

Ayurvedic Understanding of Vandhyatva (Infertility) and Its Management - A Review

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Abstract: Infertility is encountered as a stressful condition by couples worldwide, impacting not just their physical and mental well-being but also placing financial strain on them. These days, a variety of variables, such as stress, pollution, a bad diet, and a sedentary lifestyle, impair both men's and women's fertility. In spite of years of trying, one in seven couple gets difficulties in conceiving. The reason for this is a combination of social, emotional and physiologic factors. About 25% of events might not be fully understood. Population growth and fertility rates have been progressively dropping throughout. Ayurvedic management provides a promising, cost-effective avenue for addressing infertility disorders and enhances the success rates of in vitro fertilization (IVF), especially after previous unsuccessful attempts. Present paper aims to throw some light on the concept of infertility as per the concepts of Ayurveda.

Keywords: *Vandhyatva, Rasayana, Chikitsa, Ojas, Dosha, Infertility, Satvavajaya*

Introduction:

It is the most prevalent endocrine disturbance in reproductive age women and it is a heterogeneous, multifaceted and complex aetiology disorder with numerous reproductive and metabolic phenotypes. Infertility is defined by American Society for Reproductive Medicine (2020) as “The failure to achieve a successful pregnancy after 12 months of regular, unprotected sexual intercourse.”¹ The couple who has not conceived after 12 months is the lowest reference limit for time to pregnancy (TTP) by the World Health Organization.² It is relatively common health condition among reproductive-age women, affecting nearly 7% of all couples. Conception depends on the fertility potential of both the Male and Female partners. The contribution of Male is 30%, of Female is 40%, Both 20% and Unexplained reasons are 10%. Infertility includes Ovarian factors (30-40%), Tubal and Peritoneal factors (30-40%), Uterine factors (10%), Pelvic factors (5%) and Cervical factors (5%). The failure to ovulate or ovulatory dysfunction is the major problem in approximately 40% cases of female infertility.³ **“Infertility is a silent killer, just like cancer- it eats at one’s soul, as cancer eats at one’s body.”** In Ayurvedic classics all the disease related to female reproductive tract and menstruation are classified under two headings; *Yonivyapada* and *Artavavyapada*, root cause of these abnormalities is *Dushtaartava*.⁴ Infertility is a multifactorial disease that is not directly addressed in any classics. It is comparable in some extent to *Vandhya Yonivyapada*.⁵

According to *Acharya Sushruta* four main factors required for the proper conception are:

1. *Ritu* (Season or fertile period)
2. *Kshetra* (Normal female reproductive organ, healthy yoni)
3. *Ambu* (Nourishing factor)
4. *Beeja* (Viable ovum & sperm)

Abnormality in any of the above said factors cause ‘*Vandhyatwa*’.⁶

ध्रुवं चतुर्णामि सान्निध्यात् गर्भः स्यात् विधिपूर्वकः ।

ऋतु क्षेत्रांस्त्रुबीजानां सामग्रयादंकुरो यथा ॥ (सु. शा. 2/34)

Etiopathogenesis (Samprapti) of *Vandhyatva*:

The vitiation of *Vata Dosha* plays a pivotal role in the genesis of *Vandhyatva*.⁷ Improper diet (*Ahara*), lifestyle (*Vihara*) and mental stress (*Manasika Nidana*) aggravate *Vata*, leading to *Artavavaha Srotodushti* (obstruction or depletion of the menstrual channels).

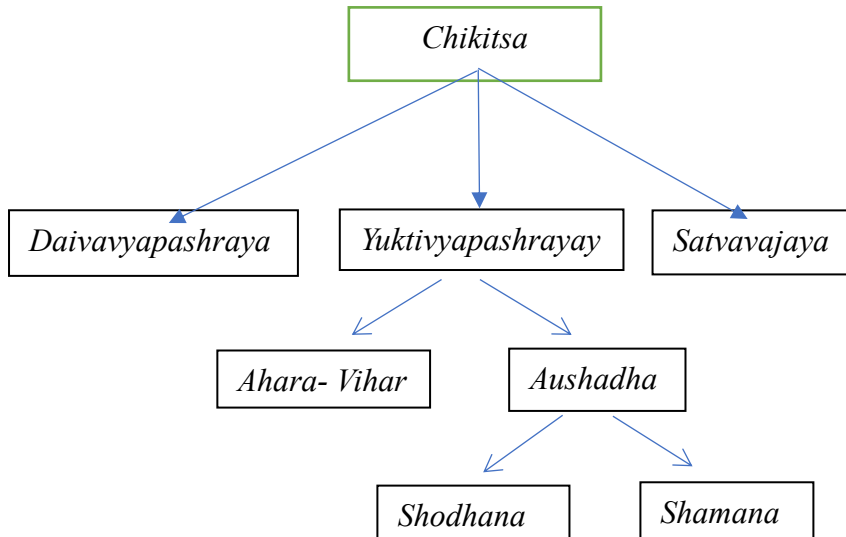
SAMPRAPTI GHATAKAS:

