



**A CASE REPORT ON AYURVEDIC MANAGEMENT OF MALE
INFERTILITY (PURUSHA VANDHYATVA) DUE TO OLIGO-
TERATOSPERMIA**

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ABSTRACT

10-15% of married couples in India struggle with infertility. This is a result of lifestyle modifications, workplace stress, etc. The male component causes infertility in 30–40% of instances. The most frequent reasons of male infertility are oligospermia-teratospermia, etc. A 32-year-old man who had been married for five years complained of being unable to become pregnant. His wife had regular periods, and all of her tests came back normal. Oligo-teratozoospermia was identified in the patient during semen examination. Along with *Makaradhwaja Vati*, he received a mixture of *Gokshura*, *churna Ashwagandha churna*, *Kawach beeja churna*, and *Trivanga bhasma*. His seminal parameters saw a considerable improvement. After therapy, sperm count increased, sperm motility changed with time, and the quantity of defective sperms decreased.

Keywords: Male infertility, *Vandhyatva*, *Shukra dushti*, Teratospermia, etc.

INTRODUCTION

Ritu, *Kshetra*, *Ambu*, and *Beeja*, together referred to as the *Garbha Sambhava Samagri*, are the main elements that contributed to the development of *Garbha*. In females, *Beeja* is the equivalent of the

Stree beeja (ovum), and in men, the *Shukra* (sperm). *Garbhotpadana* is *Shukra's* main purpose. *Stress*, bereavement, exhaustion, excessive sexual activity, and other factors might vitiate *doshas* and induce *Shukra*

dushti, which affects a man's ability to conceive. The eight varieties of *Shukra dushti*—*Vataja*, *Pittaja*, *Shleshmaja*, *Kunapagandhi*, *Granthi*, *Puya*, *Ksheena*, and *Mutrapureesha Retas*—have been described. *Mutrapureesha Retas*, which is referred to as *Abeeja* since it won't lead to the production of *Garbha*, is the outcome of *tridoshas* becoming vitiated [1].

The couple's emotional, social, and mental health are all impacted by infertility. An estimated 10 to 15 percent of married couples struggle with infertility. As the social structure, the workplace, and academic accomplishments change, more and more couples are experiencing this issue. In India, there is a widely believed belief that female partners are to blame for infertility. But in real life, both couples are equally responsible for infertility [2]. About 30 to 40 percent of instances of infertility are directly attributable to men [3].

Low sperm concentration (Oligospermia), and defective sperm morphology (Teratospermia) are caused by hormonal causes, sexual dysfunction, psychological and environmental factors, chronic diseases, etc. Oligo-teratozoospermia is the term used to describe the combination of all three disorders. In general, donor insemination is the only choice for therapy in current science, especially in situations of teratospermia [4]. *Vajikarana* or *Vrishya Chikitsa* has been described in *Ayurveda* as

a way to improve a man's reproductive health. It is one of the *Ashta- Angas* according to *Ayurveda*. According to *Charaka Samhita*, one acquires a nice body, strength, complexion, sexual ecstasy, and potency like a horse with the right application of *Vajikarana Dravyas*.

In spite of regular unprotected coitus and a five-year marriage, a 32-year-old male patient who attended the OPD in February 2023 was unable to conceive. He claims to work in a bakery and has experienced all-day weakness and drowsiness. His wife had regular periods, and all of her tests came back normal. Patient was recommended for a semen study, and Oligo-teratozoospermia was found in him.

History of past illness

- No h/o DM, HTN, TB, Thyroid disorders.
- No h/o trauma, surgery.
- No h/o allergy.

Personal history –

- Diet - Vegetarian
- Appetite- Normal
- Bowel - Regular
- Micturition – Regular (D-4, N-1)
- Sleep - Prakruta
- Habit - Occasional Alcohol consumption

Coitus history –

- Patient has difficulty in maintaining erection during intercourse.

- Post-act exhaustion ++

General examination

- Height - 165 cm
- Weight - 65kg
- Built - Moderate
- No enlargement of thyroid

Local examination

- Secondary sexual characters – normal.
- No varicocele, no oedema, no redness.

