A CLINICAL STUDY TO EVALUATE THE EFFICACY OF VIDARYADI CHOORNA IN THE KSHEENA SHUKRA W.S.R TO OLIGOSPERMIA

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ABSTRACT

_Ksheenashukra_ is a condition in which both quality and quantity of _shukra_ may be altered and may lead to _shukradushti_ when in body _vatadosha_ and _pittadosha_ are vitiated. The _Shukra_ mentioned in _Ayurveda_ can be compared easily to that of semen of modern medicine. An attempt was made to treat the _KsheenaShukra_ (Oligospermia) at OPD level and study was made to assess the efficacy of _VidaryadiChoorna_ on seminal parameters without any classical _Shodhana_ procedures. As the drug under trial in has _balya_, _Vrishaya_, _shukrala_, _vajikarana_ and _rasayana_ properties and are used with _ksheera_ as _Sahapana_, which is mentioned as _sadhyaShukra karaka_. Hence the trial of the drug “_vidaryadichoorna_” was done on 30 patients from the OPD of J.I.A.R. and assessment of the patients on the selected criteria was continuously analysed. All clinical signs and symptoms were assessed. Before the medication, thorough laboratory investigations were done. Duration of clinical trial was of three months and all the patients were regularly followed up after one month to evaluate the therapeutic effect of the trial drugs. Single group study has been performed and significant results were seen.

**Keywords:** _ksheenashukra_, oligospermia, _vidaryadichoorna_.

INTRODUCTION

_Ayurveda_ is a science of life, which emphasizes on two main objectives of maintenance and promotion of positive health and management of the diseases. Dietary habits and lifestyle modalities plays a major role in the causation of any disease. In _Ayurveda_, it has been explained elaborately to live a healthy disease free life by following _dinacharya_, _ritucharya_, _aacharrasayana_, _savadritta_. With the onset of time most of the dietary habits like _virudhahara_ and _vidagdahara_, sedentary lifestyle where people prefer to take outside food more often because of busy work schedules, have made humans more vulnerable to many diseases than ever before.

Male infertility can be defined as an inability to induce conception to any defects in its reproductive system especially due to defect in spermatic function. Male having pathological semen reports include low sperm count, poor sperm motility, low sperm volume, low or absence of fructose and sperm functional tests. The incidence of male infertility may vary from place to place and nation to nation, however, magnitude of the problems remains the same.
Ksheenashukra is a disease of shukra in which both quality and quantity of shukra may be altered & may lead toshukradushti, when in the body vatadosha and pittadoshas vitiated then they derange the normal quality&quantity of shukradhatu. As a result of the vitiation of vataand pittadoshas the channels which carry shukra (shukravahasrotas) undergoes dushti, which further in capacitates the normal individual from conceiving his life partner and ends in infertility.

Condition ksheenashukra can be co-related with oligospermia by definition; theoligospermia is characterized by the lowered sperm count which is less than 20 million/ml from the normal range 20-160 million/ml. The corresponding decrease in the sperm count is responsible for the inability for conception.

KsheenaShukra is a condition where in ShukraDhatu gets vitiated eitherquantitatively or qualitatively due to the vitiated Vata and PittaDosha that are provoked due to said nidana. Shukra is the Param Sara of ahara rasa. The function attributed to ShukraDhatu as well as the semen is Garbhotpadana.

Also, in the present era, due to the change in life style, hectic activities, and busy life schedules and lack of time also, many a time’s patients though fit are not ready to undergo Shodhana procedures. Keeping this in mind, an attempt was made to treat the KsheenaShukra (Oligospermia) at OPD level and study was made to assess the efficacy of VidaryadiChoorna on seminal parameters without any classical Shodhana procedures. As the drug under trial is having balya, Vrishaya, shukrala, vajikarana and rasayana properties and are used with ksheera as Sahapana which is mentioned as sadhyaShukra karaka. Hence the trail of the drug “vidaryadichurna” was done on the 30 patients from the OPD of J.I.A.R. and assessment of the patients on the selected criteria is continuously analysed.

AIMS & OBJECTIVES
To study the efficacy of vidaryadichurnain ksheenshukraw.s.r to oligospermia.

MATERIALS AND METHODS
Selection of the patient: the study was conducted in single group clinically and pathologically diagnosed selected from the O.P.D and I.P.D of J.I.A.R.

