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Ayurvedic management in Male Infertility w.s.r. to Oligoasthenospermia : A Retrospective Case Series

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ABSTRACT

Male infertility refers to a male's inability to result pregnancy in a fertile female and it has a strong impact on psychology of couple. Almost 30-40% of Infertility cases found to be of due to male factor. Oligoasthenospermia (low sperm count and low sperm motility) is one of the main noted causes of male infertility. Author present a case series of three male patients visited the Outpatient department of Prasutitantra evam Streeroga, P D Patel Ayurvedic Hospital, Nadiad, Gujarat with complains of unable to conceive her partner even after having regular unprotected coitus more than one year of married life. Semen analysis of these patients revealed low sperm count (<15 million/ml) and low sperm motility (<40%). Patients were treated with oral medicaments of *Shukrajananavati*, a combination of *Ashwagandha Churna* 2g and *Gokshura Churna* 1g for 3 months. Along with oral medicaments one sitting of 6 days intra urethral *Uttarbasti* of *Narayana Taila* was given to all the patients. The effect of therapy was assessed on the bases of improvement in sperm motility and count. After 3 months, semen analysis report of all three patients showed an increase sperm count and marked improvement in sperm motility. The present findings and the effective management of Oligoasthenospermia with Ayurveda formulations highlight the promising scope of traditional medicine in male infertility.

Key words: Oligoasthenospermia, Male infertility, Ashwagandha Churna, Uttarbasti, Shukrajananavati, Gokshura Churna

INTRODUCTION

Infertility is a disease, of the male or female reproductive system, defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse.^[1] Oligospermia and low sperm count refer to semen with low concentration of sperm and is a common finding in male infertility. As per World Health Organization (WHO), a low sperm count is less than around 15 million per ml.^[2] Asthenospermia is defined as <40%

sperm motility or less than 32% with progressive motility. *Ksheena Shukra* is denoted among eight types of *Shukra Dushti*, enumerated in Ayurveda classics can be correlated with Oligoasthenospermia.

In present case series, patients suffering from Oligoasthenospermia had been treated with Intra urethral *Uttarbasti* followed by oral administration of *Shamana* drugs. Those are combination of *Ashwagandha Churna* and *Gokshura Churna* and *Shukrajananavati*. All medicines were procured from Sundar Ayurved Pharmacy, Nadiad. The patients were assessed based on semen analysis before and after treatment. Detail treatment protocol of all the three patients is as follow:

Treatment Plan

SN	Drug	Dose	Route	Duration
1.	<i>Ashwagandha Churna</i> 2g + <i>Gokshura churna</i> 1 g	3gm with milk	Oral	3months
2.	<i>Sukrajanana Vati</i>	3 tabs 3 times a	Oral	3months

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		day with milk		
3.	<i>Narayantaila Uttarbasti</i>	1 st day - 5ml 2 nd day - 10ml 3 rd day - 15ml 4 th day - 20ml 5 th day - 25ml 6 th day - 30ml	Intraurethral	6 days

CASE SERIES

Case 1

A male patient aged 24years, visited outpatient department of Prasutitantra evam Streeroga for fertility. The patient denied any history of smoking, alcohol use, or illicit drug use. No abnormality detected during physical examination. His semen analysis suggested Oligospermia and low sperm motility. According to USG report both testes were normal in size and no evidence of focal lesion was observed. Patient was treated with Ayurvedic medicines for 3 months and improvement in semen test was noted as mentioned below.

Semen Analysis	Before Treatment	After Treatment
Volume (ml)	2ml	2ml
Colour	Milky white	Greyish white
Reaction	Alkaline	Alkaline
Liquefaction	20min	Within 20 min
Sperm count	12millions	23millions
Actively motile	30%	58%
Slowly motile	35%	10%
Non motile	35%	32%

Pus cell	2-3	Absent
Fructose	Positive	Positive

Case 2

A male patient aged 31years, visited outpatient department of Prasutitantra evam Streeroga with complain of unable to conceive his partner in the past 2 years. He had addiction of tobacco chewing since five years. On scrotal examination the temperature, position and size of the testes were normal. According to USG report both testes were normal in size and no any evidence of focal lesion was observed. His semen analysis suggested Oligoasthenospermia. Patient was treated with same Ayurvedic medicines for 3 months and noted improvement in semen test is as mentioned below.

