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IMPORTANCE OF MODERN TECHNIQUES IN DIAGNOSIS OF VANDHYATVA W.S.R TO FEMALE INFERTILITY

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ABSTRACT

Difficulty for conceiving a child is major Social and Psychological burden in female life. It is estimated that female factor and male factors both are responsible for infertility. Infertility is an inability of a couple to achieve pregnancy over an average of one year .According to Ayurveda, *Garbhotpatti* occurs due to *Ritu, Shetra, Beeja, Ambhu*. If any of these 4 *Garbhotapattikarbhava* is disturbed then there is no *Garbhnirmiti* and the condition called *Vandhyatva*. So this *Vandhyatva* or Infertility has various causes. For evaluation of these causes there are number of diagnostic tools used now a days. USG, Laparoscopy. Hysteroscopy, Endocrine system tests all this is used for diagnosis of female infertility. According to diagnosis, treatment changes and for this Modern Diagnostic Techniques are important. So with this study, we know how important are Modern Diagnostic Technique in female infertility. Details of this study will be given at the time of Paper presentation. **Keywords:** *Garbhotpatti, Ritu, Shetra, Beeja, Ambhu, Garbhnirmiti, Vandhyatva*.

INTRODUCTION

Female Infertility is a disease of reproductive system involves the families to achieve a clinical Pregnancy. God has blessed women with the ultimate gift of being mother. Infertility is the main obstacle to be blessed with that. Infertility affects women of reproductive age group all over the world. The desire of women for child is sometimes stronger then self-interest and may be stronger then the claims of carrier. Infertility has become the major health problem now days. This condition had made deep impact on women physical and mental health and disturbs her family life also. Infertility has stated to Ayurveda as Vandhyatva. Ayurveda suggested imbalanced in Aratavvahstrotas as principal constructive facts of $Vandhyatva^{1}$. It is mentioned as independent disease as well as Upadrava of Yonidosha². The word Yoni refers to entire Reproductive system

Inability to produce offspring is called Infertility. It is inability to conceive a child by natural process or the inability to carry a pregnancy till the completion of time. It is fact that infertility is increasing & the major causes of disease are described in modern science as tubular block, PCOD, STD³.so in this present era when everything is going to be super specialized it is essential to know the exact cause of *Vandhyatva*. For Diagnosis of infertility many Diagnostic techniques are available now. So, the study of Diagnostic techniques used in Diagnosis of *Vandhyatva* is very important for happiness of women life as a child conceiving purpose.

Aim

To Study the Importance of Modern Techniques in Diagnosis of *Vandhyatva* w.s.r

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to Female Infertility

Objective

1. To Study Factor responsible for *Vandhyat-va*.

2. To Study Factor responsible for Female Infertility.

3. To study Various Modern Techniques for Diagnosis of *Vandhyatva* as well a Female Infertility.

Material & Methods

1. All the literature of *Vandhyatva* was studied from the Classical Ayurvedic text.

2. Literature regarding the modern diagnostic technique in the female infertility was studied.

3. The modern diagnostic technique was try to correlate in the diagnosis of *Vandhyatva*.

Review Literature

The women in whom there is interruption of any kind to the normal process of conception called *Vandhya*. Acharya Charaka had not mentioned *Vandhyatva* but he says that *Bijadushti* is the reason for not conceiving child by couple⁴. Acharya Sushruta had mentioned Vandhyayonivyapad in 20 Yonivyapad which is Nastartava⁵.

In *Harit Samhita, Acharya Harit* has described 6 types of $Vandhya^6$

Balya-Delayed puberty

Kakavandhya-One child Sterility

Anapatya-Primary Sterility

Garbhastravi-A case of repeated abortion

Mrutavasta-A case of still birth

Balakshaya- power of fertility loss due to dhatukshaya

This6 type also has described by *Acharya Yo-gratnakar* in 17^{th} Century⁷. *Vadhya* are of 9 types had told in *Rasratnasamucchay*⁸.

Infertility can be primary or secondary.

Primary -If there is no incidence of acquiring pregnancy despite cohabitation for period of 2 years, it is called primary infertility.

