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## **Ayurveda and infertility: Bridging traditional wisdom with modern challenges**

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**Abstract**--If a clinical pregnancy cannot be achieved after 12 months or more of consistent, unprotected sexual activity, it is considered infertility. *Vandhyatva* has been used to describe infertility in Ayurvedic literature. Males and females may experience infertility for a variety of causes. For conception to occur and the pregnancy to be successfully completed, the four Ayurvedic factors *Ritu*, *Kshetra*, *Ambu*, and *Beeja* must be in their right states. A couple's ability to conceive may be impacted by factors like weight, nutrition, smoking, illnesses, substance misuse, environmental contaminants, medications, and family medical history. Either partner may have infertility. Men typically experience infertility due to limited or low-quality sperm, while women experience it when they are unable to produce eggs on a regular basis or when their fallopian tubes are damaged or obstructed, making it impossible for sperm to reach their eggs. Ayurvedic writings describe both the *Shodhana and Shamana Chikitsa*, which include *Panchakarma*, for *Vandhyatva*. This article discusses ayurveda concepts and management for female infertility, presenting *Vandhyatva* via an ayurveda lens.

**Keywords**--*Vandhyatva*, *Ayurveda*, Infertility, *Panchakarma*, *Shodhana* and *Shamana*, *Chikitsa*.

### **Introduction**

Infertility is a global health concern affecting millions of couples, with significant physical, emotional, and social implications. It is defined as the inability to conceive after one year of regular, unprotected intercourse or six months in women over the age of 35. The World Health Organization defines a woman's positive reproductive health as a condition of total physical, mental, and social well-being rather than only the absence of diseases affecting the reproductive system and its functioning. After engaging in frequent, unprotected sexual activity, 50% of normal couples become pregnant within three months, 75%

within six months, and 80–85% within a year. Failure to conceive after one or more years of consistent, unprotected coitus is known as infertility. According to the World Health Organization (WHO), infertility can be attributed to both male and female factors, including hormonal imbalances, genetic predispositions, anatomical abnormalities, and lifestyle influences such as stress, poor nutrition, and environmental toxins. Primary infertility is the absence of conception, while secondary infertility is the inability of the patient to conceive after achieving a prior conception. Infertility rates range from 5 to 15% in any given population [1]. Advancements in reproductive medicine have led to various diagnostic and therapeutic interventions, ranging from hormonal treatments and assisted reproductive technologies (ART) like in vitro fertilization (IVF) to holistic approaches, including Ayurveda and lifestyle modifications. Despite these advancements, infertility remains a complex condition requiring a multidimensional approach for effective management.

According to *Aacharya Kashyapa*, a couple is lucky if they have many children who are growing and developing normally as a result of nature's influence or their own actions; if not, they should receive treatment. According to *Kashyapa's* account of *Jatharinis*, one *Pushpaghni* had menstruation or worthless *Pushpa*, while some others had recurring expulsions of fetuses from various gestational periods. The woman can be classified under *Vandhyatva* since she is unable to conceive under these circumstances as well. The *Sushruta Samhita* lists twenty gynecological illnesses, including one called *Vandhyatva*.

Because he grouped *Garbhastravi* (repeated abortions) and *mritvatsa* (repeated stillbirths) under the same heading, *Harita* has defined *Vandhyatva* as failure to achieve a child rather than pregnancy. The modern age does not take this definition into account.

Additionally, according to *Aacharya Charaka*, failure to conceive will result from any aberration of one of the Shadbhavas. Having sex with a woman who is extremely young, elderly, chronically unwell, hungry, dissatisfied, and suffering from various psychiatric disorders, as well as having lateral posture during conception, as well as having semen fall over Samirana nadi or in the outer part of Yoni, does not result in pregnancy. Conception does not occur because Bija (sperm) or Garbha (embryo) are accepted by vitiated yoni in different Yonivyapad and destroyed in Artavadushti. *Aacharya Bhela* states that there are two reasons why people are unable to conceive: Yoni abnormalities and various Vata diseases [2,3]. Aggravated *Vayu* destroys the *Raja* and expels the *Shukra* from the uterus, making the woman infertile.

