Fertility Diet and Lifestyle Modulators in Male and Female Infertility

Evidence-Based Nutrition, Unani Medicine and an Individualized Fertility Approach

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Medical literature reviewed and updated: September 2026

Introduction: "Doctor, What Should We Eat to Improve Fertility?"

One of the most common questions couples ask me is:

"Doctor, what should we eat so that pregnancy happens faster?"

A man may ask:

"Which foods increase sperm count and motility?"

A woman with irregular periods may ask:

"Can diet improve my ovulation?"

A couple preparing for IVF may say:

"We are taking medicines, but what should we change in our lifestyle?"

These are very reasonable questions.

Fertility is not completely separate from the rest of the body.

The reproductive system is influenced by:

- metabolic health,
- hormones,
- nutrition,

- body weight,
- insulin sensitivity,
- smoking,
- alcohol,
- environmental exposures,
- sleep,
- physical activity,
- psychological health,
- and underlying medical conditions.

This is why modern reproductive medicine increasingly recognizes that a healthy lifestyle should form part of fertility care.

The World Health Organization's first global infertility guideline, published on **28 November 2025**, specifically recommends healthy lifestyle measures—including a healthy diet, physical activity and tobacco cessation—for individuals and couples planning or attempting pregnancy.

However, I want to make an equally important point at the beginning:

There is no single "fertility food" that can guarantee pregnancy.

And:

Diet and lifestyle cannot replace the treatment of blocked tubes, severe endometriosis, azoospermia, genetic infertility, major hormonal disease or another important reproductive disorder.

The best approach is:

Lifestyle + correct diagnosis + individualized treatment.

That is also the approach I follow at **Saira Health Care**.

What Is Infertility?

The World Health Organization defines infertility as a disease of the male or female reproductive system characterized by failure to achieve pregnancy after **12 months or more of regular unprotected sexual intercourse**.

Infertility can arise from:

- female factors,
- male factors,
- combined male and female factors,
- or remain unexplained after standard investigation.

Therefore, infertility should never automatically be considered:

“the woman's problem.”

The man and woman both deserve appropriate evaluation.

Fertility Is a Couple's Health Issue

In my practice I often remind couples:

Pregnancy requires both a healthy egg and a functional sperm, followed by successful fertilization, embryo development, implantation and maintenance of pregnancy.

Therefore, fertility nutrition is not only for women.

Male lifestyle can influence:

- sperm concentration,
- motility,
- morphology,
- hormone levels,
- sexual function,
- and sperm DNA integrity.

Female lifestyle can influence:

- ovulation,
- insulin sensitivity,
- menstrual regularity,
- metabolic health,
- pregnancy safety,
- and sometimes treatment response.

Both partners should therefore participate in reproductive-health improvement.

Can Diet Really Improve Fertility?

The answer is:

Diet can support fertility, but its effects should not be exaggerated.

Scientific studies have reported associations between healthier dietary patterns and:

- better ovulatory health,
- improved metabolic function,
- healthier sperm parameters,
- and in some studies, improved ART outcomes.

However, major reproductive societies still caution that no particular diet has been definitively proven to improve fertility in every healthy person.

The American Society for Reproductive Medicine notes that although healthy dietary patterns should be encouraged, robust evidence that a specific diet improves natural fertility remains limited.

A 2026 systematic review of diet in assisted reproductive technology similarly concluded that healthier dietary patterns appear promising, but **no single dietary pattern is proven to reliably improve IVF success or live birth**, and rigid macronutrient exclusion is not supported.

This distinction is very important.

The Three Main Biological Links Between Diet and Fertility

For general understanding, I explain the effect of diet through three major biological pathways:

1. **Hormonal and insulin regulation**
2. **Oxidative stress**
3. **Fat metabolism, cellular membranes and general metabolic health**

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1. Insulin, Hormones and Ovulation

Insulin is commonly understood as the hormone controlling blood glucose.

But insulin also interacts with the reproductive hormonal system.

When a person frequently consumes:

- highly refined carbohydrates,
- large amounts of added sugar,
- sugary beverages,
- and excess calories,

insulin resistance may develop in susceptible individuals.

The body then produces more insulin to keep blood glucose under control.

In women—especially those with **polycystic ovary syndrome (PCOS)**—high insulin can interact with ovarian hormone production.

This may contribute to:

- excess androgen production,
- irregular ovulation,
- irregular menstrual cycles,
- and difficulty conceiving.

This is one reason dietary and weight-management interventions can be particularly useful in women with:

- PCOS,
- insulin resistance,
- obesity,
- or metabolic syndrome.

PCOS Is a Good Example of Why Diet Matters

PCOS is not caused simply by eating sugar.

It is a complex endocrine and metabolic disorder.

But insulin resistance is common in many affected women.

Therefore, improving:

- diet quality,
- physical activity,
- weight where appropriate,

- sleep,
- and metabolic health

can support medical treatment and may improve ovulatory function.

The important principle is:

Treat the metabolic environment as well as the reproductive symptoms.

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2. Oxidative Stress and Fertility

The body continuously produces molecules called:

Reactive Oxygen Species – ROS

Small amounts have normal biological functions.

Problems arise when ROS production becomes excessive and overwhelms antioxidant defenses.

This is called:

Oxidative Stress

Oxidative stress may increase with:

- smoking,
- air pollution,
- obesity,
- diabetes,
- excessive alcohol,
- inflammatory disease,
- poor diet,
- certain environmental toxins,
- and some reproductive disorders.

Oxidative Stress and Sperm

Sperm are especially vulnerable to oxidative injury.

Their membranes contain large amounts of polyunsaturated fatty acids and they have limited internal antioxidant capacity.

Excessive oxidative stress can affect:

- sperm motility,
- membrane integrity,
- mitochondrial function,
- and sperm DNA.

This is one reason overall dietary quality and avoidance of smoking and toxins matter for men.

A 2025 meta-analysis found that stronger adherence to a Mediterranean-style diet was associated with better:

- total sperm count,
- total motility,
- progressive motility,
- and morphology.

However, the authors also emphasized considerable heterogeneity and noted that evidence for actual reproductive outcomes remains less certain.

Oxidative Stress and the Egg

Developing oocytes also require healthy cellular metabolism.

Oxidative stress may adversely influence:

- mitochondria,
- DNA integrity,
- follicular environment,
- and cellular development.

However, I advise patients not to translate this science into:

“Take as many antioxidant pills as possible.”

More supplement is not automatically better.

In fact, the WHO's 2025 infertility guideline did **not** make a recommendation either for or against routine antioxidant supplementation in infertile men with abnormal semen parameters because evidence remains insufficient.

This means:

Healthy antioxidant-rich food is sensible; indiscriminate high-dose supplement use is not automatically evidence-based.

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3. Dietary Fats, Cell Membranes and Hormones

Fat is not the enemy of fertility.

The type and overall quality of fat matter.

Fats form part of:

- cell membranes,
- energy metabolism,
- hormone synthesis,
- inflammatory signaling,
- and absorption of fat-soluble vitamins.

