

Ayurvedic modalities in the management of Sukraksheena w.s.r. to Asthenospermia - A Case Study

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Infertility is usually defined as the inability of a couple to conceive even after a year of unprotected, frequent sexual intercourse. It affects about 15% of all couples in the United States and at least 180 million couples worldwide. WHO data from 2023 suggests that 1 in 6 people globally experience infertility and that roughly one-third of infertile couples have a male factor contributing to infertility. The main causes of male infertility are low sperm count (oligospermia) and reduced motility of sperms (asthenospermia) and according to the ancient it can be correlated with Shukravaha Srotas Dushti. Acharya Sushrut has explained 10 types of Shukra Dushti which are incapable of producing a progeny. Shukravaha Srotas Dushti leads to Aharsa(loss of libido), Klaihya etc. According to Ayurveda there is no direct correlation of Oligospermia or Asthenospermia but we can correlate it with Shukra Kshaya or Ksheena Shukra. A 45-year-old male who had been diagnosed as Asthenospermia (Non motile sperm) with 5 years of married life and his wife with regular menstrual cycle, were treated successfully with Ayurvedic management based on Sukrasodhana followed by Sukrajanana Therapy. After Deepan-pacana, Abhyantara Snehana, Sodhana (Virechana Karma) and Samana Chikitsa with Phalaghrita, Pushpadhanya Rasa, Chagaladya Ghrita etc. were administered. There was a significant improvement in Subjective and Objective (seminal) parameters markedly improved.

Keywords: Shukravaha Srotas Dushti, Ksheena Shukra, Male infertility, Virechana, Chagaladya Ghrita

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Introduction

Male infertility is defined by the World Health Organization (WHO) as the inability of a male to make a fertile female pregnant for a minimum of at least 1 year of regular unprotected intercourse. The male is solely responsible for about 20% of cases and is a contributing factor in another 30% to 40% of all infertility cases.[1]

Infertility is two types Primary infertility denotes those patients who have never conceived. Secondary infertility indicates previous pregnancy but failure to conceive subsequently.[2]

This is a case report of a 45 years old male patient with 5.2 years of married life, presented with primary infertility with investigation report of complete absence of actively-motile sperm count, was diagnosed as Asthenospermia with Sperm concentration 95 million/ml and Immotile sperms 90%, Sluggishly motile 10% and actively motile 00%. He has no history of any addictions or any systemic diseases.

In *Ayurveda* the chief constituents of our body, throughout the life is maintained by *-tridosas, dhatus and malas* (दोषधातुमल मूलं सदा देहस्या).[3] So long as they are in their normal quantity, qualities and function, maintain the health of the body and when they become abnormal, causes many diseases.[4]

There are seven *Dhatu*, all *Dhatus* have their *Prakrita Karma*. *Shukra* is the important essence of the body, which is the *Antim Dhatu* (last *Dhatu*) among seven *Dhatus*. The specific function of *Shukra* is *Garbhotpadan*. [5] *Sukra* is the *Prasada Bhaga* of *Majja* and from the *Prasada Bhaga* of *Sukra Garbhautpatti* occurs.[6]

According to *Charaka Samhita* "The man alone without offspring looks like a single tree having single branch, shade less, fruitless and with foul smell"[7]. *Prakrita Karma of Shukra is Dhairya, Chyavana, Priti, Dehabala, Harsha* and helps in production of progeny.[8]

Charak Samhita and also in *Sushrut Samhita* explain about the *Shukravaha Srotas* & its *Moolasthanas* (*Vrisana, Sthana*)[9] (*Vrisana, Sepha/Medra*).[10] *Acharya Sushrut* has proposed the following *Shukradoshas* - *Vata, Pitta, Kapha, Shonita, Kunap, Granthi, Puti, Puya, Ksheena, Mutra, Purish, Retas*. [11]

Case Study

A Couple Presented with the Complaint of Inability to Conceive Even After 5 Years of Married Life, having regular unprotected sexual Life, attended to our OPD of Roganidana Evum Vikriti Vigyana of IPGAE & R At SVSP, Kolkata on October 2024. On detailed evaluation of the case, we came to know - the female partner had a regular menstrual cycle with normal bleeding pattern. After that they were trying for conceive till now despite unprotected coitus for more than a year but unable to conceive. Investigation shown male partner had a history of absence of sperm motility, semen analysis revealed that, semen volume as 2.20ml, sperm concentration 95million/ml, actively motile 00%, sluggishly motile 10% and immotile sperms 90%. Normal sperm count 50% and abnormal sperm count 50%. There was no abnormality detected on physical examination. He had no other systemic illnesses. Based on the laboratory investigations and the clinical history he was diagnosed as Asthenospermia. As per *Ayurvedic* point of view this can be considered as *Ksheena Sukra*, one among the *Ashtavidha Sukra Dushti*. Past family clinical history was non-contributory.

