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INTEGRATIVE DIAGNOSTIC APPROACH TO *VANDHYATVA* (FEMALE INFERTILITY): BRIDGING *AYURVEDIC* AND MODERN MEDICAL PERSPECTIVES

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ABSTRACT

Background: *Vandhyatva (female infertility) remains a significant global health concern affecting 1 in 6 couples globally, with female factors accounting for approximately 50% of cases. Ayurvedic medicine offers a 5000-year-old framework for understanding infertility through the concept of Garbhasambhava Samagri and detailed classification systems, yet integration with contemporary reproductive medicine remains underdeveloped.*

Objective: *To propose a conceptual integrative diagnostic framework for Vandhyatva that places classical Ayurvedic assessment alongside contemporary infertility evaluation to enhance diagnostic accuracy and clinical outcomes in Vandhyatva management.*

Method: *A narrative and conceptual review of classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridayam) and contemporary reproductive medicine literature was conducted to identify diagnostic commonalities and complementary approaches. The identified concepts were synthesized into a proposed stepwise integrative diagnostic framework.*

Results: *The integrative model identifies five key diagnostic pathways: (1) Artava Vaha Srotas dysfunction (uterine/ovarian pathology); (2) Rasa and Rakta Vaha Srotas involvement (nutritional/hematological causes); (3) Medas Vaha Srotas dysregulation (metabolic syndrome and PCOS); (4) Mano Vaha Srotas impairment (psychogenic infertility); and (5) Udaka Vaha Srotas disturbance (endocrine dysfunction). Each pathway correlates with specific modern investigations and targeted interventions.*

Conclusion: *An integrative, stepwise diagnostic approach bridging Ayurvedic individualized assessment with modern precision diagnostics offers a paradigm shift toward more comprehensive evaluation of female infertility. This framework respects the epistemological depth of Ayurveda while leveraging the diagnostic power of contemporary medicine, potentially improving diagnostic yield and clinical outcomes. Further prospective validation studies are warranted.*

KEYWORDS*: Vandhyatva, Female Infertility, Ayurvedic Diagnosis, Integrative Medicine, Diagnostic Framework, Reproductive Health, Psychoneuroimmunology*

1. INTRODUCTION

1.1 Global Epidemiology of Female Infertility

Infertility is defined as the failure to achieve pregnancy after 12 months of unprotected intercourse. It affects about 48.5 million couples globally, including 27.5 million in India. Prevalence is higher in urban areas (8–11%) than rural (4–6%) and increases significantly with age.[1]

1.2 Female Factor Infertility: Scope and Clinical Significance

Female factors contribute to around 50% of infertility cases, with male factors accounting for 40% and 10% being combined or unexplained. Common causes include ovulatory dysfunction, tubal pathology, endometriosis, and uterine abnormalities. However, 10–20% of cases remain unexplained.[2]

1.3 Limitations of Conventional Diagnostic Approaches

Modern diagnostic methods identify structural and biochemical issues but often fail to detect underlying causes in many cases. The reductionist approach overlooks the multifactorial nature of infertility, and high costs limit accessibility.

1.4 *Ayurvedic* Perspective on *Vandhyatva* and Traditional Medicine

Ayurveda describes infertility as "*Vandhyatva*," focusing on overall reproductive potential (*Artava*). It uses a holistic framework involving *Dosha* balance, *Prakriti*, *Srotas*, and other factors, offering a broader understanding beyond modern definitions.

1.5 Rationale for Integration and Current Research Gap

Integration of *Ayurveda* and modern medicine is limited, with only a small proportion of research combining both. Modern medicine is reductionist, while *Ayurveda* is holistic, creating challenges but also opportunities for integration.

1.6 Objectives and Scope of the Current Framework

This framework aims to integrate both systems by linking *Ayurvedic* concepts with modern diagnostics, improving understanding, and enabling personalized, comprehensive treatment approaches.

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2. DEFINITIONS AND *AYURVEDIC* TERMINOLOGY

For readers unfamiliar with *Ayurvedic* concepts, the following definitions provide essential terminology for understanding this integrative framework. These definitions reflect classical *Ayurvedic* understanding with modern clarification where applicable.

