



MANAGEMENT OF ASTHENOTERATOZOOSPERMIA THROUGH AYURVEDA – A CASE STUDY

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ABSTRACT

Infertility is failure to conceive after one or more year of unprotected coital act. Male infertility can be defined as an inability to cause a pregnancy in a fertile female. Around 45% of males are responsible for infertility worldwide. Asthenoteratozoospermia is a coined term i.e, Asthenozoospermia and Teratozoospermia. Asthenozoospermia is an infertility condition in which a man produces sperms with low motility, and Teratozoospermia is defined as abnormal sperm morphology caused by either defect in the head, midpiece or tail. The combination of both these terms is Asthenoteratozoospermia where the sperm will be having low motility and abnormal morphology. A 32year old male presents for evaluation after 4years of failure to conceive was diagnosed as having Asthenoteratozoospermia with low sperm motility and abnormal sperm morphology. He was given initially with Virechana karma and Vrishya basti along with some oral medications after which there was marked improvement in seminal parameters.

KEYWORDS: Infertility, Asthenozoospermia, Teratozoospermia, Asthenoteratozoospermia, Virechana karma, Vrishya basti.

INTRODUCTION

Infertility is a condition affecting one fifth to one sixth of couples in reproductive age. Within the field of reproductive health, infertility implies a deficiency that does not compromise the physical integrity of the individual, nor is it life-threatening. However, such deficiency may negatively impact the development of the individual, bringing about frustration and weakening the personality, since most couples consider having children as a vital objective. As compared to other species, the human being is highly inefficient in terms of reproduction. The fertility rate per cycle is about 20% and the accumulated pregnancy rate in couples with proven fertility is ~90% after 12 months and 94% after 2 years. In India the prevalence is around 23% in a preliminary study by the World Health Organization multi-center study, 45% of infertile men were found to be affected by oligospermia or azoospermia.

Infertility is defined as the incapacity to fulfil pregnancy after a reasonable time of sexual intercourse with no contraceptive measures taken.

CASE HISTORY

A male patient aged 32years presents for evaluation following 4years of unsuccessfully attempting to father a pregnancy was a non smoker and non alcoholic with a negative medical and surgical history. His initial reports of Sperm analysis showed normal sperm count, 5% sperm motility, 30% abnormal sperm morphology which in due course got deteriorated and Sperm count became 10 million/ml with 0% motility with 40% abnormal morphology of sperms.

With the above clinical examinations the patient was provisionally diagnosed as having Asthenoteratozoospermia which in Ayurveda maybe taken as *Shukra dushti* or *Shukradhatugata vikaara* and among *Ashta shukra dushti* this can be considered as *Vata* and *Kaphaja dushti*.^[1] This *dushta shukra* as per Acharya Sushruta can be due to *Vatadi dosha dushta* and the treatment should be of *Prasaadana*^[2] in nature. As per the principles of Ayurveda, *Shuddhashukra* is the result of *Samyak aharaparinama* and *Dhatu poshana*. Since *Shukra dhatu* is the *Atyanta gambhira dhatu*, the nourishment of this *dhatu* mainly depends upon the unobstructed *Dhatuvyuhana*. *Shukradhatu* being a *Soumya dhatu*, derives its nourishment mainly from

Balavardhaka, Ojovardhaka, Rasayana, Vajikara and Shitavirya dravyas.

TREATMENT PLAN

Initially the Patient was given a *Shodhana* procedure that is *Virechana karma* after which *Vrushya basti* in the form of *Kala basti* was adopted.

SHODHANA CHIKITSA

Virechana Karma.

Purvakarma – *Deepana* and *Pachana* was done with *Shunti churna* 1/2tsp thrice a day 30minutes before food for 3days.

Snehapana with *Brihat Phala ghrta* was given in the *Arohana krama* until *Samyak snigdha Lakshanas* were achieved.

Vishrama kaala – During *Vishrama kaala*, *Sarvanga Abhyanga* followed by *Bashpa sweda* was carried out for 3days during which patient was advised to consume *Pitta vardhaka* and *Kapha avruddhikara ahara*.

Pradhana Karma – Patient was given *Trivrut avalehya* – 70grams with 100ml *Triphala Kashaya anupana* and had *Samyak Lakshanas* and *Koshta shuddhi* was done.