A diet based predominantly on:

- unsaturated fats,
- nuts,
- seeds,
- olive oil,
- fish,
- and whole foods

is generally more consistent with cardiovascular and metabolic health than a diet dominated by:

- trans fats,
- deep-fried foods,
- processed meat,
- and ultra-processed foods.

Good metabolic health and good reproductive health frequently overlap.

The Most Useful Overall Dietary Pattern

Rather than asking patients to memorize dozens of “fertility foods,” I usually recommend something broadly similar to a:

Mediterranean-Style or Minimally Processed Balanced Diet

This typically emphasizes:

- vegetables,
- fruits,
- pulses,
- beans,
- whole grains,
- nuts,
- seeds,
- olive oil or other appropriate unsaturated fats,
- fish where suitable,
- adequate protein,
- and relatively limited ultra-processed foods.

Scientific evidence is encouraging but not absolute.

A 2025 systematic review of Mediterranean-diet adherence in ART found potentially favorable associations, although results remain heterogeneous.

A broader systematic review concluded that healthier dietary patterns may be associated with improved fertility outcomes, but causal evidence remains limited.

Therefore:

I recommend a healthy diet because it supports reproductive and general health—not because one named diet guarantees pregnancy.

Five Food Categories I Usually Advise Couples to Reduce

Instead of saying certain foods must never be eaten again, I prefer:

“Limit frequent intake.”

The overall dietary pattern matters more than one occasional meal.

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1. Industrial Trans Fats and Repeatedly Fried Foods

Historically, trans fats were common in:

- partially hydrogenated oils,
- commercial bakery products,
- shortenings,
- fried fast foods,
- processed snacks.

Many countries have substantially reduced industrial trans fats, but highly processed fried foods remain undesirable as a regular dietary pattern.

Older observational fertility studies reported associations between higher trans-fat intake and ovulatory infertility.

More importantly, minimizing industrial trans fats is already strongly justified by broader cardiovascular and metabolic evidence.

I therefore advise:

- reduce repeatedly fried foods,
- check ingredient labels,
- avoid products containing partially hydrogenated fats where still available,
- prefer unsaturated cooking fats in appropriate quantities.

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2. Sugar-Sweetened Beverages

Frequent intake of:

- soda,
- sweetened packaged drinks,
- energy drinks,
- highly sweetened tea or coffee,
- syrup-heavy beverages

can contribute substantial calories without providing much nutritional value.

High intake may promote:

- weight gain,

- insulin resistance,
- fatty liver,
- metabolic dysfunction.

A 2025 review concluded that higher consumption of sugar-sweetened beverages may adversely affect sperm health, although much of the evidence remains observational.

For patients with:

- PCOS,
- prediabetes,
- diabetes,
- obesity,

reducing sugary drinks is particularly useful.

A simple rule is:

Drink your water; eat your nutrition.

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3. Large Amounts of Refined Carbohydrates and Added Sugar

Foods such as:

- white-flour sweets,
- cakes,
- pastries,
- heavily sweetened breakfast cereals,
- confectionery,
- large amounts of refined snacks

can create a high glycemic dietary pattern.

They do not need to be permanently banned.

But regular replacement with:

- whole grains,
- pulses,
- vegetables,

- lower-sugar foods,
- high-fiber carbohydrates

is usually healthier.

This becomes particularly relevant in insulin-resistant women and men with metabolic disease.

Is White Rice Forbidden?

No.

I do not tell Indian patients that fertility requires eliminating rice or roti.

The better approach is portion control and dietary balance.

For example:

- rice with dal,
- vegetables,
- salad,
- protein,
- and appropriate portion size

produces a very different nutritional pattern from:

- large portions of refined carbohydrate,
- sweets,
- fried foods,
- and sugary beverages.

Cultural practicality matters.

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4. Processed Meat

Regular high intake of:

- sausages,
- hot dogs,
- processed cold meats,

- heavily preserved meat products

is generally undesirable.

Some observational male-fertility studies have associated processed-meat intake with poorer semen characteristics.

Rather than claiming:

“Processed meat causes infertility,”

I advise patients to choose a broader range of protein sources including:

- pulses,
- beans,
- eggs,
- fish,
- lean poultry,
- dairy,
- nuts,
- seeds

according to personal health, culture and dietary preferences.

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5. Excess Alcohol

Heavy alcohol use can adversely influence:

- sexual function,
- liver health,
- hormones,
- sperm production,
- relationships,
- and pregnancy safety.

ASRM notes that chronic heavy alcohol consumption in men has been associated with poorer:

- sperm count,
- motility,

- morphology,
- semen volume,
- and testosterone.

Evidence about moderate intake and fertility is much less clear.

For women trying to conceive, I generally encourage minimizing alcohol, especially because pregnancy can occur before the woman realizes she is pregnant.

Once pregnant:

alcohol should be avoided because no safe level has been established.

Five Food Categories I Usually Encourage

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1. Vegetables and Fruits

Aim for variety rather than one “fertility fruit.”

Useful options include:

- leafy vegetables,
- tomatoes,
- carrots,
- peppers,
- citrus fruits,
- berries where available,
- guava,
- amla,
- pomegranate,
- seasonal local fruit.

These provide combinations of:

- folate,
- vitamin C,
- carotenoids,

- potassium,
- fiber,
- and many phytochemicals.

I prefer:

food variety over expensive imported superfoods.

A seasonal Indian fruit can be perfectly nutritious.

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2. Pulses, Beans and Other Plant Proteins

Useful options include:

- dal,
- chana,
- rajma,
- moong,
- masoor,
- soy foods,
- peas,
- peanuts,
- nuts.

These can provide:

- protein,
- fiber,
- minerals,
- complex carbohydrates,
- and beneficial plant compounds.

Older observational studies associated greater plant-protein intake with lower risk of ovulatory infertility, but I do not interpret this as meaning women must become vegetarian.

A balanced mixed diet can also be healthy.

Is Soy Bad for Male Fertility?

Normal dietary soy consumption should not automatically be avoided because of fears that it will “feminize” men.

Food-level soy can be part of a healthy diet.

The more useful question is:

Is the entire dietary pattern healthy?

not:

“Did I eat tofu once this week?”

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3. Whole Grains and High-Fiber Carbohydrates

Examples include:

- whole wheat,
- oats,
- barley,
- millets,
- brown rice where preferred,
- quinoa,
- legumes,
- vegetables.

Fiber can support:

- satiety,
- bowel health,
- glucose regulation,
- metabolic health.

In insulin-resistant patients, replacing a portion of refined carbohydrates with higher-fiber alternatives can be particularly helpful.

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4. Healthy Unsaturated Fats

Examples include:

- nuts,
- seeds,
- olive oil,
- groundnut oil in appropriate quantities,
- avocado where available,
- fish,
- other unsaturated fat sources.

Omega-3-rich foods may support general cardiovascular and inflammatory health.

Again, however:

Omega-3 is not a fertility drug.

It should form part of an overall healthy diet.

