



MANAGING VANDHYATVA WITH AYURVEDA: A CASE STUDY ON RESTORING GARBHA SAMBHAVA SAMAGRI

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ABSTRACT

Infertility (Vandhyatva) is a growing concern affecting reproductive health, often linked to an imbalance in Doshas (Vata, Pitta, Kapha), weak Agni (digestive/metabolic fire), and disturbances in the reproductive tissues (Shukra Dhatu). Ayurveda emphasizes a holistic approach to restoring balance and enhancing fertility through dietary modifications, Panchakarma, Ayurvedic formulations, and lifestyle interventions. This case study presents a 34-year-old female diagnosed with primary infertility for three years, undergoing conventional allopathic treatment without success. She reported irregular periods, hypomenorrhea and an inability to conceive. Upon consultation at Jeena Sikho Lifecare Ltd. Hospital, Jaipur, an Ayurvedic treatment protocol was initiated, focusing on Nidana Parivarjana (eliminating causative factors), Shamana (palliative therapy), and Rasayana (rejuvenation). Following a single consultation and intervention, the patient conceived naturally. This case highlights the potential of Ayurvedic interventions in managing infertility by addressing root imbalances rather than symptoms alone. Further research and integrative approaches combining Ayurveda with modern reproductive technologies (IVF, IUI) may provide enhanced fertility outcomes.

INTRODUCTION

Infertility is a medical condition characterized by the inability to conceive after 12 months (or six months for women over 35) of regular, unprotected sexual intercourse. It affects both men and women and can result from various factors, including hormonal imbalances, genetic disorders, structural abnormalities, lifestyle choices, and environmental exposures^[1]. Infertility can be primary (when a couple has never conceived) or secondary (when a couple has had previous pregnancies but is unable to

conceive again)^[2]. Advancements in medical science have led to various treatment options, including medications, assisted reproductive technologies (ART) like In vitro fertilization (IVF), and surgical interventions. The emotional and psychological impact of infertility is significant, often leading to stress, anxiety, and depression among affected individuals and couples^[3]. Addressing infertility requires a multidisciplinary approach involving medical evaluation, lifestyle modifications, and psychological support. Public awareness and early diagnosis play a crucial role in improving fertility

outcomes.

Causes of Female Infertility

- **Ovulatory Disorders:** One of the most common causes of infertility in women is ovulatory dysfunction. Conditions such as Polycystic Ovary Syndrome (PCOS), hypothalamic dysfunction, premature ovarian insufficiency (POI), and hyperprolactinemia disrupt the normal ovulation process, leading to infertility ^[4].
- **Tubal Factors:** Blockages or damage to the fallopian tubes can prevent the egg from meeting the sperm. Pelvic inflammatory disease (PID), sexually transmitted infections (STIs), and previous surgeries may cause scarring and blockages in the fallopian tubes ^[5].
- **Uterine Conditions:** Abnormalities in the uterus, such as fibroids, polyps, or congenital malformations, can impact implantation and pregnancy. Structural issues in the uterus can lead to miscarriages and difficulty in conceiving ^[6].
- **Endometriosis:** This condition occurs when the tissue similar to the uterine lining grows outside the uterus, leading to inflammation, scarring, and adhesions that may cause infertility ^[7].
- **Lifestyle Factors:** Obesity, excessive alcohol consumption, smoking, and stress can contribute to infertility. Studies show that maintaining a healthy weight and reducing exposure to toxins can improve reproductive health ^[8].

Diagnosis of Female Infertility

- **Medical History and Physical Examination:** A thorough review of menstrual cycles, medical history, and lifestyle habits helps identify potential causes of infertility ^[5].
- **Ovulation Testing:** Hormonal assessments, including measuring follicle-stimulating hormone (FSH), luteinizing hormone (LH), and progesterone levels, help determine ovulatory function ^[5].
- **Imaging Techniques:** Ultrasound and hysterosalpingography (HSG) are used to assess the uterus and fallopian tubes for abnormalities ^[5].
- **Laparoscopy:** A minimally invasive surgical procedure used to diagnose and treat conditions such as endometriosis and pelvic adhesions ^[5].

