



# LITERARY REVIEW OF KSHEENA RETAS W.S.R TO OLIGOASTHENOSPERMIA

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## ABSTRACT

Vandhya according to Charaka and Vagbhata refers to absolute inability to conceive due to serious innate problems like bijopaghata (absolute congenital chromosomal or mullerian agenesis abnormalities). 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. Infertility affects an estimated 15% of couples globally. 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 Dosha, Ksheena Retas resembles the conditions related with Oligoasthenospermia in Ayurveda. Introduction: Infertility is defined as inability to conceive within one or more years of regular unprotected sexual intercourse. It is a global public health issue. A low sperm count and low sperm motility is considered as Oligoasthenospermia.

**Aim:** To review the role of Ksheena Retas and management through Ayurveda.

**Objective:** To rule out the relevant cause of Ksheena Retas and to discuss the Ayurvedic perspective of oligoasthenospermia and to find out the cheap, easily available Ayurvedic modalities to treat Ksheena Retas.

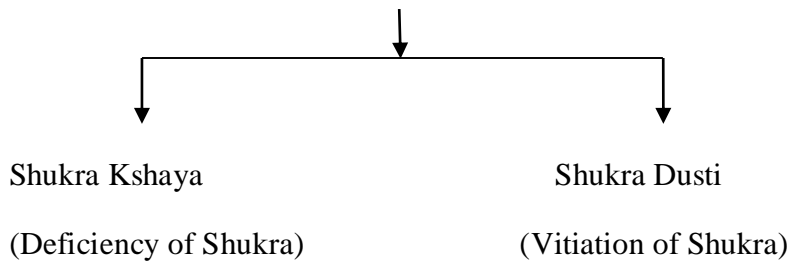
**Results and Conclusion:** The literary study shows that the drugs possessing Snigdha guna, Balya, Vrishya and Vatasthapana properties have good effect in Ksheena Retas. Similarly, Madhura rasa, Sheetavirya, Vrishya, Brmhana and Vatapittahara properties of many drugs offers beneficial effect in Ksheena Retas. Hereby, we can conclude that the traditional system of Ayurvedic literature is better treatment option for Ksheena Retas.

**Key Words:** Ksheena retas, Male infertility, Oligoasthenospermia

## INTRODUCTION

Infertility is defined as inability to conceive within one or more years of regular unprotected sexual intercourse. It is a global public health issue. A low sperm count and low sperm motility is considered as Oligoasthenospermia.

According to Ayurveda Shukra Vikruti divided into two types



According to Sushruta :Shukra Kshaya divided into 4 varieties-

Alpa retas,Dusta retas,Ksheena retas and Vishushka retas

Ksheena retas is when the shukra is found moderately low or decreased in the middle age

Shukra Dusti divided into 8 varieties-

Vataja,Pittaja,Kaphaja,Shonitaja,Granthibhuta,Putipuya,Ksheena,Mutra Purisha Gandhi

Due to Shukra Kshaya the patient suffers from Daurbalya,Mukhashosha,Pandutva,Sadana, Shrama,Klaibya and Shukra avisarga(Non ejaculation of semen).

According to Astanga Hrdaya –Explained about Asta shukra dusti among that Ksheena Shukra is mentioned and is vitiated due to Vata and Pitta. Various Vajikarana yogas have been mentioned.

According to Astanga Sangraha- Abija is said to be the cause for male infertility and is due to Dosha Dushti and is of eight types among that is the Ksheena Retas.

## NIDANA

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Aharaja-Asatmya ahara sevana,Ati ushna,Tikta,Ruksha,Kashaya,Lavana,Amla dravyas

Viharaja- Ativyayama,Ativyavaya

Manasika-Chinta,Shoka,Bhaya,Krodha

Vyadhi karshana janya- DM ,Erectile dysfunction

According to Modern

## Causes of Male Infertility

Hypothalamic pituitary disorders, Primary gonadal disorders, Disorders of sperm transport Idiopathic

Few other causes like- Disorders of spermatogenesis, disorders of sperm motility, sexual dysfunction, unexplained, sperm abnormality-Loss of sperm motility (Asthenozoospermia)

Abnormal sperm morphology (round headed sperm teratozoospermia)

### 1. Disorders of spermatogenesis-

A. Hormonal-Pituitary secretion of FSH, LH, Hypothalamic disorders, Hypothyroidism, adrenal gland disorder and diabetes

B. Primary testicular disorders-Chromosomal defect, chronic illness, Orchitis

(traumatic, mumps, TB, gonorrhoea)

2. Duct Obstruction- Surgical trauma, inflammatory block (gonococcal, tubercular)

3. Disorders of sperms and vesicular fluid-sperm acrosome defect, zona pellucida binding defect

4. Sexual dysfunction- impotence, premature ejaculation

5. Psychological and environmental factors

6. Obesity- increases peripheral conversion of androgen to oestrogen and affects fertility

### SAMPRAPTI GHATAKA

Dosha- Vata, Pitta

Dushya- Shukra

Srotas- Shukravaha

### SAMPRAPTI

Due to Nidana

↓  
Vitiating doshas

↓  
Reach to shukravaha srotas

↓  
Lead to Sukra doshas (Ksheena retas)

