



## VANDHYATVA & VATA DOSHA- A SINGAL CASE STUDY

**Dongre Karuna Uttamkumar**

(Associate Professor *Kriya Sharir*)

Phd Scholar (Government Ayurved College Nanded)

Sou. Shantadevi Vedprakash Patil Ayurved College and Research Institute Hatta Tq Basmath Dist Hingoli Maharashtra,

**Corresponding Author:** [karunadongre33@gmail.com](mailto:karunadongre33@gmail.com)

<https://doi.org/10.46607/iamj2012042024>

(Published Online: April 2024)

### Open Access

© International Ayurvedic Medical Journal, India 2024

**Article Received:** 11/03/2024 - **Peer Reviewed:** 31/03/2024 - **Accepted for Publication:** 12/04/2024.



## ABSTRACT

Infertility can negate the realisation of these essential human rights. Addressing infertility is, therefore, an important part of realising the right of individuals and couples to find a family (1). Lifestyle factors such as smoking, excessive alcohol intake and obesity can affect fertility. In addition, exposure to environmental pollutants and toxins can be directly toxic to gametes (eggs and sperm), resulting in decreased numbers and poor quality (2, 3). This health problem has existed since ancient times, and cases have increased with the changing lifestyle. Stress and working patterns, along with many other factors, affect the health of normal *Doshas* in the body and produce diseases. (4) A single case study of a 30-year-old female patient having primary infertility came to the hospital. Due to prominent *Vata Dosh* vitiations, with the help of a *Shaman* and *Shodhan Chikitsa*, conception happens. (5) In Ayurveda, this condition is managed by correcting *Dhatu* and *Doshas* with *Balya*, *Vrishya*, *Bruhmana*, *Rasayana* and *Vajikara Dravyas*.

**Keywords:** *Vandhyatva*, *Dosha*, *Dhatu*, *Rasayana*, *Balya*.

## INTRODUCTION

Individual have to reproductive , if he or she unable to reproduce it's a major stressor of life. Infertility disease of the male or female reproductive system . It is defined as inability to make a pregnancy after 12 months or more of regular unprotected sexual intercourse. In female infertility may be caused by multiple reasons . Infertility may be

primary or secondary. When never achieved a pregnancy, it is a primary infertility, and when at least one prior pregnancy has been achieved called as secondary infertility.

**AIM AND OBJECTIVE:**

Evaluate the efficacy of *Shaman* and *Shodhan Chikitsa* in *Vandhyatva*.  
*Snehan Karma* by *Apathyakaradi Ghrita* and *Virechan Karma*.

**MATERIAL AND METHODS:**

Selection and source of patient- The diagnosed patient was taken from the OPD of *Kamal Ayurved Hospital* Nanded Maharashtra for this study.

Consent is obtained from the patient to publish her case.

**CASE STUDY :**

In a diagnosed case of primary infertility. A female patient of age 30 Years came to the hospital.  
No medication has been taken for six months.

**PATIENT HISTORY:**

Name- Mrs. Sarita Waghmare

Age- 30 years

Gender- Female

Present complaints- primary infertility

Married for six years.

She doesn't have any thyroid or diabetic problems.

No abnormal weight gain or weight loss

No excessive hair growth.

Didn't use any contraceptive methods.

**Menstrual History :**

Menarche at the age of 15 years

LMP 24-8-2022

Interval-28-30 days

Duration of menstruation-4-5 days

Associate complaint-low back ache.

Past medicinal history- No

**PHYSICAL EXAMINATION:**

Pulse-78/min.

Respiratory rate-18/min

Blood pressure-110/70 mmHg

Height - 5-foot 5inches

Weight -48 kg

**SYSTEMIC EXAMINATION:**

CNS-NAD

CVS-NAD

RS-NAD

P/A-soft

No tenderness

No organomegaly

**LABORATORY INVESTIGATION:**

Follicular study

The uterus is normal in size and anteverted, and the endometrium thickness is normal, growing at 13.5 mm. Both ovaries are normal in size, shape, and texture.

**ASHTHA VIDHAN PAREEKSHA:**

Nadi-76/min

Mootra- Prakruta

Mala-Prakruta

Jihwa-lipta

Shabda, Sparsha, Drik, Aakriti-Praktuta.

**CHIKITAS (TREATMENT):**

Treatment Plan

Virechana karma was planned (*Deepan pachana, Snehapana, virechana and Samsarjana karma*)

*Abhyanga with Vatashamak taila and Nadi Swedana* was given for seven days.

*Snehapana* for the seven days (15,30,45 and 105 ml as an increasing dose with a pinch of salt)

*Virechan Karam* is done after two days of rest on the 10th day.

In the early morning, around 5 am, the patient took 20ml castor oil with two tablets of *Aragvadha Kapila vati* and *Ichhabhedi Rasa Stat*.

Wait 1 hour for *Virechan Vega* not to appear, then repeat the stat dose.

After some time, *Vega started*. A total of 20 *Vegas (passed stool)* was observed till morning.

On the same day, *Samsarjana karma* (a process of resuming a regular diet) was prescribed by *Peya Vilepi* (only rice soup with a pinch of salt).

*Samsarjana karma* chart followed by the patient.