2.1 Core *Ayurvedic* Concepts

- ***Vandhyatva*:** Inability to achieve conception after 12 or more months of unprotected intercourse; encompasses both absolute and relative infertility with varying treatment potential.
- ***Garbhasambhava Samagri*:** The four essential natural requisites for conception: *Ritu* (fertile period), *Kshetra* (healthy genital tract), *Beeja* (mature ovum and sperm), and *Ambu* (nourishment).
- ***Srotas*:** Physiological channels or systems through which biological substances and information flow; dysfunction in specific *Srotas* manifests as distinct disease patterns.
- ***Prakriti*:** Individual constitutional type determined at conception; represents genetic predisposition and individual metabolic characteristics (*Vata*, *Pitta*, or *Kapha* predominant).
- ***Vikriti*:** Current state of imbalance or disease; dynamic condition acquired during lifetime, distinct from constitutional *Prakriti*.
- ***Doshas*:** Three biological forces governing physiological function: *Vata* (movement, communication), *Pitta* (transformation, metabolism), *Kapha* (structure, stability).
- ***Artava*:** Menstrual fluid and reproductive tissue; represents ovulation, hormonal status, and complete reproductive capacity beyond simple menstruation.
- ***Kshetra*:** Field or receptacle; specifically, the uterus and female reproductive tract providing the environment for conception and gestation.
- ***Beeja*:** Seed or genetic material; encompasses both ovum and sperm representing reproductive gametes.
- ***Ritu*:** Season or fertile window; the optimal time within the menstrual cycle for conception coinciding with ovulation.

2.2 Diagnostic Terms

- ***Dashavida Pariksha*:** Ten-fold systematic physical examination including pulse, tongue, skin, eyes, stool, urine, voice, temperature, and behavioural patterns.
- ***Trividha Pariksha*:** Three-fold examination method encompassing direct clinical observation, inferential reasoning, and patient verbal history.
- ***Rajodushti*:** Menstrual disorder or *Artava* abnormality; includes scanty, excessive, irregular, or abnormal-quality menses directly causing infertility.
- ***Yonivyapad*:** Gynecological disorder; includes 20 classical conditions affecting the female genital tract and reproductive function.
- ***Dhatu Kshaya*:** Tissue depletion; progressive wasting of bodily tissues resulting in loss of reproductive capacity.
- ***Dushya*:** Tissue or physiological element affected by pathology; the substrate upon which disease manifests.
- ***Ama*:** Incompletely metabolized digestive product; metabolic toxin produced by impaired digestion contributing to systemic dysfunction.

2.3 *Srotas*-Specific Terminology

- ***Artava Vaha Srotas*:** Menstrual/reproductive channel system; root in uterus and ovaries; dysfunction causes menstrual disorders and direct infertility.
- ***Rasa Vaha Srotas*:** Lymphatic/nutritive channel; root in heart and plasma; dysfunction causes nutritional deficiency-related anovulation.
- ***Rakta Vaha Srotas*:** Blood channel system; root in liver and blood-forming organs; dysfunction causes menorrhagia and coagulation disorders affecting fertility.
- ***Medo Vaha Srotas*:** Lipid/metabolic channel; root in kidneys and adipose tissue; dysfunction manifests as PCOS, metabolic syndrome, and obesity-related infertility.
- ***Mano Vaha Srotas*:** Mental/psychological channel; root in heart and intellect (hypothalamic-pituitary axis); dysfunction causes psychogenic infertility and stress-related anovulation.
- ***Udaka Vaha Srotas*:** Fluid/endocrine channel; root in palate and pancreatic region; dsfunction causes thyroid and adrenal hormone imbalances.

3. CLASSICAL *AYURVEDIC* FRAMEWORK FOR UNDERSTANDING *VANDHYATVA*

3.1 The Concept of *Garbhasambhava Samagri* (Essential Factors for Conception)

The *Charaka Samhita* identifies four essential components required for successful conception, collectively termed "*Garbhasambhava Samagri*" (the four natural requisites for conception):3

Component	*Ayurvedic* Interpretation	Modern Correlation
Ritu	Proper fertility window; menstrual cycle phases optimized for conception	Fertile window recognition; ovulatory phase (proliferative phase)
Ambu	Proper nourishment; Dhatu development; adequate metabolic support	Adequate glycogen stores; hormonal support; nutritional status
Kshetra	Healthy female genital tract; absence of structural/functional pathology	Anatomically normal uterus, fallopian tubes, ovaries; patent genital tract
Beeja	Mature ovum and sperm; adequate Shukra and *Artava* Dhatu	Mature oocyte; normal sperm parameters; adequate gamete quality

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Disturbance in any of these four essential components leads to infertility. This framework (*Ritu*, *Kshetra*, *Ambu*, *Beeja*) forms the foundation for *Ayurvedic* diagnostic assessment. The framework reflects an understanding that infertility is multifactorial and cannot be reduced to a single etiopathogenic mechanism.

