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A case study of *Shukra Kshaya* w.s.r. to Oligospermia

Mukul Panwar¹, Jitendra Sankhala², Manoj Meena³, Shailendra Singh Mandloi⁴

¹Assistant Professor, Department of Kaya Chikitsa, WTM Ayurvedic Medical college and Hospital, Amroha, Uttar Pradesh, India.

²Assistant Professor, Department of Agada Tantra, WTM Ayurvedic Medical college and Hospital, Amroha, Uttar Pradesh, India.

³Assistant Professor, Department of Swasthavritta, WTM Ayurvedic Medical college and Hospital, Amroha, Uttar Pradesh, India.

⁴Senior Ayurved Medical Officer, Govt. Ayurved Dispensary, Tumbadiya, Chittorgarh, Rajasthan, India.

ABSTRACT

Male infertility is primarily caused by low sperm count (oligospermia) and reduced sperm motility (asthenospermia), which can be linked to *Shukravaha Srotas Dushti* and is an issue of global dimensions. Around the world, 8–12% of spouses struggle with infertility. Ten kinds of *Shukra Dushti* that cannot produce offspring have been described by *Acharya Sushrut*. The function of *Shukra Dhatu* according to modern aspects can be explained as reproductive strength of the person, in this *Shukra* means semen only. Factors affecting decrease of *Shukra Dhatu* leads to *Shukra Kshaya* can be co-related with oligospermia in males. *Ayurvedic* management was used to successfully treat a 36-year-old man who had been diagnosed with oligo-asthenospermia, a condition marked by low sperm count and non-motile spermatozoa. The man had been married for three years and his wife had a regular menstrual cycle. After *Aamapachana*, the aim of this case report is to evaluate the effect of *Ayurvedic* treatment in *Shukra Kshaya* which leads to male infertility. And its outcome reveals that the oligospermia associated with male infertility can be effectively managed by *Ayurvedic* treatments.

Key words: *Shukravaha Srotas Dushti, Ksheena Shukra, Male Infertility, Case Report, Vrushya Chikitsa*

INTRODUCTION

Failure to conceive is the hallmark of the male or female reproductive system disease known as infertility. Millions of individuals who are of reproductive age are affected globally. Primary or secondary are both possible. One of the divisions of *Ashtanga Ayurveda*, known as *Vrushya Chikitsa*, focuses on methods to increase semen production when it is insufficient. A disorder called oligospermia^[1]

is defined as having fewer sperm cell spermatozoa. Significant sperm morphology and motility defects can also be present in oligospermia. Oligospermia is defined by WHO 2010 standards as having fewer than 15 million spermatozoa per millilitre.^[2] In more than 90% of instances, male infertility is caused by low sperm quantity (Oligospermia) and poor sperm quality, excluding some physical defects.^[3] *Shukra* is the body's final cellular component and is regarded as the *Sara* of all other *Dhatus*. *Shukra's* primary purpose is *Garbhotpadan*.^[4] "The man alone without offspring looks like a single tree having a single branch, shade less, fruitless, and with foul odour," said *Charakacharya*.^[5] *Karma* of *Shukra* is *Dhairya, Chyavana, Priti, Dehabala, Harsha* and helps in production of progeny.^[6] *Charak Samhita* as well as *Sushrut Samhita* explain about the *Shukravaha Srotas* & its *Moolasthan*.^[7,8] *Acharya Sushrut* has proposed the following *Shukradoshas* - *Vata, Pitta, Kapha, Shonit, Kunap, Granthi, Puti, Puya, Ksheena, Mutra, Purish, Retas*.^[9]

Address for correspondence:

Dr. Mukul Panwar

Assistant Professor, Department of Kaya Chikitsa, WTM Ayurvedic Medical college and Hospital, Amroha, Uttar Pradesh, India.

E-mail: panwarmukul11@gmail.com

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CASE STUDY

Presenting Complaints

In August 2021, a 36-year-old male patient driver made a visit to the OPD of the National institute of ayurveda Jaipur. He & his better half were trying for their second issue but unable to conceive despite unprotected coitus for more than a year. Past family clinical history was non-contributory.

