

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 ashusband'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



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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)¹. 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.

Kshinashukrais denoted among eight type of *ShukraDushti*, enumerated in *Ayurveda* classics. Acharya Sushruta clearly defines the condition of *KshinaShukra* to be *Vata – Pitta* predominant² and *Upachaya* is stated as treatment³ 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. *Snehapana* was done until *Samyaksnehasidhdhilakshan* were achieved. After *Snehapana*, 3 days *sarvangAbhyangswedan* was done. Next day

Virechanawas done in classical method with *AbhayadiModaka*⁴. *Pravar* type of *shudhdhi*(29 vegas) was gained. *Sansarjankram*wasadvised for 7 days.

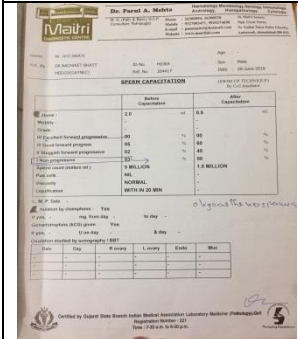
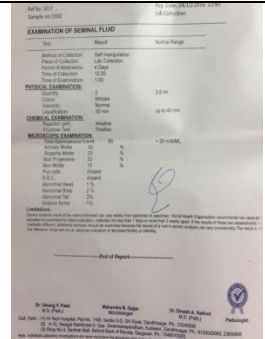
Oral drug regimen followed by *virechana*:

1. *Avipattikarchurna*⁵ 4 gm before meal b.i.d.
2. *ChandraprabhaVati*⁶ 2 tablets b.i.d.
3. *NavjeevanRasa*⁷ in *VardhamanKrami*.e., starting with 1 tablet b.i.d. then 2 tabletsb.i.d., upto 5 tablets as mentioned in table 1.
4. *Phalaghrit*⁸ 1 tsf twice a day
5. *Kauchapaka*⁹ 1 tsf twice a day

Patient's report-before and after treatment report:

Picture 1

Picture 2

Before treatment Dt.29/06/2016	After treatment Dt.24/12/2016
	

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

Virechana:

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

Table 1 Dose of Navjeevan rasa

Day	Dose
1 st day	1 tablet bid
2 nd day	2 tablet bid
3 rd day	3 tablet bid
4 th day	4 tablet bid
5 th day	5 tablet bid
6 th day	5tablet bid
7 th day	5 tablet bid
8 th day	5 tablet bid
9 th day	5 tablet bid
10 th day	4 tablet bid
11 th day	3 tablet bid
12 th day	2 tablet bid
13 th day	1 tablet bid

Effect of *VirechanaKarma*: *Shukra* is

Saumya i.e., *JalaMahabhutaPradhana*.

Here, pathology includes low count along

with decreased motility. Low count is due to

involvement of *Pitta* as itpossess*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 *PittaDosha*, *Virechana* is

administered. It also eliminates the

Srotorodha and active transformation of

Dhatu through *DhatvagniVyapara* and the

most desirable *ShuddhaShukra* is procured.

The whole process helps in eliminating the

free radicals (oxidants) present in the micro

circulatory channels of *ShukraVahaSrotasa*,

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).

AShwagandhaksheerapaka&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*, *Avipattikarachurna* 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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