

EFFECT OF TRUTIYA BALADI YAPANA BASTI IN THE MANAGEMENT OF OLIGOASTHENOZOOSPERMIA –A CASE STUDY

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ABSTRACT

Infertility affects a relatively large number of couples at some point in their reproductive lives globally. WHO (1976) has estimated incidence of global infertility as 16.7%. The contribution of male factor is 20-30% of infertility cases and contribute to 50% of cases overall. Oligoasthenozoospermia is one of the most common causes of male infertility. Oligoasthenozoospermia is an alteration that involves two semen parameters-decreased sperm count and reduced motility of sperms. In *Ayurveda*, it can be correlated with *Shukradushti* in which *Shukradhatu* is qualitatively and quantitatively depreciated. Prevalence of Oligoasthenozoospermia may vary from place to place but magnitude of the problems remains the same. Even with the advent of modern techniques, the success rate in conception is low; the cost of treatment is also not affordable by all. The agony, sorrow of infertile patients remains almost same even today. So, in present study attempt has been made to explore the effect of *Basti* on Oligoasthenozoospermia (*ShukraDushti*). In this case study, A 28 year old patient visited OPD of Panchakarma, IPGT and RA Hospital, with complaints of low sperm count and reduced sperm motility, therefore leading to failure in conception. He was treated with *TrutiyaBaladiYapanaBasti* for 8 days. This treatment yielded improvement symptomatically as well as in semen analysis.

Keywords: *Basti Karma*, Male infertility, Oligoasthenozoospermia, *Shukradushti*.

INTRODUCTION

Infertility is the term used to explain a couple's failure to conceive, despite having engaged in regular and unprotected intercourse for a year. WHO (1976) has estimated incidence of global infertility as 16.7%¹. For infertility, Men and women must be evaluated simultaneously because males are found to be solely responsible for 20-30% of infertility cases and contribute to 50% of cases overall². There are various causes for male infertility like genetic defect, drugs, alcohol, smoking, varicocele, infections etc. Oligospermia is one of the multidimensional problems which can

be implicated as vital causative factor in the inception of male infertility. Often semen with low sperm count may also show significant abnormalities in sperm motility which is termed as Oligoasthenozoospermia. In *Ayurvedic* classics, four causes are described for male infertility, one of them *shukrakshaya* (oligospermia).³ In this case study Oligoasthenozoospermia has been correlated under *Shukradusti* (*ShukraKshaya*) for the purpose of modern parlance. For this study, *TrutiyaBaladiYapanaBasti* is selected. This *Basti* is especially indicated for *Kshina hukra*⁴

AIM AND OBJECTIVE:

To assess the efficacy of *TrutiyaBaladiYapanaBasti* in the management of Oligoasthenozoospermia (*ShukraDusti*).

MATERIALS AND METHOD:

Case Report: A 28 years old patient visited OPD of Panchakarma, IPGT and RA Hospital, Jamnagar and presented with chief complain of failure to conceive in spite of three years of their active married life. Associated complaints were decreased appetite and fatigue since last 6 months. His semen analysis report suggested Oligoasthenozoospermia as less number of sperms and lower motility were found, compared to normal semen analysis. So, patient was diagnosed with Oligoasthenozoospermia (*KshinaShukra*) and admitted in IPD of Panchakarma, IPGT & RA hospital for treatment. *Basti* (medicated enema) was advised to him as the treatment modality of choice.

Method:

Koshthashuddhi (bowel clearance) was done with *GandharvahastaEradataila*⁵ for three days, prior to *Basti* administration. *TrutiyaBaladiYapanaBasti* was selected as the treatment regimen for eight days. Before administration of *Basti*, local *Abhyanga* (at lower back, abdomen and both legs) with *BalaTaila* & *Swedana* was done for 15 minutes. *TrutiyaBaladi Yapana Basti* was prepared as per classical method⁶. Patient was advised to lie down in left lateral position with left lower limb in extended position while the right lower limb flexed at knee and hip joint⁷ Lubrication with oil was done at the anal region of patient and distal end of *Basti Netra*.⁸ The other end of *Basti Netra* was attached to the *Bastiputaka* which is filled with the required quantity of *Basti Dravya*. Then *Basti Netra* was introduced slowly and

steadily parallel to the vertebral column and the *Bastiputaka* was pressed uniformly. After confirming that, some part of *Bastidravya* (Table-1) remained in *BastiPutaka*, the *Basti Netra* was gently removed and patient was advised to relax in supine position. Gentle tapping was done at the buttocks, hips and soles for proper distribution of *Basti*. After some time patient was allowed to leave and a note was made on retention time. The patient was advised to take bath with lukewarm water after complete *Praty gamana*(evacuation) of *Basti*. Patient was allowed to take boiled *Shali* rice with soup of green gram⁹.

