



Case Study

AYURVEDIC MANAGEMENT OF GARBHASRAVI VANDHYA

Giby Thomas¹, Kavitha K S², Sruthy S Kumar^{3*}, Sruthi S U³

¹Associate Professor, ³PG Scholar, Dept of Prasutitantra and Streeroga, Govt. Ayurveda College Thiruvananthapuram.

²Assistant Professor, Dept. of Prasuti Streeroga, Pankajakasthuri Ayurveda Medical College and PG centre, Kattakada, Kerala, India.

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ABSTRACT

Vandhyatwa is not only the inability to conceive but also the failure to produce a viable offspring. *Garbhasravi vandhya* is one among the six types of *Vandhyatwa* described in Harita Samhita. Ectopic gestations may result in *Garbhasrava*. An ectopic pregnancy is one in which the fertilized ovum is implanted and develops outside the normal endometrial cavity. Approximately 10-15% of couples, with various contributing factors like age, health conditions, and lifestyle choices suffer with *Vandhyata*. In the present case, a 27 year old married woman complaints of inability to beget a viable child even after 2 years of unprotected sexual life. She had history of 2 ectopic gestations 1 year apart. She came to our OPD for pre conceptional care and underwent IP management for 2 months. The case was managed through a combination of medications and procedures such *Udwarthana*, *Choorna pinda sweda*, *Virechana* and *Matravasthi* which were *Srotosodhana*, *Agnideepana*, and *Vatakaphahara* in properties. On discharge the patient was advised to take *Vatasunga* with milk for *Puthrolpatha sthithi pradam* (for conception and proper implantation of *Garbha*). The patient got conceived and delivered a full term live female baby through LSCS.

INTRODUCTION

For a successful pregnancy, factors such as *Rtu*, *Kshetra*, *Ambu* and *Beeja* are essential for fertilization, implantation, growth and nourishment which leads to delivery of a healthy baby^[1]. Any discrepancy in these processes can lead to infertility. It is estimated that approximately 10-15% of couples worldwide experience infertility, which means about 1 in 6 couples face difficulty in conceiving.

The term "*Garbhasravi Vandhya*" could be interpreted as a condition where conception is impaired or delayed, leading to infertility. In traditional Ayurvedic texts, infertility or problems with conception are often discussed in terms of physical, mental, and spiritual imbalances. Ayurveda offers various treatments and approaches to correct the imbalances that might lead to infertility, focusing on

diet, herbal remedies, *Panchakarma* and lifestyle changes. *Vandhyatwa* encompasses not only infertility, but also the inability to produce a healthy, viable offspring. According to the Harita Samhita, *Garbhasravi Vandhya* is one of the six distinct categories of *Vandhyatwa*, highlighting the complexity of reproductive health issues. Ectopic gestations may result in *Garbhasrava*. An ectopic pregnancy is one in which the fertilized ovum is implanted and develops outside the normal endometrial cavity^[2]. It is estimated that 95% of ectopic pregnancies occur in the fallopian tube^[3]. In this case her obstetric history shows she had 2 ectopic pregnancies. Since she is unable to beget a viable child due to the ectopic pregnancies it can be considered *Vandhyata* due to *Garbhasrava*.

Case Report

A 27 year old female patient admitted in the IPD of Prasuti Tantra and Striroga, W & C Hospital, Govt. Ayurveda College Thiruvananthapuram, with complaints of inability to beget a viable child even after 2 years of unprotected sexual life. Also, she complained of curdy yellowish discharge per vagina associated

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with itching, foul smell, lower abdominal pain and dyspareunia since 2 years.

An apparently healthy lady attained menarche at the age of 12 years with regular menstrual cycles of 5 days bleeding and 28 days interval. She got married at her 25 years to an NCM of 28 years old. After 7 months of married life she got conceived normally and later on diagnosed with right ectopic gestation, so that the pregnancy was terminated. After 1 year she got conceived again. At 5 weeks of gestation there was spotting per vagina and she consulted an allopathic doctor. On USG it showed no definite gestational sac and thick elevated cystic lesion at right adnexa and β -hCG was reduced. After 1 month of abortion as a part of pre-conceptional care she came to our OPD and underwent IP management.

