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Study of *Kshetra a Garbha Sambhava Samagri* w.s.r. to *Stree Vandhyatwa*

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ABSTRACT

Aim: To know the basic concept of *Garbha Sambhava Samagri* in relation with Ayurveda and Modern point of view for the achievement of healthy progeny. **Objectives:** The study include the review and evaluation of *Kshetra a Garbha Samagri* on modern point of view, along with clinical significance of *Samagri*. **Material and Methods:** From the Ayurvedic and modern texts and clinical study by observations on 30 diagnosed female infertility patients. *Kshetra* is the very important causative factors to have the healthy progeny. If any structural or functional abnormality of *Kshetra* occurs then it leads to difficulty in fertilization, implantation and even development of fetus and finally infertility. The results of this study are that the uterine changes are more compared with the other causes. **Conclusion:** After this study *Kshetra* can be related with all the structural entities of female reproductive system by the observations done.

Key words: *Garbha, Garbha Sambhava Samagri, Kshetra, Progeny, Infertility.*

INTRODUCTION

The grief of a woman who faced the infertility problem in no less in modern society than it was for our fore fathers. Infertility affects the psychological harmony, Sexual life and social functions of the couples.

Ayurveda describes *Garbhotpatti* in different view of presentation and these may differ from one another by means of terminologies only.

Acharya Susruta describes *Garbhotpatti Samagri* with a simile plant formation. A plant is formed only when

there is proper season, ploughed land, adequate water supply, fertilizers and lastly the seed (creator of plant) are present.

If there is an inaccuracy or imperfectness of above said materials, the plant will not form properly. This keen observation made our Acharyas to draw a hypothesis regarding *Garbha* formation as *Rutu, Kshetra, Ambu* and *Beeja*. Commentator Dalhana gives his opinion on this as *Rutu* means *Raja Samaya, Kshetra - Garbhashya, Ambu - Rasa Dhatu* and *Beeja* for *Shukra* and *Shonita* of male and female respectively.

Charaka Samhita, a known first treatise on medicine has devoted one chapter '*Jatisutreeya*' which explains about the upliftment of human race by getting '*Shreyasi Praja*' a baby meant for social and self welfare. *Sushruta, Vagbhata* have univocally extended the same views with slight differences in the procedures.

Apart from *Garbha Sambhava Samagri*, Ayurveda illustrates basic concepts and treatment aspect of preconceptional care to evaluate the multidimensional quality of child. Today's generation

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is suffering from many congenital and acquired disorders of *Kshetra*. By studying *Kshetra* as *Garbha Sambhava Samagri* in detail one can able to have a better progeny in a defined way.

MATERIALS AND METHODS

Materials: Literary and conceptual study will be undertaken by the data compiled from Brihatrayis, Laghutrayis and other classical text, including journals, presented papers, previous thesis work done and correlated with knowledge of contemporary science on the subject.

Methods: Diagnosed patients of *Vandhyatwa* from OPD & IPD of Prasuti and Stree Roga Department.

AYURVEDIC REVIEW OF KSHETRA

Acharya Sushruta: has considered *Kshetra* as *Garbhashaya*.^[1] Dalhana commenting on this, in *Stree*, below the *Bhaga* and just above the *basti Garbhashaya* is present, combining these two is known as *Mahasrotas*.^[2] As *Garbha* resides in the *Garbhashaya* so it is necessary that the *Stree* should possess a healthy *Garbhashaya* for *Garbhadharana*.

The *Yoni* is described like a *Shankhanabhyakruti* shape and has three *Avarta* (folds). The *Garbhashaya* is situated in the third *Avarta*. Dalhana defines, *Abhyantara Sushitrata*^[3] (Internal orifice or hallow) is seem to be *Matsya Mukha*^[4] and has accepted *Garbhashaya* as separate from three *Avarta* of *Yoni* and these *Avarta* are said to be situated in *Garbhashaya Marga*.^[5]

So considering that these three *avartas* are situated in *Garbhashaya Marga* so they also play an important role in the formation of *Garbha* by allowing the *Pumbeeja* left at the time of *Ritukala* in a non-vitiated *Yoni* approaches *Garbhashaya* through these *Marga* and leads to *Garbhadana*.