Secondary -If a couple fails to conceive following a previous pregnancy despite cohabitation for a period of 2 year, it is termed as a secondary infertility. Factor Responsible for Vandhyatva

In Sushrut Samhita, Acharya Sushruta explain in Sharir Sthan Garbhotpatti Adhyay, there are 4 Garbhotpattikar bhav which are in Prakrut Avastha responsible for Garbha Dharan.

''धुवचतुणोंसान्निध्याद्गभेःस्याद्विधिपूर्वकः।ऋतु

क्षेत्राम्बुबीजानासामग्र्यादक्रोयथा॥सु.शा.२/३५"

These are *Ritu, Kshetra, Beeja & Ambhu Ritu*-Rajah Kala, appropriate time for conception i.e. Appropriate Ovulation Period

Kshetra - Healthy uterus and Vagina of Mother. Anatomically & Physiologically reproductive organ should be proper

Ambu - As Nutritional of diet and Ovum of parents. *Ambhu* can be estimated as Hormones, its level should be normal as well as it should have to do proper work. Also *Ambhu* will be correlated cervical mucus.

Beeja – Healthy Sperm and Ovum

Any deformity in this factors cause*Vandhyat*va. If above factors are fulfill, yet pregnancy not occurs then cause will be *Atmaj* and *Satvaja bhava*as explained by *Acharya charaka* in Six*Garbha hetu*⁹ or this condition known as idiopathic.

Factor Responsible for Female Infertility

Following Factors are Responsible for Female Infertility¹⁰

- Ovulatory Dysfunction Anovulation or Oligo- Ovulation, Decrease Ovarian reserve, Luteal phase defect (LPD), Luteinized unruptured follicle.
- 2. Tubular and peritoneal factors -.Peritubular adhesion, Endosalpingeal damage, Polyp etc.
- 3. Uterine factor Fibroid uterus, Endometriosis, Congenital malformation, unicornuate, bicornuate, septet uterus
- 4. Cervical factor-Cervical canal enlargement, Cervical polyp, Cervicitis, Presence of Antisperm antibody

Other than this also there are various factors for female infertility. All these factors have to

evaluated	evaluated and treated then only women can There are various procedure helps us to eva-		
	regnancy.	luate causes and Diagnosis of female infertili-	
	Diagnostic Techniques use in Fe-	0	
male Infertility will be discussed here.			
Sr.No	Modern Diagnostic Techniques	Use in Diagnosis	
1.	Basel Body Temperature	Helps in Determine Ovulation	
		Helps the couple to determine most fertile period, if	
		cycle is irregular, For Diagnosis of Luteal Phase De-	
		fect (LPD), Helps to determining timing of post-	
		coital test, endometrial biopsy, cervical mucus and	
		vaginal cytology.	
2.	Hormone Monitoring	For Ovulation study	
		To Diagnose PCOD, Endometriois, fibroid,	
		To know the cause of DUB & Recurrent miscarriage,	
2		Luteal Phase Defect (LPD)	
3.	Endometrial Biopsy	For Diagnosis of Luteal Phase Defect (LPD) Evidence of secretory activity of endometrial gland	
		For Ovulation study	
		To know the cause of Dysfunctional uterine Bleeding	
4.	Cervical Biopsy	Used to know presence of any precancerous condi-	
-1.		tions warts, polyp, cancerous changes in cervix	
5.	Ultrasonography	For follicular study (folliculometry), Ovulation study	
	· · · · · · · · · · · · · · · · · · ·	To detect Ectopic Pregnancy, Pelvic Mass (Uterine	
		Fibroid, ovarian mass, Endometrioma, Tubo-ovarian	
		mass), Recurrent miscarriage	
6.	Hysterosalpingogram	Assessment of tubular patency	
		Detection of uterine malformations (unicornuate, bi-	
		cornuate, septate uterus)	
		Diagnosis of Cervical incompitance, uterine syne-	
		chiae	
		Incidental diagnosis of submucos fibroid or a uterine	
		polyp or hydrosalpinxor nodular tube is an additional	
7	Uvstanasaan	gain.	
7.	Hysteroscopy	To evaluate cause of irregular uterine bleeding, ute- rine polyp, sub mucous fibroid, congenital uterine	
		septum, intrauterine adhesions	
8.	Salpingoscopy	By using this can observed tubal lumen by playing	
5.	~~PmBoscoPJ	attention in adhesion, loss of mucosal fold, rounded	
		ages of mucosal fold, debris, foreign body and ab-	
		normal vessels.	
9.	Follapocopy	Used in study of tubal ostia, mucosal pattern,	
		Diagnosis of intratubular polyp	
10.	Laparoscopy	Diagnosis of Peritubal adhesion, Chromopertubation,	
		Minimum endometriosis	

