



Case Study

## AYURVEDIC MANAGEMENT OF OLIGOSPERMIA (*KSHINA SHUKRA*) WITH *ASHWAGANDHA GHRI*TA: A CARE GUIDELINE-BASED CASE REPORT

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### ABSTRACT

Male infertility contributes to nearly 40–50% of infertility cases globally. Oligospermia, defined as sperm concentration below 15 million/ml (WHO 6th edition, 2021), may correlate with *Kshina Shukra* in Ayurveda. Published Ayurvedic clinical documentation on this condition remains limited. **Objective:** To evaluate the clinical effect and safety of *Ashwagandha Ghrita* in a case of oligospermia correlated with *Kshina Shukra*. **Case Presentation:** A 40-year-old married male with primary infertility presented with reduced sperm count (13.04 million/ml). Ayurvedic assessment revealed *Vata-Pitta* predominance, Mandagni, and *Shukravaha Srotodushti*. **Intervention:** *Deepana-Pachana* with *Trikatu Churna* for 5 days followed by *Ashwagandha Ghrita* 15ml twice daily with lukewarm water for 30 days along with dietary and lifestyle advice. **Results:** Post-treatment semen analysis showed improvement in sperm concentration from 13.04 to 14.04 million/ml with stable motility and vitality. No adverse effects were observed. **Conclusion:** *Ashwagandha Ghrita* demonstrated a mild positive response and good tolerability. Longer duration therapy and controlled clinical studies are required.

### INTRODUCTION

Infertility affects approximately 10–15% of couples worldwide, with male factors contributing to nearly half of the cases. Oligospermia is among the most common causes of male infertility and is defined by WHO as sperm concentration below 15 million/ml. Multifactorial etiologies include hormonal imbalance, oxidative stress, metabolic disorders, infection, and lifestyle factors.

In Ayurveda, reduced semen quality and quantity are correlated with *Kshina Shukra*, a condition arising from impaired *Dhatu* formation, *Agnimandya*, and vitiation of *Vata* and *Pitta Dosha*. Management emphasizes *Brimhana*, *Rasayana*, and *Vajikarana* therapies. *Ashwagandha Ghrita*, a classical medicated ghee containing *Withania somnifera*, is described as *Balya*, *Rasayana*, and *Vrishya*.

Modern studies suggest antioxidant and adaptogenic effects that may influence spermatogenesis.

This case report presents the clinical outcome of *Ashwagandha Ghrita* in a patient diagnosed with oligospermia, structured according to CARE reporting guidelines.

### Patient Information

Age: 40 years

Gender: Male

Marital status: Married for 10 years

Chief complaint: Inability to conceive

Duration of infertility: 4 years

Medical history: No diabetes mellitus, hypertension, or major systemic illness.


Family history: Non-contributory

Lifestyle history: Mixed diet, irregular meals, sedentary occupation, psychological stress, occasional alcohol intake (2–3 times/month).

Sexual frequency: 2–3 times/week

Wife’s history: Regular menstrual cycles, no known gynecological or hormonal disorders.

Previous treatment history: No prior Ayurvedic *Vajikarana* therapy reported. Hormonal profile was

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not assessed due to financial constraints and absence of clinical signs suggestive of endocrine disorders.

**Clinical Findings**

General examination: Moderately built, vitals within normal limits.

Appetite reduced; sleep occasionally disturbed.

*Dashavidha Pariksha: Nadi – Vata-Pitta*

*Agni – Mandagni*

*Prakriti – Vata-Pitta*

*Bala – Madhyama*

*Satva – Madhyama*

*Koshtha – Madhyama*

*Samprapti Ghataka: Dosha – Vata-Pitta*

*Dushya – Shukra*

*Srotas – Shukravaha Srotas*

*Srotodushti – Sanga, Kshaya*

*Udbhava Sthana – Amashaya*

*Vyadhi Swabhava – Chirakari*

**Timeline**

25/04/2025 – Baseline semen analysis

Day 1-5 – *Deepana-Pachana* with *Trikatu Churna*

Day 6-35 – *Ashwagandha Ghrita* administration

15/05/2025 – Post-treatment semen analysis and follow-up

**Diagnostic Assessment**

Baseline Semen Analysis (WHO 6<sup>th</sup> Edition, 2021):

Parameter	Results
Total sperm concentration	13.04 million/ml (Reference >15 million/ml)
Total sperm per ejaculation	13 million (Reference >39 million)
Total motility	75% (Reference >42%)
Progressive motility	70% (Reference >30%)
Vitality	80% (Reference >54%)

Diagnosis: Oligospermia (*Kshina Shukra*)

Differential considerations such as endocrine disorders, infection, and varicocele were considered clinically; absence of symptoms and patient preference limited further investigations including hormonal profiling.

**Therapeutic Intervention**

*Poorva Karma: Trikatu Churna* 3gm twice daily with lukewarm water for 5 days.

Main Intervention: *Ashwagandha Ghrita* (GMP-certified pharmacy)

Dose: 15 ml twice daily

*Anupana:* Lukewarm water

Duration: 30 days

*Pathya:* Milk, ghee, soaked almonds, adequate sleep (7-8 hours), stress reduction practices.

*Apathya:* Alcohol, junk food, night awakening, excessive exertion.

**Follow-Up and Outcomes**

Post-Treatment semen analysis (15/05/2025)

Parameter	Results
Total sperm concentration	14.04 million/ml
Total sperm per ejaculation	14 million
Total motility	75%
Progressive motility	70%
Vitality	80%

Outcome: Increase of approximately 1 million/ml in sperm concentration (~7.66%). Motility and vitality remained stable. No adverse reactions were reported. Treatment adherence was good and investigations were performed in the same laboratory with comparable abstinence period.

**Patient Perspective**

The patient reported improved confidence, better perceived vitality, and satisfaction with the therapy. He found the dietary and lifestyle advice easy to follow and did not experience any discomfort during treatment.

**DISCUSSION**

Oligospermia represents quantitative impairment of spermatogenesis. From an Ayurvedic perspective, *Shukra* formation depends on balanced *Agni* and proper *Dhatu* nourishment. *Mandagni* and chronic stress may lead to *Kshina Shukra* through inadequate *Dhatu Poshana*.

*Withania somnifera* possesses antioxidant, adaptogenic, and spermatogenic properties. *Ghrita* acts as a lipid-based carrier enhancing bioavailability and facilitating *Sookshma Marganusarana*. The observed improvement, though mild, may be attributed to *Deepana-Pachana* correction of *Agnimandya* and *Rasayana-Vajikarana* effects of *Ashwagandha Ghrita*.

The spermatogenic cycle lasts approximately 74 days; therefore, the 30-day treatment duration may explain the limited improvement.

**Limitations**

This report represents a single case with short treatment duration, absence of hormonal profiling, and possible natural variability in semen parameters. Larger controlled trials with longer follow-up are required.

**CONCLUSION**

*Ashwagandha Ghrita* may provide supportive benefit in oligospermia correlated with *Kshina Shukra*. The therapy appeared safe and well tolerated, with mild improvement in sperm concentration. Further long-term clinical studies are necessary to validate efficacy.

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