



## AYURVEDIC MANAGEMENT OF OLIGOSPERMIA: A CASE STUDY

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**ABSTRACT** The condition known as oligoasthenozoospermia occurs when the two parameters, sperm count and sperm motility, are changed. It is assessed by semen analysis and shows a decrease in the concentration and proportion of motile spermatozoa in a sperm sample. Research indicates that conditions or causes affecting male reproduction account for roughly 50% of infertility cases in India. According to a research by the WHO from 1982 to 1985 in many locations, 20% of cases of infertility are caused by male factors. About 23% of Indian couples receiving infertility treatment blamed male factors for their infertility. It is possible to correlate oligoasthenozoospermia to the Sukra kshaya Lakshanas stated in Ashta sukra dushtis. A 31-year-old man with 1.5 years of marriage was diagnosed with oligospermia, which is characterised by a low sperm count and a lack of motile spermatozoa. Shodhan (Virechan) and Shamanchikitsa demonstrated an improvement in seminal parameters following Deepan/Pachan. This demonstrates the effectiveness of Ayurvedic medicine in the treatment of male infertility.

**KEYWORDS :** case report, oligospermia, infertility

### INTRODUCTION

In general, infertility is defined as the inability to conceive following a year of unprotected sexual activity. Primary infertility refers to the inability to conceive at all<sup>1</sup>, while secondary infertility refers to the inability to conceive following a previous successful conception<sup>2</sup>.

Male factors account for 40-50% of infertility cases in the general population (as per the Indian Society Of Assisted Reproduction)<sup>3</sup>, while prevalence rates in India are around 23%. Low sperm production, poor sperm function, or obstruction that prevents sperm delivery are all symptoms of male infertility. However, despite the availability of numerous treatments like IVF, IUI, hormone therapy, etc., there is no guarantee. To address this type of situation, ayurvedic remedies are being investigated.

Oligozoospermia (low sperm count i.e less than 15 million sperm/ml), Asthenozoospermia (poor sperm motility i.e. less than 40%) , and Teratozoospermia (abnormal sperm morphology ) are all symptoms of oligoasthenoteratozoospermia (OAT). In India, it is the most frequent factor affecting male fertility<sup>4</sup>. Our Acharyas have beautifully described the specifics of a person's birth. Sukra and Shonita are of utmost importance since their union starts the development of the foetus. When discussing the virechan phalashruti (effects of the procedure) concept, Acharya Kashyapa mentions that the virechan effect causes the sperm to become more active, motile, or numerous. Therefore, in the current case study, the impact of virechan on the management of shukradusti was evaluated<sup>5</sup>.

### Narrative

A 31-year-old patient with a normal BMI complained that his marriage had been unsuccessful in conceiving a child for 1.5 years. He was instructed to get a semen analysis after giving his background. Despite having unprotected sex even on the 12th to 18th day of his period for the previous year, he was unable to conceive. The patient is not addicted to anything. When questioned, the patient admitted to preferring salty and spicy foods. The patient had no prior history of tuberculosis, hydrocele, mumps, or any other chronic illness. He had no prior history of any type of surgery, including herniorrhage, vasectomy repair, or vasoepididymostomy. Semen examination results prior to beginning treatment revealed an extremely low sperm count of 16.5 million/ml, with less than 20% progressive motility.

### Patient Perspective

Virechan karma is carried out as per classical methods.

### Treatment plan

Procedure	Medication	Dose	Duration
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Deepan/Pachan	Chitrakiadi vati	500mg twice/day before meals	3 days
Snehapan	Phal ghritam	1 <sup>st</sup> day - 40ml 2 <sup>nd</sup> day- 70ml 3 <sup>rd</sup> day- 100ml 4 <sup>th</sup> day- 130ml 5 <sup>th</sup> day- 160ml	5 days
Sarvang abhyanga swedan	Ksheerabala tailam	q.s	3 days
Virechan	Abhyadi modakam	750 mg	

Madhyam shuddi was observed with 15 vegas.

Complications none.

After Shuddi, Sansarjana karma was advised for 5 days. Medicine given to be written here

### Pathya-Apathya

The patient requested a list of foods to stay away from, including curd, lemon, pickles, ati lavan ras sevan, ati katu ras sevan, fried and spicy foods, any additions, stale food, cold beverages, bread, oily products, tea, and coffee. Avoiding ati maithun (excessive sexual activity), amaithun (ignorance of sexual activity), shukra vega dharan (suppression of ejaculatory urge), atisahas (excessive exercise), suppressing natural drives, excessive fasting, stressful jobs, etc., is also advocated. The patient was instructed to consume shalidhanya, godhuma, mamsa, ksheer, ghrita, kharjura, and lasuna as well as to maintain a healthy diet and practise nidra, vega, and vyayam<sup>6</sup>.

### RESULT

Following treatment, there was a noticeable improvement in sexual parameters like early ejaculation, sexual desire, and erection. After five months of treatment, a semen analysis report was completed, and it was fairly satisfactory. From 16.5 million/ml to 45.5 million/ml, the number of sperm rose. After treatment, the concentration of motile sperm rose significantly, rising from 8.2 million/ml to 31.8 million/ml.

	BEFORE TREATMENT	AFTER TREATMENT
Date	30/10/2022	19/04/2023
Duration of abstinence	3 days	3 days
Liquefaction time	30 min.	30 min.
Volume	3 ml.	3 ml.
pH	8	8
Total sperm concentration	16.5 million/ml	45.5 million/ml

Motile sperm concentration	8.2 million/ml	31.8 million/ml
Progressive motility	<20	>40

## DISCUSSION

Ksheena Shukra possesses Vata and Pitta Dosha, in accordance with Acharya Sushruta. Vata Dosha is the Chala Guna. Therefore, Vata Dosha is thought to be responsible for asthenozoospermia, or poor sperm movement<sup>7</sup>. Additionally, the patient had teratozoospermia, or abnormal sperm shape. Shukradushti specifically mentions shodhana. Virechana, one of the five forms of Shodhana, is particularly recommended in Retodosha or Shukradosha<sup>8</sup>. Virechana is regarded as the most effective treatment for Pitta-Kappa-combination illnesses and Pittanubandhi Vatavyadhi. According to Acharya Vagbhatta's recommendation in Shukradosha, phalaghrita is employed for Abhyantara Snehapana. With the help of Dhatvagni Vyapara and the active transformation of Dhatu brought about by Virechana, the most desirable Shuddha Shukra is attained<sup>9</sup>. Virechana Karma has been exalted by Acharya Kashyapa, who also emphasised its significance in the treatment of infertility.

## CONCLUSION

It is concluded that the management of shukra dosha (oligoasthenoteratospermia) in this kind of instance can benefit from the treatment strategy. We used Ayurvedic principles in this study and discovered a considerable improvement in sperm characteristics including count, motility, and morphology. As a result, positive outcomes like these give hope to other patients experiencing the same problem and increase Ayurvedic doctors' confidence in treating male infertility.

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