History of past illness

No H/O DM, HTN, DLP, thyroid dysfunction

H/O covid infection

Menstrual History

Menarche	12 years
Cycles	Regular
LMP	9/10/2022
Interval	28-30 days
Amount	Moderate
Duration	4-5 days
Clots	D1D2
Dysmenorrhea	Mild
No of pads/ day	3/day
Night pad change	Nil
Vaginal discharge	Curdy yellowish white
Itching	++
Foul smell	++

Personal history

Bowel	Regular
Appetite	Normal
Micturition	Normal
Sleep	Sound
Allergy	Gluten allergy
Diet	Prefer sour, spicy food
Habits	Vegadharana, Divaswapna

Family history

Father – Diabetic

Gynecological examination

1st cousin– h/o PCOS, took 7 years of infertility treatment

Marital History

Married since 2020, non-consanguineous marriage

Sexual History

Dyspareunia – Deep ++

Vaginismus – Occasionally

PCB – Nil

Contraceptive method: Condom (first 6 months of married life)

Obstetric history

P₀L₀E₂

E₁ – 5 weeks, right adnexal ectopic gestation: injection methotrexate given (2 doses).

E₂ – 5 weeks 4 days, right adnexal ectopic gestation, spontaneous abortion.

Investigations

Female Partner

Hb	12.8g%
TC	10900
DC	N65, L27, E7, M1
ESR	14mm/hr
PCV	40.2
FBS	92gm/dl
PPBS	109m/dl
S. Cholesterol	181mg/dl
HbsAg, VDRL, HIV, HCV	Negative
Urine routine	
Epithelial cells	2-5/hpf
RBC	2-3/hpf

Male partner: Semen analysis – Normozoospermia

General examination

Built	Moderate
Nourishment	Adequate
Weight	53 kg
Height	154cm
BMI	21.6 kg/m ²
HR	72/min
PR	78/min
BP	110/80 mm/Hg

P/V examination

Inspection	Abnormal growth	Discharge Colour Consistency Amount Genital warts Cystocele Rectocele	Present Curdy yellowish Thick Within normal limit Absent Absent Absent
P/S	Vagina	Discharge Colour Consistency Amount Vaginitis	Present Curdy yellowish Thick ++ Absent
	Cervix	Size Cervicitis Erosion Ectropion	Normal Healthy Absent Absent
Bimanual	Uterus	Size CMT Consistency	Normal Normal
	Adnexae	Fallopian tube	Not palpable
	Fornices		Free

Ayurvedic Management

On first visit

Medicine	Dose
<i>Saptasaram Kashayam</i>	90ml bd twice daily before food
<i>Chandraprabha Gulika</i>	1-0-1
<i>Dooshivishari Gulika</i>	1-0-1
<i>Gandharvahastadi tailam</i>	1 tsp night time

On IP Management

Medicines	Dose
<i>Gandharvahastadi Kashaya</i>	90ml bd before food
<i>Krimigna vati</i>	1-0-1 with <i>Kashaya</i>
<i>Vaishwanara churna</i>	1tsp bd with hot water
<i>Dhanwantara Gulika</i>	1-1-1
<i>Shatapuspa</i>	10gm with 1 tsp <i>Tila tailam</i>

Procedures done

Udwartanam with *Kolakulathadi churna* * 3 days
CPS Snigda with *Mahanarayana tailam* * 3 days
Virechana with *Avipathy churna* 20g with honey
CPS Ruksha with *Kolakulathadi churna* * 5 days
Virechana with *Hingutri guna taila* 15ml with hot water
Vicharana Snehapanam with *Sukumara ghritam* * 5 days
Abhyanga + Osmasweda with *Mahanarayana tailam**3 days
Virechana with *Triphala churna* 20g with hot water
Matravasti with *Pippalya anuvasana tailam* 60ml * 7 days

Follow up visit

Medicines	Dose
<i>Pippalya anuvasana tailam + Sukumara ghritam</i>	1tsp-0-1tsp before food
<i>Kumaryasavam</i>	25ml-0-25ml after food
<i>Misi churnam</i>	½ tsp with ghee

RESULT

After treatment patient reported with amenorrhea and found urine pregnancy test positive, confirmed by USG. Patient delivered a single live female baby of 2.49kg through LSCS due to arrest of descent of head (CPD).

