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आयुर्विद्या

Peer Reviewed Indexed
Research Journal
of 21st Century
Dedicated to Ayurved...

Ayurvidya

Ayurvidya Masik

।। श्री धन्वंतरये नम: ।।

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या

मासिक

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Rashtriya Shikshan Mandal's

AYURVIDYA

Magazine

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भि: ।
सूक्ष्मस्वच्छातिहृद्यांशुकपरिविलसन् मौलिमम्भोजनेत्रम् ।।
कालाम्भोदोज्वलाङ्गम् कटितटविलसच्चारुपीताम्बराढ्यम् ।
वन्दे धन्वन्तरिं निखिलगदवन प्रौढदावाग्निलीलम् ।।
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संपादकीय

Dealing with Infertility

Dr. D. P. Puranik

Infertility i.e. absence of ability to produce offspring is a Global problem. Infertility is found in both males as well as females. According to survey this problem is found more in urban than in rural areas. In the world, infertility affects about 15 percent couples which amounts to 48.5 million couples. In United States about 9% men and 11 percent women have infertility problem. In India, about 10 to 14 percent couples are known to face infertility problem. One out of six couples has this problem and nearly 27.5 million couples are trying to get conceived.

Infertility has great social impact and so, the problem becomes serious to take cognizance. Problem affects individuals as well as it has social impact also. Women are more affected. Distress, depression, anxiety, reduced self esteem, reduced libido, somatic complaints are very common in women. On many instances they have to face sense of blame and guilt from society. Both the individuals are likely to get Psychological and emotional disorders, frustration, hopelessness, feelings of worthlessness and consequences including turmoil. Some times these couples have to undergo social isolation causing difficulty in interacting with family and friends. Unfortunate infertile women may experience even domestic violence, loss of social status, ostracized marital lives. The couple partners loose their romantic relationship and create conflicts in between them.

Common etiological causes of infertility in males are abnormal sperm counts or function due to Undescended testicles, varicocele, Genetic defects, Health problem like Diabetes, STD etc. In females common causes of infertility are old age, Polycystic Ovary Syndrome (PCOS), Endometriosis, fallopian tube abnormalities, or Uterine abnormalities, cultivation of bad habits like heavy smoking, excessive alcohol consumption, poor nourishment, over weight, under weight, are also known causes.

Infertile women may experience chr. pain in pelvis, painful sex, irregular menstrual periods or heavy and painful periods, back pain, nausea, symptoms of hormonal fluctuations.

Lots of treatment modalities are recommended by different medical disciplines. The principles of treatrnent 1) Remove cause. 2) Counselling of both partners 3) Surgery if required 4) Medicine. Treatment in the males consists of 1) Surgery for varicocele. 2) Treatment of infections 3) Treatment of intercourse problem 4) Hormonal treatment / Medication 5) Assisted reproduchive technology. Medicines for males - Clomid. (Clomiphene citrate) - Raises sperm count. Vitamins - B, C, Calcium, D, E, folic acid etc. Treatment in females consists of - 1) Correction of cause - PCOS, Tubal block, Endometriosis 2) Artificial insemination, 3) IVF. 4) Medication - Drug of choice - Clomid (clomiphene citrate) - To stimulate ovulation, Nourished diet, Vitamins, Calcium. But most important is counselling of couple.

Ayurved along with Yoga also has been proved to be the better discipline giving better results, claiming 90% success rate. Treatment Modalities which are

recommended are - 1) Panchakarma - which helps to eliminate Ama which corrects Agni to result in healthy Ojas. 2) Vajikaran drugs (Aphrodisiac) - These drugs include Shatavari, Ashwagandha, Kapikacchu, Guduchi, Banyantree bark, Phalaghruta, etc. Semen purifying drug like Kushtha along with sugarcane is also recommended. Counselling of both partners for psychological support is recommended. Yoga therapy also useful for physical and mental fitness.

It has been found that whenever modern treatment has failed, Ayurved and Yoga therapy has yielded successful results. And so, it can be said that if Infertility problem is treated with holistic approach unfortunate couples will be happy in their life.

अनपत्यता - निदान वैविध्य

वैद्य रेणुका महेश कुलकर्णी,
स्त्रीरोग तज्ज्ञ,
वैद्य रेणुकाज् आयुर्वेद व पंचकर्म क्लिनिक, पुणे.

वैद्य हर्षवर्धन महेश कुलकर्णी,
एम.डी. स्नातक (स्वस्थवृत्त),
आकुर्डी आयुर्वेद कॉलेज, पुणे.

डॉक्टर तुमचा पेपरमधील लेख वाचला आणि आता शेवटची आशा म्हणून तुमच्याकडे आले आहे, असे म्हणून समोर फाईल चा गठ्ठा टेबलवर ठेवला आणि रडायला लागली. अशावेळी समोरच्याच्या भावनांचा निचरा होणे गरजेचे असते म्हणून मी शांतपणे तिच्यासमोर बसून राहिले. थोड्या वेळाने ती सावरली, जरा शांत झाली.

झाले असे होते की ती फक्त ३१ वर्षाची होती, शेवटचे ICSI (मे २०१८) मध्ये fail झालेले. त्यापूर्वी तिचे ३ IUI आणि २ IVF fail झाले होते, तिच्या स्त्री बीजापासून तिला आता दिवस राहणे शक्य नाही म्हणून egg donor घ्यायचा किंवा surrogacy करावी म्हणून आधुनिक वैद्यकाकडून सांगितले होते.

donor egg घेण्यापेक्षा मी दत्तकच घेत ना मग. हा तिचा प्रश्न अगदी रास्त होता. लग्नाला केवळ चार वर्षे झालेली होती आणि तिचे ७ वेळा Induction करून ovulation monitoring करून झालेले होते, वारंवार IUI, IVF केल्याने AMH<०.५ हा होता, excessive thin endometrium, follicle size not increasing, Sr. prolactin वाढलेले अशी एकूण परिस्थिती होती.

ही रुग्णा २३ जूनला आयुर्वेद उपचारासाठी आली आणि २८ नोव्हेंबरला तिची UPT positive आली तेही तिच्याच स्त्री बिजावर, आज तिला अतिशय हुशार आणि तितकाच मस्तीखोर असा मुलगा आहे. आहे ना हा जोर का झटका!! अजून एक अतिशय महत्वाची गोष्ट इथे नमूद करावीशी वाटते, या रुग्णेचा दिवस राहातानाचा Endometrial thickness हा फक्त ५.९ mm होता आणि efollicle size 13 mm चा होता. आधुनिक शास्त्राप्रमाणे ९-१२ mm हवा आणि follicle size कमीत कमी २०-२२ mm असायला हवा. इथे size, quantity चा विचार न करता, Quality (स्त्री बीज, endometrium) ह्यांचा आयुर्वेदानुसार विचार केला आणि धन्वंतरी कृपेने यश मिळाले. वरील केस मध्ये modern parameters जरी लिहिले असले तरीही निदान आणि चिकित्सा हे पूर्णपणे आयुर्वेदिक आहे.

हे सगळे आपल्या आयुर्वेदाचेच यश आहे. आयुर्वेदाने उशीर result येतात हा मोठा गैरसमज आहे एक ते सहा महिन्यात गर्भधारणा झालेल्या अनेक यशस्वी केसेस आहेत. या सर्व चिकित्सा यशस्वी होऊन मुल झालेल्या, आधी वंध्यत्व म्हणून शिक्का बसलेल्या केसेस समोर घेऊन विचार केला असता लक्षात आले की या रुग्णा वंध्या नव्हत्याच तर त्यांना गर्भधारणा उशिरा झालेली होती. उशिरा गर्भधारणेची कारणे चरक शारीरस्थान अध्याय दोन सातव्या श्लोकात सांगितलेली आढळली.

योनिप्रदोषान्मनसोऽभितापाच्छुक्रासृगाहारविहारदोषात्।
अकालयोगाद्बलसङ्क्षयाच्च गर्भ चिराद्विन्दति सप्रजाऽपि।। (च.शा. ३/७)

सर्व प्रथम वैद्याला काय चिकित्सेचे (काय-अग्नि) सम्यक् ज्ञान असावे. रुग्णेचे पूर्ण अष्टविध परीक्षण, उदर परीक्षण, स्तन व योनी परीक्षण (दर्शन, स्पर्शन, प्रश्न), P/V (विवाहित असेल तरच) त्यातून समजलेली दोषदूष्यसंमूर्च्छना, कोणत्या गुणांनी दोष वाढले आहेत याचा अंशांश विचार पांचभौतिक गुणांचा झालेला परिणाम, पूर्वी झालेले मोठे आजार, पूर्वी केलेल्या उपचारांचे दुष्परिणाम, तयार केलेले hormonal imbalances, परिणामी शरीराचे बिघडलेले समत्व, त्याचप्रमाणे क्षारधर्मी, अम्लधर्मी प्रकृती यांचा सविस्तर विचार होणे अत्यंत गरजेचे आहे. काही वेळा चुकीच्या आहार विहारातही याची कारणे सापडतात. आयुर्वेदिक पद्धतीने सविस्तर रुग्णेचा इतिहास घेत असतानाच यातील बऱ्याच प्रश्नांची उत्तरे सापडतात. Sr. Prolactin जास्त आहे, PCOD आहे तर काय चिकित्सा देऊ असा विद्यार्थ्यांनी प्रश्न विचारला तर उत्तर देता येत नाही. हेतू, निदान आणि चिकित्सा हाच क्रम ठेवला पाहिजे.

आता एक एक मुद्दा क्रमाने बघू.

१) योनी प्रदोषात् – या ठिकाणी योनी म्हणजे त्र्यावर्ता योनी (बाह्य योनिपासून तृतीयावर्त.) योनीचे बाह्य परीक्षण, तिथे असणारे लोम, स्त्राव, गंध, त्वक दुष्टी या घटकांचे परीक्षण करावे. त्यांनंतर P/V करता येणे अत्यंत गरजेचे, P/V करता येत नाही आणि उत्तरबस्ती केली तर व्यापद ठरलेलेच.

ग्रंथात विंशति योनिव्यापद सांगितले आहेत. वीसही योनिव्यापदे ही वंध्यत्वाची कारणे सांगितलेली आहेत.

न हि वातादृते योनि।

कोणताही योनिव्यापाद हा वाताशिवाय होऊ शकत नाही. बस्ती ही वाताची अर्धी चिकित्सा आहे, पण तरीही प्रत्येक वेळेस उत्तरबस्ती हेच उत्तर असू शकत नाही. म्हणून वैद्य हा दृष्टकर्मी असावा. अनपत्यतेचा विचार करताना गर्भसंभव सामग्रीचा विचार करणे अपरिहार्य आहे.

ध्रुवं चतुर्णा सान्निध्यात् गर्भ स्याद्विधीपूर्वकं।
ऋतुक्षेत्राम्बुबिजानां सामुग्र्यात् अन्कुरो यथा।। सु.शा. २/३३

२) मनसोभितापात् – hormones आणि मानस भाव यांचा जवळचा संबंध आहे हे चिकित्सा देताना अनुभवास येते. Pre menstrual वाढलेला चीडचीडेपणा, कारणाशिवाय खूप जास्त रडू येणे अशी लक्षणे दिसून येतात.

Repeated IUI, IVF रुग्ण दवाखान्यात येतात त्यावेळी त्यांना मोठ्या प्रमाणावर hormones दिलेले असतात, त्या स्वतःला अपराधी समजतात, अशा ठिकाणी समुपदेशनाची गरज असते. **सौमनस्यता गर्भजननां।** या श्लोकाप्रमाणे त्यांच्यात सौमनस्यता प्रस्थापित करणे, पती पत्नीमध्ये वाद नाहीत ना हे तपासणे हे वैद्याचे कर्तव्य आहे. असे वाद आढळल्यास चरकोक्त संधानिय गण दोघांनाही वापरावा.

चिंत्यानां चाति चिंतनात्। हे रसवह स्रोतोदुष्टीचे महत्वाचे कारण आहे. या रस धातूचाच उपधातू रज आणि स्तन्य आहे. अतिचिंता करणाऱ्या रुग्णांमध्ये रज आणि स्तन्याची निर्मिती नीट होत नाही असे लक्षात येते. बऱ्याच वेळा IT मध्ये काम करणाऱ्या मुली, स्वभावाने हळव्या असणाऱ्या स्त्रिया, वारंवार गर्भपात होणाऱ्या स्त्रियांमध्ये चिंता या मुद्द्याचा विचार करावाच लागतो. थोडक्यात रुग्ण रुग्णेच्या ठिकाणी बाहेरच्या कामकाजाचा तणाव, आर्थिक तणाव, कौटुंबिक ताणताणाव आणि रुग्णेचे सत्व कसे आहे, याचा विचार करावा.

३) शुक्र असृक् दोषात्– आयुर्वेद शास्त्रानुसार शुक्र धातूचे परीक्षण करण्यासाठी एक स्वतंत्र आयुर्वेदिक patho-Lab असावी असे वाटते. दरवेळेस Sperm count, motility, abnormality हे निकष तोकडे पडतात असे वाटते, त्याच बरोबर पुरुष रुग्ण जर व्यसन करत असतील तर त्याच्या उष्ण तीक्ष्ण, व्यवायी–विकासि विषारी गुणधर्मामुळे शीत सौम्य असणाऱ्या शुक्र धातूवर लगेचच परिणाम होताना व्यवहारात आढळतो. तसेच अतिचिंता करणाऱ्या पुरुष रुग्णांमध्येही शुक्राच्या गुणवत्तेवर परिणाम होतो आणि त्यापासून गर्भ धारणा होत नाही. त्याचप्रमाणे रजाचेही प्रत्यक्ष परीक्षण करून त्यातील वाढलेल्या दोषांचे शमन करून ग्रंथात सांगितल्याप्रमाणे प्राकृत रजाची उत्पती रुग्णेच्या ठिकाणी होईल असे वैद्याने बघावे.

४) आहार दोषात् – या ठिकाणी अग्नीचा आणि मानस भावांचा विचार करणे गरजेचे आहे. अनेक वेळा स्त्रिया अहितकर, असात्म्य विरुद्ध आहार सेवन करतात. Shift duty मुळे विषम वेळा आहार घेतात. Junk food, Pizza, burger यासारख्या रसदुष्टीकर आहार; पाणीपुरी, भेळ, तळलेले सामोसे असा आंबट, तिखट, विदाही, रक्त दुष्टीकर आहार घेतात. बऱ्याचदा स्त्रिया डब्यामध्ये कोरडी पोळी भाजी नेतात, त्यामुळेही रस धातूचे प्रीणन नीट होत नाही. हल्ली वजन कमी करण्यासाठी वेग वेगळी Keto diet, High protein diet अशी Fads आलेली आहेत. यात प्रामुख्याने पनीर, चीज यासारख्या दुग्ध विकृतींच असतात, परिणामी जाठराग्नी मांद्य तयार होते. जाठराग्नी मांद्य असेल तर आमाची उत्पत्ती अधिक होणार. जाठराग्नीमांद्यामुळे धात्वाग्नी मांद्य तयार होतेच. त्यामुळे सार भागापेक्षा मल भागाचेच परीणमन अधिक होते. रस मल कफ, रक्त मल पित्त यांची अधिक उत्पत्ती होते.

सध्या असणाऱ्या हरितक्रांतीमुळे Seedless, Hybrid, कीटकनाशक आणि रासायनिक खतांचा मारा असणाऱ्या धान्ये, भाजीपाला व फळे यांचे सेवनाचाही समावेश सदोष आहारातच करावा लागेल. म्हणूनच अधिकाधिक सेंद्रिय, नैसर्गिक पद्धतीने पिकवलेले धान्य, भाजीपाला खाणे गरजेचे आहे. पिंडी ते ब्रह्मांडी! जे जसे खाल तसेच शरीरात तयार होणार आहे.

५) विहारदोषात् – आहाराची जशी वेगवेगळी fads आहेत तशीच सध्या poweryoga, zumba अशी gym आणि योगासानांचीही fads आहेत. ह्यामध्ये केवळ calories किती burn झाल्या ह्याचाच विचार केला जातो. आयुर्वेदानुसार व्यायाम हा अर्धशक्ती असायला हवा. अमेरिकेत एक ६८ वर्षांची रुग्णा जेवण झाल्यावर दुपारी २ वाजता रोज ५ किमी पळत होती, अशा परिस्थितीत रुग्णाचा आहार आणि विहार विचारणे खूप महत्वाचे वाटते.

रजस्वला परिचर्या, सूतिका परिचर्या पालन न करणे, शरीरातील Biological Clock न सांभाळणे कोणत्याही वेळी उठणे, कधीही जेवणे, कधीही झोपणे, दिवास्वाप, रात्रौ जागरण हे हेतू lockdown मुळे अधिकच वाढलेले दिसून येत आहेत.

अव्यायाम–स्त्रियांची स्वयंपाकघरातील कामे यंत्रामुळे कमी झाल्याने, तसेच ओट्यामुळे उभ्याने काम केल्यामुळे कमरेच्या हालचाली कमी झालेल्या आहेत आणि स्वत:हून योगासने करण्याच्या बाबतीत कंटाळा दिसून येतो.

कोणताही सण आला की लगेच hormonal pills घेऊन

सोयीसाठी पाळी पुढे ढकलायची, बऱ्याच काळ पर्यंत Oral contraceptives, Copper'T' यांचा वापर केल्याने hormonal imbalance तयार केले जातात.