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5. Folate-Rich Foods

Folate is important for:

- DNA synthesis,
- cell division,
- pregnancy development.

Food sources include:

- leafy green vegetables,
- beans,
- lentils,
- peas,
- citrus fruits,
- avocado,
- fortified grains.

But food folate does not eliminate the need for standard preconception folic-acid supplementation in women who may become pregnant.

Folic Acid: One of the Few Clear Preconception Recommendations

Women who could become pregnant should generally receive:

at least 400 micrograms of folic acid daily

before conception to reduce the risk of neural-tube defects.

ASRM specifically recommends at least 400 micrograms daily for women attempting conception.

Individual women may require different doses because of:

- medications,
- previous neural-tube-defect pregnancy,
- certain medical conditions,
- or specialist recommendations.

These situations require personalized advice.

MTHFR: An Important Myth to Correct

Patients frequently tell me:

"I have an MTHFR mutation, so folic acid is harmful and I must take methylfolate."

Current evidence does **not** support that blanket statement.

The CDC updated its MTHFR guidance in **July 2026** and states:

- people with common MTHFR variants can process folic acid,
- common MTHFR variants are not a reason to avoid folic acid,
- 400 micrograms of folic acid daily remains recommended for people who could become pregnant.

Therefore:

Do not stop folic acid merely because an internet test reports a common MTHFR variant.

What About Dairy and Fertility?

This topic requires more nuance than many websites provide.

An older Nurses' Health Study analysis found an association between:

- higher low-fat dairy intake and more anovulatory infertility,

- higher full-fat dairy intake and less anovulatory infertility.

This finding generated the popular advice:

“Women trying to conceive must eat full-fat dairy and avoid low-fat dairy.”

I do not consider this strong enough for a universal recommendation.

It was an observational association and does not prove that:

- skim milk causes infertility,
- or full-fat dairy cures anovulation.

Modern reviews do not support a rigid universal dairy prescription.

My practical advice is:

Use dairy according to nutritional needs, metabolic health, calorie requirements and tolerance.

A woman with:

- obesity,
- insulin resistance,
- high calorie intake

may require different recommendations from an underweight woman with:

- inadequate energy intake.

Is Full-Fat Dairy a “Fertility Treatment”?

No.

It can be part of a healthy diet.

So can lower-fat dairy.

The overall eating pattern matters more than turning one type of milk into medicine.

Eggs and Fertility

Eggs provide:

- protein,
- choline,

- vitamins,
- dietary fat,
- and other nutrients.

They can be part of a balanced fertility diet.

But:

eating eggs every day does not guarantee better egg quality or sperm count.

The same principle applies to nearly every nutritious food.

Fish and Fertility

Fish can provide:

- protein,
- omega-3 fatty acids,
- iodine,
- vitamin D,
- other micronutrients.

However, women planning pregnancy should pay attention to:

- species,
- mercury levels,
- and local food-safety guidance.

Very high mercury exposure is undesirable.

A balanced choice of lower-mercury fish is preferable to either:

- avoiding all fish,
- or consuming large quantities of high-mercury species.

Nuts, Seeds and Male Fertility

Nuts and seeds provide:

- unsaturated fats,
- minerals,

- plant protein,
- antioxidants.

They can form part of a healthy male-fertility diet.

But I do not prescribe:

“Seven almonds + five walnuts = guaranteed sperm improvement.”

The exact number is not the medicine.

The broader dietary pattern matters.

Body Weight and Fertility

Body composition has an important relationship with reproductive health.

Both:

- very low body weight,
- and obesity

can interfere with fertility.

But BMI should not be treated as the only measure of reproductive health.

Obesity and Female Fertility

Obesity is associated with:

- menstrual irregularity,
- ovulatory dysfunction,
- insulin resistance,
- PCOS-related metabolic problems,
- reduced ovarian response in some fertility treatments,
- and greater pregnancy risks.

ASRM states that obesity is associated with impaired reproductive function but also emphasizes that **most women and men with obesity are still fertile**.

This prevents unnecessary stigma.

Does Weight Loss Always Improve IVF Success?

No.

This is another important correction.

Weight loss can improve:

- metabolic health,
- ovulation in some anovulatory women,
- blood pressure,
- diabetes risk,
- pregnancy safety.

But randomized studies have not consistently shown that delaying fertility treatment specifically for weight loss improves:

live-birth rates

in women already requiring IVF.

ASRM therefore recommends individualized decision-making rather than rigid weight-loss delays.

Weight Loss in PCOS and Anovulation

For women with obesity and anovulation, lifestyle interventions can improve:

- spontaneous ovulation,
- response to ovulation induction,
- and chances of unassisted conception.

This is one area where lifestyle treatment can be particularly clinically meaningful.

Underweight and Fertility

Very low energy intake can suppress the reproductive hormonal axis.

In women this may cause:

- irregular periods,
- absent periods,
- reduced ovulation.

Athletes or women following severe calorie restriction may develop:

- hypothalamic amenorrhea,
- or relative energy deficiency.

The treatment is not:

“Take a fertility tablet while continuing to starve the body.”

The energy imbalance must be corrected.

Obesity and Male Fertility

Excess adipose tissue can influence:

- testosterone,
- estrogen metabolism,
- inflammation,
- insulin resistance,
- scrotal temperature,
- sexual function.

Men with obesity may show impaired reproductive function, although the relationship varies between individuals.

For men, healthy weight management should focus not only on sperm but also on:

- diabetes,
- cardiovascular health,
- erections,
- testosterone,
- sleep apnea,
- overall longevity.

Physical Activity and Fertility

Physical activity is generally beneficial for:

- cardiovascular health,

- insulin sensitivity,
- weight,
- mood,
- sleep.

Most couples do **not** need to stop exercising while trying for pregnancy.

I usually recommend regular moderate activity according to:

- age,
- medical condition,
- body weight,
- fitness level.

Can Too Much Exercise Affect Female Fertility?

Yes, especially when high exercise intensity is combined with insufficient calorie intake.

The important mechanism is not simply:

“exercise is too hard.”

It is often:

low energy availability.

This can suppress reproductive hormones and interfere with ovulation.

Therefore, an athlete with absent menstruation should be evaluated rather than simply told:

“Exercise less.”

Nutrition and total energy balance also need attention.

Should Women Avoid Heavy Exercise After Ovulation?

There is no strong evidence supporting a universal rule that every woman must stop:

- running,
- gym,
- strength training,
- or normal exercise

during the luteal phase.

Patients should avoid extreme activity that produces:

- injury,
- dehydration,
- heat illness,
- or major energy deficiency.

Otherwise, exercise advice should be individualized.

Exercise for Men

Regular physical activity can support:

- cardiovascular health,
- weight,
- insulin sensitivity,
- general testosterone health.

However, some specific exposures may deserve attention:

- anabolic steroids,
- excessive heat,
- prolonged pressure from certain sports,
- overtraining with inadequate recovery.

The most serious fertility risk in some gym users is not exercise itself.