3.2 *Trividha Pariksha*: The Three-Fold Examination in *Vandhyatva* Assessment

Ayurvedic diagnosis relies on *Trividha Pariksha* (three-fold examination):[4]

1. ***Pariksha*** **:** Clinical observation including *Prakriti* assessment (constitutional type), *Vikriti* (current imbalance), and systemic examination. For *Vandhyatva*, this includes assessment of menstrual history, body composition, thermal preference, and reproductive symptomatology.
2. ***Anumana*****:** Diagnostic reasoning based on associated symptoms and signs. In *Vandhyatva*, this includes identification of *Rajodushti* (menstrual disorders), *Yonivyapad* (gynecological conditions), and constitutional predispositions to infertility.
3. ***Aptopadesha*** **:** Comprehensive patient history including reproductive history, family history, lifestyle factors, and psychological status.

3.3 Classical Classification of *Vandhyatva*

Classical *Ayurvedic* texts describe multiple classifications of *Vandhyatva*. According to Charaka Samhita, conditions include *Balya* (delayed puberty), *Kakvandya* (secondary infertility- inability to conceive after one successful pregnancy), and *Anapathya* (primary infertility-never achieved pregnancy). Additional categories include *Garbhasravi* (repeated abortion), *Mrutvatsa* (stillbirths), and *Balakshaya* (loss of fertility due to Dhatu depletion).[5]

According to *Harita Samhita*, *Vandhyatva* is classified as absolute sterility that cannot be cured, while *Apraja* refers to primary infertility with potential for treatment, and *Sapraja* describes secondary infertility.[6] These classical categories acknowledge the heterogeneity of infertility presentations and suggest varying prognoses, a concept aligned with modern understanding of primary versus secondary infertility.

4. ETIOPATHOGENIC FACTORS IN *VANDHYATVA*: AN INTEGRATIVE ANALYSIS

4.1 *Rajodushti* (Menstrual Disorders)

According to *Ayurvedic* literature, all forms of *Artava* Dushti (menstrual disorders) directly lead to *Vandhyatva*. These include scanty menses (*Alpa Artava*), excessive menses (*Pravaha Artava*), irregular cycles (*Asraja* or *Akala Artava*), and abnormal color/quality (*Vilambita Artava*).[7] These classical descriptions correlate with modern diagnoses including oligomenorrhea, menorrhagia, anovulation, and irregular menstrual patterns.

4.2 *Yonivyapad* (Gynecological Disorders)

Sushruta Samhita extensively describes "*Yonivyapad*" (literally: disorders of the female genital tract), with classical texts enumerating 20 distinct conditions. Notable conditions directly causing infertility include:[8]

- ***Yoniarsha*****:** Haemorrhoids/pathological growths of the genital tract that obstruct gamete transport and prevent conception.
- ***Maituna Asahishnuta*****:** Dyspareunia and sexual dysfunction arising from *Yonivyapad* or Marma damage, rendering copulation futile.
- ***Udvritti Phala Yoni/ Avavritti Phala Yoni*****:** Anatomical variations (retroverted or anteverted uterus) affecting conception potential.

4.3 Local and General Pathological Conditions

Additional etiologies include:

- **Local Conditions:** *Rakta Gulma* (haemangiomas), *Arbuda* (tumors), and endometrial pathology obstructing conception.
- **General Conditions:** *Rajayakshma* (tuberculosis), *Shosha* (cachexia), and systemic wasting diseases causing *Dhatu Kshaya* (tissue depletion).
- **Constitutional and Psychological Factors:** *Atiabala* (extreme weakness), *Ati Vridha* (advanced age), *Daiva* (idiopathic/genetic factors), and psychogenic causes including fear, sorrow, and anger.