नको असलेली गर्भधारणा टाळण्यासाठी i-pills, MT pills, वारंवार MTP करणे यामुळेही hormonal imbalance शरीरात तयार केले जातात आणि शरीराचे समत्व बिघडते.

६) अकाल योगात् – आयुर्वेदानुसार – पंचविंशे ततो वर्षे पुमान नारी तु षोडशे । हे समत्वागत वीर्याचे लक्षण सांगितले आहे. करियर करण्याच्या नादात हे २०,२१ वय टाळून सध्या २८,३० पर्यंत लग्न केले जाते, त्यानंतर एक दोन वर्षे planning. म्हणजे सध्याची स्त्री तीस वर्ष वय झाल्यावरच अपत्याचा विचार करते आहे. त्यावेळी पुरुषांचे वय साधारणपणे ३५ तरी असतेच. Late Marriages मुळे स्त्री पुरुष बीजाचा होणारा संयोग अकालीच मानावा लागेल.

बऱ्याच वेळा स्त्रियांची रजप्रवृत्ती नियमित नसते त्यामुळे स्त्रीबीज नेमके कधी तयार होते आहे हे कळत नाही. स्त्रीबीज तयार झालेले नसताना व्यवाय घडला तर त्यातून अपत्यप्राप्ती होते नाही. हाही अकाल योग म्हणावा लागेल.

७) बल संक्षयात् – स्त्रीचे शरीर किंवा काही वेळा तिच्या ठिकाणी तयार होणारे स्त्रीबीज गर्भधारणा व्हायला सक्षम नसते.

बऱ्याच स्त्रियांमध्ये पांडू व्याधीमुळे बलसंक्षय आढळतो. पांडू व्याधीमुळे प्रायः रस आणि रक्त धातूचेच कार्य बिघडलेले आढळून येते. एका रुग्णेमध्ये माती खाण्याचा इतिहास आढळला. मृद् भक्षणजन्य पांडू आणि कृमीची चिकित्सा दिली, आज तिला तीन वर्षांची मुलगी आहे.

व्यवहारात Tubercular treatment च्या side effect ने बल संक्षय झालेले रुग्ण आढळतात. अशा वेळी वसंत कल्पांचा चांगला उपयोग होताना दिसतो.

आधुनिक उपचार पद्धतीमध्ये त्वरित result मिळावेत म्हणून अतिरेकी hormones वापरुन भराभरा तिची स्त्री बीजे काढून वापरली जातात, परिणामी तिची AMH Value वय लहान असतानाही कमी होते. अशा वेळी Quantity चा विचार न करता, वैद्याने Quality चाच विचार करावा.

ह्यापुढची अवस्था म्हणजे स्त्रीच्या Ovaries कितीही strong hormonal injection दिली तरीही Follicles तयार करतच नाहीत, काही वेळेस अकाली लवकर रजोनिवृत्तीदेखील येते. अशा स्थितीला रुग्णाला आणल्यावर तिला Donor egg घे किंवा Surrogacy कर असा सल्ला दिला जातो. खेदाने असे म्हणावे वाटते की अशा रुग्णांनी सुरुवातीलाच आयुर्वेदिक चिकित्सा घेतली असती तर कदाचित त्यांचावर ही वेळ आली नसती. अधिकाधिक स्त्रियांना सुदृढ आणि सक्षम अशा अपत्यांची प्राप्ती व्हावी अशी भगवान धन्वंतरी चरणी प्रार्थना.

अभिनंदन!

प्रा. डॉ. विनया दीक्षित ह्यांचा सन्मान!

आयुष दर्पण फौंडेशन, डेहराडून, उत्तराखंड या संस्थेतर्फे जागतिक महिलादिनाच्या निमित्ताने ७ मार्च २०२१ रोजी विविध क्षेत्रातील तज्ज्ञ भारतीय स्त्रियांचा सन्मान करण्यात येणार आहे. या निमित्ताने **"E स्वास्थ्यम् International Conference"** चे आयोजन करण्यात आले आहे. साई आयुर्वेद महाविद्यालय, वैराग, सोलापूर हे या कार्यक्रमाचे सहआयोजक आहेत.

आयुर्विद्या मासिकाच्या सचिव व उपसंपादक **प्रा. डॉ. विनया रविकिरण दीक्षित** यांची संशोधन व प्रकाशन क्षेत्रातील तज्ज्ञ म्हणून यामध्ये निवड झाली आहे.

आयुर्विद्या मासिक समिती, टिळक आयुर्वेद महाविद्यालय व राष्ट्रीय शिक्षण मंडळातर्फे विनया दीक्षित ह्यांचे हार्दीक अभिनंदन व पुढील वाटचालीस शुभेच्छा!

अभिनंदन!

डॉ. आनंद बर्वे ह्यांना ICONS OF HEALTH 2021, PUNE ॲवॉर्ड !

Times of India ह्या माध्यमसंस्थेतर्फे डॉ. आनंद बर्वे ह्यांना दि. २८-१-२०२१ रोजी एका समारंभात मा. डॉ. नीलम गोऱ्हे व पुण्याचे कमिशनर मा. अभिताभ गुप्ता ह्यांचे हस्ते **"ICONS OF HEALTH 2021, PUNE"** पुरस्कार देवून गौरविण्यात आले.

डॉ. बर्वे हे टिळक आयुर्वेद महाविद्यालयात कायचिकित्सा विभागात अध्यापक असून शेठ ताराचंद आयुर्वेदीय रुग्णालयात मानद चिकित्सक म्हणून कार्यरत आहेत.

आयुर्विद्या मासिक समितीतर्फे डॉ. बर्वे ह्यांचे हार्दीक अभिनंदन व शुभेच्छा!

Infertility In Obstetric And Gynaecology OPD Practice

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Introduction : Most couples (approximately 85%) will achieve pregnancy within one year of trying, with the greatest likelihood of conception occurring during the earlier months. Only an additional 7% of couples will conceive in the second year. As a result, infertility has come to be defined as the inability to conceive within 12 months. This diagnosis is therefore shared by 15% of couples attempting to conceive. We generally recommend seeking the help of a reproductive specialist if conception has not occurred within 12 months.

Such An Observational Study Was Done In 200 Patients Coming To Private Obstetric and Gynaecology OPD In An Year.

Aims : To determine the approximate percentage of causes of **Infertility** seen in private Obstetric and Gynaecology OPD setup.

Materials And Methods : 200 female patients coming to OPD with wish to conceive and no other complaints or illness were selected for this study .

History and physical examination : Questionaire was prepared and given to the patients, along with the routine history - age, address.

- How long have you been trying to get pregnant?
- How often are you having intercourse?
- How often do you have menstrual cycles?
- H/o menarche and problems of adolescence
- Do you have pain with menstrual periods or intercourse?
- Menstrual problems / irregular cycles / prolonged menses
- H/O pelvic pains / infections / major illness like TB /HIV/ any other medical illness ?
- Specific H/O tobacco abuse / smoking / drinks / drugs / medecines
- Have you been pregnant before?
- What happened with your prior pregnancies?
- Have you had any sexually transmitted infections or abnormal pap smears?
- Do you have any medical problems or prior surgeries?
- Do you have a family history of medical problems?
- In physical evaluation thorough examination of the female partner is carried out

General Examination : Height, weight , BMI , hair distribution, striae, edema, pallor, lymph nodes, any lump anywhere.

Local examination : pubic area inspection , vulval hair and distribution, clitoris, hymenal opening, PSp : discharges, cervical abnormalities, PV e/o vaginitis, size of uterus, tenderness, adnexal tenderness, masses felt, Colposcopy with Paps smear may also be performed.

Special Tests : • **Transvaginal ultrasound-** Ultrasound is an important tool in evaluating the structure of the uterus, tubes, and ovaries. Ultrasound can detect uterine abnormalities such as fibroids and polyps, distal fallopian tube occlusion and ovarian abnormalities including ovarian cysts. Additionally, transvaginal ultrasound affords the opportunity to assess the relative number of available eggs. This measurement is called the antral follicle count and may correlate with fertility potential.

• **Laboratory testing -** Depending on the results of the evaluation discussed above, specific blood tests like Haemogram, BSL f and PP, HBA1C measurements of blood levels of certain hormones such as estradiol and FSH, AMH level, which are related to ovarian function and overall egg numbers; TSH, which assesses thyroid function and prolactin, a hormone that can affect menstrual function if elevated.

• **Hysterosalpingogram (HSG)-** This test is essential for evaluating fallopian tubal patency, uterine filling defects such as fibroids and polyps, and scarring of the uterine cavity (Asherman syndrome). Many uterine and tubal abnormalities detected by the HSG can be surgically corrected.

• **Semen analysis -** The semen analysis is the main test to evaluate the male partner. Four parameters analyzed: **1)** semen volume should be at least 1.5 to 2 ml. A smaller amount may suggest a structural or hormonal problem leading to deficient semen production; **2)** sperm concentration normal concentration should be at least 20 million sperm per 1 ml of semen. A lower concentration may lead to a lower chance for conception without treatment; **3)** sperm motility or movement a normal motility should be at least 50%. Less than 50% motility may significantly affect the ability for sperm to fertilize the egg without therapy; and **(4)** morphology, or shape there are three parts of

the sperm that are analyzed for morphology: the head, midpeice and tail. Abnormality in any of those regions may indicate abnormal sperm function and compromise the ability of sperm to fertilize the egg. Ideally, using strict morphology criteria, a minimum of 5 to 15% normal forms leads to a better ability for sperm to fertilize the egg. An abnormal semen analysis warrants a further evaluation usually by a reproductive urologist.

Observations And Discussion :

The Common Causes of Infertility found were :

1) Ovulation disorders : Was found in 45% of the women. In 20% of these women, hypothyroidism was detected. 10% women were also found diabetic and proper treatment was initiated for these. The most common disorders impacting ovulation include polycystic ovaries, hypogonadotropic hypogonadism (from signaling problems in the brain) and ovarian insufficiency (from problems of the ovary).

2) Advanced maternal age : Was found in 36 % of the women (age limit taken as above 30 years). Historically before the latter 20th century, women were conceiving in their teens and twenties, when age-related abnormalities with the egg were not evident. However, in our modern era, women are delaying child birth until their thirties and forties, which has lead to the discovery of the adverse effect of advanced maternal age on egg function. In fact, female age-related infertility is the most common cause of infertility today. For unknown reasons, as women age, egg numbers decrease at a rapid rate. And as aging occurs, egg quality, or the likelihood of an egg being genetically normal, decreases as well. Hence the ability to conceive a normal pregnancy decreases from when a woman is in her early 30s upto her 40s. A woman is rarely fertile beyond the age of 45. This applies to the ability to conceive with her eggs and not with donor eggs.

3) Uterine fibroids : Was found in 28% of the women .Such cases were further classified as to the position of Fibroids. Out of 28% , 59 % were fundal and subserosal, 35% were intramural and 6 % were submucosal fibroids. In discussion Fibroids are very common (approximately 40% of women may have them) and the mere presence alone does not necessarily cause infertility. There are three types of fibroids: **1)** subserosal, or fibroids that extend more than 50% outside of the uterus; **2)** intramural, where the majority of the fibroid is within the muscle of the uterus without any indentation of the uterine cavity; and **3)** submucosal, or fibroid that project into the uterine cavity. Submucosal fibroids are the type if fibroid that has clearly been demonstrated to reduce pregnancy rate, roughly by 50%, and removal of which will double pregnancy rate. In some cases, simply removing the submucosal fibroid solves infertility. Often, but not always, submucosal fibroids can cause heavy periods, or bleeding between periods. There is more controversy regarding intramural fibroids, where larger ones may have an impact and may necessitate removal. Subserosal fibroids do not affect pregnancy

4) Tubal occlusion (blockage) : Was found in 12% of the women in our study. As discussed previously, a history of sexually transmitted infections including chlamydia, gonorrhea, or pelvic inflammatory disease can predispose a woman to having blocked fallopian tubes. Tubal occlusion is a cause of infertility because an ovulated egg is unable to be fertilized by sperm or to reach the endometrial cavity. If both tubes are blocked, then in vitro fertilization (IVF) is required. If a tube is blocked and filled with fluid (called a hydrosalpinx), then minimally invasive surgery (laparoscopy or hysteroscopy) to either remove the tube or block/separate it from the uterus prior to any fertility treatments is recommended.

5) Endometrial / Cervical polyps: was found in 2% women in our study. Endometrial polyps are finger-like growths in the uterine cavity arising from the lining of the uterus, called the endometrium, These abnormalities are rarely associated with cancer (<1% in a woman before menopause) but polyps can decrease fertility by up to 50% according to some studies. Removal of polyps by the minimally invasive procedure hysteroscopy is associated with a doubling of pregnancy rate. In some cases, simply removing the polyp solves infertility.

6) Male factors affecting sperm function: this was detected to be in 36% of male partners. Male factor infertility has been associated as a contributing factor causing infertility in 40-50% percent of cases, and as the sole cause for infertility in 15-20% percent of cases. If a semen analysis is found to be abnormal, generally it is first repeated to confirm the abnormality. Once confirmed, the male partner is referred to a reproductive urologist, especially if the abnormality is severe. In some cases, the reproductive urologist can improve semen function by recommending certain lifestyle changes, by hormonal treatments, or by surgery. In most cases however, sperm function may not improve and therefore any attempt at pregnancy may require additional treatments or procedures performed by our clinic.

Options include intrauterine insemination

(also known as IUI) or IVF with intracytoplasmic sperm injection (also known as ICSI).

A) Intrauterine insemination is a process by which sperm is washed and prepared for placement into the uterine cavity, therefore bypassing the cervix and bringing a higher concentration of motile sperm closer to the tubes and ovulated egg. At least one open tube is required for IUI, and the sperm abnormality cannot be severe otherwise the sperm will not be able to swim to and fertilize the egg.

B) Intracytoplasmic sperm injection is a process by which semen is washed and prepared for direct injection of one sperm into each egg collected during the IVF process. In order to perform ICSI, an egg is held via a small suction pipette, while one sperm is injected into that egg using a very fine glass needle. This process bypasses the normal fertilization process, which may be compromised due to poor sperm function. The doctor will analyze the semen sample carefully and help you decide if ICSI is an appropriate treatment for you.

7) Endometriosis : Was detected in 4% of the women in our study. It is a condition whereby cells very similar to the ones lining the uterine cavity, or endometrium, are found outside the uterine cavity. It is found in approximately 10-50% of reproductive-aged women and can be associated with infertility as well as pain during intercourse and/or menstrual periods. Endometriosis causes infertility by producing inflammation and scarring, which can result in not only pain but also potentially detrimental effects on egg, sperm or embryo. Endometriosis can only be confirmed by surgery, usually laparoscopy. If endometriosis is found, it can be surgically removed by various methods, and its removal may lead to a decrease in pain as well as improvement in the ability to conceive naturally.

8) Unexplained/other : No cause could be detected in 18% of the women in our study. This was found after full evaluation, wherein the investigations does not reveal the cause of infertility. This normally occurs approximately 15% of the time. Thankfully, even when the cause of infertility is not known, various fertility treatments can overcome the unknown road block that was preventing pregnancy and eventually lead to delivery of a healthy baby.

Treatment Methods :

1) Education and counselling : We strongly believe that educating our patients about the normal process of fertility, problems that affect fertility, and treatment options will empower our patients to make the best choices and decrease their stress level during treatments. Understanding the normal reproductive process is essential in knowing when to seek help. Helping our patients develop a deep understanding of their fertility options will make the process smoother.

2) Medications to induce egg development and ovulation : The medications that help stimulate the ovary to develop mature eggs for ovulation come in two forms: pills taken by mouth and injections. The most commonly prescribed pill to stimulate ovulation (generally of one mature egg) is clomiphene citrate. This pill generally is taken from menstrual cycle days 3 - 7. It works in the following way: Clomiphene is an anti-estrogen. It binds in a part of the brain called the hypothalamus, which is essential in stimulating the ovary to grow and release an egg. When clomiphene binds to estrogen receptors in the hypothalamus, it leads to an increase release of an important signaling hormone called GnRH (gonadotropin releasing hormone). This hormone then binds to another area of the brain called the pituitary gland and leads to the release of FSH (follicle stimulating hormone), a hormone that directly binds to cells in the ovary, leading to egg growth and maturation.

The most commonly prescribed injections that stimulate the ovary are called gonadotropins. The gonadotropins in these formulations are FSH, and in some cases, a combination of FSH and LH (luteinizing hormone). These injections are taken nightly, typically for 5 - 10 days, and act directly on the cells of the ovary to stimulate egg development. Once a follicle containing an egg reaches a mature size, another hormone injection called HCG is often given to mimic the natural LH surge that occurs at the time of ovulation. This leads to the final maturation and release of the egg.

3) Diagnostic ant therapeutic video lapro-hysteroscopy-help in understanding the tubal and adhesions problems and actual treating the women in same sitting.

4) Insemination : Intrauterine insemination, also known as IUI, is a process by which sperm is washed and prepared for placement into the uterine cavity, therefore bypassing the cervix and bringing a higher concentration of motile sperm closer to the tubes and ovulated egg. In order to accomplish this, the semen is washed with a solution safe to sperm and eggs, and then centrifuged to separate motile sperm from immotile sperm and other cells. Those motile and viable sperm are then placed in a very small amount of solution, and then very gently and painlessly injected into the uterine cavity using a very thin, soft, and flexible catheter. At least one

open tube is required for IUI and any sperm abnormality cannot be severe, otherwise the sperm will not be able to swim to and fertilize the egg.

