

MANAGEMENT OF MALE INFERTILITY (OLIGOASTHENOZOOSPERMIA) WITH AYURVEDA

[Shivani Karnwal](#)

Ayurveda Consultant (B.A.M.S), Department of *Kayachikitsa*, Patanjali Ayurved Hospital, Haridwar, Uttarakhand, India

Corresponding Author: shivanikarnwal91@gmail.com

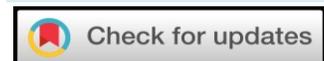
<https://doi.org/10.46607/iamj5508102020>

(Published online: October 2020)

Open Access

© International Ayurvedic Medical Journal, India 2020

Article Received:11/09/2020 - Peer Reviewed:28/09/2020 - Accepted for Publication:05/10/2020



ABSTRACT

Male infertility refers to a male's inability to cause pregnancy in a fertile female. There are many reasons that aid the pathology of male infertility primary includes low sperm count, volume, motility, abnormality in shapes and few reproductive dysfunctions. Oligoasthenozoospermia which is one of the major causes behind male infertility comprises two conditions – Oligospermia (low sperm count) and Asthenozoospermia (reduced motility of sperm). Researches reveals that 1 in every 3 cases of infertility are due to the male partner so nowadays diagnosis and management of both the partners is now considered as a vital tool. In this article, I report a case of a 30-year-old male patient with complaints of wanting an issue after a complete year of regular, unprotected intercourse. For which he had undergone all the regular diagnostic investigations of his wife, which reported no issues and recorded with regular and ovulatory cycles with patent tubes. Then progressing in the diagnosis, he had undergone a semen analysis and got diagnosed with Oligoasthenozoospermia. The issue was successfully treated with Ayurvedic drugs within a period of 1 month.

Keywords: Case study, Ayurveda, *Ksheenashukra*, Oligoasthenozoospermia, Male infertility

INTRODUCTION

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 for 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 his sperm production or with sperm delivery. What happens under normal conditions? The man's body makes tiny cells called sperm. During sex, ejaculation normally delivers the sperm into the woman's body. The male reproductive system makes, stores, and transports sperm. Chemicals in the body called hormones control this. Sperm and male sex hormone (testosterone) are made in the 2 testicles. The testicles are in the scrotum, a sack of skin below the penis. When the sperm leave the testicles, they go into a tube behind each testicle. This tube is called the epididymis. Just before ejaculation, the sperm go from the epididymis into another set of tubes. These tubes are called the vas deferens. Each vas deferens leads from the epididymis to behind the bladder in the pelvis. There, each vas deferens joins the ejaculatory duct from the seminal vesicle. When one ejaculate, the sperm mix with fluid from the prostate and seminal vesicles. This forms semen. Semen then travels through the urethra and out of the penis. Male fertility depends on the body making normal sperm and delivering them. The sperm go into the female partner's vagina. The sperm travel through her cervix into her uterus to her fallopian tubes. There, if a sperm and egg meet, fertilization happens. The system only works when genes, hormone levels and environmental conditions are right.^[1] The most common causes of male infertility are Oligospermia (reduced number of sperm), Asthenozoospermia (reduced motility of sperm), Necrozoospermia (reduced sperm vitality), Teratozoospermia (abnormal sperm morphology) and a combination of these. *Vajikarana* is a specialized branch of Ayurveda dealing with *Shukradushti* and *Klaibya*. *Shukradushti* is an acquired quantitative and qualitative abnormality in *Shukra* caused by faulty dietetic, psychological, traumatic factors and chronic debilitating illness due to which the individual suffers

from *Klaibya* (Erectile dysfunction & premature ejaculation) and there is *Aharshana* (decreased sexual desire). *Ksheena Shukra* is included in one of the varieties of *Ashtavidhashukradushti*. When both *Vata* and *Pitta Dosha* are vitiated, the quality and quantity of the *Shukra* alters and resulting into *Shukradushti* specially *Ksheena Shukra*. Ayurveda give emphasis to the treatment of *Shukradushti* with *Dhatuvriddhikara*, *Balakara*, *Shukrajanaka* and *Shukrapravartaka* those in-terms of increasing the sperm count and motility by using *Vajeekaranadravya*.^[2]

Case Study:

A 30-year-old male patient came to me on 20th July 2020 with complaints of wanting an issue for 1 year of regular, unprotected intercourse. His past and personal history was not contributory to the present condition.

Past History: His Development of secondary sexual characters is normal. He has never suffered from any chronic medical illness, Infections (mumps orchitis, sexually transmitted infections) and genitourinary tract infections.

