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An Ayurvedic Management of Oligoasthenoteratospermia: A Case Study

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Abstract

To create a healthy progeny is one of the foremost Dharma of an individual, so fertility is an existential necessity since the time immemorial. Impaired sperm parameters especially decreased sperm count, motility and abnormal morphology leads to male infertility. Hence the current study was conducted with aim to evaluate the efficacy and safety of oral administration of Tb. *Chandraprabha vati*, Tb. *Makardhwaj Vati*, *Amalakyadi Churna* in oligoasthenoteratospermia. The results of the study showed that given drug significantly improved the sperm count and motility moderately and total abnormal sperms reduced. Hence it is concluded that the given drug can be of great help in managing the sperm count, motility and abnormalities in infertile males.

Keywords: Male infertility, oligoasthenoteratospermia, sperm count, sperm motility, sperm morphology.

Introduction:

Ayurveda asserts four objectives of life that is Dharma, Artha, Kaam and Moksha.^[1] Amongst it the first three objectives has great importance during the life period attained which should be harmonious and productive. Ayurveda states that righteousness, wealth, affection and good repute are dependent on begetting a son.^[2] This is possible only with

reproduction. Reproduction is an important phenomenon for the continuation of species. Since the beginning of recorded history, the human race has placed a great emphasis on fertility. Fertility or being fertile itself is a necessity for existence. Being infertile or unable to bring forth a progeny itself is a worrying situation for a couple which makes them approach for a medical advice. Reproductive Medicine is a branch

of medical science which deals with infertility cases in males and females and associated disorders. Infertility is a disease of reproductive system defined by failure to achieve the clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility is a global problem in the field of reproductive health. It is considered as a social stigma in India which ultimately affects the psychological harmony of the family, disturbed sexual and social life. "The incidence of infertility varies in different regions nearly 8–12% of couples worldwide. Of all infertility cases, approximately 40– 50% is due to "male factor" infertility and as many as 2% of all men will exhibit suboptimal sperm parameters. It may be one or a combination of low sperm concentration, poor sperm motility, or abnormal morphology." [3] *Shukradushti* is the complex pathological conditions were, low sperm count, poor sperm motility, or abnormal morphology like clinical presentation seen. Where low sperm concentration (*Kshina Shukra*) plays a major role to develop Oligoasthenoteratospermia and become major cause for Male infertility. *Kshina Shukra* or *Shukrakshaya* [4] is the type of *Shukradusti* resulting in infertility in which Oligospermia is one of the presentations. 'The diagnosis of Oligospermia is based on one low count in a semen analysis performed on two occasions. For many decades sperm concentrations of less than 20 million sperm/ml were considered low or oligospermic, recently, however the WHO [5] reassessed sperm criteria and established a lower reference point, less than 15 million sperm/ml, consistent with the 5th percentile for fertile men.' Sperm concentrations fluctuate and oligospermia may be temporary or permanent. Out of these some cases remain unexplained whereas rest of the cases are caused due to malnutrition, genetic abnormalities, side

effects of some medicines, hormones and chemicals play the major role. The problem of oligospermia is observed quite common in male infertility cases. Hence it is important to find a remedy which is effective, affordable and having less complications. Nevertheless to say nature has answers for all. Many herbal plants are used since ages for infertility issues. *Vajikaran Chikitsa* highlights many such herbal medicinal plants, their decoctions, *Ghrita*, food preparations etc. for improving the *Veerya* of those deficient, correcting the vitiation of *Shukra Dhatu*, replenishing it on reduction due to various causes, guarding it in old age as well as increasing pleasure during coitus.

Materials And Methods:

Study Design: Randomized Open Labelled clinical study with Pre- test and Post-test design.

- Conceptual Study: *Ayurvedic* and Modern literary review of *Kshina Shukra* (Oligospermia) and *Shukradushti* was done.
- Clinical Study: Detailed history taking along with physical and systemic examinations and assessment of the treatment was done.

