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Cultural practices and herbal remedies in the context of infertility: A global health concern

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Infertility has been regarded as a global public health concern, affecting both men and women irrespective of geographical region, race, ethnicity, and socioeconomic class[1]. The available global estimates suggest that almost 17% of people of reproductive age experience infertility during their lives[1], with 55 million men and 110 million women living with infertility worldwide and varying estimates across different global regions[2]. The consequences of infertility go beyond just medical suffering, and result in huge social and psychological consequences, including marital strains, stigma, and mental health problems[1]. The current paper explores infertility in cultural context, enlists herbal remedies and traditional healers for infertility, and proposes targeted public health interventions to minimize the utilization of herbal treatment in dealing with cases of infertility.

A wide range of cultural, social, family dynamics, traditional, and religious beliefs together complicate and magnify the burden of infertility[1,3,4]. In patriarchal settings, in-laws often exert significant pressure on couples to produce children quickly, which results in an augmentation of stress and conflict among couples as well as family members. Similarly, many religions underscore procreation as a sacred duty, which remarkably increases the pressure[3]. In continuation, couples often undertake rituals or visit holy monuments in the hope that these practices will help them conceive[3]. In addition, different healing practices like chants, prayers, fasting, and offerings to spirits or ancestors are often practiced in different cultures[3]. In some cultures, infertility is regarded as a punishment from the gods, and the presence of different myths and misconceptions has made it extremely stressful for couples[4]. Further, due to the prevailing cultural beliefs and stigma, there is a delay in accessing fertility diagnosis and treatment, which decreases the probability of successful outcomes[4]. Moreover, due to cultural reluctance, people do not

come forward and speak about infertility, thereby underreporting data, which significantly affects the planning of programs[1,3].

Amid a lack of awareness and limited access to medical services, it is not unusual that people prioritize herbal remedies or rituals, which delays effective care[5–7]. In most low-resource settings, traditional healers often remain the first point of contact for reproductive health concerns, including infertility[5]. This is also because they are easily accessible and cheaper when compared with modern fertility clinics or specialists[5]. Moreover, herbal treatments generally align with local belief systems and are perceived as more natural compared to medical treatment[5]. It has been observed that traditional healers do not judge people on sensitive issues like fertility and give more privacy to the couple and family. In addition, prior negative experiences and perceived discrimination by modern healthcare providers indirectly encourage people to prefer traditional healers. In some communities, infertility is expected to be because of spiritual imbalance or curses, which the modern medical system does not address, and hence pave the way for seeking help from traditional healers[3].

Moreover, it is an undeniable fact that these herbal remedies and cultural practices are passed down across generations and trusted

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more than medical interventions[5]. In different regions of the world, namely Asia, Africa, Latin America, and the Middle East, herbal remedies (like Ayurveda, traditional Chinese medicine, *etc.*) are being regularly used to boost fertility[6,7]. For instance, plant-based treatments (like Ashwagandha in India, *Mondia whitei* in Africa, *etc.*), and animal products (*viz.* horns, eggs, bile, *etc.*) are believed to improve fertility[6,7]. However, the ground reality is that most herbal infertility remedies lack scientific evidence for efficacy and safety[5]. Moreover, these herbal products can be either toxic (like hepatotoxic or result in hormonal imbalances, *etc.*) or even interfere with the mechanism of action of prescribed fertility medications. In the due course, there is a significant delay in reaching the diagnosis and treatment of underlying causes (like endometriosis, male infertility, *etc.*), and even if detected, the outcome of treatment of these advanced conditions might not be encouraging[5].

Acknowledging the widespread presence of infertility, the role of cultural attributes, and the potential adverse consequences of approaching traditional healers, there is an urgent need to implement targeted interventions to bridge the existing gaps[1,5,8–10]. The primary set of interventions targets awareness, education, and community engagement activities, wherein culturally tailored messages are delivered to the general population to reduce myths about infertility, explain causes of both male and female infertility, and encourage timely seeking of healthcare services[8]. It is also important to integrate fertility education into the school curriculum to create awareness of reproductive anatomy, fertility, and potential risk factors. In addition, religious heads, community leaders, traditional healers, and tribal leaders must be involved to facilitate timely referral to healthcare facilities[5]. Moreover, men must be engaged in infertility discussions, screening, and support systems to minimize gender bias[8]. Further, all forms of mass media, including social media platforms, must be employed to address common myths and develop a supporting system to reduce gender bias[9].