Paschat Karma – *Samsarjana Krama* was advised for 5days and after *Parihara kaala* patient was instructed to revisit the hospital for *Basti Karma*.

Basti Karma

Vrushya Basti in the form of *Kala basti* was planned for 16days.

Matra basti with *Phala Sarpi* 30ml + 1pinch of *Saindhava Lavana* was given.

Niruha Basti formulation was as follows

Madhu – 80ml

Saindhava Lavana – 6grams

Maha Masha Taila – 60ml

Phala Sarpi – 60ml

Kalka dravya – (*Ashwagandha churna*+ *Kapikacchu churna*+ *Yashtimadhu churna*)10grams each + (*Pippali churna* + *Gokshura churna*) 5grams each.

Kwatha – (*Mustadi Rajayapana* + *Gokshura churna* + *Yashtimadhu kwathasiddha Ksheerapaka*) 300ml

The following *Basti* was administered in *Kala Basti* pattern with alternative *Anuvasana* and *Niruha Basti*.

After the course of *Vrushya Basti* and *Dwiguna Parihara kala*, *Shamana aushadhis* were administered.

Shamana Aushadhis such as,

1. *Makaradhwaja Gutika* 1-0-1 (Before food)
2. *Phala ghruta* 1tsp-0-1tsp (Empty Stomach)
3. *Bheemashakti Rasayana* 1-0-1tsp with 1glass hot milk (Empty Stomach) were administered for 1month after which seminal analysis was done which showed marked improvement in motility and morphology of sperms.

Sperm Count was increased to 32million/ml

Motility – Progressive motility became 30%

Non progressive motility became 20%

Morphology – 60% normal.

And the impression stated normal count and motility.

DISCUSSION

Asthenoteratozoospermia is a combination of different set of infertility conditions where, Asthenozoospermia is one in which a man produces sperms with low motility, and Teratozoospermia is abnormal sperm morphology caused by either defect in the head, midpiece or tail.

In Ayurveda, a separate branch have been given for aphrodisiac medicine (*Vajikarana*)^[3] and it is considered as one among the *Ashtangas* of Ayurveda which shows its importance. Acharya Sushruta in *Sutrasthana* 1st chapter have told the definition of *Vajikarana* as, it is a *tantra* which does the correction of *Alpa, Dushta, Ksheena* and *Vishushka retas* by doing *Apyayana, Prasaadana, Upachaya* and *Janana* respectively.^[4] Acharya Charaka have told in *Vajeekarana adhyaya* that, if there is any *Shukra dushti* firstly *Shodhana* of *shareera* should be done and *Basti* should be administered.^[5] Acharya Kashyapa has emphasized on the role of *Virechana karma* as it does the purification of *Beeja*, and it makes *Beeja* effective in achieving fertilization.^[6] Hence, *Shodhana* in the form of *Virechana* was adopted followed by *Basti* karma. Acharya Sushruta have also emphasized that “*ksheena shukram vajeekaroti*” as the benefit of *Basti karma*.^[7] Many *Basti yogas* have been told by our acharyas but the best of *Basti* which can be adopted in these type of conditions is *Vrushya Basti* which helps in improving quantity and quality of *shukra*.

The ingredients in the *Basti, Maha Masha taila* and *Phala Sarpi* are very much effective in giving *Vajeekarana* effect. The *kalka dravyas* in the *Basti* like *Ashwagandha* and *Kapikacchu* are considered to be the most important *dravyas* which gives *Vrushya* effect. *Pippali kalka* that is added in the *Basti* has *Vrushatva* effect.^[8] Acharya Vagbhata in *Ashtanga Sangraha Kalpa sthana* have stated that *Yapana basti* does *Mamsa, agni, bala* and *Shukra vruddhi*. Hence *Mustadi yapana ksheerapaka* was added in the *basti*.^[9]

There was marked improvement in the seminal analysis of the parameters such as Sperm count, Motility, Morphology and the impression stated that it is normal sperm count and motility.

