



## Role of *Panchakarma* in Management of Female Infertility:

### A Conceptual study.

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#### Abstract

A desire to become a parent is something almost everyone has desired at some point in their lives. However, not every couple is blessed with the ability to have a child. As per WHO data, Infertility affects approximately 15 percent of Indian couples and 48 million couples worldwide. Nowadays Infertility has been surging due to unhealthy lifestyles, environmental pollutants, obesity etc. Different treatments and research have been conducted to treat infertility, but most of them are expensive and uncertain as to their success.

Therefore, for treating infertility, many people are in search of hope in other medical science such as *Ayurveda*. *Ayurveda* does not focus only on the diseased person but also gives different treatment modalities for the healthy person to maintain health. One of these is *Panchkarma*. In *Ayurveda*,

*Panchkarma* therapy is used for the maintenance of health and eradication of diseases from their root. *Panchakarma* is mostly known as a body detoxification treatment. These treatments play an equally vital part in treating the patient alongside oral medicines. **Conclusion** - This study is about different *Panchakarma* treatments used for treating infertility. So, here the *Panchakarma* relevant to the management of infertility has been described.

**Keywords-** Infertility, *Ayurveda*, *Panchakarma*

#### Introduction:

Infertility is not just a disease, but a social stigma worldwide. A feeling of deprivation of parenthood has been affecting the couple worldwide. Although infertility does not possess a threat to life, it possesses a great negative impact on the couple's mental

health. Suffering from pressure every month in a chance to conceive that month, leads to anxiety, uncertainty, panic, and depression as well. As per statistics, WHO data has shown that between 48 million couples worldwide have been suffering from infertility.

Infertility is a condition described as being unable to conceive despite unprotected sex between male and female for one year or more. In females, infertility conditions can result from the inability to ovulate or if the fallopian tubes are blocked, then the egg that is released would fail to reach the uterus for fertilization with the sperm<sup>[1]</sup>. Other reasons for infertility in females could be related to uterus malfunctions like the non-conducive atmosphere for fertilization or impregnation of the fertilized ovum, cervical factors, etc.<sup>[2]</sup> These are the direct reasons that generate infertility while the underlying hormonal imbalances could be also an independent or allied cause.

Additionally, in the course of many reasons for infertility, environmental and unhealthy lifestyle factors like excessive alcohol intake, smoking, obesity, and exposure to environmental pollutants have been also associated with low fertility rates.<sup>[3]</sup> Moreover, Infertility conditions are very complex and most of the time the causative factor of infertility is idiopathic thus treatment plans will be always successful and become mostly uncertain.

According to *Ayurveda*, Infertility has been correlated with *Vandhyatva*. *Vandhyatva* (Infertility) has been a long-standing problem since the ancient period<sup>[4]</sup>. In *Ayurveda* texts, both oral medications and *Panchakarma* treatment were mentioned for

the management of *Vandhyatva* (Infertility). *Panchakarma* holds unique importance in *Ayurvedic* treatment. It is a body detoxification treatment. Although, *Ayurvedic* texts do not directly mention *Panchakarma* that can be used in infertility but various *Panchakarma* treatment has been explained for both male and female for healthy conception. With the help of *Panchakarma*, after detoxification, it provides a healthy environment for the embryo for healthy conception. Therefore, the study with different *Panchakarma* treatments is essential for treating infertility as per the literature available on it.

**Aim:**

To study the literary aspect of *Panchakarma* treatment in *Stree Vandhyatva* (Female Infertility)

**Objectives:**

1. To study various *Panchakarma* treatments used in *Stree-Vandhyatva*
2. To Study Literary review of *Stree-Vandhyatva*

**Material and Method:**

All the information related to female infertility was reviewed from –

- Classical *Ayurvedic* texts
- Modern text books of Gynaecology

Infertility is defined as a failure to conceive within one or more years of regular unprotected coitus. Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently.

Conception depends on the fertility potential of both the male and female partners. The male is directly responsible in about 30–40 percent, the female in about 40–55 percent,

and both are responsible in about 10 percent of cases. The remaining (10 percent) is unexplained<sup>[5]</sup>.