It is:

testosterone or anabolic-steroid use.

Testosterone Injections Are Not Fertility Supplements

Men trying to conceive should be very careful with:

- testosterone injections,
- bodybuilding steroids,
- anabolic-androgenic compounds.

External testosterone can suppress:

- LH,
- FSH,
- intratesticular testosterone,
- and sperm production.

This can lead to:

- very low sperm count,
- or azoospermia.

A man planning biological fatherhood should always tell his physician about testosterone or steroid use.

Sleep and Fertility

Sleep supports:

- metabolic health,
- endocrine health,
- mood,
- immune function,
- appetite regulation.

Chronic sleep disruption may also be associated with reproductive problems.

I generally encourage adults to aim for approximately:

7–9 hours of good-quality sleep

according to individual needs.

The more important goal is:

- adequate,
- regular,
- restorative sleep.

Does Sleeping in Total Darkness Increase Fertility?

No clinical guideline says that complete darkness itself will make pregnancy occur.

Darkness can support normal melatonin physiology and circadian rhythm, but this should not be turned into a fertility ritual.

Good sleep hygiene can include:

- regular bedtime,
- reduced late-night screen exposure,
- a dark comfortable bedroom,
- managing sleep apnea,
- limiting late caffeine.

Melatonin Supplements and IVF

Melatonin is being actively studied because it:

- regulates circadian rhythms,
- has antioxidant effects.

Research is promising but not definitive.

A 2025 meta-analysis of randomized trials reported improvement in clinical pregnancy and some embryo-related outcomes with melatonin.

However, another 2025 systematic review found that improvements in oocyte/embryo parameters did **not clearly translate into better clinical pregnancy or live birth**, and concluded that routine use cannot yet be recommended.

Therefore:

Do not automatically start melatonin as an IVF supplement without discussing it with your fertility specialist.

Stress and Fertility

Infertility itself can create stress.

Couples may experience:

- anxiety,
- sadness,

- pressure from relatives,
- marital tension,
- financial concerns,
- repeated disappointment.

Stress is connected with hormonal and behavioral pathways, but I do not tell patients:

"You are infertile because you are stressed."

That can be unfair and medically simplistic.

Stress reduction is useful because it can improve:

- quality of life,
- sleep,
- treatment adherence,
- sexual relationship,
- emotional resilience.

WHO's current infertility guidance emphasizes access to psychological and psychosocial support because infertility can cause significant emotional distress.

Useful Stress-Management Approaches

These may include:

- mindfulness,
- breathing exercises,
- counselling,
- yoga,
- moderate physical activity,
- social support,
- adequate sleep,
- couple communication,
- psychological therapy when needed.

The aim is not to tell the patient:

“Relax and you will get pregnant.”

The aim is to help the couple cope and function better during treatment.

Acupuncture and Fertility

Acupuncture is sometimes offered as a complementary therapy, particularly during IVF.

Research remains mixed.

A 2025 systematic review found possible improvements in some IVF outcomes and anxiety, but also identified concerns about study quality and a higher early miscarriage signal requiring caution.

A 2026 meta-analysis in women with diminished ovarian reserve reported potentially improved IVF outcomes, but evidence certainty ranged from very low to moderate and further rigorous trials were recommended.

Therefore:

Acupuncture should be considered optional complementary care—not a substitute for fertility treatment.

Smoking: One of the Most Important Modifiable Risks

If there is one lifestyle change I strongly encourage, it is:

Stop tobacco.

ASRM's 2024 committee opinion reports good evidence that smoking in women is associated with:

- reduced fecundity,
- spontaneous abortion,
- ectopic pregnancy,
- poorer ART outcomes.

In men, smoking is associated with poorer semen parameters and sperm-function tests.

Passive smoking should also be minimized.

Smoking and Ovarian Aging

Women who smoke may experience menopause earlier on average than nonsmokers.

This means smoking may contribute to earlier loss of reproductive potential.

For a woman already worried about:

- age,
- ovarian reserve,
- infertility,

continuing smoking adds a modifiable risk that should be addressed.

Cannabis and Recreational Drugs

Evidence linking cannabis with actual infertility is inconsistent, but potential effects on:

- sperm count,
- sperm function,
- pregnancy,
- fetal development

remain concerning.

ASRM recommends discouraging recreational drug use in men and women attempting pregnancy.

My practical advice is simple:

Do not use recreational drugs as part of a fertility lifestyle.

Caffeine and Fertility

Coffee does not need to be treated as poison.

ASRM reports that very high caffeine intake may adversely affect fertility, whereas moderate caffeine intake—roughly **1–2 cups of coffee per day or equivalent**—has not shown an obvious adverse fertility effect.

The exact caffeine content varies widely between drinks.

Women who may already be pregnant should also follow pregnancy-specific caffeine guidance from their treating clinician.

Environmental and Occupational Exposures

Reproductive health may be influenced by certain environmental exposures.

Possible concerns include:

- pesticides,
- solvents,
- heavy metals,
- air pollution,
- endocrine-disrupting chemicals,
- radiation,
- workplace heat.

ASRM advises reproductive-aged men and women to reduce exposure to endocrine-disrupting chemicals and air pollution where reasonably possible.

This does not mean living in fear of every plastic container.

The goal is sensible reduction of unnecessary exposure.

Male Fertility: Lifestyle Priorities

For men trying to conceive, I usually focus on several practical areas.

Do not smoke.

Avoid anabolic steroids and non-prescribed testosterone.

Maintain a healthy metabolic state.

Control diabetes and blood pressure.

Exercise regularly.

Avoid excessive alcohol.

Sleep adequately.

Eat a balanced minimally processed diet.

Avoid excessive testicular heat where reasonably possible.

Treat varicocele, infection, hormone disease or other causes when clinically indicated.

Do not rely on fertility supplements instead of proper semen evaluation.

Does Heat Damage Sperm?

The testes normally function below core body temperature.

Repeated high-temperature exposure may negatively affect sperm production in some men.

Reasonable precautions can include limiting:

- prolonged hot tubs,
- frequent high-temperature saunas when semen is already poor,
- avoidable occupational heat.

There is no need for extreme behavior such as:

- sleeping with ice packs,
- permanently avoiding trousers,
- or applying cold substances to the testes.

Laptops and Mobile Phones

Couples frequently worry about:

- laptops,
- mobile phones,
- Wi-Fi.

Research on radiofrequency exposure and fertility remains complex and inconsistent.

A more practical issue with a laptop placed directly on the lap is:

local heat.

Using a desk or laptop stand is a simple sensible measure.

Female Fertility: Lifestyle Priorities

For women planning pregnancy, I emphasize:

- adequate folic acid,
- healthy diet,
- appropriate weight management,
- treatment of PCOS or endocrine disease,

- regular physical activity,
- no smoking,
- limiting alcohol,
- adequate sleep,
- appropriate caffeine intake,
- and timely fertility evaluation.

The most powerful fertility factor in women remains:

Age.

Diet cannot reverse age-related decline in egg quantity and quality.

