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Case Study

MANAGEMENT OF MALE INFERTILITY CAUSED BY OLIGOSPERMIA USING AYURVEDA: A CASE REPORT

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ABSTRACT

In India, 1 out of 10 couples suffers from infertility are owing to impaired spermatozoa production or its function, impaired sperm delivery, improper ejaculation, due to sedentary life styles and day to day stress nowadays. Male infertility can be defined as an inability to induce conception, due to defect in spermatozoic functions like low sperm count, unhealthy sperm production, low sperm motility and altered delivery of sperms due to altered physiology of male reproductive system. A 29-year-old married man was diagnosed with oligospermia, visited Shuddhi Ayurveda Clinics, Noida for his condition management and treated successfully with Ayurvedic drugs. This married couple was facing infertility issue from last 2-3 years. Patient was treated with Ayurvedic drugs and kept on strict diet monitoring for four months and results were counted in terms of improved total sperm count after treatment. Before treatment sperm count was 10 million per ml which got improved up to 90 million per ml after four months of Ayurvedic treatment with strict diet regimen. No any side effects were observed during the treatment period. Other morphological parameters of sperm were also found to be healthy and normal for fertility. From the results of this case report, Ayurvedic treatment is proved to be effective in the treatment of male infertility associated with oligospermia.

INTRODUCTION

Infertility is one of the major issues of concern among couples worldwide. Inability to achieve pregnancy after one year of unprotected coitus is termed as infertility, either in female or male. Approximately 40-50% male infertility cases are reported in India out of total infertility cases, out of which sperm parameters are the main reason for 2% of cases^[1]. Recent studies have indicated that prevalence of oligospermia is extremely high in metropolitan area as well as small town of India. Oligospermia is the seminal disorder in males in which spermatozoa count is below 20 million per ml^[2].

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Total sperm count in a healthy male is 20 to 150 million sperm per milliliter of semen. As per World Health Organization, total sperm count less than 20 million sperm per milliliter is one of the major parameter for male infertility. Oligospermia is very common cause of male infertility and mainly diagnosed by semen analysis. Many factors are responsible for oligospermia in males mainly genetic, endocrine, poor diet, infection, psychological, alcohol and drug addiction. In Ayurveda, according to Charakacharya "The man alone without offspring looks like a single tree having single branch, shade less, fruitless and with foul smell"[3]. Spermatozoa is termed as Shukra or Pumbija in Ayurveda and it is considered as one of Dhatu of "Saptawidhdhatu-Siddhant"[4]. Ashtavidha Shukradushti in Ayurveda classics is defined as decreased sperm production i.e. Ksheena Shukra. The quality and quantity of the Shukra alters mainly due to vitiation of both Vata and Pitta dosha which results into Shukradushti specially Ksheena Shukra. In Ayurveda, Vajikarna is the specialized branch which deals with Shukradushti and Klaibya, Shukradushti is an acquired quantitative

and qualitative abnormality in *Shukra* caused by poor dietetic, psychological, traumatic factors and chronic debilitating illness. Ayurveda give emphasis to the treatment of *Shukradushti* with *Dhatuvriddhkara*, *Balakara*, *Shukrajanak* and *Shukrapravartak*, and *Shukra shodhaka* those in terms of increasing the spermatozoa count and motility by using Ayurvedic drugs^[5]. In Ayurveda classics, oligospermia is referred as *Shukrakshaya* or *Ksheenasukra*, one of the sub classifications of *Ashtavidha sukradushti*. Herbal plant formulations having aphrodisiacs activity are mainly used in treating male infertility health issues. In present case study, attempt was made to manage infertile male condition in which oligospermia is the cause of infertility.

