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Review Article

FEMALE FERTILITY- AN AYURVEDIC REVIEW

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ABSTRACT

Almost all the people are having a strong desire to conceive a child at some point during their reproductive lifetime. Understanding what defines normal fertility is crucial to help a person or couple to know when it is time to seek help. Factors like advanced maternal age, weight, diet, smoking, other medical conditions, ovulation disorders, hormonal disturbances, psychological factors, environmental pollutants, medications that hamper the ovulation, positive family history and infections might have an effect on conception in couples. Infertility can arise from either of the partners. But inadequate knowledge regarding fertility, misconceptions, myths have sometimes cause fatal incidences. In maximum cases of infertility the female partner is being always accused for the case. But practically both partners are equally responsible. That's why here an attempt has been made to describe the cause and responsible factors for fertility particularly in female cases from the lens of Ayurveda, discussing the Ayurvedic concepts and practices that are followed in case of infertility in females.

KEYWORDS: Infertility, Vandhya, Ayurveda, Diet, Ovulation.

INTRODUCTION

Infertility by itself does not threaten physical health but has a strong impact on the psychological and social well-being of the couples. Infertility can result in severe emotional stress. Couples often describe the "hope and despair" cycle, as they hope every month that they will finally conceive and then despair when once again it does not happen. Hence, infertility is of public health importance, especially in developing countries because of its high prevalence and its serious social implications.^[1]

Ayurvedic texts vividly explain such conditions under *Vandhya*.^[2] There are several pathological conditions leading to *Vandhya*. *Artavanasha* (Anovulation) is one among them. ^[3] All the four factors *Rutu*, *Kshetra*, *Ambu* and *Beeja* are prime requisites for the *Garbha* according to *Acharya* Sushruta. ^[4]

Since thousand years ago Ayurvedic drugs and treatment modalities has been found effective in treating infertility without the help of modern medical advancements as it enables the infertile women or couples to become fertile. In other words Ayurvedic drugs improve the overall health of the women to be able to conceive naturally without the aid of western medicine.^[5] Ayurvedic medicine originated in India several thousand years ago. "Ayurveda" is a amalgamation of two Sanskrit words-"Ayus", meaning life and "Veda", meaning pure

knowledge or science. Therefore, the term "Ayurveda" thus means 'the knowledge of life' or 'the science of life. [6] As per *Charaka Samhita*, an integration and balance of mind, senses, body and the spirit is called "Ayus", [7] which is believed to prevent illness and promote wellness [8]. It defines a healthy person as one who is established in the Self (higherself), who has, balanced *Agni*, balanced *Doshas*, properly formed *Dhatus*, proper elimination of *Malas* (wastes), well-functioning bodily processes, and whose mind, senses and soul all are full of bliss.

Ayurvedic interpretation of the female reproductive system

Ayurveda identifies the female reproductive systems *Shroni* means the pelvis. Female pelvis is 24 *Angulas* and is heavier than the pelvis of the male. There are three *Srotas* (also called capillaries) in women's body.

- **1.** *Rajovahasrotas:* Includes uterus, cervix and vagina along with their blood supply.
- **2.** *Artavahasrotas*: Includes ovary and fallopian tube along with their blood supply.
- **3.** *Stanyavahasrotas:* Includes breast tissue along with its blood supply.^[9]

Ashaya means any recipient viscus. Garbhashaya means uterine cavity, situated behind the Bhagasthi (symphysis pubis) and a little above the bladder

which is surrounded by coils of intestines and is placed between small intestine (*Pittashaya*) and large intestine (*Pakvashaya*). Yoni consists of all the female genital organs.

Types of infertility as written in classical texts are: *Vandhya*- absolute sterility and incurable. *Apraja* women can become pregnant and curable. *Sapraja* women who become inflicted with infertility during her reproductive life after already conceiving once or more. Menstrual cycle (an indication of the state of the health of the female) can be affected by many factors like diet, emotional instability, excessive physical exercise, life-style, and stress.^[8] These are responsible for creating an imbalance of the *Doshas* those control the activities of the body-*Vata*, *Pitta and Kapha*.

