



Case Study

AN AYURVEDIC MANAGEMENT OF BANDHYATVA DUE TO DHATUKSHYA

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ABSTRACT

Women health is the prime concern in Ayurveda classics, all gynecological problems are described under *Yonivyapada* and *Aartav Vikara*. Due to stressful lifestyle of today's women, many physiological changes occur that ends with the disruption of HPO axis leading to various gynecological disorders. Eventually all these factors lead to infertility. A female patient aged 21 years having BMI 18 came to OPD of Rajiv Gandhi Govt. PG Ayurvedic Hospital, Paprola, with complaint of inability to conceive since last 3 years. She was taking treatment for the same from last one year by consulting some private practitioner All the routine investigations of both partners were within normal range. Semen analysis of her husband was normal. The causative factor behind unexplained infertility was elicited as *Dhatukshya Janya Bandhyatva*. **Aim and Objectives:** To study the efficacy of *Balya and Brihmana Chikitsa* in case of *Dhatukshya Janya Bandhyatva*. **Methodology:** *Mustadi Yapna Basti* and *Shatavariyadi Ghrith Anuvasan Basti* given in *Kala Krama* followed by *Phalaghrita Uttar Basti* in three consecutive cycles for *Kshetra* preparation along with oral medication. **Discussion:** *Vata* and *Dhatu Kshaya* are considered as main factors of *Bandhyatva* in this case. Thus, the treatment is directed towards pacifying the vitiated *Vata Dosha*. Here *Yapna*, *Anuvasan* and *Uttar Basti* lead to *Dhatupushti* by correcting the *Jatharagni* and *Dhatvagni*. **Results:** After this treatment patient conceived spontaneously. **Conclusion:** *Dhatukshya* a major factor which is often ignored while treating infertility patients should be paid prime concern when no other considerable etiological factor found during investigations.

INTRODUCTION

Infertility, a condition characterized by the inability of a mature-aged couple to achieve pregnancy after regular, appropriately timed coitus for at least a year, is a complex issue. In the realm of Ayurveda, ancient scholars have provided valuable insights into the multifaceted nature of infertility. *Acharya Harita*, for instance, defines *Bandhyatva* not solely as a failure to achieve pregnancy but as the inability to bear a child.

Acharya Charak further classifies infertility into two types: *Sasraja* and *Asraja*. *Acharya Harita* goes even further by delineating six distinct types of *Bandhyatva*. Within this classification, *Dhatukshaya bandhya* finds a prominent place.

In this context, it is essential to recognize that diet plays a pivotal role in maintaining normal health. Balanced nutrition is essential for the body's nourishment and the proper secretion of hormones. Dietetic abnormalities can have profound effects, leading to the vitiation of *Doshas* and various gynecological diseases, which in turn contribute to infertility. Moreover, dietetic irregularities can result in the loss of vital *Dhatu*s, ultimately influencing hormone balance. The fertilized egg's nourishment relies on the exudates from the epithelial lining of the fallopian tubes and endometrium. These exudates, in turn, are derived from the *Rasa Dhatu* formed as a result of the maternal diet. For the implantation of the zygote and the secretion of necessary hormones, the maternal diet plays a crucial role.

To summarize, dietetic abnormalities can impact infertility in three distinct ways: by causing a loss of *Dhatu*s and influencing hormone balance, by leading to *Dosha* vitiation and gynecological diseases, and by hindering the nourishment of the fertilized egg and the implantation of the zygote.

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Case Report

A 21-year-old female patient presented at RGGPG Ayurvedic College & Hospital, Paprola, in Prasuti Tanta & Stree Roga OPD with a complaint of being unable to conceive for the past 3 years after her marriage. Additionally, she had been experiencing constipation and anorexia for the past 2 years. She had a weight of 36kg and a BMI of 17.8. A per vaginal examination was performed and found to be normal. Routine investigations, hormonal profiling and ultrasonography yielded normal results. She made no claims that her periods were irregular. Her *Prakrati* was *Vata-Pitta* with *Krura koshtha*. Subsequent investigations showed that her husband's semen analysis was normal as well. She had been undergoing treatment for the past one year with a private practitioner but had not experienced any relief.

History of Past illness: No History of HTN, DM type2, thyroid dysfunction, tb, epilepsy, jaundice, or any other medical illness.

History of Surgery: No history of any surgical intervention.

Allergy: No any drug or food allergy.

Family History: Nothing significant

Menstrual History: She had regular menses at the

- Interval - 28-30 days
- Duration - 3-4 days
- Amount- 1-2 pad/day
- Colour- Reddish
- Pain- Not present
- Clots- Not present
- Associated symptoms- Anorexia, nausea & vomiting was not present.