GROUP: single group

INCLUSION CRITERIA: -
1. Total Sperm count < 20 million/ml.
2. Male patients of age ranging from 20 to 45 years.

EXCLUSION CRITERIA
- Age below 20 and above 45 years.
- Total Sperm count > 40 million/ml.
- Patients with azoospermia and aspermia.
- Genetic defects like Klinefelter’s syndrome.
- Patients with diseases like Varicocele, Accessory sex gland infection, Sexually transmitted diseases, etc.

CLINICAL ASSESSMENT: -

SUBJECTIVE PARAMETERS:
- Relief in the symptoms of Ksheenashukra.
- Klaibyam, Sukraavisarga, Medra-Vrshnavedana, Maidhunaashakti etc.
- Sexual health parameters- Desire, Erection, Ejaculation and Orgasm will be graded and assessed.

OBJECTIVE PARAMETERS:
- Semen analysis i.e. Total sperm count and Motility.
Before starting the treatment all patients were given <i>triphalachoorna</i> in the dose of 5gm at bed time for <i>kosthsudhidhi</i> for 5 days.

### Table NO.1 DRUG DESIGN:

<table>
<thead>
<tr>
<th>Sample size</th>
<th>30 Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>&lt;i&gt;VidaryadiChoorna&lt;/i&gt;</td>
</tr>
<tr>
<td>Dose</td>
<td>4gm BD, 2 hours before the meal</td>
</tr>
<tr>
<td>Anupana</td>
<td>Milk</td>
</tr>
<tr>
<td>Duration</td>
<td>60 Days</td>
</tr>
<tr>
<td>Follow up</td>
<td>1 Month</td>
</tr>
</tbody>
</table>

### REGIME:
- All the patients were strictly advised to avoid the <i>Aharas</i> and <i>Viharas</i> which causes vitiation of <i>vatadosha</i> and <i>pittadoshas</i>. Patients were also advised to keep <i>brhamcharya</i> during the course of treatment.

### OBSERVATION AND RESULTS

The study was conducted in single group clinically and pathologically diagnosed cases selected from the JIAR. The total 30 number of the patients were taken and thoroughly analysed. To access the result of the study, both objective and subjective findings were recorded before and after the completion of treatment. They are Loss of Sexual Desire, Loss of Erection, Loss of Rigidity, Loss of Orgasm and Premature Ejaculation. Findings of Semen analysis in terms of Semen Volume, Sperm Count, Sperm Motility and Viscosity was recorded before and after treatment and was used for analysis of result.

#### TABLE NO.2 EFFECT OF <i>Vidaryadi Choorna</i> ON TOTAL SPERM COUNT

<table>
<thead>
<tr>
<th>Mean</th>
<th>D</th>
<th>%</th>
<th>S.D.</th>
<th>S.E</th>
<th>T</th>
<th>p</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.20</td>
<td>56.96</td>
<td>37.77</td>
<td>196.7</td>
<td>21.88</td>
<td>3.99</td>
<td>9.45</td>
<td>0.001</td>
</tr>
</tbody>
</table>

In the present study, the mean total sperm count before and after the treatment were 19.20 and 56.96 respectively. The percentage increase in the mean was found to be 196.7%. The improvement found to be statistically significant with “t” test value 9.45 for df 29. Here p<0.001 which indicates that in our present study the effect of the drug is highly significant on the total sperm count.

#### TABLE NO.3 EFFECT OF <i>Vidaryadi Choorna</i> ON VOLUME

<table>
<thead>
<tr>
<th>Mean</th>
<th>D</th>
<th>%</th>
<th>S.D.</th>
<th>S.E</th>
<th>T</th>
<th>p</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.90</td>
<td>2.883</td>
<td>0.983</td>
<td>51.73</td>
<td>0.499</td>
<td>0.09</td>
<td>10.77</td>
<td>0.001</td>
</tr>
</tbody>
</table>

In present study, the average volume of the semen ejaculated before and after the treatment was 1.90 and 2.883 respectively. The percentage increase in volume of semen was 51.73 % on average. The improvement found to be statistically significant with ‘t’ value 10.77 for df 29. Here p<0.001 which...
indicates that in our study effect of drug is highly significant on the volume of semen.

