

Critical Review of *Vandhyatva* (Infertility) in Ayurvedic Samhitas

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Abstract: *Vandhyatva* (infertility) is an important gynecological disorder comprehensively described in Ayurvedic Samhitas. Ayurveda conceptualizes fertility as a multifactorial phenomenon dependent upon the integrity of *Rutu* (appropriate time), *Ksetra* (reproductive organs), *Ambu* (nutritive and hormonal support), and *Bija* (reproductive elements). Disturbance in any of these factors leads to failure of conception. Unlike contemporary biomedical approaches that often localize pathology to specific organs or hormonal dysfunctions, Ayurveda adopts a holistic framework encompassing systemic *doṣa* imbalance, tissue depletion (*dhātukṣaya*), lifestyle errors, and psychological influences. This critical review evaluates classical Ayurvedic concepts of *Vandhyatva* with respect to etiology, pathogenesis, clinical features, and management principles, and highlights their relevance to modern understandings of infertility.

Keywords: *Vandhyatva*; Infertility; Ayurveda; *Garbhoptti Samagri*; *Bijadoṣa*; *Vātaja Vandhyatva*; *Panchakarma*; *Rasāyana*

I. INTRODUCTION

Infertility is a significant reproductive health concern with profound biological, psychological, and social implications. In Ayurveda, infertility is described under the concept of *Vandhyatva*, which has been systematically elaborated across major Ayurvedic Samhitas¹. The Ayurvedic view of reproduction is fundamentally holistic, recognizing conception (*garbhoptti*) as the outcome of harmonious interaction among bodily tissues, physiological rhythms, mental well-being, lifestyle practices, and ethical conduct². Consequently, infertility is not viewed as a localized gynecological disorder alone, but rather as a systemic derangement involving *śarīra*, *manas*, and regulatory life processes.

Classical texts describe successful conception as dependent upon four indispensable factors—*Rutu* (appropriate reproductive timing), *Ksetra* (healthy reproductive organs), *Ambu* (adequate nourishment and hormonal milieu), and *Bija* (unvitiated gametes)³. Derangement of even a single component is sufficient to impair conception. This framework of *Garbhoptti Samagri* represents a comprehensive reproductive model that closely parallels modern infertility evaluation involving ovulation, tubal patency, uterine receptivity, endocrine balance, and nutritional status⁴.

The *Bṛhatrayī*—*Caraka Samhitā*, *Suśruta Samhitā*, and *Aṣṭāṅga Hṛdaya*—contain extensive references to infertility, either directly under *Vandhyatva* or indirectly through descriptions of *Yonivyāpada*, *Ārtavyāpada*, and *Bijadoṣa*⁵. These texts recognize infertility as a disorder arising from *doṣa* vitiation, reproductive tissue depletion (*dhātukṣaya*), congenital or acquired gamete defects, improper timing of conception, and structural or functional abnormalities of the reproductive tract⁶. *Kāśyapa Samhitā* further emphasizes maternal nutrition, psychological stability, and preconceptional purification as essential determinants of fertility⁷.

A distinctive and consistently emphasized feature across Ayurvedic texts is the central role of *Vāta doṣa* in the causation of *Vandhyatva*⁸. *Vāta* governs follicular rupture, ovum transport, implantation, and menstrual rhythm; therefore, its derangement disrupts nearly every stage of the reproductive process. This classical observation



demonstrates significant conceptual overlap with modern understanding of neuroendocrine dysregulation and hypothalamic–pituitary–ovarian axis dysfunction⁹.

Ayurveda also explicitly acknowledges psychological etiological factors such as *śoka* (grief), *bhaya* (fear), and *cintā* (anxiety) in the causation of infertility, identifying *Vandhyatva* as a psycho-somatic disorder¹⁰. Lifestyle-related causes including faulty diet, excessive physical exertion, suppression of natural urges (*vega-dhāraṇa*), and improper sexual practices (*mithyā* or *ati maithuna*) are repeatedly described as contributors to reproductive failure¹¹.

Management of *Vandhyatva* in Ayurveda is rooted in restorative and preventive principles. Therapeutic strategies aim at re-establishing *doṣa* balance, purifying bodily channels, nourishing reproductive tissues, and stabilizing mental health through *Śodhana*, *Śamana*, and *Rasāyana* therapies¹². *Pañcakarma*, particularly *Basti*, is regarded as the treatment of choice in *Vātaja Vandhyatva*, emphasizing the systemic rather than localized therapeutic approach¹³.

