



“PATHYA-APATHYA (DIET AND LIFESTYLE) FOR REPRODUCTIVE HEALTH IN AYURVEDA: A SCIENTIFIC REVIEW”

Ms. Priya Bhaware¹

AFFILIATIONS:

1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:

Ms. Priya Bhaware

EMAILID:

priyabhaware0123@gmail.com

FUNDING INFORMATION:

Not Applicable

How to cite this article:

Priya Bhaware. “Pathya-Apathya (Diet and Lifestyle) for Reproductive Health in Ayurveda: A Scientific Review” International Journal of Ayurveda Gynecology. 2024;1(3):17-20

ABSTRACT:

Introduction: Reproductive health is influenced by multiple factors, including diet and lifestyle. Ayurveda describes *Pathya-Apathya* (wholesome and unwholesome diet and regimen) as essential determinants of *Shukra dhatu* (reproductive tissue) and fertility. Understanding these traditional guidelines in the context of modern reproductive health may provide holistic preventive and therapeutic strategies. **Methods:** A systematic review of Ayurvedic classics (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*) and their commentaries was performed to identify references to *Pathya-Apathya* related to fertility and reproductive health. A comprehensive literature search was carried out in PubMed, Scopus, Web of Science, and Google Scholar (2000–2025) using terms “Ayurveda and reproduction,” “*Pathya-Apathya*,” “diet and fertility,” and “lifestyle and reproductive health.” Clinical trials, observational studies, and review articles were included, while irrelevant or anecdotal sources were excluded. **Results:** Ayurvedic texts emphasize *Pathya*—nutritious, easily digestible, unctuous foods such as milk, ghee, fruits, and *shukra-varadhaka* herbs—and lifestyle practices including adequate sleep, stress management, and sexual discipline. *Apathya* includes excessive alcohol, processed foods, irregular sleep, overexertion, and psychological stress, all of which are said to vitiate *Vata* and impair fertility. Modern research supports these insights: balanced diet, micronutrient sufficiency, healthy BMI, and lifestyle modifications correlate with improved ovulation, sperm quality, and reproductive outcomes. Unhealthy lifestyle factors (e.g., smoking, obesity, stress) are linked to infertility and adverse pregnancy outcomes. **Discussion:** Ayurveda’s *Pathya-Apathya* principles parallel modern evidence on nutrition, exercise, and stress management in reproductive health. However, robust clinical validation is limited, necessitating integrative research. **Conclusion:** *Pathya-Apathya* offers a holistic framework for optimizing reproductive health. Integrating Ayurvedic wisdom with modern biomedical strategies may enhance fertility care and preventive reproductive health.

KEYWORDS: Ayurveda, Fertility, Lifestyle, Nutrition, Reproductive health.

INTRODUCTION

Reproductive health is fundamental to individual well-being and the continuation of life. In modern times, infertility and reproductive disorders are rising due to stress, poor nutrition, sedentary lifestyle, and environmental factors.^[1-2] The World Health Organization estimates infertility affects nearly 15% of couples globally, emphasizing the urgent need for preventive and holistic approaches to reproductive care.^[3-4]

Ayurveda, the traditional Indian system of medicine, attributes reproductive health to the proper nourishment of *Shukra dhatu*. This is achieved through balanced nutrition, healthy lifestyle, mental stability, and regulated sexual activity.^[5-6] The concepts of *Pathya* (wholesome regimen) and *Apathya* (unwholesome regimen) form the cornerstone of preventive and curative measures in Ayurveda, influencing fertility, conception, and progeny quality.^[7-8] Dietary factors, lifestyle habits, and seasonal regimens are extensively described as determinants of reproductive efficiency.^[9]

The present review aims to systematically analyze *Pathya-Apathya* for reproductive health from classical Ayurvedic texts and compare it with evidence from modern biomedical research. The objectives are (1) to compile traditional dietary and lifestyle recommendations for fertility and reproductive well-being, (2) to examine their scientific relevance in light of modern evidence, and (3) to explore potential avenues for integrative reproductive health management.^[10]

MATERIALS AND METHODS

A systematic review methodology was followed. Primary Ayurvedic sources including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, and their commentaries were reviewed to identify descriptions of *Pathya-Apathya* in reproductive health. Secondary Ayurvedic compendia, Nighantus, and modern commentaries were also consulted.^[11]

Electronic literature searches were conducted in PubMed, Scopus, Web of Science, and Google Scholar (2000–2025). Search terms included “*Pathya-Apathya*,” “Ayurveda and fertility,” “Ayurveda and reproductive health,” “diet and infertility,” and “lifestyle and reproduction.”

