



Case Study

MANAGEMENT OF *BANDHYATAVA* (INFERTILITY) BY *SODHAN* FOLLOWED BY *SHAMAN CHIKITSA*: A CASE REPORT

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ABSTRACT

As per Ayurveda *Vandhyatva* occurs due to the vitiation of *Vata Dosha* which affects basic four constituents of *Garbha sthapana*. In modern science Infertility is described as an inability to conceive despite unprotected sex for duration of one year or more and PCOS is a major causative factor behind it. PCOS results in deterioration of female reproductive health which leads to infertility. In *Ayurveda Samhithas*, vast range of treatment methods are described. The basic aim in *Ayurveda* is to correct *Ritu*, *Kshetra*, *Ambu* and *Beeja*, the four basic factors for infertility by *Shamana* and *Shodhan Chikitsa*. *Panchkarma* provides best efficacy because it helps in balancing *Doshas* and *Dushyas*. *Uttarbasti* is also indicated for infertility which helps in detoxification of reproductive tract and balancing *Vata Dosha*, finally helps in *retaining Garbha*. In this case report importance of *Sodhan Chikitsa* before *Shaman Chikitsa* in case of infertility is emphasized.

INTRODUCTION

Procuring a baby is the lifetime dream of every individual in the society. But now a days, infertility rate is rising among the women in the reproductive age group. As per Ayurveda, a normal conception takes place when *Ritu*, *Kshetra*, *Ambu* and *Beeja* (the four factors) unite in their normalcy and offspring is produced [1]. In *Ayurvedic* terminology, *Vandhyatva* (infertility) is failure to give birth to a baby or experiencing *Garbha Strava* (repeated abortion) or *Mrutvatsa* (still births) [2].

In the current scenario of massive advancements in the field of medicine and technology, infertility is the problem that has been continued since ages. As a well-known social stigma is attached to it. *Acharya Charaka* has explained the woman is the origin of progeny [3].

In Ayurvedic texts infertility explained as *Vandhyatva* which is due to *Vata Dosha* and mentioned in *Rasdhatu Pradoshaja Vikar* [4]. It is considered as *Yonivyapad* as per *Sushruta Samhita* while *Charka* explained it as a consequence of abnormality of *bija* (*Pradushta Garbhasaya Bija Bhaga of shonita*)<sup>5</sup>. *Madhavkara* have quoted *Vandhya* in *Vimsati Yonivyapat*. *Acharya Kashyapa* has mentioned *Vandhyatva* as one of the 80 disorders of *Vata*. The major elements involved for a healthy progeny is *Ritu*, *Kshetra*, *Ambu* and *Beeja* and any abnormality of these factors can lead to infertility.

Infertility is commonly increasing problem which gynecologists have to face in day today practice. It disturbs social and family life of a woman and affects her mental and physical health. Woman of reproductive age who has not conceived after one year of unprotected vaginal sexual intercourse is defined as infertile. Its common cause appears to be ovulation disorder along with H-P-O axis disturbance and disturbed menstrual cycle. The common cause of infertility as per modern science depicted in figure

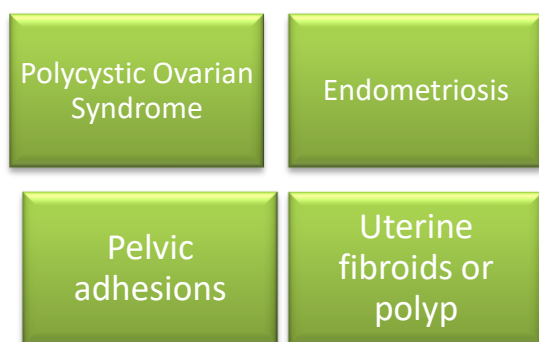
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PCOS is a leading cause which leads to infertility due to anovulation or oligo ovulation. Polycystic ovarian syndrome is a common disorder in today's scenario. In Ayurveda, PCOS is not described as a different disease. The clinical features and etiopathogenesis may be correlated to different gynecological disorders. In classic texts, gynecological problems can be incorporated in *Yonivyapad* and *Aartav Dushti*. *Yonivyapad* is mainly due to *Vata* or we can say there is no existence of *Yonivyapad* without *vata*<sup>5</sup>. Based on these principles, PCOS and infertility can be considered as predominantly *Vata Dushti* associated with *Kapha* and *Pitta Dushti*. PCOS is generally associated with increasing obesity, so it involves *Dhatvagni-mandya*. As all female reproductive organs lie in the pelvic area, thus *Apan Vayu* governs all the physiological functions. So, the management in PCOS should be targeted at *Agnideepana*, *Pachana*, *Vatanulomna*.