CASE REPORT

A 29-year-old married Hindu, tobacco smoke, non-alcoholic, and tea addict male residing Noida presented to the OPD of Shuddhi Avurveda Clinic, Jeena Sikho Lifecare Pvt. Ltd. Noida on 09 November 2021, with known chief complaints of low sperm count and poor motility. This married couple was facing infertility issue from last three to four years of marriage. Patient represented his previous report showing low sperm count. Patient was experiencing symptoms of heaviness in abdomen, fatigue, anorexia, loss of libido and premature ejaculation. The patient was suffering from these symptoms from past few months with no family history of any related disease. The patient also represented no history of drug intake except addiction of tobacco. The patient had no past history of any surgical procedure. The patient represented the history of dengue fever 10 years back for which he took allopathic medicines. He

was also experiencing recurrent fever, cough and cold due to whether change. Patient was taking allopathic treatment for his condition but did not get any satisfactory results. So, the patient decided to switch to Ayurveda for the better management of his condition and related symptoms. He visited Shuddhi Ayurveda Clinic, Jeena Sikho Lifecare Pvt. Ltd. Noida.

CLINICAL FINDINGS

On the first visit the patient was physically and systemically examined. Physical examination revealed that his weight was 55kg with pulse rate 69beats/min and BP 134/94mmHg. The body temperature was normal whereas the patient was systemically examined for his bowel (frequency and evacuation), appetite and digestion, gas, acidity, eyes, urine, sleep and mind. From the assessment it was observed that he had soft mucus mixed incomplete stool, tightness in the abdomen with episodes of drowsiness after the meal, mild bloating with burps, mild heartburn after the meal, eyes were clear, the rate of urine was satisfactory, sleep was normal. The patient was short tempered and having anxiety with restlessness. The patient was diagnosed with Vandhytva roga i.e. oligospermia on the basis of examination and clinical previous semen examination report.

CLINICAL ASSESSMENT

The patient was clinically assessed by *Jeebha Pariksha* (tongue examination) and *Naadi Parisksha* (pulse examination) initially and examination observations are shown in table no1 and 2 respectively.

Before Treatment	During Treatment			After Treatment
09/12/2021	12/03/2021	08/04/2021	25/05/2021	30/06/2021
Thick white coating	Slight coating	No coating	No coating	Coating disappeared

Table 2: Naadi Pariksa (Pulse Examination)

Naadi	Before Treatment		After Treatment		
	09/12/2021	12/03/2021	08/04/2021	25/05/2021	30/06/2021
Vata	Moderate (++)	Moderate (++)	Moderate (++)	Average (+)	Average (+)
Pita	Moderate (++)	Moderate (++)	Average (+)	Moderate (++)	Average (+)
Kapha	Moderate (++)	Moderate (++)	Average (+)	Average (+)	Average (+)

Indications: (+++) High force (*Bala*), (++) Moderate force (*Bala*), (+) Average force (*Bala*).

Dashavidha Pariksha

Prakriti (physical constitution): Vata Pitta Prakrati

Vikruti (pathological condition)

- Dosha (deranged regulatory functional factors of the body):- Pitta and Vata Prakopa
- Dushya (deranged major structural components of the body):- Rasa and Shukra Dusti
- *Sthana* (site of localization):- *Vrishna* (testis)

- Agni (digestive/metabolic factors):- Mandagani
- Srotas (structural or functional channels):- Rasavaha Shrotas and Shukra Vaha Shrotas
- Avastha (stage of disease):- Jirna Avastha
- Rogamarga (pathway of disease manifestation):- Abhyantar Marga
- Sadhyaasadhyata (prognosis):- Shadhya- Yapya Aswastha

Sara (excellence of tissues):- Madhyam Sara

Samhanana (body compactness):- Madhyam Samhanna

Pramana (measurements of body parts):- Madhyam Praman

Satmya (homologation):- Avra Satmya

Sattva (mental constitution):- Avara Sattva

Aharashakti (capacity to ingest food and capacity to digest and assimilate the food):- Madhya

Vyayamashakti (capacity to exercise):- *Avara* (poor)

Vaya (age):- Madhyam Yuvan Avastha

Laboratory Assessment

Semen analysis was done before and after treatment and the reports were shown in figure 1. From the seminal examination the total sperm count was reported to be very low i.e., 10 million per milliliters. Another report after the completion of treatment was also shown in figure 1 in which improvement in sperm count can be seen after following Ayurvedic treatment.

