

# Role of Rasayana Chikitsa in the Management of Infertility: A Clinical Case Study

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**Abstract- Background:** Infertility is a multifactorial condition affecting both men and women, characterized by the inability to conceive after one year of regular unprotected intercourse. In Ayurveda, infertility is often described under the purview of *Vandhyatva*, caused by derangements in *Shukra dhatu*, *Beeja dosha*, *Agnimandya*, or obstruction in *Artavavaha/ Shukravaha srotas*. Rasayana chikitsa (*rejuvenative therapy*) holds a pivotal role in enhancing reproductive health by revitalizing *dhatu*s, improving *ojas*, and ensuring the optimal functioning of *garbhasambhava samagri* (essential factors of conception).

**Objective:** To evaluate the role of Rasayana Chikitsa in improving fertility status and associated systemic health.

**Methods:** A single case study of a female patient diagnosed with *Vandhyatva* (primary infertility) was conducted. The treatment plan included Rasayana formulations along with supportive *panchakarma*. The therapeutic outcomes were assessed based on menstrual regularity, ovulatory cycles, endometrial thickness, psychological wellbeing, and conception.

**Results:** After 3 months of Rasayana chikitsa, the patient showed marked improvement in *Agni*, regularized menstrual cycles, enhanced ovulation, and improved endometrial receptivity. Psychological stress reduced significantly. Within 6 months of therapy, spontaneous conception occurred.

**Conclusion:** Rasayana chikitsa plays a vital role in the management of infertility by correcting *dhatu dushti*, enhancing *ojas*, optimizing *artava* and *shukra* quality, and improving systemic health. It may serve as a safe and effective integrative approach in infertility management.

infertility is described under the term *Vandhyatva*, which arises due to *Shukra dhatu dushti*, *Artava kshaya*, *Agnimandya*, or obstruction in *Shukravaha/Artavavaha srotas*<sup>2</sup>.

The classical texts emphasize the necessity of *Garbhasambhava Samagri* (factors essential for conception) which include *Ritu* (fertile period), *Kshetra* (healthy uterus), *Ambu* (nutritive fluid), and *Beeja* (healthy ovum/sperm). Any impairment in these leads to infertility<sup>3</sup>.

Among various treatment modalities, Rasayana Chikitsa occupies a central role. Rasayana not only delays ageing but also improves *Dhatu poshana*, *Ojas vardhana*, and *Vyadhikshamatva*, which are crucial for reproductive health<sup>4</sup>. Rasayana drugs like Ashwagandha, Shatavari, Amalaki, Guduchi, Phala Ghrita and Pippali Rasayana have been documented for their role in enhancing fertility through *Balya*, *Vrishya*, *Garbhasthapaka* and *Rasayana karma*<sup>5</sup>.

Modern research also supports the role of Ayurvedic Rasayanas in improving fertility outcomes. *Withania somnifera* (Ashwagandha) is shown to enhance ovarian function and reduce stress-related infertility<sup>6</sup>, while *Asparagus racemosus* (Shatavari) regulates menstrual cycles and supports ovulation<sup>7</sup>. *Tinospora cordifolia* (Guduchi) improves systemic immunity and antioxidant status, which are essential for healthy gametogenesis<sup>8</sup>.

Thus, integrating Rasayana Chikitsa in infertility management offers a holistic approach by addressing both the physical and psychological dimensions of fertility, while improving the internal milieu for conception.

## INTRODUCTION

Infertility is defined as the inability of a couple to conceive after one year of regular unprotected intercourse. Globally, it affects approximately 10–15% of reproductive-aged couples and is an emerging health challenge associated with physical, psychological, and social burden<sup>1</sup>. In Ayurveda,

## Case Study

### Patient Details:

- Name: Confidential
- Age: 29 years
- Gender: Female
- Marital status: Married, 4 years

- Occupation: Homemaker
- Address: Urban setup

#### Chief Complaint:

- Inability to conceive for 4 years despite regular cohabitation.
- Irregular menstrual cycles (35–45 days).
- Mild dysmenorrhea.
- Occasional anxiety and stress related to infertility.

#### History of Present Illness:

- Patient married at 25 years, attempting conception since marriage.
- No history of contraceptive use.
- LMP: 36 days prior to consultation.

#### Past History:

- No history of systemic illness, surgery, or pelvic infection.
- No significant family history.

