

Role of Rasayan Vajikaran in Infertility with Examples of Case Study

Dr. Madhuri Bhalgat¹, Dr. Mayuri Nabde²

¹HOD & Professor, Dept. of Stree Roga and Prasuti Tantra, S.V.N.H Ayurved Mahavidyalaya, Rahuri, Ahmednagar, Maharashtra, India.

²Diploma in Stree Roga and Prasuti Tantra, Dept. of Stree Roga and Prasuti Tantra, S.V.N.H. Ayurved Mahavidyalaya, Rahuri, Ahmednagar, Maharashtra, India.

Abstract:

Infertility is the inability of a person, animal or plant to reproduce by natural means. Acharya have explained four important factors as Garbha Sambhava Samagri that is Rutu, Kshetra, Ambu and Beeja. These are important for conception. Infertility occurs if there is any abnormality in Garbha Sambhava Samagri. “Health is Wealth”. Rasayana (Rejuvenation therapy) promote longevity by retarding ageing process and preventing diseases. Vajikarana (Aphrodisiac therapy) deals with the promotion of sexual health, healthy progeny, treatment of male sexual disorders (erectile dysfunction, premature ejaculation) and infertility. Vajikarana therapy improves the nourishment and function of the Reproductive organs. Vajikarana helps to increase fertility of both sexes, thereby leading to the propagation of healthy Future generations. Here in this article with the help of rasayana and vajikaran chikitsa infertility is treated.

Keywords: Infertility, Rasayana, Ayurved

Introduction

Ayurveda has been divided in to eight branches. The Different aspects of the life are well addressed by these Branches.¹ Factors responsible for conception Kshetra – denotes healthy female genital tract which will facilitate the entry of sperm. Ambu –nutritional elements and hormones. Bija – Ovum and spertract which will facilitate the entry of sperm.² Fertility problems may represent a stressful Situation to the individual’s life with important Negative psychological consequences. Conception Depends on the fertility potential of both the male and Female partner. The male is directly responsible in About 30-40%, the female in about 40-55% and both Are responsible in about 10% cases.³ Some common Causes of infertility related to health and lifestyle include Alcohol and drugs, Emotional Stress, Life style generated disorders, Electromagnetic radiation , Malnutrition etc⁴ Ayurveda also explained in detail about infertility, its Cause’s pathophysiology, treatment under the head of Vajikarana. In Ayurveda the channel carrying nutrient to Reproductive system is called as shukravaha strotas. Healthy functioning of shukravaha strotas plays Important role in maintaining the harmony and Happiness in marital life. The main causes for infertility according to Ayurveda are Eating spicy, salty and hot food that increase pitta and Destroys shukra (semen), overindulgence in sexual Activities that leads to shukrakshaya (loss of semen) it May also cause Klabya (impotency). Normal characteristics of shukra is sfatikabham (white Like alum), dravam (liquid), snigdham (viscid), Madhuram (sweet in taste) and madhugandhi (honey Like odor).⁵ In Ayurveda, 8 types of shukradusti are mentioned Vataja, pittaj, kaphaj, granthibhut,

putipuyanibham, Mutrapurishgandhi and ksheena. ⁶ Oligospermia can be Correlated with ksheenashukra dushti. ⁷ Ayurveda emphasized Vajikarana tantra for the Management of oligospermia using rasayanas and Vajikara dravyas (virilificatory or aphrodisiacs drugs) Along with panchakarma. Same is followed in this study to treat the case of infertility

Case study:

A married woman aged 32 years and her husband Aged 37years anxious to have a child approached Prasuti Tantra evum Stri Roga Department for seeking Treatment. On interaction with the couple and Through her treatment history, it was found that there Were no contributing reasons for not having a Conception after six years of active married life. Couple was under allopathic consultation for past 2 Years. Her IUI attempts failed two times and advised For IVF and the couple were not willing for that Procedure.

Age-32 Yrs female

Occupation- Housewife

Socio-economic Status- Middle

Past medical history – Patient has no any major Illness.

