

VANDYATVA – A CASE STUDY

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ABSTRACT

Motherhood is near to divinity. There are many conditions which prevent a woman from being a mother. A remarkable decline in fertility is observed beyond the age of 30 years due to poor quality of ovum and quantitative reduction in the number of follicles. Conception depends on multiple factors, ovulation being one among them. Infertility is that, in which the ability to reproduce becomes impaired. Anovulation is one of the causes of infertility in 25% to 40% of women in child bearing age group. In ayurveda Vandhyatva is a vata dosha pradhana vyadi, Ovulation is under control of vata especially Apana vata. Here phala ghrita, Yosa jeevani lehya and Maharsi Amrita kalasha is been used and treated the present case successfully and proved effective. Present article will explain how to understand and manage infertility based on ayurvedic perspective.

KEYWORDS: Ovulation is under control of vata especially Apana vata.

INTRODUCTION

The importance of a woman lies in her procreative capability, When this procreative capacity is delayed or hampered it is termed as “Vandhyatwa”. Vandhyatwa as such is not a disease per se, but a manifestation or revelation of an underlying disease. Moreover in Ayurveda the definition of vandhyatwa is not restricted to inability to conceive but not begetting a live progeny. Vagbhata explains congenital maldevelopment or deformity due to bija dosa or female genital tract is the cause of vandhyatva.

Ayurvedic texts vividly explain such condition under Vandhya.^[1] Artavanasha (Anovulation) is one among them.^[2] All the four factors Rutu kshetra Ambu and beeja are prime requisites for the Garbha according to Acharya Susruta.^[3] Among them Beeja is the core stone of female reproductive process and in its absence Garbha cannot form inspite of all the other factors. Here the beeja is taken as Antahpushpa i.e ovum. So anovulation can be included under Beejadusti.

According to FIGO manual, ovarian factor contribute 15-25% in causes of female fertility. So it is second common cause of infertility. Infertility treatment has taken quantum lead in today's world of ever expanding horizons of science and technology. Though physicians are able to give hope to many of the patients with ART, but still there is no surety of the success. Over last decades, fertility therapy has expanded more than any other field of medicine. Hormonal therapy, in vitro fertilization (IVF), Embryo transfer (ET), Gamete

Intrafallopianj Transfer (GIFT) etc. so many therapies are developed, but they have unsatisfactory results, enormous expenses and lot of side effects like ovarian hyper stimulation, frequent abortion, multiple gestation and major long term possibility of ovarian cancer.

Hence, the infertility and especially ovarian factor induced female infertility needs an immediate attention from alternative medicines. Ayurveda may give a promising hand to cure the infertility even though there is no specific treatment according to factors. Its time to convert the challenging problem of managing infertility into a rewarding one always.

CASE REPORT

A 32 years old female hindu patient, housewife consulted OPD of SKAMC, Department PTSR with complaints of having no issues since 8 years of married life associated with scanty menstrual bleeding since 3 months.

Vyadhi Vrittanta

Patient attained menarche at 15 yrs of age with regular menstrual cycle of 30 days with 3-4 days of normal bleeding. After marriage in year 2011 patient noticed irregular cycles which was once in 45 days which she neglected later on, it was once in 2 months after 2 years that is in year 2013 she met a gynecologist regarding irregularities for which she was diagnosed as PCOD and advised laproscopic ovarian drilling patient agreed and underwent the procedure after that still the irregularities persist as once in 45 days.

As it was 4-5yrs of married life this time in year 2015 patient approached the gynecologist for no issue. Where certain investigations for her and her husband were advised later patient shifted to native and didn't review back to the doctor.

Her USG was a Normal study with right ovarian simple cyst.

On one of her friend's advice couple consulted Dr. Ramesh sir in July 2018 with the reports and sir has advised few medications which patient and her husband as continued till Nov 2018 with subsequent followup and investigations. Once again couple consulted the Gynecologist where they suggested for IVF in Jan 2019, during which all the investigation where done and husband's semen analysis was normal and all her reports are said to be normal and IVF was advised.

IVF was done on 19/1/19 which was unsuccessful due to poor egg quality and poor embryo. Advised for next IVF in April 2019. But patient was not ready for next IVF.

Partner's details

Name: Shivakumar Halapeti

Age: 34yrs/ male

Occupation: Business

- N/K/C/O DM,HTN
- Habit : Smoking 2cigrates per day one year back

Investigations

Semen Analysis on 4/7/18: ASTHENOZOOSPERMIA

Semen Analysis on 19/1/19: NORMOSPERMIA

Investigations:- on 14/11/2018

Hb-11.8g%

Blood group and Rh factor - "A" positive

RBS - 88mg/dL

V.D.R.L - Non-reactive

HIV I and II - Negative

HBsAg - Negative

AMH - 6.67ng/mL,

Serum estradiol: 568.80pmol/L

Vaiyaktika Vruttanata

- Diet - mixed (Katu rasa pradhana ahara, ushna ahara)
- Appetite - normal

Vyadhi Nirnaya

Apraja vandyatva

(Primary infertility due to anovulation)