Marital Status: Married since 3 years.

Contraception History: No history of any contraceptive practice by both partners since 3 years.

Obstetrics History: Nulligravida

Clinical Examination

Pulse	76/min
BP	122/80 mm of hg
Temp.	98.4°F
RR	18/min
Height	4'8"
Weight	36kg
BMI	17.8
Agni	<i>Mand</i>
Koshtha	<i>Krura</i>

No icterus, pallor, edema, lymphadenopathy.

Dashvidha Pariksha

Prakrati	<i>Vata-Pitta</i>
Vikrati	<i>Lakshan nimittaj</i>
Saar	<i>Heen</i>

Samhanan	<i>Heen</i>
Praman	4'8", BMI- 17.8
Satva	<i>Madhyam</i>
Satamy	<i>Sarvaras Satmya</i>
Aahar Shakti	<i>Abhayaran Shakti-Heen</i>
	<i>Jaran Shakti- Heen</i>
Vyayam Shakti	<i>Heen</i>
Vaya	<i>Yuvavastha</i>

Ashtavidha Pariksha

Per Abdomen Examination- Soft, non-tender

Per Vaginal Examination-

P/S - Cx nulliparous size, regular, thin white discharges present

P/V - Cx nulliparous size, regular, firm, mobile, no motion tenderness

Ut - AV, NS, Mobile, non- tender

Fornices - B/L clear, non-tender

Investigations done

Blood Group- B positive

Bleeding time - 2 min

Clotting time - 5min 30 sec

Hb- 11.4 g/dl

Platelet count- 328

Thyroid profile- T3 - 1.19ng/ml

T4 - 6.13ug/dl

TSH- 1.831 uIU/ml

Prolactin level -11.75 ng/ml

HIV, VDRL, HBsAg- Non Reactive

Ultrasound of pelvis-

No significant abnormality seen

Nadi	<i>Dosh-Vataj-Pittaj, Gati-76/min.</i>
Mala	<i>Samanya</i> <i>Vega-1/day</i> <i>Gandha- Samnaya</i> <i>Varna-Peet</i>
Mutra	<i>Samanya</i> <i>Vega-4-5/day</i> <i>Varna-Peet</i>
Shabda	<i>Spashta</i>
Sparsha	<i>Samsitoshna</i>
Drika	<i>Samanya</i>
Jivha	<i>Anavrat</i>
Aakriti	<i>Samanya</i>

Investigation of Husband**Serological Test**

HIV, VDRL, HBsAg – Non-Reactive

Semen Examination

Volume - 2.0 ml

PH - Alkaline

Colour - Normal

Liquefaction- 20 mint.

Microscopic examination

Sperm count- 60 million/ml

Leucocytes (Pus cell)- 2-3/hpf

Red Blood cells - Nil

Sperm Motility

Active Motility - 60%

Sluggish Motility- 40%

Samprapti Ghatak

- *Dosha - Vata - Kapha*
- *Dushya - Ras dhatu, Shukra dhatu*
- *Srotas - Artav vaha Srotas*

Kala Basti Krama

1 st Day	Anuvasan Basti with Shatavariyadi Ghrith	
2 nd Day	Anuvasan Basti with Shatavariyadi Ghrith	
3 rd Day	Anuvasan Basti with Shatavariyadi Ghrith	Yapna Basti with Mustadi kwath
4 th Day	Anuvasan Basti with Shatavariyadi Ghrith	Yapna Basti with Mustadi kwath
5 th Day	Anuvasan Basti with Shatavariyadi Ghrith	Yapna Basti with Mustadi kwath
6 th Day	Anuvasan Basti with Shatavariyadi Ghrith	Yapna Basti with Mustadi kwath
7 th Day	Anuvasan Basti with Shatavariyadi Ghrith	Yapna Basti with Mustadi kwath
8 th Day	Anuvasan Basti with Shatavariyadi Ghrith	Yapna Basti with Mustadi kwath
9 th Day	Anuvasan Basti with Shatavariyadi Ghrith	
10 th Day	Anuvasan Basti with Shatavariyadi Ghrith	

Basti karma

- **Purva karma**- Sthanik Snehana and Swedan
- **Pradhan karma** -The patient lies in a left lateral position with their right leg semi-flexed. Basti Dravya is administered slowly with constant pressure using a Basti Netra.
- **Basti pratyagaman kala** - 45 min.
- **Pashchat karma** - Laghu Aahar

