



INFERTILITY – CAUSES, DIAGNOSIS, AND AYURVEDIC INTERVENTIONS

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ABSTRACT

Background: Inability to conceive within a reasonable period of regular marital life has become a growing health challenge worldwide. Nearly one in six couples are affected, leading to social, psychological, and emotional stress. While biomedicine offers advanced diagnostic and technological options, Ayurveda provides a comprehensive and individualized perspective. **Objectives:** To examine infertility with reference to both modern and Ayurvedic frameworks and to highlight Ayurvedic management strategies. **Methods:** Classical Ayurvedic texts and modern literature were reviewed. Etiological factors, diagnostic methods, and therapeutic principles were analyzed from both perspectives. **Results:** Modern medicine attributes infertility to ovulatory dysfunction, tubal blockage, endometriosis, uterine anomalies, and male factors like poor sperm quality. Ayurveda considers disturbances in Ritu, Kshetra, Ambu, and Beeja along with Dosha imbalance as central causes. Interventions include Shodhana (purificatory therapies), Shamana (pacifying treatments), Rasayana therapy, use of formulations such as Phala Ghrita and Ashokarishta, and dietary–lifestyle regulations. **Conclusion:** Ayurveda addresses root imbalances and supports reproductive vitality, making it a valuable complement to modern reproductive technologies. Further clinical validation will strengthen its role in integrative infertility care.

KEYWORDS : Infertility, Vandhyatva, Ayurveda, Rasayana, Shodhana, Shukra Dushti

INTRODUCTION

Failure to achieve conception after a year of regular unprotected intercourse is described in contemporary science as infertility. Globally, it affects around 10–15% of couples. In Ayurveda, this condition is discussed under the term Vandhyatva, attributed to derangements of Doshas, Dhatus, and Agni.

Ayurveda emphasizes the importance of four essential factors (Garbhasambhava Samagri): Ritu (appropriate time of conception), Kshetra (healthy reproductive organs), Ambu (nourishment), and Beeja (quality of ovum and sperm). Any disturbance in these may hinder conception.

MATERIALS AND METHODS

The present article is based on a narrative review of Ayurvedic classics including Charaka Samhita and Sushruta Samhita, along with modern biomedical literature accessed through indexed journals and online databases. Comparative analysis was made between Ayurvedic and modern perspectives on causation, diagnosis, and therapeutic measures.

RESULTS**Etiology****Modern perspective:**

- Female causes: irregular ovulation (e.g., PCOS), blocked fallopian tubes, endometriosis, uterine anomalies, age related decline in ovarian reserve.
- Male causes: reduced sperm count, poor motility, abnormal morphology, varicocele, endocrine dysfunction, or genetic problems.
- About 10–15% of couples remain undiagnosed (unexplained infertility).

Ayurvedic perspective:

- Beeja Dushti (defects in gametes), Artava Dushti (disturbed menstrual flow), Shukra Dushti (semen defects).
- Predominant vitiation of Vata and Pitta, weak digestive/metabolic fire (Agni Mandya), depletion of reproductive tissue (Shukra/Artava Kshaya).

- Lifestyle errors, stress, and incompatible dietary habits (Viruddha Ahara).

Diagnosis**Modern methods:**

- Hormonal assays: FSH, LH, AMH, prolactin, thyroid profile.
- Imaging: pelvic ultrasound, hysterosalpingography, laparoscopy.
- Semen analysis and genetic studies when required.

Ayurvedic methods:

- Examination of Prakriti (constitution) and Vikriti (imbalance).
- Artava Pariksha (assessment of menstruation: duration, flow, characteristics).
- Shukra Pariksha (assessment of semen: volume, consistency, color, smell, strength to fertilize).
- Ashtavidha and Dashavidha Pariksha (eightfold and tenfold clinical examinations).

Ayurvedic Interventions

1. Nidana Parivarjana – Avoidance of causative factors such as irregular lifestyle, stress, and incompatible foods.
2. Shodhana therapies – Vamana, Virechana, Basti, and Uttara Basti depending on Dosha predominance.
3. Shamana therapies – Administration of formulations like Phala Ghrita, Ashokarishta, Dashamoolarishta, Shatavari, Ashwagandha, Kapikacchu, and Putrajivaka Beej.
4. Rasayana therapy – Rejuvenating measures to improve vitality, e.g., Chyawanprash, Amalaki Rasayana, Shatavari Ghrita.
5. Diet and lifestyle – Emphasis on wholesome (Sattvika) food, avoidance of incompatible diet, regular Yoga, Pranayama, and meditation.

DISCUSSION

Modern infertility management relies on interventions such as ovulation induction, intrauterine insemination, and in vitro fertilization. While effective, they may not always correct the underlying pathology and can be financially or emotionally demanding.

Ayurveda, on the other hand, focuses on restoring balance at

the level of Doshas, Dhatus, and Āgni. Through detoxification, rejuvenation, and strengthening of reproductive tissues, Ayurveda offers a sustainable approach. Preliminary studies suggest improvement in ovulation, semen quality, and endocrine balance following Ayurvedic regimens.

Integrative strategies that combine precise modern diagnostics with holistic Ayurvedic interventions may optimize outcomes for couples.

CONCLUSION

Infertility is a multifactorial disorder that requires a broad-based approach. Ayurveda provides principles for prevention, purification, rejuvenation, and lifestyle guidance that directly address reproductive health. Integration of these time-tested measures with modern reproductive medicine can yield safer and more cost-effective solutions. Further scientific validation is essential for mainstream acceptance.

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