

AYURVEDIC VIEW OF PANCHKARMA INVANDHYATVA!!!

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ABSTRACT

Purpose: Infertility is a disease that results in the abnormal functioning of the male or female reproductive System, *Vandhyatva* (infertility) has been long standing problem since ancient period but it is most burning issue nowadays because **of improper life style. Both shaman and shodhanchikitsa** are mentioned for infertility in *Ayurvedic* texts. It is needed of time to categorize evaluate the efficacy of this treatment especially *Panchakarma* with respect to various factors of infertility. **Method:** Critical review and some case studies. Modern etiological factors are responsible to produce infertility are late marriage, nutrition less diet and fat rich food, stress and excess use of antibiotics and soon. It leads to produces disorders in both partners like unovulatory cycle, tubal block, PCOD, obesity and many more in female while low sperm count, erectile dysfunction etc. in male **Results:-Panchakarma** contributes very important role in treating these disorders responsible for infertility by 1.*Basti*: Reproductive system present in *katisthana* which is *sthana* of *apanvayu*. *Basti* acts on *vata* predominantly. It increases strength of reproductive system present in *katisthana* which is *sthana* of *apanvayu*. It increases strength of reproductive organs 2.*Uttarbasti*: Acts on endometrial receptors and also increases receptivity of genital tract to entry of sperm 3.*Virechana*: It increases *sheetguna* required for *shukrauttapti* and increases *jatharagni* for nourishment of *shukradhatu*. 4.*Nasya*: It may act on pituitary gland stimulate secretion of FSH, LH hormones 5. Various case studies also show significant results by *panchkarma* management in infertility. **Conclusion:** From this review and case results it is clear that *panchkarma* can treat infertility successfully.

Keywords: *Panchakarma*, Infertility, *Uttarbasti*, *Ayurveda*

INTRODUCTION

Vandhyatva *Nashtartava* *Vidyat* i.e. a woman whose *artava* is perished is called *vandhyatva* is mentioned in *Ayurveda*. One third (30%) of infertility can be attributed to male factors, and about one third (30%) can be attributed to female factors. In about 20% of cases infertility is unexplained, and the remaining 10% of infertility is caused by a combination of problems in both partners.

The mean global incidence of infertility

among general population is estimated as 16.7%. Both *shaman* and *shodhanchikitsa* is mentioned for infertility in *Ayurvedic* texts. But it is need of time to categorize and evaluate the efficacy of this treatment especially *panchkarma* with respect to various factors of infertility.

MATERIALS AND METHODS

Critical review and some case studies are presenting here.

Nidana for *vandhyatva*:

1. Mithyaaaharvihar
2. Aartavdushti
3. Mata pita beejdushti
4. PurvajanakritPapakarma

Modern etiological factors are responsible to produce Infertility:

1. Early and late marriage: Not well development of reproductive organs.
2. Nutrition less & fat rich food: No nourishment of body, tempers ovary function
3. Over use of antibiotics and excess use of chemotherapy agents, surgical procedures cause infertility.
4. Excess use of painkillers: Endocrine disrupter property.
5. Excess use of cosmetics: Blocks the hormones.
6. Tight clothing & mobile: Overheating of testis leads to low sperm count.
7. Smoking & alcoholism: Lowers motility of sperms and lowers LH hormones.
8. Improper hygiene of genital organs: Causes infection of genital tract
9. Stress: Loss of energy and enthusiasm to do sex, Loss of libido, Affects HPO axis leads to impairment of ovarian function.

Due to above causes disorders produce in both partners:

Female

1. Unovulatory cycle
2. Acidic pH of vagina
3. Menstrual irregularity
4. Tubal block
5. PCOD
6. Obesity
7. Hormonal problems
8. Cervical issues
9. Uterine trouble
10. Hypothalamic dysfunction
11. Premature ovarian insufficiency
12. Too much prolactin
13. Endometriosis
14. Scarred ovaries

15. Previous ectopic pregnancy

Male

1. Low sperm count
2. Premature ejaculation
3. Loss of motility of Sperm
4. Genetic problems
5. Diabetes
6. Blockage of sperm transport
7. Hormonal problems

Ayurvedic aspect of treating infertility: In *Ayurveda* both *shodhan* and *shaman chikitsa* are mentioned, but here we will see *shodhan* therapy i.e. *panchakarma*

BASTI: Reproductive system present in *katisthana* which is *sthana* of *apanvayu*. Action of *basti* is predominantly on *vata-dosha* and *pakvashaya*. *Garbhashaya* is made up of *vayu* and *akashmahabhuta*. In *basti* mainly *tiktarasatamakdravya* (*vata+akashmahabhutapradhan*) are used though they are *vatavardhak*, acts as catalyst to take the medicine to *vatasthana*. *Sneha* in *basti* acts as catalyst in absorption of other drugs medicinal properties. Since *Basti* is targeted at regulating the *Apana Vayu* it facilitates timely release of ovum and also good production of sperms.