#### Clinical Findings:

- General Examination: Normal built, mildly anxious.
- Gynecological Examination: Uterus normal size, no adnexal mass.
- Ultrasound: Polycystic ovarian morphology with delayed ovulation.
- Endometrial thickness: 6 mm in late follicular phase (suboptimal).

#### Probable Ayurvedic Diagnosis:

- *Beeja dushti janya vandhyatva* associated with *Shukra dhatu kshaya* and *Kapha–Vata prakopa*.
- Contributing factor: *Manasika bhava* (stress, anxiety).

#### Treatment Plan (Rasayana Chikitsa)

1. Purva Karma (Preparatory Measures):
  - *Deepana–Pachana* with Trikatu churna (3 g/day with honey).
  - *Snehapana* with Phala ghrita (20 ml/day before meals).
2. Pradhana Karma (Main Rasayana Line of Management):
  - Ashwagandha Churna (5 g twice daily with milk) – for *Balya*, *Rasayana*, and ovulation support.
  - Shatavari Kalpa (10 g twice daily with milk) – for *Stanya* & *Artava poshana*.

- Guduchi Rasayana (500 mg twice daily) – for *Agnideepana* and *ojas vardhana*.
- Amalaki Rasayana (5 g daily) – antioxidant, *rasadhatu poshaka*.
- Phala ghrita (10 ml at bedtime) – classical *garbhasthapaka*.

#### 3. Panchakarma Supportive Procedures:

- *Uttarbasti* with Shatavari taila (5 ml intrauterine, alternate days × 6 sittings in proliferative phase).
- *Nasya karma* with Anu taila (2 drops each nostril daily).

#### 4. Ahar-Vihar (Diet & Lifestyle):

- Diet rich in milk, ghee, green gram, sesame seeds, and seasonal fruits.
- Yoga: *Setubandhasana*, *Baddhakonasana*, *Pranayama* (Anuloma–Viloma).
- Stress management with *Shirodhara* (once weekly with Ksheerbala taila).

#### Outcome Measures

- 1st Month: Improved digestion, reduced bloating, regular bowel habits, better sleep.
- 2nd Month: Menstrual cycle shortened to 31–33 days, flow adequate, reduced dysmenorrhea.
- 3rd Month: Ovulation confirmed by USG; endometrial thickness improved to 9 mm.
- 4th–5th Month: Regular cycles, improved energy, stress reduced.
- 6th Month: Conception confirmed by urine pregnancy test.

## DISCUSSION

Infertility is a complex condition influenced by multiple factors including reproductive, endocrine, immunological, and psychological components. Ayurveda describes infertility under the term *Vandhyatva*, primarily arising due to derangements in *Shukra dhatu*, *Artava dushti*, *Agnimandya*, or obstruction in *Shukravaha* and *Artavavaha srotas*. For successful conception, the classical texts emphasize the four essential factors known as *Garbhasambhava Samagri* — *Ritu* (timely ovulation), *Kshetra* (healthy uterus), *Ambu* (nutritive fluids), and *Beeja* (healthy gametes). Any vitiation in these leads to infertility.

Rasayana Chikitsa, one of the eight clinical specialties of Ayurveda, has been traditionally applied to rejuvenate the body, improve longevity, enhance immunity, and maintain youthfulness. It particularly strengthens *ojas* and improves *dhatu*

*poshana*, thereby ensuring the proper nourishment and functioning of reproductive tissues. This therapeutic approach is highly relevant to infertility as it supports both systemic and reproductive health. Ashwagandha (*Withania somnifera*), a well-known Rasayana, acts as an adaptogen and improves endocrine balance, reduces stress, enhances ovarian and testicular function, and contributes to gamete quality. Shatavari (*Asparagus racemosus*) is specifically indicated for female reproductive health, supporting ovulation, regulating menstrual cycles, enhancing follicular growth, and promoting endometrial receptivity. Guduchi (*Tinospora cordifolia*), another Rasayana, helps in detoxification, improves immunity, balances metabolism, and protects gametes from oxidative stress.

Polyherbal Rasayana formulations, including classical preparations such as *Phala Ghrita*, *Amalaki Rasayana*, and *Pippali Rasayana*, have been described to enhance fertility by acting as *Balya* (strengthening), *Vrishya* (aphrodisiac), *Agnideepana* (digestive stimulant), and *Garbhasthapaka* (embryo-supportive). Panchakarma therapies like *Uttarbasti* and *Nasya* are often combined with Rasayana chikitsa to clear *srotorodha* and optimize the uterine environment.