CONCLUSION

Asthenoteratozoospermia is a condition in which there will be derangement in both motility and morphology of the sperm and these can be considered under the heading of *Shukra vikara* in Ayurveda. Among *Ashta shukra vikaras* this condition can be considered as a combination of *Vata* and *Kaphaja shukra dushti*.^[10]

As told by our acharyas for any *Shukra vikaara*, firstly *Shodhana* of *shareera* should be done followed by *Basti* administration which was followed. There was marked

results obtained in the seminal parameters such as sperm count, motility and morphology.

REFERENCES

1. Agnivesha, Charaka, Drudabala, Chakrapanidatta. *Chikitsa Sthana*, Chapter *Yonivyapat chikitsa adhyaya*, Verse.143. In: Acharya YT (Edi.). Charaka Samhita with Ayurveda Deepika Commentary. Reprint Edition: 2014. Varanasi: Chaukhambha Surabharathi Prakashana, 2014; 640.
2. Sushruta, Dalhana, Gayadasa. *Sutra Sthana*, Chapter *Vedotpatti adhyaya*, Verse.8. In: Acharya YT (Edi.), Sushruta Samhita with Nibandha Sangraha and Nyayachandrika Commentary. Reprint Edition: 2019. Varanasi: Chaukhambha Surabharathi Prakashana, 2019; 3.
3. Vagbhata, Arunadatta, Hemadri. *Sutra Sthana*, Chapter *Ayushkaameeya Adhyaya*, Verse.5. In: Hari Sadashiva Shastry Paradkar Bhishagacharya (Edi.), Ashtanga Hrudaya with Sarvanga Sundara and Ayurveda Rasayana Commentary. Reprint Edition: 2014. Varanasi: Chaukhambha Surabharathi Prakashana, 2014; 5.
4. Sushruta, Dalhana, Gayadasa. *Sutra Sthana*, Chapter *Vedotpatti adhyaya*, Verse.8. In: Acharya YT (Edi.), Sushruta Samhita with Nibandha Sangraha and Nyayachandrika Commentary. Reprint Edition: 2019. Varanasi: Chaukhambha Surabharathi Prakashana, 2019; 3.
5. Agnivesha, Charaka, Drudabala, Chakrapanidatta. *Chikitsa Sthana*, Chapter *Vajeekarana adhyaya*, Verse.7-10. In: Acharya YT (Edi.), Charaka Samhita with Ayurveda Deepika Commentary. Reprint Edition: 2014. Varanasi: Chaukhambha Surabharathi Prakashana, 2014; 396.
6. Kashyapa Samhita or Vriddha Jivakiya tantra; Edited by Prof. P.V.Tewari; Translation and commentary; Chaukhambha Vishvabharati; Varanasi; 2017; Siddhi Sthana; Chapter-2; Verse-52; Pp no-792; Pg no-35.
7. Sushruta, Dalhana, Gayadasa. *Chikitsa Sthana*, Chapter *Netrabastipramaanavibhaaga chikitsita adhyaya*, Verse.4. In: Acharya YT (Edi.), Sushruta Samhita with Nibandha Sangraha and Nyayachandrika Commentary. Reprint Edition: 2019. Varanasi: Chaukhambha Surabharathi Prakashana, 2019; 525.
8. Agnivesha, Charaka, Drudabala, Chakrapanidatta. *Siddhi Sthana*, Chapter *Prasrutayogeeya siddhi adhyaya*, Verse.11. In: Acharya YT (Edi.).Charaka Samhita with Ayurveda Deepika Commentary. Reprint Edition: 2014. Varanasi: Chaukhambha Surabharathi Prakashana, 2014; 713.
9. Vriddha Vagbhata, Indu. *Kalpa Sthana*, Chapter *Siddhabasti kalpa Adhyaya*, Verse.9. In: Dr. Shivprasad Sharma (Edi.), Ashtanga Sangraha with Shashilekha Commentary. Reprint Edition, 2019. Varanasi: Chowkhambha Krishnadas Academy, 2012; 601.
10. Agnivesha, Charaka, Drudabala, Chakrapanidatta. *Chikitsa Sthana*, Chapter *Yonivyapat chikitsa adhyaya*, Verse.143. In: Acharya YT (Edi.).Charaka Samhita with Ayurveda Deepika Commentary. Reprint Edition: 2014. Varanasi: Chaukhambha Surabharathi Prakashana, 2014; 640.