Treatment Options

- **Medications:** Drugs are available to stimulate ovulation in women with ovulatory disorders ^[9].
- **Surgical Interventions:** Procedures such as laparoscopic surgery to remove fibroids, endometriotic tissue, or correct tubal blockages can improve fertility outcomes.

- **Assisted Reproductive Technology (ART):** Techniques like in vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), and intrauterine insemination (IUI) help women conceive when natural conception is not possible ^[10].

- **Lifestyle Modifications:** Maintaining a healthy diet, regular exercise, reducing stress, and avoiding harmful substances can enhance fertility ^[11].

Modern research has unveiled several factors contributing to female infertility, enhancing our understanding and paving the way for potential interventions. A study found that 6.6% of women with unexplained infertility carried genetic variants linked to cancer and other diseases, including BRCA1/2 mutations. This highlights the need for genetic screening in infertility cases ^[12]. Researchers found elevated molecule miR-124-3p in uterine wall of 20-30% of women with unexplained infertility, hindering embryo implantation. Targeting this molecule may improve fertility treatments ^[13]. Dr. Karla Hutt's team is tackling gender bias in research by including female biology, aiming to improve treatments for ovarian damage and reproductive health ^[14].

Ayurvedic medicine, with its holistic approach, has been explored as a complementary treatment for female infertility. Recent studies have investigated various *Ayurvedic* interventions and their potential benefits. A study on 19 women with blocked fallopian tubes found that *Yavakshara Taila uttarabasti* restored tubal patency in 68.75% and led to conception in 6.25% ^[15]. An open-label study of 100 women found that *uttarabasti* with *Dhanvantari Taila* led to a 75% conception rate and improved PCOD and tubal blockages ^[16]. A study on 24 women with anovulation found ovulation in 36.36% of the *Nasya* group and 66.16% of the *Matra Basti* group, with one conception ^[17]. A study on 15 women with thin endometrium found improved thickness, cycle regularity, ovulation, and one conception after treatment with *Saubhagyanandana Ghrita* and *Jeevaniya Churna* ^[18]. Collectively, these studies and practices highlight the potential of *Ayurvedic* interventions in managing female infertility. However, further research with larger sample sizes and rigorous methodologies is necessary to substantiate these findings and integrate them effectively into conventional medical practices. In *Ayurveda*, female infertility (*Vandhyatva*) occurs due to an imbalance in *Doshas* (*Vata*, *Pitta*, *Kapha*), affecting the *Garbha Sambhava Samagri* (essential factors for conception):

- *Ritu* (Optimal reproductive period & healthy menstrual cycle)
- *Kshetra* (Healthy uterus & endometrium)

- *Ambu* (Proper nourishment & hormonal balance)
- *Beeja* (Healthy ovum & sperm) ^[19,20]

CASE REPORT

A 34 year old female patient with history of Infertility (*Vandhyata*) visited Jeena Sikho Lifecare Limited Hospital, Jaipur on 21st of December, 2025. The patient was diagnosed with Infertility for the past 3 years and was

undergoing allopathic treatment for the same. The initial investigations are shown in table 1. The patient’s vitals and *Ashtasthana Pareeksha* is shown in table 2. In keeping all these facts, the patient was advised a combination of *Ayurvedic* treatments which covered a tailored therapeutic diet, lifestyle recommendations and medications. *Ayurvedic* medications and schedule prescribed throughout the course of treatment are mentioned in table 3.