#### **Etiology [4]**

Failure of any of the following factor leads to *Vandhyatva*,

1. Ritu refers to a season or time of fertility.
2. Healthy *Yoni*, uterus, and passage (reproductive organs) are signified by *kshetra*.
3. *Ambu* refers to the right nutritional fluid.
4. *Beeja* signifies *Shonita* and *Shuddha Shukra*.

## ***Causes of Infertility***

Infertility is a condition where a couple is unable to conceive after one year of regular, unprotected intercourse. It can be caused by various factors affecting either the male or female partner, or both. The causes of infertility can be broadly classified into male factors, female factors, and unexplained infertility.

### 1. Female Factors- **Several reproductive, hormonal, and lifestyle factors can contribute to infertility in women.**

#### A. Ovulatory Disorders

- Polycystic Ovary Syndrome (PCOS): A common hormonal disorder causing irregular or absent ovulation.
- Premature Ovarian Failure: Early depletion of ovarian follicles leading to reduced egg production.
- Hypothalamic Dysfunction: Stress, excessive exercise, or extreme weight changes can disrupt signals from the hypothalamus to the ovaries, leading to irregular ovulation.
- Hyperprolactinemia: High levels of prolactin (a hormone that stimulates milk production) can interfere with ovulation.

#### B. Structural Abnormalities

- Blocked Fallopian Tubes: Often caused by infections (e.g., Pelvic Inflammatory Disease, tuberculosis), endometriosis, or previous surgeries.
- Uterine Fibroids: Non-cancerous growths in the uterus that can interfere with implantation.
- Endometriosis: A condition where endometrial tissue grows outside the uterus, affecting ovulation, fertilization, or implantation.
- Congenital Uterine Abnormalities: Conditions like a septate uterus or bicornuate uterus can impact fertility.

#### C. Hormonal Imbalances and Other Conditions

- Thyroid Disorders: Both hypothyroidism and hyperthyroidism can affect ovulation and fertility.
- Obesity or Underweight: Extreme weight fluctuations can disrupt hormonal balance and ovulation.
- Chronic Medical Conditions: Diabetes, autoimmune disorders, and other systemic diseases may impact fertility.

### 2. Male Factors- **Male infertility is responsible for about 40-50% of infertility cases and can be due to:**

#### A. Sperm Abnormalities

- Low Sperm Count (Oligospermia): A reduced number of sperm in the semen.
- Poor Sperm Motility (Asthenospermia): Sperm that do not swim properly cannot reach the egg.
- Abnormal Sperm Morphology (Teratospermia): Irregularly shaped sperm can reduce fertilization chances.

#### B. Hormonal Imbalances

- Low Testosterone Levels: Affects sperm production and libido.
- Hyperprolactinemia: Excess prolactin can suppress testosterone and sperm production.

### C. Structural or Genetic Causes

- **Varicocele:** Enlarged veins in the scrotum that may reduce sperm production.
- **Undescended Testicles:** If testicles do not descend properly during childhood, sperm production can be impaired.
- **Blocked Vas Deferens:** Prevents sperm from mixing with semen, often due to infections or congenital defects.
- **Genetic Disorders:** Conditions like Klinefelter syndrome (XXY chromosomes) can lead to infertility.

### D. Lifestyle and Environmental Factors

- **Smoking and Alcohol:** Can lower sperm count and motility.
- **Obesity:** Affects hormone levels and sperm production.
- **Heat Exposure:** Frequent use of hot tubs, saunas, or tight underwear can affect sperm production.
- **Exposure to Toxins:** Pesticides, heavy metals, and radiation can damage sperm DNA.

### 3. Unexplained Infertility

In some cases, despite thorough evaluation, no identifiable cause is found. This may be due to subtle hormonal imbalances, egg quality issues, or immune system factors that are not easily detected through standard tests.

