AYURVEDIC MANAGEMENT OF ASTHENOTERATOZOOSPERMIA – A CASE STUDY

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ABSTRACT

Male infertility refers to a male’s inability to cause pregnancy in a fertile female. It accounts for 40-50% of infertility. It usually depends on the quality of his sperm cells. Contribution of Ayurveda in male sexual dysfunction started from thousands of years ago and developed a separate treatment called Vajeekarana chikitsa. It also recommended an appropriate use of Oushadha yogas, a proper life style and diet for improving the quality of his reproductive life. A male patient, aged 39 years, diagnosed with asthenozoospermia. Married since 10 years; presented with desired to get children. Treated with Snehapana, Virechana, Vasthi along with Shamana Oushadhis; given mainly to improve the seminal parameters. Three months after the treatment, semen analysis was performed. Sperm motility and morphology improved and attained normal range.

KEYWORDS: Vajeekarana chikitsa, Asthenozoospermia, Chikitsa siddantha, Snehapana, Vasthi

INTRODUCTION

Being childless is emotionally and physically distressing and it is a very lonely ride. Infertility is a mounting problem impacting couples worldwide. It is known to affect about 1 in 6 couples and various studies have revealed that about one in every three cases is due to fertility issues in the male partner. Studies have revealed that both male and female infertility is at 40% respectively. Therefore, infertility is not gender specific. Hence, along with female infertility, male infertility in current times is also an alarming issue that need to be given utmost attention. Research steered by Inito, a Bangalore-based medical technology company found that, 10-15 percent married couples in India face infertility and 27.5 million couples who want to conceive suffer from infertility. According to a study conducted in South India over a period of 13 years: Decline in sperm count was 30.31% and Sperm motility and morphology was reduced by 22.92% and 51.25%, respectively. Low sperm count (oligospermia), low motility (Asthenozoospermia) and Morphological abnormalities (Teratozoospermia) are the main causative factors for male infertility. Life style changes, malnutrition, pollution, genetic abnormalities, serious illness play a major role. Ayurvedic Shamana, Shodhana and Vajeekarana prayogas focuses on
preservation and promotion of sexual libido of a man and manage seminal disorders, there by contributing a healthy progeny. It also helps to improve the physical, psychological and finally the quality of life of an individual. A proper diagnosis helps to treat the disease which is made with the help of a proper history taking, examinations and investigations.

**CASE STUDY**

A male patient of 39 years old, married for 10 years presented with desire to get children with normal secondary sexual characteristics. No past history of major medical illness. He was a business man by profession and his personal history revealed of smoking and alcohol consumption. No history of any surgical interventions. Semen analysis revealed Asthenozoospermia and Teratozoospermia. His wife was nulliparous with normal menstrual history and her ultrasound scan report showed no abnormalities.

**SEMEN ANALYSIS:**

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<tbody>
<tr>
<td>Volume</td>
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<tr>
<td>pH</td>
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<tr>
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<tr>
<td>Total sperm count</td>
<td>&gt;40 million/ml</td>
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<tr>
<td>Rapid progressive</td>
<td>10%</td>
</tr>
<tr>
<td>Slow progressive</td>
<td>23%</td>
</tr>
<tr>
<td>Dead sperm</td>
<td>67%</td>
</tr>
<tr>
<td>Morphology Normal forms</td>
<td>4%</td>
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<tr>
<td>Abnormal forms</td>
<td>96%</td>
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</tbody>
</table>

**TREATMENT:**

*Virechanam* with *Avipathi choorna* 1 - 5gms with honey at early morning before food

*Snehapana* with *Kalyanaka Ghritha* 2 – 10gms daily at morning before food

*Drakshadi Kashaya* 3 – 15ml with 35 ml warm water twice daily before food

*Nalikerasava* 4 and *Saraswatharishta* 5 – mix these *Asavas* together and take 25ml twice daily after food

*Madana modaka Lehya* 6: 10-50 gm twice daily with milk.