TREATMENT

Patient was given a combination of *Gokshura churna* - 25gm, *Ashwagandha churna* - 25gm, *Kawach beeja churna* - 25gm, and *Trivanga bhasma* - 5gm and was advised to have 1 tsp of the combination

with milk and *Makaradhwaja Vati* 1 tablet twice a day for a duration of 60 days along with *pathya Ahara*- vihara for 6 months.

Pathya: *Gau-ghrita* and *Gau-Ksheera*.

Fruits: watermelon, *yava*, *godhuma*, *mamsa rasa*, pomegranate.

Apthya - alcohol, heat, and stress if you have empathy.

Follow-up: Up to three months, monthly follow-up. 3 months later, sperm analysis.

1st follow up – c/o generalized weakness reduced.

2nd and 3rd follow up – c/o erectile dysfunction and post-act exhaustion reduced.

Semen analysis was repeated after the **3rd follow up**.

Table 1: Semen analysis before and after treatment

	Before Treatment	After Treatment
Quantity	1.5 ml	2 ml
Color	Colorless	Colorless
Liquefaction time	Within 33 mins	Within 28 mins
Viscosity	Normal	Normal
Fructose	Present	Present
Count	7 million/ml	21 million/ml
Motility	42 %	85 %
Fast motility	15 %	42 %
Moderate motility	23%	46 %
Sluggishly motile	6%	5%
Non motile	63%	8%
Abnormal forms	77 %	32%
Pus cells	3-4	Nil

Simply using oral drugs and *pathya Ahara*-*vihara* resulted in notable alterations in the seminal parameters. Sperm count increased from the severe oligospermia stage to normal ranges. Sperm motility also changed gradually from 35% to 90%, with 42% of the sperm exhibiting rapid motility. After therapy, there were 32% fewer aberrant

sperm and no pus cells.

DISCUSSION

Sperm development takes 72 days, and the complete spermatogenic process—including the time spent traveling through the duct—takes 3 months [6]. Therefore, one should wait a minimum of three months before understanding and analyzing the

outcome of the treatment offered for *Shukra dushti*.

A *Soumya dhatu*, *Shukra* is. *Madhura rasa* and *Sheeta Virya*, which encourage *soumyata* in the body, should be given as medications to improve the quality of *Shukra*. The six *gunas* that make up *Vrishya*

Dravyas are *Madhura*, *snigdha*, *Jeevan*, *Brimhana*, *guru*, and *harshana*, according to Acharya *Charaka* [7]. In the current study, the majority of the medications used had *Vrishya karma*, *Sheeta Virya*, *Madhura vipaka*, and *snigdha-guru guna*.

Table 2: *Rasapanchaka* of the Oral Medicines [8, 9]

	<i>Rasa</i>	<i>Guna</i>	<i>Virya</i>	<i>Vipaka</i>	<i>Karma</i>
<i>Gokshura</i>	<i>Madhura</i>	<i>Guru</i> , <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vrishya</i> , <i>Mutrala</i> , <i>Rasayana</i>
<i>Ashwagandha</i>	<i>Katu</i> , <i>Tikta</i> , <i>Kashaya</i>	<i>Snigdha</i> , <i>Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Sukrala</i> , <i>Balya</i> , <i>Rasayana</i>
<i>Kawachbeeja</i>	<i>Madhura</i> , <i>Tikta</i>	<i>Guru</i> , <i>Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vajikarana</i> , <i>Balya</i> , <i>Brimhana</i>
<i>Trivanga bhasma</i>					<i>Vrishya</i> , <i>Deepana</i> , <i>Balya</i>
<i>Naga</i>	<i>Tikta</i>	<i>Snigdha</i> , <i>Guru</i>	<i>Ushna</i>	-	<i>Balya</i>
<i>Vanga</i>	<i>Tikta</i>	<i>Laghu</i> , <i>Ruksha</i>	<i>Ushna</i>	-	<i>Shukra vardhanam</i> , <i>Kama vardhana</i> , <i>Vrishya</i>
<i>Yashada</i>	<i>Kashaya</i> , <i>Katu</i>	<i>Sheeta</i>	<i>Sheeta</i>	-	<i>Bala-Virya vriddhi</i>
<i>Makaradhwaya Vati</i>					
<i>Swarna bhasma</i>	-	-	-	-	<i>Vrishya</i>
<i>Shuddha Parada</i>	<i>Shadrasa</i>	<i>Snigdha</i> , <i>Sara</i> , <i>Guru</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Sukrala</i> , <i>Yogavahi</i>
<i>Shuddha Gandhaka</i>	<i>Madhura</i>	<i>Sara</i>	<i>Ushna</i>	<i>Katu</i>	<i>Virya vriddhi</i>
<i>Jatiphala</i>	<i>Tikta</i> , <i>Katu</i>	<i>Laghu</i> , <i>Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vrishya</i> , <i>Hridya</i>
<i>Maricha</i>	<i>Katu</i>	<i>Laghu</i> , <i>Tikshna</i> , <i>Sukshma</i>	<i>Ushna</i>	<i>Katu</i>	<i>Ruchya</i> , <i>Deepana</i>
<i>Karpura</i>	<i>Tikta</i> , <i>Katu</i> , <i>Madhura</i>	<i>Laghu</i> , <i>Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Yogavahi</i> , <i>Vrishya</i> , <i>Medhya</i>