- Without *Vata, Yoni* never gets spoiled^[9], here the word "*Yoni*" refers to reproductive organs collectively. *Vata Dosha* is the governing factor of the whole reproductive physiology; ovulation is also under the control of *Vata*. Therefore any vitiation of *Vata* will certainly affect the ovulation. An excessive bout of exercise, fear, anxiety or stress, trauma, excessive fasting as is the case in eating disorders or diet including cold, light and dry substances can cause imbalance of *Vata*.^[10] However, infertility rarely involves only one *Dosha*.
- People with *Pitta* nature may experience infertility resulting in scarring of the fallopian tube, inhibiting the ascent of the sperm or descent of the ovum. Excess heat may also be responsible for depletion of *Shukra Dhatu*.^[11]
- On the other hand, *Kapha* people because of the dominant water element in their constitution that supports *Shukra Dhatu* experience the healthiest and the strongest reproductive system. Infertility in those with *Kapha* is initiated by a cold, heavy and oily diet along with a sedentary lifestyle. When *Kapha Dosha* is predominant, fallopian tubes may thicken, uterine fibroids may develop, and often involves *Pitta* and *Vata* displacement. Scar tissue is due to *Pitta* pushing *Kapha*.
- Dietary management: Diet plays a vital role in the maintenance of good health and in the prevention and cure of diseases. In ancient Indian scriptures, food has been compared with the God, (Annam Brahmam) since it is the main factor, which sustains and nourishes life. [12] In Shrimad Bhagvad Geeta, Lord Krishna has compared himself with the digestive fire, which assimilates and digests all the four types of food in order to maintain the life. [13] As per Ayurveda, food affects the mind also by causing either an increase or decrease in the three qualities of mind, i.e., Satvaguna, Rajoguna and Tamo guna [14]. It is said in ancient Indian literature

that if dietetics is followed, medicine is not needed and if dietetics is not observed, even medicines are not useful^[15]. Dietary management involves strict compliance and adherence to Ojas-building foods and to avoid the substances which diminish the Ojas. This is critical as it regulates ovulation and enhances fertilization.[16] Eating whole foods not only provides fiber that influences hormonal levels but also provides all nutrients for the health of the body. Processed carbohydrates, antibiotic and hormone laden meat and milk, excess starch, and canned products destroy fertility.[14] Food such as ghee, milk, nuts, dates, sesame seeds, pumpkin seeds, saffron, honey, and avocados help to replenish and build Oias[17]. Fresh, organic fruits and vegetables, whole grains, protein from plant sources like beans, and peas, sweet, juicy fruits such as mangoes, peaches, plums, and pears. asparagus, broccoli, spices such as Ajwain powder, cumin (purifies the uterus in women and the genitourinary tract in men), turmeric (to improve the interaction between hormones and targeted tissues), and black cumin boost fertility. Root vegetables, grains, arugula, watercress, onions, garlic, chives improve circulation and nourish the blood.[18]

- Ayurvedic herbs: As infertility is not a disease by itself but a manifestation of some disease, the herbs used in the treatment are directed towards eradicating the underlying cause. [19] The most commonly known and used herbs such as Ashwagandha (Withania Somnifera), Shatavari (Asparagus Racemousus), Amlaki (Emblica Officinalis) and herbal formulas such as Mensu and Chyavanprash are extremely useful formulations which help to create the synergistic hormonal balance between the Follicle Stimulating Hormone (FSH) and the Luteinizing Hormone (LH). [20]
- No individual herb alone is considered useful for promoting fertility. Therefore, a combination of herbs is used in the treatment of infertility with the purpose of correcting a organic or functional problem that causes infertility. [21]
- Medicated Ghees and oils such as Satapushpa tailam. Narayanatailam, Phalasarpis, ghrita. Kalyanagulam, Dadimadighrita are commonly used.^[22] The right combination of herbs helps in regulating menstrual cycles, enhancing general health and wellness, invigorating sperm (enhancing a man's sperm count, morphology and motility), reducing stress, enhancing sleep controlling anxiety and increasing energy level, balancing the endocrine system, increasing the chance of pregnancy for women undergoing in-

vitro fertilization (IVF) and improving blood flow in pelvic cavity, thereby promoting fertility.^[23]

