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### **ABSTRACT**

Infertility is not a disease rather a symptom manifested due to various abnormalities in either of the partner pertaining to the factors responsible for conception. It has been discussed in all the books of gynecology in an independent chapter due to importance of conception for the continuation of one's own family. Conception is the result of production of healthy ovum and sperm respectively in ovaries and testicles. There transportation through normal functioning and healthy generative tract of male and female, capacitation of sperms, during their journey, the union of sperms and ovum in fallopian tubes followed by nidation of zygote in prepared healthy endometrium. Fault at any point in this whole chain can hamper the fertilization resulting into *Bandhyatva* (Infertility). This study throws light on the use of some *Garbhsthapaka* Drugs and *Ayurvedic* procedure to treat infertility.

**Keywords:** *Bandhyatva*, Infertility, *Yonivyapad*, *Ayurveda*, Conception, *Garbhsthapaka*

**INTRODUCTION:** Definition of Infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months of regular unprotected sexual intercourse”.<sup>1</sup> However now-a-days this time of one year has been reduced to 6 months by WHO as the age of marriage has got increased. Yet, in city like Varanasi girls are still been married at less age.

“Infertility is the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year. The male partner can be evaluated for infertility or subfertility using a variety of clinical interventions, and also from a laboratory evaluation of semen”.

Actually, *Bandhyatva* is not only achievement of conception but indirectly repeat abortions are also included in this category in the Ayurvedic classics. Nowadays even the women with only girl

child are also said to be infertile in some parts of India.

### **Causes:**

*Acharya Sushruta* has described four essential factors for conception<sup>2</sup>. They are as follows-

1. *Ritu* -Reproductive Period
2. *Kshetra* - Uterus and other Reproductive Organs
3. *Ambu* - Various Fluids of reproductive system of Male & Female
4. *Beeja* - Ovum and Sperm

Abnormality in essential factors for conception, causes of *Yonivyapad* and *Artavavyapad* are specific causes of Infertility as described by *Acharya Charak*.

Absolute infertility or sterility i.e. congenital absence of uterus or *bandhya yonivyapad*<sup>3</sup>.

**Abnormalities of Reproductive organs:**  
It includes the following Factors:

- Vulval factors -Urethral caruncle, Vulvitis etc.
- Vaginal Factors - Septate Vagina, Vaginismus, dyspareunia etc.
- Cervical factors - Chronic Cervicitis, Cervical polyp, pin hole Cervix etc.
- Uterine Factors - Uterine Polyp, Fibromyoma, 2nd degree of uterine prolapse, Endometritis; uterine synechia, Mullerian anomalies of uterus etc.
- Tubal factors - Defective ovum pick up; Impaired tubal mobility, Loss of cilia, Partial to complete obstruction of tubal lumen; TB of tubes, Peri tubal Adhesions
- Pelvic Factors - Pelvic Endometriosis etc.

Incidence of infertility according to factors<sup>4</sup>

- Tubal factor - 25- 45%
- Ovarian factor - 15- 25%
- Cervical factor - 5%
- Uterine factor - 10%
- Pelvic factor - 10%

It is important that the couple should be mentally relaxed during intercourse and both have *Sankalp* (dedication)<sup>5</sup>. STRESS being the most influencing factor that affects the hypothalamus and alters the hormones responsible for fertility.

**Need for the study:** Infertility has been one of the yet unsolved major complaints of couples. The modern medicine has discovered some drugs & procedures for its management. *Ayurvedic* treatise mention some principles about infertility and describe some measures to combat the same. As the subject matter discussed in *Ayurveda*, it becomes necessary to study, understand and prove them particularly

considering modern scientific parameters in the present era. So, the field of research in the *Bandhyatva* (infertility) opens a broad scope for a worker.

### **AIM & OBJECTIVES:**

The study has following aims and objectives.

- 1) To study the *Bandhyatva* in both Modern and *Ayurvedic* classics.
- 2) To study etiological factor.
- 3) To find the effect of *Ayurvedic* drugs on the infertility depending on the cause.