5) In Vitro Fertilization (IVF) : In vitro means "outside the body." IVF is a process whereby eggs are collected and then fertilized by sperm outside the body, in an embryology laboratory. The first IVF baby was born in 1978 in England. Not long after, the United States delivered its first IVF baby and the use of IVF has grown dramatically. IVF was a major breakthrough because it allowed for successful pregnancies in women that were previous deemed permanently infertile, such as when the fallopian tubes are both markedly damaged. IVF involves removal of eggs directly from the ovary, fertilization with sperm in the laboratory, followed by transfer of the embryos directly into the uterus, thereby bypassing the tubes. Although tubal disease was the original indication for IVF, many more indications have developed over the years. These include advancing maternal age, severe male factor infertility (whereby ICSI can be used to fertilize the egg), and endometriosis, amongst many others.

वन्ध्यत्व - आयुर्वेद विचार व व्यवस्था

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Introduction - सर्व सामान्य दाम्पत्यामध्ये प्रजावृद्धी हि स्वभावतः किवा दाम्पत्याच्या स्वकर्मावर अवलंबून असने. ज्यांना स्वभावतः अपत्य प्राप्ती होते असे दाम्पत्य हे धन्य मानले जाते. पण ज्या दाम्पत्यांना स्वभावतः किंवा स्वकर्माने प्रजावृद्धी होऊ शकत नाही अशा दाम्पत्यांना औषधोपचार करावा. वन्ध्यत्व हा व्याधि वर्णन केलेला नाही. परंतु वन्ध्यत्व हे लक्षण म्हणून वर्णन केलेले आहे. योनी रोग व आर्तव दुष्टी या सारख्या विकृत्ती मध्ये हे सामान्य लक्षण आहे.

अर्वाचिन शास्त्राने सुद्धा हा स्वतंत्र व्याधि वर्णन केलेला नाही.[१]

व्याख्या– स्त्री किंवा पुरुषामध्ये गर्भाशय किंवा पुरुषबीज भाग प्रदूषित होतो तेव्हा ती स्त्री व तो पुरुष वन्ध्या जाणावा.[२]

आयुर्वेद शास्त्रामध्ये वन्ध्यत्व दोन प्रकारे वर्णन केलेले आहे. एक जन्मजात व दुसरे चिरात् विन्दती म्हणजे काही दोष दूष्टिमुळे गर्भधारणेस विलंब होणे वन्ध्यत्वाची स्वतंत्र व्याख्या वर्णन केलेली नाही.[३]

वन्ध्यत्वाचे प्रमाण – सर्वसाधारण पणे ८० ते ८५% दाम्पत्यामधे नियमित व्यवाय व कोणतेही गर्भनिरोधक न वापरता गर्भ धारणेची शक्यता एक वर्षामध्ये असते. गर्भधारण क्षमता म्हणजे काय – कोणत्याही दाम्पत्याची गर्भधारण क्षमता हि दोघांच्या गर्भधारण क्षमतेची बेरीज असते. कोणतीही एक व्यक्ती वन्ध्या असू शकत नाही. म्हणजे एकाची गर्भधारण क्षमता कमी असेल तर ती दुसऱ्या कडून समतोल केली जाते. दोघांची अल्प असेल तर चिकित्सेची गरज असते. त्यामुळे वन्ध्यत्वाचा विचार करताना दाम्पत्याचा एकत्रीत विचार करावा.

१) उत्तमगर्भ धारण क्षमता + उत्तम गर्भधारण क्षमता – ६ महिने ते एक वर्षात गर्भधारणा.

२) अल्प गर्भधारण क्षमता + उत्तम गर्भधारण क्षमता–चिरात्विन्दति

३) अल्प गर्भधारण क्षमता + अल्प गर्भधारण क्षमता–चिकित्साहार्य

४) गर्भधाराणक्षमता नाही + गर्भधारण क्षमता नाही – चिकित्साअनाहार्य

हेतु – १) वय – गर्भधारणेच्या दृष्टिने वंयाला अनन्य साधारण महत्व आहे. स्त्रियांच्या दृष्टिने विचार केल्यास गर्भधारण क्षमता हि विशिष्ट वयामध्ये उच्चतम असते. ग्रंथकरांनी वय वर्ष १६/२० वर्षांची स्त्री व २५ वर्षाचा पुरुष गर्भधारणेसाठी योग्य मानले आहेत. स्त्रियांमध्ये गर्भ धारण क्षमता वयाप्रमाणे कमी होते असते.[४]

२) १८ वर्षापुर्वी अपरिपक्व बीज त्यामुळे २४ वर्षापेक्षा निम्मी असते. १८ वर्षापासून २४/२५ वर्षा पर्यंत जास्तीत जास्त क्षमता, २५ वर्षापासून ३० वर्षापर्यंत कमी कमी होत जाते व ३०/३२ वर्षानंतर निम्म्यापेक्षा जास्त कमी होते.

३) स्रोतो दुष्टी – आर्तववह स्रोतस एक स्रोतस असल्याने सामन्य स्रोतसाची दुष्टी लक्षणे किंवा स्रोतसाच्या विद्धत्त्व वन्ध्यत्वास करणीभुत होते.[५]

अतिपवृत्ती – अती रक्त स्राव संग – अवरोध, ग्रंथि, गर्भाशयस्थ ग्रंथि, विमार्गगमन योनि किंवा रजाचे उद्वर्तन.[६] आर्तववह स्त्रोतसाची विद्यता. यासर्व लक्षणामुळे शुक्र व शोणित याच्या संयोगास अडथळा किंवा शुक्र धारण क्षमता कमी होणे, किंवा गर्भ स्थापनेस अडथळा होतो. त्यामुळे अनपत्या किंवा गर्भसाव होते. सोतसाच्या विद्धतेमुळे मैथुन असहिष्णुता आर्तव नाश यामुळे वंध्यत्व होते.

४) आसन – उत्तान आसनामधे शुक्राचे ग्रहाण योग्य प्रकारे होते कारण अपत्य पथाची रचना ही त्या प्रमाणे असते गर्भाशयाचे मुख हे पश्चात बाजूस असल्याने अपत्य पथाच्या पश्चात बाजूस स्रवीत झालेले शुक्र गर्भशयामधे प्रवेशित होते म्हणून.[७] गर्भ धारणे साठी उतान आसन योग्य वर्णन केले आहे.

५) मैथुन विकृती[८] – क्लैब्य, अकाल, सशूल, अनिच्छा, कृच्छ्रता, अयोनि. १० टक्के मैथुन दोष वर्णन केलेले आहेत. या मध्ये क्लैब्य म्हणजे नपुंसकता. अकाली मैथुन म्हणजे ऋतुकाल व रात्रीचा मध्य प्रहर गर्भधारणेसाठी योग्य असा वर्णन केलेला आहे. एकादशी, त्रयोदशी, दिवसाचा कालावधी अयोग्य वर्णन केलेला आहे. सशूल मैथुन, मैथुन अनिच्छा व स्थौल्यामुळे मैथुन कृच्छ्रता मैथुन पूर्व शुक्र स्त्राव हे सर्व मैथुन दोष वन्ध्यत्वास कारणिभूत आहेत. गर्भ धारणेच्या दृष्टिने मैथुन कर्म ४८ तासातून एकदा किंवा आठवड्यातून तीन वेळा एक दिवसा आड करावे. चरक शारीरस्थानामधे आठमध्ये वन्ध्यत्वाचे हेतू वर्णन केलेले आहेत.[९]

योनिप्रदोष /रोग – अपत्याचे मुळ कारण स्त्री असल्याने सर्वसामान्यत: योनि विकृती अपत्याच्या धारणास अडथळा निर्माण करतात. योनीची तीनही आवर्ते साकल्याने किंवा पृथक्त्वाने वन्ध्यत्वास कारणीभूत होतात. म्हणून गर्भ धारणेसाठी अव्यापन्न योनि असावी असे वर्णन केले आहे. एकूण वीस योनि रोग वर्णन केलेले आहेत य सर्वामध्ये वन्ध्यत्व हे सामान्य लक्षण आहे. योनी चिकित्सा महत्व सांगताना शुक्राचे ग्रहण व गर्भाची वृद्धी करण्यासाठी योनिरोगाची चिकित्सा करावी असा उल्लेख आढळतो.[१०]

१) मनसोऽभिताप – मैथून कर्माच्या वेळी मानसिकस्थिती चांगली हवी. अपत्याची इच्छा मनात धरुनच मैथून कार्म करावे. एकांतवास, मानसिक गर्भधारणेसाठी महत्वाचे असते. खालील अवस्थेमध्ये मैथुन कर्म केल्यास गर्भ धारणा होत नाही. अति प्रमाणात जेवण, भुकेलेला, तहानलेला, घाबरलेली, विमना–पुत्रची इच्छा न करणारी, इतर पुरुषांची इच्छा मनामध्ये धरणे, मैथुनाची अति इच्छा[११]. सौमनस्य गर्भकरक.

२) आहार – आहार सर्व दृष्टिने महत्वाचा भाग आहे.[१२] व्याधिचा मुख्य हेतु मिथ्या आहार. रस धातु पासून रज शुक्र निर्माण होतात. मिथ्या आहार व अग्नी मांद्यामुळे दोष व दुष्या दुष्टि होऊन शुक्र व आर्तव दुष्टि होते. रजस्वला अवस्थेमधे आहारासंबधी सांगितलेले नियम पाळावे. हे नियम न पाळल्याने वायु दुष्ट होउन आर्तव व योनि दुष्टि करतो.

३) विहार दोष – विहार म्हणजे याठिकाणी मैथुन कर्माचा विचार करावा विकृत आसनात मैथुन कर्म, अपद्रव्याचा उपयोग करणे व अति मैथुन हे योनि रोगाचे हेतु आहेत. त्याचप्रमाणे विहार म्हणजे दिवस भर करत असलेले काम जास्त कष्टदायक असल्यास त्यामुळे योग्य काळी मैथुन कर्म करण्याची इच्छा होत नाही. रजस्वला अवस्थेमधे विहारा संबधी सांगितलेले नियम पाळावे.

४) आर्तव दुष्टि – शुक्रदोषा प्रमाणे च आर्तवाचे सुद्धा आठ दोष वर्णन केलेले आहेत.[१३] या सर्व दोषा मुळे आर्तवाला अबीजत्व प्राप्त होते. स्राव रुपात्मक आर्तवाच्या लक्षणावरुन बीज रुप आर्तवाचे स्वरुप लक्षात घ्यावे, स्राव रुपात्मक आर्तव गर्भ स्थापनेच्या दृष्टिने महत्वाचे आहे. प्रदुष्ट आर्तव हा योनि रोगाचा एक हेतू वर्णन केलेला आहे.

५) अकाल योग – ऋतुर्नाम गर्भधारण शोणित दर्शनोपलाक्षितो गर्भधारण योग्या स्त्रीणामवस्था विशेषः। कुल्लुकभट

गर्भधारणेच्या दृष्टिने कालाला महत्व आहे. ऋतुचकाच्या दृष्टिने ऋतु काल १२ ते १६ दिवस, दिवस रात्रिचा विचार करता रात्रिचा मध्यानहू काल व तिथिचा विचार करता प्रतिपदा चतुर्थि एकदशी त्रयोदशी सोडून इतर सर्व तिथी/दिवस मैथुन कर्मास योग्य आहेत.

६) बल क्षय – धातु शरीराचे धारण करत असतात. धातू क्षयमुळे रज क्षय व शुक्रक्षय होणे. पांडु राजयक्ष्मा सारख्या व्याधिमध्ये वंध्यत्व हे लक्षण असते. धातु क्षयामधे मैथुन अनेच्छा सुद्धा दिसून येते. **प्रकार –** हारित, माधव निदान व चरक यांनी वन्ध्यत्वाचे प्रकार वर्णन केलेले आहेत. **हारीत–** १) बल्यावस्था २) काकावन्ध्या ३) अनपत्या ४) गर्भस्रावी ५) मृतवत्सा ६) बलक्षय

माधव निदान – चार प्रकार – १) वातज २) पित्तज ३) कफज ४) त्रिदोषज ५) रक्तज ६) भूतज ७) दैवज ८) अभिचारज ९) आदिवन्ध्या. चार प्रकार – १) गर्भ स्राविणी, २) मृतपुत्रिका, ३) कन्याप्रसूता, ४) काकवन्ध्या चरक – अप्रजा, सप्रजा.

निदान करण्याची पद्धत – वन्ध्यत्व हा नाजूक विषय असल्याने त्याचे निदान करण्यासाठी काळजीपुर्वक इतिहास घ्यावा. वयाचा विचार करुन चिकित्सेची तत्परता लक्षात घ्यावी. २० वर्षाच्या आत घाई करु नये. २० ते २५ वर्षा पर्यंत समुपदेशन, आहार, मैथुन प्रशिक्षण, मानसिक स्वास्थ्य. २८ ते ३० वर्षा नंतर योग्य त्या निदान व चिकित्सेचा विचार करावा. प्रथम सल्याच्या वेळी उभयतः दाम्पत्याची मुलाखत घ्यावी.

इतिहास– ● विवाह पूर्वी शक्यतो परिक्षणे करु नयेत.● विवाहा नंतर एक ते दीड वर्षामध्ये गर्भ धारण न झाल्यास परिक्षणे सुरु करावीत. ● वय, व्यवसाय, विवाह इतिहास, पुनर्विवाह इतिहास.

● दोघा मधील शस्त्र कर्माचा इतिहास विशेषत: अधोदारामधील.

● कौटुंबिक राजयक्ष्मा मधुमेह यांसारख्या व्याधिचा इतिहास.

● मैथुनाचा इतिहास – नियमितता, काल, आसन, लक्षणे.

● ऋतुचकाचा इतिहास. यामधे कालवधी, रजस्रावाचे प्रमाण, वर्ण, गंध लक्षणे. योनि रोगाच्या योग्य निदान साठी ऋतुचकाचा इतिहास सविस्तर घ्यावा. ● व्यसन–मद्यपान तंबाखु साराखे पदार्थ पुर्वोत्पन्न व्याधिसाठी सुरु असलेले औषधोपचार.● गालगुंडा सारख्या बाल्यावस्थेतिल व्याधीचा इतिहास ● परिक्षणे– आयुर्वेदीय परीक्षणा मधे स्रोतस परीक्षणे प्रामुख्याने रसवह, रक्तवह अन्नवह, आर्तववह, शुक्रवह व मनोवह स्रोतसाचा विचार करावा. ● स्थानिक परीक्षण – पुरुष – उपस्थ, वृषण ग्रंधि, शुक्र प्रयोगशालीय परीक्षण स्त्रियांमधे योनी परीक्षण यामधे बाह्य योनीचा आकार, वयानुसार असणारे बदल, गर्भाशय मुख, गर्भाशय व गर्भाशय पार्श्व. स्त्री बीज निष्कासन परिक्षण ● कश्यपोक्त योनिचा आकाराचा विचार करावा. "शकटाकृती अपत्यलाभाय ।" ● शरीरभार–अति स्थौल्या व अति कृश हे अष्टो निन्दीता पैकी आहेत. म्हणून शरीराचा भार पहावा.

●अर्वाचिन शास्त्रानुसार ● गर्भधारण योग्य कालाचे लाक्षणिक परिक्षण– अ) प्राकृत चक्र – मासि – मासि २८/३५. ब) प्राकृत रजस्रावकाल ३/५/७ दिवस. क) रजकालापूर्वी आधोदर शूल व स्तन शूल व गुरुता. ड) ऋतुकाळात अल्प श्वेत पिच्छील स्राव अथवा अल्प रक्तसाव. इ) रजकालपूर्वी अल्प ज्वर प्रचिति.

Blood investigations -

Hormonal assay - Female if no ovulation Oligo / Irregular M.C.

FSH, LH, PRL, T3 T4 TSH BSL

HSG Generally in Secondary infertility

• Diagnostic laparoscopy/ Hysteroscopy in Female.

TSH - No influence on fertility

Low - Give HCG ifresponse Hypogonadotropic Hypogonadism No response - Karyotype

TSH - High - Hypothyroidism

If Semen analysis is normal- solve the coital problem

चिकित्सा –

आश्वासन – वयानुसार व्यवस्था २० ते २५ आश्वासन प्रशिक्षण, आहार, विहार, २६ ते २८ योग्य परिक्षणे व चिकित्सा २९ ते ३५ तत्परता योग्य निदान ऋतुचक्र नियमितता तपासणे, ऋतु काळ परिक्षण व आलेखन करणे. ज्या स्त्रियामधे अल्प स्राव साव न होणे किवा नष्ट किंवा अकर्म बीज आसणे या मुळे वंध्यत्व लक्षण असेल तर त्याना यापन बस्ती द्यावा. हा बस्ती स्नेहन व निरुह अशी दोन्ही

प्रकाराची कार्य करतो. १४ पंचकर्माचा क्रमशः उपचार करून पुरुषाना मधुर सिद्ध दुध व तूप व स्त्रियानी तेल व उडिद यांचा आहार द्रव्यामधे उपयोग करावा.

विरेचन – गर्भस्राव पात किंवा स्राव परीक्षणावरून पित्ताचा आनुबंध दिसल्यास ऋतु अवतीत् काळामधे विरेचन करावे. फल घृत, पूष्पधन्वा रस, अशोकारिष्ट, रस रक्त पाचक, कन्या लोहादि वटि, चद्रप्रभा, लशुनघृत. काश्मर्यादि घृत/फल लघु फल घृत, बला तेल नारायण तेल शतावरी घृत बस्ती अनुवासन, आस्थापन, ऋतावतित काळात विरेचन, उत्तर बस्ती–ऋतुकाल १) प्राकृत आसन २) वाजीकरण चिकित्सा ३) आहार नियमन ४) व्यायाम/योग/ध्यान धारणा ५) व्यसन कमी करणे ६) ऋतु काळात समागम एकदिवसाड/एकांत वास.

