



Review Article

A CRITICAL REVIEW ON ROLE OF AYURVEDIC MANAGEMENT OF VANDHYATWA (INFERTILITY)

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ABSTRACT

Infertility, an increasingly prevalent global issue, is characterized by the inability to achieve pregnancy after one year of regular, unprotected intercourse. While modern medicine categorizes its causes as ovulatory disorders, tubal defects, uterine anomalies, and unexplained factors, Ayurveda offers a holistic perspective through the concept of *Vandhyatwa*. This review critically explores the Ayurvedic understanding, classification, pathogenesis, and treatment of *Vandhyatwa*, emphasizing the imbalance in *Artavavaha Srotas*, deranged *Agni*, and vitiation of *Doshas*- particularly *Vata*. Classical Ayurvedic texts describe various types of infertility, highlighting both congenital and acquired causes, as well as *Doshic* and lifestyle-related factors. Ayurvedic management emphasizes root cause treatment through *Nidana Parivarjana* (removal of causative factors), *Shodhana* (purification therapies like *Vamana*, *Virechana*, *Nasya*, and *Basti*), *Shamana* (pacification), and specialized treatments such as *Uttar Basti* for uterine and tubal disorders. Additionally, *Rasayana* and *Vajikarana* therapies rejuvenate reproductive health, enhance fertility, and reduce stress-induced hormonal imbalances. Yoga and meditation are complementary tools in restoring reproductive balance and mental well-being. The Ayurvedic approach, by addressing physical, psychological, and spiritual aspects, offers a personalized and integrative pathway for managing infertility, especially where modern interventions fall short or are cost-prohibitive. Case studies demonstrate successful conception in patients treated with Ayurvedic protocols, especially in cases labelled as unexplained or resistant to conventional treatments. Thus, Ayurveda presents a comprehensive, effective, and safe alternative in the management of female infertility, especially when integrated with modern diagnostic tools.

INTRODUCTION

Infertility is the condition when a female is unable to conceive within one year of regular unprotected intercourse. Infertility is categorized into two types: Primary infertility, where couples are unable to conceive after one year of unprotected intercourse, and Secondary infertility, where couples who have previously conceived are now unable to conceive again^[1].

Unexplained infertility: In approximately 10% of infertility cases, no abnormalities are detected during evaluation. However, it is likely that underlying issues exist but remain undetected due to limitations in current diagnostic methods.

In Ayurveda, *Vandhyatwa* is considered equivalent to infertility, with its primary cause attributed to an imbalance in the *Artavaha Srotas*.^[2]

Concepts of Infertility in Ayurveda: *Vandhyatwa*

In the female body, Ayurveda describes three main *Srotas* (microchannels): *Rajovaha Srotas*, which encompass the uterus, cervix, vagina, and their blood supply; *Artavaha Srotas*, which include the ovaries and fallopian tubes along with their associated blood supply; and *Stanyavaha Srotas*, which pertain to the breast tissue and its blood

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circulation.^[3] *Vajikarana* is the branch of Ayurvedic medicine that addresses infertility-related concerns. In women, the ovum is formed as part of the monthly cycle from the *Shukra Dhatu*.

Nidana (Causes)

According to Ayurveda, successful conception depends on four essential factors: *Ritu* (the fertile period), *Kshetra* (the female reproductive system), *Ambu* (nutritive fluids), and *Beeja* (sperm and ovum). The harmonious union of these elements in their natural state leads to the formation of a healthy offspring.

Infertility may arise due to disturbances in any of the six vital factors (*Shad Bhavas*): the mother, father, *Atma* (soul), *Satva* (mental strength), *Satmya* (compatibility), and *Rasa* (nutritive essence). Additionally, conception can be obstructed if the reproductive system (*Yoni*) is affected by

disorders (*Yonivyapad*), causing the rejection of sperm (*Shukra*) or embryo (*Garbha*), or if the reproductive element (*Bija*) is impaired due to menstrual abnormalities (*Artava Dusti*).

Conception may fail primarily due to two reasons: disturbances caused by an aggravated *Vata dosha* and issues related to the *Yoni*. When *Vata* becomes imbalanced, it can interfere with the reproductive process by expelling sperm from the uterus or damaging the ovum, ultimately leading to infertility.

Unhealthy lifestyle choices, poor dietary habits, physical inactivity, obesity, hormonal disturbances, advancing age, and stress can all contribute to a decline in fertility.

Causes of female infertility are categorized under following headings given below:

Ovulation dysfunction (30-40%)	Oligo ovulation, anovulation, corpus luteum deficiency
Tubal abnormalities (25-35%)	Tubal block may be due to infection, pelvic adhesions etc.
Uterine abnormalities (10%)	Thin endometrium, endometritis, uterine fibroids, synechiae, congenital abnormalities
Cervical factors (5%)	Cervicitis, cervical polyps, cervical erosion, cervical malignancy
Vaginal Factors	Vaginal atresia, vaginal septum, narrow introits, vaginitis and purulent discharge

Types of Vandhyatva (Infertility)

According Acharya Charak

1. *Vandhya*- It refers to the complete inability to conceive resulting from a severe, inherent issue such as *Beejopaghata*, which includes congenital abnormalities like chromosomal defects or Mullerian agenesis.
2. *Apraja*- Refer to infertility in which woman conceive after treatment or a woman with unsuccessful pregnancies even after obtaining conception.
3. *Sapraja*- Refer to a condition in which a woman in her active reproductive age does not conceive with previous history of bearing successful pregnancies.