<i>Dosha</i>	<i>Tridosha</i> with <i>Vata</i> , <i>Kapha</i> predominance.
<i>Dhatu</i>	<i>Rasa</i> , <i>Rakta</i>
<i>Upadhatu</i>	<i>Artava</i>
<i>Agni</i>	<i>Agnimandhya</i>
<i>Strotas</i>	<i>Artavavaha</i>
<i>Srotodushti</i>	<i>Sanga</i>
<i>Udbhavasthana</i>	<i>Pakvashaya</i>
<i>Adhishthana</i>	<i>Trayavarta Yoni</i>
<i>Marga</i>	<i>Abhyantara</i>

Ayurvedic Management of *Vandhyatva*:

The line of management is based on *Trividha Chikitsa*—*Nidanaparivarjana*, *Shodhana*, and *Shamana*, supported by *Rasayana* and *Satvavajaya* therapies.

Vitiated *Vata* is the root cause of *Yonirogas*. So *Vatadushti* has to be treated first, following by other *Prakupita Dosha*.



(A) DAIVAVYAPASHRAYA CHIKITSA:

- *Putreshti Yajan*
- *Varana-bandha*

(B) YUKTIVYAPASHRAYA CHIKITSA

✓ **PATHYA APATHYA:**

Pathya:

Ahara:

- The women who consume *Lasuna* never remains infertile
- *Ksheer* is beneficial for *Vandhya* and helps to achieve pregnancy (*Garbhadhankara*).
- *Mamsa* is *Pushtikara*, *Garbhadhankara* increases *Retas* (*Artava*) and beneficial for *Vandhya*.
- Root of *Vandhyakarkati*, *Langali*, *Katutumbi*, *Devadali*, *Brihatidaya*, *Suryavalli* and *Bhiruka* are *Pathya*.

Vihara:

- Wearing the clothes and garland left over by the women having son.
- Bath with water left over or flowing during bath being taken by the women having son.
- “ऋतुसंगम” Coitus during *Rutukala*.

Apathya:

- *Kacchara*, *Suran*, *Amla*, *Kanji*,
- *Vidahi* (Articles producing burning sensation) and *Tikshna* (pungent or sharp acting) *Ahara*.
- Entire *Nidana* mentioned earlier are *Anupashaya* for *Vandhyatwa*

✓ **AUSHADHA:**

❖ **SHODHANA CHIKITSA:**

- *Acharya Charaka* has mentioned that after *Snehana*, *Svedana*, *Vamana*, *Virechana*, *Asthapana* and *Anuvasana Basti* in consecutive order male should be given milk and *Ghrita* medicated with *Madhuraushadha* and female should be given *Taila* and *Masha* for healthy progeny.
- *Virechana* is ideal treatment for *Akarmanya Beeja* (Anovulation).
- *Acharya Kashyapa* has said that *Anuvasana Basti* should be given in *Alpapushpa*, *Nastapushpa* (scanty menses and amenorrhoea), *Nashtabeeja* (Anovulation) and *Akarmanya Beeja*.

The following *Basti* can be used -

- *Shatapakataila Basti* (*Su. Chi.* 38/89)
- *Bala Taila Basti*
- *Traivrta Sneha Basti*
- *Shatavaryadi Anuvasana Basti* (*Ch. Si.* 12/18)
- *Sahacharadi Yapana Basti* (*A. S. K.* 5/24)

- *Mustadi Yapana Basti* (A.S. K. 5/11)

❖ **SHAMANA CHIKITSA:**

- *Rasayana* and *Vajikarana* drugs are also useful for treating *Artavadushti*.⁸
- *Mutradosha Pratishodhaka* drugs can be used in *Artavadushti*.
- The line of treatment described for *Shukra Dosha*, *Artavadosha* and *Stanaroga* can be adopted for *Yonivyapada Chikitsa*.
- *Svayonivardhaka Ahara* & *Aushadha* like *Shali*, *Yava*, *Madya*, *Mamsa*, may be useful in *Yoniroga*.