Local Examination & History

It is typical for secondary sexual characters to develop. Patient has never had any sexually transmitted infections, genitourinary tract infections, or chronic medical conditions like the mumps or orchitis. There was no history of erectile dysfunction, premature ejaculation, and delayed ejaculation. The scrotum, testes, or penis did not exhibit any anatomical abnormalities during the local examination, nor were there any indications of inflammation, ulceration, or rashes.

MATERIALS AND METHODS

Pachana

Pachana for Koshtha Shodhana Haritakyadi Churna and Amapachana^[10] for five days, 1 tsp. of BD in hot water with luke warm water was given.

Abhyanga and Swedan

Sarvanga Abhyanga was done daily with Dasmool Taila and then Vashpa Sweda was given.

Shodhana Chikitsa

Karma Basti's schedule included Yapana Basti^[11] (30 days). Overall, there were 18 Anuwasan Basti and 12 Yapana Basti administered.

Shaman Chikitsa

1. Ojaswani Churna - 3 gm with milk

2. Aswagandha Churna - 3 gm

Shatwari Churna - 2 gm

Vidarikand Churna - 1 gm with milk

Konchpak 1 tsp with 125 mg Shilajit BD with milk

Pathya-Apathya

The patient was instructed to stop chewing tobacco and Ratri Jagrana. It was suggested to consume Shadrasatmak Aahar without letting hunger linger.

RESULTS

The sperm count was 13 million/ml prior to treatment, did rise to 75 million/ml following treatment.

Test Name	Before Treatment	After Treatment
pH	Alkaline	Alkaline
Total sperm count	13	75
Total motility	35	50
Non-motile sperm	45	35
Sluggish	20	15
Normal forms	60	60
Abnormal forms	40	40
Pus cells	3-4	2-4
Epithelial cells	1-2	1-2

Before Treatment

Medical Laboratory Report

Patient Name : Mr NEERAJ KUMAR 2781/45 Patient UID No : RNJ210800045783
 Age and Gender : 34 Years / Male PRN No : RNJ210800045783
 Category : OPD - RJ NIAJAIPUR Registered On : 28.08.2021 10:52
 Referring Doctor : Dr. Rashmi Mutha Sample UID No. : 20093879
 Sample Processed at : RJ NIAJAIPUR

Test Done	Observed Value	Units	Reference Range
pH	Alkaline		> 7.2
Total Sperm Count	13	millions/ml	> 20 millions/ml
Total Motility	35	%	> 50 %
Non Motile Sperms	45	%	
Sluggish	20	%	
Normal Forms	60	%	> 30 %
Abnormal Forms	40	%	
Pus cells	3-4	/HPF	2-3/HPF
Epithelial cells	1-2	/HPF	1-2/HPF

Impression: CORRELATE CLINICALLY
 --- END OF REPORT ---

Signature: DR. PRIYANKA SHARMA (MD PATHOLOGIST)

Sample Collected On: 28.08.2021 10:54 Sample Accepted On: 28.08.2021 10:54
 Results Authenticated On: 28.08.2021 11:42 Results Reported: 28.08.2021 11:43
 E12267 Printed On: 01.09.2021 11:18

After Treatment

Medical Laboratory Report

Patient Name : Mr NEERAJ DMS
 Age and Gender : 36 Years / Male
 Category : OPD - RJ NIAJAJPUR
 Referring Doctor : Dr. Uday Raj Samji
 Sample Processed at : RJ NIAJAJPUR

Patient UID No : RJN221100049850
 PBN No : RJN221100049850
 Registered On : 15.11.2021 10:25
 Sample UID No : 80264339

SEMIANALYSIS

Colour : Milky White ml
 Volume : 3.5 ml
 Liquefaction time : 30 mins. 0-30 mins
 Viscosity : Normal

CHEMICAL EXAMINATION

pH : Alkaline > 7.2

MICROSCOPY

Total Sperm Count : 75 million/ml > 20 million/ml
 Total Motility : 50 % > 50 %
 Non Motile Sperms : 35 %
 Sluggish : 15 %
 Normal Forms : 60 % > 30 %
 Abnormal Forms : 40 %
 Pus cells : 2-4 /HPF 2-3/HPF
 Epithelial cells : 1-2 /HPF 1-2/HPF