PCOS is associated with menstrual disorders like irregular menses, oligomenorrhea or amenorrhea. It is a complex disorder comprising of anovulation, hyperandrogenism and polycystic ovaries. It is a disorder of the endocrine system caused by hormonal imbalance. It is basically interfering in the growth of ovarian follicle.

## MATERIAL AND METHODS

### Description of Patient

A female patient aged 29 years presented to OPD of RGG PG Ayurvedic hospital, Paprola, with the complaint of inability to conceive in the last four years. She is married for the past 5 years and living with her husband regularly. She also had a complaint of menstrual irregularity in the past 5 years. She had a complaint of increased interval of menstrual cycle about 40-45 days. Along with it, she had heavy menses with a duration of 10-15 days. Ultrasonography suggested a normal uterus with polycystic ovarian disease. She has been treated for PCOS since 2019 by certain Ayurvedic oral therapy, but she didn't conceive; therefore, she has been motivated for Ayurvedic *Sodhana Chikitsa* with oral medication to achieve the conception. The semen analysis of her partner was also abnormal. His active motility of sperm count is less than normal; thus, because of a borderline report of semen analysis of her male partner, he was also advised for *Sodhan* followed by *Vajikaran chikitsa*.

### Menstrual History

- Age of Menarche – 13 years
- Duration – 10- 15 days
- Interval – 40- 45 days
- Amount – moderate to heavy
- Associated symptoms – pain, smell and clots during menstrual period not present

**Contraceptive History:** Nil

### Family History

No family history of DM, HTN, TB and thyroid dysfunction. No history of exposure to radiation, any toxin or chemical agent.

### Examination of Patient

Examination	Results
Weight	63kg
Height	160cm
BMI	18.3kg/m <sup>2</sup>
BP	110/68 mm of hg
Pulse Rate	88 bpm
Breast Examination	NAD
P/A	Soft, nontender
P/S	Cervix- Normal size, regular, thick white discharge present
P/V	Cervix-Normal size, regular, firm, mobile, no motion tenderness Uterus- N.S, A.V, mobile nontender Fornix – clear nontender

**Ashtavidha Pariksha**

Parameter	Results
<i>Nadi</i>	88bpm
<i>Mala</i>	Once a day
<i>Mutra</i>	3-4 times/day, <i>Peetabh shwet varna</i>
<i>Jivha</i>	<i>Anavritta</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Anushna sheet</i>
<i>Druk</i>	<i>Nirmal</i>
<i>Akriti</i>	<i>Madhyam</i>

**Dashvidha Pariksha**

Parameter	Results
<i>Prakruti</i>	<i>Pitta Pradhan vata</i>
<i>Vikriti</i>	<i>Aartav vaha sansthangat</i>
<i>Sara</i>	<i>Raktasara</i>
<i>Samhanan</i>	<i>Madhyam</i>
<i>Praman</i>	<i>Madhyam</i>
<i>Satmya</i>	<i>Sarav rasa</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Ahar Shakti</i>	<i>Madhyam</i>
<i>Vyayam Shakti</i>	<i>Madhyam</i>
<i>Vaya</i>	<i>Madhyavastha</i>

**Investigations Before Treatment**

Parameter	Results
Husband's Semen Analysis	WNL
Total count	68 million
Active	45-65.5
Sluggish	25-35%
Abnormal forms	Up to 35%
Pus cells	6-10/ HPF

USG Results	
Uterus	N.S(5.1*4.7*3.2 cm)
ET	6 mm
Right ovary	6.5 cc
Left ovary	9.0cc
B/L ovaries shows multiple follicles seen in periphery S/O B/L polycystic ovarian disease	

**Investigations of Patient**

Investigation	Result
BT	1min45sec
CT	6min00sec
S. Prolactin	5.76 ng/ml
T <sub>3</sub>	3.21pg/ml
T <sub>4</sub>	1.03ng/dl
TSH	4.059 uIU/ml