Personal history

Appetite - Moderate
Bowel - Irregular (2-3times/day)
Bladder - Normal (7-8times/day)
Sleep - Disturbed
Addiction - No such
Occupation - Business

General Examination

Vitals

Blood pressure - 110/70
Pulse Rate - 84bps
Respiratory Rate - 19/min
Temperature - Normal body temperature (37.6°C)
The Patients was conscious, alert and Co-operative
Facies - Anxious
Nutrition - Moderate
Built - Moderate
Psychological status - Normal
Height - 5'6"
Weight - 58kg
Pallor - Mild
Icterus, Cyanosis, Clubbing, Oedema - No
Abnormalities seen

Lymphadenopathy - Not palpable

Astavidha Pariksha

Nadi - Vata-Pittaja predominant

Mala - Mridukostha

Mutra - Samyak

Jihwa - Amayukta/Alpo-sama

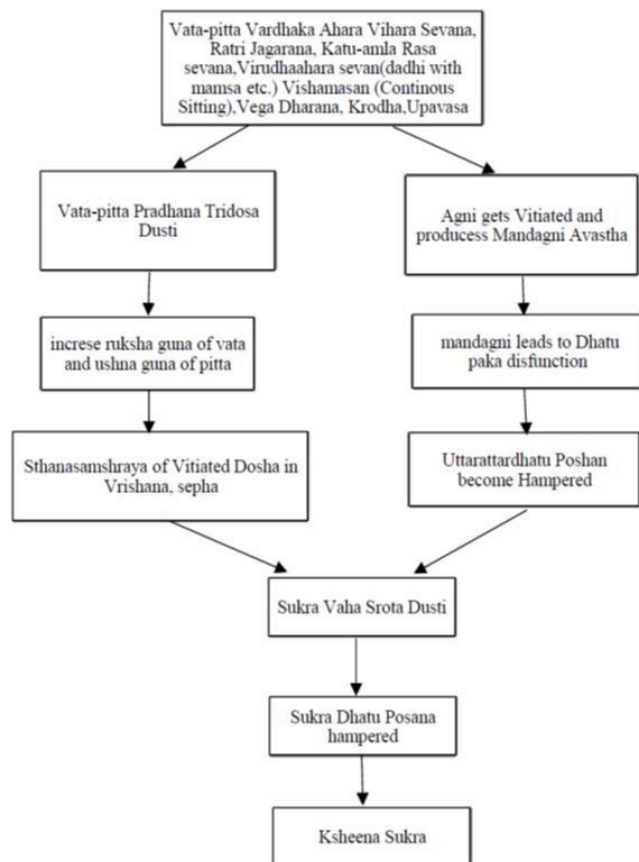
Sabha - Normal/Spasta

Sparsha - Normal body temperature (Anushna-Sheeta)

Drik - Samyak Dristi

Akruti - Madhyam

Samprapti



Materials and Methods

Subjective criteria	Objective criteria
Durbalya, Pandutwa, Sadana, Sukra Visarga	Semen Analysis

Deepan-Pachana

For Amapachana and Koshta Shodhana 10gm Panchakol[12] Churna mixed with 1 litre of Luke warm water to be consumed whole day for 7 days.

Shodhana Chikitsa

After Amapachana - Abhyantara Snehapana Start with Phala Ghrita for 7 days

Day 1	30 ml
Day2	60ml
Day 3	90ml
Day 4	120ml
Day 5	150ml
Day 6	180ml
Day 7	210ml

After proper Abhyantara Snehana, Virechana Karma[13] was done with 80ml Trivrit Avaleham.

Shaman Chikitsa

After Virecana Karma and Samsarjan Karma, Samana Chikitsa started on opd basis

1. Chagaladya Ghrita - 10gm BDAC with Luke warm water in empty stomach.

Krishnachaturmukha + Pushpadhanya Rasa - 1 pill each, 1 dose BDAC with honey

2. Vaiswanar Churna - 3 gm BDPC with Luke warm water

For Two months, after that

1. Pushpadhanya Rasa -125 mg + Sidhamakardhwaj - 125mg, 1 dose BDAC with honey

2. Vaiswanar Churna - 3gm BDPC with Luke warm water

Pathya-Apathya

Pathya

Madhurayukta Sadarasa Sevan, Ghee, milk, green vegetables etc. along with good sound sleep.