Semen Analysis	Before Treatment	After Treatment
Volume	2ml	2ml
Colour	Milky white	Milky white
Reaction	Alkaline	Alkaline
Liquefaction	20	20
Sperm count	9 million	25 million
Actively motile	25%	48%
Slowly motile	30%	20%
Non motile	45%	32%
Pus cell	2-3	2-3
fructose test	Positive	Positive

Case 3

A Male patient of 26 years age, came to an outpatient department with a complain of failure to conceive his partner in the last 2.5 years and having history of varicocele. On scrotal examination the temperature, position and size of the testes were normal. USG report suggested mild varicocele in left testicle. His semen analysis suggested oligo asthenospermia. Patient was

treated with same Ayurvedic medicines as mentioned above for 3 months and noted improvement in semen test is as mentioned below.

Semen Analysis	Before Treatment	After Treatment
Volume	2ml	2ml
Colour	Milky white	Milky white
Reaction	Alkaline	Alkaline
Liquefaction	20min	20min
Sperm count	10 million	18 million
Actively motile	20%	70%
Slowly motile	30%	45%
Non motile	50%	30%
Pus cell	4-6	2-3
Fructose	Positive	Positive

DISCUSSION

Infertility can be defined as failure of couple to conceive after 12 months of regular intercourse without the use of contraception in women <35 years; and after 6 months of regular intercourse without the use of contraception in women ≥35 years.^[3] It was reported that 40% of infertility cases were related to men, 40% of women and 20% of both sexes.^[4] Male infertility refers to a male's inability to result pregnancy in a fertile female. "Male factor" infertility is seen as an alteration in sperm concentration and/or motility and/or morphology in at least one sample of two sperm analyze, collected 1 and 4 weeks apart.^[5] Males with sperm parameters below the WHO normal values are considered to have male factor infertility. The most significant of these are low sperm concentration (oligospermia), poor sperm motility (asthenospermia), and abnormal sperm morphology (teratospermia). Other factors less well associated with infertility include semen volume and other seminal markers of epididymal, prostatic, and seminal vesicle function. Semen analysis remains the single most useful and

fundamental investigation with a sensitivity of 89.6%, that it is able to detect 9 out of 10 men with a genuine problem of male infertility.^[6] The exact reason for the decline in semen quality is not clear, but it may be due to environmental, nutritional, socioeconomic or other unknown causes.^[7]

Ksheena Shukra is denoted among eight type of *Shukra Dushti*, enumerated in Ayurveda classics. The treatment for *Shukra Dosha* as mentioned in Ayurveda text is use of *Uttarbasti*^[8] and *Vajikaranadravyas* (aphrodisiac medicines) depending on the condition. *Safed Musli*, *Ashwagandha*, *Gokshura*, *Kaunchabeeja*, *Phalaghrita*, *Chandraprabhavati*, etc. are some of the best *Vajikarana Dravyas* for *Kshina Shukra*. The beneficial effects induced by oral intake of the roots of *Withania somnifera* (*Ashwagandha*) on semen quality of infertile men have previously been studied.^[9] The fruits of *Gokshura* (*Tribulus terrestris*. Linn) are considered to act as a diuretic and aphrodisiac; they used for urolithiasis, sexual dysfunctions, and infertility.^[10] Hence, powder of *Ashwagandha* and *Gokshura* was used in the management of Oligoasthenospermia (*Kshina Shukra*).