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Ayurvedic Management And IVF

वैद्य विनेश चंद्रकांत नगरे, एम.एस. (स्त्री–रोग)(आयुर्वेद), श्री माऊलीविश्व आयुर्वेद संशोधन केंद्र.

आपल्यालाही एक गोंडस बाळ व्हावं असे प्रत्येक विवाहित जोडप्याला वाटत असते. नैसर्गिकपणे गर्भधारणा न झाल्यास मग वैद्यकीय उपचारांचा आधार घेतला जातो. त्यातही आयुर्वेद सुरवातीला खूप कमी जोडपी अवलंबितात. एलोपॅथी उपचारांमधील वंध्यत्वासाठी गोळ्या व इंजेक्शने घेतली जातात. दुसऱ्या टप्प्यात लॅपरोस्कोपीचा अवलंब केला जातो. काही जोडप्यात IUI म्हणजेच गर्भाशयात कृत्रिम बीजरेतन केले जाते. तरीही गर्भधारणा न झाल्यास अखेर IVF म्हणजेच टेस्ट ट्यूब बेबी उपचारांचा वापर करण्याचा सल्ला दिला जातो.

IVF कडे जाणाऱ्या रुग्णांमध्ये वंध्यत्वाच्या अनेक क्लिष्ट समस्या दिसून येतात. ज्यामुळे नैसर्गिक गर्भधारणा शक्य होत नाही. यात पुरुषांमध्ये – शुक्राणूंच्या विरोधी प्रतिरोधक अँटीबॉडी तयार होणे या समस्या निर्माण होतात. ज्यासाठी IVF चा सल्ला दिला जातो. स्त्रियांमध्ये – बीजनिर्मितीमधील दोष जसे PCOD, बीजवाहीनलिकेतील अडथळा Endometriosis, Adenomyosis, AMH कमी असणे, तसेच वय ४० च्या पुढे असणे यासाठी IVF चा सल्ला दिला जातो. IVF तंत्रज्ञान नवीन असताना इतर अनेक उपाय निर्माण झालेल्या समस्यांना सोडवण्यासाठी अवलंबले जायचे. परंतु हे तंत्रज्ञान अनेक ठिकाणी सहज उपलब्ध झाल्यानंतर समस्या सोडवण्याकडे कल न जाता आहे त्या समस्या तशाच ठेवून IVF केले जाऊ लागले. परंतु त्यामुळे आजही IVF तंत्रज्ञानाने गर्भधारणा होण्यास मर्यादा येतातच.

आयुर्वेद शास्त्राचा मूळ विचार हा स्वस्थस्य स्वास्थ्य रक्षणम् आणि आतुरस्य व्याधीपरिमोक्षः असे असल्याने गर्भधारणेत निर्माण होणाऱ्या समस्या सोडवण्याकडे कल अधिक असतो. अशावेळी IVF चा सल्ला दिला गेलेल्या परंतु अजूनही IVF न केलेल्या रुग्णाची समस्या सोडवण्याचा प्रयत्न केल्यास नैसर्गिक गर्भधारणा शक्य होऊ शकते. IVF करुनही यश न मिळलेल्या रुग्णांचाही असाच विचार केला जाऊ शकतो.

काही रुग्णांमध्ये नैसर्गिक गर्भधारणा शक्य नसते आणि IVF ही यशस्वी होत नसते. अशावेळी शरीराची धारणक्षमता आणि धातूंचे संतुलन निर्माण केल्यास त्यानंतर IVF चा अवलंब केल्यास यश मिळताना दिसते. यासाठीच आयुर्वेद शास्त्र आणि एलोपॅथी उपचारांचा योग्यवेळी वापर गर्भधारणेसाठी केला जाऊ शकतो. सर्व वैद्यकीय शास्त्रे ही मानवजातीच्या कल्याणासाठीच निर्माण केली असल्याने दुराग्रह न ठेवता त्याचा रुग्णांच्या फायद्यासाठी योग्य प्रकारे उपयोग करणे आवश्यक असते. तसेही म्हटलेच आहे –

एकं शास्त्र अधियानो न विद्यात् शास्त्रनिश्चयः।

एका लेखामध्ये IVF च्या सर्व समस्यांबद्दल आयुर्वेदाच्या माध्यमातून लिहिणे शक्य नाही. त्यामुळे त्यातील एक मुद्दा घेऊन आपण त्याविषयी आज चर्चा करू.

AMH म्हणजेच Anti Mullerian Hormone ची पातळी कमी झाल्यामुळे IVF करावे लागणारे अनेक रुग्ण आम्हाला भेटत असतात. AMH हा स्त्रीबीजापासूनच निर्माण होणारा अंतःस्राव आहे. तो बीजनिर्मितीवर नियंत्रण ठेवतो. रजोनिवृत्तीनंतर या अंतःस्रावाची निर्मिती पूर्णपणे थांबते. वय वर्षे २ ते १२ या दरम्यान 10 ng/ml यापेक्षा याची पातळी कमी असते. वय वर्षे १३ ते ४५ मधे १ ते १० ng/ml यादरम्यान याची पातळी असते. तर ४५ च्या पुढील वयात १ पेक्षा कमी दिसते.

PCOD च्या रुग्णांमध्ये अपक्व आणि संख्येने अधिक बीजांड निर्मिती होत असताना AMH ची पातळी प्रमाणापेक्षा वाढलेली दिसते कारण नियंत्रणाचे काम त्याला अधिक करावे लागते. अशावेळी क्षयाने कि मार्गावरोधाने वातप्रकोप झाला आहे हे लक्षात घेऊन उपचाराची दिशा ठरवावी लागते. सध्या टीनएजर मुलींमध्ये पीसीओडीचे प्रमाण खूप मोठ्या प्रमाणावर दिसून येते. रुक्ष, विदाही, कटू रसात्मक आहार, व्यायामाचा अभाव, उशिरा झोपणे हि याची प्रमुख करणे आहेत. पीसीओडीचे उपचार आयुर्वेदाच्या माध्यमातून खूप प्रभावीपणे करता येतात.

अनेकदा अगदी ३० ते ३५ वयातील रुग्णांत ही पातळी १ पेक्षा कमी दिसते. अशावेळी IVF शिवाय गर्भधारणा शक्य नाही असे सांगितले जाते. परंतु AMH कमी असतानाही गर्भधारणा प्राकृत झालेली अनेक उदाहरणे आहेत. त्यातील काही केसे येथे प्रस्तुत करतो. स्त्री रुग्णा वय वर्षे २८. AMH - 0.22, लग्नाला २ वर्षे झालेली, पती सैन्यात कारगिल सीमेवर तैनात. पत्नी घरी गावाकडे. सततची चिंता, मानसिक तणाव. प्रकृती पित्तवातज. मासिक पाळी १५–१८–२१ दिवसांनी केव्हाही यायची. पित्तप्रधान अवस्था. वजन 46kg. जिव्हा साम. एन्डोमेट्रिओसिस चा इतिहास Hemorrhagic ovarian cyst, endometriotic cyst त्यामुळे वारंवार होत असे. सामान्य उपचाराने बाजनिर्मिती होत नव्हती. तीन वेळा गर्भाशयात कृत्रिम बीजरेतनही केले गेले. परंतु गर्भधारणा होत नाही यासाठी IVF चा सल्ला दिला गेला.

रुग्णाची मानसिक अवस्था पाहता प्रथम समुपदेशन केले गेले. नवरा सैन्यात, त्यातही सीमेवर असल्याने त्याच्या जीवाची भीती कायम मनात असायची. परिणामतःचिंत्यानां चातिचिंतनात् या न्यायाने सातत्याने रसक्षय होत होता. परिणामतः पुढील धातुंनाही पोषण कमी पडत होते. सौम्य अग्निदीपनासाठी सुवर्णमालिनी वसंत सूक्ष्म स्वरुपात, पित्तप्रधान अवस्थेसाठी अमृता, सारिवा, प्रवाळ, शतावरीचा वापर. धात्वग्निदीपनासाठी रसपाचक, रक्तपाचक. मानसिक कारणासाठी ब्राह्मी घन. योनीभागाची रुक्षता घालवून जीवनीयता निर्माण करण्यासाठी जीवनीय गणातील औषधांचा तैल पिचू नियमित. अशाप्रकारे ३ महिने चिकित्सा केल्यावर ४ थ्या महिन्यात गर्भधारणा झाली. ९ महिने संपूर्ण आयुर्वेद चिकित्सा घेतल्यानंतर नैसर्गिक प्रसूतीदेखील झाली. रुग्णास IVF शिवाय कोणताही पर्याय नाही असे सांगितले होते.

स्त्री रुग्ण वय वर्षे ३८. AMH - 0.46 पीसीओडी, एन्डोमेट्रिओसिस चा इतिहास. औषध घेतल्याशिवाय पाळी येत नाही. वजन भरपूर. रक्ततपासणीत साखर आढळलेली. आम्लपित्ताचा जुना इतिहास होता. एकदा बीजवाहिनलिकेत गर्भधारणा झालेली. आयव्हीएफ करताना दोन्ही बीजवाहिनलिका शस्त्रक्रियेने बंद केल्या. परंतु बीजाची गुणवत्ता अपेक्षित अशी निर्माण न झाल्याने स्त्रीबीज दाता घेण्यास सांगितले. रुग्णास ते मान्य नसल्याने आयुर्वेद उपचार करण्यासाठी आली. **आर्तववहे द्वे....तत्र विध्यायां वंध्यत्वं आर्तवनाशश्च।** बीजवाहिनलिका बंद केलेल्या असल्याने आयव्हीएफ शिवाय पर्याय नाही. अशावेळी बीजात आणि गर्भाशयात अपेक्षित गुणवत्ता निर्माण करण्याचे आव्हान होते. पती आणि सासरे एका मोठ्या राजकीय पक्षाचे महत्वाचे कार्यकर्ते. त्यामुळे जेवणाच्या वेळा अनियमित. झोपणे उशिरा. घरात इतर लोक जास्त येत असल्याने घरातल्या घरात संवाद कमी, औषध घेतल्याशिवाय पाळी येत नाही. त्यामुळे **वृद्धा तत्परतो ज्ञेया सुरतोत्सववर्जिता।** या न्यायाने आणि वयानुसार वातप्रधानता लक्षात घेतली. **वयोऽहो रात्रिभुक्तानां तेऽन्तमध्यादिगाःक्रमात्।** त्यानुसार जीवशैलीतील बदलामुळे वातादि दोषांमधे झालेले चय प्रकोप लक्षात घेऊन काही बदल सुचवले. रक्तातील साखर आणि वजन याबरोबरच आलेले धातुशैथिल्य यासाठी वसंतकुसुमाकर आणि बृहत्वातचिंतामणी सूक्ष्म स्वरुपात वापरला.

आर्तवं आग्नेयं। या न्यायाने स्थूल जाठराग्नी, सूक्ष्म धात्वग्नी, आणि सूक्ष्मातिसूक्ष्म आर्तवाग्नि याचा विचार करून नेहमीप्रमाणे रसपाचक, रक्तपाचक असे पाचक औषधांचा टप्प्याटप्याने वापर केला. बीजातील अग्निवर्धनासाठी लताकरंज घन, वातानुलोमनासाठी महायोगराज गुग्गुळ, रक्तप्रसादनासाठी सारिवा मंजिष्ठा योग, मलानुलोमनासाठी गंधर्वहरितकी, गर्भाशयाला बलदायी चंद्रप्रभा अपानकाळी असे योग वापरले. **सूक्ष्मकेशप्रतिकाशा बीजेरक्तवहाशिराः। गर्भाशयं पूरयन्ति मासात् बीजाय कल्पते।।** हि संकल्पना नेहमी लक्षात ठेवली. गर्भाशय आणि बीजकोषाच्या आसमंतातील सूक्ष्म रक्तवाहिन्यांचे काम उत्तम होण्यासाठी उदरभागी सहचर तेल आणि बला तेल लावण्यास दिले. मंजिष्ठादि तेलही येथे वापरता येते. **योनीनां वातलाद्यानां।** योनीभागातील वातप्रधानता कमी व्हावी यासाठी योनीभागात पिचू ठेवण्यासाठी गंधर्व तेल, कासीसादी तेल, जीवनीय तेल याचा वापर केला.

सुरुवातीच्या तीन महिन्यात शरीरातील जडत्व कमी झाले. आम्लपित्ताचा त्रास कमी झाला. रक्तातील साखर नियंत्रणात आली. त्यासाठी कोणतीही आधुनिक औषधे घ्यावी लागली नाहीत. सहा महिन्यानंतर मासिक पाळी नियमित येऊ लागली. मानसिक ताण कमी होऊन डोके शांत राहू लागले. अजूनही बीजनिर्मिती वेळेत होत नव्हती. परंतु आत्तापर्यंत शरीराचा मिळालेला प्रतिसाद आणि पडलेला फरक आजपर्यंत कधीच अनुभवाला आलेला नसल्याने रुग्णाने उपचार तसेच पुढे चिकाटीने चालू ठेवले. एक वर्षानंतर बीजनिर्मिती वेळेत होऊ लागली आणि गर्भाशयातील अस्तराची वाढही पुरेशी होऊ लागली. एकंदर सर्व गोष्टींचा आढावा घेऊन रुग्णास आयव्हीएफ करण्यास सुचवले. यावेळी मात्र निर्माण बीजांची गुणवत्ता अतिशय उत्तम होती. एकंदर आठ भ्रूण तयार झाले. त्यातील एकाचे रोपण करून बाकीचे गोठवून ठेवले गेले. कदाचित यावेळी यश न मिळाल्यास पुढीलवेळी त्या गोठवलेल्या भ्रूणांचा वापर करता येतो. परंतु याच प्रक्रियेत यश मिळाले. गर्भधारणा यशस्वी झाली. वयाचा विचार करता. गर्भाला किंवा आईला गर्भधारणेच्या काळात अडचणी उत्पन्न होऊ शकतात असे सांगितले होते. बाळामध्ये काही दोष येऊ शकतो किंवा आईला चयापचय दोष निर्माण झाल्याने मधुमेह किंवा रक्तदाब उत्पन्न होऊ शकतो असे सांगितले होते. परंतु नऊ महिन्यांच्या कालावधीत कोणतीही अडचण उत्पन्न न होता अतिशय सुदृढ आणि निरोगी बाळाला रुग्णाने जन्म दिला. आयुर्वेद आणि अर्वाचीन शास्त्राचा असा योग्य मेळ घातल्यास अनेक जोडप्यांची गर्भप्राप्तीची इच्छा सफल होऊ शकेल.

Diagnosis And Treatment Protocol For Shodhana Chikitsa In Vandhyatva (Female Infertility)

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Introduction- Infertility is a serious health issue worldwide; affecting approximately 8% to10% of couples world wide. Ayurveda is ancient science dealing with vandhyatva (infertility in Females) treatment.

Ayurveda has its own principles to treat vandhyatva based on ancient texts. After taking harmonal therapy, IUI (Intra uterine insemination), IVF (In vitro fertilization), there are no satisfactory outcomes. This is the point where these patients consult Ayurved. To give results to these patients the role of AYUSH doctors is very crucial. When diagnosis and treatment are based on principle Ayurveda and textual protocols are followed, success probability is increased. It is seen that there is a lot of variation in drugs and shodhana chikitsa used for vandhyatva treatments. But the principles on the basis of which the treatments are administered has to be uniformly based on Ayurveda principles. Here a step wise mental map and treatment protocol is given for vandyatva chikitsa w.s.r. to female infertility.

Diagnosis and treatment are based on Tridosha sidhanta. In charaka samhita dosha lakshan are to be taken in to consideration. In yonivyapada chikitsa chapter twenty, yoni roga are explained. Symptoms are based on dosha involved in the pathogenesis. Vatapradhana yonirog -11, Pittapradhana yonirog-3, Kaphapradhan yonirog-1. As vata is predominating in all the pathogenesis of yonivyapada, the main treatment is also based on vata dosha.

नहि वातादृते योनिर्नारीणां संप्रदुष्यति।।
शमयित्वा तमन्यस्य कुर्वाद्दोषस्य भेषजम्।। च. चि. ३०-११५, ११६.

To find out samprapti (pathogenesis) and Nidan(causative factor) is most important for prescribing shodhana treatments.

According to Sushruta samhita the conception occurs based on four main factors are

ध्रुवं चतुर्णां सान्निध्यद्गर्भः स्याद्विधिपूर्वकम्।।
ऋतुक्षेत्राम्बुबीजानां सामग्र्यादङ्कूरो यथा।।३३।। सु. शा. २/३३

Where Rutu is fertile period, Kshetra is uterus and reproductive organs or Artavavaha strotasa, that is travarta yoni. Ambu is rasa, rakta and drava dhatu providing nutrition. Beeja is shonit or ovum in females.

Any abnormility in these factors may also cause infertility. So for dignosis these four factors are taken in consideration.

Artavapravrutti is stimulated due to Vata (Rutu). Anatomy and Physiology of Artavavaha strotasa is maintained by Vata (Kshetra), Ambu (Rasa etc) is transported by Vata. Production of Beej (Ovum) is governed by Vata. So it shows the importance of Vata in all Yoniroga.