Mantoux test	Negative
Total cholesterol	182mg/dl
H.D.L Cholesterol	41mg/dl
Triglyceride(f)	126mg/dl
LDL	116mg/dl
VLDL	25mg/dl
LH	9.6 miu/ml
FSH	5.5 miu/ml

Investigation	Results
Blood group	A positive
Hb	12.8 g/dl
RBS	94mg/dl
ESR	19 mm fall after 1hr
TSB	0.5mg/dl
DSB	0.2mg/dl
SGOT	20IU/L
SGPT	22IU/L
B. Urea	23 mg/dl
S. Creatinine	0.7mg/dl
S. Uric acid	3.3mg/dl
HIV	NR
VDRL	NR
HbSAg	NR

## Treatment

### Treatment plan for female patient

<b>Sodhan</b>	<b>Shamana</b>
<ul style="list-style-type: none"> <li>• Vaman with Madanphala churn</li> <li>• Virechna with Trivrit</li> <li>• Asthapan basti with Dashmool trivrit kwath</li> <li>• Uttarbasti with Phala ghrita</li> </ul>	<ul style="list-style-type: none"> <li>• Pushpdhanva rasa</li> <li>• Shtpushpa churna</li> <li>• Mishreya churna</li> </ul>

### Treatment plan for male patient

<b>Sodhan</b>	<b>Shamana</b>
<ul style="list-style-type: none"> <li>• Vaman with Madanphala churn</li> <li>• Virechna with Trivrit churn</li> </ul>	<ul style="list-style-type: none"> <li>• Cap Kapikachhu</li> <li>• Cap Cora Q</li> <li>• Cap Shilajatu</li> </ul>

### Sodhana chikitsa protocol for both partners

**Deepana Pachana:** Panchkola churna 3gm twice a day given for 5 days before food with luke warm water.

**Abhyantara Snehapana:** done with Shuddh Go Ghrita for six days in Arohana krama (Escalating dose), started with 50 ml.

- First Day - 50ml
- Second Day - 100ml
- Third Day - 150ml
- Fourth Day - 200ml
- Fifth Day - 250ml

Samyak Snigdha lakshana are observed on 5<sup>th</sup> day, like Adhasthat Sneha Darshana, Deeptagni, Snigdha varchas.

### Vamana

On 6<sup>th</sup> day Kaphavardhak Aahara and vihara was given to patient. On 7<sup>th</sup> day after Sarvang Abhyanga and Swedana, Yavagu and Ksheer pan was done and Vamak yoga was given. Uttama Sudhi was observed with 6 Vega of Vamana and bile is observed in the vomitus. After it Sansarjan karma for 7 days was done.

**Virechna**

Again, *Snehpan* start with 30 ml of *Goghrita* on 5<sup>th</sup> days and maximum dose was 150 ml. *Smayak Sinagdh Lakshan* was observed on 5<sup>th</sup> day. 6<sup>th</sup> day taken as *vishrama kala* and *doshoutkleshak aahar* vihara was given. On 7<sup>th</sup> day after *Sarvang Abhayanga* and *Swedena Virechak* yoga was given and *Madyam Sudhi* was observed. After it *Sansarjana* karma was followed for 5 days and then patient comes to normal diet. After it *Sanshman Chikitsa* was given to male partner meanwhile *Bastikaram* was planned for female.

**Basti Karma**

Then *Basti karma* was planned after clearance of menses.

Day from menstruation	Basti
4 <sup>th</sup> day	<i>Aasthapana</i> followed by <i>Uttar Basti</i>
5 <sup>th</sup> day	<i>Aasthapana</i> followed by <i>Uttar Basti</i>
6 <sup>th</sup> day	<i>Aasthapana</i> followed by <i>Uttar Basti</i>

Then after all these procedure in next cycle couple advised for *sanshman chikitsa* with yoga and exercise and a healthy diet regularly.