In the contemporary era, where infertility is rising due to lifestyle disorders, chronic stress, delayed childbearing, and endocrine abnormalities, a critical appraisal of Ayurvedic concepts of *Vandhyatva* assumes great significance. Analytical interpretation of classical descriptions provides a valuable framework for integrative reproductive healthcare. Therefore, the present review critically examines the concept of *Vandhyatva* as described in Ayurvedic *Saṁhitās* and evaluates its relevance in light of modern scientific understanding of infertility.

II. AIM AND OBJECTIVES

Aim

To critically review the concept of *Vandhyatva* (infertility) as described in Ayurvedic *Saṁhitās* and to evaluate its clinical relevance in the context of modern reproductive science.

Objectives

- To analyse classical descriptions and classifications of *Vandhyatva*.
- To critically evaluate etiological factors (*nidāna*) and pathogenesis (*samprāpti*).
- To assess Ayurvedic principles of management (*cikitsā siddhānta*).
- To interpret classical concepts in light of contemporary infertility understanding.

III. MATERIALS AND METHODS

The present critical review is based on an in-depth study of classical Ayurvedic texts including *Caraka Saṁhitā*, *Suśruta Saṁhitā*, *Aṣṭāṅga Hṛdaya*, and *Aṣṭāṅga Saṅgraha*. Supportive references were obtained from *Kāśyapa Saṁhitā*, *Bhāvaprakāśa*, and available modern gynecological literature. Relevant Sanskrit verses were analysed contextually, and conceptual correlations were drawn through analytical and interpretative methods¹⁴.

IV. CONCEPTUAL FRAMEWORK OF VANDHYATVA

4.1 Classical Definitions

Caraka refers to *Vandhyā* as a woman incapable of conception despite normal sexual intercourse¹⁵. *Suśruta* emphasizes defects of *bīja* and abnormalities of reproductive organs as fundamental causes²¹. *Vāgbhaṭa* highlights impairment of *Garbhotpatti Samagri* as the principal pathogenic factor¹⁶.

4.2 Vyutpatti (Etymology)

The term *Vandhyā* originates from the Sanskrit root “*vandh*”, denoting emptiness or incapacity to produce offspring, indicating permanent or functional reproductive failure¹⁷.

4.3 Types of *Vandhyatva*

Ayurvedic texts classify infertility into various types such as *Sahaja* (congenital), *Kālaaja* (age-related), *Doṣaja* (acquired), *Dhātukṣayaaja*, and *Karmaja*, reflecting a multidimensional understanding of infertility¹⁸.



V. CAUSATIVE FACTORS (*NIDĀNA*) – CRITICAL REVIEW

5.1 DOSHIC Perspective

Among the *tridoṣas*, *Vāta* plays a pivotal role in the causation of *Vandhyatva*. Its vitiation leads to disturbances in ovulation, tubal motility, and implantation¹⁹. *Pitta* causes inflammatory and infective disorders of reproductive organs, while *Kapha* produces obstruction and endocrine imbalance leading to anovulatory states²⁰.

5.2 *Bījadoṣa*, *Rutudoṣa*, and *Kṣetradoṣa*

The impairment of *Bīja* affects gamete quality, *Kṣetradoṣa* influences uterine and tubal receptivity, and *Rutudoṣa* affects ovulation and menstrual regularity. This four-factor model represents a unique diagnostic contribution of Ayurveda¹⁴.

5.3 Lifestyle and Behavioural Factors

Classical texts describe faulty diet, excessive physical exertion, mental stress, suppression of natural urges, and improper sexual practices as important causes of infertility²².

VI. *SAMPRĀPTI* (PATHOGENESIS)

Aggravated *doṣas* impair *Garbhotpatti Samagri*, leading to *ārtava kṣaya*, *srotorodha*, and defective implantation. *Vātaja* pathology predominates, while *āma* and *raktaduṣṭi* further contribute to infertility²³. These mechanisms can be correlated with hormonal imbalance, tubal dysfunction, and endometrial non-receptivity in modern medicine²⁴.

VII. *LAKSHANA* (CLINICAL FEATURES)

Clinical manifestations of *Vandhyatva* include irregular or scanty menstruation, pelvic pain, abnormal vaginal discharge, recurrent abortions, and failure to conceive despite regular coitus¹⁵. These features resemble ovarian dysfunction, PCOS, tubal pathology, and luteal phase defects²⁵.