Factors for conception and foetus formation according to charaka samhita are

मातृजश्चायं गर्भः, पित्तृजश्च, आत्मजश्च, सात्म्यजश्च, रसजश्च, अस्ति च सत्त्वमौपपादुकमिति

Charakacharya has explained all these factors in formation of foetus. We have to examine patient on basis of all these bhavas.

Matruja, pitruja, Atmaja, satva, satmya, rasa. Matruja are reproductive system, ovum, menstrual cycle.

Pitruja are male reproductive system and Shukra. Atmaja are ling- sharir and chetan dhatu, karma of those individuals. Satva is mind and intellect. Satmya is their habits acquired or genetic. Rasa is their nutrition. As conception is dependent on all these factors they must be studied and diagnosed.

Apart from this Ahara and Vihara hetu of females and their general health is also very important as they are the one who bear child. So it is important to check Aahara and vihara. As charakacharya has quoted.

मिथ्याचारेण ताः स्त्रीणां प्रदुष्टेनार्तवेन च।
जायन्ते बीजदोषाच्च दैवाच्च श्रुणु ताः पृथक्।।८।।

From this sutra charakacharya has thrown light also on Beej dosha and daiva (destiny). When all reports physical examination of both partners on investigation basis and Ayurved basis are normal and still the infertility problem persists then it is destiny which has to be treated by experts of Daivavyapashraya chikitsa.

Chikitsa sutra for yoni rog (Principle of treatment of yoniroga) according to charaka samhita is

स्नेहनस्वेदबस्त्यादि वातजास्वनिलापहम्।।४१।।
कारयेद्रक्तपितघ्नं शीतं पित्तकृतासु च।
श्लेष्मजासु च रूक्षोषणं कर्म कुर्याद्विचक्षणः।।४२।।
सन्निपाते विमिश्रं तु संसृष्टासु च कारयेत्।
स्त्रिग्धस्विन्नां तथा योनिं दुः स्थिता स्थापयेत्पुनः।।४३।।
पाणिना नामयेज्झिह्मां संवृतां वर्धयेत् पुनः।
प्रवेशयेन्निःसृतां च विवृतां परिवर्तयेत्।।४४।।
योनिः स्थानापवृत्ता हि शल्यभूता मता स्त्रियाः।
सर्वा व्यापन्नयोनिं तु कर्मभिर्वमनादिभिः।।४५।।
मृदुभिः पञ्चभिर्नारीं स्निग्धस्विन्नामुपाचरेत्।
सर्वतः सुविशुद्धायाः शेषं कर्म विधीयते।।४६।।

Treatments-

Vataj yonivyapada - snehana, Swedana, basti according to the Utthana of Vata, either Upashambhita or Nirupastambhita.

Pittaja yonivyapada - treatment acting on Rakta and pitta, Sheetopchara. Either Swatantra dushti of Vata or Paratantra dushti. e.g Pittala yoni or Pittavruta Apan.

Kaphaj yonivyapada - Ruksha and ushna treatments as Swatantra or Paratantra dushti. e.g. Kaphaja yoni or Kaphavruta Apan.

In dosha combinations - treatment depending their percentage of involments in the pathogenesis of vandhyatva.

In case of displacement of yoni - Snehana and swedana chikitsa is to be done and relocation to be achieved. It is done by Dhanvantari Adhikara.

Shodhana chikitsa - mrudu snehana, swedana, vamana, virechana, basti is administered.

After shodhana the rest of treatments like shaman, rasayana to be administerd.

This is in short the background which is to be considered for diagnosis and shodhana treatments.

Primary objective - To develope a protocol on basis of textual principles in diagnosis and treatment of vandyatva for shodhana chikitsa

Protocol based on textual Principles -

Step 1 - General examination -

History taking -

Present problem / History of present problem / family history / Genetic-Daivavyapashraya history / Ashtavidha / Dashvidha / General examination / Investigations reports.

Protocol for Vandhyatva -

Step 2 - To find santarpanjanyavastha / Apatarpanjanyavstha.

Step 3 - To identify Sama and Nirama.

(Table 1)

Step 2 /Step 3 - Findings on examination	**Chikitsa**
Santarpanajanya	Shodhana
Sthaulya - Bahudosha lakshana Body wt- BMI- raised	**Sama** vastha Sama vastha Shodhana Nirama - Shodhana
Aptarpanajanya -	Bruhanam Tarpana
Karshya - Body wt BMI- lower side	Samavastha Pachana Tarpana Bruhanam Nirama -, Tarpana Bruhanam

Step 3 - On basis of Dosha - differential diagnosis and treatment.

(See Table 2)

(Table 2)			
Vataja symptoms	Toda, Vedana, Stambha, Piplika Sanchara, karkashatva, supti and other vata pradhana symptoms	Samavastha - Pachana snehana, Swedana, basti	Niramavastha - snehana, Swedana, basti
Pittaja symptoms	Daha, Paka, Ushna, Jwara, artava Daurgandhya, neel, krushna varna artava and other pittaja symptoms	Samavastha - Pachana - (tikta) Raktapittagha (Bahudosha - Virechana) Sheeta chikitsa - (madhura rasadravya)	Niramavastha - Raktapittagha (Virechana) Sheeta chikitsa
Kaphaja symptoms	Yoni Pichila, sheeta, Kandu other kapha symptoms	Samavastha - Pachana Rukshana Bahudoshavastha - (Vamana) Ushna chikitsa	Niramavastha- Rukshana Bahudoshavastha- (Vamana) Ushna chikitsa

Step 4 - Sushruta
Examination of other factors-

Kshetra- Anatomical / Structural findings / USG Findings	Vata chikitsa - Snehana, swedana, basti, anulamana **सर्वशरीरधातुव्यूहकर: – च.सु.१२**
PCOS - Rutu- Ovulation study, Follicle study,	Bhedana Vatachikitsa - Deepana, Pachana, anulomana, Bhedana, Basti
PCOS - sroto granthi / Rasadushti	Virechana - Pittanubandh Vamana - kaphanubandha Basti for Regularization of cycle and prevention of cystsformation
Non maturing follicle Apatarpanavastha - Vatapradhanya	Balya, Bruhana, Tarpan chikitsa Anuvasana,Yapana - Ushna, madhura dravya Vatanulomana and Bhedana for rupturing
Non rupturing follicle - Margavrodha / Cycts Santarpanavastha - Vatasanga	Srotoshodhana, chikitsa Deepana, Pachana, Lekhana, Niruha basti Virechana- Pittanubandh Vamana- kaphanubandha Katu rasa dravya. Vatanulomana and Bhedana for rupturing
Ambu - Rasa, Rakta Rasavaha srotas dushti - Artava kshaya Stress related rasa Dushti (chinta)	Chikitsa - Snehana, swedana, Yapana, bruhana basti, Nasya, shirodhara Shirodhara, shiro pichu
Raktavaha srotas - Artava dusti- Prdara-	Deepana, tikta rasa pachana, virechana Rakta prasadana Chikitsa - Ksheera basti Chikitsa according to sama and

	niramavastha and Dhatvagni chikitsa.
Raktakshaya	Raktaposhaka chikitsa
Beeja Pradushta artava - Aptarpana Beeja kshaya - non maturing follical Margavrodh / Non rupturing due to Srotorodha	Ahara, Vihara, Pathya, Pathyapalana Agnideepana, Bruhana, yapana basti Pachana, Lekhana, tikshna, katu rasa basti

Step 5 - Charaka
Advise for healthy conception - Consideration of bhavas - Interpritation - Treatment

Matruja- (Female factor)	Body constitution (Prakruti) of female General health nutritional condition Systemic diseases in female	Shamana and shodhana chikitsa for diseases. Rajo shudhi For healthy conception Balya and rasayana chikitsa for suprajanana
Pitruja - (Male factor)	Body constitution of male (Prakruti) General health nutritional condition Systemic diseases of male	Shamana and shodhana chikitsa for diseases. Shukra shudhi For healthy conception Balya and vajikarana chikitsa for suprajanana
Atmaja- (spiritual factor)	Chetana dhatu/Linga deha	Daivavyapashraya chikitsa Poojana, mani, mangal as per suggestion of Daivvyapashraya Expert / Parashara Samhita
Satmyaja (habits)	Formation of rasa and rakta Sampad, Dhatu Sampada	Satmya aahara sevan. Diet and lifestyle consultation
Rasaja (Nutri-tion)	Preenana karya-nutrition	Deepan, Pacahana, shadrasatmak aahara, balance nutrient diet
Satvaja (psyche)	Mental health treatment	Achar rasayana, ashwasana chikitsa, Nasya, Murdhnya tail

Discussion - As conception is a combination of different mental, physical, destiny factors, consultant must take in account all these factors. If this protocol is followed and a detail case history is taken, the probability of missing out anything in diagnosis and treatment of vandhyatva (female infertility)is reduced. This is a model protocol on basis of this by using yukti pramana Ayurved physician can prepare own special protocol.

Conclusion - Systematic protocol is developed for complex problems like Vandhyatva on the basis of a Ayurveda basic by using this principles, the probability of successful treatment and betterment of society.

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श्रद्धांजली

श्री. श्रीकांत ढोले ह्यांचे दुःखद निधन.

राष्ट्रीय शिक्षण मंडळाचे सभासद **श्री. श्रीकांत ढोले** ह्यांचे दि १८ जानेवारी २०२१ रोजी दुःखद निधन झाले. श्री. ढोले हे रा. शि. मंडळाच्या कै. कृ. ना. भिडे आयुर्वेद संस्था समितीचे क्रियाशील सदस्य होते तसेच पूर्वी आयुर्विद्या मासिक समितीचेही ते सक्रीय सदस्य होते.

श्री. ढोले जाहिरात श्रेत्रातील व्यवसायिक होते. तसेच नागरीकांच्या Fitness साठी GYM. चालवित होते.

राष्ट्रीय शिक्षण मंडळ व कै. कृ. ना. भिडे आयुर्वेद संस्था समिती आणि आयुर्विद्या मासिक समितीच्या वतीने श्री. ढोले ह्यांना श्रद्धांजली.

Improving Endometrial Receptivity By Ayurvedic Medicines - A Case Report

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Introduction - Approximately in 40% of euploid embryos which fail to implant might suggest the importance of the endometrium. Recurrent implantation failure, recurrent miscarriages etc are the major factors of infertility. It includes increase in endometrial thickness and endometrial blood flow. Ayurvedic treatment can really help such patients. Poor endometrial vascularity and low levels of oestradiol lead to poor growth of endometrium. When endometrial thickness is less than 7mm of thickness, it is thin endometrium. Prevalence of thin endometrium is 2.4% in Artificial Reproductive Technology. There are many etiological factors like inflammation etc. which lead to thiming of endometrium. A lot of research work is going on this factor in modern science. A lot of patients are coming to Ayurved faculty to improve the endometrial receptivity. A single successful case treated with comprehensive Ayurvedic Treatment is reported here. Treatment of this case is based upon improving re-epithalization of endometrium and angiogenesis of endometrial vessels by comprehensive Ayurvedic treatment which includes oral Ayurvedic medicines and Panchakarma treatment.

Case report - A 38-year-old woman (weight 80.2 kg, height 5'5") visited my clinic in May 2017. She was married for last 5 years and had a history of secondary infertility. Her medical history revealed that she was diagnosed with Abdominal Koch's in 2011 followed by 8 months AKT. Her family history was not so significant except history of fibroid to her mother. Her menstrual history was regular, but she was having very scanty menses. In 2014, patient had undergone Laparoscopy which had shown dense adhesions in pelvis though her bilateral tubes were patent and Hysteroscopy which had shown bilateral normal ostia with a dark spot in the centre of the endometrial cavity. Hence, she was advised to undergo ART protocol. She had undergone 5 IVF cycles. In 3rd IVF cycle, she conceived but faced missed abortion in 7th week. In 5th IVF cycle, 8 eggs retrieval done, and 8 embryos were formed and kept frozen. In this cycle, she had developed (OHSS) Ovarian Hyper Stimulation Syndrome. So, she took a break in ART treatment and visited me for further management through Ayurveda.

In June 2017, Patient's colour doppler of endometrium showed absent blood flow in sub-endometrial and intra-endometrial blood flow and a simple left ovarian cyst. To improve her endometrial receptivity, the treatment was given.

In June 17, I started following treatment.

1) Laghu Malini Vasant 1 gm OD, Tab Shankhavati 1gm HS, and Shatapushpa 5 gms in the early morning. 2) Patient had undergone 1st cycle of 3 Uttarbasti with Kasisadi oil, Dhanwantar Oil, and Phalagruta. (each 5ml). 3) This was followed by 1st Kaalbasti upakrama with Dhanvantara oil and Dashamoola Kwatha.

Patient was so apprehensive hence she immediately went for embryo transfer with her frozen embryos. 4 (out of 8) embryos were transferred but the patient did not conceive. Again, she faced failure of implantation.

With this failure, she visited me again in the month of July 17. Now, she had only 4 frozen embryos with her. Considering her age, low AMH values (less than 0.03) and Pelvic adhesions, she had her only hopes on her remaining frozen embryos. Then following treatment was started.

1) Tab Dhanvantar 1gm TDS, Laghu Malini Vasant 1gm TDS and Tab Shankhvati 1gm HS 2) 2nd cycle of Uttarbasti with 1 Kasisadi and 2 Dhanvantara oil (5ml each). 3) This was followed by 2nd Kaalbasti upakrama with Dhanvantara oil and Dashamoola Kwatha.

In July 2017, Husband's Semen profile showed normal parameters. Blood karyotyping of both was normal (46XX, 46XY). I repeat her colour doppler of endometrium in July 17 which showed absence of intra-endometrial flow but there was presence of sub-endometrial flow. Her Endometrial thickness was 5.8mm which was very thin.

In August 17, the whole regimen of July 17 treatment was repeated.

In September 17, she was advised to take Shodhan chikitsa started with gradual increasing ingestion of Mahakalyanak Ghrut. She had undergone Vaman Process with Panchatikta and

Yashtimadhu Kwatha and then Virechan Process with Trivrut Leha. Each time 3 annakaal Samsarjana krama was advised to increase her metabolic rate (Agnivardhan).

In October 17, to maintain her metabolic power and to increase rasa saratva, medicines were prescribed :- 1) Tab Suvarna Malini Vasant 100 mg at Rasayan kaal. 2) Phalaghruta 20 ml with hot water at Rasayan kaal.

In November 17, Colour Doppler of endometrium of the patient which showed Endometrial thickness 8 mm which was significantly increased. This was an unovulatory cycle as expected as her AMH values were extremely low. Again, sub-endometrial and intra-endometrial flow was absent.

Then next 4 months I kept her on - 1) Shatapushpa 5 gms Rasyankaal. 2) Phalaghruta 20 ml Rasayankaal. 3) Yogasanas and Pathyaaahar was asked to continue. During these months, patient had regular but unovulatory menses. Her bleeding pattern was also improved. Her endometrial thickness was maintained at 8 mm which was significantly good.

After March 18, her treatment was stopped and asked her to go forward for her IVF treatment as her endometrial thickness was improved a lot. Patient went to her IVF doctor in July 18. Now, the patient's age was 40 years. Her endometrial thickness was still maintained to 8 mm thickness. In August 18, remaining 4 frozen embryos transferred to her uterus. It was a blastocyst (5 days embryo) transfer. She conceived and had normal Antenatal Care. (ANC) throughout 9 months. She delivered a healthy baby girl by C-Section after completing 9 months. (See Table 1)

(Table 1) To summarize her treatment,

Time Period	Medicines	Panchakarma Treatment	Endometrial Thickness in mm
June 2017	Laghu Malini Vasant 1 gm OD Tab Shankhavati 1gm HS Shatapushpa 5 gms OD	1st cycle of 3 Uttarbasti with Kasisadi oil, Dhanwantar Oil and Phalagruta. (each 5ml). 1st Kaalbastiupakrama with Dhanvantara oil and Dashamoola Kwatha.	5 mm
July 2017	Tab Dhanvantar 1gm TDS Laghu Malini Vasant 1gm TDS Tab Shankhvati 1gm HS	2nd cycle of Uttarbasti with 1 Kasisadi and 2 Dhanvantara oil (5ml each). 2nd Kaalbastiupakrama with Dhanvantara oil and Dashamoola Kwatha.	5.8 mm
August 2017	Tab Dhanvantar 1gm TDS Laghu Malini Vasant 1gm TDS Tab Shankhvati 1gm HS	3rd cycle of Uttarbasti with 1 Kasisadi and 2 Dhanvantara oil (5ml each). 3rd Kaalbasti upakrama with Dhanvantara oil and Dashamoola Kwatha.	
September 2017	-------	Shodhanchikitsa started with gradual increasing ingestion of Mahakalyanak. Ghrut Vaman Process with Panchatikta and Yashtimadhu Kwatha Virechan Process with TrivrutLeha. Each time 3 annakaal Samsarjana krama.	-----
October 2017	Tab Suvarna Malini Vasant 100 mg at Rasayan kaal Phalaghruta 20 ml with hot water at Rasayan kaal	------	------
November 2017	Tab Suvarna Malini Vasant 100 mg at Rasayan kaal Phalaghruta 20 ml with hot water at Rasayan kaal	-------	8 mm
December 2017 to March 2018	Shatapushpa 5 gms Rasyankaal Phalaghruta 20 ml Rasayankaal Yogasanas and Pathyaaahar	-------	8 mm
July 2018	Embryo Transfer preparation at IVF Center	-------	8 mm
August 2018	Embryo transfer done and Patient conceived.	-------	-------
May 2019	Healthy baby girl delivered by C-Section.	-------	-------

Discussion - This was the case of elderly patient having secondary infertility with history of abdominal Kochs' and 5 IVF failures. Patient was having scanty menses. Her history of recurrent IVF failures and thin endometrium suggest the importance of improving endometrial receptivity in her treatment strategy. She came to my clinic for the preparation of endometrium and thus to increase the endometrial receptivity before frozen embryo transfer. Preparation of endometrium includes increase in endometrial thickness and blood flow.