According to Madhav Nidana

Nine types of *Vandhya* (infertility) have been described based on the associated *Doshas* or causative factors, which include: *Aadivandhya*, *Raktavandhya*, *Vatavandhya*, *Pittavandhya*, *Kaphavandhya*, *Tridoshaj Vandhya*, infertility due to *Grahadosha*, *Daiva Bala* (divine or karmic) factors, and improper conduct such as *Guruadi Apachara*.^[4]

According to Harita

Six types of *Vandhyatva* have been explained *Kakvandhya* (one child sterility), *Anapatya* (no child) or primary infertility), *Garbhasravi* (repeated abortion), *Mritvatsa* (repeated stillbirths), *Balakshaya* (loss of strength) and *Vandhya* due to *Balyavastha*, *Garbhakoshabhanga* and *Dhatukshaya*.^[5]

Pathogenesis of Vandhyatva (Infertility)

Due to various dietary (*Aharaja*), lifestyle (*Viharaja*), and psychological (*Manasika*) factors, there is impairment of *Agni* (digestive fire), particularly affecting *Samana Vata* and *Pachaka Agni*. This leads to vitiation of *Kapha* and formation of *Ama* (toxins), which in turn causes vitiation of *Rasa Dhatu*. As a result, the formation of the *Upadhatu Artava* is disrupted, leading to its absence (*Nastartva*) and resulting in infertility (*Vandhyatva*). This can also be understood as a weakened *Dhatvagni* in the *Rasavaha Srotas*, which causes *Artava Dushti* and ultimately contributes to infertility.

Treatment

In contemporary medicine, treatment primarily targets correcting dysfunctions identified through various diagnostic tests. However, the management of infertility- especially involving hormonal therapies, ovulation induction, and invasive diagnostic procedures- often comes with significant complications. In cases of unexplained infertility, lifestyle modifications and assisted reproductive technologies (ART) are the primary options, though they tend to be costly and have limited success rates. In contrast, Ayurveda takes a holistic approach, focusing on the individual's unique constitution and aiming to strengthen the overall functioning of bodily systems involved in reproduction.

Ayurvedic Treatment for Infertility

Nidan Parivarjana

Infertility is not a disease in itself, but rather a symptom of an underlying serious condition or a complication arising from another clinical disorder. Therefore, identifying the root cause of infertility and addressing the primary condition is essential for effective treatment.

Stress disrupts the function of GnRH (Gonadotropin-Releasing Hormone), which in turn impairs the normal secretion of FSH (Follicle-Stimulating Hormone) and LH (Luteinizing Hormone), ultimately affecting the activity of testosterone and estrogen. Emotional factors such as *Chinta* (anxiety), *Shoka* (grief), *Bhaya* (fear), and *Krodha* (anger) contribute significantly to this stress. Therefore, counselling and *Satvavajaya Chikitsa* ^[6] (Ayurvedic psychotherapy) are essential for both partners in the management of infertility.

Shodhana and Shamana Chikitsa

Ayurvedic treatment principles for infertility focus on enhancing *Agni* (digestive fire) through *Deepana*, eliminating toxins with *Ama Pachana*, regulating the flow of *Vata Dosha* through *Vatanulomana*, and purifying the body and mind with *Shodhana* therapies to release accumulated impurities and stress.

Vamana^[7]: Administered for the elimination of *Kapha dosha*, pacifies the *Soumya Dhatus* and stimulates the *Agni Dhatus* in the body. This leads to an increase in *Pitta*, which in turn enhances both the quantity and quality of *Artava* (menstrual fluid) in women.

Virechana: According to the *Kashyapa Samhita*, *Virechana* is regarded as the most effective

treatment for *Akarmanya Beeja*, which is associated with anovulation.

Nasya: Therapy, in which medicines are administered through the nasal passage, reaches the head region and stimulates the pulsatile release of Gonadotropin-Releasing Hormones (GnRH), thereby promoting ovulation and aiding in the treatment of infertility.

Basti: The use of *Basti* therapy is highly effective in managing infertility caused by *Vata* disorders. *Niruha Basti* acts like nectar for women struggling with infertility. In cases where infertility is due to abnormalities in either partner, conception has been observed following the administration of *Anuvasana Basti*. *Yapana Basti*, which combines the cleansing effects of *Niruha* and the nourishing effects of *Anuvasana*, serves both purposes effectively. Through the use of these therapies, many infertile couples are able to achieve conception.^[8]

Shodhana (purification therapy) and *Shamana* (pacification therapy) are adopted. Medicated *Ghrita* such as *Kalyanaka Ghrita*, *Darimaadya Ghrita* and oil preparations like *Narayana Taila* and *Satapushpa Taila* can be given. Certain herbs such as *Ashoka* (*Saraca asoca*), *Shatavari* (*Asparagus racemosus*), *Kumari* (*Aloe barbadensis*), and *Amruta* (*Tinospora cordifolia*) are known for their aphrodisiac properties.