		Ovulation stigma of the ovary
		Nature of a pelvic mass- fibroid Ovarian cyst
		Diagnosis of Acute salphangitis
		Diagnosis of Ectopic Pregnancy
		To detect pelvic endometriosis, pelvic adhesions, and
		Tubo-ovarian adhesions, the laparoscope is usually
		necessary
10.	Post-Coital Test	To evaluate the interaction of sperm, semen, and
		cervical mucus.
11.	Sperm Antibody Evaluation	test for sperm cervical mucus interaction
12.	Cervical and vaginal smear	Used for screening cervical cancers, for cytoharmonal
		study and used in sex cromatin study
13.	Chlamydia test	Chlamydia is an STD that can affect fertility
14.	Computed Tomography scan	CT most useful in Diagnosis of lymph node metasta-
		sis, depth of myometrial invasion in endometrial
		cancer, ovarian mass and myomas. Used in ovarian
		cancer detection.
15.	Magnetic Resonance Imaging	Used to detect accurately the parametrial invasion of
		cervical cancer., adenomyosis, myomas and endome-
		trial cancer, used in evaluation of metastatic lymph
		nodes or recurrent pelvic tumors & Developmental
		abnormalities,
		Ovarian masses & uterine masses, Endometriosis,
		Dermoids, PCOD etc.
16.	Positron Emission Tomography	Used to measure difference between the normal tis-
		sue and cancerous tissue, detection of metastatic dis-
		sue and cancerous tissue, detection of metastatic dis- ease and recurrence of ovarian or cervical malig-
		ease and recurrence of ovarian or cervical malig- nancy.
17.	X-ray Pelvis	ease and recurrence of ovarian or cervical malignancy.Used to locate an IUCD or to look for shadow of
		ease and recurrence of ovarian or cervical malignancy.Used to locate an IUCD or to look for shadow of teeth or bone in benign cystic teratoma.
17. 18.	X-ray Pelvis Genetic testing	ease and recurrence of ovarian or cervical malig- nancy. Used to locate an IUCD or to look for shadow of

DISCUSSION

There are various Modern Techniques for Diagnosing the Cause of Female infertility. According to Ayurveda There are 4 factors which cause Garbhadharana called *Garbhotppatikar bhav* and any disturbance on those bhava causeVandhyatva. So, for diagnosing any disturbance of those *Garbhotppatikar bhav*, Modern Diagnostic Techniques help now a days. Such as *Ritu-* BBT, Hormonal Monitoring, Endometrial Biopsy, Post Coital test

Kshetra- Hormonal Monitoring, Endometrial Biopsy, Cervical Biopsy, Hysteroscopy, Salphingioscopy, Follaposcopy, USG, MRI, PET, X-ray, CT-scan, Leproscopy, HSG

Beeja- Leproscopy, USG, MRI, PET,X-ray, CT-scan

Ambhu- Hormonal Monitoring, Sperm Antibody Evaluation, Cervical and vaginal smear.

So this Modern Techniques help to Diagnosed what is the actual factor responsible for *Vandhyatva*. Hence with this Techniques Diagnosis of *Vandhatva* will be easy.

CONCLUSION

Infertility has become a major health problem in current scenario. Since incidence of infertility increasing day by day due change in life style, because of infertility in both partners are various. According to *Ayurveda Ritu*, *Kshtra, Beeja, Ambhu* are responsible factor of *Vandhyatva*.In Classic *Ayurvedic* Text there are no diagnostic Techniques available as that in modern text.

But now Modern Techniques are available which help to diagnose specific factor for *Vandhyatva*. In female infertility, specific cause is necessary to evaluate for treatment of infertility and these various diagnostic techniques explain about are help us not only Diagnosis but also in Treatment. So with this study we say there is importance of Modern Iechnique's in Diagnosis of *Vandhyatva* w.s.r. Female Infertility.

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