### **MATERIAL AND METHODS:**

#### **1. Selection of Patients:**

All 25 couples were randomly selected from Gynae OPD of Mata Anandmayee Hospital, Shivala, Varanasi, Uttar Pradesh. They were divided into two groups. Group - I have 11 couples while

Group - II have 14 couples.

#### **INCLUSION AND EXCLUSION CRITERIA ACCORDING TO GROUP:**

**Group I** - The women not showing any organic pathology or having normal physical condition, normal ovulation, tubal patency, ASA – ve and husband with normospermia or mildly oligospermic were include in this group.

**Group II** - The women with normal ovulation, ASA – ve, tubal blockage and/or peri tubal adhesions not due to T.B. were included in this group but Where the husband was having normospermia.

#### **2. Selection of Drugs:**

Patients of group 1<sup>st</sup> were treated with five drugs viz *Ashwagandha*, *Shatavari*, *Shweta Musali*, *Vidarikanda*, *Kapikachhu beej*. *Rasa*, *Guna*, *Virya*, *Vipaka* of the drugs are as follows: -

**Table: 1 Drugs for Group 1<sup>st</sup> Patients**

S.N .	Drug Name	Latin Name	Rasa	Guna	Virya	Vipaka	Varga	Part Used
1.	<i>Ashwagandha</i>	<i>Withania somnifera Dunal</i>	<i>Katu, tikta, Madhura</i>	<i>Laghu, Snigdh a</i>	<i>Ushan a</i>	<i>Madhura</i>	<i>Rasayan a</i>	<i>Moola</i>
2.	<i>Shatavari</i>	<i>Asparagus racemosus Willd.</i>	<i>tikta, Madhura</i>	<i>Guru Snigdh a</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Shukra janan</i>	<i>Bulbous Root</i>
3.	<i>Vidarikand</i>	<i>Pueraria tuberosa DC</i>	<i>Madhura</i>	<i>Guru Snigdh a</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Balaya</i>	<i>Bulbous Root</i>
4.	<i>Shweta Musali</i>	<i>Asparagus adscendens Roxb.</i>	<i>Madhura</i>	<i>Guru Snigdh a</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Shukra janan</i>	<i>Bulbous Root</i>
5.	<i>Kapikachhu</i>	<i>Mucuna prurita Hook.</i>	<i>Tikta, Madhura</i>	<i>Guru Snigdh a</i>	<i>Ushan a</i>	<i>Madhura</i>	<i>Shukra janan</i>	<i>Seeds</i>

Patients of Group-2<sup>nd</sup> were treated with drugs like *Kaishora guggulu*, *Kanchnar guggulu*, *Panchaguna taila*.

**Table:2 Drugs for Group 2<sup>nd</sup> Patients**

S. N.	Drug Name	Guna
1.	<i>Kaishora guggulu</i>	Beneficial in, <i>Vatarakta</i> , <i>Gulma</i> , <i>Ulcer</i> , <i>Prameha</i> , <i>Inflammation</i> , <i>Pramehapidika</i> <sup>6</sup> .
2.	<i>Kanchnar guggulu</i>	Mainly given in <i>Galaganda</i> , <i>Apachi</i> , <i>Arbuda</i> , <i>Vrana</i> , <i>Granthi</i> etc <sup>7</sup> . Also improves the efficacy of ATT when given as an adjuvant therapy.
3.	<i>Panchaguna taila</i>	It has an anti-inflammatory and analgesic action.

#### **Treatment Advised:**

The Treatment was given in 3 ways:

1. ***Satvavajay*** → The couple individually and both together were given peaceful hearing and then proper advice for diet, mode of life etc.
2. ***Daivavyapashraya*** → The couple was advised to have faith as per their own beliefs and counseled to take the treatment but leave the result over the God of their faith.
3. ***Yuktiviyapashraya*** →

**A. Group I** → Both the partners were given the following Treatment.

**For Wife**

*Ashwagandha*  
*Shatavari*  
*Vidarikand*

**for Husband**

*Ashwagandha*  
*Shatavari*  
*Vidarikand*

*Shweta Musali*

*Shewata Musalai*

*Kapikachhu beej*

The patients were told to powder these drugs in equal quantity and mix them properly and then take 2 TSF out of it with milk twice a day.