Uttar Basti: It is said to be best for all uterine disorders and it is proving to be a promising treatment in all gynaecological diseases.

Mode of action of Uttar Basti in Tubal Blockage

Tubal blockage is considered a *Tridoshaj* condition, primarily influenced by an imbalance of *Vata* and *Kapha Doshas*. Therefore, all three *Doshas*-*Vata*, *Pitta*, and *Kapha*-play a role in this disorder. *Basti Chikitsa* (therapeutic enema) works systemically and is particularly effective in eliminating aggravated *Vata*, along with partially addressing imbalances in *Pitta* and *Kapha*. *Uttar Basti* specifically supports the downward flow of *Vata* (*Vatanulomana*). When *Sukhoshna* (mildly warm) medicated oil is introduced directly into the uterine cavity, it travels through the network of *Srotas* (body channels) to reach the targeted areas such as the uterine layers, fallopian tubes, and ovaries. This treatment acts directly on the disturbed *Vata* and *Kapha Doshas* and may help in clearing blockages in the fallopian tubes through its *Ksharan* (corrosive) and *Lekhana* (scraping) properties. The *Ushna* (hot) and *Snigdha* (unctuous) qualities of *Tila Taila* counter the dryness and

roughness associated with *Vata*, facilitating *Srotoshodhana* (cleansing of channels) and restoring tube motility and ciliary function.

Role of *Rasayana* and *Vajikarana* Drugs in Ayurveda

Vajikarana, also known as *Vrishya Chikitsa*, is one of the eight principal specialties of Ashtanga Ayurveda. It acts as an aphrodisiac, enhancing virility and promoting the health of offspring. *Vajikarana* is said to impart the vigor and stamina comparable to that of a horse, particularly boosting an individual's sexual vitality. This therapy revitalizes all seven *Dhatus* (tissues), restoring balance and overall health.

Rasayana drugs used in *Vajikarana* modulate the neuroendocrino-immune system, while *Vajikarana Rasayana* specifically targets the reproductive system to enhance sexual function. Additionally, *Vajikarana* possesses anti-stress and adaptogenic properties, helping to reduce anxiety related to sexual desire and performance. Some well-known formulations include *Vrishya Gutika*, *Vrihani Gutika*, *Vajikaranam Ghritam*, and *Upatyakari Shashtikadi Gutika* etc.^[9]

Yoga and Meditation

Ashwini Mudra is well recognized for its effectiveness in treating *Guhya Rogas* ^[10] (reproductive disorders), as it helps to correct *Apana Vata* imbalances in the *Apana Kshetra*. Practices such as *Pranayama* and *Kapalbhati* are also beneficial in managing both male and female infertility. Ayurvedic medications support an increase in energy levels and work synergistically with yoga and breathing exercises. These techniques including breath control, *Chakra* activation and cleansing, and cultivating faith in the mind's healing power, promote spiritual well-being and help open energetic healing pathways within the body.^[11]

RESEARCHES

1. *Yapna Basti*, *Abhyanga*, *Pichu Chikitsa* and *Shamana* given to the patient of secondary infertility patient conceived after 3 courses of Ayurvedic treatment.^[12]
2. *Garbhaprada Yoga*, *Uttar basti* with *Prajasthapak ghrita* given to the patient of infertility (due to Anovulation). After completion of 3 months of treatment, patient missed her menses, UPT was done and shows positive result.^[13]
3. *Virechana*, *Uttar basti Phalaghrita* with and oral medication given to the patient of infertility (tubal blockage). On completion of settings of the

second month she reported amenorrhea in subsequent month and went for UPT which was positive.^[14]

4. Infertility related to tubal factor and its management in Ayurveda through *Uttar Basti*. The ability of medicinal oil to scrape and regenerate helps to restore normal tubal processes. The fallopian tubes are strengthened by *Uttar Basti*.^[15]

CONCLUSION

Infertility has become an increasingly serious issue over the past decade, largely due to the combined influence of environmental, social, psychological, and nutritional factors. In contemporary medicine, treatment primarily focuses on correcting dysfunctions identified through a range of diagnostic tests. However, the management of infertility particularly involving hormonal therapies, ovulation induction, and invasive diagnostic procedures often presents significant challenges and complications.

In cases of unexplained infertility, the available treatment options are largely limited to lifestyle modifications and assisted reproductive technologies (ART), which are not only costly but also offer relatively low success rates. In contrast, Ayurveda adopts a holistic approach, deeply considering the individual's unique constitution (*Prakriti*) and aiming to enhance the overall functioning of the bodily systems involved in the process of conception.

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