The awareness activities must be supplemented with strengthening of the healthcare delivery system, wherein screening for infertility and referral framework should be developed right from the primary level of healthcare to facilitate early identification[9]. This should be supported by the development of national guidelines for the management of infertility, which gives a comprehensive guide on diagnosis, treatment protocols, and referral systems[1]. Moreover, outreach workers and frontline workers, including nurses and midwives, should be trained in fertility counselling, early diagnosis, and provision of supportive services[8]. Further, there is a definite need to expand access to diagnostic services (like semen analysis, hormone testing, *etc.*) and also strengthen fertility clinics by providing subsidized services[1]. To make it affordable, the services for infertility diagnosis and treatment should be included under national health insurance schemes[1,8]. In addition, financial assistance must be given to couples requiring antiretroviral therapy,

in vitro fertilization, *etc.*, especially from the low socioeconomic class. Moreover, routine surveillance must be done to identify disparities in access to infertility care depending on gender, geographical region, and income[1]. Finally, extensive research should be conducted to evaluate the efficiency and safety of herbal treatments used for infertility[5,10].

In conclusion, people resort to different informal treatments for infertility, including traditional healers and herbal therapies. The need of the hour is to acknowledge this concern and strengthen awareness activities and the health sector to promote the delivery of scientifically approved and evidence-based treatment to couples struggling with infertility.

Conflict of interest statement

The authors declare no competing interests.

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Authors' contributions

Saurabh RamBihariLal Shrivastava contributed to the conception or design and drafting of the work, approval of the final version of the manuscript, and agreed for all aspects of the work. Prateek Sudhakar Bobhate contributed to the literature review, revision of the manuscript for important intellectual content, approval of the final version of the manuscript, and agreed for all aspects of the work.

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References

- [1] World Health Organization. *Infertility – Key facts; 2024*. [Online] Available from: <https://www.who.int/news-room/fact-sheets/detail/infertility> [Accessed 1 June 2025].
- [2] Liang Y, Huang J, Zhao Q, Mo H, Su Z, Feng S, et al. Global, regional, and national prevalence and trends of infertility among individuals of reproductive age (15–49 years) from 1990 to 2021, with projections to

2040. *Hum Reprod* 2025; **40**(3): 529-544.
- [3] Boddu V, Narasimhan H. Placating Kin: Rituals and Infertility. *Oriental Anthropol* 2023; **23**: 71-87.
- [4] Kuug AK, James S, Sihaam JB. Exploring the cultural perspectives and implications of infertility among couples in the Talensi and Nabdam Districts of the upper east region of Ghana. *Contracept Reprod Med* 2023; **8**(1): 28.
- [5] Akbaribazm M, Goodarzi N, Rahimi M. Female infertility and herbal medicine: An overview of the new findings. *Food Sci Nutr* 2021; **9**(10): 5869-5882.
- [6] Lans C, Taylor-Swanson L, Westfall R. Herbal fertility treatments used in North America from colonial times to 1900, and their potential for improving the success rate of assisted reproductive technology. *Reprod Biomed Soc Online* 2018; **5**: 60-81.
- [7] Liao YH, Lin JG, Lin CC, Tsai CC, Lai HL, Li TC. Traditional Chinese medicine treatment associated with female infertility in Taiwan: A population-based case-control study. *Evid Based Complement Alternat Med* 2020; **2020**: 3951741.
- [8] Sagheb Ray Shirazi M, Salarkarimi F, Moghadasi F, Mahmoudikohani F, Tajik F, Bastani Nejad Z. Infertility prevention and health promotion: The role of nurses in public health initiatives. *Galen Med J* 2024; **13**: e3534.
- [9] Martins MV, Koert E, Sylvest R, Maeda E, Moura-Ramos M, Hammarberg K, et al. Fertility education: Recommendations for developing and implementing tools to improve fertility literacy. *Hum Reprod* 2024; **39**(2): 293-302.
- [10] Shahid MN, Afzal HS, Farooq B, Yousaf MR, Ijaz MR, Shafqat TA, et al. A systematic review on the effectiveness of herbal interventions for the treatment of male infertility. *Front Physiol* 2022; **13**: 930676.

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