Ayurvedic Intervention

On the basis of clinical diagnosis and laboratory investigations, Ayurvedic medicines having aphrodisiac actions were prescribed to the patient. *Shodhan* and *Shaman Chikitsa* were performed. Patient was administered with Ayurvedic medicines described in table no. 3 for the duration of four month of treatment. Mode of action of each herbal formulation is described in the table.

Table 3: Ayurvedic medicines prescribed to the patient in this case

S.No.	Name of Medicines	Form	Dosage	Route	Adjuvant	Mode of Action
1.	Dr. Immune	Tablet	Twice a day	Oral	Lukewarm water	Cell rejuvenation, Rasayan, Dhatu poshan
2.	Shudhikaran Tablet	Tablet	One tab in a week	Oral	Lukewarm water	Shodhan, Shaman, cell Rejuvenation, Deepan pachan
3.	Shuddhikaran Powder	Powder	Half tsf	Oral	Lukewarm water	Shodhan, Shaman, cell rejuvenation, Deepan pachan
4.	Asthi poshak vati	Tablet	Twice a day	Oral	Lukewarm water	Dhatu poshan, Oja vradhi, Asthi poshan
5.	Dhatu Pashak Vati	Tablet	Twice a day	Oral	Lukewarm water	Sapta dhatu poshan, Vata balance, Rasayan
6.	Spermosurge capsule	Capsule	Twice a day	Oral	Lukewarm water	Vajikarna, Rasayan, Oja vradhi
7	<i>Amalpitta</i> Capsule	Capsule	One time only night	Oral	Lukewarm water	Pitta shaman, Mridurechan, Deepan pachan
8	Xtrapower tablet	Tablet	Twice a day	Oral	Lukewarm water	Rasayan, Shukra dhatu poshan
9	Divya churna	Powder	One time	Oral	Milk	Shukra dhatu poshan
10	Divya avaleh	Liquid	One time	Oral	Milk	Shukra dhatu poshan

Diet

The patient was strictly advised to follow a healthy diet plan which strictly excludes non-vegetarian food and fast food. Protein rich herbal diet was recommended to the patient. The patient was strictly advised to include lots of seasonal fruits and vegetables in his diet. Patient was also advised to avoid tobacco smoking and to do some exercises and yoga daily.

OBSERVATIONS AND RESULTS

Patient was followed up regularly during the treatment period of four months. His diet was monitored strictly. After completion of four months of Ayurvedic treatment patient was again examined in terms of semen analysis. It was found that total sperm count was increased from 10million/ml to 90million/ml. Other parameters like semen volume and pH were also found to be improved as shown in table no. 4. Morphological parameters mainly sperm motility was found to be normal. Patient reported no any side effect of the treatment. Microscopic examination showed no any RBC or pus cell in the semen.

Table 4: Seminal Parameters before and after Treatment

Seminal Parameters	Before treatment (02/11/2020)	After treatment (30/06/2021)	
Volume	1.5 ml	3 ml	
Reaction	Acidic	Alkaline	
Color	Opaque White	Opaque White	
Liquefaction time	25 min	40 min	
Total Sperm Count	10 million	90 million	
RBC	Nil	Nil	
Epithelial cell	Nil	Nil	
Pus cell	Nil	Nil	

Patient was very much satisfied with the treatment and there was complete relief in his symptoms mainly premature ejaculation. Patient was further advised for routine checkups after the completion of treatment. **CONCLUSION**

In today's modern life male infertility is becoming a major health issue among married couples worldwide. Oligospermia is one of the major causes of male infertility in India. Ayurveda, Indian ancient system of medicine has a history of treating fertility problems in male and female both. No any adverse effects were observed during the duration of treatment. As per Ayurveda, Oligospermia is correlated with Shukrakshaya in Ayurveda. Aphrodisiacs herbal medicines were prescribed to the patient to improve sperm count and quality. Significant improvement was reported and confirmed with seminal examination after the completion of four months treatment. Conclusively, from this case report study, the Ayurvedic medicines are proved to be effective in the treatment of male infertility caused due to oligospermia.

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