Acharya Charaka has described "*Shukrajanana Mahakashaya*" in the *Sutrasthana* 4th *Adhyaya*. It is compilation of 10 drugs which helps in generation of *Shukradhatu*. *Jeevaka*, *Rishabhaka*, *Kakoli*, *Ksheer Kakoli*, *Mudgaparni*, *Mashparni*, *Meda*, *Vridhdharuha*, *Jatila* and *Kulinga*. *Vidhari Mula* (in place of *Jivaka* and *Rishabhaka*), *Ashwagandha* (in place of *Kakoli* and *Kshirakakoli*), *Mashaparni*, *Mudgaparni*, *Shatavari* (in place of *Meda* and *Vridhdharuha*) and *Gunja Mula* (in place of *Jatila* and *Kulinga*), the drugs which are not existent today, their respective *Pratinidhi Dravya* were used to prepare *Shukrajanana Vati* as mentioned above. These drugs are *Guru* (heavy), *Snigdha* (unctuous), *Manda* (thick), *Hima* (cold) and *Sthira* (stable) in nature. Most of drugs are having *Madhura Rasa* (sweet taste), *Madhura Vipaka* and *Sheeta Veerya* (cold potency) which are similar to *Shukradhatu* properties and it increases *Shukradhatu*.

Uttarbasti is one such Ayurvedic process that performed through the vaginal and urinary tracts in

females and males respectively. The medicine in the form of oil/ghee/*Kashaya* etc. is administered through urethra into the seminal vesicles and bladder. Medicines used for *Utarabasti* in males are *Narayanataila*, *Vidyardighrita* etc. Here *Narayana Taila* was selected for *Uttarabasti* as *Narayana Taila* is best to pacify the *Vatadosha* and provides nutrition to the reproductive system. *Uttara Basti* has a cleansing action so it clears the genital passage and restores the sexual functions.

CONCLUSION

Ayurvedic Siddhantas are key to clinical success. *Shukravaha Strotoshodhana* is done with the help of *Narayana Taila* intra urethral *Uttarabasti Karma*. After that *Shuddhashukrotpatti Vajikarana* and *Rasyana Chikitsa* was given to enhance the sperm count and motility. After the treatment, semen analysis of all the patients showed increased count of sperms and motility of sperm. Two out of three patients were able to conceive their partners. So adopted treatment protocol is very effective in cases of Oligoasthenospermia (*Kshina Shukra*).

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REFERENCES

1. D.C. Dutta's Textbook of Gynaecology, D.C. Dutta: 6th Edition, Chapter 16, Page 227
2. WHO Criteria for normal semen gram 2010. Impact of the new WHO Guidelines on diagnosis and practice on

male infertility, the open reproductive science journal, Vol-3, 2010 page 7-15

3. Practice Committee of the American Society for Reproductive Medicine. Definitions of infertility and recurrent pregnancy loss. *Fertil Steril*. 2008;90 (5 Suppl):S60
4. Sadock BJ, Sadock VA. 9th ed. Philadelphia: Lippincott Williams and Wilkins; 2003. Kaplans and Sadocks Symptoms of Psychiatry Behavioral Sciences Clinical Psychiatry; pp. 872–4.
5. 4th ed. Cambridge: Cambridge University Press; 1999. World Health Organization. WHO Laboratory Manual for the Examination of Human Semen and Semen-Cervical Mucus Interaction; pp. 1–86.
6. Butt F, Akram N. Semen analysis parameters: Experiences and insight into male infertility at a tertiary care hospital in Punjab. *J Pak Med Assoc*. 2013;63:558–62.
7. Carlsen E, Giwercman A, Keiding N, Skakkebaek NE. Evidence for decreasing quality of semen during past 50 years. *BMJ*. 1992;305:609–13.
8. Charak Samhita, Dr shashirekha H. K. Dr bargale Sushant sukumar vol. 5th sidhhi sthan chapter 9 page 275
9. Ambiye VR, Langade D, Dongre S, Aptikar P, Kulkarni M, Dongre A, Clinical Evaluation of the Spermatogenic Activity of the Root Extract of *Ashwagandha* (*Withaniasomnifera*) in Oligospermic Males: A Pilot Study, *Evid Based Complement Alternat Med*. 2013; 2013: 571420. doi: 10.1155/2013/571420. Epub, Nov 2013; 28.
10. Thirunavukkarasu M. Sellandi, Anup B. Thakar, Madhav Singh Baghel, Clinical study of *Tribulusterrestris* Linn. In *Oligozoospermia: A double blind study*.

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