

AYURVEDIC MANAGEMENT OF VANDHYATWA WITH SPECIAL REFERENCE TO
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ABSTRACT

Infertility is the failure of a couple to become pregnant after one year of regular unprotected intercourse. Male infertility can be defined as an inability to induce conception due to defect in spermatogenic function. The male carrying pathology in semen production includes low sperm count, volume motility, abnormal forms and sperm functional tests. Ayurveda explain *Asthasukradrushti* which impairs the normalcy as the main reason for the infertility. Study conducted on male infertility has revealed that about 1 in every 3 cases are due to fertility issue in male partner. Hence, the male infertility in current times is an alarming issue that needs highest attention. A 27 Year, male patient who had been diagnosed as oligosthenoospermia, with low sperm count and few non motile spermatozoa with 5 years of married life and his wife with regular ovulatory cycle. After having *deepan/pachan*, *shodhan (matrabasti)* and *shamanchikitsa* showed the improvement in the seminal parameters and resulted in pregnancy. This shows the efficacy of Ayurvedic treatment in the management of male infertility.

KEYWORDS: Infertility, oligosthenoospermia, *shaman*, *shodhan*.

INTRODUCTION

Though population in the world day by day, yet 20-30 % population of the world are the victim of the infertility are owing to impaired sperm production or its function. Improper ejaculation impairs its function sperm delivery due to vicious life style and abnormal environmental exposure. Infertility is defined as failure of couple to conceive after 12 months of regular intercourse without using any contraception. Male infertility means inability to cause a pregnancy in a fertile female.^[1] W.H.O.'s multi-centre study reveals that 20 % cases were attributed to male factors, 38 % cases were attributed to female factors, 27 % had casual factors identified in both partners and 15 % could not be satisfactorily attributed to either partner.^[2]

In Indian couples seeking treatment the male factor is the cause in approximately 23% Oligosthenoospermia and *Shukradusti*.^[3] The male infertility can be complete or partial termed as sub-infertility males were considered infertile with sperm parameter and the most significant of these are reduced number of spermatozoa, reduced sperm motility (Asthenozoospermia), reduced sperm vitality (Necrozoospermia). Abnormal sperm morphology (tetrozoospermia) or any combination of

these Oligosthenoospermia is a combination of reduced sperm motility and low spermatozoa count.^[4]

Vajikaran is the specialised branch of Ayurved dealing with *shukradrusti* and *Klaibya*. *Shukradrusti* is an acquired quantitative abnormality. *shukradusti* caused by faulty diet, psychological, traumatic factor and chronic debilitating illness.^[5] that results individual becomes *Klaibya* (erectile dysfunction and premature ejaculation) and there is a *aharsha* (decreases sexual desire) *ksheenasukra* is included in one of the varieties of *ashtavidhashukradrushti* when *vata* and *pitta* doshas are vitiated the quality and quantity of *shukra* alters and resulting into *shukradrushti* specially *ksheena shukra*. Ayurveda gives emphasis to the treatment of *shukradrushti* and *shukrapravartaka* those in terms of increasing sperm count and motility by using *vajikaran dravya*.

Cause of oligosthenoospermia

- Infection
- Lifestyle
- Ejaculation issue
- Hormone imbalance
- Overheating testicles
- Drug and alcohol

- Genetic factors
- Traumatic factors

Case study

A 27 year old male patient resident of Hadapsar, Pune, occupationally driver moderately build, married before 5 years attended to OPD of SSAM, Pune with the complaint of decrease sexual desire and erectile dysfunction as well as premature ejaculation.

On the basis of patients complaint and semen analysis report, patient was diagnosed as oligospermia.

History of present illness

Patient was apparently normal 5 years back. After getting married he was unable to conceive his partner even after regular unprotected sexual intercourse and inability to maintain prolonged erection. He attained normal puberty and he was non-diabetic, non-hypertensive with good physical built. His appetite was normal with regular bowel habits. He had chronic history of tobacco chewing since 6 years. His partner was normal on clinical and endocrinological investigation. She had regular menstrual cycle and no history of any reproductive tract disease or any surgery. His semen analysis reveals three subsequent sample shows oligospermia.