On the 7th day, the patient started eating a regular diet.

*Pathyakar Ahara* suggests to the patient.

After the *Virechana karma menstrual cycle, Rasayan and Balya treatment starts until* follicular rupture occurs.

**OBSERVATION:**

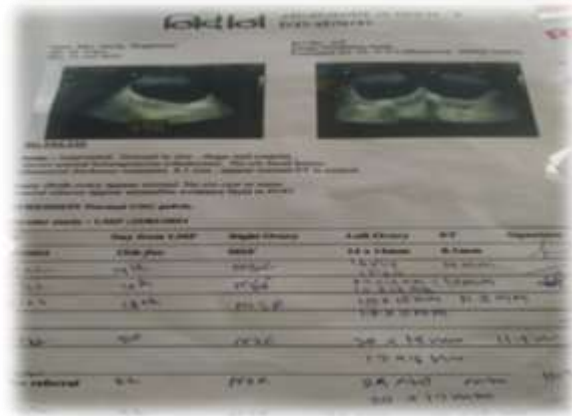
Date	Follicular study	Endometrial thickness
In 2021	Only multiple small follicles were seen	Thickness increased on 24 <sup>th</sup> day up to 12 mm
12/06/2022	Left ovary follicles are mature but not ruptured	Thickness increased Up to the 21st day 13.9.

**AFTER TREATMENT OBSERVATION**

LMP (24-8-2022)

Date	Follicular study	Endometrial thickness
6-9-2022	Right ovary 20×15 mm	9.2mm
10-9-2022	The follicle gets ruptured on the 18 <sup>th</sup> day. 28×22mm	9.7mm

**PAST FOLLICULAR STUDY REPORT:**



**FOLLICULAR STUDY BEFORE AND AFTER TREATMENT:**



## DISCUSSION

Without *Vata*, the *Yoni* never gets spoiled; *Vandhyatva* has also been described in eighty types of *Vatavyadhi* (*Charaka Chikitsasthana 30/115*). (5)

So, *Vata* is the main causative factor of *Vandhyatva*. *Basti* is the prime *Chikitsa* for *Vata Dosha*. But here, we treat this patient with *Virechana Karma*. *Prakruti* of the patient is *Vata Pradhan Pitta Prakruti*. Due to the vitiation of *Vata*, it increases the hypothalamus activity of CRH (corticotrophin-releasing hormone), further inhibits normal GnRH pulsatile secretion, and ultimately, anovulatory cycles occur.

*Artava* has been destroyed or incapable due to increasing the properties of *Vata Dosha* like *Ruksha Guna* (dryness), *Chala Guna* (motility, movement of follicle), *Laghu* (lightness) (under maturation or not matured), *Shita Guna* (cold, not get ruptured), *Sukshma Guna* (micro-effect) (*Dosha* to reach ultimate units and spaces of internal body) and *Khara Guna* (rough-attachment or implantation defect).

A specific observation is to be noted here. Follicular rupture is delayed or earlier according to the causative factors which cause infertility.

*Dosha* is disturbed, and various properties of *Dosha* help maintain nourishment and balancing of three *Doshas*.

## CONCLUSION

The deciding line of treatment necessarily considers the *Dosha*, *dhatu* and their attributes.

Measure to balance these.

Intrauterine influences of *Dosha* help in prevention.

The typical rupture of follicle timing changes (early or late), and better knowing the exact condition prevents infertility.

In this case, conception occurs, and a healthy baby girl is delivered after full term.

## REFERENCES

1. Zegers-Hochschild F, Dickens BM, Dughman-Manzur S. Human rights to in vitro fertilisation. *International Journal of Gynecology & Obstetrics* 2013;123(1):86-89.
2. Gore AC, Chappell VA, Fenton SE, et al. EDC-2: The Endocrine Society's Second Scientific Statement on Endocrine-Disrupting Chemicals. *Endocrine Reviews* 2015;36(6): E1-E150. Doi: 10.1210/er.2015-1010
3. Segal TR, Giudice LC. Before the beginning: environmental exposures and reproductive and obstetrical outcomes. *Fertility and Sterility* 2019;112(4):613-21.
4. Charka and Dridhbala revised Charaka Samhita with Vidyotini Hindi commentary by Pt Kashinathshastri.  
Edited by Rajeshwar data Shastichikitsast- Dr Suresh Kumar Solanki & Dr Sushila Sharma: Management Of Female Infertility by Ayurveda 2955 www.iamj.in IAMJ: Volume 4; Issue 09; September-2016 Hanadhyaya 30 shloka number 115, page 858, published by Chaukhambha Bharati publication,
5. Charaka Samhita revised by Charaka and Dridhbala with Vidyotini Hindi commentary by Pt Krishna Shastri edited by Rajeshwar Data Shastisharirasthanadhya 2 shloka number 7, page 838, published by Chaukhambha Bharati publication,

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Dongre Karuna Uttamkumar: Vandhyatva &vata dosha- a singal case study. *International Ayurvedic Medical Journal* {online} 2024 {cited April 2024} Available from: [http://www.iamj.in/posts/images/upload/814\\_818.pdf](http://www.iamj.in/posts/images/upload/814_818.pdf)