Case Study:

The case of this study is 32 years old married, non-smoking, non-alcoholic male patient with primary infertility since 2 years of married life. Laboratory investigations of seminal parameters on comparing with normal revealed oligoasthenoteratospermia. The clinical symptoms identified in the present case report correlate to *Kshina Shukra* or *Shukradushti* comprehended in *Ayurvedic* classics. In the present case Report Explains The Role Of *Shamana Chikitsa* With Tb. *Chandraprabha Vati*, Tb. *Makardhwaja Vati*, *Amalakyadi Churna* in the management of Oligoasthenoteratospermia.

Patient Information :

The patient got married before 2 years. She was unable to conceive even after two years of unprotected sex, they decided to consult a doctor and husband was diagnosed with oligoasthenoteratospermia. They visited our outpatient department (OPD) on dated 23/9/2023 OPD number 15438. He had nothing specific in history of previous illness. Family history was negative for any major illness.

Table 1: Personal History of Patient :

Diet	Mixed
Micturition	7-8 times in daytime, 2-3 times in night-time
Bowel	Regular
Appetite	Moderate
Sleep	Normal
Addiction	Nil

Table 2: Ashtavidha Pariksha (Eight fold examination):

Nadi (Pulse)	68/min
Mutra (Urine)	7-8 times in daytime, 2-3 times in night-time
Mala (Stool)	1-2 times per day
Jivha (Tongue)	Alpa Sama
Shabda (Speech)	Spashta
Sparsh (Touch)	Rukshata
Drik (Eyes)	Prakruta (Normal)
Akriti (Built)	Madhyama

Clinical Findings:

The physical and external genital organ examination did not reveal any abnormal findings. Patients was basically *Vatapradhana Vata-Pitta Prakruti*. Patient was used to take spicy, ruksha, sheetapradhana ahara and also have some stressful life. Latest report of semen analysis is showed 15% motility in total of 10 million/ml count.

Diagnostic Assessment: - Based on the signs and symptoms the present case was diagnosed as *Kshina Shukra* (Oligoasthenoteratospermia). The assessment was done by comparing baseline parameters with repeated evaluation after 1 months of administration of *Shamana Chikitsa*.

Baseline seminal parameters includes: Initial investigation prior to treatment and investigation after treatment comparative table described in result section.

Therapeutic Intervention:

Therapeutic plan was begin with administration of *Shaman Chikitsa*.

Table 3: Therapeutic intervention :

Sr. No.	Drugs	Dose	Anupana	Duration
1.	Tb. <i>Chandrabha Vati</i>	2BD	Lukewarm/ Normal water	1 month
2.	Tb. <i>Makardhwaj Vati</i>	2BD	Lukewarm/ Normal water	1 month
3.	i) <i>Amalaki Churna</i> 2gm ii) <i>Rasayana churna</i> 1 gm iii) <i>Ashwagandha churna</i> 1 gm iv) <i>Satavari churna</i> 1gm v) <i>Safed musli churna</i> 500mg vi) <i>Akkalkara churna</i> 500mg	½ tsf BD	Lukewarm/ Normal water	1 month

Sadhyasadhyata of Ksheena Shukra (Prognosis):

Determination of *Sadhyasadhyata* is important before the commencement of treatment. It will help to find out whether the disease is curable or not. *Ksheena Shukra* is a *Dwidoshaja vyadhi* with involvement of *Vata* and *Pitta Dosha*, and is recognized as *Krichra Sadhya*.^[6] *Pitta Prakruti Purusha* has less *Shukra*, and if he has *Shukra Kshaya*, his prognosis will be more *Kashtasadhya*.

Pathya-Apathya:

Patient was asked to take *Madhura, Guru, Brumhana, Snigdhapradhana Bhojana*^[7] including *Dugdha, Shali, Rotti*, etc *Rukshaannapan, Ratrijagarana*, spicy foods, sex was prohibited and also advised to avoid excessive travelling.