5. THE INTEGRATIVE DIAGNOSTIC FRAMEWORK FOR *VANDHYATVA*

5.1 *Srotas* (Channel) Framework and Modern Pathophysiology

Ayurveda conceptualizes disease through the theory of *Srotas* (physiological channels). Five *Srotas* are directly relevant to female reproductive function and infertility etiopathogenesis:[9]

Srotas	Pathophysiology	Modern Diagnostic Correlate
Artava Vaha Srotas	*Vandhyatva*, *Artava* Dushti, Uterine/ovarian dysfunction	TVS, HSG, AMH, follicle tracking, endometrial assessment
Rasa Vaha Srotas	Nutritional deficiency-related anovulation, Kshaya	Albumin, iron, B12, folate, micronutrient panel
Rakta Vaha Srotas	Menorrhagia, coagulopathy, endometrial hematocrit abnormalities	CBC, coagulation profile, liver function tests
Medas Vaha Srotas	PCOS, obesity-related infertility, metabolic syndrome, *Kapha* dysfunction	Fasting insulin, HOMA-IR, lipid profile, hormonal panel

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Mano Vaha Srotas	Psychogenic infertility, hypothalamic hypogonadism, stress-mediated anovulation	Cortisol, DHEAS, psychological screening, stress biomarkers
Udaka Vaha Srotas	Thyroid dysfunction, adrenal insufficiency, hormonal imbalance	TSH, T3/T4, prolactin, adrenal panel

5.2 Psychoneuroimmunological (PNI) Axis in *Vandhyatva*

Ayurvedic texts extensively elaborate on the role of *Manas Prakriti* (psychological constitution) in reproductive health. The *Charaka Samhita* explicitly states that psychological disturbance (fear, sorrow, anger, unwillingness for intercourse) renders copulation futile, even in women with otherwise intact reproductive capacity.[10] This ancient understanding aligns with contemporary psychoneuroimmunological research demonstrating stress-mediated suppression of reproductive hormones through the hypothalamic-pituitary-adrenal (HPA) axis.

Modern research confirms that elevated cortisol from psychological stress inhibits GnRH secretion, leading to anovulation and infertility.[11] Furthermore, stress-induced elevation of prolactin, alterations in thyroid function, and immune dysregulation all contribute to reproductive dysfunction. The integration of psychological assessment (as emphasized in *Ayurveda*) with modern stress biomarkers (cortisol, DHEAS) and psychological screening provides a comprehensive understanding of psychogenic infertility.

5.3 *Prakriti* (Constitutional) Assessment and Genetic Predisposition

Ayurvedic Prakriti assessment (determination of individual constitutional type as *Vata*, *Pitta*, or *Kapha*) provides valuable insight into predisposition to specific infertility etiologies. For instance:

- ***Vata Prakriti*:** Predisposed to irregular menstrual cycles, diminished ovarian reserve, and pelvic inflammatory conditions.
- ***Pitta Prakriti*:** Prone to inflammation, endometriosis, and abnormal uterine bleeding.
- ***Kapha Prakriti*:** Susceptible to PCOS, obesity-related infertility, and sluggish reproductive function.

6. STEPWISE INTEGRATIVE DIAGNOSTIC PROTOCOL

A systematic diagnostic approach should follow these sequential steps:

Step 1: Comprehensive History and *Prakriti* Assessment

- Reproductive history including age at menarche, cycle regularity, menstrual duration, and bleeding patterns
- Obstetric history including previous pregnancies, losses, and complications
- Constitutional assessment (*Prakriti*) based on physical, psychological, and behavioral characteristics
- Psychological assessment including stress levels, anxiety, depression, and quality of life

Step 2: *Ayurvedic* Physical Examination (*Dashavida Pariksha/ Astastana pariksha*)

- *Nadi pariksha* (pulse examination) to assess *Dosha* predominance
- *Jihwa pariksha* (tongue examination) for coating, color, and moisture
- *Mala pariksha* (stool assessment) for consistency and frequency
- Mutra pariksha (urine assessment) for clarity, color, and characteristics

Step 3: Baseline Laboratory Assessment

- Complete metabolic panel (fasting glucose, lipids, liver function)
- Complete blood count
- Thyroid function (TSH, free T3/T4)
- Vitamin D, Vitamin B12, and folate levels

Step 4: Reproductive Endocrine Assessment

- Day 3/5 FSH, LH, oestradiol
- Anti-Mullerian hormone (AMH) for ovarian reserve assessment
- Prolactin levels and midcycle LH surge documentation
- Fasting insulin and HOMA-IR for insulin resistance