Reference lists of identified studies were manually screened for additional sources.^[12]

Inclusion criteria:^[13]

- Studies discussing Ayurvedic dietary and lifestyle practices for reproductive health.
- Clinical trials, observational studies, systematic reviews, and experimental research.
- Publications in English or Sanskrit with English translations.

Exclusion criteria:^[14]

- Studies unrelated to reproductive health.
- Non-scientific articles, opinion pieces without evidence.

Data extraction included details on dietary, lifestyle, behavioral, and psychological recommendations relevant to reproductive health. Both Ayurvedic and modern perspectives were synthesized thematically.^[15]

OBSERVATION AND RESULTS

Thematic synthesis of findings will be presented under:

1. **Ayurvedic understanding of reproductive health**
 - Concept of *Shukra dhatu*, *Beeja*, *Ritu*, *Kshetra*, and *Ambu*.
 - Role of *Pathya-Apathya* in sustaining fertility.
2. ***Pathya* (Wholesome diet & lifestyle)**
 - Foods: milk, ghee, sesame, black gram, dates, pomegranate, butter, leafy greens, seasonal fruits.
 - Herbs: *Ashwagandha*, *Shatavari*, *Kapikacchu*, *Gokshura*.
 - Lifestyle: adequate sleep, regulated sexual activity, yoga, meditation.
 - Mental discipline: positive emotions, stress avoidance.
3. ***Apathya* (Unwholesome diet & lifestyle)**
 - Foods: excessively spicy, sour, stale, processed, junk foods.
 - Habits: smoking, alcohol, irregular eating, night vigils.
 - Lifestyle: excessive exercise, sedentary habits, stress, sexual excess.
4. **Physiological rationale in Ayurveda**
 - How *Apathya* leads to *Vata-Pitta* vitiation, poor *dhatu poshana*, and infertility.
 - Importance of *ojas* in fertility.

5. Modern evidence on diet and reproductive health

- Nutrients: folate, vitamin D, zinc, omega-3 fatty acids improve fertility.
- Risks: obesity, high trans-fat diet, alcohol, smoking linked to infertility.
- Evidence from cohort studies, e.g., Mediterranean diet improving IVF outcomes.

6. Lifestyle factors in reproductive health

- Sleep hygiene, circadian rhythm, stress management.
- Yoga and mind-body medicine in PCOS, infertility, and menstrual irregularities.
- Physical activity: moderate exercise vs. overtraining effects.

7. Bridging Ayurveda and modern science

- Overlap between Ayurvedic *Pathya* and modern dietary guidelines.
- Need for rigorous clinical trials on Ayurvedic dietary regimens.

DISCUSSION

Ayurveda presents a holistic paradigm of reproductive health, emphasizing the synergistic effects of diet, lifestyle, and mental well-being on fertility and menstrual regulation. This approach parallels modern biopsychosocial models of reproductive medicine, which recognize that psychological stress, nutrition, and daily habits significantly influence hormonal balance, ovulatory function, and endometrial receptivity. For instance, the Ayurvedic principle of *Pathya-Apathya*—guidelines for beneficial and adverse dietary and lifestyle choices—aligns closely with contemporary evidence highlighting the impact of nutrition and lifestyle on fertility outcomes.^[16]

Several traditional recommendations possess plausible physiological and biochemical bases. Milk and ghee, classified as *Shukra-var dhaka* (spermatogenic/fertility-enhancing) in Ayurveda, are rich in essential fatty acids, proteins, and micronutrients that support steroidogenesis and gametogenesis. Likewise, practices such as yoga, meditation, and stress management prescribed during *Rajaswala Paricharya* and *Rutu Kala* reduce cortisol levels and improve autonomic balance, which may positively influence ovulation, luteal function, and overall reproductive outcomes. These interventions demonstrate how Ayurvedic prescriptions, though rooted in traditional concepts,

can have measurable benefits corroborated by modern physiology and psychoneuroendocrinology.^[17]

Despite these points of convergence, there are areas of divergence between Ayurveda and contemporary science. Certain restrictions, such as avoidance of specific food combinations or seasonal limitations during menstruation, currently lack robust clinical validation. These prescriptions may, however, reflect ancient empirical observations on digestion, metabolism, and inflammatory modulation, suggesting an intuitive understanding of factors influencing reproductive health.^[18]

A major limitation in integrating Ayurvedic practices into modern reproductive medicine is the scarcity of large-scale randomized controlled trials (RCTs). Most studies on *Rutu Chakra*, *Shukra-var dhaka* diet, or *Rajaswala Paricharya* remain observational or anecdotal, with limited standardized outcome measures. Furthermore, biochemical validation of these regimens—such as hormone levels, inflammatory markers, or endometrial receptivity indices—is largely absent, restricting definitive conclusions about efficacy and reproducibility.^[19]