This should be communicated honestly.

Can a "Fertility Diet" Reverse Low AMH?

No food has been proven to substantially restore a depleted ovarian reserve.

AMH reflects ovarian follicle number and is influenced by biological factors.

Healthy lifestyle remains worthwhile, but advertisements promising:

"Increase AMH naturally with five foods"

should be viewed critically.

Can Diet Unblock Fallopian Tubes?

No.

A blocked tube is a structural problem.

Diet can improve:

- general health,
- metabolic health,
- inflammatory burden,

but cannot reliably reopen a completely scarred fallopian tube.

Appropriate investigation may include:

- HSG,

- ultrasound,
- laparoscopy,
- or other specialist assessment.

Can Diet Cure Severe Endometriosis?

Diet may help overall health and possibly symptom management in some women.

However, advanced endometriosis may require:

- medical treatment,
- surgical treatment,
- or assisted reproduction.

No fertility diet should delay appropriate gynecological care.

Fertility Diet and IVF

Couples undergoing IVF often become extremely anxious about food.

Some stop:

- dairy,
- gluten,
- carbohydrates,
- fruit,
- spices,
- tea,
- coffee

without a medical reason.

Current evidence does **not** support extreme exclusion diets for routine IVF.

A 2026 systematic review of 39 studies concluded that healthy dietary patterns may be beneficial, but no single specific diet has been proven to improve IVF success consistently.

My IVF advice is therefore:

Eat normally, healthily and consistently rather than chasing fertility superfoods.

Gluten and Fertility

People with:

Coeliac Disease

need a gluten-free diet.

But there is no good reason for every infertile patient to automatically eliminate gluten.

Unnecessary dietary restriction can make:

- nutrition,
- social eating,
- and treatment stress

more difficult.

If coeliac disease is suspected, proper testing should be considered rather than self-diagnosis.

Should Everyone Take Vitamin D?

Vitamin D deficiency is common in many populations.

If deficiency exists, correcting it is appropriate for general and bone health.

However, vitamin D should not be presented as:

“a guaranteed fertility medicine.”

Testing and supplementation should be individualized.

What About Zinc, Selenium, CoQ10, Carnitine and Antioxidant Supplements?

These are commonly used in male-fertility practice.

Some studies report improvements in particular semen parameters.

But evidence across products and combinations is inconsistent.

The WHO's 2025 guideline therefore made **no recommendation for or against antioxidant supplements in infertile men with abnormal semen parameters**.

This means supplements may sometimes be considered, but:

they should not replace diagnosis of varicocele, hormonal disease, genetic infertility, infection, obstruction or testicular failure.

Unani Medicine and Fertility Nutrition

This is an area where I believe the Unani system can make an important contribution.

Unani medicine has historically placed major emphasis on:

food, lifestyle and prevention

rather than depending only on medicine after disease develops.

The Central Council for Research in Unani Medicine describes:

Ilaj-bil-Ghiza – Dietotherapy

as a major therapeutic approach and emphasizes individualized dietary selection according to:

- health status,
- age,
- sex,
- physical activity,
- temperament,
- season,
- and disease.

This principle fits very naturally with modern fertility care.

Fertility Is Not Treated With Food Alone in Unani Medicine

A responsible Unani approach is broader.

CCRUM identifies four major therapeutic approaches:

Ilaj-bil-Tadbir

Regimenal Therapy

Ilaj-bil-Ghiza

Dietotherapy

Ilaj-bil-Dawa

Pharmacotherapy

Ilaj-bil-Yad

Surgery

Therefore, it is incorrect to describe Unani medicine as:

“Only herbs and no surgery.”

Authentic integrative care can recognize:

- diet,
- lifestyle,
- medicines,
- procedures,
- and referral

according to the patient's need.

Mizaj and Fertility Care

In Unani medicine:

Mizaj

refers to the traditional concept of temperament.

In my clinical practice, Mizaj assessment may be combined with evaluation of:

- digestion,
- sleep,
- appetite,
- activity,
- body constitution,
- emotional health,
- sexual health,
- menstrual history,
- semen analysis,
- metabolic health,

- and other medical findings.

The traditional framework encourages:

individualization.

This can be particularly valuable in infertility because no two couples are exactly alike.

Asbab-e-Sitta Zarooriya and Fertility

Unani medicine traditionally gives importance to the:

Asbab-e-Sitta Zarooriya – Six Essential Factors

which broadly relate to:

- environment and air,
- food and drink,
- physical activity and rest,
- psychological activity and rest,
- sleep and wakefulness,
- retention and elimination.

Official AYUSH material describes these six essential factors as central to maintenance and promotion of health.

Many of these concepts overlap remarkably well with modern fertility lifestyle advice.

Food and Drink

Modern equivalent concerns include:

- nutritional quality,
- insulin sensitivity,
- adequate protein,
- micronutrients,
- obesity,
- undernutrition.

Physical Activity and Rest

Modern fertility care also recognizes:

- sedentary lifestyle,
- obesity,
- overtraining,
- energy deficiency,
- adequate recovery.

Sleep and Wakefulness

Circadian health and sleep influence:

- hormones,
- appetite,
- insulin,
- mood,
- general health.

Psychological Activity and Rest

Infertility treatment itself can create substantial emotional stress.

Mental health support can therefore form part of comprehensive care.

Environment

Modern medicine increasingly evaluates:

- pollution,
- occupational toxins,
- smoking,
- chemicals,
- heat,
- endocrine disruptors.

This is another point of practical overlap with preventive Unani principles.

Where Unani Dietotherapy Can Be Especially Useful

I find Ilaj-bil-Ghiza particularly valuable in patients with:

- obesity,
- insulin resistance,
- PCOS,
- poor dietary habits,
- constipation or digestive problems,
- metabolic syndrome,
- general nutritional imbalance,
- male infertility associated with poor lifestyle.

The dietary plan can be adapted to:

- body constitution,
- medical condition,
- culture,
- household foods,
- economic circumstances.

A diet that the patient cannot continue is not a good long-term diet.

What Unani Medicine Cannot Be Allowed to Promise

Traditional dietotherapy has real value.

But we must distinguish:

supporting reproductive health

from:

guaranteeing fertility.

I do not consider it appropriate to say that a particular:

- herb,

- Unani food,
- Majoon,
- powder,
- seed,
- fruit

can guarantee pregnancy.

Likewise, traditional treatment should not delay diagnosis of:

- blocked fallopian tubes,
- severe azoospermia,
- ovarian insufficiency,
- testicular failure,
- genetic infertility,
- severe endometriosis,
- or another condition requiring specialist treatment.

Dr. Nizamuddin Qasmi's Individualized Fertility Diet and Lifestyle Approach

At Saira Health Care, I prefer to follow a structured approach rather than giving every couple a printed “fertility diet chart.”

Step 1: Identify the Actual Fertility Problem

I first ask:

- How long have you been trying?
- How old are both partners?
- Are menstrual cycles regular?
- Is ovulation occurring?
- What does the semen analysis show?
- Is there PCOS?
- Is there varicocele?