- Panchakarma therapies: Therapies such as Shirodhara, Abhyanga, Marma therapy, Nasya, Basti, chakra balancing Pinda, Visesh and vedana help in releasing tension, impurities and trapped energy within the body. They nourish the body, revitalize the mind and strengthen the immune system. Rejuvenation therapies are beneficial in reducing stress, nourishing all Dhatus of the body and pacifying Vata. [24] Panchakarma is usually prescribed for infertile couples. Rejuvenative therapies are basically recommended for Vata Dosha, and cooling light therapies for Pitta Dosha. Shodhanachikitsa helps in uterine hostility, and non-ovulatory cycles.
- Removal of local disorders: To obstructions in passage and to facilitate proper coitus, and to increase receptivity of the genital tract to the entry of the sperm, Basti is recommended. Massaging the body reduces stress, rejuvenates the entire body, and pacifies the underlying Dosha. Female infertility is sometimes caused by blocked tubes, pelvic adhesions or other types of trauma or inflammation reproductive organs.[25] While a long believed that surgery procedures were the only way to even partially decrease these problems, Ayurvedic experts have founded a deep tissue work can not only decrease mechanical blockages, but also reduce pelvic pain and improve sexual arousal and orgasm for women.[26]
- A sedentary lifestyle results in stagnant lymph flow. If the body is too active, the body may not be able to carry away all the waste that is produced. Therefore, the deep tissue-massage works to stimulate the flow of lymph. This bodily fluid carries wastes and impurities away from tissues and needs muscle contractions to move efficiently throughout the body. The massage can help in increasing the chances of conception by clearing blocked fallopian tubes.[27] Reflexology, is an effective technique of interrupting stress and returning the body to a state of equilibrium which involves massaging different areas of the hands and feet (to establish the tension level for the rest of the body) corresponding to those internal organs that may cause infertility. [28]
- Acupuncture is yet another option that can be done on its own or along with other assisted reproductive technology (ART) procedures. Studies have proved the effectiveness of acupuncture for infertility.^[27]

CONCLUSION

Infertility has increased tremendously in the past decade and this is due to the result of a combination of social, environmental, psychological, and nutritional factors. Today, the modern medicine has the ability to find out the causes of infertility in an individual through several diagnostic tests and examinations. Using these tests, the treatment focuses on correcting and treating the dysfunction. Infertility is managed by looking at the reproductive system components. Avurveda pays attention to each individual body types, enhances the body systems participating in the process of fertilization and therefore serves as an excellent alternative for reaching fertilization. Avurveda addresses internal balances and external influences contributing to the problem by building the Ojas, improving the overall health of the individual, stimulating the hypothalamus and pituitary glands thereby indirectly inducing the ovaries to ripen and release eggs. Ayurveda provides a noninvasive, low cost and non-iatrogenic alternative and complement to modern western medicine in the treatment of female infertility. Because Ayurveda focuses on rebalancing individuals rather than just treating diseases, its treatments are have low potential for side effects. Additionally, they tend to promote the systemic health and well-being of the individual. Firstly, it makes an attempt to correct infertility through Ayurvedic treatment and then, if that fails, to subsequently employ the more forceful but also more risky treatments of modern Western medicine. It is also possible to use the high-tech diagnostic tests of modern medical science and its patho physiological specificity with the holistic approach. Ayurveda guides us to connect to our inner wisdom and grace and heal from within. Although a number of treatments are available to treat infertility, their large costs force most of cases to consider alternative approaches such homeopathy, as, reproductive technologies, Ayurveda, aromatherapy

REFERENCES

- 1. Leon Speroff., Clinical Gynecologic Endocrinology and Infertility; 7th edition; published by Jaypee Brothers, 2005. Part II; Chapter 12, page no. 465-466.
- 2. Shastri Rajeshwar Dutt, Charakasamhita of Agnivesha with Vidyotini Hindi commentary by Pt. Kashinath Shastri .2005 reprint ed. Varanasi: Chaukamba Orientalia; 2005. p.877.
- 3. Sharma P.V., Susrutasamhita of Maharishi Sushruta with Hindi commentary 2003 ed, Varanasi: Chaukhambha Surabharati Prakashan; 2008. p.230.

