

**AYURVEDIC MANAGEMENT OF PRIMARY INFERTILITY: A CASE STUDY**

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**ABSTRACT**

*Vandhyatva* has been a persistent issue since antiquity. The inability to conceive after one or more years of consistent, unprotected coitus is known as infertility. The World Health Organization defines positive reproductive health as a condition of whole physical, mental, and social well-being rather than only the absence of illnesses pertaining to the reproductive system and its functioning. Infertility is referred to as *Vandhyatva* in Ayurveda, and the increased rate of infertility cases might be attributed to modern lifestyle. In this, the current case study described a successful treatment of primary infertility through *Ayurvedic* management. However, *Ayurveda* also offers other therapeutic options for the management of such situations.

**KEYWORDS:** *Vandhyatva*, Infertility, *Ayurveda*.

**INTRODUCTION**

*Vandhyatva* has been a persistent issue since antiquity. The inability to conceive after one or more years of consistent, unprotected coitus is known as infertility.<sup>[1]</sup> The World Health Organization defines positive reproductive health as a condition of whole physical, mental, and social well-being rather than only the absence of illnesses pertaining to the reproductive system and its functioning.<sup>[2]</sup> Infertility is referred to as *Vandhyatva* in Ayurveda, and the increased rate of infertility cases might be attributed to modern lifestyle. Infertility are of two types, couples who have not conceived after at least a year of sexual activity without the use of birth control are referred to as primary infertility, whereas couples who have conceived at least

once but are now unable to conceive are referred to as secondary infertility.<sup>[3]</sup>

These days, infertility is a prevalent issue that is becoming a distressing condition. According to Ayurveda, the imbalance in *Artavahasrotas* is the main cause of *Vandhyatva*.<sup>[4]</sup>

**ETIOLOGICAL FACTORS.<sup>[5]</sup>**

The ability to conceive depends upon the fertility of male and female. The male directly responsible in about 30-40%, the female in about 40-55% and both are responsible in about 10% cases. The remaining 10% is unexplained.

**Table No.1.**

Sr. No.	Female Factors	Male Factors
1.	Vaginal factors	Defective spermatogenesis
2.	Cervical factors	Obstruction of the efferent duct system
3.	Uterine factors	Failure to deposit sperm high in the vagina
4.	Tubal factors	Errors in the seminal fluid
5.	Ovarian factors	-
6.	Peritoneal factors	-
7.	Coital errors	-

### UNEXPLAINED ETIOLOGY

The infertility investigation reveals no abnormalities in roughly 10% of patients. Abnormalities are probably present in these situations, but not picked up by existing techniques. It is becoming more widely acknowledged that egg quality is crucial, and women of advanced maternal age had eggs with decreased capacity for normal and successful fertilization. Potential issues could include the egg not being released at the ideal time for fertilization, which could prevent it from entering the fallopian tube, sperm not being able to reach the egg, fertilization failing to occur, transport of the zygote being disrupted, or implantation failing. The importance of egg quality is becoming well acknowledged, and women who are older have eggs that are less capable of effective and normal fertilization.<sup>[5]</sup>

**Classification of Vandhyatva:** It has not been given in any classics except *Harita Samhita*. In earlier description of etiology *Charaka* mentioned the word *Sapraja*; in the clinical features of *Asruja Yonivyapada* the word *Apraja* has been given in *Charaka Samhita*.

Considering all these references together *Vandhyatva* can be classified in three types according to *Acharya Charaka*:

- *Vandhya*
- *Apraja*
- *Sapraja*

**Table No.2: Menstrual history.**

<b>Duration</b>	1-2 day
<b>No. of pads used</b>	1 pad/day
<b>Clots</b>	Present
<b>Pain</b>	+++
<b>Flow</b>	scanty
<b>Interval</b>	30-33 days

**Past M/H-** Not Any.

**Past Medical History** – Took MTP Pills 1 year ago.

**Past Surgical History** - Not Any

**Family History** - Not Any

**Table No.3: Personal History.**

<b>Occupation</b>	<b>Housewife</b>
Diet	Mixed
Appetite	Normal
Micturition	Normal
Bowel	Regular
Sleep	Sound

