REVIEW ARTICLE ISSN 2456-0170

INFERTILITY AND MENTAL HEALTH: BRIDGING MODERN PSYCHOLOGY AND AYURVEDA

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ABSTRACT

The inability to conceive children is experienced as a stressful situation by individuals and couples all around the world. Recent studies indicate that 40-60% of individuals diagnosed with infertility experience severe anxiety and depression. Stress can be a contributor to infertility and can adversely affect the treatment success. Evidence is emerging of an association between stress of fertility treatment and patient drop-out and pregnancy rates. Fortunately, psychological interventions, especially those emphasizing stress management have been shown to have beneficial effects for infertility patients. By integrating classical *Ayurvedic* insights with modern scientific fields into psych neuroendocrinology pathways shows influence of *manasika bhavas* on hormonal balance, ovulatory function, implantation, and overall reproductive health. Holistic approach is indeed to support the infertile couples towards their ART journey can greatly reduce the financial burden and further reduce their stress levels. Thereby stress reducing strategies and low-cost infertility treatment facility offer to be the ideal combination to fulfil the dreams of parenthood for the suffering sub fertile couples.

KEYWORDS: Stress, Infertility, Reproductive Health, Mental Health, Stress, Management, Fertility Treatment, Holistic Interventions.

INTRODUCTION

Infertility is a medical condition affecting either the male or female reproductive system, characterized by the inability to conceive despite having regular, unprotected sexual intercourse for 12 months or more[1]. The issue of infertility has received considerable critical attention worldwide. According to a recent World Health Organization (WHO) report, approximately 17.5% of the adult population, equivalent to one in six individuals globally, experience the impact of infertility. This emphasizes the crucial importance of making accessible, affordable, and high-quality fertility care available to those in need[2].

Infertility is responsible for a great deal of psychological trauma to the affected couples. It also affects them socially and economically. There are 60 to 80 million couples currently suffering from infertility[3]. The worldwide estimate of couples suffering from infertility is 8-12%.[4,5]Among these a

subset of 3-5% of couples has unexplained infertility. If "age but no birth" definition is used, the percentage of primary infertility in India is 3.9% (age-standardized to 25-49 years) and 16.8% (-standardized to 15-49 years).

The inability to bear children age is a very stressful situation and infertility can cause a multitude of adverse social and psychological consequences that included aggravated mental distress. Among the couple, an increased level of distress is seen more in the female counterpart, which can even endanger their mental health. Infertility has been the cause for anxiety, depression, and psychosomatic complications. Stress is typically defined as a stimulus which produces mental tension or physiological arousal, such as the situation of infertility or its treatment; distress is the term used described the suffering or anxiety as a result of the stressor[6]. Elevated stress levels have been associated with infertility and in fact cause same. Studies have also shown that psychological distress adversely affects the treatment process of infertility and to a major extent the outcome[7]. Hence improving the psychological milieu of the couple especially the female partner is important while evaluating and managing fertility. The relationship between the mental health and reproductive outcomes has gained wide range of recognition, thus in *Ayurveda*, the traditional system of medicine from India, offers a holistic approach towards managing stress and treating infertility. *Acharya Charak* mentioned the concept of "*Soumansya Garbhadharanam*" this emphasis the necessity of mental health the couples for successful conception[8].The practice of *Ayurveda* focuses on balancing the body, mind, and spirit to promote overall well-being and address health issues, including infertility.

Mental and Emotional Health in Infertility

This is the major factor in present infertility cases. The normal psychology of a couple is important in the achievement of pregnancy. The changing patterns of living, use of higher technologies, radiations improper circadian rhythm, patterns of food consumption, taking of *Rajasika Ahara*, *Tamasika Ahara*, and lack of physical activity tend to and enhanced nature of mental activity affect the mental and emotional health of any of the partners. Psychological factors such as stress, agitation, anxiety, and depression are results of a bad lifestyle, which produce abnormality resulting into infertility. The lacuna of society for not being able to channelize the emotional imbalance among humans has enhanced this issue. This also results into various other diseases and more difficulty to conceive.