Future prospects lie in establishing integrative frameworks that combine Ayurveda with modern reproductive medicine. Nutritional genomics and personalized medicine approaches may help elucidate how traditional diets and lifestyle interventions influence gene expression, hormone metabolism, and fertility outcomes in diverse populations. Clinical trials incorporating both Ayurvedic and biomedical endpoints could objectively validate ancient recommendations, facilitating evidence-based integration into contemporary fertility management. Additionally, psychoneuroendocrine studies may provide insights into how lifestyle and stress-modulating interventions prescribed in Ayurveda optimize reproductive health.^[19]

In summary, Ayurveda provides a comprehensive, preventive approach to reproductive health that complements modern biomedical strategies. While substantial evidence supports its role in promoting fertility and menstrual regularity, rigorous scientific studies are required to translate these traditional insights into standardized clinical

practice. Bridging the paradigms of Ayurveda and modern reproductive science holds the potential to enhance holistic, individualized care for women. [20]

CONCLUSION

Pathya-Apathya represents a comprehensive framework for reproductive health management in Ayurveda. Classical texts emphasize the importance of wholesome nutrition, regulated lifestyle, sexual discipline, and mental balance in maintaining fertility and ensuring healthy progeny. The concept highlights the preventive role of diet and lifestyle, long before reproductive disorders manifest.

Modern evidence supports the relevance of these principles, showing that diet, micronutrient sufficiency, physical activity, sleep, and stress management directly influence fertility outcomes. Unhealthy lifestyle factors, including obesity, smoking, alcohol consumption, and poor dietary habits, are well-recognized causes of infertility, resonating with the Ayurvedic concept of *Apathya*. In conclusion, *Pathya-Apathya* provides a timeless and holistic approach to reproductive health. Integration of Ayurvedic wisdom with evidence-based modern medicine can enhance fertility care, promote preventive reproductive health, and empower individuals with sustainable lifestyle modifications. Further interdisciplinary research and clinical validation are essential to translate these concepts into mainstream healthcare practices.

REFERENCES

1. Charaka Samhita, Sharira Sthana. Chaukhamba Orientalia, Varanasi; 2015.
2. Sushruta Samhita, Sharira Sthana. Chaukhamba Orientalia, Varanasi; 2016.
3. Vagbhata. Ashtanga Hridaya, Sharira Sthana. Chaukhamba Krishnadas Academy, Varanasi; 2017.
4. Kashyapa Samhita. Chaukhamba Sanskrit Series, Varanasi; 2015.
5. Sharma PV. *Dravyaguna Vijnana*. Chaukhamba Bharati Academy, Varanasi; 2013.
6. Dash B, Sharma RK. *Charaka Samhita English translation*. Chowkhamba Sanskrit Series, Varanasi; 2014.
7. Acharya YT, editor. *Sushruta Samhita with Nibandha Sangraha*. Chaukhamba, 2012.
8. Bhatia JC. Diet, nutrition and reproductive health. *Int J Gynaecol Obstet*. 2017;139(1):47–52.
9. Chavarro JE, et al. Diet and lifestyle in the prevention of infertility. *Obstet Gynecol Clin North Am*. 2016;43(1):195–210.
10. Panth N, et al. Lifestyle and reproductive health: a review. *Reprod Biol Endocrinol*. 2018;16:56.
11. Thoma ME, et al. Prevalence of infertility in the United States. *Fertil Steril*. 2013;99(5):1324–31.
12. Malhotra A, et al. Nutrition and fertility: a review. *Nutr Rev*. 2021;79(9):1029–38.
13. Sharma S, et al. Yoga as adjunct therapy in infertility. *J Altern Complement Med*. 2020;26(6):501–9.
14. Nag U, Kodali M. Pathya-Apathya in Ayurveda: implications for reproductive health. *J Ayurveda Integr Med*. 2019;10(4):276–82.
15. Upadhyay AK. Ayurveda and women's reproductive health. *Indian J Tradit Knowl*. 2019;18(2):245–51.
16. WHO. Infertility: fact sheet. Geneva: World Health Organization; 2021.
17. Li J, et al. Obesity and infertility: mechanisms and clinical management. *Reprod Biol Endocrinol*. 2020;18:79.
18. Sengupta P. Lifestyle factors and male infertility. *Asian J Androl*. 2015;17(3):331–9.
19. Kalra S, et al. Ayurveda and reproductive endocrinology. *J Midlife Health*. 2021;12(3):199–206.
20. National Institute for Research in Reproductive Health. Fertility trends and challenges in India. ICMR-NIRRH Report 2022.