Date	Treatment
12/3/19 - 9/5/19	1) Phala ghrita 1tsp Bd before food followed by a glass of milk 2) Yosa jeevani lehya 1 tsp Bd After food with a glass of milk 3) Maharsi Amrita kalasha 1tsp bd + 1tab bd after food
10/5/18 - 20/6/18	1) Phala ghrita 1tsp Bd before food followed by a glass of milk 2) Yosa jeevani lehya 1 tsp Bd After food with a glass of milk 3) Maharsi Amrita kalasha 1tsp bd + 1tab bd after food

- Bowel habits - Once a day, regular
- Bladder habits - 3-4 times a day, once at night.
- Sleep - sound
- Habits - coffee twice a day.

Rajo Vruttanta

- Menarche - at 15years of age.
- Menstrual history- Nature- Regular since 3months after treatment.

No of days of Bleeding - 2-3 days,

Length of the cycle - 30-35 days,

- Amount of bleeding - scanty, colour - bright red
- No of pads changed on 1st day:- 1-2pad/day (not completely soaked), on 2nd day and 3rd day :- 1pad/day. clots occasionally, no foul smell LMP- 5/3/19.

Vaivahika Vruttanta

Married life - 8 years (non-consanguineous marriage)

History of Contraception - never used.

Vyavaya Vruttanta

1-2 times a week, no dyspareunia.

Nidana Panchakas

- निदान :-
- ✓ आहारज - katu, ushna pradhana ahara sevana
- ✓ वहारज- atiyana, ati adhwagamana, Divaswapna
- रूप:- Anartava, alpa artava, no issue
- उपशय:- pathya ahara vihara and aushada

Samprapti Ghatakas

- **Dosha:** Tridosha with vata predominant
- **Dooshya :** rasa, rakta
- **Agni:** Jataragni, rasadhatwagni
- **Agni Dushti:** jataragni, dhatwagni mandya
- **Srotas:** Rasavaha, arthavavaha.
- **Sroto Dushti:** Sanga
- **Udbhava Sthana:** Pakvamashaya
- **Sanchara Sthana:** Artava vaha srotas
- **Vyakta Sthana:** Garbhashaya(Beeja granti)
- **Adhithana:** Garbhashaya
- **Vyadhi Marga:** Abhyantara
- **Sadhya Asadhyata:** Sadhya.

Date	Complaints	Treatment
02/07/19	c/o mild pain in lower abdomen and nausea	Advised UPT UPT- positive
05/07/2019	UPT-Positive LMP: 4/6/19 EDD: 11/3/20	Advised ANC profile Phala sarpi 1 tsp Bd with milk Yosha jeevan lehya 1 tsp Bd followed by milk
Date	Ante natal examination	Treatment advised
16/7/19	Weight – 59kg BP- 110/80 mm Hg P/A - soft, uterus - not palpable TORCH positive	Phala sarpi 1 tsp Bd with milk Tab.Nirocil 1-1-1(A/F) Tab Torchnil 1-1-1 (A/F) Yosha jeevan lehya 1 tsp Bd followed by milk
16/8/18	Weight – 60kg BP- 110/80 mm Hg P/A- uterus ~just palpable Adv- NT scan	Phala sarpi 1 tsp Bd followed by milk Tab.Nirocil 1-1-1(A/F) Tab Torchnil 1-1-1 (A/F) Yosha jeevan lehya 1 tsp Bd followed by milk

Pathya Advised

- Madhura, snigdha bhojana, sheeta veeryatmaka ahara sevana.
- Ksheera prayoga, lasuna prayoga, mamsa proyoga.
- Coitus during rutukala.

Apathya

- ✓ Avoidance of ushna, teekshna, katu ahara
- ✓ Avoidance of Sura, kanji, vidhahi and thiksna ahara
- ✓ vegadharana
- ✓ Avoid garbhpaghtakara bhavas.

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DISCUSSION

Vandhyatva is a Vata dominated Sannipataja vyadhi. Ghrita is tridoshagna due to its properties and milk is also Vata Pitta Shamaka, Jivaniya and Rasayana. So Phalaghrita,^[4] has the properties of Ghrita, milk and other ingredients. Phalaghrita contains mainly Tikta, Madhura and Katu Rasa, laghu snigdha guna, both katu and madhura vipaka and also ushn sheetha virya. It also has Dipana, pachana, lekhana, Anulomana, Shothahara, krimigna, Balya, prajasthapana and yoni Pradoshanasaka actions.

Yosa jeevani lehya with drugs likeshatavari, yastimadu, drakshamoola, shatavari ghrita, bala, guda etc helps in Vata hara, bhrimana of the garbhasaya by correcting the endometrium for implantation and beejagranti for proper ovulation and Maharshi amrita kalasa is a properitery drug contains bhrimana dravya mainly amalaki which does the dhatu poshana and rasavaha srotodusti hara causing good artava. Hence this drug was selected for oral administration in this study.

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