- Are the tubes open?
- Is ovarian reserve a concern?
- Is there a hormonal problem?
- Is sexual intercourse occurring regularly?

Lifestyle advice without diagnosis can waste valuable time.

Step 2: Assess Metabolic Health

I review factors such as:

- body weight,
- central obesity,
- diabetes,
- insulin resistance,
- blood pressure,
- thyroid disease,
- PCOS,
- general nutrition.

The reproductive organs are part of the body.

Metabolic health matters.

Step 3: Correct Major Lifestyle Risks First

I prioritize:

- smoking cessation,
- stopping anabolic steroids,
- reducing excessive alcohol,
- correcting severe sleep deprivation,
- improving sedentary lifestyle,
- reducing high sugar and ultra-processed foods.

These often matter more than adding another supplement.

Step 4: Build a Sustainable Diet

Instead of giving a "magic fertility food list," I usually build a pattern containing:

- vegetables,
- fruits,
- whole grains,
- pulses,
- nuts,
- seeds,
- adequate protein,
- appropriate dairy if tolerated,
- healthy fats,
- sufficient fluids.

The exact plan can differ between patients.

Step 5: Treat Women and Men Differently Where Necessary

A woman with:

- insulin-resistant PCOS

does not require the same dietary strategy as:

- an underweight woman with hypothalamic amenorrhea.

A man with:

- obesity and low testosterone

does not require exactly the same strategy as:

- a lean man with genetic azoospermia.

Individualization matters.

Step 6: Correct Nutritional Deficiencies

Where indicated, I may assess or address:

- iron,
- vitamin B12,
- folate,
- vitamin D,
- other deficiencies.

But I avoid indiscriminate megadoses.

Step 7: Improve Sleep and Daily Routine

I ask about:

- bedtime,
- night shifts,
- sleep apnea,
- late-night screen habits,
- inadequate total sleep.

A fertility programme should improve the patient's whole health.

Step 8: Address Exercise

For sedentary patients:

- increase regular activity gradually.

For overtrained underweight patients:

- ensure adequate energy intake and recovery.

For obese patients:

- combine nutrition with realistic activity.

Step 9: Address Stress Without Blaming the Patient

I encourage:

- communication,
- counselling,

- breathing or mindfulness,
- yoga where appropriate,
- psychological support.

I never tell the couple:

“Your stress is the reason you are not pregnant.”

Step 10: Integrate Unani Treatment Where Appropriate

Depending on the diagnosis, I may use:

- Ilaj-bil-Ghiza,
- Ilaj-bil-Tadbir,
- individualized Unani pharmacotherapy,
- reproductive-health support,

alongside appropriate modern investigations.

The Unani plan is based on the individual patient rather than merely:

“male infertility”

or:

“female infertility.”

Step 11: Monitor Objective Outcomes

We follow what is actually relevant.

For men:

- semen concentration,
- motility,
- morphology,
- hormones where appropriate.

For women:

- menstrual regularity,
- ovulation,

- metabolic parameters,
- appropriate reproductive testing.

For couples:

pregnancy and live birth remain the ultimate reproductive outcomes.

Step 12: Know When Lifestyle Is Not Enough

This is extremely important.

If a couple requires:

- ovulation induction,
- varicocele repair,
- tubal treatment,
- hysteroscopy,
- reproductive surgery,
- IUI,
- IVF,
- ICSI,
- sperm retrieval,

lifestyle care should support the treatment rather than delay it.

Saira Health Care's Contribution to Fertility Lifestyle Education

Saira Health Care currently publishes patient education specifically emphasizing that fertility is influenced by:

- food,
- sleep,
- physical activity,
- body weight,
- stress,
- smoking,

- and general health.

Its current educational material also states clearly that **no single food, exercise, herb or home remedy can guarantee pregnancy**.

I consider this message very important.

Responsible fertility education should:

- encourage healthy habits,
- but avoid exploiting vulnerable couples with miracle claims.

The Saira Health Care Philosophy

At Saira Health Care, our broader model is centered on:

- individualized consultation,
- sexual and reproductive-health assessment,
- traditional Unani principles,
- dietary guidance,
- lifestyle modification,
- and appropriate modern diagnostic information.

The clinic describes its approach as patient-centered and focused on treating the whole person rather than only the disease label.

This is particularly relevant to infertility because couples often need:

- medical treatment,
- emotional support,
- lifestyle change,
- sexual-health guidance,
- and realistic counselling

at the same time.

Dr. Nizamuddin Qasmi and Fertility Care

I am **Dr. Nizamuddin Qasmi**, Founder and Chief Physician of **Saira Health Care**, with a focused clinical practice in:

Sexual Disorders & Infertility

My professional education and training listed for this work include:

- **BUMS – Hamdard University, Delhi**
- **MD**
- **CGO**
- **Certificate in Infertility – MGBIMS, Delhi**
- **Certificate in Urology – London, UK**
- **Masters in Male Infertility – MasterHealthPro (HealthPro)**
- **Integrated Sexual and Reproductive Health – ISRH, UNFPA**

Saira Health Care's current published professional profile includes these qualifications and describes my focused clinical work in sexual disorders and infertility.

This combination of Unani medicine, infertility education, urological training and reproductive-health practice helps me approach lifestyle not as an isolated diet chart but as part of:

complete fertility management.

When Should You Stop Trying Only Lifestyle Changes and Seek Fertility Evaluation?

Do not allow lifestyle improvement to become a reason for delaying diagnosis.

A couple should generally consider fertility evaluation after:

12 months of regular unprotected intercourse without pregnancy

when the woman is younger than 35 and there are no obvious risk factors.

For women over approximately:

35 years

ASRM recommends considering specialist consultation after around **6 months** of unsuccessful attempts.

Women over 40 or couples with known reproductive problems may warrant earlier assessment.

Seek Evaluation Earlier If There Is:

- very irregular menstruation,
- no menstrual periods,
- suspected PCOS with infertility,
- severe pelvic pain,
- endometriosis,
- history of pelvic infection,
- previous ectopic pregnancy,
- known tubal disease,
- very low ovarian reserve,
- testicular problems,
- previous undescended testes,
- varicocele with abnormal semen,
- erectile or ejaculation problems preventing intercourse,
- azoospermia,
- very low sperm count,
- previous chemotherapy,
- previous reproductive surgery,
- genetic disease.

Timing Intercourse: A Practical Point Couples Often Miss

Even a perfect diet cannot compensate if intercourse does not occur during the fertile period.

ASRM describes the fertile window as approximately:

the six-day interval ending on the day of ovulation.

Intercourse every:

1–2 days during the fertile window

provides the highest probability of conception, although two to three times per week is often nearly as effective.

Couples should not feel pressured to follow an exhausting schedule.

Fertility Diet Myths

Myth 1: One particular fruit can make pregnancy happen quickly.

Fact: No single fruit has been proven to guarantee conception.

Myth 2: Full-fat milk cures infertility.