- Family history – No any history of major illness.
- Addictions – No any
- Menstrual History
 1. Menarche at – 15 Years of age
 2. Menstrual Cycle – 4-6/28-30days
 3. No of Pads/Day – 1-2 pads/Day
 4. Colour of menstrual flow reddish brown
 5. Nature of bleeding- clotted bleeding on the day First

Obstetrics history :

G0P0L0A0D0

General Examination

Pulse -78/mint

Respiratory rate- 20/ mint

BP- 110/90 mm of hg

Weight- 64 kg

Temperature- 98.6 f

Body build -average

Ashtavidha pareeksha (Eight Type of Examination)

Nadi – vk

Jihva – sama

Mala – twice in a day

Mutra – samyak

Shabda – samyak

Drika – samyak

Aakrti -madhyam

Sparsh- anushnsheeta

Dasa vidh preeksha (Ten factor of patient examination)

Prakrti- VK

Sara- maanssaar

Samhnan -madhyam

Pramaan -madhyam

Satmya- sarv rasa

Satva -madhyam

Aahar shakti -madhyam

Vyayaam shakti- madhyam

Vaya-yuva

Desh- anup

P/A – Soft, No tender.

P/V examination: Uterus- anteverted and anteflexed Normal size uterus; Fornices – Free; Tenderness Absent; Os- Nulliparous

For the past five years, she had engaged in frequent, unprotected sexual activity, even on the 12th to 18th day of her menstrual cycle, but she was never able to conceive.

male partner

Age 31-year-old male

Occupation- working in the agricultural sectors

Socio-economic Status- Middle

Past medical history – Patient has no any major Illness.

- Family history – No any history of major illness.
- Addictions – No any

Normal general physical examination and testicular observation are normal.

No abnormalities are noted in the reproductive system, including testis size consistency, vas deferens, epididymis, varicocele, scrotal swelling, inguinal examination, or rectal examination (prostate).

semen examination showed that his semen volume was 2 mL, his sperm concentration was 4 million/mL, his quick progressive motility was 8%, his non-progressive motility was 3%, and he was immotile at 89%, with 1-2 pus cells/high power field (hpf) present.

Furthermore, no red blood cells or epithelial cells were found. The sample had a longer liquefaction time and normal sperm morphology.

Oligoasthnozoospermia, also known as Ksheena Shukra in Ayurvedic medicine, was diagnosed by the patient based on the results of the laboratory tests and the clinical history.

Treatment given :-

Shodhana karma was done for the proper effect of Rasayana and Vajikarana chikitsa. ⁸

Purvakarma	Pradhankarma	Paschatkarma
Snehana (Oleation)	Virachana (purgation)	Sansarjana krama
Swedana(sudation)	Sneha basti (oil enema)	Followed by rasayana vajikaran chikitsa
	Niruha basti (decoction enema)	

Dipana Pachana –

Tab. Chitrakadi Vati – 1 tab B/F Twice a day

Tab. Arogyavardhini Vati 1 tab Thrice a day A/F for 7 days with warm water

For shodhana :-

Followed by 3 days of Snehapana (Internal

Administration of medicated ghee) with Ashwagandha ghrita in Early morning empty stomach (1st, 2nd and 3rd 4th day 30 ml, 60 ml, 90 ml, 120 ml respectively)

Balashwagandhadi taila used for bahya snehana.

Virechana karma (Purgation therapy) was done.

Narasimha rasayana 15 gm Twice daily after food

Gokshura ghanvati 500 mg BD

Ashwagandha churna 10 gm with boiled cow's milk at Bedtime were advised initially for 21 days. After that, the entire Internal medicines were continued for 1 month. The patient was Asked to repeat semen analysis after one month.

After 2 months semen analysis was repeated it shows significant positive changes.