In this case, patient was in her advanced age of her reproductive period and hence was having exceptionally low AMH (Anti Mullerian Hormone). She was having 4 frozen embryos with which she wanted to take last chance for conception. Hence, as a last hope she came for Ayurvedic treatment for endometrial receptivity before frozen embryo transfer.

The ayurvedic principles on which the treatment was given. Drugs with Agnideepan, balya, bruhaneeya, vatashamak Treatment along-with Local and systemic purification followed by Ojavardhak and Rasayanchikitsa were prescribed first.

Patient's bala (strength) was low because of frequent IVF procedures and long-standing stress. Hence, instead of Sarvdehik shodhan chikitsa (Systemic Purification - Panchakarma procedures), local treatment was started.

Sthanik chikitsa (local treatment) with Uttarbasti for sthanik dosh nirharan (Removal of local toxins from uterus and adnexa) which are generated from repeated IVF procedures. Sneha Uttarbasti reduces the vitiated vatain female reproductive system.

Considering her advanced age, Low AMH values and Vatapradhan hetu, started with Vatashamak, balya and Bruhaneeya chikitsa with Dhanvantarvati, Shatapushpa, Shankha vati and Basti chikitsa.

To improve her Dhatu parampara (metabolism), I put her on Laghu Malini Vasant for 3 months.

During this treatment, patient's physical and mental strength increased and I decided to go for systemic purification. Her agnibala (Metablic power) was also good and hence decided to start with Vardhman Snehapaan with Mahakalyanak Grhita. It is bruhaneeya and has special effects in infertile women. Hence, this Sneha was selected. Vaman and Virechana karmas were done according to Classic Ayurvedic procedure. We get the references (in Charak and AshtangHriday Samhita) of such purification processes and basti treatment before conception. These processes create the proper environment by bringing all the doshas in normal condition in the uterus. This facilitates the implantation of embryo and further growth and development of the fetus till term. In this patient, considering her bala and season's bala (Rugnabala, Kaal bala) and vatapradhan condition, uttarbasti and basti treatment was done before systemic purification. After systemic purification, She was put on Rasayan for 4 months in Hemant Rutu and early Vasant Rutu. (As Hemant rutu is the best rutu for Rasayanvidhi). For this, Tab Suvarna Malini Vasant 1oo mg with Phalaghruta20 mg in the early morning (Rasayan kaal) for 4 months were given.

In between the treatment, the investigations for endometrial thickness was repeated.It showed significant improvement up to 8 mm. Her monthly periods also showed improvement in the bleeding during menstruation. Amount and days of bleeding during menstruation had been increased after treatment. After achieving maximum parameters about endometrial thickness, She was asked to move further for her frozen embryo transfer. Eventually, the patient conceived and had a normal (without any complications) Antenatal Care (ANC) till term and she delivered a healthy girl child through caesarean section. (See Table 2)

Pharmacokinetics means the way of absorption and metabolism of medicine in the body. In this patient, we need to treat her by improving her metabolic power and anabolic activity of all dhatus. Hence, all the choices of medicines are made which are having these properties. If you observe all the medicines, you can find common properties of Madhur rasa, Katu rasa, Ushnaveerya and Snigdhaguna. All these properties are useful in improving her total metabolism.

In classical Ayurvedic literature, one can find many Kaplas (medicines) of the same properties which are mentioned above. But those medicines were chosen which are having above mentioned properties as well as the specific actions on female reproductive system.

(Table 2) Pharmacokinetics and Pharmacodynamics of Ayurvedic medicines in Ayurvedic Way-

Medicine	Pharmacokinetics of Kalpa	Pharmacodynemics of kalpa
लघु मालिनिवसन्त	उष्ण, स्निग्ध–रसशुध्दिकारक, नवनीत–स्निग्ध, शीत, रसधातुपोषक	रसक–बल्य, रसायन, मरिच–दीपक, ज्वरहर नवनीत–बल्य सम्यक् नवरजनिर्मिति
शंखवटी	कटु उष्ण	त्रिकटु–दीपक, पाचक शंखभस्म–पित्तशामक अपानक्षेत्रेअनुलोमक
धान्वन्तर वटी/तैल	मधुर,कटु,उष्ण	तैलंसर्ववाताविकारजित् योनिरोगक्षयापहम्
शतपुष्पा	मधुर, उष्ण	बृंहण, बल्य, पुष्टिवर्णाग्निवर्धन, ऋतुप्रवर्तनयोनिशुक्रविशोधिन, वातप्रशमन, पुत्रप्रद, वीर्यकर
महाकल्याणकघृत	मधुर,कटु,उष्ण,स्निग्ध	बृहणीयं, विशेषेणसन्निपातहरं, वन्ध्यानांधन्यम्
स्वर्ण मालिनिवसन्त	मधुर, उष्ण, स्निग्ध	प्रदीप्तंकुरुतेऽनलम्
फलघृत	मधुर, उष्ण, स्निग्ध	योनिशुक्रप्रदोषेषुतत्सर्वेषु च शस्यते। आयुष्यं, पौष्टिकं, मेध्यं
चिकित्सा सूत्र	दीपन, पाचन	सम्यक् धातुपरंपरानिर्मिति, सम्यक् नवरजनिर्मिति वातप्रशमन, बृहण, ओजवर्धन (ओजवर्धन) (सम्यक् नवरजनिर्मिति)

Pharmacodynemics means the effect of medicines on the body. I observe the following utmost effects on this patient.

1)Increase in metabolic power (Agni-deepan) 2)Vataprashaman 3)Ojavardhan 4)Regeneration of endometrium and increase in endometrial thickness 5) Restoration of glandular activity of endometrium during luteal phase of menstruation which increase the receptivity of endometrium.

Thus, this line of treatment was successful in this patient and eventually this patient was conceived with her frozen embryos and delivered a healthy baby girl at term.

Summary - Comprehensive Ayurvedic treatment which includes purification processes (Panchakarma treatment), ayurvedic medicines, pathyaaahar (Diet modifications according to Constitution of patient) and regular exercise increases the fertility. Ayurvedic treatment helps in regeneration of endometrium.

Key message - Ayurvedic treatment can be used as a pre-requisite before IUI or IVF treatments in cases of multiple and frequent conception failures, though larger samples are required to establish this line of treatment.

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Female Infertility - A Case study

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Introduction - According to WHO report, the prevalence of primary infertility in India was 3.9% in age group of 25-49 years and 16.8% in age group of 15-49 years. Day by day because of wrong diet and lifestyle, cases of irregular menses, unovulatory menstrual cycles, hormonal dysfunction, are increasing. Today's lifestyle causes imbalance in three dosha, thereby increasing cases of infertility. Solution for this is involved by modern science is totally mechanical. With the help of ancient wisdom of Ayurveda, we can correct the problem with pinpoint treatment. With the help of basic principles of Ayurveda, we can easily balance dosha, can work on tissue level correction. In this article, I want to discuss one case, where we cannot find any abnormality as per modern parameters, although the patient was a case of secondary infertility. As per ayurvedic diagnostic method we found that patient's vata and pitta was vitiated and she has typical history of vata prominent lifestyle. When vata pitta pacifying treatment, panchakarma were done, she conceived and also continued 9 months pregnancy, and delivered a healthy baby girl.

Patient name - xyz - A 30 years thin lady visited clinic with her husband, complaining about secondary infertility. She was married since 5 years. She has regular menstrual cycle of 28 days with 3 days scanty menses with dysmenorrhea. She was complaining intermittent headache, hyperacidity, sour test of mouth, irritation, weakness. Her husband has no history of any disease, his semen report was absolutely normal, with good semen count and healthy, motile sperms. Once she conceived after allopathic treatment and gets aborted at 5 wks pregnancy, in spite of progesterone and HCG support. After that, she didn't conceive. Patient was from lower socio-economical class, mal nourished, weak. Disease history-She had history of measles and typhoid in childhood. Medicine history-she had taken modern medicines since 2 years. Lab investigations- Hb-10, thyroid function test within normal limits, no diabetes or any other major findings. On examination, she has Rasa, rakta, kshaya. Her weight was 34.800 kg. Pulse vata prominent with pitta. blood pressure 90/70, prakruti- vatapitta. Her appetite was very less; her time to take lunch was 3 pm. She took food pungent prominent, dry kind of. She usually eats biscuits and tea in morning. She usually eats dry snacks or hotel food and skips homemade food. She has typical vata prominent diet and habit. She has history of constipation, dry hard vata prominent stools. Tongue was sama, coated. shabd- weak, touch-dry, sight (druk)-dry, Akruti-built-small.

In dashveedh pariksha - 10 fold examination - Dushya - Rasa, Rakta, mamsa, shukra - ksheen - less, desh - sadharan / reproductive system, balataha - ksheen bala, kala - 27/08/18 - varsha, anal - visham, prakruti - vatapitta, vayataha - madhyam - yuva, satva - heena, satmya - katu, ruksha, Aaharshakti - heen - less, vyamshakti - less -heena.

Hetu- vata prominent diet, habits, poor nourishment, fasting, childhood history of mesels and typhoid and habits nourished pitta also. Abortion is also cause to increase vata in uterine area.

Purvarupa - less appetite, constipation, irritation, weakness.

Rupa- infertility, weakness, abortion, sthansanshray - reproductive system, rasavha, raktavaha, shukravaha.

Samrapti- pathogenesis - Vata, pitta vitiated - agni hampered - digestion hampered - nourishment of tissues prohibited with starvation and diet habit, rasa, rakta, mamsa, meda, asthi, majja, shukra all dhatus malnourished. Because of constipation, apan vata vitiated causes, dysmenorrhea, scanty menses, and abortion. Because of malnourishment uterus do not have holding capacity- vigun apan. apatarpan samrapti- catabolic disorder. Chronic pathogenesis - jirna avastha.

Diagnosis - Vataja yonivyapad -

Investigtion - TORCH - test - negative, no major abnormality. HSG - both tubes patent.
Treatmen plan - vata pitta shaman, santarpan,
First visit - 27/08/2018
laghumalini vasant 2 tabs vyanodan - Rasa dhatu pachak, agni vardhak.
Drakshasava - 2tsf after food with water, balya, agnivardhk, rasa, rakta tissue nourishing.
Avipattikar powder - 1/2 tsf with milk at night
Baly kalp - 1 tsf with milk in morning- shatavari, ashwagandha, bla, gokshur, sariva are key ingredients.1 month medicine- patient was from Aalandi so cannot visit frequently.
In next visit - 26/09/2018 her appetite was improved. Weight increased by 1 kg , irritation reduced.

Lxmana loha 1 tab twice a day is added - to give strength to reproductive system, acts on vandhytva and nourishes blood tissue. 1 st month garbhasthapak powders -Yashti + shvet + raktachandan + shatavari with ghee at apana time started. At night, before sleep, Jatamansi fant given.

A yoga basti done from 5 th day of menstrual cycle. Abhyang done with bala ashvagandhadi oil, After swedana, Anuvasan basti given with 50ml sahacharadi oil for adhovata shamanam and niruha basti given with dashamool decoction 700ml added with 30ml dashmool oil 2gm saidhav and 5gm honey.
27/10/2018 - from 10 th day of menstrual cycle - 25ml shatavari ghrut + 25 ml ksheerbala oil - matrabasti for 5 days-for nourishment of ovum, to pacify vata and pitta.

Internally madhumalini vasant 2 tab apan time - before food, laxmana loha continues, paripathadi decoction added to nullify hotness in body which may be remnant of typhoid fever and measles. (as per panchbhuik chikitsa therapy I usually give paripathadi decoction for the patients with history of pitta disease). Balya kalp continue, kamal, nagkeshar, with milk and rock sugar started.

She has 2 kg weight gain this month. 37.05 KG, Appetite increased (abhyavharan Shakti - intake capacity and jaranshakti - digestion capacity-increased.) hyperacidity, irritation reduced.

date	treatment	result
25/11/2018	Madhumalini Vasant Padmakashtha, chandan, vala, Padmakashth Nagkshar With milk and rock sugar Matra basti 25ml shatavari ghrut+ 25 ml ksheerbala oil. Weakly twice payasa- of rice, wheat, vermicelli, ragi.	Patients, skin, luster, appetite improved
24/12/2018	Suvarnmalini Vasant 1 tab rsayan kal Balya kalp 2tsf twice day Kamal, vala - Vetivir, Padmakashth Matra basti as above	Acts on kshetra - Nourishment to uterus. All tissue nourishment rasayan Vata pitta pacifying
25/01/2019	Suvarnmalini vasant 1 tab rasayan kal Baly kalpa. Rasayana tab 2 rasayan kal Nagkeshar+ Padmakastha+ Vala+kamal with milk Lmp -11/01/19	Rasayan treatment, vata pacifying, tissue nourishing, garbha- sthapak yoga
24/02/2020	Lmp-11/01/19 Masanumas quath tab started 1 bid- 2 tab patient cannot tolerate Shatavari kalp 2 tsf with milk Diet-panchamrut daily-1 spoon sugar+ 1 spoon honey+ 1 spoon Curd+2spoon ghee+7 spoon milk+ saffron-2 Masanumas diet as per text prescribed, fruits, dry fruits, rice, non spicy simple vegetables, diet, Payas	Patient conceived Garbha- sthapak Garbhasrav rodhak
25/03/2019	Dvitiy mas tab, diet, payasam, coconut, licorice, Shatavari medicated milk	

For 9 months garbhini paricharya explained, diet prescribed. masanumas tablets up to 9

months given in low dose. Patient's weight gain, all parameters, within normal limits.

Amniotic fluid was slightly less. Coconut water, makhana, padmakashtha, kamal prescribed. Lscs done because of CPD. Healthy baby girl delivered wih birth weight 2.8 kg.

Discussion : Hetu of vatala yonivyapad and putraghni yonivyapad as narrated in Charak, are vataprakruti women when consumes vata increasing diet and habits, vitiates vata, when this vata stays at vagina, pain, dysmenorrhea, dryness, weakness, scanty menses are symptoms. And when vata get vitiated with dry property, artav-ovum gets vitiated with dry property, and it is called as putraghni yonivypad. Vruddhavagbhta explains this problem as 'jataghni yonivyapad'. In his condition when that woman conceives, she had abortion. Because of vitiated aartav-ovum, it is unable to grow, hence the vata vitiated with dry diet and food habits causes its abortion.

Diet prescribed for this 'yonivypad' must be unctuous, light, vata pacifying. Different varieties of payasam, milk, ghee, are recommended. Yoni pichu also has god role. In this patient first agni deepan, mrudu anuloman done with the help of draksharishta and avipattikar powder. Dhatvagni vardhan gradually done with the help of 'vasant kalp'. Laghumalini vasant, madhumalini vasant and suvarn malini vasant given serially for 2-2 months. Usually vasant kalpa are given for 3 months, but this atient was very eager to conceive earlier so the period was shortened. Vsant klpa help to improve basic metabolisam and nourishment of all tissues. Garbhasthapak yoga with pitta pacifying herbs with sweet, cold properties help for stabilization of grbha-baby in garbhashaya-uterus. Yogabasti help to pacify vata, all over body and prepare uterus for acceptance of baby. Apana vayu get stabilized with its normal downward motion. Matra basti in ovulation period with shatavari ghruta, is selected as it specifically mentioned in treatment of vatala yonivyapad. Shatvri ghrut treats yoni rog - vaginal diseases, rajovikar - menstrual disorder, shukradosha -rejuvenation and hormonal disorders. It has capacity to cure infertility. It is vata and pitta pacifying. Ksheer bala oil - is pitta and vata pacifying and strength giving, hence combination of both oils used in this patient. Garbhini paricharya help patient for healthy foetal growth. Masanumas decoction tablets act as grabhasrav - garbhapat rodhak (prevent abortion).

Conclusion - In infertility, we can easily treat patient with the help of ayurvedic diagnosis and treatment. Vata rakruti paient when takes vata aggrevating diet and vata aggrevation lifestyle, he may suffer from vata disease. We can treat patient with vata pacifying treatment. Abhyangam with vata pacifying oil, swedan soft laxative and basti play key role to treat vata. Vasant kalp helps to correct dhatu - tissue metabolism and nourishment. Gabhasthapak yoga has important role in healthy pregnancy. For any conclusion clinical trial with more number of patient is needed.

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Anatomical Causes Of Female Infertility And Its Management; An Ayurvediya Perspective

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Introduction : Anatomical causes of female infertility include tuboperitoneal abnormalities, endometriosis, myomas distorting the uterine cavity, congenital uterine anomalies, and other, less frequent anomalies of the reproductive tract.[1]

Congenital anomalies of female reproductive tract like narrow introitus and cervical stenosis can lead to infertility.

In Ayurveda most of the gynaecological disorders are included in yoni vyapadas.

The main causative factor for vyapada is vatadosha. Vandhyatwa or infertility is described as one of them and also as complication of other yoni vyapadas.

In Suchimukhi yoni due to vatavitiation there is sankocha (stenosis partial or complete) of garbhashayamukha (cervix) or narrow introitus which may further lead to infertility.