Apathya

Night awake, long standing, avoid Vata-Pitta aggravating diet (sour, spicy, oily etc.) and excessive physical work.

Results

Subjective Parameters Result

Clinical features	Before treatment	After treatment (after 1 month)	Follow-up after 3 months
Dourbalya	+++	+	+
Pandutwa	++	+	-
Sadana	+++	+	+
Sukra Visarga	++++	+++	++

Before treatment the Sperm count was 50.4 million/ml and after treatment, it increased to 82.7 million/ml and after 3 months of follow-up. Actively motile % increased from 50% to 58%.

Test Name	Before Treatment (16/09/24)	After Treatment (30/10/24)	Follow up after 3 months (27/01/25)
Volume	2.20ml	3.0ml	3.5ml
Color	white	white	white
Reaction	Alkaline	Alkaline	Alkaline
Viscosity	Normal	Translucent	Translucent
Liquefaction time	60 mins.	45 mins	45 mins
Total Sperm Count	95million/ml	50.4 million/ml	82.7million/ml
After Ejaculation	00%	60%	70%
Actively motile (After 1 hour)	00%	50.0%	58.0%
Sluggishly motile (after 1 hour)	10%	18.0%	18.0%
Non motile (after 1 Hour)	90%	32.0%	24.0%

SAVE LIFE PATHOLOGY
85, Deshbandhu Road
Alambazar, Kolkata - 700 035
Phone : 8420238999, 9143174493

ACC. NO. : 102024/00504
NAME : [REDACTED]
AGE / SEX : 44 Years / Male
REF. DOCTOR : Dr. R. Majumder

RECEIVED ON : 29-10-2024
REPORTED ON : 30-10-2024
CENTRE : SANTOSHI

DEPARTMENT OF CLINICAL PATHOLOGY

Specimen: Semen. Mechanism: Neubauer's Counting/Strip/Microscopic.

SEMEN ANALYSIS REPORT

Test Name	Test Principle/Method	Results	Units	Biological Reference Interval
PHYSICAL EXAMINATION				
Abstinence	Physical	8	Days	3 - 5
Time of Ejaculation	Physical	12:10	P.M.	-
Time of Liquefaction	Physical	45	Minutes	Within 30
Volume	Physical	3.0	mL	1.5 - 5.0
Colour	Physical	White		White/Gray-White
Odour	Physical	Musty		Musty or
Viscosity	Physical	Translucent		Freshly ejaculated semen is highly viscous. After liquefaction semen is Translucent or Turbid.
CHEMICAL EXAMINATION				
Reaction	Chemical/Strip	Alkaline		Alkaline.
pH	Chemical/Strip	7.9		7.7
Blood	Biochemical/Strip	Negative		Negative.
MICROSCOPIC EXAMINATION				
Total Sperm Count	Neubauer's Counting	50.4	million/mL	Normal : 60.0 - 150.0 Average : 100.0 Abnormal : 20.0
SPERM MOTILITY PERCENTAGES WITH DIFFERENT TIME				
Times	Actively Motile	Sluggishly Motile	Non-Motile	
After Ejaculation	60.0 %	10.0 %	30.0 %	Active Motile : 70.0
30 Minutes	55.0 %	15.0 %	30.0 %	
60 Minutes	50.0 %	18.0 %	32.0 %	
90 Minutes	42.0 %	23.0 %	35.0 %	
120 Minutes	35.0 %	27.0 %	38.0 %	
150 Minutes	25.0 %	35.0 %	40.0 %	
180 Minutes	15.0 %	45.0 %	40.0 %	
SPERM MORPHOLOGY				
Normal Spermatozoa		80.0 %		More Than 70.0
Abnormal Spermatozoa				
Double Tail		05.0 %		
Double Head		03.0 %		
Large Head		04.0 %		
Pin Head		03.0 %		
Giant Head		01.0 %		
Amorphous Form		04.0 %		
PUS Cells	Microscopic	4 - 6	/hpf	Not found
RBCs		Not found	/hpf	Not found
Epithelial Cells		1 - 2	/hpf	Not found
Micro-organism		Not found	/hpf	Not found
Fungus Elements		Not found	/hpf	Not found
Parasites		Not found	/hpf	Not found

**** END OF REPORTS ****

Dr. Animesh Ghosh
M.B.B.S. MD(PATH)
Consultant Pathologist

Figure 2: Report after one month of treatment

Neel Kuthi Medical Complex
A Unit Management
North Calcutta Polyclinic
ISO 9001: 2015 Certified

48/2 M. B. T. ROAD, KOLKATA - 50 (SINTHEE MORE)
Mob: 9433859595, 9163589595
Phone: 033 2557-2219
Mail: ncpcpolyclinic21@gmail.com
web: www.neelkuthimedicalcomplex.com

Govt. Regd.