Discussion

Vandhyatva or Infertility is the major leading problem Which affects the mental and physical health of Couple. According to Ayurveda, conception takes place due to healthy sperm, healthy ovum and a healthy uterus. For both men and women, reproductive health depends on the health of the shukradhatu, or reproductive tissue., shukra is Saumya guna and Jala Mahabhuta Pradhana dhatu; Shukra kshaya was said to be due to increased pitta dosha and Motility dysfunction was said to be due to vitiated vata dosha. Hence Virechana karma was performed for pacifying the vitiated Vata pitta doshas. As per Kashyapa Samhita for vata and pitta Doshas involved with Shukra kshaya, Virechana karma is Considered as best line of treatment. Virechana karma also helped In Shukravaha Srotoshodhana. It also potentiated dhatwagni Resulting in increased formation of new Shukra dhatu. Here in this case Initially the Agni was corrected with Dipana Pachana drugs. Shodhana procedure – virechana was adopted as it Removes the accumulated Doshas and clears Srotas and helped for proper Absorption of medicines. The study revealed that the ingredients of Narasimha Rasayana possess antioxidant, immunomodulatory, anti-mutagenic and hemopoietic effects, among other qualities, which point towards a possible rejuvenating impact on the human body. Gokshura has Madhura rasa (sweet), Guru and Snigdha guna (unctuous and heavy quality), Sheeta Virya (Cold in Potency), Vrishya (Aphrodisiac), Rasayana (Rejuvenator), Brimhana (Nourishing therapy), and Vatapittahara properties. Gokshura is known for its utility in Mutravaha Srotas, by correction of the Apana Vata, it exerts action on the Shukra also, along the lines similar to how Shukra Visarga is governed by Apana Vata. ⁹ Garbhasthapak medicine such as Ashwagandha were used Which are Madhura and balya by its Virtue, which counteracts the vitiated vata. Ksheerpaka pacified vitiated Pitta dosha, Enhances medicinal effect and drug Absorption with maintenance of garbha.

Conclusion:

Here in present Case study, infertility is treated By ayurvedic treatment only or by rasayana and vajikaran. The medicines used here alleviates Tridoshas specially Pitta & Vata & having Garbhasthapaka, Rasayana & Balya, antimicrobial, antioxidant, anti-inflammatory, Immunomodulatory properties. Thus, helps to increase sperm count & promotes the shudhana of both partners. These medications are pro Garbhasthapaka and nourish the foetus as well. Pregnancy is successfully Carried as it crossed that critical period of first trimester.

Reference:

1. Vagbhata, Astanga Hrudaya, Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri, Edited by; Pandit Hari Sadasiva Sastri Paradakara Bhisagacharya, Chaukhambha Surabharati Prakashan, Varanasi, Reprint-2010; 1(34)
2. Jaya H. Malagoudar, & R. I. Jambagi. (2022). Ayurvedic management of Infertility – A Case Study. Journal of Ayurveda and Integrated Medical Sciences, 7(1), 353 – 358. Retrieved from <https://Jaims.in/jaims/article/view/1694>
3. AyurvedLine, Dr Nayak, Brahmanand. Seethram publication, 11th ed, Bangalore; 2010. Part I. p. 87,88,176,178
4. Agnivesha . In: Charaka, Dridhabala, Charaka Samhita. 5th ed. Yadavji Trikamji Acharya., editor. Varanasi: Chaukhamba Surbharati Prakashan; 2001. P. 640. Chikitsa Sthana, Yoniyvapat Chikitsadhyaya, 30/135-138.
5. (Ibidem 2, Sharirasthan: Chapter 2, Verse 13: 15.)
6. Ibidem 2, Sharirasthan: Chapter 2, 3: 13.
7. Ibidem 4, Chikitsasthan: Chapter 30, 139: 738..
8. Dr. Ram Karan Sharma, Vaidya Bhagwan Dash; Caraka Samhitā (Āyurveda Dīpikā Commentary, Cakrapāṇi Datta), Varanasi, Chaukhambha Sanskrit Series Office, (Reprint), Chikitsa Sthana 2/4/9; 2012. P. 95-96.
9. Clinical study of Tribulus terrestris Linn. In Oligozoospermia: A double blind study Thirunavukkarasu M. Sellandi, Anup B. Thakar,1 and Madhav Singh Baghel²