According to FIGO manual (1990) causes are:

- Tubal and peritoneal factors- The obstruction of the tubes may be due to— (a) Pelvic infections (b) Previous tubal surgery or sterilization. (c) Salpingitisisthmicanodosa (d)Polyps or tubal spasm.
- Ovulatory factor- The ovulatory dysfunctions (dysovulatory), Luteal phase defect (LPD), and Luteinized unruptured follicle (LUF).
- Endometriosis- Pelvic endometriosis and Tubal endometriosis
- Uterine factor- The factors that hinder nidation are uterine hypoplasia, inadequate secretory endometrium, fibroid, endometritis (tubercular in particular), uterine synechiae or congenital deformities
- Cervical factor-Anatomic defects preventing sperm ascent may be due to congenital deformity of cervix, uterine prolapse and retroverted uterus.
- Vaginal factor- Atresia of vagina, transverse vaginal septum, septate vagina are included in the congenital group. Vaginitis and purulent discharge may be implicated at times but pregnancy too often occurs in presence of vaginitis (specific or nonspecific).

### **Treatment of Female Infertility<sup>[6]</sup> -**

For convenience, the treatment modalities in female infertility are grouped as follows:

- General Psychotherapy to improve the causes of emotions, if any.
- Weight reduction is important in obesity as in PCOS cases which give a good response of drug therapy for induction and spontaneous ovulation.
- According to the disorders identified: Ovulatory, Tubal, Associated disorders like endometriosis, infections, or endocrinopathy treatment plan is advised.
- Assisted Reproductive Technology (ART).

### **Ayurvedic Aspect of Treating Infertility:**

In *Vedic* texts, terms i.e. *Garbhadosha*, *Kakvandhya*, *Vandhya*, *Mritvatsa* and *Durbhag*, have been used. *Ayurvedic* texts have not described any classification of this condition. *Charak* and *Sushrut* have described it under *Bijanshadusti* and 20 types of *Yonivyapat* respectively<sup>[7,8]</sup>. In *Harit Samhita* total six types of *vandhyatva* has been explained. *Rasaratna Samucchay* and *Madhav Nidana* have described nine types of *vandhyatva*.

### **Etiology of Vandhyatva:**

According to *Charak*, if any of the *Matrija bhava* get vitiated then birth will not occur. There are many factors resistant for pregnancy i.e. very young and old women, suffering of chronic illness, hungry and sorrow or other physiological abnormalities and postural defect during coitus.

There are also other factors of *vandhyatva*, found scattered in *Ayurvedic* texts.

1. *Astartavadusti*- If it is untreated or not properly treated then its difficulty to *Prajotpadana*.

2. *Jatharini*- *Acharya Kashyap* has described *Revati Jatharini* which affected on women

menstruation with regular interval, but unable to conceive. In *Putraghni Jatharini*, repeated *Garbhashrava* (abortion) has occurred.

3. *Artavavahashrotoviddha- Sushrut* has mentioned, trauma on the *Artavavahashrotas* causes *Pushpanasa*.

4. *Beejadusti- Charak* has described *Beejadushti*, *Beejabhaga*, or *Beejabhagavayava* causes *vandhya* and *Shandi Yonivyapada*.

5. *Yonivyapada- Madhav* has mentioned, *Acharana* women is not having *Beeja*, whereas *Sushrut* has named it *Aticharana*. In *Vamini*, *Sukra* expulsion within 6-7 days. *Vandhya* has absence of *Artava*.

In *Ayurveda* both *shodhan* and *shaman chikitsa* are mentioned, but here we will see *shodhan* therapy i.e. *panchakarma*.

#### **Samprapti (Pathogenesis):**

Whole aetiology can be summarized in *Beejadosh*a (related to ovum), *Yonidosha* (related to pathology of reproductive organs), *Aharadosha* (related to proper nutrition) and *Mansikadosha* (related to normal psychological conditions).

#### **Samprapti Ghatak:**

- *Dosha- Vata* predominance
- *Dhatu- Rasa, Rakta*
- *Updhatu- ArtavaShrotas- Artavavaha*
- *Adhistan- Yoni & Garbhashaya*

Vitiated *Vata* get aggravated in *Yoni & Garbhasaya* and causes *Khavaigunya*, which in turn produces *Ama* and vitiate the *Artavavaha Shrotas*. So, in the *avaruddha Artavavaha Shrotas*, *vata* becomes more aggravated and destruct the process of *Aartava* (menstruation) and production of *Beeja* (ovulation of ovum).

#### **Management of Vandhyatva in Panchakarma:**

In *Ayurvedic* texts, *Shaman* and *shodhan chikitsa* are told for infertility. *Panchakarma* is one of them.