**Shaman Chikitsa protocol****For female patient**

- *Pushpdhanva Rasa*

Key ingredients - *Rasasindoor, Naga Bhasma, Vanga Bhasma, Loha Bhasma, Abhraka Bhasma*

Dose 125 mg BD

- *Shtpushpa Churna*  
Dose 3gm BD with water
- *Mishreya Churna*  
Dose 3gm with water

**For male patient**

- Cap *Kapikachhu* (*Kapikachhu* extract)  
Dose (250 mg) 1 BD
- Cap *Shilajatu* (500mg) 1BD
- Cap *Cora* Q 10

**Key ingredient** - Co-enzyme Q10, Grape seed extract, lycopene with Multi- vitamin & Multi Mineral Capsule

Dose - 1cap BD

In the same cycle in which oral medication advised to the female patient, graafian follicular study was done and the couple is advised to try for conception, guided by graafian follicular report in the fertile period

**RESULT**

After *Sodhan Chikitsa* in next cycle along with oral Ayurvedic drugs patient got normal ovulation and achieved conception.

**Investigation after treatment**

**Follicular Study:** started from 8<sup>th</sup> day of menstrual cycle.

Figure 1: Graffian follicular study

Day of Ovulation	Right Ovary	Left Ovary	Endometrial Thickness	Free Fluid
8 <sup>th</sup>	No dominant follicle	14x10 mm	6mm	Nil
10 <sup>th</sup>	No dominant follicle	16x13mm	6mm	Nil
12 <sup>th</sup>	No dominant follicle	No dominant follicle	8mm	Mild free fluid seen
<b>Post Ovulation</b>				

In the following cycle the patient missed the period and advised USG to confirm the pregnancy.

**Result of sonography after treatment**

A single live intrauterine pregnancy seen with gestational sac

Gestational sac appears normal

Yolk sac seen

Cardiac activity appears normal

GA -7 weeks 6days

CRL- 15mm

**DISCUSSION**

The principal therapies in Ayurveda can be divided in two parts i.e., *Sodhan* and *Shaman Chikitsa* which is helpful in infertility with anovulation and PCOS. The result strengthens the role of Ayurveda treatment in infertility and PCOS. In this case *Charak*

*Chikitsa* sutra for *Vajikarana* has been followed *Charaka* stated that before administration of *Vajikarana* therapy purification should be done so that *Vitiated Doshas* and toxins are removed from the body and blocked channels are opened [7]. This leads to increased bio-availability of *Vajikarana* drugs for beneficial results. As in this case the patient was treated by *Shaman* therapy for *Vandhyatava* in the last 4 years and she was taking pure Ayurvedic management for the same without any positive outcome. By following above guidelines of *Charaka* for *Vajikarana Chikitsa* ultimately the conception was achieved in this case. By doing *Sodhan (Vaman and Virechna)* we detoxify the body or we can say it is helpful in *Srotosodhan* through pacifying the *Doshas Kapha* and *Pitta* respectively. In *Samprapti* of PCOS there is *Agnimandya ApanVayu sang, Vata Dushti* and *Dhatu Kshaya*. Thus, by *Sansodhan* we make its

Vighattan by doing Vatashaman and Vata anuloman. According to Acharyas Basti is beneficial for Yonivyapad [8]. By Kashyapa Samhita Kalpa Sthan for Virechana it is mentioned that it improves the efficacy of Beeja [9] (Bejam Bhavtai Karmukam)

The main principal of Basti treatment is to clear obstruction in pelvis, regulate menstrual cycle and normalize metabolism. Basti works on whole body after entering into Pakvashaya or Guda. It exerts local as well as systemic effects. Basti helps in normalizing the Apana Vata function and also helpful in correction of Agni Dushti leading to regulation of Rajah pravriti and Bija Nirmana.

Uttar Basti is the most effective in gynecological disorders as it directly works on Aartava Vaha Srotos, pacifies vitiated Apan Vayu and improves follicular maturity.

Thus, due to Samprapti Vighattan by this Sodhana treatment followed by shamana yoga protocol the proper ovulation and finally the conception is achieved in this case. In Shudh sharir vajikarana treatment became more efficacious. Therapy showed highly significant result in treatment of infertility.

#### CONCLUSION

In case of infertility, we can achieve better success rate if we follow the guideline mentioned by Charka i.e., Sansodhan followed by Vajikarna. In this case the couple was on Shaman Chikitsa in the last 4 years, though menstrual cycle of female got regulated for some time yet the major issue of infertility was not resolved by Shaman Chikitsa alone. After planning Sansodhan for both partners followed by Vajikarana Chikitsa the couple achieved the conception. So, we can conclude that in case of infertility we can achieve better success rate if we follow the guideline mentioned by Charka i.e., Sansodhan followed by Vajikarna.

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