GOKSHURA - *Gokshura* is *guru*, *snigdha* in *guna*, *Madhura* in *rasa* and *vipaka*, and it possesses *Sheeta Virya*. It possesses *Brimhana*, *deepana*, *Pachana*, and *Vrishya karma*. Treatment for infertility, impotence, erectile dysfunction, and poor libido has included *Gokshura* fruit [10]. Protodioscin and protogracillin, its two major ingredients, are what give it its

aphrodisiac effects. Protodioscin works by boosting testosterone's ability to be converted into powerful dihydrotestosterone, which stimulates not only an increase in sex drive but also the production of red blood cells from bone marrow and muscular development, all of which improve blood flow and oxygen delivery [11].

ASHWAGANDHA - The herb *ashwagandha* is frequently used to treat issues with male sexual health. Significantly reducing anxiety is a benefit of *ashwagandha moola churna* [12]. It primarily aids in balancing the effects of stress-related variables that cause male infertility. The hormone that is created in reaction to stress is cortisol. A higher cortisol level may inhibit LH's ability to operate, which would lower testosterone levels. Oligospermatogenesis and decreased libido are both caused by low testosterone levels [13]. There is evidence that *ashwagandha* helps with this problem. **KAWACH BEEJA**- *Vrishya Dravya Kawach beeja (Kapikacchu)* is one. It serves as a key component in several *Vajikarana* formulations. It is *balya* and supports *vata* balancing. It was proven to have potent aphrodisiac properties and to enhance sperm parameters and sex hormone levels [14]. By influencing the hypothalamus-pituitary-gonadal axis and raising testosterone levels and sperm counts, it enhances male fertility. L-dopa and the dopamine it contains effectively block prolactin, which is thought to be the cause of 70–80% of male erection failures [15].

TRIVANGA BHASMA - *Shodhita Naga, Vanga, and Yashada* are the three main components of *Trivanga bhasma*. It has *Medohara, Vrishya, deepana, balya, and*

tridosha Shamana qualities [16]. It is frequently used to treat illnesses like diabetes, UTIs, and infertility. It is a *bhasma*, and because of their ease of penetration, they work marvels. It improves the drug's assimilation and absorption into the body, facilitating speedier action. It demonstrates good progress in raising the sperm count.

MAKARADHWAJA VATI is a medication that is frequently used for illnesses including spermatorrhea, general debility, and erectile dysfunction. *Swarna bhasma, Shuddha Parada, and Shuddha Gandhaka* are its main components. The majority of the elements have *shukrala* and *Vrishya karma*. They increase a man's strength and virility.

CONCLUSION

The current case study demonstrates that the topic of *Vajikarana Chikitsa* offers several opportunities for *Ayurvedic* research. Each year, azoospermia and oligo- teratospermia account for around 40% of instances of infertility [17]. Modern science's alternatives are limited since they advise donor insemination in such cases, however when ayurvedic medicines are properly administered and *pathya Ahara-vihara* is used, the patient shows significant improvement. *Vajikarana Chikitsa* might be a blessing for society in the current day, where the number of infertility facilities is on the rise.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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