Result:

Follow up and outcomes:

After 30 days, the patient was advised to have a follow up on the OPD with reassessment of Semenogram. After treatment there was a good improvement in the seminal parameters.

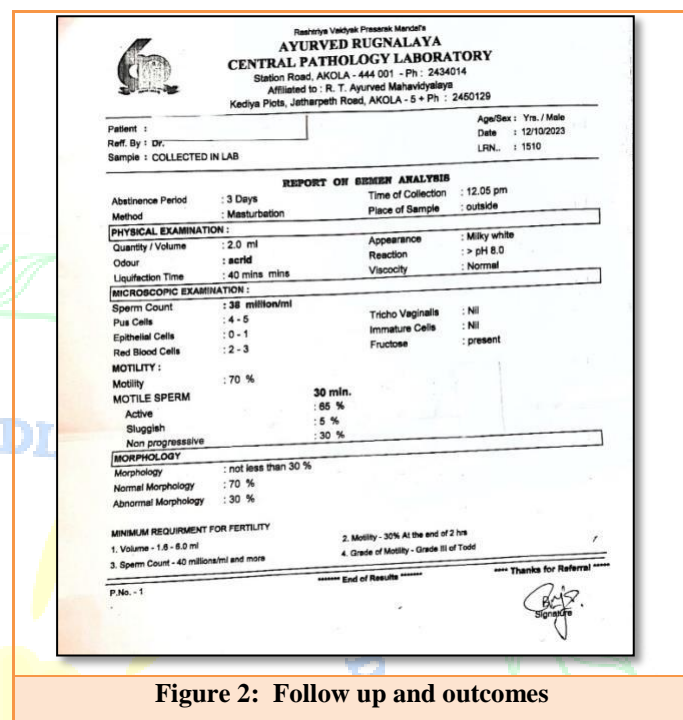


Figure 2: Follow up and outcomes

Table 4 : Improvement in Parameters before and after treatment.

Sr. No.	Seminal Parameters	Before Treatment	After 30 days of Treatment
1.	Volume	2 ml	2 ml
2.	Color	Grey white	Milky white
3.	Viscosity	Normal	Normal
4.	Reaction Ph	7	Alkaline
5.	Liquefaction time	Not completed till 1 hr	40 minutes
6.	Total count	10 millions/ml	38 millions/ml
7.	Motility	15%	70%
8.	Normal morphologies %	16%	70%

Samprapti Of Kshina Shukra: *Samprapti* of *Kshina Shukra* can be explained as below.

There are different causes for *Kshina Shukra* to occur, as explained under the heading *Nidana*. It includes both *Samanya* and *Vishista Nidana* when an individual continuously comes to the contact with the specified causes of *Kshina Shukra* first of all they