Fact: Older observational research suggested an association with lower anovulatory infertility, but there is insufficient evidence to prescribe full-fat dairy universally.

Myth 3: Skim milk causes infertility.

Fact: This has not been proven.

Myth 4: Everyone trying to conceive must stop eating gluten.

Fact: Gluten restriction is medically important for coeliac disease, but is not routinely necessary for all infertility patients.

Myth 5: MTHFR variants mean folic acid is harmful.

Fact: CDC states that people with common MTHFR variants can process folic acid and still recommends 400 micrograms daily for people who could become pregnant.

Myth 6: Antioxidant supplements always improve sperm.

Fact: WHO currently makes no recommendation for or against routine antioxidant supplementation in male infertility because evidence is uncertain.

Myth 7: Losing weight always improves IVF live birth.

Fact: Weight management can improve health and ovulation in selected women, but randomized studies have not consistently shown higher IVF live-birth rates merely from delaying treatment for weight loss.

Myth 8: Stress alone causes infertility.

Fact: Stress affects well-being and may interact with reproductive physiology, but infertility should not be blamed on the patient's emotional state.

Myth 9: Every infertile couple needs supplements.

Fact: Supplements should be selected for actual needs rather than used automatically.

Myth 10: A Unani fertility diet can replace IVF when IVF is medically indicated.

Fact: Unani dietotherapy can provide valuable supportive care, but structural, severe genetic or advanced reproductive disorders may require modern fertility treatment.

Frequently Asked Questions

What is the best diet for fertility?

There is no universally proven single fertility diet.

A minimally processed Mediterranean-style pattern rich in:

- vegetables,
- fruits,
- legumes,
- whole grains,
- nuts,
- healthy fats,
- and appropriate protein

is a reasonable evidence-informed choice.

What foods should I stop completely?

Usually very few foods need to be completely forbidden.

Prioritize reducing:

- industrial trans fats,
- frequent deep-fried food,
- excessive added sugar,

- sugary beverages,
- heavily processed meat,
- excessive alcohol.

Should women trying to conceive eat full-fat dairy?

It can be included if appropriate, but full-fat dairy is not a proven fertility treatment.

Dairy choice should depend on:

- calorie requirements,
- body weight,
- metabolic health,
- preference,
- tolerance.

How much folic acid should I take?

For most people who could become pregnant:

400 micrograms daily

is the standard minimum preconception recommendation.

Individual medical circumstances may require a different dose.

Do I need methylfolate because I have MTHFR?

Common MTHFR variants do not automatically require avoiding folic acid.

Current CDC guidance supports standard folic acid even with common MTHFR variants.

Can men take folic acid?

Folate is an essential nutrient for both sexes.

However, high-dose folic acid is not an established universal treatment for male infertility.

Are walnuts good for sperm?

Walnuts can be part of a nutritious diet.

No fixed number of walnuts guarantees improvement in sperm.

Is pomegranate good for fertility?

Pomegranate is a nutritious fruit and can be included in a balanced diet.

It should not be sold as a fertility medicine.

Is milk good for sperm?

Milk can provide protein and nutrients.

There is no universal rule that milk alone increases sperm count.

Should men avoid soy?

Normal food-level soy intake generally does not need to be avoided solely because of fertility fears.

Is coffee allowed?

Moderate caffeine intake is generally considered acceptable while trying to conceive.

Very high intake should be avoided.

Should we stop alcohol while trying to conceive?

Minimizing alcohol is a sensible approach.

Women should avoid alcohol once pregnant, and heavy alcohol consumption should be avoided by both partners.

Can exercise increase fertility?

Regular appropriate exercise supports metabolic health and may improve ovulation in some women with obesity or insulin resistance.

Extreme exercise combined with insufficient energy intake can impair female reproductive function.

Can yoga improve fertility?

Yoga can help:

- stress,
- physical activity,
- sleep,
- general well-being.

It should be viewed as supportive care rather than a proven fertility cure.

Is acupuncture proven for IVF?

Research is mixed.

Some newer reviews report potential benefit, but evidence quality remains variable and acupuncture should remain complementary rather than replacing established IVF treatment.

Does sleeping eight hours increase fertility?

Adequate sleep supports general metabolic and hormonal health.

There is no exact number of hours that guarantees pregnancy.

Approximately 7–9 hours is reasonable for many adults.

Does obesity cause infertility?

Obesity increases the risk of reproductive problems but does not make every person infertile.

Many people with obesity conceive naturally.

Can losing 5–10% body weight restore ovulation?

In some women with obesity and anovulation—particularly with metabolic dysfunction—modest weight reduction can improve ovulation.

The response varies.

Can a fertility diet improve sperm morphology?

Healthier dietary patterns may be associated with better semen parameters, including morphology.

A 2025 Mediterranean-diet meta-analysis found favorable associations with sperm count, motility and morphology, but did not demonstrate improved fertility outcomes conclusively.

Can diet cure azoospermia?

Usually not by itself.

Azoospermia can arise from:

- obstruction,
- hormonal disease,
- genetic conditions,
- testicular failure,
- maturation arrest,
- medication suppression.

These require proper diagnosis.

Can diet cure blocked fallopian tubes?

No.

A completely blocked scarred tube generally requires gynecological assessment and sometimes surgery or IVF.

Can diet improve PCOS fertility?

Diet, exercise and weight management can improve insulin sensitivity and may help ovulation in selected women with PCOS.

But some women still require:

- ovulation-induction medicine,
- metabolic treatment,
- or fertility treatment.

How does Unani medicine help fertility?

Unani medicine can provide valuable support through:

- Ilaj-bil-Ghiza,
- Ilaj-bil-Tadbir,
- Mizaj-based individualization,
- lifestyle management,
- dietary planning,
- general-health optimization,
- and supervised pharmacotherapy.

Its strongest role is when it is integrated with accurate fertility diagnosis.

The Latest Scientific Perspective in 2026

Several recent developments are particularly relevant.

WHO's First Global Infertility Guideline

Published **28 November 2025**, the WHO guideline formally recognizes healthy lifestyle interventions as part of fertility care and emphasizes:

- healthy diet,
- physical activity,
- tobacco cessation,
- evidence-based diagnosis,
- progressive treatment pathways,
- and psychological support.

Diet Research Has Become More Cautious

A major 2026 review of diet and assisted reproductive treatment concluded:

- healthier dietary patterns are generally preferable,
- Western-style patterns appear less favorable,

- but consistent live-birth improvement has not been demonstrated,
- and exclusion diets or isolated nutrients cannot yet be routinely recommended.

This means the future of fertility nutrition is likely to be:

personalized rather than based on miracle-food lists.

Male Mediterranean-Diet Evidence

A 2025 systematic review and meta-analysis found Mediterranean-style dietary adherence associated with better sperm:

- count,
- motility,
- progressive motility,
- morphology.

However, evidence that this produces more pregnancies or live births remains limited.

Supplements Are Still an Uncertain Area

WHO's 2025 guideline did not recommend for or against antioxidant supplements in male infertility because evidence was insufficient.