**B. Group II** → Only Female were given the following treatment.

- *Kaishora guggulu* and *Kachanar guggulu* each one tablet thrice a day with luke warm water.
- Gentle massage of suprapubic region of abdomen up to flanks and sacral region with *panchaguna taila* for 15 minutes followed by *baluka swedana* for 15 minutes twice daily.

### OBSERVATIONS & RESULTS

**Table: 1 Incidence of Age**

S. No.	Age in Years	Total (n=25)	Group I (n=11)	Group II (n=14)
1.	21-25	13 (52%)	6 (54.54%)	7 (50%)
2.	26-30	10 (40%)	4 (36.37%)	6 (42.86%)
3.	31-35	2 (8%)	1 (9.09%)	1 (7.14%)

The youngest and oldest patient in Group I is 22 years and 35 years and in group 2 is 21 years and 32 years respectively and other age data is shown below in table no.1.

### Incidence of Occupation

Amongst the 25 couples, females were housewives in both groups.

**Table: 2: Incidence of Habitat**

S. No.	Habitat	Total (n=25)	Group I (n=11)	Group II (n=14)
1.	Urban	15 (60%)	7 (63.64%)	8 (57.15%)
2.	Rural	10 (40%)	4 (36.36%)	6 (42.85%)

Amongst the 25 couples, maximum no. of patients belonged to urban area.

### Incidence of Socio-economic status:

Almost all the patients belong to middle income group amongst the two groups.

**Table: 3 Incidence of age of menarche**

S. No.	Age of menarche in years	Total (n=25)	Group I (n=11)	Group II (n=14)
1.	13	6 (24%)	4 (36.36%)	2 (14.3%)
2.	14	14 (56%)	4 (36.36%)	10 (71.4%)
3.	15	5 (20%)	3 (27.28%)	2 (14.3%)

Amongst all the 25 patients, maximum patient had 14 years as their age of menarche.

**Table: 4 Incidence of Married Life**

S. No.	Age of married life in years	Total (n= 25)	Group I (n=11)	Group II (n=14)
1.	2-3	6 (24%)	3 (27.3%)	3 (21.4%)
2.	4-5	10 (40%)	5 (45.5%)	5 (35.7%)
3.	6-7	9 (36%)	3 (27.2%)	6 (42.9%)

Amongst all the 25 patients, maximum patient had 14 years as their age of menarche.

**Table: 5 Incidence of types of infertility**

S.No.	Types of Infertility	Total (n=25)	Group I (n=11)	Group II (n=14)
1.	Primary	15 (60%)	6 (54.54%)	9 (64.29%)
2.	Secondary	10 (40%)	5 (45.46%)	5 (35.71%)

Maximum patients were of primary is fertility.

**Table: 6 Incidence of Gravida/Parity**

S.No.	Gravida/Parity	Total (n=25)	Group I (n=11)	Group II (n=14)
1.	0/0	15 (60%)	6 (54.54%)	9 (64.28%)
2.	0/1	1 (4%)	0	1 (7.14%)
3.	0/2	1 (4%)	0	1 (7.14%)
4.	1/0	6 (24%)	4 (36.36%)	2 (14.28%)
5.	2/0	1 (4%)	1 (9.1%)	0
6.	3/1	1 (4%)	0	1 (7.14%)

The youngest and oldest patient in group 1 is 22 years and 35 years and in group 2 is 21 years and 32 years respectively and other age data is shown below in table no.1.

