



ROLE OF SWAYAMGUPATADIBIJA CHURNA IN KSHEENA RETAS: A CASE STUDY

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ABSTRACT

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. For the infertility male factor contributes about 30-40%. The diseased condition of male genital tract, defective spermatogenesis, obstructed transportation of spermatozoa and male sexual dysfunction can lead to infertility constituting male factor of infertility. Ksheena shukra is due to vata and pitta dosha little quantity or subnormal parameters is called Ksheena retas. The terms like Ksheena Shukra, Alpa Retas, Shukra Dosh, Ksheena Retas resembles the conditions related with Oligoasthenospermia in Ayurveda. Hence in this study attempt was made to study Ksheena Retas with reference to Oligoasthenospermia considering it as main contributory factor for male pattern infertility. Swayamgutadibija Churna have Madhura Rasa, Guru Snigdha Guna, Vata Pitta Shamaka, Vrshya, Balya, Brmhana, Rasayana properties. So, mode of action of the drug will act on Shukra dhatu which improve the sperm count and sperm motility.

AIM-This study aimed to evaluate the efficacy of Swayamguptadibija churna in the management of ksheena Retas(Oligoasthenospermia)

Result and Conclusion-Overall assessment after administration of Swayamguptadibija churna showed the improvement in sperm count and sperm motility.

Keywords-Ksheena Retas,Swayamguptadibija churna, Male infertility, Oligoasthenospermia

INTRODUCTION

Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. For the infertility male factor contributes about 30-40%. The diseased condition of male genital tract, defective spermatogenesis, obstructed transportation of spermatozoa and male sexual dysfunction can lead to infertility constituting male factor of infertility¹. The etiological factors like intake of unsuitable food, excessive exercise, anxiety, fear, anger and there has been a drastic change in the daily activities including life style factors such as cigarette smoking, tobacco and alcohol intake. Due to all these factors infertility is increasing day by day².

In Ayurveda two pathological conditions of Shukra mentioned as Shukra Kshaya and Shukra Dushti. Shukra Kshaya is deficiency of Shukra and Shukra Dushti is characterized by vitiation of Shukra. Acharya Sushruta classified Shukra Kshaya into four varieties and also Shukra Dushti into eight varieties among them is the Ksheena Retas which is decreased in quantity of semen due to aggravated Vata and Pitta. Oligoasthenospermia is a condition in which low sperm count associated with low sperm motility. Due to Shukra Kshaya the patient suffers from Daurbalya, Mukhashosha, Pandutva, Sadana, Shrama, Klaibya and Shukra Avisarga (non ejaculation of semen)³.

According to Acarya Caraka mentioned that if seminal morbidities are caused by vitiated tissue elements, then after ascertaining their nature and those of the vitiated dosas, the patient should be given appropriate treatment for correction of concerned dosas⁴.

Hence in this attempt was made to study Ksheena Retas with reference to Oligoasthenospermia considering it as main contributory factor for male pattern infertility

Swayamgutadibija Churna have Madhura Rasa, Guru Snigdha Guna, Vata Pitta Shamaka, Vrshya, Balya, Brmhana, Rasayana properties. So, mode of action of the drug will act on Shukra which result to improve the sperm count and sperm motility⁵

स्वयंगुप्तेश्वरकयोर्बीजचूर्ण योग^{5,6,7,8,9}

स्वयंगुप्तेश्वरकयोर्बीजचूर्ण स शर्करम् ।

धारोष्णेन नरः पीत्वा पयसा न क्षयं व्रजेत् ॥

(भै. र. 74/30)

KAPIKACCHU

Mucuna pruriens (Fabaceae)

- RASA-Madhura, Tikta
- GUNA-Guru Snigdha
- VEERYA-Ushna
- KARMA-Balya, Brmhana, Vrshya
- PART USED-Bija

EKSHURAKA

Asteracantha longifolia (Acanthaceae)

- RASA-Madhura, Amla, Lavana
- GUNA-Guru, Snigdha, Picchila
- VEERYA-Sheeta
- KARMA-Balya, Vrshya
- PART USED-Bija

CASE REPORT

PATIENT DESCRIPTION

Patient name-XYZ

Age- 25yrs

Sex- Male

Occupation- Shop Keeper

Socio Economic Status-Middle class

Religion- Hindu

Place- Hyderabad

COMPLAINS-A 25 year old male with four years of married life came with history of three years of primary infertility.