Preparation of Basti-

BaladiYavakuta (*Bala*, *Atibala*, *Apamarga*, *Atmagupta*, *Yava*) was taken in 100 grams to prepare the decoction after taking this about 16 times of water was added in it and boiled till one fourth remained. 400 ml decoction was prepared and 400 ml of milk was added in it and again boiled, reducing the contents to 400 ml. A Porcelain pestle and mortar was taken, in which 60 gms of *Guda* and 5 gms of *Saindhava* were mixed well. 60ml *Goghrita* and 60ml *Tiltaila* was added and mixed with it followed by addition of *Kalka* of *Madanphala*, *Yastimadhu*, and *Pippali* and lastly prepared *Baladikshirapaka* was added and stirred well. As a result the total quantity of about 600 ml of *Trutiya Baladi Yapana Basti* was prepared.

PATHYAPATHYA (DIETARY RESTRICTIONS):

- To avoid salty, spicy and fried items were advised in their routine diet.
 - Any sort of physical or mental exertion was advised to avoid.
 - Sexual intercourse was also restricted during this treatment period.
- After completion of *Basti* regimen patient was advised to follow the same dietary pattern and routine for at least sixteen days.

TREATMENT PLAN:

Bastikarma as per classics has been done for eight days.

INVESTIGATIONS:

Semen analysis: It was done before and after the treatment.

ASSESSMENT CRITERIA:

The efficiency of the therapy was assessed before and after treatment on the basis of objective criteria of Semen analysis reports.

Results:

After *Basti* there was a feeling of lightness in body with improved appetite and no weakness was reported after *Basti* evacuation. Patient reported a feeling of general wellbeing and improvement in vigour and dynamism after completion of *Basti* regimen. There was no difference found in Physical examination i.e. consistency, volume and liquefaction time in semen analysis report (Table-3). Significant improvement was reported in total sperm count i.e. 33million/cc after *Basti Karma* (Table-4). Improvement was noted in motility of sperms i.e. actively progressive sperms 20% after treatment (Table-5). There was improvement in head and body defect forms of sperms while no change was observed in tail defect forms (Table-6).

DISCUSSION

Among four *Purushartha*¹⁰ mentioned in Ayurvedic classics, *Kama* is related with sexual gratification and production of a healthy progeny. So, fertility is an existential requisite from time immemorial. *Bija* (Sperm and ovum) is one of the essential factors for conception.¹¹ If there is any form of *Bijadusti* it shall lead to infertility. *Acharya Sushruta* explained that there was vitiation of *Apana Vayu* and *Vyana Vayu* in the *Shukradosha*¹², because site of *Shukra* is the whole body¹³ and *Apana Vayu* is responsible for the proper expulsion of *ShukraDhatu*¹⁴ vitiation of

ApanaVayu can impair the function of *Shukra*. *Basti* therapy is specifically designated to treat *VataVikaras*.¹⁵ *Basti* by expelling out *Vit, Shleshma, Pitta, Anila, Mutra* offers firmness of the body and enriches *Shukra*¹⁶ *Acharya Charaka* also specifically mentioned *BastiKarma* for *ShukraDoshas*.¹⁷ Therefore drugs which are administered in *Basti* form are said to enhance the quality and quantity of *Shukra*. The line of treatment of *Kshina Shukra* should be based on *Brimhana Chikitsa* and *Vrishya* drugs having *ShukraVridhdikara* properties. *Yapana Basti* is said to possess best *Brimhana* and *Rasayana* effect. So, *TrutiyaBaladiYapanaBasti* is selected which is particularly indicated for this condition.¹⁸ This effect of *Basti* may be due to presence of *Sukrala, V isya* and *Vajikara* a properties of the contents like *Bala, Atmagupta, Apamarga, Atibala* and *Yava* along with *Ghrta*. Most of the ingredients of *Basti Kwatha Dravyas* are having *Shitavirya, Madhuravipaka, Balya, Snigdha* and *Vata pitta shamaka* properties. *Vata* and *Pitta* are mentioned as the main vitiating factor in *KshinaShukra*.¹⁹ Hence, *Vata Pitta shamaka* drugs were considered for *SampraptiVighatan* of *Shukradu i*. *Acharya Charaka* has mentioned that if *Ghrta* and milk are used in *Bastiprayoga* then it upsurges the semen because of their *Vrishya* properties. *Tiltaila* is said to be *Balya, Vataghna Uttama*,²⁰ and *vrushya*²¹ *Guda* is also having *Balya* and *V i hya* properties.²² *Atmagupta* is described as a leading *Vajikaranadravya*.²³ *Yashtimadhu* also having *Shitavirya, Shukra*.²⁴ *Apamarga* is defined as an Aphrodisiac agent.²⁵ *Basti* itself improves semen in quantity and quality, because of these ingredients its potency become very high. *Yapana Basti* is said to have *RasayanaGuna* which magnifies the quality of *Rasa Dhatu* and *Dhatwagni*. As a