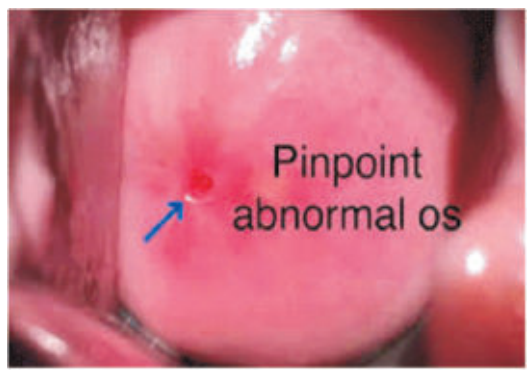
Methodology : A thorough literature review was done through available modern textbooks and ayurvediya Samhitas and available e-resources.

Conceptual review : According to The Indian Society of Assisted Reproduction, infertility currently affects about 10 to 14 percent of the Indian population. One out of every 6 couples is infertile. Female factors causing infertility contributes about 30% of overall causes.[2]

Ayurveda describes four important factors for garbhadharana - Rutu (ovulatory period), Kshetra (uterus and adnexa), Ambu (Nutritional factor), Beeja (sperm and ovum), these factors of Kshetra is considered anatomically as uterus, fallopian tubes, cervix and vagina and also female body as a whole. In samhitas it is stressed that their anatomy should be avyappanna means healthy and disease free.[3] Thus any abnormality in this female genital tract can lead to infertility. Cervical and vaginal factors contribute 5% of causes leading to infertility.

Anatomical defects include cervical stenosis and narrow introitus.

1) Cervical stenosis - It means pin point OS that is complete or partial narrowing of cervical opening.



- If the cervical opening is blocked or narrower then it hampers the sperm ascend up to the fallopian tubes. Uterine inflammation and endometriosis risk: Menstrual bleeding can be blocked completely (in severe cases) or gets collected in the cavity, flow is restricted. This can cause the uterus to fill up causing pain and inflammation. This is known as a hematometra.
- If infection occurs, the uterus can become filled with pus called as pyometra.
- Even if the cervix is slightly open and blood can flow outward, retrograde menstruation occurs through the fallopian tubes. This can lead to endometrial lesions and endometriosis.
- Endometriosis is one of the leading cause of infertility.[4] In most of the cases diagnosis is done at the time of screening for infertility

during per vaginal or per speculum examination.

• Also most of the times during diagnostic procedures like HSG and hystero laparoscopy.

2) Narrow vaginal introitus : In some females 2 finger vaginal examination is not easily possible as they either have narrow vaginal opening or a condition called as vaginismus which ultimately results in dyspareunia .These conditions again may lead to infertility.

In these conditions anatomical cause or psychological cause needs to be ruled out and management is done accordingly.

Pathogenesis according to Ayurveda : In Ayurveda Suchimukhiyoni vyapada is explained as a congenital defect .The external cervical opening or the vaginal introitus remains narrow than normal (sankocha).

This can cause dysmenorrhea, dyspareunia and lead to infertility.

The main cause for this sankoch is vitiated Vata dosha. It's Pathogenesis occurs in antenatal period due to vataprakopaka hetus consumed by the pregnant lady.

This vitiated vata affects intra uterine female fetal organs like uterine os and vaginal opening. If there is least affection there is partial stenosis and if it is completely affected then results in vaginal atresia or pin point os.[5]

Management :

• According to conventional treatment cervical dilatation is done gradually with increasing number of dilators which can cause complications like incompetent os and recurrent stenosis.

• Vaginal narrowing is widened with Fenton's surgery .

• Ayurvediya management of suchimukhi yoni is based on principle of vata pacification locally as well as generalized. In Ayurveda some local gynaecological procedures like pichu, dhavana, dhupana and basti are advised. For generalized vatashamana, Basti is the choice of intervention according to texts.

Discussion : 1) Now a days infertility is one of the main concerns in gynaecological practice. It also causes social stigma for the infertile couple. Most females opt for non invasive or non surgical treatments as they have their own complications.

2) On basis of this would like to share 2 such case reports from our OPD. Both were having infertility in which one female had narrow introitus and second one had narrow introitus as well as partial cervical stenosis. Rest investigations were within normal limits .Both had complaints of painful coitus and dysmenorrhea .

3) Following basic Ayurvediya principle, for Vata pacification they were treated with medicated oil yoni pichu (Tampoon) and for generalized vata shaman and anulomana medicated oil and decoction enema (anuvasana and niruha Basti) were administered. After 2 and 3 cycles of treatment both of them conceived.

Conclusion : In both cases rest of the anatomy was normal. Vaginal and cervical anomalies are associated with uterine anomalies in most of the cases. Then surgical intervention remains the only choice.

But with minimal anomalies Ayurveda can play a better role in treating these conditions with minimal interventional techniques and less complications.

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डॉ. सुनंदा रानडे व डॉ. सुभाष रानडे फौंडेशन तर्फे उत्तेजनार्थ पारितोषिक प्राप्त लेख...

A Review Of Ayurvedic Concept Of Female Infertility

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Introduction: Infertility is defined as a condition in which successful pregnancy has not occurred, despite normal intercourse over 12 months. Sometimes the terms sterility and infertility are used interchangeably and at times define different populations. In Ayurveda, infertility condition is considered as Vandhyatva.

Aim: To explore Ayurvedic interventions as in the management of Vandhyatva (female infertility).

Objective: To review effectiveness of Ayurvedic interventions in the management of female infertility.

Ayurvedic view on female infertility: According to Acharya Sushrut, The four factors are responsible for conception in Ayurveda viz., Ritu, Ambu, Kshetra, and Beej. Ritu is the appropriate /fertile time for conception, Kshetra is healthy reproductive organs of mother, Ambu is nutrition for proper growth of conception and the Beeja are healthy sperm and ovum of parents. Any abnormality in either of the factors will affect the process of conception which may lead to Vandhyatva.

Aacharya Charaka has considered Vandhya under abnormalities of Bijamsa (congenital deformities) and described it in eighty types of Vatavyadhi. Abnormalities of Yoni (reproductive organ), Psychology, Sukra (sperm), Aartva (ovarian hormones and ova), dietetic and mode of life, Akala yoga (coitus in improper time), Balakshaya (loss of strength) are the responsible factors for infertility.

Acharya Kashyapa has described about some Jataharinis which results in infertility or repeated pregnancy loss. Some Yoni vyapadas are also responsible for infertility like Shandhi yoni, Vandhya yoni, Asruja yoni, Vamini yoni etc. All the Ayurvedic references can be correlated with modern facts in infertility.

In Haritha samhita six types of female infertility reasons are given i.e. 1) Garbhakosh bhanga (Injury to female reproductive system) 2) Kakvandhya (Secondary infertility) 3) Anapatya (Primary infertility) 4) Garbha sravi (Repeated abortions) 5) Mrutvatsa (Repeated still births / B.O.H.) 6) Balakshaya (Loss of strength)

Modern view on female infertility:

a) Ovarian Factors: Unovulatory cycles, Hypo-ovulation, PCOS, Luteinized but un-ruptured follicle (LUF), Premature ovarian failure (POF).

b) Tubal Factors: Tubal blockages resulting due to PID, endometriosis or congenitally.

c) Uterine Factors: Anatomical defects of uterus like Hyoplastic uterus, septate uterus, Retroversion uterine. Uterine big fibroids (sub mucous type), Polyps, Genital tuberculosis, STDs etc.

d) Cervical Factors: Pin hole os, cervical polyp, cervical stenosis, hostile cervical mucus etc.

e) Vulval Factors: Transverse vaginal septum

f) Also other endocrinal factors like Hypo / Hyper thyroidism, Hyper androgenism, Hyper prolactinomia, hormone imbalance.

g) Environmental factors: Toxins such as glues, volatile organic solvents or silicones, physical agents, chemical dusts, and pesticides.

h) Occupational environmental exposures such as chlorinated hydrocarbons and fumicides.

i) Age, High body fat or little body fat.

j) Life style: cigarette smoking, cannabis, drug and alcohol abuse, and caffeine consumption.

Percentages of Causes of female infertility are:

1) Ovarian (ovulation dysfunction)- 30-40%,
2) Tubal disease- 25- 35%,
3) Uterine factors-10%,
4) Cervical factors- 5% and
5) Endometrial factors -1-10%

Diagnosis and history of infertility-

1) To diagnose infertility cause, both male and female partners are considered to be a major contributor and are investigated especially if the woman is above 35 years of age or if either partner has known risk factors for infertility.

2) Male factors have to be removed before subjecting the female partner to any expensive but invasive test.

3) A complete medical history and physical examination of both couple.
4) Menstrual history and any medications being taken, and a profile of the patient's general medical.
5) Emotional health can help in deciding on appropriate tests.
6) Fasting measurements of plasma prolactin may be obtained to rule out hyperprolactinemia.

Management of infertility according to Modern Medicine:

It includes - a) Hormonal therapy, b) Surgery and c) Assisted Reproductive Technology (ART).

Management of infertility according to Ayurveda : Ayurveda gives an importance to Ahara (diet),Vihar (Habit),Yoga and Pranayama (Meditation) along with medication.

For achieving fertility, Ahar should be Ojaskar, Satvik and Laghu. Diet should include with Milk and milk products, ghee, sesame seeds, dates, honey, saffron, dry fruits, fresh fruits, spices like jeerak (cumin), turmeric, black cumin, ajwain, proteins like peas, chick peas, gram vegetable like gourds, pumpkin, tomatoes, leafy vegetable etc. pulses like black gram .

Foods to be avoided are excess oily, fermented, ruksha ahar, starchy, fried, spicy, processed food, red meat, alcohol, etc.

Pranayam and Yoga - i) Bhramari Pranayama- Pranayama calms the body and relieves it of stress, anxiety, and worry. With a calm state of mind and body. **ii) Paschimottanasana-** This asana helps to vitalize the ovaries and uterus, the key organs responsible for conception. This asana can also improve your psychological state. **iii) Supta Baddha Konasana-** It helps to relieves stress, along with the discomfort of symptoms associated with IVF, menstrual cramps (bloating), and a medicated fertility cycle.

iv) Sarvangasana- It helps to stimulate the thyroid gland, the dysfunction of which can lead to infertility. It also helps calm your mind and relieve stress.

In Ayurveda, main cause of any abnormal function in body is Agnimandya (vitiation of the digestive fire of body) and tridosha dushti mainly Vata dosh (vitiation of three governing factors of body).

Management according to Ayurveda includes - a) Agni deepana and Amapachana b) Vatanulomana c) Shamana and d) Shodhana Chikitsa e) Rasayan Chikitsta

a) Agni deepana and Amapachana- Ama defined as toxins created when undigested food forms in the stomach by the imbalance in Agni (the power of digestion) lead to many diseases. Hence, the treatment of Ama must always include the treatment of Agni, including the use of digestive and carminative Ayurvedic formulations, eating meals at proper time. Panchakarma treatments help to eliminate Ama and correct Agni. Healthy Agni will also contribute to healthy Ojas.

b) Vatanulomana- The main dosha involved in infertility is Vata. So Vatanulomana (correcting the functions of Vata) is very important in the treatment of infertility. Routine exercises and proper diet schedule will help in Vatanulomana. Some formulations and Panchakarma procedures were also mentioned to treat Vatadushti.

c) Shodhana Chikitsa (i.e. Panchkarma Therapies like Snehan, Swedan, Shirodhara, , Nasya, Basti, Pichu, Uttarbasti, Vamana etc), helps in maintaining fertility, relives obstructions, clears the avarodhas, boosts ovulation, relieves menstrual problems, improves health of endometrium, relieves stress.

d) Shaman Chikitsa offers a wide range of formulations in the treatment of female infertility. These formulations are of pure herbal, Herb mineral origin and pure mineral origin.

e) Rasayan Chikitsa- It is mentioned for Indriyabala-kshaya vyadhi. So, Chyavanprasha, Shilajatu rasayana (Loha Shilajatu),etc. are beneficial.

Several herbal medicinal plants are mentioned which has the potential to treat causes of infertility and effective in achievement of conception without any adverse effects. They also have the potential to correct the etiopathogenesis related to infertility and improves the physical, psychological and social health of an individual and thus better alternative to hormonal therapy. The medicinal plants mostly used are antimicrobial, anti-inflammatory, antioxidant, wound healing and rejuvenators in function.

Herbs: Most commonly known herbs are Shatavari, Ashwagandha, Gokshur, Kumari, Punarnava, Vidaari, Amalki, Durva etc.

Herbo - minerals - like Chandraprabha vati, Pushpadhanwa ras, Chandrodaya ras, etc.

Minerals - like Vanga bhasma,Suvarna bhasma etc, are used.

Formulations - like Medicated ghritas and oils are also beneficial. Shatavari Ghrita, Phala ghrita, Laghuphala ghrita, Kashmaryadi Ghrita, Kalyan ghrita are commonly used.

Chyawanprash is also very useful for maintaining vigour and vitality.

According to causative factors following Ayurvedic formulations can be used -

• **Ovulation disorder** - Chandraprabha Vati, Yograj Guggulu, Ashokarishta and Dashmoolarishta. Herbal medicines useful in this disorder are: Ashoka (Saraca indica), Dashmool (Ten Roots), Shatavari (Asparagus racemosus), Aloes (Aloe vera), Guggulu (Commiphora mukula), Hirabol (Commiphora myrrha) and Harmal (Paganum harmala) .

• **Ovulation problems caused due to polycystic ovarian syndrome (PCOS) -** Latakaranj (Caesalpinia crista), Varun (Crataeva nurvula), Kanchnar (Bauhinia variegata) and Guggulu (Commiphora mukula). Thyroid gland disorders are treated using ArogyaVardhini vati, Kanchnarr Guggulu and Punarnava Guggulu.

• **Premature ovarian failure (POF) -** Ashoka (Saraca indica), Dashmool (Ten Roots), Chandraprabha vati, Shatavari (Asparagus racemosus), Guduchi (Tinospora cordifolia), and Jeevanti (Leptadania reticulata).These medicines can be given in addition to hormone replacement therapy.

• **Blocked fallopian tubes, adhesions (scar tissue) and pelvic inflammatory disease-** Kaishor Guggulu, Triphala Guggulu, Guduchi (Tinospora cordifolia), Kutki (Picrorrhiza kurroa) and Punarnava (Boerhavia diffusa) can be used in these conditions.

• **Cervical mucus-** Vata (Ficus bengalensis), Ashwatha (Ficus religiosa), Udumbara (Ficus glomerata), Plaksha (Ficus infectora), Shirisha (Albizia lebec), Haridra (Curcuma longa), Yashtimadhuk (Glycerrhiza glabra), Sariva (Hemidesmus indicus) and Manjishtha (Rubia cordifolia).

• Women who are underweight or have a small, undeveloped uterus or cervix, Shatavari (Asparagus racemosus), Ashwagandha (Withania somnifera), Vidarikand (Pueraria tuberosa), Ksheervidari (Ipomoea digitata), Bala (Sida cordifolia), Samudrashopha (Argyri aspeciosa), Nagbala (Grewia hirsuta), Shrungatak (Trapa bispinosa) and Yashtimadhuk (Glycerrhiza glabra).

• Some women do conceive, but are unable to retain the pregnancy till full-term Guduchi (Tinospora cordifolia), Kantakari (Solanum xanthocarpum), Brihati (Solanum indicum), Gokshur (Tribulus terrestris), Bhrungraj (Eclipta alba), Yashtimadhuk (Glycerrhiza glabra)., Pippali (Piper longum), Bharangi (Clerodendrum serriatum), Padmakashtha (Prunu scerasoides), Rasna (Pluchea lanceolata) and Manjishtha (Rubia cordifolia).

• TORCH infections can be deal with immune modulatory drugs like Guduchi (Tinospora cordifolia), Kantakari (Solanum xanthocarpum), Brihati (Solanum indicum), Gokshur (Tribulus terrestris), Bhrungraj (Eclipta alba), Yashtimadhuk (Glycerrhiza glabra), Pippali (Piper longum), Bharangi (Clerodendrum serriatum), Padmakashtha (Prunu scerasoides), Rasna (Pluchea lanceolata) and Manjishtha (Rubia cordifolia),Sariva (Hemidesmus indicus), Ushir (Vetiveria zizanioides), Chandan (Santalum album), etc. **(See Table 1)**

According to Artav dushti & type of Yonivyapad following Ayurvedic formulations can be used

Kashtartava: According to Acharya Sushrut, it should be treated with matsya, kulattha, amlapadartha, tila, masha (udida), sura (madya), gomutra (cow's urine), takra, dadhi (curd) and shukta.

Artavkshaya: Agneya dravyas like Agaru, Kaleyaka, Kushtha, Haridra, Sarala, Langali, etc. should be used. Panchakarmadi sanshodhana should also be done.

Artavdushti: Vidhivat snehan, swedana and then Vamana, Virechana, Niruha basti, Anuvasan basti and Uttara basti chikitsa.