➤ **TAILA –**

- *Narayana Taila* –used in form of *Nasya*, *Abhyanga*, *Pana* and *Basti* (Sh. M. 9/101 – 109)
- *Shatpushpa Taila* – used in form of *Nasya*, *Pana*, *Abhyanga* and *Basti* (Ka. K.5/23 – 25)
- *Shatavari Taila*- used in form of *Nasya*, *Pana*, *Abhyanga* and *Basti* (Sh. M. 9/133 – 138)

➤ **GUTIKA -**

- *Yograj Guggulu* (Sh. M. 7/ 56 – 62, 66)

➤ **CHURNA, KALKA & SWARASA**

- *Baladhya Churna*, *Chanadanadhya Churna* and *Drakshadhya Churna* (Ha. Tri. 48/25)
- *Lakshmana* & eight *Vatashunga* with *Ksheer* (A. H. Sha. 1/48)
- *Shatapushpa Kalpa* (Ka. K.5/14-17)
- *Shatavari Kalpa* (Ka. K.5/14-17)
- *Ashwagandha Kashaya Siddha Dugdha* (B. P. Chi. 70/25)
- *Matulunga Beeja* pounded with milk. (Y. R. Yonivyapad Chi)
- *Prajasthapana Mahakashaya* (Ch. Su. 4/18(49) & Ch. Sha. 8/2)
- *Pippalyadi Churna* mixed with *Ghrita* (Chakradatta Yonivyapada Chikita/27)

➤ **KWATHA -**

- *Maharasnadi Kwatha* (Sh. M. 2/90 – 94, 96)

➤ **GHRITA –**

- *Phala Ghrita* (Sh. M. 9/80 – 87)
- *Lagu Phala Ghrita*
- *Kamadev Ghrita* (Sh. M. 9/27-32)
- *Sheetakalyanaka Ghrita* (Y. R. Pradara-Roga Chikitsa)
- *Kasmaryadi Ghrita* (Ch. Chi. 30/52 – 54)
- *Lasuna Ghrita* (Ka. K. 2/ 93 – 97)
- *Paniya Kalyanaka Ghrita* (Sh. M. 9/38-40)

- *Satavari Ghrita* (Ch. Chi. 30/64-67)

➤ **ARISHTA** –

- *Dasamularishta* (Sh. M. 10/ 77 – 92)

➤ **PAKA** –

- *Pugapaka* (Y. R. Prameha Chi.)

➤ **RASA** –

- *Khandakadhya lauha* (Ka. K. 2/22)

(C) **SATVAJAYA CHIKITSA:**

- *Chikitsa* is used to give psychological motivation.
- *Saumanasya* is said by *Acharya Charaka* is the important *Satvavajaya Chikitsa* achieving pregnancy.
- Mental stress is a significant contributor to infertility.
- Practices such as *Yoga*, *Pranayama*, *Dhyana* (Meditation) and *Satvavajaya* therapy promote relaxation and regulate hypothalamic–pituitary–gonadal axis activity.⁹
- *Asanas* like *Baddha Konasana*, *Paschimottanasana* and *Setu Bandhasana* are beneficial.

Ayurvedic herbal treatment for infertility:

Condition	Compound Formulas	Simple Herbs
Ovulation disorder	<i>Chandraprabha Vati</i> , <i>Yograj Guggulu</i> , <i>Ashoka Rishta</i> and <i>Dashmoolarishta</i>	<i>Ashoka</i> , <i>Dashmool</i> , <i>Shatavari</i> , <i>Aloe vera</i> , <i>Guggulu</i> , <i>Hirabol</i> and <i>Harmal</i>
Ovulation problems caused due to poly-cystic ovarian syndrome (PCOS)	<i>Latakaranj</i> , <i>Varun</i> , <i>Kanchnaar Guggulu</i> , <i>Arogya Vardhini</i> , <i>Punarnava Guggulu</i>	<i>Guggulu</i>
Premature ovarian failure (POF)	<i>Chandraprabha</i>	<i>Ashoka</i> , <i>Dashmool</i> , <i>Shatavari</i> , <i>Guduchi</i> , <i>Jeevanti</i>
Blocked fallopian tubes, adhesions (scar tissue) and pelvic inflammatory disease	<i>Kaishor Guggulu</i> , <i>Triphala Guggulu</i>	<i>Guduchi</i> , <i>Kutki</i> , <i>Punarnava</i>
Cervical mucus	–	<i>Vata</i> , <i>Ashwatha</i> , <i>Udumbara</i> , <i>Plaksha</i> , <i>Shirisha</i> , <i>Haridra</i> , <i>Yashtimadhuka</i> <i>Saariva</i> and <i>Manjishtha</i>
Underweight women or those that have a small, undeveloped uterus or cervix	–	<i>Shatavari</i> , <i>Ashwagandha</i> , <i>Vidarikand</i> , <i>Ksheervidari</i> , <i>Bala</i> , <i>Samudrashok</i> , <i>Nagbala</i> , <i>Shrungatak</i> and <i>Yashtimadhuka</i>
Some women do conceive. but are unable to retain the pregnancy till	–	<i>Guduchi</i> , <i>Kantakari</i> , <i>Brihati</i> , <i>Gokshura</i> , <i>Bhrungraj</i> ,

full-term		<i>Yashtimadhuk, Pippali, Bharangi, Padmakashtha, Rasna and Manjishtha</i>
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Discussion:

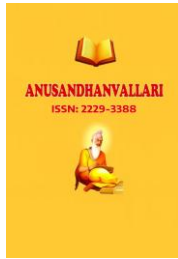
According to Ayurveda, healthy sperm, healthy ovum and a healthy uterus are necessary for conception to occur. The condition of the reproductive tissue or *Shukra Dhatu* affects the reproductive health of both men and women. In women, the *Shukra* tissue produces the ovum as part of the monthly cycle and in men, sexual excitement causes the semen to form. Boosting the individual's overall health by stimulating the hypothalamus and pituitary glands, causing the ovaries to mature and produce eggs indirectly.¹⁰ In the treatment of female infertility, Ayurveda offers a non-invasive, low-cost and non-iatrogenic alternative and complement to modern Western therapy. Ayurveda emphasizes the purification of the body before conception. *Shodhana* therapies like *Virechana* and *Basti* detoxify and balance *Doshas*, while *Rasayana* strengthens reproductive tissues. The integrative application of these principles, along with modern diagnostics (ultrasound, hormonal profiling), enhances treatment outcomes. Furthermore, the psychosomatic concept of *Satvavajaya* in Ayurveda aligns with modern stress management strategies, highlighting the ancient insight into mind-body interdependence infertility.

Conclusion:

Infertility has increased dramatically over the last decade as a result of a mix of social, environmental, psychological and nutritional variables. *Vandhyatva* is a multifactorial disorder rooted in *Dosha* imbalance, *Artava Dushti* and impaired *Beeja* and *Kshetra* functions. Ayurveda provides a holistic, personalized and natural approach to infertility management. Incorporating Ayurvedic therapies such as *Uttarabasti*, *Phalaghrita*, *Shatavari Rasayana* and *Yoga* alongside modern reproductive technology can offer an integrative and safer alternative to conventional fertility treatments. Ayurveda considers each particular body type, strengthens the bodily systems involved in the fertilization process and thus offers as an ideal alternative for achieving fertilization.

References:

1. Practice Committee of the American Society for Reproductive Medicine. Definitions of infertility and recurrent pregnancy loss: a committee opinion. Fertil Steril 2020; 113:533–5
2. Cooper TG., Noonan E, Non Eckardste in etal, world Health Organization reference values for human semen Characteristics Human Reprod.2010;16(3):231-45
3. Clinical Gynaecologic Endocrinology and Infertility; 7th edition by Leon Speroff et.al; published by Jaypee Brothers, 2005. Part II; Chapter 12, page no. 465-466.
4. Acharya Sushruta, Sushruta Samhita, Ambika Dutta Shastri, 'Ayurveda-Tattva-Samdeepika Vyakhya, Chaukhamba Sanskrit Samsthan, Varanasi, 2nd edition Shusruta Sharira 2/12
5. Sushruta, Sushruta Samhita, Text with Nibandha Samgraha Commentary of Sri Dalhanacharya, Jai Krishna das Ayurveda Series 34, Reprint Edition, Chaukhamba Orientalia, Varanasi, 2014, Su. U. 38/10.
6. Sushruta Samhita By Ambika Dutta Shastri Part 1st & 2nd, Chaukhamba Sanskrit Sansthan, Varanasi, reprint edition 2012, Sha. 2/35
7. Kashyapa Samhita, Pt. Hemraj Sharma, Vidhyotini Hindi commentary, Chaukhamba Sanskrit Sansthan, Varanasi Reprint 2013, Khila Sthana 4/12.
8. Sushrut Samhita, Nibandha Sangraha by Acharya Dalhana, Chaukhamba Sanskrit Sansthan Varanasi, reprint 2013, Sha. 2/16 Dalhana commentary; 345



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9. Sharma P, et al. "Yoga and Meditation in Infertility: A Review." J Altern Complement Med. 2022;28(1):45–51.
 10. Sher KS, Mayberry JF. Female fertility, obstetric and gynaecological history in coeliac disease. A case control study. Digestion. 1994;55(4): Pages: 243-246.