ACC. NO. : 092024/00631
NAME : [REDACTED]
AGE / SEX : 44 Years / Male
REF. DOCTOR : HOSPITAL

DRAWN ON : 16-09-2024 12:07 PM
RECEIVED ON : 16-09-2024 12:08 PM
REPORTED ON : 16-09-2024 07:58 PM
ASSOCIATE : OPD

SEMEN ANALYSIS REPORT

Method of collection : Masturbation.
Time of collection : 12.22 P.M.
Time of Liquefaction : Within 60 mins.
Quantity : 2.20 ml.
Color : White.
Viscosity : Normal.
Reaction : Alkaline

MICROSCOPICAL EXAMINATION.

Total sperm count : 95 million/ml

Motility after 1 hrs

Actively motile : 00 %
Sluggishly motile : 10 %
Non motile : 90 %

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Figure 1: Before Treatment Report

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Alambazar, Kolkata - 700 035
Phone : 8420238999, 9143174493

ACC. NO. : 012025/00510
NAME : [REDACTED]
AGE / SEX : 45 Years / Male
REF. DOCTOR :

RECEIVED ON : 27-01-2025
REPORTED ON : 27-01-2025
CENTRE : OPD

DEPARTMENT OF CLINICAL PATHOLOGY

Specimen: Semen. Mechanism: Neubauer's Counting/Strip/Microscopic.

SEMEN ANALYSIS REPORT

Test Name	Test Principle/Method	Results	Units	Biological Reference Interval
PHYSICAL EXAMINATION				
Abstinence	Physical	9	Days	3 - 5
Time of Ejaculation	Physical	11:20	A.M.	-
Time of Liquefaction	Physical	45	Minutes	Within 30
Volume	Physical	3.5	mL	1.5 - 5.0
Colour	Physical	White		White/Gray-White
Odour	Physical	Musty		Musty or
Viscosity	Physical	Translucent		Freshly ejaculated semen is highly viscous. After liquefaction semen is Translucent or Turbid.
CHEMICAL EXAMINATION				
Reaction	Chemical/Strip	Alkaline		Alkaline.
pH	Chemical/Strip	7.3		7.7
Blood	Biochemical/Strip	Negative		Negative.
MICROSCOPIC EXAMINATION				
Total Sperm Count	Neubauer's Counting	82.7	million/mL	Normal : 60.0 - 150.0 Average : 100.0 Abnormal : 20.0
SPERM MOTILITY PERCENTAGES WITH DIFFERENT TIME				
Times	Actively Motile	Sluggishly Motile	Non-Motile	
After Ejaculation	70.0 %	10.0 %	20.0 %	Active Motile : 70.0
30 Minutes	65.0 %	15.0 %	20.0 %	
60 Minutes	58.0 %	18.0 %	24.0 %	
90 Minutes	50.0 %	23.0 %	27.0 %	
120 Minutes	42.0 %	25.0 %	33.0 %	
150 Minutes	35.0 %	30.0 %	35.0 %	
180 Minutes	28.0 %	35.0 %	37.0 %	
210 Minutes	20.0 %	40.0 %	40.0 %	
SPERM MORPHOLOGY				
Normal Spermatozoa		85.0 %		More Than 70.0
Abnormal Spermatozoa				
Double Tail		03.0 %		
Double Head		03.0 %		
Large Head		01.0 %		
Pin Head		03.0 %		
Giant Head		01.0 %		
Amorphous Form		04.0 %		
PUS Cells	Microscopic	2 - 3	/hpf	Not found
RBCs		Not found	/hpf	Not found
Epithelial Cells		0 - 1	/hpf	Not found
Micro-organism		Not found	/hpf	Not found
Fungus Elements		Not found	/hpf	Not found
Parasites		Not found	/hpf	Not found

**** END OF REPORTS ****

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Figure 3: Follow up Report after 3 months

Discussion

Asthenospermia, is the reduced or poor sperm Mortality, a condition in which sperm have difficulty moving or reducing their ability to reach and fertilize an egg.[15] *Shukradushti* Is the Causative Factor for The Infertility. *Ksheenashukra* is a type of *Shukradushti*, the *Lakshana* of *Sukrakshaya* is- *Chirata Prashichate (Karmakartari)*[16] that means Takes long time to ejaculation or difficulty in ejaculation or we can consider that means reduce the sperm mortality. So, *Sukra Kshaya/Sukra Ksheena* can be correlated to Asthenospermia.