A combination of: *Ashwagandha* root, *Kokilaksha* seeds, *Kapikachu* seeds (each 500gms)

*Pippali*-250 gms are made into fine powder. Each day, boil 30 gms of these powdered drugs in 200ml milk along with 200 ml water and 30gms of sugar- taken once daily for 3 months

*Anuvasana vasthy* with *Dhanwantharam thaila* (120 ml)

*Vajeekarana vasthy* 7 (given for 3 days):

1) *Bruthathyadi* *Panchamoolam*-750ml *Kwadha*-(drugs-60g each)

2) *Sali-godhuma-yava-masha-shashtika*-10g each-250ml,

3) *Ajaksheeram*-100ml, water 100ml, *Kukkudandarasa*-1 no, Goat’s testicles-2 no’s, sitha-30g

4) *Ghrutha*-30g, *Madhu*-100ml, *Saindhavam*-15g

**Duration of treatment:** Three months

**RESULTS OBSERVED AFTER TREATMENT:**

Improvement in sexual parameters like sexual desire, erection and ejaculation

Sperm motility and morphology achieved normalcy
Seminal parameters:

<table>
<thead>
<tr>
<th>SEMINAL PARAMETERS</th>
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<td>Volume</td>
<td>1.0ml</td>
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<td>67%</td>
<td>40%</td>
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<tr>
<td>Morphology: Normal forms</td>
<td>4%</td>
<td>80%</td>
</tr>
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<td>Abnormal forms</td>
<td>96%</td>
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</tbody>
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**DISCUSSION**

Treatment should be aimed to improve the quality and quantity of sperms along with regulation of hormones. *Ksheena sukra* is the condition and it is *Vata- Pitta* predominant. So the treatment adopted here is *Pitta hara*, *Vata Anulomana*, *Vajikarana*, *Sukra vardhaka*, *Balya*. *Virechana* with *Avipatti churna* is given as it is *Pitta samana* as well as it regularize *Apana vayu* there by rectifying the function of *Sukravaha srotas*. *Drakshadi Kashaya* is *Pitta Samana* by nature can correct errors in *Dhatu Parninama*, thereby enhancing the formation of *Sukra* with better quality. *Nalikerasava* helps to improve the sexual disorders in male and improves the strength and vitality. *Saraswatharishta* is best *Rasayana*, and indicated in vitiated *Sukra*. It possess aphrodisiac power and reduces stress. *Kalyanaka Ghritha* can be given in the conditions of *Arehas* and *Alpa rethas*. As it is said in *Manasika vikaras*, it helps to control the activity of Hypothalamic-pituitary axis there by regulating the hormones. It alleviates general weakness, *Dhatukshaya*, oligosperma and low sperm motility. *Madana modaka lehya* can be given for *Anapathyatha*, *Ksheena rethas*. It is “*Vajeekaram param*”. It can be given in premature ejaculation and erectile dysfunction as well as given to improve semen volume, count and motility. *Aswagandhadi choorna* preparation enhances libido, count, motility and corrects morphological aberrations of sperm. *Vajeekarana vasthi* also enhances sperm count, morphology and motility. *Madhura rasa,Guru guna, Seetha veerya, Madhura vipaka* and *Vrishya* actions of drugs promoted the *Sukra* parameters i.e the sperm count and motility.

Patient was advised to include more nuts, beans, citrus fruits, green leafy vegetables in his diet. He was also advised to restrict the use of bike riding. The patient completely avoided smoking and alcohol which added to the positive outcome.

**CONCLUSION**

With proper *Sodhana*, *Samana* and *Vajikarana* treatments depicted in the Ayurvedic classical texts, this condition can be rectified to an extent. With exact
precautions, despite of large number of aspects leading to male infertility, this condition can be treated. Along with a balanced diet, proper lifestyle and proper medication the seminal parameters of a man can be enhanced.

REFERENCES
6. Kaviraj, Ambika Datta Sastry, Bhaishajya Ratnavali, Chaukambha Sanskrit Sansthan, Varanasi, Pg.178

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Source of support: Nil,
Conflict of interest: None Declared

Cite this article as
Hafsa.P.Ahamed: Ayurvedic Management of Asthenoteratozoospermia –A Case Study; ayurpub; V(1): 1431-1434