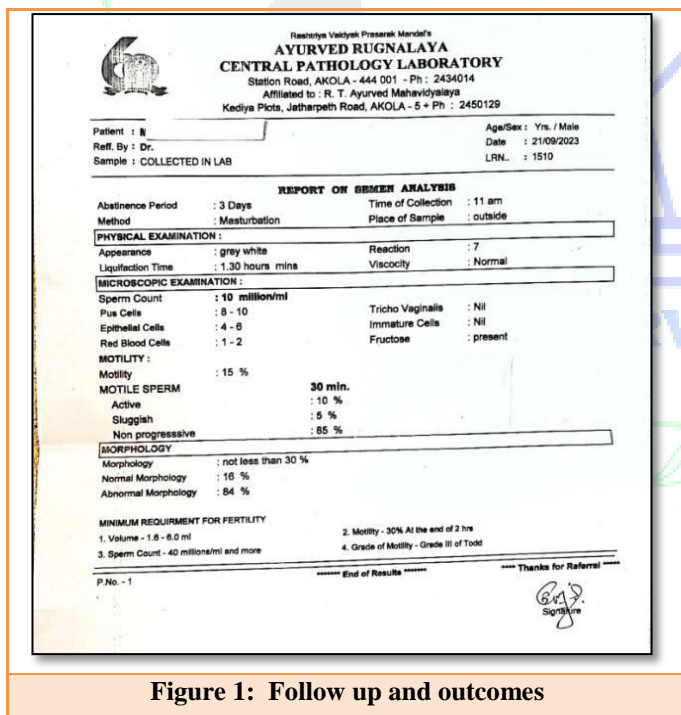


Figure 1: Follow up and outcomes

vitiates both *Vata* and *Pitta Dosha* and they undergo *Prakopa*. This is a common happening and from this stage the *Samprapti* can be compiled in two different ways.

A) *Vata* and *Pitta* which has undergone *Prakopa* vitiates *Jatharagni* which in turn ends in the production of *Ama Dosha*. The *Ama Dosha*, which is the improperly digested *Annarasa* enters *Dhatuvaha Srotas*. As a result of the entrance of sama dosha into the *Rasavaha Srotas*, It gets obstructed. When a *Srotas* is obstructed, it affects the *Dhatu Parinaman* (transformation of body tissues) since there is obstruction, transformation of *Rasa Dhatu* to the next higher *Rakta Dhatu* is hindered. The result is *Rakta Kshaya*. As a result of this progressive Metamorphosis of *Dhatu* is hampered. The ultimate *Srotas* that is *Majjavaha Srotas* obstruction leads to poor nourishment of *Shukradhatu* which in turn produces *Shukra Dhatu* of low quantity and quality, i.e manifestation of *Kshina Shukra*.

B) The *Nidanas* of *Kshina Shukra* makes *Khavaigunya* in the *Shukravaha Srotas* directly. The *Vata* and *Pitta* which are the connected *Doshas* are still in the stage of *Prakopa*, it gets localized in the region where *Khavaigunya* occur in the *Shukra Vaha Srotas*. *Srotas* itself is made-up of *Dushyas* and when the vitiated *Doshas* localise in the *Srotas*, it is really *Doshadushya Sammurchana*.

C) The *Prakupita Doshas* i.e *Vata* and *Pitta* with a potential of creating pathology in body interact with *Shukra Dhatu*, thus producing *Kshina Shukra*.

D) *Samprapti Ghatakas*:

Table 5 : Samprapti Ghatakas

Dosha	Vata And Pitta
Dushya	Shukra
Adhisthan	Vrushan, Shepha
Ama	Jatharagnimandhya janya
Srotas	Shukravaha Srotas
Srotodusthi Lakshana	Sanga
Rogamarga	Madhyam
Sadyasadhyata	Kruchra Sadhya

Chikitsa Of Kshina Shukra:

Charakacharya in seventh chapter of *Vimana Sthana* explains three particular steps of treatment and mentioned that the physician should follow these principle treatment modalities they are:

1. *Nidan parivarajana* .^[8]
2. *Samshaman chikitsa*
3. *Samshodhan Chikitsa*

1. Nidana Parivarjana

To rule out the *Roga* one has to avoid the etiological factors, earlier mentioned *Nidanas*, *Aunupashya* are to be strictly avoided by the patient; To create *Dhatu Samya* it is unavoidable to keep distance from the *Nidanas*.

2. Samshaman Chikitsa

Dalhana comments as *Upachaya* is the primary line of treatment in *Ksheena Shukra*. So while treating *Ksheena Shukra* the physician should select the combination of drugs which boost the *Shukra Dhatu*. Properties of *Vrishya Dravyas* are *Madhura Rasa*, *Snigdha Guru Guna* with function of *Jivanan* and *Brimhana* and which create *Harshana* of *Mana*. **Shukrakar Aushadhis** : They can be effectively selected according to the condition from the following.