**TABLE NO.4 EFFECT OF VIDARYADI CHOORNA ON MOTILITY**

<table>
<thead>
<tr>
<th>Mean</th>
<th>D</th>
<th>%</th>
<th>S.D.</th>
<th>S.E</th>
<th>T</th>
<th>p</th>
<th>Df</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>28.67</td>
<td>53.40</td>
<td>24.73</td>
<td>86.25</td>
<td>14.63</td>
<td>2.67</td>
<td>9.25</td>
</tr>
<tr>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the above table, initial mean score on average was 28.67 which were increased to 53.40 after 60 days. The percentage of improvement on average was 86.25%. The increase in motility was statistically highly significant with “t” value being 9.25 for 29. Here p<0.001 which indicates that in our study, the drug is highly significant on motility of sperms.

**TABLE NO.5 EFFECT OF VIDARYADI CHOORNA ON VISCOSITY**

<table>
<thead>
<tr>
<th>Mean</th>
<th>D</th>
<th>%</th>
<th>+ve ranks (AT&gt;BT)</th>
<th>-ve ranks (AT&lt;BT)</th>
<th>Ties (AT=BT)</th>
<th>T</th>
<th>P</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>1.47</td>
<td>2.63</td>
<td>1.167</td>
<td>79.38</td>
<td>29</td>
<td>0</td>
<td>1</td>
<td>5.01</td>
</tr>
<tr>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The initial score of viscosity of the semen on average was 1.47 units which were raised to 2.63 units after 60 days of treatment. The improvement on average was found to be 79.38%. The improvement was found to be statistically significant with ‘z’ value 5.01 for 29 df. Here p<0.001 which indicates that the drug in the trial is highly significant on viscosity of semen.

**Probable Mode of Action of Vidaryadi-Choorna on KsheenaShukra**

The probable mode of action of Vidaryadi-Choorna can be analyzed by analyzing the Rasa, Guna, Veerya, Vipaka, Doshgnataand Karmas. In VidaryadiChoorna, majority of the drugs are madhur in Rasa, Shita in Virya, Madhur in Vipaka, Guru and Snigdha in Gunaand Vata-PittaDoshgnata. They are having shukral properties and having qualities similar to the shukra. The mode of action of drug can also be understood on the basis of SamanayVish-eshNyaya, according to which drug with similar qualities leads to enhance their similar qualities in the subject and drug with opposite qualities leads to decrease in the qualities of subject. The drugs such as ShwetMusli and Ashwagandha are basically Nervine and help in relieving psychobiological stress and thereby control Vataat Manasaand Sharirikalevel as AtiChintaand Shoka are the main cause for Rasa kshaya resulting in KsheenaShukra. Vidarikand and ShwetMusli being Vrishya, Balya, Brimhanaand Rasayana helps in step wise formation of all dhatus and hence in the end formation of shukradhatus. Akarkarabha is also Balya, Vajikaran, Kamoudipanand being shukrasthabhan it holds the shukradhatu and prevent fromkshaya. Shothaharproperty of Akarkarabhahelps to counter the inflammation because of infection.

**CONCLUSION**

The final conclusion can be drawn on the basis of all the clinical observations and the results obtained during the study:

- Dominance of Vataand Pittadoshain the disease KsheenShukra can be inter-
preted by clinical data which shows that majority of patients (46.66%) were having Vata-Pittaprakarti, rest of the patients were Pittaand Vattapradhanprakarti. Majority of the patients were from Madhyavaya which is again period of pittapradhanta.

- **Vidaryadi Choorna** found highly effective for the treatment of KsheenaShukraand its associated symptoms.

- **Vidaryadi Choorna** contains drugs which have Shukral, Vajikaran, Vrishya, Brimhana, Balya, Rasayana, Kamoudipakand Shukrastambhak properties.

- Drug also showed promising results in the ejaculatory control and the viscosity of semen.

- No side effects were observed by the patients during the trial period of the drug.

- Being presence of potent drugs in the selected formulation, it can be tried in the other diseases associated with ShukravahaSrotodusti. Further research can provide more fruitful results.

- The modality of treatment was less time consuming, economical, non-invasive, and very easy and can be done at OPD level.

In this present study, out of 30 patients 22 patients were markedly improved and showed significant results whereas 5 patients showed mild improvement and rest 3 patients did not respond to this treatment. **Vidaryadichurna** showed 196.7% increase in total sperm count, 51.73% improvement in volume of semen, 86.25% in motility of sperms and 79.38% in viscosity of semen.

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