Sushruta has also mentioned about *Stree Peshi* which are twenty in number among them ten allows *Shukrapravesinee* into the *Garbhashaya* through the *Garbhachidra* by *Prasarana* and *Ankunchana* of these *Peshi* around *Garbhachidra*. He also said about *Artavahasrotas* which are two in number with

Moolasthanas as *Garbhashaya* and *Athavavahini Dhamani* any injury to these *Srotas* can lead to *Vandhyatwa*. While explaining *Dhamani* said about four *Dhamani* which are responsible for formation of *Artava* which is an essential factor for the formation of *Garbha*. He has also given importance to *Marma* and explained *Asta Marma Yoni* is one among them if damage or trauma to this *marma* leads to sterility. Hence following structures like *Stree Peshi*, *Srotas*, *Dhamani* and *Marma* plays an important role in formation of *Garbha* otherwise leads to *Stree Vandhyatwa*.

Acharya Charaka: *Charaka* has considered *Shareera* as *Kshetra* as *Sharira* is a instrument for the four fold achievement i.e. *Dharma*, *Artha*, *Kama* and *Moksha* if *Shareera* is healthy the everything can be achieved. All this together except the *Avyakta* is considered as *Kshetra* and the *Avyakta* or *Aatma* is considered to be as *Kshetraja*.

He has also said *Apradustha Yoni*, *Garbhashaya* and *Garbhashaya Marga* also as essential factors for conception, hence it can be stated that healthy *Shareera* of *Stree* possessing healthy *Yoni*, *Garbhashaya* and *Garbhashaya Marga* as *Kshetra*.^[6]

Acharya Vagbhatta I & II: *Acharya Vagbhatta* said woman is the root cause of progeny and so she should be protected. Among all the stages of life, house holder is the most important and sacred so considered *Stree* as *Kshetra* accepting this opinion *Vagbhatta II* considered that *Kshetra* as *Garbhashaya & Marga*. Hence he considered *Garbhashaya* and *Garbhashaya Marga* as essential factors for the conception.^[7]

Harita Samhita: *Sharira* is formed by the union of *Shukra* and *Shonita* in healthy *Garbhashaya* which is to be considered as *Kshetra*, this shows due importance given to the *Shukra*, *Shonita* and *Garbhashaya* for formation of *Garbha*. *Shukra* is *Beeja Swaroopa*, in *Stree Raja* is known as *Virya* but in male *Shukra* is that of *Beeja Swaroopa*, by these combination *Garbha* will formed.^[8]

Bhavaprakasha: He dealt all embryological concepts in *Garbha Prakarana*. When with great love,

copulation take place, *Garbha* is formed from the union of pure *Shukra* (Sperm) and *Shonita* (ovum) in the *Stree Shareera*, which after its birth is called as *Baala*. As *Bhavaprakash* has given importance to *Stree Shareera* as whole considering it to be *Kshetra* for the formation of *Garbha*.^[9]

Bhela Samhita: Fetus does not get expelled or aborted when it is at the time of menses periods, this is how it takes place when a *Vrihi* seed is sown in a well cultivated field, it becomes capable of producing *Vrihi*; similarly *Yava* seed becomes fit to produce only a *Yava* and nothing else. Exactly similarly the semen left at the menses period in a nonvitiated *Yoni* approaches *Garbhashaya*. The fetus becomes distorted or even absent indeed by practicing or habituating herself to consuming nonsalutary *Rasas* or by retaining of the natural urges or again due to the blemishes of the uterus. A woman affected by a blemish in the uterus, the fetus in her does not get retained, similarly in the extra-uterine region / in the conducting channels (these can be understood as fallopian tube or lower genital tract).^[10]

Kashyapa Samhita: *Shonita* and *Shukra* in female and male respectively depend upon time and own deeds for the formation of *Garbha* by its union in *Garbhashaya*. *Jiva* endowed with the qualities of god, resigns from the former body and in to next one simultaneously, thus it never dissociates from *Jiva*, *Shonita*, *Vayu*, *Akashadi Mahabhutas*, *Mana* and *Buddhi*. Due to all pervasiveness, it does not enter in any of the species, but is guided by the fruits of own deeds.^[11]

Modern Review

According to the modern science the factors responsible for the conception are

1. Healthy Spermatozoa should be deposited high in the Vagina.
2. The Spermatozoa remain healthy and penetrate into the uterine cavity and hence into the uterine tubes.
3. The ovum finds its way into the uterine tube where it can be fertilized by a Spermatozoa.

4. The fertilized ovum migrates into the uterus and endometrium must be in a state, suitable for nidation and subsequent development.^[12]

By considering above points it is essential that every structural component of female genital tract should be healthy for the conception, growth and development of the fetus.