In this case study the treatment principle is follows as *Sukrasodhana* followed by *Shukrajanan*. Before *Sukra Sodhana* we have to maintain the *Agni*, if *Agni* is properly function *Dhatupaka* will be occur properly and *Uttarattar Dhatu Poshan* will be maintained and the *Antim Dhatu*, that is *Sukra* formed properly. Thats why we firstly gave *Panchokol Churna*, it is best *Deepan-Pachan* drug, contains *Pippali*, *Pippali Mula*, *Chavya*, *Chitraka Mula* and *Sunthi*. *Rasa* and *Paka Properties of Panchkol* is *Katu* and *Ruchi Vardhak* (Increase Appetite and Digestion). According to ancient it is best *Deepan-Pachan* Drugs for *Amapachana* and *Agni Vardhana*. [17] So, it helps to increase and maintain the *Agni* and *Dhatu Paka*.

After proper *Amapacana*, *Abhyantara Snehapana* given with *Phalagrita*. In *Astanga Hridaya* mentioned, in male Infertility should be given *Madhura Gana Ausadhiya Samskara* with *Ghrita* or Milk.[18]. So, in terms of increasing the Sperm Motility and sperm count by Using Milk/*Ghrita Samskrita Madura-Ausadha* like- *Jeevaniya Gana Drugs*. *Sharangadhara*, *Vagabhata*, *Yogarajnakar* and *Bhavaprakash* also mentioned *Phalaghrita* in the treatment of *Vandhyatva*. *Sukra Kshaya* is the *Vata-Pitta* aggravated disease.[19]

In *Sukrakshya* the *Ruksha Guna* of *Vata* and *Ushna Guna* of *Pitta* is increased.[20] In *Phalagrita* the ingredients like *Manjistha*, *Kustha*, *Tagara*, *Meda*, *Kakoli*, *Satavari*, *Milk*, *Ghrita* etc. *Ghrita* has *Tridosha Shamak Guna*,[21] Milk is *Vata-Pitta Shamaka* and the other ingredients are *Sukra Sodhak* and some *Sukra Janak*. So, *Phala Ghrita* has *Tridosha Samak*, *Rasayana* and *Vajikarana* properties. So, this drug was selected for oral administration for *Abhyantara Snehapana*. [22]

Virechana Karma is also indicated in *Sukra-Sonita Ashraya Janita Roga*. [23] *Astanga Hridaya* also mentioned that after *Snehapana Virechana Karma* given to achieve *Sudha Sukra*. [24] After completion of *Virechana Karma* and *Samsarjan Karma* properly, *Samsamana Chikitsa* started with above mentioned medicine on OPD basis with regular follow-up.

Chagaladya Ghrita is herbal ghee containing *Chagmamsa* along with *Jeevaniyagana drugs* (*Meda*, *Mahameda*, *Kakoli*, *Khseera Kakoli*, *Ridhi*, *Vridhi*, *Rishavak* etc), *Sarpi*, *Sarkara* and *Madhu* etc, indicated in *Vrishya*, *Agni Deepak* etc. [25] *Krishna Chaturmukha Rasa* is a *Vata Samak*, helps in *Vata Anulomona*, also indicated in *Mandagni*, *Pandu Roga* etc. [26]

Pushpadhanya Rasa is one of the good *Vajikarana* drug, helps long and healthy life. [27]. *Sidha Makardhwaj* is also a good rejuvenating drug and *Vaiswanar Churna* contains *Haritaki Churna*, that is one of the best *Vata-Anulomak* drugs, and also helps to maintain the *Agni*. [28]

Conclusion

Asthenospermia is a condition where sperm motility is reduced, which is the main cause of male infertility. In ayurveda this condition we can be correlated with *Sukrakshaya/Sukraksheena*. According to the patient condition, *Dosik* involvement, on the basis of Ayurvedic classic treatment principle was given as *Sukrasodhana-Sukrajanan* followed by *Deepan-Pachan*, *Abhyantara Snehapana*, *Virechana* and *Samana Chikitsa* accordingly with the help of above-mentioned drugs.

After completion of proper treatment and changes in diet and daily regimen there was significant improvement in subjective and objective (semen analysis) parameters. Though it is single case study, it needs further evaluation with large sample for stablished of this therapeutic management.

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Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent. The patient has given his consent for his clinical information to be reported in this journal. The patient was assured that his initials will not be published and due efforts will be made to conceal the identity.

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