Somewhat ironically, since infertility has been treated as a medical issue, the psychological aspects of the condition have receded into the background. Couples are assured by their doctors that their stress level has little to do with their ability to become pregnant. As a result, the psychological status of patients can be overlooked. This is in spite of a rich clinical literature on the psychosocial consequences of infertility and the perception patients hold that their infertility is somehow their fault[9].

Men also experience psychological repercussions of infertility, but their experience seems to be under-represented in the clinical literature. Several studies have indicated that men are psychologically affected by infertility[10].Notably, few studies have looked solely at the men's experience of infertility[11].

Formative research derived from in-depth interviews suggests that men can experience considerable distress when faced with infertility, and that this distress (with regard to self-image, social stigma, etc) is likely greater in men with male-factor infertility than men with unexplained or female-factor infertility[12]. Further, some men experience transient episodes of impotence and sexual performance anxiety.

Does infertility cause stress?

Children are said to be building blocks for maintaining family bond and help bridge the generation gap. Having a child is considered as proof of manhood/woman hood; a symbol of fruitfulness and the child is a precious heir to continue the family name. Hence infertility is social stigma, which has a devastating effect on women's health. In many traditional cultures and especially in India, there is a relatively higher pressure on women to have a child and she is often the one who is ostracized and blamed for not creating progeny. The social consequences of infertility mainly affect the women, although men are equally responsible for infertility. Infertility can also cause a great deal of financial stress. Being infertile and wanting to cure it can be very expensive! A huge amount of money is required for the treatment and tests. With the advent of modern assisted reproductive techniques such as IVF, which require expertise and advanced technology, the extent the expenses incurred while undergoing IVF can be huge, it leads to consensus that infertility can cause huge amount of stress.

Does stress cause infertility?

It is a well-known fact that increasing stress levels and certain mental disorders like anorexia significantly alters the HPO axis of the woman. This alters the woman's reproductive hormonal milieu and can contribute to ovulatory dysfunction and subfertility. Men with stress issues often have erectile and coital dysfunction again contributing to subfertility.

Modern research corroborates this ancient wisdom, showing that psychological distress significantly impacts reproductive health. Studies indicate that 40% to 60% of individuals diagnosed with infertility experience severe anxiety and depression, highlighting the substantial mental health burden associated with infertility.[2] This bidirectional relationship creates a complex interplay where mental health affects fertility, and fertility challenges further exacerbate psychological distress, as illustrated in Figure 1.

Soumanasya: Concept and Importance in *Ayurveda*

Soumanasya refers not only to individual mental well-being but also to the emotional harmony between couples, that is vital for healthy conception. This idea is supported by modern research showing how mental state affects hormones and fertility.

1. DEFINATION: According to *Ayurveda*, Soumanasya refers to a positive mental state

that is characterized by harmony, contentment, and emotional balance. In *Charaka Samhita*, specifically mentions "सौमनस्यं गर्भधारणानां" (*Somanasya Garbhadharananam*), highlighting the supreme importance of mental harmony for conception[13]. This concept recognizes that mental well-being is not merely an adjunct but a fundamental prerequisite for successful reproduction.

2. IN *GARBHAVAKRANTI*

While explaining *Garbhavakranti* (the process of conception), *Acharya Charaka* emphasizes that the union of *Shukra* and *Shonita* occurs "along with *Mana* and Atma" leading to the formation of *Garbha*. Furthermore, he states that the Garbha develops with good *Satwa* through the collective effects of *Shadbhavas* in constant association with *Manas*[14].

This foundation establishes that conception is not merely a physical process but one that integrally involves mental and spiritual dimensions.

ROLE OF *PATHYAVIHARA*:

Acharya Charaka beautifully explained various *Pathya Viharas* for Everyone in *Swasthachatushaka*[15], similarly, other Acharyas have given their affirmations in their texts too. *Dinachaya, Ritucharya, Sadavritta, Vegadharana,* and *Achara Rasayana* are the blessings given to us as a manual to live a life. Dinacharya[16] modallities such as :-

***Bhramamuhurta*[17]:** *Jagrana* help in balancing circadian rhythm and increasing oxygen take-up capacity by the cells.