History of past illness

- No history of any major illness in the past
- No history of DM, HTN, Thyroid disturbances
- No history of trauma, pelvic surgery
- No history of drug allergy

Family history

No significant family history

Personal history

- Diet mixed
- Addiction – tobacco chewing (5 years)
- Sleep 6-7 hours/day
- Occupation – Driver
- Education – 10th pass
- Bowel habits – regular 1 time/day
- Micturition – 4-5 times/day

General examination

- Built – well built
- Gait – not affected
- Clubbing/cyanosis/Icterus – absent
- Pallor – absent

Systemic examination

- CVS- S1S2 normal
- CNS – conscious/oriented/sensory/mental function normal
- Per abdomen – soft/non tender

Reproductive system

- Prepuce skin – normal with both testes are distended

- Proper hygiene maintained
- Testicles – No tenderness
- No varicocele, no oedema, no redness
- Penis – no abnormality detected
- Secondary sexual characters normal (pubic hair/axillary hair/beard/moustache)

Vital sign

- Pulse rate – 82/min
- Weight – 70 kg
- Respiratory rate – 16/min
- Blood pressure – 130/70
- Temperature – 98 F

Ayurvedokta pariksha

- Ashtavidha pariksha
- Nadi – 82/min (*sama nadi*)
- Mala- regular 1 time/day (no *vibandha/gandha*)
- Mutra – 4-5 times/day
- Jivha – *Niram*
- Shabdha – *prakrut*
- Sparsha – *khara (prakruta)*
- Drukh – *prakrut*
- Akrti – *madhyama*

Dashavidha pariksha

- *Prakruti – kapha-vataja*
- *Vikruti – Dosha-vata, pitta/ Dushya – rasa, majja, shukra*
- *Sara – madhyama*
- *Samhanan – madhyama*
- *Pramana – madhyama*
- *Satmya – madhura, lavana, katu*
- *Satwa – madhyama*
- *Aharashakti – abhyavaranashakti – madhyama*
- *Jaranashakti – prakruta*
- *Vyayamashakti – pravara*
- *Vaya – madhyama*

Roga pariksha – Nidanapanchak

Nidana – atisevana of amla, Lavana, Katu ahara dravya, atisevana of ruksha and ushna, Ativyavyama, virudha ahar, vihara.

Poorvarupa

Phenila shukra, Tanu shukra, Ruksha shukra

Roopa

Linga shraithilya, glana shishnata, Nirbeeja/Nirveerya

Upashaya

Vrushya, Bruhana

Anupshaya

Vata Vardhaka ahara (ruksha, laghu)

Vata vardhaka vihara (Ativyavyayam/Ativyayam)

Samprapti ghataka

- *Dosha – Tridosha with vata-pitta pradhana (vyanavata/apanavata)*
- *Dushya – rasa, majja, shukra pradhana*
- *Agni – dhatwagni janya ama*
- *Strotas – Rasovaha, majjavaha, shukravaha and manovaha*
- *Stroto dushti – sanga*
- *Adhithana – shukravaha strotas (vrushan and medra)*
- *Udbhava sthana – Pakwashaya*
- *Vyakta sthana – Apan kshetra (vrushan and medra)*
- *Sanchara sthana – Rasavaha, shukravaha strotas*
- *Vyadhi swabhava – chirakari*
- *Rogamarga – abhyantara*

- *Sadhyasadhyatva – krichhrasadhya*

Treatment

1. *Deepan/pachan – Bhaskaralavanchoorna (2 gm) twice a day after meal*
2. *Shodhanchikitsa – Balatailamatrabasti 60 ml/day for 7 days (with followed by purvakarma, snehan with swedan).*
3. *Shamanchikitsa:*
 - *Makaradwaja – 30 gm*
 - *Ashwagandha – 1 gm*
 - *Kapikacchu – 1 gm*
 - *(taken with Goghruta after meal twice a day)*
 - *(follow up after 1 month)*

Table 1: Seminal parameters before and after treatment.