Treatment History: Patient was not on any treatment before. No history of any drug allergy.

Surgical History: There was no any history of surgical procedures involving the inguinal and scrotal areas (vasectomy, orchiectomy and herniorrhaphy), Drugs and environmental exposures.

Personal History: Patient is vegetarian. No history of smoking, Alcohol, Tobacco. Appetite: Good Intake- Micturition: Normal Sleep: Sound

Family History: Not specific regarding the issue.

General Examination: General Condition: Fair (*Vata-Pitta*), A febrile B.P:110/70 mm of Hg Pulse:74b/min. (*Mandukagati*) Height:165cm Weight :64kg Pallor:Absent Icterus:Absent Koilonychia:Absent Lymphadenopathy:Absent Edema:Absent

Ashtavidha Pariksha: Nadi: *Vatapittaj (Mandooka Gati)* Mutra: *Samyaka* Mala: *Samyaka* Jihwa: *Alipita* Shabda: *Samanya* Sparsha: *Samyaka* Drika: *Samyaka* Akriti: *Samyaka*.

Systemic Examination: R.S.: NAD. CVS: S1S2 – NCNS: Conscious, oriented. P/A-Soft, mild tenderness at lower abdomen. The physical examination

does not show any anatomical abnormalities and there were no signs of inflammation, ulceration or rashes of testes or penis.

Investigation: Laboratory investigations show nothing abnormal. The semen analysis report (18.03.2020) presented to me on (20.07.2020) shows that the sperm count was ‘few sperms to count and completely non motile spermatozoa.’

Diagnosis: Oligoasthenozoospermia (*Ksheenashukra*)

Chikitsa Upakrama: The patient was treated with *Youvanamrit Vati* (Divya Pharmacy), 1 tab (125mg each), *Shilajit Rasayan tablet* (Divya Pharmacy) 1 tablet (500mg each) 2 times a day with lukewarm water after meal along with *Shudh Kronchbeej Churna* (100gm) – 3-5 gms twice a day with milk. The treatment was continued for 1 month.

Composition of Youvanamrit Vati and Shilajitrasayanvati³¹:

Youvanamrit Vati: Ashwagandha (*Withaniasomnifera*) 12 mg Shuddha Kaunch (*Mucuna Pruriens*) 12 mg Bala (*Sida Cordifolia*) 12 mg Shatavari (*Asparagus racemosus*) 8.25 mg Musli (*Chlorophytum arundinaceum*) 12 mg Jaiphal (*Myristica fragrans*) 12 mg Javitri (*Myristica fragrans*) 17.5 mg Shuddha Kuchla (*Strychnos Nux-Vomica*) 2 mg Akarkara (*Anacyclus Pyrethrum*) 12 mg Babul (*Acacia Arabica*) 1.75 mg Swarna Bhasma 0.25 mg Praval Pishti 0.25 mg Vang Bhasma 5.5 mg Makardhwaj Shuddha Shilajit 5.5 mg Processed with Paan Swaras Excipient Gum acacia, Aerosil, Talcum QS **Shilajitrasayanvati:** Ashwagandha (*Withaniasomnifera*), Bhoomi Amla, Harad (*Terminalia chebula*), Baheda (*Terminalia bellerica*), Amla (*Emblia officinalis*), Aqueous extract of – Shilajit Shudha

Table 1: Post Treatment Findings: Seminal Parameters

Parameters	1 st Visit (20.07.2020)	2 nd Visit (24.08.2020)
Abstinence	5 Days	-
Quantity	1.5 MI	-
Colour & Nature	Greyish White & Viscid	Normal
Liquefaction Time	5min	-
Reaction	8.0	7.4
Sperm Count Total	30million	60.8million
Active Motile	0%	65%
Sluggish Motile	20%	30%
Non-Motile	10%	5%
Abnormal Form	80	Not Seen
Pus Cells	24-25/Hpf	Not Seen

Results: After medication there is a significant upsurge in total sperm count (i.e. from 30 million to 60.8 million) with a major improvement in all the three grounds of motility where from 0% active to 65% actively motile, 20% sluggish to 30% sluggishly motile and the count of non-motile reduced to 5%. The abnormal form is completely zero and the ratio of pus cells also got recovered. (Details in the above table).