HISTORIES

1. History Of Present Illness-

Patient with the history of 3 years of primary infertility came to our hospital for the treatment.

2. History Of Past Illness-No history of DM/HTN/TB/STD.

3. Family History- All are said to be healthy

4. Personal History-

Appetite- Good

Diet- Veg

Sleep- Sound

Bowel habits- 2-3 times/day

Micturition -5-6 times /day

Habits- Not habituated to Alcohol or Cigarette smoking

INVESTIGATION

COMPLETE HEMOGRAM

Test	Result	Unit	Normal Ranges
Hemoglobin	14.9	gm/dl	14.0 - 18.0
W.B.C. Count	9,300	/mm ³	4000 - 10000
DIFFERENTIAL COUNTS			
Neutrophils	86	%	40 - 75
Lymphocytes	10	%	20 - 45
Eosinophils	03	%	01 - 06
Monocytes	01	%	0 - 4
Basophils	00	%	0 - 1
Platelet Count	2,20	Lacs/cumm	1,50,000 - 4,50,000
R.B.C. Count	5,02	millions/cumm	4.5 - 6.5
P.C.V.	47.3	%	40-54
M.C.V.	84.2	Cu/Microns	82 - 92
M.C.H.	29.7	Micro grams	27 - 31
M.C.H.C.	31.5	gm/dl	32 - 36

SEMIEN ANALYSIS

PHYSICAL EXAMINATION

Quantity: 2 Sml
Colour: Creamy white
Consistency: Normal
Viscosity: Normal
pH: Alkaline

CHEMICAL EXAMINATION

Fructose Test: Positive

MOTILITY

After 1 hr:
Actively motile: 20 %
 sluggly motile: 25 %
Non Motile: 55 %

MICROSCOPIC EXAMINATION

RBCs: Nil
WBCs: 3-5 Ppf RPP
Epithelial Cells: Nil
Bacteria: Absent
Achromatics of Sperm: 60%

SPERM COUNT: 32 G Millions, 68 to 110 Millions

BIO-CHEMISTRY REPORT

Fasting Blood Sugar: 102.0 mg/dl, 90 - 140

TREATMENT PLAN

SWAYAMGUPTADIBIJA CHURNA

INGREDIENTS-

Kapikkachu and Kokilaksha Bija Churna with Sharkara

Matra- 4-5gms BD Before food

Anupana- Ksheera

Route- Orally

Duration of the treatment- 3months

Follow Up- Once in a month

RESULT

After 3 months of duration and follow up

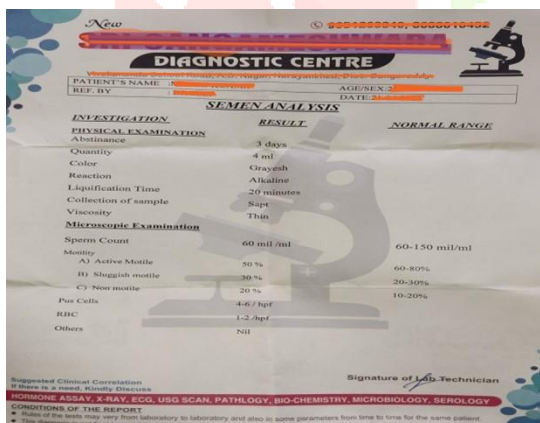
1.Before Treatment



Sperm Count-32million/ml

Sperm Motility-20%

2.After Treatment



Sperm Count- 60 Million/ml

Sperm Motility-50%

DISCUSSION

Generally in Oligoasthenospermia the sperm count as well as its motility is found to be low

On observation

Before treatment the Sperm count was -32million/ml and Sperm motility-20%

After treatment-Sperm count-60 Million/ml and Sperm motility- 50%

Treatment of Oligoasthenospermia should be aimed at increasing sperm count as well as sperm motility. So,for the three cycles the trial drug i.e, Swayamguptadibija churna was given as it promotes the Vriddhi of Shukra dhatu due to its Madhura rasa, Guru Snigdha guna ,Sheeta veerya, Vata Pitta Shamaka,Vrshya, Balya and Rasayana properties.

Due to which the patient had an improvement in the Sperm count and Sperm motility.

CONCLUSION

Swayamguptadi bija churna has better improvement on seminal parameters like sperm count and sperm motility because of its Madhura rasa, Guru Snigdha guna and Vata Pitta Shamaka,Vrshya, Balya and Rasayana properties.

Overall effect of this oral medicine is found to be highly significant.

This case recovered to the given trial medicine

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