result formation of better *Dhatu* takes place. As a whole, all the *Dhatu*s get nourished by *Yapana Basti* to maintain *Dhatu*samy and to improve the resistance of the body towards the invasion of the disease. So, it is explained in our classics that properly administered *Basti* enhances the low level of *Shukra* and improves virility, vigor and life span of an individual.²⁶ This case study also supports all these facts wherein eight days of administered *Basti* can improve quality and quantity of *Shukra Dhatu* as per observation.

On the basis of the present study it can be stated that *Trutiya Baladi Yapana Basti* was effective in bringing about considerable improvement in subjective and biochemical parameters in oligoasthenozoospermia. However, it needs to be seen through more extensive studies and greater span of time whether goal of conception is achieved through this line of treatment. Sperm analysis is the first step to diagnose male infertility. Many factors can affect semen male factors in 40-60% of cases are the major contributor causes[1].

CONCLUSION

Table-1: Basti Dravya

Sr. no.	Dravya	Quantity
1.	<i>Guda</i> (jaggery)	60gm
2.	<i>Lavanam</i> (Rack Salt)	5gm
3.	<i>Ghrita</i>	60ml
	<i>Tila Taila</i>	60ml
4.	<i>Kalka</i> (<i>Madanphala, Yastimadhu, Pippali</i>)	25 gm
5.	<i>Kshira Kashaya</i> (<i>Bala, Atibala, Apamarga, Atmagupta, Yavam</i>)	400ml
Total Quantity		600ml

Table-2 Observation of eight days Basti

NO.	Quantity	AT	RT	Evacuation	Observation
1	600ml	10:30 AM	10 minutes	2 times	Feeling of lightness, mild weakness
2	600ml	10:35 AM	10 minutes	3 times	Feeling of heaviness sometime after meal, No significant weakness
3	600ml	10:30 AM	5 minutes	2 times	Mild weakness present after evacuation.
4	600ml	10:20 AM	25 minutes	2 times	Lightness in body after evacuation.
5	600ml	10:45AM	15 minutes	3 times	Feeling lightness in body, improved appetite.
6	600ml	10:40 AM	12 minutes	1 times	Mild weakness after evacuation.
7	600ml	10:35 AM	10 minutes	2 times	Lightness in body, feeling of wellbeing.
8	600ml	10:30 AM	18 minutes	2 times	Lightness in body, appetite increased, No weakness

*AT-Administration time

*RT-Retention time

Table-3: Effect on Physical Examination on Semen Analysis

NO.	Physical Examination	BT	AT
1.	Volume	2 ml	2 ml
2.	Consistency	Viscous	Viscous
3.	Liquification	20 mins	20 mins

Table-4: Effect on Total Sperm Counts on Semen Analysis

NO.	Total Sperm Counts	BT	AT
1.	Total Count	03million/cc	33million/cc

Table-5: Effect on Motility of Sperms on Semen Analysis

NO.	Motility	BT	AT
1.	Actively Motile	00%	20%
2.	Sluggish Motile	00%	35%
3.	Non Motile	100%	45%

Table-6: Effect on Abnormal Forms of Sperms on Semen Analysis

NO.	Defect	BT	AT
1.	Head Defect	14%	08%
2.	Body Defect	10%	04%
3.	Tail Defect	05%	06%

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Adil R Et Al: Effect Of Trutiya Baladi Yapana Basti In The Management Of Oligoasthenozoospermia –A Case Study International Ayurvedic medical Journal {online} 2017 {cited January, 2017} Available from: http://www.iamj.in/posts/images/upload/114_119.pdf