### INVESTIGATIONS

1. Routine- Urine routine, CBP, RBS

2. Semen Analysis

Serum FSH, LH, testosterone, prolactin, TSH-

A. Testicular dysfunction causes rise in FSH & LH

B. Low level of FSH and LH- Hypogonadotropic hypogonadism

C. Leydig cell dysfunction- causes low testosterone and high LH level

D. Elevated prolactin due to pituitary adenoma may cause impotency

3. Testicular biopsy

4. Karyotyping and genetic testing

5. Immunological tests

## CHIKITSA

### PRINCIPLE OF TREATMENT

Samanya- Shodhana chikitsa

Vishesha- Specific drugs

### SAMANYA CHIKITSA

Purva karma- Snehana, Svedana

Panchakarma- vamana, Virechana, Niruha basti, Anuvasana basti especially Uttara basti

According To Vagbhata-Doshanusar Chikitsa

According to Charaka- Vajikarana drugs, Raktapittahara chikitsa

Ksheena Retas-Treated by upachaya i.e, Shukra should be brought to normal level

Jivaniya ghrita, Cyavanprash, Shilajatu are beneficial in the treatment of retodosha

Shukrala Varga	Shukra Janaka	Shukra Pravartaka	Shukra janaka Pravartaka
Jivaka, rushabaka, kakoli, kshirakakoli mudgaparni, medha etc	Ghrita, kshira, mamsa, vidari musli, shatavari	Masha, krauncha , akarkarabh, dhatura karpura	Bhang, kuchala

According to Chakradatta-Vajikara drugs classified into three types-

1. Shukrasrutikara
2. Shukravardhaka
3. Shukrasrutikara –Vridhikara

Based on the treatment classified into following groups

1. Vajikara drugs-Ex: Nagabala, Kapikacchu etc Ex: Kappikachu- In sexual disorders and Rasona- Aphrodisiac effect
2. Shukrala –The drugs which increases the quantity of semen-Ex: Masa, Ashwagandha, Musali, Shatavari etc . Ex: Ashwagandha-Good indicator of semen quality, reduces oxidative stress
3. Shukra Janana/Vrshya-The drugs which enhance production of sperm and improving sperm metabolism Ex: Musali, Ashwagandha, Pippali etc.  
Ex: Musali- Spermatogenic activities enhancing property, Effective in erectile dysfunction
4. Shukra Pravartaka( Increasing semen flow)-Ex: Ksheera, Masha, Amlakki
5. Shukra Janana Pravartaka(bothn spermatogenic and increasing flow of semen)- also potentiate the flow of semen.
6. Shukra Recana-The drugs which cause evacuation of semen-Ex: Brhati, Kantakari
7. Shukra Stambhaka- In case of premature ejaculation-Ex: Jatiphala  
Jatiphala - In the management of sexual disorders
8. Shukra Shoshaka- The drugs which dry up the semen-Ex: Haritaki, Purana guggulu.
9. Shukra Shodhana- The drugs which purify the semen- Ex: Kushta, Kokilaksha, Ikshu, Katphala.

According to Sushruta in Chikitsa Sthana he had mentioned various preparations such as:

1. Swayamguptaekshuraka bija with Sarkara and Dugdha.
2. Godhuma with Atmagupta should be boiled in milk and taken after self cooling with ghee and the milk should be taken.
3. Vidarimula taken in the dose equal to Udambarā with warm milk and ghee.
4. Atmagupta bija, Gokshura bija and Uccata boiled with Go dugdha with sugar.

All the kinds of Mamsa and Ksheera, Kakolyadi group should be regarded as Vajikarana purpose. The medicinal drugs and the formulations which are mentioned should be taken after Shodhana considering the Desha, Kala, Ritu, Bala, Agni and helps in procreation of children.

## **PATHYA**

Ghrita, dugdha, mamsa rasa, shashtika shali

**MANAGEMENT THROUGH MODERN MEDICINE****A. General care-**

1. Antibiotic treatment might cure an infection of the reproductive tract
2. Supplements which shows benefit for improving sperm count or quality include- Vitamin C, Vitamin E, Folic acid and zinc combination
4. Live a healthy lifestyle
  - Avoid the use of lubricants, stop or reduce use of alcohol, smoking.

**B. Medical treatment**

1. Hypogonadotropic hypogonadism-
  1. Inj hCG 5000IU IM once or twice a week
  2. Inj hMG or pure FSH(75-150IU) added to hCG
  3. Cabergoline (dopamine agonist) given in hyperprolactinemia improves libido, fertility
  4. Clomiphene citrate 25mg daily for 25 days

**3. Hypergonadotropic hypogonadism-IVF, ICSI**

4. Teratospermia, asthenospermia- AID is the option
5. Genetic abnormality- AID

**C. Surgical Treatment**

Hydrocele, TURED( Transurethral resection of ejaculatory duct)-in obstruction of ejaculatory duct.

**CONCLUSION**

Infertility which became globally a problem of society mainly male infertility, if we have the proper tool, diagnosis and proper management for early diagnosis can cure the patient

The literary study shows that drugs possessing Snigdha guna, Balya, Vrishya, Vata sthapana properties have good effect in Ksheena retas

We can say that traditional system of Ayurvedic literature is the best treatment for Ksheena retas and is the best choice for the infertile patients who can achieve parenthood.

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