



**OLIGOASTHENOTERATOZOOSPERMIA – A CASE STUDY**

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**ABSTRACT**

Infertility is one of the most disturbing and burning issue worldwide. This is caused due to various reasons like hormonal variations, structural abnormality, functional disorders and psychological factors. In Ayurveda a separate Tantra called as Vajeeekarana is mentioned By Acharyas to tackle with such abnormalities. A Male Patient having complaints of erectile dysfunction and no issues visited OPD of our Hospital. A treatment protocol was designed based on the signs and symptoms and improvements observed in the patient. This condition was understood in terms of ksheena sukra and dusta sukra as patient was diagnosed with Oligoasthenoteratozoospermia. The treatment was helpful in reducing symptoms. This would help us to understand the Ayurvedic intervention in such disorder as it can provide more effective approach compared to contemporary science.

**KEYWORDS:** Ksheena Sukra, Oligoasthenoteratozoospermia, Treatment.

**INTRODUCTION**

Infertility in general terms is understood as not being able to conceive after a year of unprotected sexual intercourse. The prevalence of infertility in general population is 15-20% and of this male factor is responsible for 20-40% and in India, the prevalence is around 23%<sup>1</sup>. Oligoasthenoteratozoospermia (OAT) is a condition that includes Oligozoospermia (low number of sperm), Asthenozoospermia (poor sperm movement), and Teratozoospermia (abnormal sperm shape). It is most common cause which affect fertility in males in India. Our Acharyas have beatifically mentioned about the details regarding birth of an individual. Utmost importance have been given to Sukra and Shonita as union of both initiates the formation of foetus. This condition can be understood as Kshayaja Sukra in Ayurveda.

**CASE REPORT**

A 33 year old patient with 29 as BMI residing in Bangalore, Sales executive by profession presented with the complaints of erectile dysfunction and no issues since 4 years with unprotected and frequent coitus (3-4 times/week) associated with pain in whole back region since 3 years which was non radiating in nature and aggravated while riding bike for long distances (due to work, he had to ride 30-50kms/day) and Disturbed sleep since 16 years of age, he could sleep for 3-4 hours then will wake up in between for couple of time and again will sleep for 3-4 hours. Patient had gone to Gym for few months but did not take any supplement or injections for the same. There

was no history of night fall observed in the patient. Pain experienced tiredness after intercourse and had a habit of buttermilk intake after coitus.

Personal history revealed that patient was not known case of diabetes mellitus, hypertension, and thyroid dysfunction. Patient had no history of trauma to gonads, Mumps, measles, orchitis, inguinal hernia, Recurrent UTI, Haemorrhoids or STD. Patient had two sisters - Elder one (30 years) had three children and Younger one (28years) had two children. Patient was not addicted to smoking but consumed alcohol (once/month). Patient had a habit of wearing tight undergarments and had lot of stress due to work. Patient had attained secondary sexual characters at normal age. Obstetric History of wife revealed that she was nullipara, no miscarriage or abortion, irregular periods since February 2019 for which she is taking medication from private hospital.

Systemic Examination did not reveal any significant abnormality.

He was diagnosed as Asthenospermia after semen Analysis and treatment was advised.

**Table No. 01: Treatment advised to patient on OPD basis.**

	Medicine	Dosage		Duration
On Visit	Cap. Spark Royal	1 BD	After food	07/01/19
	Sarivadyasava	2tsp BD	After food	
1 <sup>st</sup> Follow up	Tab Makardwaja Rasayana	1 BD	After food	21/01/19
	Cap Immunoj	1 BD	After food	
	Tab Vishatinduka Vati	2 BD	After food	
	Balarista + Mahatiktaka Kashaya	6tsp BD	Before food	
2 <sup>nd</sup> Follow up	Makaradwaja Rasayana	1 BD	After food	19/2/19
	Astavarga Kashaya	2tsp BD	Before food	
	Cap Promactil	1BD	After food	
3 <sup>rd</sup> Follow up	Cap. Promactil	1 TID	After food	15/6/19
	Makardwaja Rasayana	1 BD	After food	
	Balaguduchyadi Kashaya + Dashamoolarista	6tsp BD	Before food	
	Manasamitra Vati	2 OD	Before Sleep	

With span of 6 months sperm count came to normalcy. 2 month back, patient had suffered with viral fever associated with cold for which he took treatment in Private hospital, but after recovering from fever, patient still felt weakness and couple was unable to conceive, for

which again he visited OPD and was suggested for semen analysis which confirmed the diagnosis as Oligoasthenoteratozoospermia. For the same, he was admitted in our hospital.