### Examination

**Table No.4: General Examination.**

G.C	Fair
Built	Moderate
Weight	56kg
Height	152cm
BMI	24.2 kg/m <sup>2</sup>
B. P	120/72 mmHg
Pulse Rate	68/min

### *Maharshi Harita* classified *Vandhyatva* in six types

1. *Kakvandhya* (secondary infertility)
2. *Anapatya* (primary infertility)
3. *Garbhasravi* (repeated abortion)
4. *Mritvatsa* (repeated stillbirths)
5. *Balakshaya* (loss of strength)
6. *Vandhya* due to *Balyavastha*, *Garbhakoshabhanga* and *Dhatukshaya*.<sup>[6]</sup>

### CASE REPORT

A 30-year-old Indian woman, non-smoker and non-alcoholic, presented to the outpatient department of *Prasuti Tantra Evum Stree Roga*, UHDC, Premnagar, Dehradun with the complaint of inability to conceive with regular unprotected coitus since 1 year. She had a history of an abortion 1 year ago and also complaint of scanty & painful menses since 6 months.

**Married Life-** 2 years

**Menstrual History-** Patient attained her menarche at 13 years of age.

**LMP-** 02-Nov-2025, scanty & painful menses.

Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Edema	Absent

**Table No.5: Investigations.**

Hb%	10.5gm/dl
HIV, Anti-HCV, HBsAG	Non-Reactive
Thyroid Profile	TSH- 1.96 $\mu$ IU/ml
Sr. FSH	2.45 mIU/L
Sr. LH	8.72 mIU/L
AMH	1.7 ng/ml
Sr. Prolactin	6.34 mIU/L
USG	Normal study

**Table No.6: Systemic Examination.**

Central Nervous System	Patient was conscious and well oriented
Cardiovascular System	Auscultation: Normal Heart Sounds
Respiratory System	Inspection: B/L symmetrical chest Auscultation: AEBE

**Table No.7: P/S, P/V Examination.**

P/S	Mild thin white discharge present, Nulliparous os, Cervix healthy
P/V	AV uterus, Tenderness absent on all vaginal walls, CMT absent, Fornices free

Since she preferred not to have Allopathic treatment, she chose *Ayurvedic* treatment, which aims to address the underlying pathology and alleviate her symptoms.

The treatment was carried out on the basis of *Ayurvedic* principles along with diet and lifestyle recommendations:

**Table No.8: Therapeutic Intervention.****SHAMANA CHIKITSA**

S. No.	Medicine	Dose and Time
1.	<i>Aarogyawardhini Vati</i>	500mg BD
2.	<i>Shatpushpa Churna</i>	5gm BD with milk & ghee
3.	<i>Phalaghruta</i>	5ml BD with milk

The above medicines were given to the patient for about 2 months.

**TABLE No. 9: MATRA BASTI.**

Date	Treatment
06/11/2025	<i>Matra Basti</i> with <i>Shatpushpadi Taila</i> Dose- 60ml Days- 7 days
09/12/2025	<i>Matra Basti</i> with <i>Shatpushpadi Taila</i> Dose- 60ml Days- 7 days
15/01/2026	<i>Matra Basti</i> with <i>Shatpushpadi Taila</i> Dose- 60ml Days- 7 days

*Matra Basti* was given to the patient after cessation of menses.

Follow up of Patient on 5<sup>th</sup> day of menses.

**Table No.10: OBSERVATIONS AND RESULTS.**

S.No.	Sign and Symptoms	Before Treatment	After Treatment		
			1 <sup>st</sup> Cycle	2 <sup>nd</sup> Cycle	3 <sup>rd</sup> Cycle
1	Duration of menstruation	1-2 days	1-2 days	3-4 days	4-5 days
2	Amount of blood loss	1-2 pads (partially soaked)	1-2 pads (fully soaked)	2-3 pads (fully soaked)	2-3 pads (fully soaked)

3	Interval of menstrual cycle	33-35 days	33-34 days	30-33 days	28-30 days
4	Abdominal Pain during menses	Severe Lower abdominal pain (used to take allopathic pain killers)	Mild lower abdominal pain (not taken pain killers)	Mild lower abdominal pain (not taken pain killers)	Absent

**Table No.11**

The medicines were given for 3 days before starting *Uttar Basti* procedure.