DISCUSSION

In Ayurveda, *Vandhyatva* is considered a complex imbalance of the body's *Doshas*, tissues (*Dhatus*), and reproductive system (*Artava* in women and *Shukra* in men). Ayurveda takes a highly personalized approach to the treatment of *Vandhyatva* by analyzing the individual's *Prakriti* (constitution), current *Vikriti* (imbalance), and specific underlying causes.

Garbhasravi vandhya is one among the 6 *Vandhyatwa* explained by Acharya Harita. In Ayurvedic philosophy, conception is not just a physical process but is also connected to mental and emotional health. Therefore, addressing stress, emotional disturbances, and any underlying mental imbalances is equally important for overcoming infertility. A healthy pregnancy relies on four essential factors (*Garbha sambhava samagri*) such as *Rtu* (ovulation time), *Ksethra* (uterus), *Ambu* (nutritional factors) and *Beeja* (male and female gametes). When these elements are in harmony, conception is inevitable, much like a seed sprout naturally when sown in fertile soil, nurtured by timely rainfall and proper care. Ayurveda emphasizes the importance of these factors in achieving a healthy pregnancy and a thriving baby, particularly in cases of unexplained miscarriages. Preconception care, or *Garbhadhana Vidhi*, starts at marriage and includes purification procedures like *Sneha*, *Sveda*, *Vamana*, *Virechana*, and *Basti* to prepare the body for conception. *Sodhana* helps to improve the quality of reproductive tissues, enhance circulation, and promote a healthy internal environment conducive to conception. *Sodhana* therapies like *Virechana* (purgation) and *Basti* (medicated enemas) work to clean the uterus, regulate menstrual cycles, and improve the quality of eggs.

In *Vandhyatva chikitsa*, the treatment should be aimed at rectifying the cause and a single line of management cannot be applied. In our classics *Chikitsa* is advised to give according to the *Dosas* involved. *Shodhana chikitsa* is mandatory before *Samana chikitsa* as it purifies the whole body. In this case the patient had 2 abortions, both were ectopic

pregnancies. Treatment protocol started from *Agni Deepana* and *Pachana* followed by *Sodhana karma* (*Virechana* and *Matravasthi*). According to Acharya Charaka, *Mridu samsodhana* can be performed in *Yonivyapath* and also patient was *Vata pradhana prakriti*. So *Mridu samsodhana* was done twice by considering the involvement of *Vata dosha*, and also *Vandhyatwa* is one among the *Nanatmaja vata vikara*. *Sapthasaram Kashaya*, cited in the treatment of *Gulma* does *Ama pachana dipana*, *Srotosodhana* and *Apana vata anulomana*, all of which are crucial for conception and a successful pregnancy.

Patient had curdy discharge p/v on her first visit. For that *Chandraprabha vati* was given since it possess *Lekhana*, *Chedana*, *Kledasoshana* property thereby helping in *Sodhana* of *Bahudrava sleshma* and vitiated *Kleda*. It is also having *Apana anulomana*, *Agni Deepana* and *Rasayana* property.

The use of *Vishahara* yoga particularly *Dooshivishari gulika*, has been shown to remove deep-seated toxins from the body, while its antioxidant properties help mitigate oxidative stress caused by harmful chemicals.

Gandharvahastadi tailam is beneficial in *Vataroga*. *Eranda moola* have *Vrishya* and *Vatahara* property. *Erandatailam* is *Sookshmam*, *Srothovishodhanam*, *Vrishyam*, *Yonisukra vishodhana*, *Vatakapha hara*, and *Adhobhaga dosha haram*.