***Abhyanga*:** Regular *Abhyanga* helps in *Vatashamana*[18], which is the major cause of Mental instability, it relaxes the Mind and Body and one can get good sleep after massage.

***Udvartana*:** acts as *Bhayaparimarjana* of malas on a regular basis helping the body cells to rejuvenate and making the body strong[18].

Washing feet, and wearing unteared clothes, and footwear enhances virility as per *Acharayas* which is related to the planet Venus which governs the sacral and *Chakra*[19].

***Ratricharya*[20]:** Helps in a relaxation of mind and body as a good sleep activates the Healing and calms down irrelevant thoughts and emotions.

***Ritucharya*[21]:** Provides the regimens for every season helping the body to deal with changes occurring in the environment not harm the microcosm. *Shodhana Karmas* not only physically clears the body but also helps in balancing the *Manasika Doshas*, as once the body is cleansed mind starts to feel happy and serene.

***Sadvritta*[22]:** Most important modality for reducing the psychological factors. Worshiping the deities and following the *Vedic* rituals helps in calming the mind and reduces agitation, stress, anger, etc. It helps in bringing confidence and generating feelings of care, love, and peace. A good company endows with *Satvika* qualities, and the person will be devoid of mental and emotional disturbances. *Achara Rasayana*[23] mentioned by *Acharaya Charaka* is a complete ethical code of conduct that prevents and treats psychological and psychosomatic diseases. All these modalities help in relaxing the mind and body and

coordinate them. When all these factors are managed, then the treatment of infertility will be fruitful. Both partners must come together to accept a baby in their life.

Table-1 Physiological and Pschyological Dimension of Stress In Fertility and Infertility

Physiological Impact of Stress on Fertility:	Psychological Dimensions of Stress and Infertility:
• Stress influences reproductive health through its effects on the hypothalamic-pituitary-adrenal (HPA) axis, which plays a crucial role in regulating the body's response to stress. Chronic stress leads to elevated levels of cortisol and other stress hormones, which can disrupt the balance of reproductive hormones such as gonadotropin releasing hormone (GnRH), luteinizing hormone (LH), and follicle-stimulating hormone (FSH). • This hormonal imbalance can result in anovulation, irregular menstrual cycles, and impaired sperm production, thereby contributing to infertility. • Furthermore, stress can exacerbate conditions such as polycystic ovary syndrome (PCOS) and endometriosis, which are known to impair fertility.	• The psychological burden of infertility often creates a vicious cycle where stress not only results from infertility but also perpetuates it. The emotional toll of struggling to conceive can lead to anxiety, depression, and a sense of inadequacy, which further impair reproductive function. • Couples experiencing infertility may also face social pressures and stigma, which can intensify stress levels and negatively impact their relationship and sexual intimacy, further complicating the conception process.

Increased Risk of Miscarriage and Infertility

Research indicates that women with mental health disorders such as anxiety and depression face higher risks of infertility and recurrent miscarriage.

summarizes key findings from contemporary research on mental health impacts on fertility outcomes.

Table 2: Recent research findings on mental health and fertility outcomes.

Mental Health Factor	Fertility Impact	Research Findings
Anxiety and Depression	Conception rates	Affects 30% of women who attend infertility clinics (24)
Depression	Pregnancy loss	25% higher risk of miscarriage (18)
Anxiety disorders	Fertility treatment	Reduced success rates in IVF; higher discontinuation rates (25)

PTSD	Overall fertility	Reduced conception rates; higher early pregnancy loss (25)
Relationship distress	Sexual function	Reduced frequency of intercourse, sexual dysfunction (24)

How do you decrease stress during infertility?

Once couples decide to pursue medical treatment, they may need to make significant adjustments to their lifestyle. Fertility treatment often supersedes other aspects of life such that important career choices or lifestyle aspirations may be postponed or dismissed all together.