ArajaskaYonivyapada: Charakacharya has given treatment for arajaska yonivyapada as Jivaniya gana dravya siddha godugdha. As arajaska yonivyapada is due to vitiated Pittadosha, the following treatment is also given by acharyas Vasa ghrita, Shatavari Ghrita, Jivaniyakshira ghrita and Uttar basti with madhura rasa dravya

Table 1	
According to four factors which are responsible for conception following Ayurvedic formulations can be used-	
Factors for conception	**Ayurvedic formulations and herbs**
Ritu	Chandraprabha Vati, Yograj Guggulu, Ashokarishta, Dashmoolarishta, Ashoka (Saraca indica), Dashmool (Ten Roots), Shatavari (Asparagus racemosus), Aloes (Aloe vera), Guggulu (Commiphora mukula), Hirabol (Commiphora myrrha) and Harmal (Paganum harmala), Latakaranj (Caesalpinia crista), Varun (Crataeva nuevula), Kanchnaar (Bauhinia variegata) Guduchi (Tinospora cordifolia), Jeevanti (Leptadania reticulata)
Kshetra	Kaishor Guggulu, Triphala Guggulu, Guduchi (Tinospora cordifolia), Kutki (Picrorrhiza kurroa), Punarnava (Boerhavia diffusa), Vata (Ficus bengalensis), Ashwatha (Ficus religiosa), Udumbara (Ficus glomerata), Plaksha (Ficus infectora), Shirisha (Albizia lebec), Haridra (Curcuma longa), Yashtimadhuk (Glycerrhiza glabra), Sariva (Hemidesmus indicus), Manjishtha (Rubia cordifolia), Shatavari (Asparagus racemosus), Ashwagandha (Withania somnifera), Vidarikand (Pueraria tuberosa), Ksheervidari (Ipomoea digitata), Bala (Sida cordifolia), Samudr ashopha(Argyria speciosa), Nagbala (Grewia hirsuta), Shrungatak (Trapa bispinosa)
Ambu	Guduchi (Tinospora cordifolia), Kantakari (Solanum xanthocarpum), Brihati (Solanum indicum), Gokshur (Tribulus terrestris), Bhrungraj (Eclipta alba),Yashtimadhuk (Glycerrhiza glabra)., Pippali (Piper longum), Bharangi (Clerodendrum serriatum), Padmakashtha (Prunu scerasoides), Rasna (Pluchea lanceolata) and Manjishtha(Rubia cordifolia)
Beej	Agaru, Kaleyaka, Kushtha, Haridra, Sarala, Langali, Vasa ghrita, Shatavari Ghrita, Jivaniyakshira ghrita, Ashwagandha (Withania somnifera), Shatavari (Asparagus racemousus), Amalaki (Emblica officinalis), Vanga bhasma,Suvarna bhasma, Pushpadhanwa ras.

decoction with addition of milk (godugdha).

Discussion: This review brings out a guideline for the management of female infertility using Ayurveda intervention. The medicinal plants mostly used are antimicrobial, anti-inflammatory, antioxidant, wound healing and rejuvenators in action.

Conclusion: The Agni Deepan, Vatanuloman, Shaman, Shodhan chikitsa and Rasayan chikitsa mentioned in Samhitas have the potential to correct the etiopathogenesis related to infertility along with Proper Ahar, vihar, Yoga and pranayama improves the physical, psychological and social health of an individual. The basic components of conception are rejuvenated or energized this treatment module. These chikitsa proposes effective conception and can be proved better alternative hormonal therapy.

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वृत्तांत

दीक्षांत समारंभ – टिळक आयुर्वेद महाविद्यालय, पुणे

डॉ. अपूर्वा संगोराम

२०१४ बॅच दीक्षांत समारंभप्रसंगी मा. कुलगुरु डॉ. दिलीप म्हैसेकर, मा. अध्यक्ष डॉ. दिलीप पुराणिक यांसह इतर मान्यवर व विद्यार्थी.

शनिवार दि. ३०–१–२०२१ रोजी २०१४ प्रवेशित बॅचचा दीक्षांत समारंभ टिळक आयुर्वेद महाविद्यालयात संपन्न झाला. या प्रसंगी महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचे कुलगुरु **मा. डॉ. दिलीप म्हैसेकर** हे प्रमुख अतिथी म्हणून तर राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष **डॉ. दिलीप पुराणिक** हे अध्यक्ष म्हणून उपस्थित होते. राष्ट्रीय शिक्षण मंडळाचे उपाध्यक्ष **डॉ. बी. के. भागवत**, सचिव **डॉ. राजेंद्र हुपरीकर**, कोषपाल **डॉ. र. ना. गांगल** व महाविद्यालयाचे प्राचार्य **डॉ. सदानंद देशपांडे** व्यासपीठावर उपस्थित होते.

कार्यक्रमाची सुरुवात धन्वन्तरी पूजनाने झाली. विद्यापीठ गीतानंतर, व्यासपीठावरील मान्यवरांच्या हस्ते दीपप्रज्वलन झाले. श्री धन्वन्तरीच्या सुरेल प्रार्थनेनंतर प्रत्यक्ष दीक्षांत समारंभाला सुरुवात झाली. कार्यक्रमाचे प्रास्ताविक महाविद्यालयाचे प्राचार्य डॉ. सदानंद देशपांडे यांनी केले. यात त्यांनी विद्यार्थ्यांच्या शैक्षणिक प्रगतीचा आढावा घेतला. तसेच कुलगुरु डॉ. म्हैसेकर यांनी राबविलेल्या विविध शैक्षणिक कार्यक्रमांची माहीती दिली. यानंतर व्यासपीठावरील मान्यवरांचा सत्कार डॉ. सदानंद देशपांडे यांच्या हस्ते करण्यात आला. त्यानंतर प्रत्यक्ष पदवीदान समारंभाला सुरुवात झाली. एकूण ७२ जणांना व्यासपीठावरील मान्यवरांच्या हस्ते पदवीप्रदान करण्यात आली. पदवीदानानंतर प्राध्यापिका डॉ. योगिनी पाटील यांनी विद्यार्थ्यांना संस्कृतमधून शपथ दिली. यानंतर १) तन्मयी परांडे २) अभिषेक सिकची ३) वैष्णवी कदम ४) अमोल कदम ५) रीची जैन ६) ईशानी बेंडाळे या विद्यार्थ्यांनी त्यांचे मनोगत व्यक्त करताना महाविद्यालयाच्या आठवणी जागवंल्या व महाविद्यालयाबद्दल कृतज्ञता व्यक्त केली. प्रमुख अतिथी, कुलगुरु मा. दिलीप म्हैसेकर यांनी सर्व विद्यार्थ्यांचे पदवी मिळाल्याबद्धल अभिनंदन केले तसेच यापुढील काळात सर्व महाविद्यालयांनी जास्तीत जास्त कार्यप्रणाली online करावी असे. आवाहन केले. तसेच यापुढे Interpathy collaboration व्हावे व आयुर्वेदातील संशोधनाचे जास्ती जास्त documentation व्हावे अशी अपेक्षा व्यक्त केली.

मा. डॉ. दि. प्र. पुराणिक यांनी अध्यक्षिय मनोगत व्यक्त करताना पदवी हा शैक्षणिक कारकीर्दीचा प्राथमिक टप्पा आहे. यापुढील कालावधीत पदव्युत्तर शिक्षणाच्या नवनवीन संधी उपलब्ध होतील त्याचा लाभ सर्वांनी घेतला पाहीजे असा महत्वाचा संदेश दिला. २०१४ बॅचची विद्यार्थिनी कु. स्नेहा पाटील हिने आभार प्रदर्शन केले. डॉ. अपूर्वा संगोराम यांनी कार्यक्रमाचे नेटके सूत्रसंचालन केले. राष्ट्रगीताने कार्यक्रमाची सांगता झाली.

या कार्यक्रमासाठी राष्ट्रीय शिक्षण मंडळाच्या नियामक मंडळाचे सदस्य डॉ. व्ही. व्ही. डोईफोडे, डॉ. बी. जी. धडफळे, डॉ. सु. ना. परचुरे, ॲड्होकेट श्रीकांत पाटील, महाविद्यालयाचे दोन्ही उपप्राचार्य डॉ. सरोज पाटील, डॉ. मिहीर हजरनवीस उपस्थित होते. तसेच महाविद्यालयाच्या समितीचे सदस्य डॉ. नंदकिशोर बोरसे, डॉ. मंजिरी देशपांडे, डॉ. योगेश बेंडाळे तसेच महाविद्यालयातील इतर अध्यापक हे ही उपस्थित होते. कार्यक्रमाला विद्यार्थी व त्यांचे पालक भरघोस संख्येने उपस्थित होते. स्नेह भोजनाने कार्यक्रमाची सांगता झाली.

महाराष्ट्र सरकारने आखून दिलेल्या कोविड १९ च्या नियमावलीचे पूर्णपणे पालन करून उपरोक्त कार्यक्रम संपन्न झाला.

उपसंपादकीय

फुलणाऱ्या कळ्यांना बहरू द्या!

– डॉ. सौ. विनया दीक्षित

सरकारी नियम किंवा कायदा हा सामाजिक सुरक्षा व सुव्यवस्था टिकवण्यासाठी अत्यंत आवश्यक असतो. विशेषतः भारतासारख्या प्रचंड जनसंख्या व धार्मिक वैविध्य असणाऱ्या देशात तर कायद्याने समाजाचे संरक्षण होणे फारच महत्त्वाचे असते. कुठल्याही जातीधर्मातल्या भारतीय नागरीकास कायद्याच्या सावलीत बळ मिळते व जीवन सुसह्य होते. (वैवाहिक जीवन ही जरी अत्यंत खाजगी बाब असली तरी समाजजीवनाचा मूलभूत पायाच विवाह परंपरा आहे. मुलीच्या लग्नाचे वय १८ वर्षावरुन २१ वर्षे करण्यासाठी नवा कायदा येत आहे) परंतु वाढत्या वयात होणाऱ्या वैवाहिक बंधनांचा समाजावर होणारा दूरगामी परिणाम ही लक्षात घेणे गरजेचे आहे. २१ ते २५ हे वय सुखी विवाहाचा पाया नक्कीच आहे परंतु २५ च्या पुढचे विवाह त्यानंतर पाच वर्षांनी होणाऱ्या गर्भधारणा व प्रसूती याबद्दल स्त्रीरोग तज्ज्ञांचे अनुभव फारच बोलके आहेत. तिशीच्या उंबरठ्यावर कष्टाने होणाऱ्या गर्भधारणा व तिशीनंतरच्या कृत्रिम गर्भधारणा व प्रसूतीपूर्व विविध उपचार यांची मोठी संख्या घाबरवणारी आहे. यातही प्रसूतीनंतर होणारे जुळे, तिळे वा विकृत बालकांचे प्रमाण लक्षणीय आहे. धोक्याची ही घंटा दुर्लक्षून चालणार नाही. Infertility व IVF clinics ची वाढती केंद्रे तसेच 'विकी डोनर' सारखे चित्रपट यातून हे प्रश्न समोर येतात पण त्यावर अजूनही गांभिर्याने मूलभूत 'वयाच्या' प्रश्नावरचा उपाय केला जात नाही, हे आजचे प्रखर वास्तव आहे.

याबरोबरच प्रौढ नव विवाहिता स्वावलंबी, सुशिक्षित व सुविचारी असते. नेटका व समंजस संसार करण्यासाठी ह्या गुणांचा निश्चितच उपयोग होतो पण याची दुसरी बाजूही प्रत्यक्षात आजूबाजूस ठळकपणे दिसते. जितके वय जास्त तेवढेच स्वभावातील कंगोरे, रोजच्या विषयांवरील मते ही ठाम बनतात. संसार आनंदी व समाधानी होण्यासाठी आवश्यक लवचिकता व सामंजस्य हे उत्तरोत्तर कमी होते. स्वाभिमान व अभिमान यांच्या धूसर सीमारेषा कधीच लक्षात घेतल्या जात नाहीत. स्वावलंबनातून येणारा गर्व हा स्वतःचा व कुटुंबाचा ऱ्हास करता कामा नये यासाठी आवश्यक समंजस संस्कार वारंवार होणे गरजेचे आहे. स्त्री–पुरुष समानतेच्या युगात स्त्रीने कायम झुकते माप द्यावे असा संदेश अजिबातच यात नाही परंतु पती–पत्नी दोघांनी 'संसाराच्या समाधानासाठी', समाजासाठी व देशासाठी अशा सामाजिक ध्येयाने प्रेरित पूरक विचारसरणी व परस्परांवर आदरयुक्त प्रेम भावना सांभाळावी लागते.

संसार दोन व्यक्तींचाच नसतो तर दोन कुटुंबांचा मिलाफ व नव्या समाजाची नवी सुरुवात असते, हे त्रिकालाबाधीत सत्य समोर ठेवले की मी–तू पेक्षा 'आपले व आपण सर्व' या सामाजिक उद्दीष्टांपर्यंत आपोआप गाडी जाते व पुढचा मार्ग निश्चितच आश्वस्त होतो.

नव्या वातावरणात नव्या संसारात रुळण्यासाठी हे वय २५ पेक्षा अधिक नसावे असे अनेकवेळी लक्षात येते. वाढती वृद्धाश्रमांची संख्या, घटस्फोटांची प्रकरणे व मोडणारी कुटुंब व्यवस्था हे आजच्या आधुनिक युगाचे शापच आहेत. भारतीय संस्कृती व परंपरा यातील एकसंधता सामाजिक सामंजस्याला उपकारकच आहे. नव्या आधुनिक स्वैर विचारांच्या अधीन जाऊन आजचा युवक भूलभुलैयात अडकला आहे. डिजीटल माध्यमे व तुटणारा संवाद यामुळे आपली संस्कारांची परंपरा अडखळते आहे. वयानुसार येणारी प्रगल्भता व सामंजस्य यापूर्वीच ही आधुनिक माध्यमे युवामनांची त्रेधातिरपीट उडवतात. रोजच्या वर्तमानपत्रातील वाचकांचे प्रश्न व समुपदेशकांचे संवाद यातून याचे पुरेसे प्रतिबिंब दिसतेच आहे.

यावरून लक्षात येते. २१ वर्षे वय लग्नास योग्य हा कायदा झाला तर स्वागतच आहे परंतु यापुढे अधिक न ताणता. वाढत्या वयांतील वाढणाऱ्या समस्या व दुष्परिणामांचा साधक बाधक विचारही योग्य वेळीच करणे सर्वच समाजाचे नैतिक कर्तव्य आहे. फुलणाऱ्या या कळ्यांना बहरण्यासाठी पोषक वय, आहार व वातावरण पुरवणे ही सासर–माहेर दोन्हीकडची जबाबदारी आहे. यातून पुढच्या सशक्त समाजाचे व राष्ट्राचे निर्माण होईल.

कार्यकारी संपादकीय

वंध्यत्वाचे आव्हान

– डॉ. अपूर्वा संगोराम

सर्वसाधारणपणे लग्न झाल्यानंतर पहील्या २ ते ३ वर्षानंतर नवपरीणीत जोडप्यांना त्यांच्या घरातून, समाजातून आडून आडून मुल होण्यासंबंधी विचारणा होऊ लागते. त्यातून जर खरोखरीच मूल, होण्यामध्ये समस्या असतील तर त्या जोडप्याला या विचारणांमुळे शारिरीक समस्यांपेक्षा मानसिक समस्या जास्त ग्रासल्या जाऊ शकतात.

मुळातच हा अतिशय संवेदनाशिल विषय आहे. पाश्चात्य देशांमध्ये मूल होऊ द्यायचे की नाही यावर निर्णय घेण्याचे स्त्री पुरुष या दोघांनाही पूर्ण स्वातंत्र्य आहे. परंतु भारतासारख्या देशामध्ये ही कौटुंबिक समस्या होऊन बसते आणि अज्ञानापोटी यातल्या स्त्रीला प्रामुख्याने जबाबदार धरले जाते. केवळ या पोटी त्या स्त्रीला घटस्फोट देऊन मुलाचे दुसरे लग्न लावून देण्यापर्यंत मजल जाते. काही वेळा जीवे मारण्याचे किंवा आत्महत्येचे प्रसंगही घडू शकतात. त्यामुळे या महत्वाच्या विषयावर सखोल माहीती मिळविणे आवश्यक आहे. सध्या वंध्यत्वावर आधुनिक तंत्रज्ञानाच्या साहाय्याने अनेक उत्तमोत्तम पर्याय उपलब्ध आहेत. IVI, IVF, HSG यासारख्या आधुनिक तंत्रज्ञानच्या साह्याने यावर मात करता येते. या सर्वांची संपूर्ण माहीती घेतली आणि त्यानुसार उपचार केले तर या समस्येचे निवारण बऱ्याच अंशी होऊ शकते. फक्त हे उपचार घेण्यासाठी संपूर्ण कुटुंबाचा खंबिर पाठींबा, आर्थिक पाठबळ, हे उपचार करण्यासाठी कराव्या लागणाऱ्या डॉक्टरकडच्या फेऱ्या, उपचार फलित झाले नाही तर निराश न होता नव्या उमेदीने उपचाराला सामोरे जाण्याची गरज, या सर्वांची नितांत आवश्यकता असते. वंध्यत्व हा आजार नसून योग्य समुपदेशन व आधुनिक तंत्रज्ञानाच्या साहाय्याने त्यावर बऱ्याच अंशी मात करता येते. आयुर्वेदानुसार ऋतु, क्षेत्र, अम्बु, बीज या चारही बाबींचा विचार केला असता वंध्यत्व ही समस्या निर्माण होण्यापूर्वीच उत्तम संतती प्राप्त होऊ शकते. टिळक आयुर्वेद महाविद्यालयाच्या सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडीज आणि रिसर्च इन आयुर्वेदतर्फे दि. १४ फेब्रुवारी २०२१ रोजी होणाऱ्या 'वंध्यत्व' या विषयावर होणाऱ्या सेमिनार साठी शुभेच्छा!