Shaman Chikitsa

Along with Shodhan chikitsa, Shaman Aushadha given to the patient for 4 months

S.No.	Drug	Content	Doses
1.	Ashwagandha Churna	Ashwagandha	5gm BD
2.	Dadimastak Churna	Twaksheeri, Twak, Patra, Ela, Nagkesara, Ajamoda, Dhanyaka, Ajaji, Granthi, Shunthi, Maricha, Pippali, Dadima, Sita	3gm BD
3.	Dhatupushti Churna	Shatavari, Gokshura, Bala, Vamsha, Kankola, Madhusnuhi, Atmagupta, Mushali (Safed), Mushali (Krishna), Shunthi, Maricha, Pippali, Salam, Misri, Vidari, Ashwagandha, Trivrit	3gm BD

Dhatukshya Lakshan, Before and After TreatmentPatient was advised to take **Brimhana aahar & diet chart** given to the patient

S.No	Ras Kshaya	BT	AT	S.No.	Rakta Kshaya	BT	AT	S.No.	Mansa Kshaya	BT	AT	S.No.	Meda Kshaya	BT	AT
1	Hradaya-Ghattan	-	-	1	Twak Parushya	+	-	1	Sphik Shushkta	+	+	1	Sandhi Sphutan	+	+
2	Hrada - Drava	+	-	2	Twak Sphutan	+	+	2	Greeva Shushkta	-	-	2	Netra Glaani	-	-
3	Hradaya Tamyata	-	-	3	Twak Rukshata	+	-	3	Udar Shushkta	+	-	3	Aayas	+	-
4	Shabda Asahatva	+	+	4	Mlaan Twak	-	-					4	Tanu udar	+	-

After the treatment BMI found

	Height	Weight	BMI
Before Treatment	4'8"	36	17.8
1 st month of Treatment	4'8"	37.3	18.3
2 nd month of Treatment	4'8"	38.8	19.3
4 th month of Treatment	4'8"	40	19.8

DISCUSSION

Infertility is a prevalent concern that profoundly affects the couples when the cause remains unknown. Contemporary science often categorizes such cases as unexplained infertility when no significant pathology is detected in both partners. In contrast, Ayurveda views conception as dependent on various factors. *Acharya Charak*, a revered figure in Ayurvedic medicine, emphasizes that the quality of *Shukra* (sperm), *Aartav* (ovum), and overall physical strength are pivotal factors in achieving conception. Diet and lifestyle choices also play a significant role in *Ayurveda's* approach to fertility. Based on the patient's medical history, it is apparent that she suffers from constipation, which is attributed to *Vata Dushti*, and anorexia, which is caused by *Agnimandhya*. *Agni* imbalance causes *Ama* formation, which in turn causes *Uttrottar Dhatukshya*. Improper formation of *Ras dhatu* leads to *Ksheen Aartav* and *Beej Dushti*. This is the cause of the adverse conditions around conception, that result in infertility. Based on the underlying cause, *Shaman* and *Shodhan* treatment plan has been chosen, wherein *Basti* works as a *Shodhana* and an effective agent for *Anulomana* of *Apan Vayu*. *Uttar basti*, role as *Shanika chikitsa*, brings about *Brimhana* effects. *Kala basti* followed by *Phala ghruta Uttar basti*. This combination enhances the quality and quantity of ovum, promoting a more conducive environment for conception. *Shatavari*, with its sweet taste, cooling properties, and nurturing effects, acts as a *Balya* and *Rasayana* agent, beneficial for healthy ovum formation and preparing the womb for conception. *Phala Ghruta*, characterized by its sweet, soft, and cooling nature, helps in mitigating *Vata* and improving digestive fire, making it indicated for managing *Bandhyatva* due to its qualities of *Ayushyama*, *Paushtikam*, and *Medhyam*. *Ashwagandha*, known for its *Laghu* (light) and *Snigdha* (unctuous) qualities, acts as a strengthener, enhancing vitality, strength, and immunity. It also aids in

improving body mass and nourishment while helping to balance hormones.

Dadimastaka churna serves as a *Ruchya* (appetizer) and is employed to correct indigestion and malabsorption resulting from vitiated *Jatharaagni*. *Dhatupushti Churna* is used to enhance energy and physical strength, nourishing the body and promoting overall health, immunity, and peace of mind.

CONCLUSION

Ayurveda has promising result in case of *Dhatukshya Janya Bandhyatva*. In this case infertility was unexplained but when we examined the patient, we found that patient has *Dhatukshya* and for the *Dhatupushti* we have planned this treatment and patient conceived. *Bala* or Strength refers to physical strength and capacity to become pregnant.

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