'High-tech' treatments involve intrauterine insemination and the more invasive surgical procedures such as in-vitro fertilization (IVF), intracytoplasmic sperm injection (ICSI), gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT). These assisted reproductive technology (ART) procedures can cause considerable physical discomfort and pain. New technology of pre-implantation genetic diagnosis (PGD) can also cause anxiety for couples trying to resolve a history of miscarriage by the selection of 'healthy' embryos for transfer. In general, the anticipatory anxiety of having IVF, often perceived as a last resort, can persist throughout the treatment cycle, resulting in a chronic state of physiological arousal. Fertility drugs can cause mood disturbance, depression, fatigue, nervousness, insomnia, headaches and nausea[26].The gold standard in psychological assessment is a structured personal interview with a trained mental health professional.

Stress Management and Infertility Treatment

The significant impact of stress on fertility, incorporating stress management techniques into infertility treatment is essential. Various strategies have shown promise in alleviating stress and improving reproductive outcomes.

These include: Cognitive restructuring, social support and coping with negative emotions, psychological techniques, Individual/couples therapy, Support groups and Mind/body groups.

As follows: -

1. Mindfulness and Relaxation Techniques: Practices such as meditation, *yoga*, and deep breathing exercises help reduce stress levels and improve emotional well-being. Mindfulness based interventions can help couples cope with the emotional aspects of infertility and enhance their overall quality of life.

2. Cognitive-Behavioural Therapy (CBT): CBT helps individuals identify and modify negative thought patterns and behaviours related to stress and infertility. It can be particularly effective in addressing anxiety and depression associated with infertility.

3. Lifestyle Modifications: Adopting a healthy lifestyle, including regular physical activity, a balanced diet, and adequate sleep, can improve overall well-being and support reproductive health. Reducing substance use and incorporating stress-relief activities can further enhance fertility outcomes.

4. Support Groups and Counselling: Support groups provide a platform for individuals and couples to share their

experiences and gain emotional support from others facing similar challenges. Professional counselling can offer additional support and guidance in navigating the emotional and psychological aspects of infertility.

Integrating Ayurveda Modality with Modern Medicine:

Combining Ayurvedic approaches with conventional medical treatments can offer a comprehensive strategy for managing stress and treating infertility. By addressing stress as a modifiable factor, healthcare professionals can improve the efficacy of infertility treatments and enhance the overall quality of life for patients. It is essential for individuals to work with healthcare providers who are knowledgeable about both *Ayurveda* and modern medicine to ensure a balanced and effective treatment plan.

1. Diet and Nutrition: Balancing Foods: *Ayurveda* recommends a diet that balances the *doshas* and supports overall health for managing stress, it emphasizes the consumption of calming and nourishing foods like fresh fruits, vegetables, whole grains, and legumes[27].

Reproductive Health Support: Balance of *Doshas:*

Vata and *Pitta* Balancing - For women with irregular menstrual cycles or hormonal imbalances, *Ayurvedic* treatments aim to balance *Vata* and *Pitta* doshas through diet, herbs, and lifestyle changes.

Kapha Balance- In cases where weight gain or sluggish metabolism is affecting fertility, *Kapha* balancing therapies, including dietary adjustments.

2. Herbal Formulations:

Adaptogenic herbs such as *Ashwagandha* and *Brahmi* are used to support the body's response to stress and enhance mental clarity. *Ashwagandha Churna Ksheerapaka*, Studies suggest that *ashwagandha* root reduces serum cortisol levels. Stress reduction normalizes leptin levels in the body which reduces food craving as a result of significant weight reduction in Polyendocrine Metabolic Ovarian Syndrome (PMOS). Apart from this, stress is one of the important reasons in gonadal and sexual dysfunction.[28]

Phalasarpi promotes infertility by providing strength to uterus, as *Phalasarpi* improves the chances of conceiving. According to Acharya Vagabhat, *Phalasarpi* It helps the woman to conceive and is best for curing all female genital tract disorders. It is *Balya*, *Vatahara*, *Brihaniya*, *Garbhadana* and *Rasayana*[29].

Shatavari - Known for its rejuvenating properties, *Shatavari* is used to support female reproductive health and enhance fertility[30].