Gandarvahastadi kashayam by its *Deepana*, *Pachana*, *Vatanulomana* properties will help in normal functioning of *Apana vayu*.

Vaishvanara Churna by virtue of its *Dipana* and *Pachana* actions, aids in *Agni Vardhana*, which in turns helps in proper *Dhatu parinama*.

Dhanawantara Gulika by its *Laghu*, *Sukhsma* and *Ushna virya* is *Vata anulomana* and *Sookshma srotogami*. *Mahanarayana tailam* which was used for *Abhyanga* is *Prajasthapana*, *Balya*, *Rasayana*, *Srotosodhana*, *Anulomana* and *Brhmana*. It is indicated in *Vandhyata (Vandhya sutaprada)*.

Satapuspa is *Agnivardhana* and possess *Ushna veerya*, and the medium *Taila* with its *Usha*, *Vyavayi*, *Tikshna guna*, and *Agnideepana*, *Ama Pachana* and *Shodhana* actions helps in attaining proper *Dhatu* and *Upadhatu* formation. It is *Ritupravartini*, *Yonisukravishodhini* and *Putraprada*. *Shathapushpa (Sathahwa)* mainly by its *Vata prasamana* and phyto

estrogenic content helps in bringing neuro endocrine control at H-P-O axis.

Vara choornam and *Hingutriguna taila* were used for *Virechana*. *Vara choorna* is having antioxidant, immunomodulatory action and *Srotosodhana* property. *Hingutriguna taila* is *Vata-kapha samaka*, *Srotosodhana* (purification of channels), *Deepana*, *Sukshma* (subtle), *Teekshna* (sharp), *Ushna Veerya* (hot potency) with *Vata anulomana* property. Acharya Kashyapa described that "*Beejam bhavati karmukam*". As a result of *Virechana* the *Beeja* (sperm and ovum) becomes efficacious.

Sukumara Ghritam, with its *Vatanulomana* property, regulates *Apana Vayu*, while its *Rasayana* attributes to proper formation of *Rasadi dhatus*.

Kumaryasava is indicated for 20 types of *Prameha*, *Gulma* and *Udavarta*, it is *Agnideepana* and alleviates *Srotorodha*. Hence it was given as a uterine tonic

Pippalyadi anuvasana taila mentioned in *Arsas chikitsa* is *Moodavata anulomana* in property. It was administered in the form of *Matravasthi* in which the *Apana vata vaigunya* can be corrected.

Pathya like easily digestible diet rich in whole grains, seasonal vegetables, fruits and ghee is recommended. Ayurvedic herbs like *Shatavari*, *Ashwagandha* and *Gokshura* are used to enhance fertility.

CONCLUSION

The present case is *Garbhasravi vandhya* caused by two consequent ectopic gestations. An

ectopic pregnancy is a serious and potentially life-threatening medical condition that occurs when a fertilized egg implants outside the uterus, typically in the fallopian tube. This can cause the embryo to grow in an abnormal location, leading to complications. *Aharaja*, *Viharaja* and *Manasika nidanas* leads to *Apana kshetra vikriti* which alters conception. Here the treatment mainly focused on enhancing *Garbha sambhava samagri* and correcting the *Viguna apana vata*. For these drugs possessing *Amapachana*, *Agnivardhaka*, *Vata samaka*, *Vatanulomana* and *Srotosodhana* property were used. Along with this, medication for *Garbhasthapana* was also given. These medications assisted conception by regulating ovulation, enhancing the pickup of the released ovum by the fallopian tube, facilitating fertilization, supporting implantation, and nurturing embryonic growth, ultimately leading to a successful pregnancy. The positive outcome of the treatment emphasizes the relevance of Ayurveda in treating *Garbhasravi vandhya* and also in pre-conceptional care.

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*Address for correspondence

Dr. Sruthy S Kumar

PG Scholar,

Dept. of Prasutitantra and Streeroga,
Govt. Ayurveda College

Thiruvananthapuram, Kerala.

Email:

sruthysajikumar26@gmail.com

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