<i>Amapachak</i>	<i>Hingwastak Churna</i>	3gm BD Before Food
<i>Kostha Shodhana</i>	<i>Haritaki Churna</i>	5gm H.S.

**Table No.12: Uttar Basti.**

Date	Treatment
18/02/2026- 22/02/26	<i>Uttar Basti</i> with <i>Phala Ghrita</i> Dose- 5ml Days- 5 days

*Uttar Basti* was given to the patient after cessation of menses. Follow up of patient on 6<sup>th</sup> day of menses.

**Uttar Basti Procedure****Purvakarma**

Vitals were recorded and patient to empty the Bladder before the procedure. *Abhyanga* was carried out by *Bala Taila* on lower back region, lower Abdomen and limbs followed by *Nadi Swedana* with *Dashmoola Kwatha* for 15 min just before the main procedure. After that *Yoniprakashana* with 600ml of *Panchwalkala Kwatha* was given maintaining all aseptic conditions.

**6.2 Pradhana Karma**

Patients were taken in lithotomic position and cervix was visualized through Cusco's speculum. After that measurement was taken with uterine sound. Intra uterine *Uttarabasti* was administered through IUI cannula with 5ml of *Phalaghruta* slowly pushed into uterus

maintaining the patients head in lower position. After completion of the procedure hot water bag was kept on lower abdomen for 20 min with head in lower position.

**6.3 Pashatkarma**

After *Uttarabasti*, *Phalaghruta Pichu* was administered Patient in crossed leg position for 30 minutes.

**Observation**

- Patient not having any complications during or after procedure.
- B.P and Pulse maintained throughout the procedure. After the procedure, in the next visit the patient came to OPD for the complaint of delayed menses. After performing UPT, she was found positive.

**Table 13: Oral Medications.**

Sr. No.	Medicine	Dose
1.	<i>Dadimastak Churna</i>	3gm BD AF
2.	<i>Phalaghruta</i>	5ml BD with milk

The medicines were given after the test were positive.

**DISCUSSION**

During the female reproductive phase, the menstrual cycle is a crucial physiological event known as the *Ritu Chakra*. The vitiation of *Vata* and *Kapha Doshas* occurs in *Artava Kshaya*; as a result, menstruation is either delayed (the intermenstrual period is lengthened) or occurs infrequently. In *Artava Kshaya*, *Tikshna-Ushna Gunas* and *Agneya Dravyas* are beneficial. It will be helpful in removing *Ama* and *Shrotorodha*. Menstruation and ovulation may become more regular as a result of *Vatanulomana's* normalization of *Apana Vata* and *Vata's* physiological functioning. The *Gunas* of *Shatapushpa* are *Balya*, *Deepan*, *Pachan*, *Yonivishodhana*, *Artavaajanana*, and *Beejotsarga*. Here, *Shatapushpa Taila* is chosen for *Matra Basti*. Therefore, *Matra Basti* is effective on a number of *Artava Kshaya*

characteristics, such as improving menstrual flow, duration, and interval as well as effectively lowering menstrual discomfort.<sup>[7,8]</sup>

*Sharangdhar*, *Yogratnakar*, *Vagabhata*, and *Bhavaprakash* all described *Phalaghruta*. *Vandhyatva* is *Sannipataja Vyadhi*, which is ruled by *Vata*. *Tikta Rasa*, *Madhura Vipaka* and *Sheetavirya* are among the qualities of *Phalaghruta*. Additionally, it possesses qualities that primarily affect the female reproductive system, such as *Dipana*, *Pachana*, *Lekhana*, *Anulomana*, *Shothahara*, *Krimighna*, *Balya*, *Prajasthapana*, and *Yoni Pradoshanashaka*. This *Phalaghruta* reduces the risk of miscarriage, stillbirth, and preterm birth while thickening and nourishing the endometrium for fertilization.<sup>[9,10]</sup> *Ghruta* directly gets absorbed by cervical epithelial cells