**Table : 7 Incidence of Deha Prakriti**

S.No.	Deha Prakriti	Total (n=25)	Group I (n=11)	Group II (n=14)
1.	Vatapittaja	9 (36%)	4 (36.36%)	5 (35.72%)
2.	Pittakaphaja	5 (20%)	2 (18.18%)	3 (21.43%)
3.	Vatakaphaja	11 (44%)	5 (45.46%)	6 (42.85%)

Maximum no. of patients belonged to *vata kaphaja prakriti*.

**Table : 8 Incidence of HSG findings**

S.No.	HSG Findings	Group II (n=14)
1.	Both tubes blocked	5 (35.7%)
2.	Right tube blocked	4 (28.6%)
3.	Left tube blocked	4 (28.6%)
4.	Beaded appearance of both tubes	1 (7.1%)

**Incidence of P/V Findings:** Amongst the 25 patients, all of the patients had no abnormal defect in vulva, vagina and cervix.

**Table : 9**

S.No.	Situation of uterus	Total (n=25)	Group I (n=11)	Group II (n=14)
1.	Upright	17	8 (72.7%)	9 (64.28%)
2.	Retroverted	8	3 (27.3%)	5 (35.72%)

Maximum no. of patients was having an upright uterus in both the groups. While all of the patients were having a normal size uterus except two, who were having a sub-normal size uterus.

**Table : 10 Results after treatment**

S. No.	Results on infertility	Group I (n=11)	Group II (n=14)
1.	Conceived Cases	2 (18.18%)	3 (21.43 %)
2.	Non-Conceived Cases	9 (81.82%)	11 (78.57%)

Only 2 couples in Group I and 3 couples in Group II got conceived after treatment.

**DISCUSSION:** Data of thus selected 25 cases having regular follow-up is being presented. These selected cases belonged only to two types of abnormalities.

1. Tubal blockage or peri tubal adhesions.
2. Idiopathic or undetected causes

Both these groups were given specific treatments.

Majority of cases were of primary infertility. *Ek doshaja prakriti* was not found in any of the cases while *Vata Kaphaja prakriti* stood to be in majority. Coming on to the examination, all of the patients had an average height, weight, health, no Physical abnormalities are seen. These patients had no family history of infertility or any systemic illness.

All of the patients had no abnormal defect in vulva, vagina and Cervix but situations of uterus were found to be different, where upright uterus being on the majority side. All the 25 cases had ovulatory cycles which was confirmed by the Premenstrual Endometrial Biopsy, showing secretory Endometrium.

In group I where there was no pathology detected cause being idiopathic, both the partners were treated with *Garbhasthapana* drugs mentioned in earlier pages. These drugs act according to their *prabhava* and this was proved when two of the eleven patients had conceived in this short span of my course.

In group II, out of 14 cases, it was seen that unilateral tubal block also proved to be a cause of infertility. May be because there was a block in the ovulatory ovary and the other being anovulatory. The patients of this group were given *Kaishora guggula* and *Kanchanar guggulu* drugs and were also treated with *Snehana* by

*Panchguna tail* followed by *Baluka Swedana* for 10-15 minutes 2 times a day. In this group, 2 cases of left tubal block and one of right tubal block conceived within a short span of my course. This shows that their fallopian tubes had opened.

In patients of both the groups above, were informed in the first visit that their treatment will go long. Therefore, during treatment, they will have to keep sound minds. In addition, they were also advised to have faith in God and continue the treatment with full devotion.

**CONCLUSION:** 25 such cases of primary and secondary infertility were treated where the male partner was totally normal. The patients were divided into two groups. Group I included 11 patients in whom no cause was detected, and they were treated with *Garbhasthapana* drugs and two patients in this group conceived. Group II consist of 14 patients who were treated with *Kaishora Guggulu* and *Kanchanar Guggulu* and three of the patients conceived in this group.

From the above study we could draw conclusion that-

- 1) 44% of cases had no cause detected for infertility.
- 2) 56% of cases had the cause related to the tubal factor.
- 3) In both the groups the drugs seem to be acting mainly by their *Prabhava*. In group I the drugs initiate fertilization while in group II they act by curing the abnormality.

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