



AYURVEDIC MANAGEMENT OF ASTHENOSPERMIA- A CASE REPORT

Vishvanath¹, Latha²

¹Assistant professor, Department of Rasashastra & Bhaishajya Kalpana ²Assistant professor, Department of Pan-chakarma, Ashwini Ayurvedic Medical College & PG Centre Davangere Karnataka

Corresponding Author: drvishvanath88@gmail.com<https://doi.org/10.46607/iamj5410092022>

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ABSTRACT

Male infertility is any health issue in a man that lowers the chances of his female partner getting pregnant. About 13 out of 100 couples can't get pregnant with unprotected sex. There are many causes of infertility in men and women. In over a third of infertility cases, the problem is with the man. This is most often due to problems with sperm production or with sperm delivery. Asthenospermia (also known as asthenozoospermia) is an infertility condition in which a person has reduced sperm motility (the ability of the sperm to move). Reduced sperm motility decreases the chances of the sperm fertilizing the egg in the female reproductive tract. Asthenospermia is one of the most common causes of male-factor infertility, along with Oligospermia (low sperm count). A 35-year-old male who had been diagnosed with asthenospermia with low sperm count and non-motile spermatozoa with 5 years of married life and his wife with regular periods and an ovulatory cycle, were treated successfully with *Ayurveda*. After *Shodhana* and *Shamana chikitsa* resulted in Normozoospermia.

Keywords: Asthenospermia, Male infertility, *Klaibya*

INTRODUCTION

The first and foremost aspect of a human being is to give birth to the next generation. *Ayurveda*, the science of life has given due importance to this process

of procreation. Infertility is one of the major issues faced by couples in the modern era. Infertility is defined as the inability to achieve pregnancy after one

year of unprotected coitus¹. Of all infertility cases, approximately 40-50%, the cause is male factor defect and 2% of all men exhibit suboptimal sperm parameters most significant among these are reduced count, (oligospermia) reduced sperm motility (asthenospermia), abnormal morphology (teratozoospermia) or combination of these. According to WHO², sperm concentration below 15million sperm/ml is termed oligospermia. International classification of disease categorization defines sperm concentration below 20million sperm/ml as oligospermia. In *Ayurveda*, the essential factors for conception are mentioned as *Rutu* (reproductive period) *Kshetra* (female reproductive tract) *Ambu* (nutritional factors), and *Beeja* (sperm & ovum)³. Any abnormality or malformation of any of these has a negative effect on the fertility outcome. Oligospermia is found to have a close resemblance with *Shukrakshaya*(Decreased sperm count) or *Ksheenasukra*, one of the *Ashtavidha shukra dushti*⁴ (8 types of abnormalities of sperm) mentioned in the

classics. Asthenospermia or asthenozoospermia stands for a common cause of human male infertility characterized by reduced motility of sperm⁵. One of the chief conditions for successful fertilization is sperm motility which gets regulated by cyclic AMP-activated protein kinase-A. Some studies have identified that sperm proteins accountable for metabolism and energy are articulated at superior levels in those patients who suffer from conditions like asthenozoospermia, while samples linked to normozoospermic had an increased level of expression of proteins engaged in protein turnover, stress response, folding, movement, and organization.

CASE

A 34years old by male came with a complaint of not having a child for 5 years of marriage life. In counseling, it was found that there is no problem with a female partner. The complete patient examination is as follows.

Table 1: Details of Patient:

Occupation	Teacher
Fertility History	Nil
Sexual History	
Coital History	twice in week
Erection	Good
Morning Erection	Present
Personal History	
Diet	Mixed
Bowel	Clear/Normal
Appetite	Good
Micturition	Normal
Sleep	Good
Allergy	No
Exposure to heat	No
Cigarette Smoking	Nil
First Ejaculation	At age 18 years
Tight Clothing	No
Tobacco Chewing	No
Alcoholic Consumption	Occasionally
Gutkha chewing	Yes occasionally
H/O Trauma	Nil
General Physical Examination	

Height	5.4 Feet
Weight	62kg
Temperature	98.2F
Pulse	78/min
B.P.	120/70 mm of Hg
R.S	NVBS, Clear
C.V.S	S1S2, No murmurs
C.N.S	Conscious, Oriented
P/A	Soft, NT, BS-plus
Uro-Genital Examination	
Penis	Normal in Size. Prepuce- Normally Retracted.