Table 1. Analysis and Diagnosis	
Analysis & Diagnosis	
Symptoms	Irregular periods Hypomenorrhea (Light menstrual bleeding)
Initial Assessment	Distended Bowel – irregular Normal – Appetite Normal – Urine Normal – Sleep
Family History	None
Medical History	Primary Infertility – since 3 years (Allopathic treatment)
Last Menstrual Period	17-12-2025
Diagnosis	Infertility (<i>Vandhata</i>)
Line of Treatment	<i>Shamana Chikitsa</i>

Table 2. Vitals and Ashtasthana Pareeksha	
Parameter	Values
Blood Pressure	120/90 mm Hg
Pulse Rate	86/min
Weight	59 kg
Height	5’2”
Nadi	<i>Vataj</i>
Mala	<i>Saam</i>
Mutra	<i>Prakrit</i>
Jiwha	<i>Saam</i>
Shabda	<i>Spashta</i>
Sparsha	<i>Rooksh</i>
Akriti	<i>Samanya</i>
Drika	<i>Saam</i>

Table 3. Ayurvedic medications prescribed			
Medicines	Ingredients	Dosage	Therapeutic effects
S h u d d h i Pushp Sanyog	Shatavari (<i>Asparagus racemosus</i>), Shivalingi (<i>Bryonia laciniosa</i>), Powder of Khandkadaya Loha, Chadradaya Ras, Pushphaghanva Ras, Mahishur Ras, Minerals (<i>Dhasm a, Pishti</i>), Swarna Bhasam, Rajat Bhasam, and Tamra Bhasam	1 T A B B D (<i>Adhobhakta</i> with <i>Koshna Jala</i>)	Improves fertility and ovum quality.

Medicines	Ingredients	Dosage	Therapeutic effects
Shuddhi Pushp Balance	Rajah Pravartini Vati, Utpaladi Churan, Trikatadi Churan, Pradraripu Churan, Pushya Nugh Churan, and Lavangadi Vati	1 TAB BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)	Helps women feel energized and refreshed, supporting an active and vibrant lifestyle.
Ladies Tonic	Aloe Vera (<i>Aloe barbadensis miller*</i>), Sonth (Dried Ginger) (<i>Zingiber officinale</i>), Magha, Kali Mirch (Black Pepper) (<i>Piper nigrum</i>), Long (Clove) (<i>Syzygium aromaticum</i>), Dalchini (Cinnamon) (<i>Cinnamomum verum</i> or <i>Cinnamomum cassia</i>), Tej Patta (Bay Leaf) (<i>Cinnamomum tamala</i>), Badi Elaichi (Black Cardamom) (<i>Amomum subulatum</i>), Noga Kesar (Crocus sativus), Chitrak (<i>Plumbago zeylanica</i>), Piplamool (Long Pepper Root) (<i>Piper longum</i>), Babulbri (<i>Mimosa pudica</i> or <i>Convolvulus pluricaulis</i>), Gaj Peepal (<i>Ficus lacor</i>), Chavya (<i>Piper chaba</i>), Hauber, Dhania (Coriander) (<i>Coriandrum sativum</i>), Kotki (<i>Cissampelos pareira</i>), Supari (Betel Nut) (<i>Areca catechu</i>), Nagarmotha (Nut Grass) (<i>Cyperus rotundus</i>), Harad (Haritaki) (<i>Terminalia chebula</i>), Bahada (Belleric Myrobalan) (<i>Terminalia bellirica</i>), Amla (Indian Gooseberry) (<i>Phyllanthus emblica</i>), Rasna (<i>Pluchea lanceolata</i>), Devdaru (<i>Cedrus deodara</i>), Haldi (Turmeric) (<i>Curcuma longa</i>), Daru Haldi (Indian Barberry) (<i>Berberis aristata</i>), Munakka (Dried Grapes/Black Raisins) (<i>Vitis vinifera</i>), Danti Mool (<i>Baliospermum montanum</i>), Bala (<i>Abutilon indicum</i>), Konchbeej (<i>Mucuna pruriens</i>), Gokhru (<i>Tribulus terrestris</i>), Sonth (Dried Ginger Powder) (<i>Zingiber officinale</i>), Hina Patar (Henna Leaf) (*La		

TREATMENT PLAN

I. Diet

Jeena Sikho Lifecare Limited Hospital follows a perfectly

tailored D.I.P. Diet (Disciplined & Intelligent Person Diet) to manage female infertility, focusing on raw, plant-based foods to improve health^[21,22].