### 4. Lifestyle and Environmental Causes in Both Genders

- **Age:** Fertility declines with age, particularly after 35 in women and after 40 in men.
- **Chronic Stress:** Can affect reproductive hormones in both men and women.
- **Poor Diet:** Deficiencies in key nutrients like folic acid, zinc, and vitamin D can impact fertility.
- **Substance Abuse:** Recreational drugs, steroids, and excessive caffeine intake may reduce fertility [5,6].

## Management

### Ayurvedic Management of Modern Infertility

1. Addressing the clinical disorders that underlie infertility (Nidanaparivarjana).
2. The fundamentals of vandyatua therapy.
3. Adhering to the garbhadhana's prescribed regimen.

Two forms of Chikitsa are recognized by Ayurveda: Shodhana Chikitsa (purification) and Shamana Chikitsa (medical treatment) [7].

### Panchakarma in Infertility Management:

Panchakarma, a cornerstone of Ayurvedic therapeutics, plays a significant role in managing infertility by detoxifying the body, balancing the doshas, and enhancing reproductive health. Below are single-paragraph descriptions of key Panchakarma therapies utilized in the Ayurvedic management of infertility:

### **Abhyanga (Oil Massage) and Swedana (Steam Therapy)**

Abhyanga and Swedana therapies involve the application of warm medicated oils and steam to enhance blood circulation, reduce stress, and nourish the reproductive tissues. These therapies prepare the body for conception by promoting relaxation and improving the overall health of the reproductive system.

### **Vamana (Therapeutic Emesis)**

Vamana therapy is designed to remove Kapha-related obstructions in the reproductive channels and balance hormonal levels. This therapy is particularly beneficial in cases of infertility linked to conditions such as PCOS or obesity, as it helps in detoxifying the body and improving metabolic functions essential for reproductive health.

### **Virechana (Therapeutic Purgation)**

Virechana is a detoxification process that targets the elimination of excess Pitta dosha, which can cause inflammatory conditions affecting fertility. By cleansing the body and regulating the reproductive hormones, Virechana enhances uterine health and is often recommended for individuals suffering from endometriosis or similar conditions.

### **Nasya (Nasal Administration of Medicines)**

Nasya involves the administration of medicated oils or powders through the nasal passage, helping to clear toxins from the head and neck region. This therapy improves hormonal communication between the brain and reproductive organs, making it beneficial for hormonal imbalances and stress-related infertility.

### **Ayurvedic Medications and Diet in Conjunction with Panchakarma**

In addition to Panchakarma, herbal formulations such as **Ashwagandha**, **Shatavari**, and **Gokshura** are commonly prescribed. A Sattvic diet rich in fresh fruits, vegetables, whole grains, and ghee is recommended to nourish the reproductive tissues and improve overall fertility.

#### ➤ **Uttar Basti**

For *Vandhyatva*, Uttarbasti is a powerful chikitsa. Uttarbasti serves as a therapy option for *Garbhashyagat Rogas* because it makes it easier for medications to be absorbed and helps deliver them to the right organs.

After using *Bhrimhana* medications, *Uttarbasti Karma* in the cervical region promotes cervical secretion and facilitates sperm facilitation. Combining oil with *Lekhaniya* medications aids in conception. When *Lekhaniya* medications are administered intrauterinally through Uttarbasti, they clear the tube's blockage and promote the growth of tubal cilia in the fallopian tubes.

It rejuvenates the lining of the endometrium, balances ovulation and other reproductive processes, and aids in Garbhasthapana [8].

Because the uterus and vagina are prepared to receive *Sneha* readily at this time, *Ritu Kala* (after the end of menstrual flow) is thought to be the ideal time to administer the Uttarbasti.

When treating the vitiated Vata Dosha linked to Kapha, *Taila* is the recommended treatment. When Vata is linked to *Pitta Dosha*, *ghrita* is favored. *Shatavatri Ghrita* and *Phala Ghrita* are utilized to treat cervix-related issues. *Narayana Taila* and *Shatpuspa Taila* are utilized to treat ovarian issues [9].

*Apamarga Kshara Taila* & *Kumari Taila* are used to cure tubal obstruction.

When vata sickness causes infertility, basti (enema) is a very helpful treatment.