OTHERS

Impression : correlate clinically
 --- END OF REPORT ---

DR. PRIYANNA SHARMA
 MD PATHOLOGIST

Sample Collected On : 15.11.2021 10:30
 Results Authenticated : 15.11.2021 12:31
 Sample Accepted On : 15.11.2021 10:31
 Results Reported : 15.11.2021 12:31
 Printed On : 15.11.2021 10:30

NATIONAL INSTITUTE OF AYURVEDA (Ministry of AYUSH, Govt. of India)
 Adhav Vilas Palace Road, Jorawar Singh Gate, Amer Road, Jaipur, Rajasthan-302002
 PMSD Diagnostics Private Limited
 Ph: 7420014030 / 7420014031 | info@krsnadiagnostics.com
 www.krsnadiagnostics.com

DISCUSSION

Sperm count and motility are typically found to be low in oligospermia. Increasing sperm count and motility should be the goals of treatment for oligospermia. *Shukradushti*. *Shukradushti* is the causative factor for the infertility. *Ksheenashukra* is a type of *Shukradushti* which can be correlated to oligoasthenospermia. The treatment of *Ksheenashukra* mainly aims at *Shukrajanaka* and *Shukrapravartaka* in-terms of increasing the sperm count and motility by using *Vajeekarana Dravya*. *Haritaki*, *Amalaki*, *Haridra*, *Shunthi*, *Pipalli*, *Vacha*, *Vidanga*, and *Saindhav* are the members of the *Haritakyadi Churna*. These medications, which include *Katu*, *Tikta Rasa Pradhan*, and *Ushna Veerya*, primarily benefit in the correction of *Agnidushti* as well as *Vaata* and *Mala Anuloman*. *Sahachar*, *Bala*, *Darbharmool*, *Sariva*, *Bruhati*, *Kantakari*, *Shatawari*, and *Guduchi* were among the drugs used in *Yapana Basti*. To the *Ksheerapaka* of mentioned drugs, *Kalka* of *Madanphala*, *Yashtimadhu*, and *Pippali* were added. As part of the *Prakshepa Dravya*, the *Kalka* was joined by *Madhu*, *Saindhav*, *Tila Taila*. The name “*Ashwagandha*” describes the smell of

its root, meaning “like a horse.” *Ashwa* means horse. Practitioners use this herb as a general tonic to boost energy and reduce stress and anxiety. Some also claim that the herb may be beneficial for certain cancers, Alzheimer’s disease, and anxiety. More research is necessary; to date, promising studies into the health benefits of *Ashwagandha* have mainly been in animals. This article looks at the traditional uses of *Ashwagandha*, how to take it, and the evidence behind its possible health benefits and risks. *Shatawari*, also known as the “Queen of Herbs,” has been used for centuries to balance hormones and as a general tonic to improve the health and libido of women. Being a potent adaptogenic herb, it helps manage diabetes mellitus, lower cholesterol, and triglycerides, and treat bacterial and fungal infections, oedema, infertility, depression, and cancer in addition to relieving physical and emotional stress. *Kaunch Pak* is a well-known Ayurvedic aphrodisiac in herbal jam form. *Kaunch* means seeds of *Kapikacchu*. It is used in male infertility treatment. It improves sperm count and quality. *Shilajit* has been used for centuries by people all over the world for achieving good health. The substance has been used for years for increasing the levels of testosterone in men. Men who consume *Shilajit* have higher sperm count and sperm motility. The patient received oral medication for two months following the completion of 30 *Basti*. Drugs like *Shatawari*, *Ashwagandha*, *Vidarikand*, *Ojaswani Churn*, and *Shilajatu*, all of which fall under the category of *Vajikarana Dravya*, are included in tab. Spermon. *Balya*, *Vrushya*, and *Rasayan* properties belong to *Shatawari* and *Ashwagandha Churna*. *Vrushya* and *Sheeta Veerya* help to promote the *Vridhhi* of *Shukra*.

CONCLUSION

Ayurvedic medicine treats infertility by detoxifying the body, or *Shodhana*. It focuses on all elements, such as *Aahar* and *Vihara*, which are crucial in the manifestation of any pathology. In this instance, we used Ayurvedic principles to treat *Shukradushti*. Effects of the ingredients increased sexual desire, length of coitus, having an orgasm or feeling sexual satisfaction, as well as sperm motility and count.

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