TIME	Early Morning	Breakfast	Morning Snacks	Lunch	Evening Snacks	Dinner
	(5:45 AM)	(9:00 AM)	(11:00 AM)	(12:30 PM – 2:00 PM)	(4:00 PM – 5:00 PM)	(6:00 PM)
MEAL	Hydration & Detox	Raw and Fiber-Rich	Energy Boost	Raw to Cooked Ratio – 70:30	Snack & Immunity Boost	Light & Raw-Based
FOOD ITEMS	500 ml warm water with lemon or coconut water. A large bowl of seasonal fruits (orange, banana, pomegranate, watermelon).	Green Smoothie: Blend spinach, coriander, banana, soaked chia/flaxseeds, and coconut water. Sprouts Salad: Sprouted moong, chickpeas, or lentils with lemon juice and grated coconut.	Handful of soaked nuts/seeds with raw vegetable juice.	Plate 1 – Raw Salad (70%): Cucumber, carrot, beetroot, tomato, and avocado. Salad (Weight × 5 Kg). Plate 2 – Cooked Meal (30%): Millet roti/brown rice with dal or vegetable curry. Fermented Foods: Homemade curd or <i>kanji</i> for gut health.	Fruit meal, coconut water with a handful of sprouts/nuts.	Raw vegetable salad, vegetable soup or lightly cooked <i>khichdi</i> with ghee, chutney (made from five leaves, onion, tomato, garlic, and green chili).

Dietary Recommendations

Category	Recommendation
Pathya	Fresh and homemade food, seasonal fruits, and leafy vegetables.

Category	Recommendation
Apathya	Oily and junk food, excess sugar, and eating after 8 PM.
Hydration	3–4 litres of water daily, including coconut water.
Special Notes	30–60 minutes of daily exercise (yoga, walking, or meditation), but avoid excessive exercise.

I. Medicinal Interventions

The medicinal interventions included in this case were Shuddhi Pushp Sanyog, Shuddhi Pushp Balance, Ladies tonic and Shuddhi Pearl Syrup.

OBSERVATION & RESULT

Effectives of the treatment

The patient conceived naturally following this single consultation and intervention. Positive pregnancy was confirmed via serum β -hCG test after a month of initial consultation and corroborated by ultrasound. This proves that the combination of treatments used in this case is very effective in *Vandhyata* patients.

Future Research Aspects

Infertility is a growing concern, and *Ayurveda* is gaining recognition for its holistic and natural approach to reproductive health. Future research in *Ayurveda* for infertility treatment is expected to focus on several key areas:

● Standardization &

Scientific Validation of Ayurvedic Formulations

Many *Ayurvedic* herbs like *Ashwagandha*, *Shatavari*, *Guduchi*, *Kapikacchu*, and *Gokshura* are traditionally used to boost fertility. Future research will focus on clinical trials, standardizing dosages, and isolating bioactive compounds to validate their efficacy scientifically. Collaborations between *Ayurvedic* and modern medical research will enhance credibility^[23,24].

● Personalized Ayurvedic

Fertility Treatments

Ayurveda follows a *Prakriti* (body constitution) – based approach to treatment. Future advancements will refine personalized treatment protocols based on a person's *Dosha* (*Vata*, *Pitta*, *Kapha*), improving success rates. AI & Data Analytics could be integrated with *Ayurveda* to create personalized fertility treatment plans^[23,24].

● Integration of Ayurveda

& Assisted Reproductive Technologies (ART)

Ayurvedic therapies like *Panchakarma* (detoxification), *Uttar Basti* (medicated oil enema for the uterus), and *Rasayana* therapy can be researched for their role in improving IVF, IUI, and ART outcomes. Studies will

explore how *Ayurveda* can enhance egg/sperm quality, endometrial receptivity, and implantation success rates^[23,24].

● Epigenetics & Ayurveda

Future research may explore how *Ayurvedic* lifestyle and diet influence gene expression related to fertility. *Garbha Sanskar* (prenatal conditioning), an ancient *Ayurvedic* practice, may be studied in-depth for its impact on fetal health^[23,24].