UTTARBASTI: It contributes very important role in treating infertility because it has direct local action in reproductive system. It also helps to increase receptivity of genital tract to entry of sperms. Ovaries contain receptors which receive hormones secreted by hypothalamus and pituitary gland. The drug stimulates these receptors, so that proper ovulation occurs in beach cycle.¹ *Uttar Basti* relieves tubal block biolysis of adhesions and relieves obstruction.² In cervical factor, drug administered locally in the cervix and absorbed by cervical epithelium due to *sukshma* property of drug. The lipid soluble drug is passively diffused across the membrane in the direction of its concentration gradient. The rate of trans-

port is proportional to lipid: water partition coefficient of the drug. The more lipid soluble, higher is the concentration and quicker diffusion. In this way altered cervical pH can be corrected by

UttarBasti.³*Basti* and *Uttarbastidravayas* for different diseases:

TubalBlock:

1. *Kasisadi Tail* + *KsharTail*.
2. *KumariTail*.
3. *ShatavariGhruttarbasti*.
4. *Tila Tail* + *saindhav* + *gomutra* + *mamsarasabasti*.

Acidic pH ofvagina:

1. *Balamool* + *milk* = *ksheerpak* + *sukhoshnajal*.
2. *Kankshijal*.
3. *Panchvalkalkwath*.

Menstrual irregularity or unovulatory-cycle:

1. *Phalaghrita*.
2. *Shatavarighrita*.
3. *Kashmaryadighrita, Madhutailikbasti*.

PCOD or Uterine Fibroid:

1. *Dashmool Tail* + *Devdarvyadikwath*.
2. *Phalaghrita*.

Miscarriages:

1. *Gambhari* + *Kutaj* = *kwath* + *ghrita*.
2. *Balatail*.
3. *Jivantyadianuvasanyamakbasti*.
4. *Chatusnehaanuvanabasti, Guduchyadi tailuttarbasti*.
5. *Udumbaradi tailuttarbasti*.

Obesity: *Lekhanyaganbasti, Yapanbasti*.

Ovarianfactors: *Prajasthapangandravya siddha ghruttarbasti, Vrishyabasti*.

Cervicalfactors: *Ashwagandhaghrit and-phalghrituttarbasti*.

Uterine fibroid: *Panchatiktaguggulghrituttarbasti*.

Unexplained infertility: *Sheetkalyanakghritauttarbasti*.

Erectile dysfunction:

Ashwagandhadi Tailuttarbasti.

Low sperm count:

Shukrakarakbasti, Drakhashadiniruhabasti, Vrishyabasti.

VIRECHANA:

It acts on vitiated *Pittadosha* decrease-*sushnaguna* of *pitta* and increases *sheetguna* required for formation of *shukradhatu*. Impaired *agni* by *vikritpitta* also corrected by *virechana*. *Agni* is required for *prakritnirmirti* of *shukradhatu*. Obstructing *doshakapha* is removed and *Vatadosa* that gets obstructed by *kaphadosa* is also cleared off by *virechana*.

Dravya:

Mahatiktakghrita, TrivritLeha.

NASYA:

It acts directly on brain, pituitary because "NASAHI SHIRASO DWARAM". No one cranial nerve is exposed to exterior than olfactory receptors. The mucosal epithelium is sensitive to variety of stimuli. The *ghrita* and *tail* easily absorbed through mucosal epithelium. It helps to stimulate the pituitary to secrete FSH & LH hormones.

In Female: *Chandan Tail, Bala Tail, shatpushpatail, phalaghrita*.

In Male: *Narayana Tail*.

CASE STUDIES which were treated by *ayurvedic* treatment:

1. **Case of Tubal Block:**

Kaphavruttavata, female suffering from PID. History of Tuberculosis.

Used Treatment: First given *yogabasti*. Then *uttarbasti* with *Kumari Tail*.

Action: *Ushna, tikshna* medicines acts by *lekhanakarma*. *Tilatail* acts as *garbhashayashodhak, vranapachak, vranashodhak*. **Result:** 70% tubal block removed.

2. **Case of Acidic pH of vagina:**

All is normal, but sperms are killed in vagina. Investigation shows pH ovaginalis moreacidic.

Used treatment: *Avagahsweda* with

kankshi +water uttarbasti with panchavalakalkwath **Action:** Amliyata of yoni due to vitiation of pitta.Panchavalkalkwath having kashayrasa, sheetvirya. This helps in pittashaman by sthanikshodhan. Kankshi acts asjantughna. **Result:** Patient is conceived in next cycle.

3. Case of Low sperm count:

Hetu: fast food, stress, overload of work, late meal. **Used treatment:** Snehapan with mahatiktakghrit 4days.Virechanawith tri-vritleha. Basti with balatail.

Action: Pitta and kaphadushti leads to indigestion. Improper formation of rasadhatu so further dhatus are not nourished.

Mahatiktakghrit helps in piittashaman and virechanremove vitiated pitta. Balatailbas-tihelps in dhaturiddhi. **Result:** Sperm count is increased at significant level.

DISCUSSION

The important cause of infertility is adoption of modern life style. Ayurveda can treat infertility by various methods of panchakarma procedures like basti, virechana, nasya using different Ayurvedic formulations. Proper selection of drug and time of administration is very essential for getting the desired results.

CONCLUSION

There are various Ayurvedic procedures that may increase a person's fertility and enable the birth of wanted child. But emotionally and economically the best solution for infertility is the prevention of infertility at different levels of everyday life.

This review summarizes and evaluates the evidence underlying the use of panchakarma for female infertility. From review of ayurvedic texts and case study results it is clear that panchakarma can treat infertility successfully. This is case review article helping of Ayurvedic reviews. While above mentioning infertility treatments, it is important to remember to remove infertility problems like PCOD

tubal block; ovarian and cervical factors stress etc. from the situation and bring as much love to intimacy as you can.

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Source of Support: Nil

Conflict of Interest: None Declared