**Basti:** *Basti Chikitsa* is regarded as a prime treatment modality among the *Panchakarma*. It is also known as '*Chikitsardha*'. It not only cures *Vatadosha* pre-dominant diseases but also the *Samsarga* and *Sannipataja* condition of *dosha*, *Shakhagata vikara*, and *Koshthagata roga*. Moreover, reproductive system present in *sthana* of *Apanvayu* i.e. *Katisthan*, thus *Basti* helps in balancing the provoked *Vatadosha*. In *basti* mainly *tikta rasatmaka dravya* (*Vata+Akash mahabhuta pradhan*) are used which helps to correct the *stana*. Additionally, *Basti* with its action helps in *Srotoshodhana* which may removes *Sanga* and *Avarana* leading to proper function of *Vayu* regulating *Beejagranthi*

*Karma* resulting in *Beejotsarga* (ovulation).

**Uttarbasti:**<sup>[9]</sup> *Uttar Basti* is a *basti* in which it is administered through the *Uttara marga* and has *Shreshtha guna*. In this process herbal decoctions and oils that cleanses and nourish the internal organs has been used such as *Phala Ghrita*. It is very helpful in infertility by directly acting in reproductive system and to increase receptivity of genital tract to entry of sperms. *Uttar Basti* relieves the tubal block by removing obstruction. Drug administered in the cervix and due to *sukshma guna* of drug, absorbed by cervical epithelium, helps in relieving the cervical factor.

For different diseases, *Basti* and *Uttarbasti dravyas* are -

For Tubal Block: *Kasisadi Tail + Kshar Taila, Kumari Taila, Shatavari Ghrith Uttarbasti*, etc. has been used.

Infertility caused due to ovarian factor, *Uttarbasti* with *Phalagrita, Shatavari ghritha, Kashmaryadi ghrith, Madhutailik basti*, etc. has been advised.

**Virechana:** *Virechana* is one of the *Panchakarma* in which *doshas* are excreted outside through *adhomarga* of the body. It prevents the body from the diseases or help in treating them in the most effective manner. It acts on vitiated *Pitta dosha* decreases *ushnaguna* of *pitta* and increases *sheet guna* required for formation of *shukradhatu*. Obstructing *Kapha dosha* is removed with the help of *virechana* and *Vatadosha* that gets obstructed by *Kapha dosha* is also cleared off by *virechana*. Thus, helps in balancing the *tridosha* and providing the positive atmosphere for conception.

**Nasya:** The medicine which is administered through nose in the form of *ghee*, oil, powder, liquid or smoke. It is useful in *urdhwajatrugata vyadhi* but indirectly it works on the whole body by its local and systemic effect. Nose is a gateway of head because “*NASA HI SHIRASO DWARAM*”. Drug administered through nostrils, reaches the *Shringataka Marma (Siro Antarmadhyam)* and spreads through nose, ear, eye, and tongue into head which eliminate morbid *doshas* and promotes the normal physiological function.

*Nasya* also stimulate olfactory nerves and limbic system, which stimulates hypothalamus and leads to stimulation of Gonadotropin Releasing Hormone (GnRH)

neurons, regularize GnRH pulsetile secretion, which leads to ovulation.

### **Discussion-**

Mostly infertility occur due to adoption of modern life style. *Ayurveda* can treat infertility by various methods of *panchakarma* procedures like *basti, virechana, nasya* using different *ayurvedic* formulations. Although, proper selection of drug and time of administration are very important for the good results. Other than this therapy such as *Shirodhara, Abhyanga, Marma* therapy also helps in releasing tension and morbid *doshas*.

*Panchakarma* acts as preventive and curative measures <sup>[10]</sup>. *Panchakarma* also helps in uterine diseases and non-ovulatory cycles. *Basti* is helpful to remove the obstructions, to facilitate proper coitus, and to increase the entry of the sperm. Moreover, it helps the body in reduction of stress, rejuvenates the entire body, and pacifies the underlying *dosha*. *Ayurvedic* experts have founded a deep tissue work can decrease mechanical blockages, reduce pelvic pain, also improve sexual arousal.

### **Conclusion:**

In the past decade, infertility has increased more and more due to the social, environmental, psychological, and nutritional factors. Allopathy medicine has able to find out the causes of infertility through various examinations and diagnostic tests.

*Ayurveda* provides a non-invasive, low cost and non-iatrogenic treatment of female infertility. Because role of *Ayurveda* is on rebalancing individuals rather than just treating diseases, its treatments have a low potential for side effects. Additionally, it

helps to promote the systemic health and well-being of the individual. Firstly, it corrects the infertility through *Panchakarma* treatment and this review summarizes and evaluates the evidence underlying the use of *panchakarma* for female infertility. From *ayurvedic* literature and various case studies, it is clearly mentioned that *Panchakarma* can manage infertility successfully.

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