treated with the proper diet, body therapies, herbs, sensory therapies, lifestyle changes, and yoga therapies, whereas anapatya and kakvandhya—weaknesses in specific body parts—cannot.⁷

CAUSES OF INFRITLITY

- The inability of a fertilized egg or embryo to survive after adhering to the uterine lining.
- The inability of the eggs to link to the uterine lining.
- The inability of the eggs to go from the ovary to the uterus.
- The inability of the ovaries to produce eggs.

INFERTILITY DUE TO ANOVULATION

When follicular development and rupture are impaired, the oocyte cannot be released from the follicle, this situation is referred to as an ovulation. Ovulation can happen for a variety of causes. They consist of autoimmune, genetic, and other diseases that can result in intrinsic ovarian failure, as well as chemotherapy. Ovarian dysfunction linked to gonadotrophic regulation is another factor. Further classifications include functional aspects including low body weight, excessive exercise, drug use, and idiopathic infertility, as well as specific causes like hyperprolactinemia and Kallmann's syndrome.⁸

INFERTILITY DUE TO POLYCYSTIC OVARIES

The primary cause of ovulation in females and the most prevalent endocrine condition. Women with polycystic ovaries may exhibit a wide range of clinical symptoms and indications, although an ovulation and hyperandrogenism are regarded to be prerequisites for this condition. Later, it was discovered that the incidence of this syndrome was related to insulin resistance, and ultrasound tests on women with polycystic ovaries revealed that they had it.⁹

INFERTILITY DUE TO TUBAL INFERTILITY

The tubal-peritoneal causes of infertility account for around 30% of cases. How effectively the ciliated epithelium responsible for oocyte absorption functions has a direct impact on how successfully the Fallopian tubes carry out their numerous functions. The or ampullar portion's exterior gets fertilized. Additionally, the tubes play a part in the early stages of embryo development and the transfer of the embryo into the uterus. Infertility is thus connected to any structural or functional alterations to the tubes. The commencement of sexual activity has been anticipated by contemporary societal alterations like the use of contraceptives years before partner stability or fertility is even connected with the percentage incidence of tubero-peritoneal infertility.¹⁰

DYSFUNCTION	DEFECTIVE CHANGES
OVARIAN FUNCTION	Prolonged follicular phase Reduced rate of follicular growth Reduced pre- ovulatory follicle size
	Reduced pre-ovulatory serum oestradiol concentrationDisordered and impaired LH surge
	Disordered early luteal phase patterns of oestradiol and progesterone
	Luteinized unruptured follicle
TUBAL FUNCTION	Alterations in normal tubo-ovarian relationships Hydrosalpinges
	Alterations in tubal motility by prostaglandins with accelerated tubal Motility

SPERM FUNCTION	Phagocitosis by macrophages
FERTILIZATION - EMBRYO DEFECTS	Impaired fertilization Embryo toxicity, impairs early embryo development
EARLY PREGNANCY FAILURE	Abnormal embryo's Immune reaction Auto- santibodies
	Cytokines (interleukin I)

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MANAGMEENT OF VANDHATVA

THROUGH DIET

Diet is crucial for both preventing and treating diseases as well as for maintaining good health. Food has an effect on the three mental qualities of Rajo guna, Satva guna, and Tamo guna, in accordance with Ayurveda. If dietetics is perfectly followed, medication is not required, but if it is not, even pharmaceuticals are worthless, according to ancient Indian literature. Dietary management entails paying close attention to the meals that raise Ojas and avoiding those that lower it. Controlling ovulation and enhancing fertilization depend on this.¹¹

AYURVEDIC MANAGEMENT

- 1. Ashwagandha Churna
- 2. Kapikacchu Churna
- 3. Guduchi Churna
- 4. Gokshura Churna

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- 5. Triphala Churna
- 6. Shatavari Churna
- 7. Phala Ghrita

YOGA FOR VANDHATVA

- 1. Bhramari Pranayama
- 2. Paschimottanasana
- 3. Supta Baddha Konasana
- 4. Sarvangasana

TREATMENT

- 1. **Nashtartava -** It should be treated with matsya, kulattha, amla padartha, tila, masha (udida), sura (madya), gomutra (cow's urine), takra, dadhi
- 2. **Artavkshaya**: Agneya dravyas like Agaru, Kaleyaka, Kushtha, Haridra, Sarala, Langali, etc. should be used.
- 3. **Ashta Artavdushti**: Sushrutacharya has given vidhivat snehan, svedana and then Vamana, Virechana, Niruhabasti,

DISCUSSION

Because it interferes with conception and reproduction, creates a stressful atmosphere, exposes people to excessive radiation, deprives them of biological food, results in genetic abnormalities, changes in lifestyles, and generates more electronic discharge, female infertility is a significant issue that has had an impact on humanity. Infertility and childlessness cause a lot of personal suffering and misery.12 Most of this pain is concealed from observation from the general population. Charaka has given space to understand the freshly found ailments on the basis of Prakriti (Doshas, the basic cause), Adhishthana (Dushya, the seat), Linga (Lakshanas, the features), and Aayatana (Ahar Vicharadi Nidanas). Because Sushrutacharya offers Agneya dravyas (of ushna virya) and Charakacharya gives Rasayana Chikitsa, the mind may get confused. However, in accordance with "Artavam Agneyam," agneya dravya chikitsa should be provided in rutukala whereas rasayana chikitsa should be presented in rutavyatita kala.¹³

CONCLUSION

Infertility is managed by evaluating the reproductive system's components. Ayurveda takes into account each unique body type, increases the physiological processes involved in fertilization, and as a consequence provides an excellent alternative for conceiving. Last but not least, yoga is essential for fertility. God will without a doubt provide you the most desirable rewards if you follow a healthy regimen in addition to eating healthily.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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