Clinical review of Garbha Samagri Kshetra

The diseases pertaining to female genital tract includes; Genetic and congenital abnormalities like *Shandi*, *Varta*, *Vandhya*, mullerian duct anomalies. Displacements like prolapsed, retroversion like *Mahayoni*, *Antarmukhi*. Inflammation of pelvis and specific infections like rubella, may produce abortion and arbuda of tract or uterus. Charaka has said regarding *Vandhya*, *Harita* explained six types of *Vandhya*, *Madhavanidana* four types etc.

The following causes leads to infertility as per the modern science.

1. Problems with the fallopian tubes are a leading cause of infertility in women like tubal blockage
2. Uterine causes include:
 - Abnormalities of the uterus present from birth.
 - Exposure to certain drugs before birth, such as DES, which may cause deformities of the uterus, resulting in infertility.
 - Thin or abnormal uterine lining .
 - Anatomic problems (polyps, uterine fibroids, abnormal shape of the uterus, septum or "dividing wall" within the uterus)
 - Abnormal womb shape.
 - Endometriosis
3. Cervical infertility: It involves inability of the sperm to pass through the opening of the uterus due to damage of the cervix.^[13]

Vandhyatwa

Vandhya is a woman in whom there is absence of menses, the *Srotas* which carries the *Arthava* has two *Moolasthanas* i.e., *Garbhashaya* and *Arthavaha*

Dhamani, injury to these causes Vandhyatwa, Maithuna Asahishnuta, Artavanasha.^[14]

According to Acharya Sushruta, Vandhya Yonivyapad where Artava is destroyed leading to Vandhatva and even due to any trauma of genital organs.^[15]

Acharya Charaka has also mentioned that Apradustha Yoni, Garbhashaya and Marga of reproductive system are considered as Kshetra if these get vitiated it will leads to Vandhyatwa and has given words Apraja and Sapraja to indicate Vandhya. He has compared Vandhya woman with a tree without leaves and fruits and pond without water.^[16]

Acharya Bhela as Garbhashaya if affected by Vata, Yonidosha and Apathya Ahara^[17] and even Acharya Harita has defined Vandhyatwa as failure to achieve a child rather than pregnancy also described Baalya, Garbhakosha Bhanga (injury to the uterus or its prolapsed) and Dhatukshaya by which a woman will never conceive, it can be taken in relation to malformation of genital tract. Garbhakoshabhanga can include injury due to excessive curettage, ovarian cystectomy etc. Dhatukshaya includes general condition like malnutrition and six types of Vandhyatwa such as Vandhya, Kakavandhya, Anapathya, Garbhasravi, Mrutavastha and Balakshaya.^[18]

OBSERVATIONS AND RESULTS

This study is an observational study carried out in 30 diagnosed female primary and secondary infertility patient to rule out the different anatomical congenital and acquired causes of female infertility.

- In the study highest incidence of Vandhyatwa i.e. 50% is seen in 20-30 yrs and 40% of incidence in 30-40 yrs and 10% is seen in age group of 40-45 yrs.
- It also suggests that 60% of patient fall in group of regular menstrual cycle and 40% falls in irregular menstrual cycle. 60% of patients fall in group of primary infertility and 40% of patients in secondary infertility. That is incidence of primary infertility is more seen.

- Maximum of 40% of patients fall in group of 2-5yrs and 5-10yrs of married life and 20% of patients fall in the group whose married life is more than 10 yrs. This suggests infertility is a long standing disease, takes more time to get cured.
- Nowadays most of the families are individual families. Most of the couples are job holders i.e. 60% of patients are graduates and 40% of patients are undergraduates, this indicates due to ambition of career they like to avoid pregnancy for longer time which can lead to complications in pregnancy.
- If we go through incidence of anatomical causes of infertility uterine causes are 60%, ovarian causes are 20%, tubal causes are 10% and cervical and other causes are 10%.

It indicates that congenital or acquired defects of female reproductive system are more responsible to infertility.

CONCLUSION

So by this study we cannot limit the extent of Kshetra as only Garbhashaya but also Apradustha Yoni, Garbhashaya and Garbhashaya Marga i.e., the complete female reproductive tract is to be considered as Kshetra. It suggests that congenital and acquired diseases of anatomical component of female reproductive tract are major factor for infertility. So while treatment of Stree Vandhyatwa the complete extent of Kshetra and its abnormalities such as Yonidosha etc. should be investigated properly which is worth in management of unsolved health issues of Stree Vandhatwa and beneficial in attaining a healthy progeny by ruling out the abnormalities of Kshetra.

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