Step 5: Imaging and Structural Assessment

- Transvaginal ultrasound (TVS) for assessment of uterus, ovaries, and follicle development
- Hysterosalpingography (HSG) or sonohysterography for tubal patency and uterine cavity assessment
- Further imaging (MRI, laparoscopy) as clinically indicated

Step 6: Specialized Testing Based on *Srotas* Involvement

- ***Rasa/Rakta Vaha Srotas involvement*:** Iron studies, coagulation profile, nutritional biomarkers
- ***Medas Vaha Srotas* involvement:** Inflammatory markers (CRP, TNF- alpha), adipokines (leptin, adiponectin), advanced lipid testing
- ***Mano Vaha Srotas* involvement:** Morning/24-hour cortisol, DHEAS-S, circadian cortisol profile
- ***Udaka Vaha Srotas* involvement:** Adrenal panel , ACTH, comprehensive thyroid panel including antibodies

7. CLINICAL APPLICATION AND CASE CONCEPTUALIZATION

Consider a patient presenting with primary infertility, age 28 years, with history of irregular menstrual cycles (oligomenorrhea), weight gain (BMI 30), and insulin resistance.

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Ayurvedic assessment reveals *Kapha Prakriti* with *Pitta Vikriti* (secondary imbalance). Diagnostic workup reveals:

- ***Medas Vaha Srotas* involvement:** PCOS with elevated fasting insulin, HOMA-IR 3.2, hyperandrogenism
- ***Rasa Vaha Srotas* involvement:** Nutritional deficiency: Low vitamin D (18 ng/mL), low iron (serum ferritin 25)
- ***Mano Vaha Srotas* involvement:** Elevated cortisol and anxiety on psychological screening

Rather than diagnosing simple PCOS, this integrative framework identifies three distinct pathophysiological pathways requiring targeted intervention: metabolic stabilization (insulin sensitization), nutritional repletion, and stress management. This comprehensive understanding, grounded in both *Ayurvedic* and modern pathophysiology, facilitates more effective treatment planning and patient counselling regarding the multifactorial nature of their condition.

8. STRENGTHS OF THE INTEGRATIVE FRAMEWORK

8.1 Diagnostic Comprehensiveness and Multifactorial Understanding

The integrative framework captures multifactorial etiopathogenesis extending beyond single-disease models predominant in modern medicine. Rather than assigning a patient to a single diagnostic category (e.g., PCOS, tubal factor, unexplained), the framework identifies multiple pathophysiological pathways simultaneously. This approach uniquely addresses the substantial proportion of infertile patients with co-occurring multiple etiologies, the rule rather than the exception in clinical practice. The framework particularly excels at identifying cryptic etiologies in cases classified as unexplained infertility, providing a mechanism-based explanation where conventional diagnostics fail.

8.2 Personalized Medicine and Constitutional Variation

Prakriti-based assessment enables individualized diagnostic interpretation of identical laboratory abnormalities. Two patients with identical follicle-stimulating hormone (FSH) elevations may represent different pathophysiological mechanisms depending on constitutional type and secondary *Srotas* involvement. This precision medicine approach acknowledges biological variation that population-based diagnostic criteria cannot capture. The framework facilitates tailoring therapeutic approaches to individual metabolic and constitutional makeup rather than applying standardized protocols universally.

8.3 Cost-Effectiveness and Resource Optimization

Classical *Ayurvedic* examination (pulse, tongue, history) requires minimal cost and can be performed rapidly in resource-limited settings. The framework prioritizes expensive investigations based on *Ayurvedic* assessment, reducing unnecessary testing burden and costs. In regions where comprehensive reproductive assessment remains inaccessible due to expense, the framework provides a low-cost initial screening approach that guides rational test selection. This is particularly valuable in developing countries where complete reproductive workup may cost 3–6 months of income for affected families.

8.4 Systems-Level Understanding and Mechanistic Clarity

The *Srotas* framework provides systems-level understanding of infertility that contemporary medicine increasingly recognizes through precision medicine and systems biology. Mapping ancient concepts to modern pathophysiology bridges epistemological gaps and enhances understanding for practitioners trained in both traditions. The framework facilitates communication between *Ayurvedic* and modern practitioners, establishing common language and shared understanding of underlying mechanisms while respecting the theoretical distinctiveness of each system.