which acts locally on the tissue. Its passive diffusion across the membrane nourishes and regenerates the epithelial cells and normalizes the cervical secretion and cervical mucosa gets more active. *Uttarabasti* activates the normal function of *Vata* and stimulates the ovarian hormone. *Uttarabasti* causes local uterine contraction which stimulates the endometrial and ovarian receptors, which regulates the HPO axis with normal menstrual cycles and also endometrium acts as a bed for Fertilized Ovum where it gets embedded for further development, the Unresponsive endometrial may cause implantation failure or abortion in early stage. According to *Acharyas*, due to normalization of *Vata* by the use of *Uttarabasti*, the *yonis* retains the *Garbha* quickly or the woman conceive immediately, so it means *Uttarabasti* prepares the *kshetra* for *Garbha dharana* i.e. (*kshetra* factor).<sup>[11]</sup>

Ayurvedic medications such as *Phala Ghrita*, *Dadimastak Churna* were prescribed to help sustain early pregnancy and promote healthy fetal development and to manage maternal symptoms respectively.

### CONCLUSION

This case study demonstrates the potential of customized Ayurvedic treatment for primary infertility that cannot be explained. The patient attained regular menstrual cycles, enhanced general health, and eventually became pregnant spontaneously using an Ayurvedic approach that included *Vata* pacification, *Dhatu* nourishment, uterine stabilization, and lifestyle changes. *Ayurvedic* therapy is comprehensive and sequential, as seen by the use of treatments like *Shodhan chikitsa- Yoga Basti*, *Uttar Basti*, and *Shamana chikitsa-* supportive formulations post conception demonstrates the holistic and sequential nature of ayurvedic care. Although the results are encouraging, therefore more studies with bigger sample sizes and controlled clinical trials are necessary to confirm the effectiveness and repeatability of *Ayurvedic* treatments for primary infertility.

### REFERENCES

1. DC Dutta. Textbook of gynecology. 5th ed., new central book agency (P) Ltd. Ltd., 2009; 220.
2. Howkins and Bourne Shaw's Textbook of Gynecology, 14th ed., Noida: Reed Elsevier India Private Limited, 2009; 180.
3. Dutta D.C., Text book of Gynecology 7<sup>th</sup> Edition, Delhi, Jaypee medical publishers, 2014; 186.
4. Dr Shree Bhaskar Govindji Ghanekar, Shushrut Samhita, Delhi, Motilal Banarasidas Pubisher, 1981; 283.
5. D.C. Dutta's textbook of gynecology, Enlarged & revised print of Sixth edition nov, edited by Hiralal konar, published by Jaypee brothers' medical publishers (p) Itd, new delhi, 2013; 227.
6. Ramavalamba Shastri. Harita Samhita, Varanasi; Prachya Prakashan, 1985; 394.
7. Shastri Kaviraj Ambikadutta; Edited Sushrutaa samhita Sutra sthana 15/12, Varanasi: Chaukhamba Sanskrit sansthan; Reprint 2007; 59.
8. Pandit Hemraj Sharma, Kasyapa samhita or vriddajivakeeya tantra, Varanasi Chaukhamba Sanskrit bhavan uttarpradesh 2006, Kalpa Sthana 10th, 13th slokas shatapushpashatavarikalpa adhyaya, 186.
9. Pandit Lalchandra Vaidya: Editor Vagabhata Or Vraddha Vagbhata Astanga Sangraha with Sasilekha Sanskrit Commentary Edited By Indu., Uttarsthan Chapter 39 Guharog, Vers 137-141, Chaukhamba Sanskrit Series Office, Delhi; First Edition, 2008; 3: 617.
10. Pandit Lalchandra Shastri Vaidya: Editor Ashtang Sangraha Vagbhat Acharya Rachita Sarwangsundri Hindi Commentary Sutra Sthan Chapter 6, Vers 75-76, Varanasi; Chaukhamba Sanskrit Series Office; 1st Edition, 1965; 178.
11. Pt. Rajeswaradatta Sastri, Editor, Acharya Agnivesha, Charak Samhita Dhridbala krita, Siddhi Sthana 9/62, Chaukhamba Sanskrita Sansthana, Varanasi, 2011.