This is important because the fertility market contains hundreds of products marketed as guaranteed sperm boosters.

Melatonin Is Promising but Not Standard

Newer 2025 studies suggest potential effects on:

- oocyte maturation,
- embryo quality,
- clinical pregnancy.

But different meta-analyses disagree about the size of benefit and especially about live birth.

Routine supplementation therefore remains premature.

Acupuncture Evidence Remains Mixed

Some 2025–2026 meta-analyses report benefit in certain IVF populations.

But evidence certainty ranges from very low to moderate, and methodological concerns remain.

Therefore, acupuncture remains optional complementary care.

My Final Message to Couples Trying to Conceive

If you ask me:

“Doctor, what should we eat to get pregnant?”

my answer is not:

“Eat one medicine-like food.”

My answer is:

Build a reproductive-health environment.

Eat mostly:

- vegetables,
- fruit,
- pulses,
- whole grains,
- nuts,
- seeds,
- adequate protein,
- appropriate dairy,
- healthy fats.

Reduce:

- smoking,
- sugary drinks,
- frequent ultra-processed foods,
- trans fats,
- excessive alcohol,

- recreational drugs.

Maintain:

- healthy activity,
- adequate sleep,
- reasonable body weight,
- good metabolic control.

But at the same time:

Find out why pregnancy has not occurred.

A diet cannot tell you whether:

- the fallopian tubes are blocked,
- ovulation is absent,
- sperm count is zero,
- a varicocele is significant,
- ovarian reserve is declining,
- or a genetic problem exists.

At Saira Health Care, I believe lifestyle treatment should support medical diagnosis—not postpone it.

Conclusion

Fertility is closely connected with general health.

Diet and lifestyle can influence reproductive health through:

- metabolic regulation,
- insulin sensitivity,
- oxidative stress,
- weight,
- inflammation,
- hormonal balance,
- and general cellular health.

Healthy dietary patterns—particularly those emphasizing:

- vegetables,
- fruits,
- pulses,
- whole grains,
- nuts,
- seeds,
- unsaturated fats,
- and adequate protein

are reasonable for couples planning pregnancy.

Foods and dietary patterns worth limiting include frequent:

- ultra-processed foods,
- industrial trans fats,
- sugary drinks,
- large amounts of added sugar,
- heavily processed meats,
- excessive alcohol.

However:

No individual food has been proven to guarantee natural conception or IVF success.

Women who could become pregnant should generally receive:

400 micrograms of folic acid daily

unless their treating physician recommends a different dose.

Common MTHFR variants are **not** a reason to avoid standard folic acid.

Maintaining healthy body composition is valuable, but fertility care should not be reduced to a BMI number.

Weight-management interventions may improve ovulation and spontaneous conception in selected anovulatory women with obesity, while delaying IVF solely for weight loss has not consistently improved live birth.

Regular physical activity, adequate sleep and psychological support are useful components of reproductive healthcare.

Smoking should be stopped, and recreational drug use discouraged.

High caffeine and heavy alcohol intake should be avoided or minimized.

The **Unani system of medicine** has particular relevance to fertility lifestyle care because it traditionally emphasizes:

- **Ilaj-bil-Ghiza – dietotherapy**
- **Ilaj-bil-Tadbir – regimenal therapy**
- individualized **Mizaj**
- and the **Asbab-e-Sitta Zarooriya** or essential determinants of health.

CCRUM describes diet as an important part of health promotion and disease management in Unani medicine and emphasizes that diet should be individualized according to the patient.

At **Saira Health Care**, my approach combines these traditional principles with:

- semen analysis,
- hormonal assessment,
- female-fertility evaluation,
- metabolic assessment,
- lifestyle modification,
- and modern fertility treatment where necessary.

The philosophy is simple:

Medicine alone is sometimes not enough—but lifestyle alone is also sometimes not enough.

The patient deserves both.

My individualized fertility approach can therefore be summarized as:

Diagnose the cause.

Improve the diet.

Correct smoking and harmful substances.

Optimize body weight without extreme dieting.

Exercise appropriately.

Sleep adequately.

Address stress without blaming the patient.

Correct nutritional deficiencies.

Use Unani dietotherapy and regimenal treatment rationally.

Treat PCOS, varicocele, hormonal disease, infection and other causes appropriately.

Do not delay IUI, IVF, ICSI or reproductive surgery when medically indicated.

Evaluate both partners.

And never promise pregnancy from one food, herb, supplement or lifestyle change.

For couples trying to conceive, my central message is:

A healthy fertility lifestyle does not guarantee pregnancy—but it creates a healthier foundation on which natural fertility and medical fertility treatment can work.

About the Author

Dr. Nizamuddin Qasmi

Founder & Chief Physician, Saira Health Care
Focused Practice in Sexual Disorders & Infertility

Professional Education & Training

- **BUMS – Hamdard University, Delhi**
- **MD**
- **CGO**
- **Certificate in Infertility – MGBIMS, Delhi**
- **Certificate in Urology – London, UK**
- **Masters in Male Infertility – MasterHealthPro (HealthPro)**
- **Integrated Sexual and Reproductive Health – ISRH, UNFPA**

Saira Health Care's current published professional material identifies Dr. Nizamuddin Qasmi as Founder and Chief Physician with a focused clinical practice in sexual disorders and infertility and lists the above infertility, urology and reproductive-health training.

His treatment philosophy combines:

- Unani medical principles,

- fertility-focused dietary guidance,
- lifestyle optimization,
- contemporary reproductive-health assessment,
- sexual-health care,
- male infertility evaluation,
- and appropriate specialist referral.

Medical Disclaimer

This article is intended for general education and reproductive-health awareness.

It is not a substitute for:

- individualized medical consultation,
- semen analysis,
- gynecological examination,
- fertility testing,
- ultrasound,
- hormone testing,
- genetic assessment,
- or personalized infertility treatment.

No particular:

- food,
- diet,
- Unani medicine,
- herb,
- supplement,
- exercise,
- yoga programme,
- acupuncture treatment,
- or lifestyle intervention

can guarantee pregnancy.

Women who may become pregnant should discuss appropriate folic-acid supplementation with their healthcare provider.

Do not independently start high-dose:

- folic acid,
- methylfolate,
- vitamin D,
- antioxidants,
- melatonin,
- fertility hormones,
- testosterone,
- herbal medicines,
- or other supplements

without appropriate advice.

Men seeking fertility should avoid non-prescribed testosterone and anabolic steroids because these can suppress sperm production.

Couples should not delay appropriate fertility evaluation while attempting prolonged lifestyle or traditional treatment if:

- age is advancing,
- azoospermia is present,
- ovarian reserve is low,
- tubes are blocked,
- severe endometriosis exists,
- infertility has continued beyond the appropriate evaluation period,
- or another significant reproductive disease is known.

Where:

- ovulation induction,
- surgery,
- IUI,

- IVF,
- ICSI,
- or sperm retrieval

is medically appropriate, timely specialist treatment should form part of responsible integrative fertility care.