*Anuvasana Basti* of oil or *ghrita* is proven to be helpful for women who have amenorrhea, a meager menstrual period, an anovulatory cycle, or an absence of fertilization that results in infertility. The *Yoni* gets healthier and a woman might conceive more easily when Basti is used.

- **Niruha basti** of medicinal Kashaya is acts like a nector to an infertile woman.  
The best remedy for anovulation is vitechana.
- **Yapana Basti** is particularly effective at treating infertility because it performs both niruha (shodhana) and anuvasana (snehan) [10].

### **Basti Prayoga:**

1. *Anuvasana basti Shatavaryadi*
2. *Rasyana Vasti Guducyadi*
3. *Yapana Basti Mustadi*
4. *Basti Bala Taila*
5. *Putra-dayaka, or Shatavaryadi Rasayana Basti*

### **Shamana Chikitsa**

<b>Sr. No</b>	<b>FORMULATION NAME</b>	<b>REFERENCE</b>
1	<i>Narayana Tail</i>	<i>Sharangdhara Samhita Madhyama Khand 9/101-109</i>
2	<i>Shatpushpa Tail</i>	<i>Kashyapa Samhita 5/23-25</i>
3	<i>Shatavari Tail</i>	<i>Sharangdhara Samhita Madhyama Khand 9/133-135</i>
4	<i>Yograj Gugglu</i>	<i>Sharangdhara Samhita Madhyama Khand 7/56-62,66</i>
5	<i>Drakshadhya Churan</i>	<i>Harita Samhita 48/95</i>
6	<i>Phala Ghrita</i>	<i>Sharangdhara Samhita Madhyama Khand 9/80-87</i>
7	<i>Pippalyadi Churan mixed with Ghrita</i>	<i>Chakradatta yonivyapada Chikitsa 27</i>
8	<i>Sheetakalyanaka Ghrita</i>	<i>Yoga Ratnakar Pradara -roga chikitsa</i>
9	<i>Laghu Phala Ghrita</i>	<i>Sharangdhara Samhita Madhyama Khand</i>
10	<i>Pugapaka</i>	<i>Yoga Ratnakar Prameha Chikitsa Sthana</i>
11	<i>Dashmoolarishta</i>	<i>Sharangdhara Samhita Madhyama Khand 10/77-92</i>

12	<i>Shatavari Ghrita</i>	<i>Charak Chikitsa Sthana 30/64-66</i>
13	<i>Maharasnadi Kwatha</i>	<i>Sharangdhara Samhita Madhyama Khand 2/90-94,96</i>
14	<i>Kasmaryadi Ghrita</i>	<i>Charak Chikitsa Sthana 30/52-54</i>
15	<i>Lasuna Ghrita</i>	<i>Kashyap Samhita Kalpa Sthana2/93-97</i>
16	<i>Khandakadyavaleha</i>	<i>Kashyap Samhita 2/22</i>

### **Ayurvedic herbs used in the treatment for infertility:**

*Ashoka, Dashmoola, Shatavari, Kumari, and Guggulu* ovulation disorders

In *Ashoka, Dashmoola, Shatavari, Guduchi, and Jeevanti*, premature ovarian failure (POF)

Adhesions (scar tissue) and blocked fallopian tubes—*Guduchi, Punarnava*.

### **Conclusion**

A woman of reproductive age's biological incapacity to aid in conception and her inability to carry a pregnancy to term are the two main definitions of infertility, according to Ayurveda. Nowadays, infertility is a fairly prevalent problem, and finding a remedy has become essential. Agni Deepana and Ama Pachana are used to cure infertility because of the imbalance that causes numerous ailments. A healthy Agni will also contribute to a healthy ojas. Panchakarma treatment helps to eradicate ama, which corrects the Agni. Additionally, Panchakarma's cleansing aids in the body's removal of impurities. The primary Dosha implicated in infertility is Vata, and therapy aids in Vatanulomana. In order to promote conception, the appropriate combination of treatments helps to balance the endocrine system, improve blood flow in the pelvic cavity, revitalize sperm, lower mental stress, improve overall health and wellness, and regulate the menstrual cycle.

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