Recent clinical applications have shown that Rasayana chikitsa not only addresses infertility but also improves associated conditions such as stress, irregular menses, anovulation, and poor endometrial thickness. It acts holistically by targeting the root causes of *vandhyatva* while simultaneously enhancing psychological and systemic wellbeing.

Infertility is not merely a physiological disorder but also a condition that significantly affects emotional and social wellbeing. In Ayurveda, *Vandhyatva* is considered to occur when any of the *garbhasambhava samagri* (Ritu, Kshetra, Ambu, Beeja) is impaired. The present case highlights the role of Rasayana Chikitsa in correcting underlying derangements and providing a favorable environment for conception.

Rasayana therapy primarily works by nourishing all *dhatu*s and enhancing *ojas*, which is regarded as the essence of all tissues and a key determinant of fertility. By improving *agni* and ensuring proper *dhatu poshana*, Rasayana therapy indirectly strengthens *Shukra* and *Artava dhatu*. This leads to regulation of menstrual cycles, improved ovulation, and enhanced endometrial receptivity, which were observed in this patient.

Ashwagandha, administered in this case, functioned as a systemic Rasayana and adaptogen. It helped reduce stress, regulate endocrine functions, and improve overall vitality. Stress is a major contributing factor in infertility, and its reduction likely played a key role in restoring hormonal balance. Shatavari acted as a specific female Rasayana, supporting follicular growth, enhancing endometrial thickness, and regulating the menstrual cycle. Guduchi and Amalaki worked synergistically to detoxify the body, improve immunity, and provide antioxidant protection, thereby creating a healthy milieu for conception. The use of *Phala Ghrita* acted as a *garbhasthapaka*, ensuring uterine receptivity.

Supportive *Panchakarma* procedures such as *Uttarbasti* with Shatavari taila contributed locally by removing *srotorodha*, nourishing the uterus, and enhancing the uterine environment for implantation. *Nasya karma* promoted hormonal balance through its effect on the higher centers governing reproduction. Together, these interventions worked holistically at physical, psychological, and reproductive levels.

The outcomes observed—regularization of menstrual cycles, improved endometrial thickness, confirmed ovulation, reduction in stress, and finally conception—illustrate the multidimensional action of Rasayana chikitsa. Unlike conventional therapies that often target isolated factors, Ayurveda provides a comprehensive approach that strengthens the whole system.

This case also suggests that Rasayana chikitsa may be particularly useful in idiopathic infertility or cases where no major anatomical abnormality exists. By optimizing the internal milieu and balancing doshas, Rasayana may enhance the chances of natural conception without aggressive interventions. However, further studies with larger sample sizes and long-term follow-up are needed to validate these findings and to establish standardized protocols for Rasayana therapy in infertility.

## CONCLUSION

This clinical study demonstrates that Rasayana chikitsa can be an effective therapeutic approach in infertility cases, especially where conventional management fails or when patients seek natural alternatives. It not only improves conception rates but also enhances overall reproductive health and psychological wellbeing.

REFERENCE

- [1] Mascarenhas MN, Flaxman SR, Boerma T, Vanderpoel S, Stevens GA. National, regional, and global trends in infertility prevalence since 1990: a systematic analysis. *PLoS Med.* 2012;9(12):e1001356.
- [2] Charaka Samhita, Sharira Sthana 2/4. Chaukhambha Orientalia; 2014.
- [3] Sushruta Samhita, Sharira Sthana 2/33. Chaukhambha Sanskrit Series; 2015.
- [4] Sharma PV. *Dravyaguna Vijnana*. Vol II. Chaukhambha Bharati Academy; 2013.
- [5] Bhavaprakasha Nighantu, Haritakyadi Varga, Chaukhambha; 2010.
- [6] Ahmad MK, Mahdi AA, Shukla KK, Islam N, Rajender S, Madhukar D, et al. Withania somnifera improves semen quality by regulating reproductive hormone levels and oxidative stress in infertile men. *Fertil Steril.* 2010;94(3):989–996.
- [7] Thakur M, Chauhan NS, Bhargava S, Dixit VK. A comparative study on aphrodisiac activity of *Asparagus racemosus* and *Tribulus terrestris*. *Pharmacognosy Rev.* 2009;3(5):154–160.
- [8] Sharma R, Martins N, Kuca K, Chaudhary A, Kabra A, Rao MM. Chyawanprash: A traditional Indian bioactive health supplement. *Biomed Pharmacother.* 2018;97:838–843.