VIII. *UPADRAVA* (COMPLICATIONS)

Untreated *Vandhyatva* may lead to *yonivyāpada*, *ārtavavyāpada*, recurrent pregnancy loss, and psychological disturbances such as anxiety and depression²⁶.

IX. MANAGEMENT (*CIKITSĀ SIDDHĀNTA*)

9.1 Preconceptional Care

Garbhādhāna Saṁskāra emphasizes purification, dietary discipline, and psychological preparedness prior to conception²⁷.

9.2 *Śhodhana*

Pañcakarma therapies are selected based on *doṣa* predominance. *Basti* is the treatment of choice in *Vātaja Vandhyatva*, while *Vamana* and *Virecana* are used in *Kapha* and *Pitta* disorders respectively²⁸.

9.3 *Śamana* and *Rasāyana*

Medicines such as *Phala Ghrta*, *Śatāvarī*, *Aśoka*, *Aśvagandhā*, and *Amalākī* nourish reproductive tissues and improve fertility potential²⁹.

X. DISCUSSION

The Ayurvedic conceptualization of *Vandhyatva* represents a comprehensive and integrative understanding of infertility that extends beyond the boundaries of conventional reproductive pathology. Classical *Saṁhitās* emphasize that fertility is not dependent upon a single organ or hormone but is the outcome of coordinated functioning of physiological, anatomical, psychological, and lifestyle-related factors. The doctrine of *Garbhotpatti Samagri* reflects a systems-based



reproductive model, wherein impairment at any level—timing, tissue integrity, nourishment, or gamete quality—can lead to failure of conception.

A notable strength of the Ayurvedic framework is the consistent identification of *Vāta doṣa* as the central pathological driver of infertility. *Vāta* governs ovum release, menstrual rhythm, tubal transport, and implantation; therefore, its derangement results in functional infertility even in the absence of gross structural pathology. This systemic view closely parallels modern understandings of neuroendocrine dysregulation, stress-mediated reproductive dysfunction, and hypothalamic–pituitary–ovarian axis imbalance.

The Ayurvedic recognition of *Bījadoṣa* as a causative factor demonstrates an advanced understanding of inherent and acquired reproductive defects. Likewise, *Kṣetradoṣa* provides a broad explanation for uterine and tubal factors that hinder implantation. Importantly, Ayurveda does not isolate pathology but integrates tissue health (*dhātu sāmṛthya*), digestive efficiency (*agni*), metabolic toxins (*āma*), and psychological state (*manas*) into the etiological framework. Such inclusivity anticipates contemporary views linking infertility with metabolic syndrome, chronic inflammation, and mental stress.

Therapeutically, Ayurveda emphasizes restoration rather than substitution. *Pañcakarma* therapies—particularly *Basti*—aim to correct the systemic origin of infertility by pacifying *Vāta*, enhancing pelvic circulation, and regulating physiological rhythms. The role of *Rasāyana* therapy in rejuvenating reproductive tissues further highlights Ayurveda’s preventive and promotive orientation, aligning with modern strategies focusing on ovarian reserve preservation and reproductive longevity.

Overall, the Ayurvedic model of *Vandhyatva* offers a holistic, adaptable, and clinically meaningful framework. When interpreted critically, it provides valuable insights that complement contemporary infertility management and reinforces the need for integrative reproductive healthcare.

XI. CONCLUSION

The concept of *Vandhyatva* in Ayurvedic *Saṁhitās* presents infertility as a multifactorial and systemic disorder rather than a purely local gynecological condition. Classical texts provide a well-structured understanding of infertility through detailed descriptions of etiological factors, pathogenesis, clinical manifestations, and principles of management. Emphasis on *Garbhotpatti Samagri*, *doṣa* balance, tissue nourishment, mental well-being, and ethical lifestyle underscores the comprehensive nature of Ayurvedic reproductive science.

The predominance of *Vāta* in the pathogenesis of *Vandhyatva*, along with recognition of *Bījadoṣa*, *Kṣetradoṣa*, and psychosomatic influences, demonstrates remarkable conceptual alignment with modern scientific interpretations of infertility. Ayurvedic therapeutic strategies focusing on purification, rejuvenation, and preconceptional optimization aim not only to achieve conception but also to restore long-term reproductive health.

A critical review confirms that Ayurvedic principles of *Vandhyatva* are coherent, clinically relevant, and adaptable to contemporary practice. Integrating these classical insights with modern diagnostic and therapeutic approaches may contribute to safer, holistic, and sustainable management of infertility.

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