3. Lifestyle Modifications: - Daily Routine (*Dinacharya*): Establishing a regular daily routine that includes practices like early rising, regular meals, and adequate sleep can help reduce stress and improve overall health. Diet has played an important role in both preventive and therapeutic medicine and traditional Indian medicine has always laid emphasis on physiologic individuality and also on culinary and prescriptive remedies with reference to food, what to eat and what not to eat across various times of the day, seasons, geography, physiological and psychosomatic states[31].

***4. Panchakarma*:** *Panchakarma* is a series of detoxification treatments designed to cleanse the *ama* and to restore *dosha* balance. Techniques such as *Abhyanga*, Shirodhara, and *Basti* are used to support physical and mental well-being[32].

***5. Yoga* and Meditation:** *Ayurvedic* practice often incorporates *yoga* and meditation to calm the mind, enhance relaxation, and support emotional balance. Specific poses and breathing exercises are used to harmonize the doshas and reduce stress[33].

6. Emotional and Psychological Support: Stress-related behaviours, such as poor dietary choices, lack of physical activity, substance abuse, and disrupted sleep patterns, can also undermine fertility. These behaviours often emerge as coping mechanisms for stress but inadvertently create additional barriers to conception. For example, stress-induced weight gain or loss can affect ovulation and sperm quality, while alcohol and tobacco use are directly linked to decreased fertility.

Stress Reduction - As emotional well-being is crucial for fertility, *Ayurveda* practices that focus on reducing stress and promoting mental health are integrated into infertility treatments. Techniques like guided visualization, relaxation exercises, and counselling are used to address emotional factors.

DISCUSSION

Most of the couples suffering from infertility report it to be the most stressful and depressing period of their life. Infertility due to psychological factors can be originated in both males and females. Psychological factors such as stress, agitation, anxiety, and depression are results of a bad lifestyle which produce abnormality resulting into the infertility. Stress can be a contributor to infertility and can adversely affect the treatment success, A well-structured holistic supportive programme, can greatly reduce the financial burden of the infertile couple and further reduce their stress levels. Thus, stress reducing strategies and low-cost infertility treatment facility will be the ideal combination to fulfil the dreams of parenthood.

CONCLUSION

Imbalance in thoughts, emotions, etc. can be the triggering factors for stress, anxiety, and depression resulting into the infertility. The connection between stress and infertility is complex, involving both physiological and psychological dimensions that significantly impact reproductive health. This article underscores the importance of recognizing stress as a critical factor in infertility, highlighting the need for holistic approaches that address both body and mind in fertility treatment.

REFERENCES

1. Is infertility a disease and does it matter? Maung HH. Bioethics. 2019;33:43–53. doi: 10.1111/bioe.12495. [DOI] [PMC free article] [PubMed] [Google Scholar]

2.World Health Organization: 1 in 6 people globally affected by infertility: WHO. [Dec; 2023];https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility 2023 6:2023–2024. [Google Scholar]

3. Infecundity, infertility, and childlessness in developing countries. DHS Comparative Reports No 9. Calverton, Maryland, USA:

ORC Macro and the World Health Organization. 2004.
4. Sciarra J. Infertility: an international health problem. Int J Gynaecol Obstet. 1994;46: Pg.No -155-63.
5. Looking back, looking forward: a profile of sexual and reproductive health in India. New Delhi: Population Council. Population Council. Infertility. 2004: Pg.No 67-72.
6 Domar AD. Psychological stress and infertility. In Rose BD (ed.). Up To Date 2006. Wellesley, MA
7.Cousineau TM, Domar AD. Psychological impact of infertility. Best Practice & Research Clinical Obstetrics and Gynaecology. 2007;21: Pg.No 293-308.
8.Dwivedi L. Charak Samhita of Maharsi Agnivesa with Ayurvedadipika Sanskrit Commentary by Sri Chakrapanidatta,Tattvaprakashini Hindi Commentary of Ayurvedadipika and on some places of Gangadhar,Sutrastahan,Yajjapurushiya adhyaya,Varanasi; Chaukamba Sanskrit Pratisthan;2017 Pg.No:449
09. Greil A. Infertility and psychological distress: A critical review of the literature. Soc Sci Med 1997; 45: Pg.No 1679-1704.
10 Wright J, Bissonnette F, Duchesne C et al. psychological distress and infertility: men and women respond differently. Fertil Steril 1991; 55: Pg.No 100-108.
11. Glover L, Abel PD & Gannon K. Male sub fertility: is pregnancy the only issue? Psychological response matter too—and are different in men. Br J Clin Psychol 1998; 35: Pg.No 531-542.
12. Throsby K & Gill R. It's different for men: masculinity and IVF. Men and Masculinities 2004; 6: Pg.No 330-338.
13.Dwivedi L. Charak Samhita of Maharsi Agnivesa with Ayurvedadipika Sanskrit Commentary by Sri Chakrapanidatta,Tattvaprakashini Hindi Commentary of Ayurvedadipika and on some places of Gangadhar,Sutrastahan,Yajjapurushiya adhyaya,Varanasi; Chaukamba Sanskrit Pratisthan;2017, Pg. No:449
14.Dwivedi L. Charak Samhita of Maharsi Agnivesa with Ayurvedadipika Sanskrit Commentary by Sri Chakrapanidatta,Tattvaprakashini Hindi Commentary of Ayurvedadipika and on some places of Gangadhar,Sharirasthana Khuddika Garbhavakranti Sharira, ,Varanasi; Chaukamba Sanskrit Pratisthan;2017 Pg.No:1024
15. Chaturvedi PK. Charaka Samhita Hindi Vaidyotini Commentary. Sutrasthana. Vol. Part 1, Ch. 5-8. Varanasi: Chaukhamba Bharti Academy; 2013.
16. Chaturvedi PK. Charaka Samhita Hindi Vaidyotini Commentary. Sutrasthana. Vol. Part 1, Ch. 5. Varanasi: Chaukhamba Bharti Academy; 2013.
17. Gupta KA. Ashtanga Hridyam Vaidyotini Hindi Commentary. Ch. 1. Varanasi: Chaukhamba Prakashan; 2013.
18. Samgandi K. Swasthvritta Suddha. Jaipur: Ayurveda Sanskrit Hindi Pustak Bhandar; 2019.
19. Rao MV. Textbook of Swasthavritta. Varanasi: Chaukhamba Orientalia; 2021.
20. Robinson KJ. Healing the Emotional Trauma of Infertility by Unlocking the Sacral

Chakra. United States: Inner Peace Yoga Therapy; 2018.
21. Shastri KA. Sushruta Samhita Ayurvedatatvasandipika Hindi Commenary. Sutrasthana. Vol. Part 1, Ch. 6. Varanasi: Chaukhamba Sanskrit Sansthan; 2016.
22. Chaturvedi PK. Charaka Samhita Hindi Vaidyotini Commentary. Sutrasthana. Vol. Part 1, Ch. 8. Varanasi: Chaukhamba Bharti Academy; 2013.
23. Chaturvedi PK. Charaka Samhita Hindi Vaidyotini Commentary. Chikitsasthana. Vol. Part 2, Ch. 1. Varanasi: Chaukhamba Bharti Academy; 2013.
24. Sharma R [1], Biedenharn KR, Fedor JM, Agarwal A Lifestyle factors and reproductive health: taking control of your fertility, DOI: 10.1186/1477-7827-11-66
25. Rooney KL, Domar AD The relationship between stress and infertility DOI: 10.31887/DCNS.2018.20.1/klrooney
26. Meyers M, Diamond R, Kezur D et al. An infertility primer for family therapists: I. Medical, social, and psychological dimensions. Fam Process 1995; 34: 231-240.
27. Chhabra S, Srujana D & Annapurna MA, Health Seeking Practices of Infertile Women, Open Reprod Sci J, 4 (2012) Pg.No 10-13.
28. Choudhary D, Bhattacharyya S, Joshi K. Body weight management in adults under chronic stress through treatment with ashwagandha root extract: A double-blind, randomized, placebo-controlled trial J Evid Based Complementary Altern Med. 2017;22:96–106.
29. Tiwari Premvati Ayurvediya Prasuti tantra and Stri Roga Part II Chaukhamba Orientalia.Reprint 2014 Chapter Yonivyapada, Pg.No -78.
30. Sharma Hemaraja Pandit Kasyap Samhita Chaukhamba Sanskrit Sansthan Reprint 2019, Kalpasthana Shatapuspa satavari kalpadhyaya Pg.No-281.
31. Kochhar KP, Dietary spices in health and diseases, Indian J Physiol Pharmacol, 52 (2008) Pg.No 106-122.
32. Acharya YT, editor. Sushruta samhita of sushruta, shareerasthana, shukrashonita shudhi shareera: chapter 2; verses 21. Varanasi: Chaukhamba Sanskrithsansthan; 2014. Pg.No. 346.
33. Tiwari Premvati Ayurvediya Prasuti tantra and Stri Roga Part II Chaukhamba Orientalia.Reprint 2014 Chapter Yonivyapada, Pg.No -78.