- 4. Sharma P.V. (ed). Susrutasamhita of Maharishi Sushruta with Hindi commentary 2003 ed. Varanasi: Chaukhambha Surabharati Prakashan; 2008, p.21
- 5. Prof. K.R. Srikantha Murthy, AstangaHrdayam Volume 3 Krishnadas Ayurveda Series, 2010, Chapter 4.
- 6. K L Bhishagratna, Sushruta Samhita- Chaukhamba Orientalia, Varanasi, India, 1991, Pages 3-23 (I), 45-49 (II).
- 7. Sharma P.V., Charaka-Samhita. Agnivesha's Treatise, Refined and Annotated by Charaka and Redacted by Dridhabala, Vol I., Chaukhambha Orientalia, Varanasi, 1981-1994, Chapter 1, Page 6, Verse 42.
- 8. Dr. David Frawley, Dr. Subhash Ranade, Ayurveda Nature"s Medicine Lotus Press, 2001, Pages 3-7.
- 9. Maya Tiwari, Women"s Power to Heal through Inner Medicine Mother OM Media, 2007, Chapters 1-5
- Dr. Marc Halpern, Textbook of Clinical Ayurvedic Medicine, (Sixth Edition), Second Volume Grass Valley: California College of Ayurveda, 2008, Pages 5-7.
- 11. Sher KS, Mayberry JF. Female fertility, obstetric and gynecological history in coeliac disease. A case control study. Digestion. 1994;55(4):Pages: 243-246.
- 12. Lansdorf, Nancy, M.D., A Women's Best Medicine: Health, Happiness and Long Life Through Ayur-Veda, (Putnam Publishing, New York, NY, 1995): Pages: 41-43
- Nussey and Whitehead. "The Gonad. In: Endocrinology: An Integrated Approach", BIOS Scientific Publishers Limited, Oxford, UK, 2001, 23.
- 14. C Augood, K Duckitt and AA Templeton Smoking and female infertility: a systematic review and meta-analysis Human Reproduction, Volume 13, Pages: 1532-1539.
- 15. Sher KS, Mayberry JF. Female fertility, obstetric and gynecological history in coeliac disease. A case control study. Digestion. 1994;55(4):Pages: 243-246

- 16. Pasquali R, Patton L, Gambineri A, Obesity and infertility CurrOpinEndocrinol Diabetes Obse 2007 Dec;14(6):482-7
- 17. KL Bhishagratna Translator, Sushruta Samhita-Chaukhamba Orientalia, Varanasi, India, 1991, Pages 3-23 (I), 45-49 (II).
- 18. Francine Grodstein, Marlene B. Goldmanet al Relation of Female Infertility to Consumption of Caffeinated Beverages American Journal of Epidemiology Volume 137, No. 12: Pages: 1353-1360.
- 19. David Frawley, Yoga and Ayurveda, Lotus Press, Twin Lakes, Wisconsin, 2000: Pages: 112-115. 23.
- 20. Sher KS, Mayberry JF. Female fertility, obstetric and gynecological history in coeliac disease. A case control study. Digestion. 1994;55(4):Pages: 243-246.
- 21. A Cabau, DR Krulik. J GynecolObstet BiolReprod, (1990), Pages: 96–101.
- 22. A Mundewadi, "Female Infertility, Ayurvedic Herbal Treatment", (2009), 5, Pages: 141-145.
- 23. Chavarro JE, Rich-Edwards JW, et al, "Diet and lifestyle in the prevention of ovulatory disorder infertility" Obstet Gynecol. November 2007; 110(5):Pages 1050-1058.
- 24. Wurn BF, Wurn LJ, et al. 2004. Treating female infertility and improving IVF pregnancy rates with a manual physical therapy technique. MedGenMed. (June 18); 6(2):51.
- 25. Wurn BF, Wurn LJ, et al. 2008. Treating fallopian tube occlusion with a manual pelvic physical therapy. AlternTher Health Med. (January-February);14(1):18-23.
- 26. Wurn BF, Wurn LJ, et al. 2004. Increasing orgasm and decreasing dyspareunia by a manual physical therapy technique. MedGenMed. December 14;6(4):47.
- 27. AZ Steiner, M Terplan, RJ Paulson, Hum Reprod, (2005), 20, 1511. 31. Lee, Dr. John, Natural Progesterone, The multiple Roles of A Remarkable Hormone, Jon Carpenter, 2001, Pages: 56-89.

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