



MANAGEMENT OF ASTHENOZOOSPERMIA 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. 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. A 40year old male presents for evaluation after 13 years of failure to conceive was diagnosed as having Asthenozoospermia with low sperm motility He was given initially with *Vamana karma*, *Virechana karma* and *Kreeda basti* along with some oral medications after which there was marked improvement in seminal parameters.

KEYWORDS: Infertility, Asthenozoospermia, Teratozoospermia, *Vamana karma*, *Virechana karma*, *Kreeda 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 40years presents for evaluation following 13years of unsuccessfully attempting to father

a pregnancy was a nonsmoker and nonalcoholic 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 Asthenozoospermia which in Ayurveda may be taken as *Shukra dusti* or *Shukradhatugata vikaara* and among *Ashta sukra dusti* this can be considered as *Vata* and *Kaphaja dusti* this can be considered as *Vata* and *Kaphaja dusti*.^[1] This *dushta sukra* as per *Acharya Sushruta* can be due to *Vatadi dosha dushti* and the treatment should be of *Prasadana*^[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*, *Vajikarana* and *Shitavirya dravyas*.

TREATMENT PLAN

Initially the patient was given a *Shodhana* procedure that is *Vamana karma*, *Virechana karma* after which *Kreeda basti* in the form of *Kala basti* was adopted.

SHODHANA CHIKITSA**Vamana Karma**

Poorva Karma – *Sarvanga Udwartana* with *Triphala churna* and *Kolakulathadi Churna* and *Sarvanga Bashpa Sweda* was done for 7 Days.

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

Vishrama kala – During *Vishrama kaala*, *Sarvanga Abhyanga* followed by *Bashpa sweda* was carried out for 1 days during which patient was advised to consume *Kapha vardhaka ahara*.

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

Before *Basti Karma* patient was advised Internal medications for 15 days.

- *Phala Ghrita*
1teaspoon twice daily morning and night before food.
- *Kapikachu churna* + *Ashwagandha churna* + *Gokshura churna*
1teaspoon twice daily with 1 glass of milk after food.

Basti Karma

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

Matra Basti with *Mahamasha Taila* 30ml + 1 pinch of *Saindhava Lavana* was given.

Niruha Basti formulation was as follows

Madhu – 80 ml

Saindhava Lavana – 6 gms

Phala Ghrita – 120 ml

Kalka Dravyas – *Gokshura churna* + *Pippali churna* + *Yatimadhu churna* + *Ashwagandha churna* + *Kapikachu churna* all together 40 grams.

Kwatha – Prepare *Kashaya* of *Masha* + *Mudga* + *Yava* + *Godhuma* – 120ml

Prepare *Aja Anda Mamsa Rasa* – 120 ml

Prepare *Ksheera paka* by adding *Mashadi Kashaya* 120 ml + *Aja Anda*

Aja Anda Mamsa 120ml + *Ksheera* 200 ml + *Sharkara* 10 gms and then

Reduce to *Ksheerapaka* of 300ml.

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

After the course of *Kreeda basti* and *Dwiguna Parihara kala*, *Shamana aushadhi* were administered.

Shamana Aushadhis such as,

1. *Phala ghrita* 1-0-1tsp empty stomach with 1 glass of hot milk.
2. Tab *Shivagutika* 1-0-1 after food.
3. Cap. *Promactil* 1-0-1 after food.
4. *Sariva Kalpa* 3-0-3 tsp with 6 tsp of water.
5. *Vanari Kalpa* 1-0-1 tsp with 1 glass of milk were administered for 1 month after which semen analysis was done which showed marked improvement in motility.

Before treatment

Sperm Motility was 30%

Progressive motility was 20%.

After treatment

Sperm motility became 40%

Progressive motility became 30%.

DISCUSSION

Asthenoteratozoospermia is a combination of different set of infertility conditions where, Asthenozoospermia is one in which a man produces sperms with low motility.

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 Sushrutha* in *Sutra sthana* 1st chapter have mentioned the definition of *Vajikarana* as, it is a *Ksheena* and *Vishushka* retas by doing *Apyayana*, *Prasaadana*, *Upachaya* and *Janana*^[4] respectively.

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 *Vamana* was adopted followed by *Basti karma*. *Acharya Sushrutha* 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 *Kreeda Basti* which helps in improving quantity of *Shukra*. There was marked Improvement in the semen analysis of the parameters such as Sperm motility.

CONCLUSION

Asthenozoospermia is one in which a man produces sperms with low motility.

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*.^[8]

As told by our *Acharyas* for any *Shukra vikara*, 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 motility.

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