**Table No.02: Treatment advised to patient in IPD**

Treatment	Drug Used	Dosage	Days	Observation
Sarvanga Abhyanga with Bashpa Sweda	Dhanwantaram Taila		4 Days	Patient felt lightness of body
	Agnitundi Vati	2 BD	2 Days	
	Tab Livpar	2 BD	2 Days	
Shirodhara	Ksheerabala Taila		2 Days	
Snehapana	Indukanta Ghrita and Guggulu Tiktaka Ghrita	15ml each	Day 1	
		60ml each	Day 2	
		120ml each	Day 3	
Sarvanga Abhayanga with Bashpa Sweda	Dhanwantaram Taila		Day 4+5	
Virechana	Trivrut lehya 70gms with 100ml Triphala Kashaya		Day 6	4 Urdwa vega 11 Adho vega
Follow up	Cap Aswal plus	1 BD	14 days	
	Cap Semento	1 BD		
	Tab Arogyavardhini Rasa	2 BD		
	Kokilaksha kashaya +Balaguduchyadi kashaya	6 tsp each BD		
Follow up	Shivagutika	1 OD	14 days	Quantity of ejaculated semen has increased
	Spark Royal	1 BD		
	Balarista+Astavarga kashaya	6 tsp BD		

## DISCUSSION

Oligozoospermia is a term used for describing low sperm count. Asthenozoospermia describes low sperm motility. Teratozoospermia describes abnormal sperm morphology either defect in head, midpiece or tail. According to Acharya Sushruta, vaajekarana tantra deals with Alpa retas, dusta retas, ksheena retas, visushka retas<sup>2</sup>. He explained ksheena retas as “swamana alpibhuta retas tesham upachaya nimmitaja” meaning quantity of semen is less than normalcy and the cause is formation. Dushta retas is explained as afflicted with vata, etc dosha and the reason is nourishment. Further he

explains “ksheena retastu madyavayas” meaning this condition is predominant in Madhyama vaya. Dusta and ksheena retas can be understood as qualitative and quantitative decrease in semen from normalcy which is similar to Oligoasthenoteratozoospermia.

In the above case, patient complained of no issues and the reason found out was Oligoasthenoteratozoospermia and after analysing the case, Ati amla, Ati lavana Ahara sevana, Mano Abhighatakara bhava such as Chinta, Shoka, Krodha, Vishama Ahara, Riding bike for 30-50kms per day was observed as Nidana for this disease.

Initially Cap. Spark Royal with Sarivadyasava was prescribed. Main Contents of Spark Royal are Kapikacchu, Ashwagandha, Gokshura, Vidarikanda (all 4 are Aphrodisiac in nature) and Bala (Vatahara in action). Sarivadyasava was prescribed as the contents are vata – pitta hara. The treatment protocol mentioned for Sukravaha stotodusti by Charaka Acharya is Tikta Pradhana Dravya, hence Mahatikta kashaya was preferred. Balarista having ingredients such as Bala, Ashwagandha, Gokshura, eranda, rasna, Prasarini, Dhataki, etc are vata hara and helps in attaining the normalcy of sukra. Makardwaja mentioned as one of the potent vajeekarana Aushadhi. Cap Promactil contains ingredients such as Gambhari, Kokilaksha, Kapikacchu, Amalaki, Draksha, Guduchi, Kasamarda, etc which are balya in nature. Manasmitra Vati was given with consideration of mano abhighatakara bhavas. Later when Patient was admitted to our Hospital, Virechana was planned as this is line of treatment mentioned in sukragata vata. Management of Sukravaha Stroto dusti is mentioned as Panchakarma as it is the 7<sup>th</sup> dhatu hence gambhira dhatu.

### CONCLUSION

Infertility is one of the disorder which is most common observed in OPD or Clinics. This should be handled with utmost care and sensitivity as patients are still not committed to discuss this topic in country like India. Ayurveda having a holistic approach gives promising results in such cases. Infertility related to male or female can be managed by knowledge shared by our Acharyas in their Samhita.

### REFERENCES

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