● Ayurvedic Approaches to

Unexplained Infertility

Many couples struggle with unexplained infertility, where modern medicine finds no clear cause. Research will focus on *Ayurvedic* detoxification methods (*Panchakarma*), stress management (*Yoga*, *Meditation*), and dietary interventions (*Satvik Aahar*) to improve fertility in such cases^[23,24].

● Use of Nanotechnology in

Ayurvedic Fertility Medicine

Ayurvedic Bhasmas (calcined metal/herbal formulations) are already in nano form. Future research will explore nano-drug delivery systems for targeted fertility treatments with higher absorption and bioavailability^[23,24].

● Ayurveda in PCOS &

Endometriosis Treatment

PCOS and endometriosis are major causes of infertility. Research will focus on how *Ayurvedic* treatments can regulate hormonal imbalances, insulin resistance, and inflammation. Herbs like *Shatavari*, *Chandraprabha Vati*, and *Kanchnar Guggulu* will be studied for their effects on ovarian function^[23,24].

● Lifestyle &

Fertility Research (Ahara, Vihara, Dinacharya)

Ayurveda emphasizes *Ahara* (diet) and *Dinacharya* (daily routine) in reproductive health. Future studies may explore how *Ayurvedic* diets rich in ghee, nuts, and *ayurvedic* formulations improve fertility. Circadian rhythms and reproductive health in *Ayurveda* may be a major area of research^[23,24].

DISCUSSION

A 34-year-old female with primary infertility presented to

Jeena Sikho Lifecare Ltd. Hospital with complaints of irregular menstrual cycles and hypomenorrhea. She had been receiving conventional treatment for infertility for the preceding three years without achieving conception. During her consultation, an individualized Ayurvedic management plan comprising Shamana Chikitsa, dietary recommendations (*Ahara*), and lifestyle modifications (*Vihara*) was prescribed. The proposed Ayurvedic pathogenesis (*Samprapti*) of the case is illustrated in Figure 1.^[19,20]

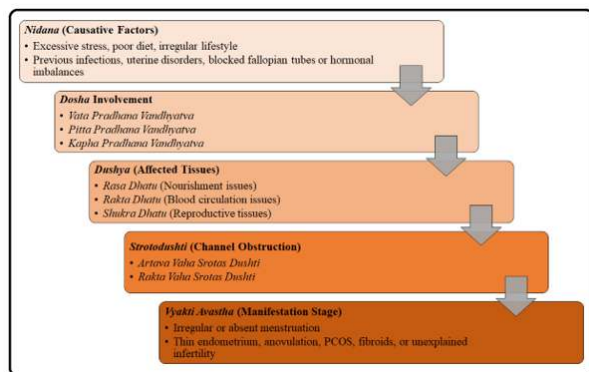


Figure 1. Figure 1. Samprapti of this case [19,20]

The prescribed Ayurvedic regimen included Shuddhi Pushp Sanyog, Shuddhi Pushp Balance, Ladies Tonic, and Shuddhi Pearl Syrup, which are traditionally used to support menstrual health and female reproductive function. The therapeutic approach was aimed at improving menstrual regularity and overall reproductive health based on Ayurvedic principles. Following this consultation, the patient subsequently conceived naturally. Pregnancy was confirmed by serum β -hCG approximately one month after the initial consultation and later corroborated by ultrasonography. As this is a single-case observation without serial follow-up visits or comparative evaluation, a definitive causal relationship between the Ayurvedic intervention and the pregnancy outcome cannot be established. The findings should therefore be interpreted cautiously and warrant further evaluation through well-designed clinical studies.

CONCLUSION

Ayurveda describes *Vandhyatva* (female infertility) as a condition associated with disturbances in *Dosha* balance (particularly *Vata*), impaired *Agni*, and dysfunction of the reproductive tissues (*Artava* and *Shukra Dhatu*). The Ayurvedic management approach emphasizes *Nidana Parivarjana* (elimination of causative factors), individualized dietary and lifestyle modifications (*Ahara* and *Vihara*), *Panchakarma* procedures such as *Uttar Basti* and *Virechana* where clinically indicated, and *Rasayana* therapies to support overall reproductive health. A *Satvika* diet, together with practices such as yoga and meditation,

may contribute to general well-being and stress management.