DISCUSSION

This is a case study of 30-year-old male patient with the complaints of wanting an issue after a complete

year of regular, unprotected intercourse. Further progressing over the investigations, he got diagnosed with Oligoasthenozoospermia. For the treatment and management, he came to my clinic. Patient came to my clinic with confirmed diagnosis of Oligoasthenozoospermia. In Ayurveda it resembles with *Ksheenashukra* which is due to aggravated *doshas* reaching male reproductive organs. According to the principles of Ayurveda, the balance of three vital energies namely *Vata*, *Pitta* and *Kapha* in the body is very important for maintaining the health of a body. As per this alternative therapy system, the imbalance

of these three elements is the main reason for any ailment in the body. In Oligoasthenozoospermia both a smaller number of sperm and low motility are found. Treatment of Oligoasthenozoospermia should be aimed at to increase sperm count and motility^[4]. *Shukradushti* is the causative factor for the infertility. *Ksheenashukra* is a type of *shukradushti* which can be correlated to Oligoasthenospermia. The treatment of *Ksheenashukra* mainly aims at *Shukrajanaka* and *Shukrapravartaka* in terms of increasing the sperm count and motility by using *Vajeekaranadravya*^[5]. Ayurvedic medication like *Youvanamritvati* (Divya Pharmacy) and *Shilajit rasayan vati* has found to be very effective in such issues. *Youvanamrit Vati* is a highly effective natural spermatogenic agent. It works by increasing the secretion of testosterone, which is responsible for the spermatogenesis. It also stimulates the functions that play a role in the process of reproduction. It helps men in dealing with the problem of oligospermia and resultant infertility that mainly arise due to an inappropriate or imbalanced secretion of some hormones. It also activates the centers of reproductive functions in the brain thus allowing men to produce a stimulus needed for the reproductive functions. *YouvanamritVati* is revered for its ability in promoting and nourishing the aphrodisiac activity through the activation of the vital essence in the body^[6]. *Kaunchbeej* works as an aphrodisiac and helps in increasing sexual desire. It helps to improve sperm count and motility. It also helps to increase the production and quantity of semen. Apart from this, *Kaunchbeej* helps reduce physiological stress and improves semen quality. This is due to its antioxidant property. Some studies state that *Kaunchbeej* improves sexual performance by delaying the time of ejaculation. It also improves the quality and quantity of semen because of its *Guru* (heavy) and *Vrushya* (aphrodisiac) properties.^[7] Patient responded well to this treatment. Single follow up session was done. After one month of treatment, a repeat semen analysis is done on 24/08/2020 shows completely normal semenogram. Patient feels better and overall improvement is reported within 1 month of treatment.

CONCLUSION

The drugs we used in the treatment of *Ksheenashukra* have the ability to promote and nourish the aphrodisiac activity and also helps in balancing of the affected *doshas*. Due to improved status of *doshas* the other action of ingredients showed increased sexual desire, improved erectile function, optimum ejaculatory function, increased frequency and a satisfactory orgasm. Thus, to conclude Oligoasthenozoospermia can be managed successfully and easily with *Ayurvedic* treatment and need to be studied and applied in a greater number of cases.

REFERENCES

1. <https://www.urologyhealth.org/urologic-conditions/male-infertility>
2. *Agnivesha, Charaka, Charaka Samhita with Ayurvedadipika* commentary of *Chakrapanidatta*, edited by *Vaidya Yadavji Trikamj Acharya*, published by *Nirnaya Sagar Press*, Bombay, 1941, *Chikitsasthana*30/135-137; 640
3. *Aushad Darshan* published by *Divya Yoga Mandir trust* by *Acharya Balkrishna* (page 142-143).
4. *Zegers-Hochschild F, Adamson GD, De Mouzon J, Ishihara O, Mansour R, et al. (2009) International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology, 2009. Fertil Steril 92: 1520-1524*
5. *Sushruta Samhita of Sushruta* edited by *Vaidhya Jadavji Trikamji Acharya*, published by *Nirnaya Sagar Press*, Bombay, 1941, *Sharirasthana* 2/3-9; 345-46
6. [https://www.ayurtimes.com/divya-yauvanamrit-vati-younamrit-vati/\(Under heading 'oligospermia'\)](https://www.ayurtimes.com/divya-yauvanamrit-vati-younamrit-vati/(Under%20heading%20%27oligospermia%27))
7. <https://www.1mg.com/ayurveda/kaunch-beej-73>

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Shivani Karnwal: Management Of Male Infertility (Oligoasthenozoospermia) With Ayurveda. International Ayurvedic Medical Journal {online} 2020 {cited October, 2020} Available from: http://www.iamj.in/posts/images/upload/4902_4905.pdf