Treatment	Before treatment	After treatment
Date	13/09/2020	17/10/2020
Total sperm count	58.5	75.5
Motile	35 %	62 %
Non motile	65 %	38 %
Atypical form	08 %	07 %
Impression	Hypomotility	Motility present

Shodhana chikitsa

Basti: Acharya Shushruta explained that there was vitiation of *apanavayu* and *vyanavayu* in the *shukradosha*.^[6] *Shukra* occupied in the whole body.^[7] and *Apanavayu* is responsible for the proper expulsion of *shukradhatu*.^[8] vitiation of *apanavayu* can impair the function of *shukra*. *Basti* therapy is specifically designated to treat *vatavikaras*.^[8] Acharya Charaka also specially mentioned *Bastikarma* for *shukradoshas*.^[9] therefore drug which can administered in *Basti* form are said to enhance the quantity and quality of *shukra*.^[10]

Shaman Chikitsa**1) Kapikacchu** (mucuna purins bark)

Which has been found to increase sperm concentration and motility. In oligosthenozoospermia patient significantly improves testosterone, LH, dopamine adrenaline and noradrenaline in infertile male and reduced level of prolactin also there is improvement in sperm count and motility.^[11]

2) Ashwagandha (withania somnifera dunal)

Which enhance the spermatogenesis via a presumed testosterone like effect.^[12] *ashwagandha* is a very effective medicine for male infertility as a digestive, it corrects metabolism and helps to provide proper nutrition. It is effective in mental disorder as well as helpful in sexual disorder like erectile dysfunction and oligozoospermia.^[13]

3) Makardhwaja

Makardhwaja is an Ayurvedic formulation. This formulation is known to prepare for combination of herbs and minerals. It acts as aphrodisiac property. This

medicine helps to maintain all *dosha*; *vata*, *pitta*, *kapha* and treat problems related to increase age and sexual health. It contains *Shudhdhaswarana*, *shuddhaparada*, *shudhdha gandhaka*, *karpasa* and *kumara*.^[14]

DISCUSSION

After *shodhana* and during fifth follow up of *shaman* therapy, patient has reported his wife conceived. After that semen analysis revealed and significant improvement was seen on parameters like sperm count, motility. oligosthenozoospermia can be correlated with *shukrakshaya* or *ksheenshukradushti*. Necrozoospermia can be correlated with *vataj shukradushti* where the quality and quantity of sperm is vitiated by *vata* doshas as per Ayurvedic text. *Shodhan* should be done before *vajikaran chikitsa* as *shukra* is *saumya* and *jala mahabhut pradhan dhatu*. *Shukrakashya* is said due to increased *pitta* doshas and motility decreased due to vitiated *vata* hence *basti karma* lower the vitiated *vata doshas*, it also facilitates *dhatwagni*. Hence increase formation of new *shukra dhatu* after treatment of *shodhan* therapy all *strotavrodh* get decreased and regulate body function properly. After that *shaman chikitsa* like *deepan*, *pachan*, *balya* and *vajikaran* draavya increases digestive and immunity power of whole body.

So, here we see that use of *deepan* and *Pachan* drugs like *lavanbhaskar choorna* reduces AMA (toxins) formation in the stomach and intestine thus it detoxifies the body and the elimination of the toxic chemicals from the body. It mainly acts on the stomach and modulates the secretions of gastric acid and thus improves appetite and

digestion means au per Ayurveda it *rasa* and *raktavaha poshak*. Also *vajikakran* drugs like *makardhwaj* and *kapikachhu* drugs *guna laghu*, *chala sukshma* and *shukravrudhnikar shukrajanan* etc. by karma. *Madhur vipaka* and sheet *virya* improved states of *dhatu*s as well as the action of ingredients showed increase sexual desire erectile function ejaculatory function frequency duration of coitus and sperm motility.

RESULTS

Total duration of treatment in 1 month initial sperm count was 58.5% millions/ml, non motile 65% and hypo motility occurs. After treatment count observed that 75.5% millions/ml, motile 62%, non motile 38% and motility present being sperm count increases and motility and morphology was excellent progressive *gharbhadharna* occurs after 5 months

CONCLUSION

Ayurvedic *sidhhantas* are key to clinical success without any adverse effect. Only *shukravardhana chikitsa* is not crucial regarding treatment of oligosthenoospermia rather one has to think about other factors like *deepana*, *pachana*, *shukragatavata chikitsa* and *shukrashodhan chikitsa*.

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