1. Those mentioned in *Vajikar Yogas*.
2. Those mentioned in *Shukradusthi Chikitsa*.
3. *Raktapittahara Yogas*.
4. *Yonivyapadhara Yogas*

Shukrakara Aharas: Aharas which, includes Ghee, milk, *Madhura*, *Snighdha*, *Sheeta Dravyas*, *Shali Yava*, *Godhuma* etc can be used effectively as *Shukrakara Aharas*

Shukrakara Viharas: Stree is explained as best among *Vajeekaranas* and *Ritucharya* mentioned by our classic which augment *Shukra* in body

3. *Samshodhan Chikitsa:*

In *Kshina Shukra* The main line of treatment in *Kshina Shukra* has been given as “*Kshine Shukrakari Kriya*” .^[9] Before the administration of the drugs, which are having *Vrushya* karma, it is a general factor to prepare the body in order to get maximum benefit. These *Shodhana* procedures are sufficient enough to create *Srotoshuddhi* and a body devoid of *Malas*. *Ayurveda* includes *Vamana Karma* and *Virechana Karma* in these *Shodhana* procedures .^[10] In *Shukra Dosh* i. e in *Kshina Shukra* the choice of treatment is *Basti* (*Anuvasana* & *Niruha*) Which Is Made Out Of *Shukravardhaka Dravyas* in *Ghrita*, *Taila* etc. is given. .^[11] The classics like *Charaka samhita*, *Susruta Samhita* etc. explain various recipes of *Vrushya Basti* which can be effectively used in the condition. .^[12,13]

Discussion:

Kshina Shukra is a *Vyadhi* in which *Shukra dhatu* is qualitatively and quantitatively vitiated. Also, certain degree of quantitative reduction in *Shukra Dhatu* is indicated by three conditions namely *Alpa-Kshina-Vishushka Retas*. *Acharya Sushruta* has also mentioned the word *Kshina Retas*, while elaborating definition of *Vajikarana Tantra*.^[14] . While *Dalhana*

opines *Kshina Retas* is moderately low level of *Shukra* occurring in middle age group due to some etiopathology. Fertility potential of *Shukra Dhatu* is also affected by disease *Ksheena Shukra*. These *Lakshnas* can be included under qualitative vitiation of *Shukra Dhatu*.

Hence it can be concluded that in *Kshina Shukra* due to consumption of various etiological factors and *Dushti* of *Shukravaha Srotas*, *Shukra Dhatu* production is not up to its mark and ejaculated in low volume. In short, which indicate towards quantitative and qualitative changes of *Shukra Dhatu*. The *Doshik* involvement in this condition is *Vata* and *Pitta Doshas*.

Table 6 : Oral medication & Mode of action

Oral medication	Mode of action
1. <i>Chandraprabha Vati</i>	Balance <i>Vata</i> and <i>Pitta Doshas</i> , enhancing all seven <i>Dhatus</i> specially <i>Shukra Dhatu</i> , enhancing overall vitality and rejuvenating the reproductive system, improving genitourinary health. Though its adaptogenic and calming properties, aids in reducing mental stress. Having <i>Deepan</i> and <i>Pachana</i> , Diuretic, antimicrobial, anti-inflammatory and analgesic properties.

Oral medication	Mode of action
2. Makardhwaj Vati	Powerful <i>Rasayana</i> , balancing <i>Tridoshas</i> , enhancing <i>Shukra Dhatu</i> , and supporting physical, mental and sexual health. Aphrodisiac, enhance vitality, rejuvenates tissues.
3. Amalakyadi Churna	Balancing <i>Tridoshas</i> , enhancing <i>Shukra Dhatu</i> and improve sperm count. Having <i>Rasayana</i> , antioxidant, rejuvenating properties. Improving blood circulation, adaptogenic in nature, reducing stress, mild aphrodisiac, promoting fertility and sexual vitality. <i>Deepana</i> and <i>Pachana</i> in nature.

Conclusion:

This *Ayurvedic* treatment therapies were helping in improving the seminal parameters to a satisfactory level. Hence this approach can be considered in patients with low sperm count and motility..

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