Table 2: Observation of Testis:

Examination of scrotum	Right	Left
Pigmentation	Dark brown	Dark brown
Temperature	Normal	Normal
Rugae	Present	Present
Scars	No	No
Swellings	No	No
Examination of testes		
Position	Normal	Normal
Size	Normal	Normal
Surface	Smooth	Smooth
Consistency	Firm	Firm
Borders	Regular	Regular
Examination of epididymis	Palpable with swelling	
Examination of vas deferens	Not palpable	
Examination of the spermatic cord	Thickened	
Examination of prostate	(P/R) Normal	

CHIKITSA (TREATMENT):

Table 3: Shodhana chikitsa:

Deepana-pachana	Snehapana	Virechana
Chitrakadivati and Agnitundivati 1 tab bid before food.	Ashwagandha ghruta for 5days. After getting sneha siddhi laxanas, posted for abhyanga for 3 days	Trivritrilehya 70gms at 7 am 14 virechana vegas were observed

Table 4: Shamana chikitsa:

Sl.No.	Medicine	Dose	Duration
01	Vrishyavati	1tab bid	1 month
02	Makaradhwaja	1tab bid	1 month
03	Musalipaka	1tsp bid with Milk	1 month
04	Klaibyahara yoga	1tsp bid with Milk	1 month

RESULT:

Table 4: Semen Analysis:

	Before Treatment	After Treatment
Date	18/02/2019	26/11/2020
Duration of abstinence	20Days	2Days
Fructose	Positive	Positive
pH	8	7
Liquefaction time Occurred in	30 minutes	60 minutes
Volume	4ml	2ml
Sperm Count	45.0Millions/ml	42 millions/ejaculation
Motility	Rapid progressive motility-10%	Total Motility-70%
	Sluggish Motile-50%	Progressive motility-50%
	Non-motile-40%	
consistency	Normal	Normal
Total no of abnormal spermatozoa	45%-50%	Nil
Appearance	Gray, White	Normal
Impression	Asthenospermia	Normozoospermia

DISCUSSION

As per *Ayurveda* classics, *Garbhotpadana*(Conception) is a vital function of *Shukra dhatu*. If any form of *Bijadushti* (*Shukradushti*) ultimately results in failure of conception. *Shukra* is *Saumya*⁶ (Cool) i.e., *Jalamahabhutpradhana*(Predominant with *jala mahabhuta*), here pathology includes low count along with decreased motility. The low count is due to the involvement of *Pitta* as it possesses *Agneya*(Hot) *guna* which is a Reverse to *Saumya Guna* of *shukra*. Motility i.e., *Chalatva*(Mobility) is *Vataguna*, so here vitiated *vata* is involved in the pathology of low motility. The treatment mainly aims at increasing sperm count using *Vajikarana dravyas* (aphrodisiac drugs) which have *Sukrajanana* (production of sperm) and *Sukrapravarthaka* properties (ejaculation). *Shodhana* (purificatory process) is a prerequisite before *Vajikarana* (aphrodisiac). *Virechana* (purgation) is the mode of *Shodhana* (purificatory therapy) adopted as it lowers the *Pitta* and brings *Vatanulomana* (pacify *vata*). It helps in removing the *Srothorodha* (blockage of channels) of *Sukravahasrotas* (semen-carrying channels). It also facilitates the proper functioning of *Dhatwagni* (metabolic energy) leading to the formation of new *Sukra dhatu* (semen). There is better

absorption and assimilation of *oushadhas* (medicines) after the process of *Sodhana* (purificatory therapy).

PROBABLE MODE OF ACTION

Vrishya Vati is formulated as a male reproductive system stimulant. The ingredients such as *Ashwagandha* (*Withania somnifera*), and *Kapikachu beej* (*Mucuna pruritis*) help to improve sexual functions while *bastand* (Goat testicles) improves the quality and quantity of semen. *Makaradhwaja gutika* has powerful spermatogenic and aphrodisiac properties that are extremely beneficial for treating erectile dysfunction, premature ejaculation, oligospermia (i.e., low sperm count), hypospermia (low volume of semen), asthenozoospermia (i.e., sperm motility), teratospermia (i.e., abnormal sperm shape) and enhances spermatogenesis (i.e., sperm production)⁷. The medication, being a natural antioxidant improves the production of male hormones like testosterone and luteinizing hormone. It effectively stimulates blood supply to the penile tissue and induces erection. Being a natural aphrodisiac, it helps in reducing mental stress and anxiety and stimulates the hormones for increasing libido. It also increases virility and stamina in men. *Muslipaka* has an androgenic action⁸. It improves testosterone levels and helps men with testicular spermatogenic failure. The overall action of *Muslipaka* is to provide strength to the reproductive system and maintain its natural functions. It improves

fertility by inducing spermatogenesis and improving motility.

CONCLUSION

The treatment approach based on Ayurvedic principles can produce encouraging results in the management of *Shukra Dosha* (Asthenospermia) not only in improvement in sexual functional parameters but also in increasing the quality and quantity of semen. Such encouraging results offer hope to many who are suffering from Asthenospermia and also instill confidence among new Ayurveda physicians in handling male infertility without surgical interventions and managing it with simple medication.

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BEFORE TREATMENT



AFTER TREATMENT



AFTER TREATMENT