Management of Oligoasthenospermia in Ayurvedic Prospect: A Case Study

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Abstract
Incidence of infertility is rising due to changed lifestyle in which male factor contributes 40-50%. Male factor infertility includes low quality of sperm count with decreased sperm motility. A Couple came to us with average 4 year active marriage life with complain of failure to conceive. Female factor were found normal where as husband’s report showed severe oligoasthenospermia. Patient was treated with shodhan followed by vaajikaranaushadhi. Reports were found quite positive following treatment. Motility was achieved up to 50% which was 93% non-motile, previously. The total count was found to be 50 mil/ml which was previously 9 mil/ml.

Keywords
Infertility, Oligoasthenospermia, Shodhan, Vajikaran
INTRODUCTION

Oligozoospermia means the sperm count is less than 20 million/ml and Asthenozoospermia means the motility of spermatozoa is lower than 50% of active motile sperms (WHO1992). In Oligoasthenozoospermia both less number of sperm and low motility are found. For successful fertility sperm count should be 40 million/ml or more, but studies have shown that if sperm cells are having good progressive motility besides less sperm count (less than 10 million/ml), there was a reasonable, probability of conception. Kshinashukra is denoted among eight type of ShukraDushti, enumerated in Ayurveda classics. AcharyaSushruta clearly defines the condition of KshinaShukra to be Vata – Pitta predominant and Upachaya is stated as treatment in this condition. Shodhana i.e., Panchkarma therapies have been kept in supreme veneration by the classical authorities of Ayurveda in ameliorating different varieties of Shukradushti.

PATIENT’S PROFILE

A 29 year old male patient came in S. G. Patel Ayurvedic hospital, New VallabhVidyanagar with complains of failure for making conception. Couple had already taken modern medication for the same. IUI was also done in two cycles. It was found that progressively patient’s report was worsening during modern medication. Latest report of semen before wash in IUI(intrauterine insemination) showed severe oligoasthenospermia including 93% non motile sperm with a total of 9 million/ml counts. (picture 1)

CLINICAL FINDING

Patient was basically of vatapradhanprakriti. History of chronic constipation was found. Patient was used to take ruksh, sheetapradhanaahara and also having stressful life.

THERAPEUTIC INTERVENTION

Initially patient was given Avipattikarchurna and Chandraprabhavati along with Ashwagandhakshirapaka for 1 month.

Mean while, Patient was admitted in S.G. Patel Ayurved Hospital for VirechaninSharadaritu as Virechan is best during this kala

Virechan Karma: Dipanpachan was done for 3 days before starting Snehapana. Snehapana was done with Goghrit for 5 days starting with 30 ml, 60 ml, 100 ml, 130 ml, 150 ml. Snehpana was done until Samyaksnehasidhdhilakshan were achieved. After Snehapan, 3 days sarvangAbhyangswedan was done. Next day
Virechana was done in classical method with AbhayadiModaka⁴. Pravar type of shudhdi(29 vegas) was gained. Sansarjankram was advised for 7 days.

Oral drug regimen followed by virechana:
1. Avipattikarchurna⁵ 4 gm before meal b.i.d.
2. ChandraprabhaVati⁶ 2 tablets b.i.d.
3. NavjeevanRasa⁷ in VardhmanKrami.e., starting with 1 tablet b.i.d. then 2 tablets b.i.d., upto 5 tablets as mentioned in table 1.
4. Phalaghrit⁸ 1 tsf twice a day
5. Kauchapaka⁹ 1 tsf twice a day

Patient’s report—before and after treatment report:

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**Table 1 Dose of Navjeevan rasa**

Virechana:

Shodhan is advised by our Acharyas before commencing Rasayan and vajikaran treatment.

**Effect of Virechana Karma:** Shukra is Saumya i.e., JalaMahabhutaPradhana.

Here, pathology includes low count along with decreased motility. Low count is due to involvement of Pitta as it possesses Agneyguna which is reverse to SaumyaGuna of Shukra. Motility i.e., Chalatva is Guna of Vata. So here vitiated Vata is involved in pathology of low motility. In order to remove the vitiated Pitta Dosha, Virechana is administered. It also eliminates the Srotorodha and active transformation of Dhatu through DhatvagniVyapara and the most desirable Shuddha Shukra is procured. The whole process helps in eliminating the free radicals (oxidants) present in the micro circulatory channels of ShukraVahaSrotasa,

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After completion of virechana, above regimen was continued for 2 months. Again semen analysis was done in which reports were found quite satisfactory. Total sperm count was gained 50 mil/ml which were 9 mil/ml previously. Motility was also increased up to 50%. (Picture 1 and 2)

**MODE OF ACTION**
which interferes with the function of Shukra and by doing so, increases the activity of Shukra (motility) as well as ShukraVahaSrotasa and the respective Dhatwagni thereby facilitating the production of more ShukraDhatu. (Volume, Count).

A Swagandhaksheerapaka&Kauchapaka: both are shukravardhak and pravartak drugs.

Navjeevan Rasa: it is mainly indicated in nadisamsthandaurbalya and works mainly on Vatadosha. Here motility is also can be considered as Chalatvaguna of vata which is disturbed here.

Phalaghruta: mainly indicated for good progeny and widely used in both male and female infertility. Patient was having increased Rukshaguna and Ghrit is best medication for attaining Snigdhatva.

Avipattikarchurna: patient was having basically Krurkostha so for the purpose of snigdhaVirechana, Avipattikarchurna was given. It will regularize apanavata and hence function of shukravahasrotas will be appropriate. Moreover it also eradicates Dushit Pitta which is causative factor of ShukraKshaya.

Chandraprabhavati: mainly indicated for Mutravahasrotasvikara.

PATHYAPATHYA:

Patient was asked to take snigdhapradanbhojan including Dugdha, Shali etc. Rukshaannpan and Ratrijagaran was prohibited and also advised to avoid Excessive Travelling.

CONCLUSION

The application of Virechana is a broad spectrum clinical modality, and well known purification process for Pitta Dosha. Srotoshuddhi is achieved by its virtue of Shodhana, and thus it improves the DhatuPoshanaKrama. Application of VajikaranaAushadha following Virechana gives better result due to better absorption and utilisation without any other complications as compared to modern medication. Navjivan Rasa in VardhamanKram exhibited good results in getting sperm motility.
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