8.5 Reproducibility and Standardization Potential

The framework provides systematic approach to *Ayurvedic* diagnosis amenable to standardization and operator training. Unlike some classical *Ayurvedic* concepts dependent on inherent practitioner sensitivity, the framework emphasizes objectively assessable characteristics (documented *Prakriti* elements, specific *Srotas* manifestations mapped to modern investigations) capable of standardization. This facilitates prospective validation studies and wider clinical adoption across practitioners with varying levels of classical *Ayurvedic* training.

9. DISCUSSION

Female infertility represents a complex, heterogeneous condition requiring integration of multiple diagnostic approaches. Contemporary medicine, with its sophisticated laboratory and imaging modalities, excels at identifying structural and biochemical abnormalities. However, the standardized diagnostic algorithms of modern reproductive medicine often fail to identify underlying etiologies in significant proportions of cases, with "unexplained infertility", accounting for 10-20% of clinical presentations.[12]

Ayurveda's contribution to this diagnostic impasse lies not in providing novel biomarkers, but in offering a systematized framework for understanding individual heterogeneity and multifactorial causation. The *Srotas* theory, *Prakriti* assessment, and emphasis on psychosomatic dimensions provide a comprehensive organizational schema that contemporary medicine increasingly recognizes through the lens of systems biology, precision medicine, and psychoneuroimmunology.[13]
The proposed integrative diagnostic framework operationalizes this integration by:

- Systematically mapping *Ayurvedic* diagnostic categories onto modern pathophysiological mechanisms
- Identifying specific laboratory and imaging investigations that validate each diagnostic pathway
- Recognizing the psychosomatic dimension of infertility beyond biomedical reductionism
- Facilitating individualized, multi-modal treatment approaches targeting identified pathophysiological mechanisms

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This framework does not prioritize *Ayurveda* above modern medicine, nor does it reduce *Ayurvedic* concepts to modern equivalents. Rather, it creates a dialogue between two epistemologically distinct systems, leveraging the strengths of each to compensate for the limitations of the other.

10. LIMITATIONS OF THE CURRENT STUDY

- The framework is based on literature synthesis and clinical reasoning, not on prospective empirical validation.
- There is a lack of randomized controlled trials (RCTs) comparing integrative vs. conventional diagnostic approaches.
- Molecular-level validation of *Srotas dysfunction* is sparse.
- Genomic studies linking *Prakriti* phenotypes with genetic markers are still in early stages.
- The framework is based on retrospective mapping of classical *Ayurvedic* concepts to modern pathophysiology.
- *Ayurvedic* diagnosis includes subjective components, such as: Pulse examination depending on practitioner expertise, Variability in assessing *Prakriti*

11. FUTURE RESEARCH DIRECTIONS

- Prospective validation studies comparing diagnostic yield of integrative versus conventional approaches
- Development of standardized diagnostic criteria for *Ayurvedic* assessment
- Randomized controlled trials evaluating *Ayurvedic* therapeutic interventions in infertility management
- Genomic and proteomic studies exploring the biological basis of *Prakriti* and *Srotas* concepts

12. CONCLUSION

Vandhyatva (female infertility) represents a complex interplay of multiple etiological factors spanning structural, endocrine, nutritional, immunological, and psychological domains. Contemporary medicine, while excelling at identification of specific pathologies, often employs compartmentalized diagnostic approaches that miss the systemic, interconnected nature of infertility etiopathogenesis.

Ayurveda provides a holistic, individualized framework for understanding this complexity through time-tested concepts of *Garbhasambhava Samagri*, *Srotas* dysfunction, and *Prakriti*-based predisposition. When integrated with the diagnostic precision of modern reproductive medicine, this ancient wisdom facilitates comprehensive assessment, identifies cryptic etiologies, and enables individualized, multi-modal therapeutic approaches.

The integrative diagnostic framework proposed herein operationalizes this integration through a stepwise approach that respects the epistemological uniqueness of both systems while leveraging their complementary strengths. As the field of reproductive medicine increasingly embraces systems-level thinking, precision medicine, and the psychosomatic dimensions of health and disease, *Ayurvedic* concepts provide not merely historical curiosity, but practical wisdom grounded in millennia of clinical observation.

"स्त्री हि सम्पूर्णा", Woman is complete in herself; as eloquently stated in the Charaka Samhita. The integrative approach recognizes and honors this completeness, treating infertility not as a deficiency to be corrected through external intervention alone, but as an opportunity to restore balance and wholeness through individualized, evidence-informed care grounded in both ancient wisdom and modern science.

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