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Source of support: Nil
Conflict of interest: None Declared

Cite this article as
Dr Kshama Kulkarni: Infertility and Mental Health: Bridging Modern Psychology and Ayurveda; XI (3): 2798-2808

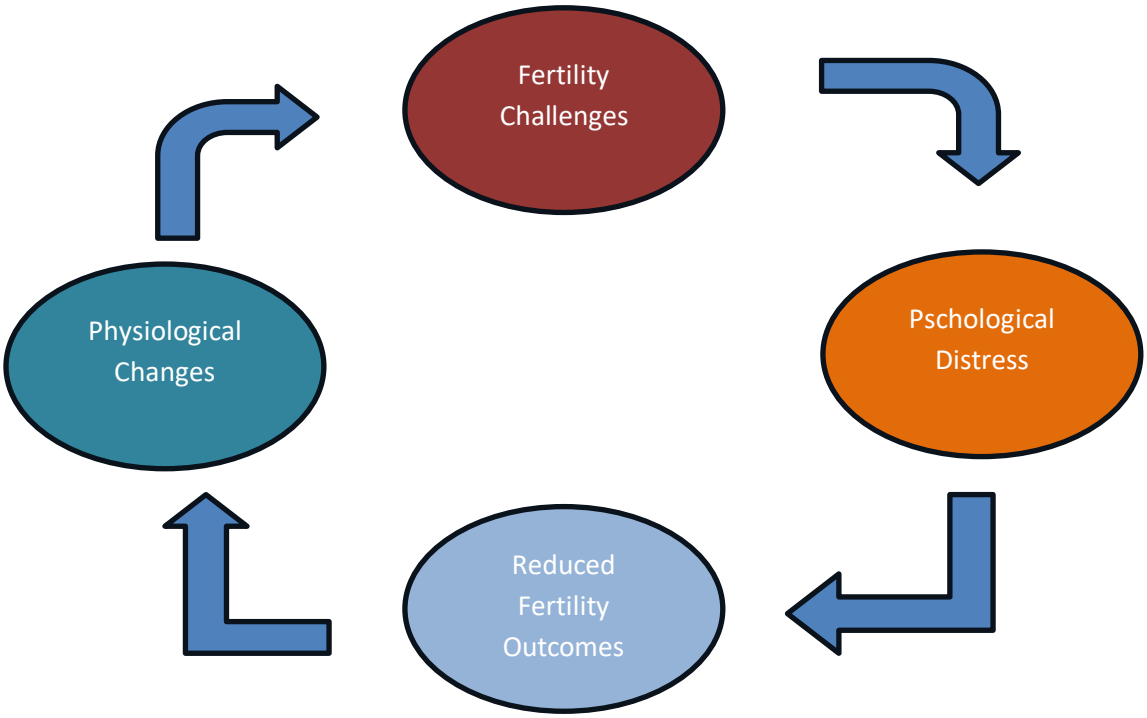

Figure 1: The Cycle of Mental Health and Fertility Challenges