Current evidence suggests that Ayurvedic interventions may have a supportive role in the management of selected causes of female infertility; however, the available clinical evidence remains limited and heterogeneous. Therefore, Ayurveda should be considered as a complementary approach within an individualized treatment plan, and integration with conventional reproductive care may be considered when clinically appropriate. Well-designed randomized controlled trials and long-term studies are needed to establish the safety, efficacy, and optimal role of Ayurvedic interventions in female infertility.^[25]

Patient Consent

Written informed consent was obtained from the patient for publication of this case report and the accompanying laboratory data. The patient was informed that all personal identifiers would be removed to maintain confidentiality and anonymity. The patient reviewed and approved the publication of the clinical details.

AFTER TREATMENT



TEST REPORT			
Lab ID	JST18142	SN No.	22-Jan-25 12:23 PM
Name	[REDACTED]	Collection Date	22-Jan-25 12:26 PM
Age	36 Y 4 M 12 D	Received Date	22-Jan-25 12:43 PM
Referred By	DR. SELF	Report Date	22-Jan-25 13:34 PM
Source By	Dr. B Lal Clinical Laboratory	Collected at	Jagatpura Centre
Report Status	Final Report	DOC No	
DEPARTMENT OF CLINICAL BIOCHEMISTRY			
Test Name	Observations	Unit	Biological Ref Interval
HCG QUANTITATIVE (SERUM)	3,553.6	mIU/mL	
BETA HCG (Quantitative) - Serum			
Guide Value:			
Male	<10	mIU/mL	
Non-pregnant Women	<10	mIU/mL	
Menopausal Women	<10	mIU/mL	
Weeks of Pregnancy			
1 - 10	200 - 2,31,000		
11 - 15	20,900 - 2,34,000		
16 - 22	8000 - 80,000		
23 - 40	1000 - 40,000		
Reference: R3 Breast			

REFERENCES

- World Health Organization. (2023). *Infertility*. <https://www.who.int/news-room/fact-sheets/detail/infertility>
- Mayo Clinic. (2023). *Infertility – Symptoms and causes*. <https://www.mayoclinic.org/diseases-conditions/infertility/symptoms-causes>
- American Society for Reproductive Medicine. (2022). *Infertility*:

- An overview. <https://www.asrm.org/>
- Azziz, R. (2018). Polycystic ovary syndrome. *Obstetrics & Gynecology*, 132(2), 321–336. <https://doi.org/10.1097/AOG.0000000000002698>
- Practice Committee of the American Society for Reproductive Medicine. (2015). Diagnostic evaluation of the infertile female: A committee opinion. *Fertility and Sterility*, 103(6), e44–e50. <https://doi.org/10.1016/j.fertnstert.2015.03.019>
- Carson, S. A., & Kallen, A. N. (2021). Diagnosis and management of infertility: A review. *JAMA*, 326(1), 65–76. <https://doi.org/10.1001/jama.2021.4788>
- de Ziegler, D., Borghese, B., & Chapron, C. (2010). Endometriosis and infertility: Pathophysiology and management. *The Lancet*, 376(9742), 730–738. [https://doi.org/10.1016/S0140-6736\(10\)60490-4](https://doi.org/10.1016/S0140-6736(10)60490-4)
- Chavarro, J. E., Rich-Edwards, J. W., Gaskins, A. J., Farland, L. V., Terry, K. L., Zhang, C., et al. (2016). Contributions of the Nurses' Health Studies to reproductive health research. *American Journal of Public Health*, 106(9), 1669–1676. <https://doi.org/10.2105/AJPH.2016.303350>
- Legro, R. S., Brzyski, R. G., Diamond, M. P., Coutifaris, C., Schlaff, W. D., Casson, P., et al. (2014). Letrozole versus clomiphene for infertility in women with polycystic ovary syndrome. *The New England Journal of Medicine*, 371(2), 119–129. <https://doi.org/10.1056/NEJMoa1313517>
- Step toe, P. C., & Edwards, R. G. (1978). Birth after the reimplantation of a human embryo. *The Lancet*, 2(8085), 366.
- Chavarro, J. E., Rich-Edwards, J. W., Rosner, B. A., & Willett, W. C. (2007). Diet and lifestyle in the prevention of ovulatory disorder infertility. *Obstetrics & Gynecology*, 110(5), 1050–1058. <https://doi.org/10.1097/01.AOG.0000287293.25465.e1>
- Dougherty, M. P., Poch, A. M., Chorich, L. P., Hawkins, Z. A., Xu, H., Roman, R. A., et al. (2023). Unexplained female infertility associated with genetic disease variants. *The New England Journal of Medicine*, 388(11), 1055–1056. <https://doi.org/10.1056/NEJMc2211539>
- Zhou, W., Van Sinderen, M., Rainczuk, K., Menkhorst, E., Sorby, K., Osianlis, T., et al. (2024). Dysregulated miR-124-3p in endometrial epithelial cells reduces endometrial receptivity by altering polarity and adhesion. *Proceedings of the National Academy of Sciences of the United States of America*, 121(41), e2401071121. <https://doi.org/10.1073/pnas.2401071121>
- Alesi, L. R., Nguyen, Q. N., Stringer, J. M., Winship, A. L., & Hutt, K. J. (2023). The future of fertility preservation for women treated with chemotherapy. *Reproduction & Fertility*, 4(2), e220123. <https://doi.org/10.1530/RAF-22-0123>
- Baria, H. P., Donga, S. B., & Dei, L. (2015). Efficacy of Yavakshara Taila Uttarabasti in the management of fallopian tube blockage. *AYU*, 36(1), 29–33. <https://doi.org/10.4103/0974-8520.169016>
- Kumari, K., & Naidu, M. L. (2013). Study of Uttarabasti with Dhanvantari Taila in female infertility. *International Journal of Research in Ayurveda and Pharmacy*, 4(2), 257–261. <https://doi.org/10.7897/2277-4343.04235>
- Donga, K., Donga, S., & Dei, L. (2013). Role of Nasya and Matra Basti with Narayana Taila on anovulatory factor. *AYU*, 34(1), 81–85. <https://doi.org/10.4103/0974-8520.115453>
- Rupareliya, J. D., Donga, S., & Gandhi, A. J. (2021). Management of Vandhyatva with special reference to thin endometrium through Ayurveda: A single-arm open-labelled pilot clinical trial. *AYU*, 42(4), 156–163. https://doi.org/10.4103/ayu.ayu_132_21
- Sushruta. (n.d.). *Sushruta Samhita* (Sharira Sthana, Chapter 2, Verses 33–34). Chaukhamba Sanskrit Pratishthan.
- Vagbhata. (n.d.). *Ashtanga Hridaya* (Sharira Sthana, Chapter 1, Verses 7–8). Chaukhamba Orientalia.
- DIP Diet. (n.d.). *Official website*. <https://www.dipdiet.in/>
- Roy Chowdhury, B. (n.d.). *DIP Diet*. <https://biswaroop.com/dipdiet/>
- Rathi, I., Mavi, A., Shannawaz, M., Saeed, S., Yadav, A., & Hasan, S. (2024). Effectiveness of Ayurveda intervention in the management of infertility: A systematic review. *Cureus*, 16(4), e57730. <https://doi.org/10.7759/cureus.57730>
- Patibandla, S., Gallagher, J. J., Patibandla, L., Ansari, A. Z., Qazi, S., & Brown, S. F. (2024). Ayurvedic herbal medicines: A literature review of their applications in female reproductive health. *Cureus*, 16(2), e55240. <https://doi.org/10.7759/cureus.55240>
- Sri Sri Ayurveda Hospital. (n.d.). *Female infertility Ayurvedic treatment*. <https://srisriayurvedahospital.org/female-infertility-ayurvedic-treatment/>

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