SHUKRAKSHAYA- AN AYURVEDIC VIEW - A
CASE STUDY.

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ABSTRACT-
Background:

Male Infertility is one of the burning issues now a day’s nevertheless disregarded reproductive health problems in India. Incidences of this issue expands day by day because of the disturbing lifestyle pattern. Almost 30-40 % of infertility cases found to be related to male factor.

Asthenozoospermia is the most common identifiable anomaly related to male infertility found in semen analysis having reduced motility of sperm. Low Sperm Count (Oligozoospermia), Reduced Motility Of Sperm (Asthenozoospermia), Abnormal Morphology Of Sperm(Teratozoospermia), And Dead Sperm(Necrozoospermia)Are The Main Causes Of Male Infertility. It is correlated with Shukrakshaya and Shukradushti in Ayurveda. According to Ayurveda to produce healthy progeny four things are necessary i.e., Ritu(reproductive age and ovulation period), Kshetra (Female reproductive tract), Ambu(Nutritional factors )& Bija(sperm and ovum). If there is Dushti (Disturbance ) in any one of the above factors it would lead to infertility.Shukra being one among the seven Dhatus.

Aim and Objectives:
To assess the efficacy of Ayurvedic management Shodhana and Shamana Chikitsa in the management of Shukrakshaya Vikara w.s.r. to Oligozoospermia.

Methods: It is a single case study. A 34 year old male patient who was already diagnosed with Oligozoospermia . Sperm count was only 5 millions. The patient was treated with Deepan-Pachan ,Shodhana Chikitsa -Vamana and Virechana with Mahatiktaka Ghritapana and Erandmooladi Niruha basti and followed by Shamana Chikitsa.
Result: The sperm analysis showed an increase of total sperm count from 5 million to 40 million per ml.

Keywords: Shukradushti, Shukrakshaya, Oligozoospermia, Infertility

INTRODUCTION

Infertility is defined as the inability to achieve I pregnancy after one year of unprotected coitus. [1] Worldwide, more than 70 million couples suffer from infertility and the majority of these reside in developing countries. Male infertility may be contributing to total infertility in large. [2-5] Recent studies have indicated that the prevalence of oligozoospermia is extremely high in metropolis as well as in smaller towns of India.[6] Male subfertility can be the result of congenital urogenital anomaly, infections of the testis or tract, increased scrotal temperature, endocrine disturbances, genetic abnormalities and immunological factors [7], however idiopathic male subfertility is found in 30 to 75% of cases. [8] Except some physical defects, oligozoospermia and poor sperm quality are responsible for male infertility in more than 90% cases. Out of these in about 30%-40% the cause is unexplained, and in the rest of the cases critical illness, malnutrition, genetic abnormalities and pollution have often resulted in decreased number of spermatozoa (oligozoospermia), decreased motility (asthenozoospermia) and many abnormal forms on morphological examination (teratozoospermia).

Infertility is characterized as failure of a couple to conceive following a year of regular intercourse without utilizing any contraception. Male infertility implies inability to cause a pregnancy in a very fertile female. Male infertility is one among the burning problems currently nevertheless disregarded reproductive health problems in India. Incidences of this issue expands day by day in light of the disturbing lifestyle pattern. Oligozoospermia (shukrakshaya) the most common problem found related to male infertility. In Ayurveda, eight types of Shukra Dushtis are mentioned viz Vataja ,Pittaja, Kaphaj, Granthibhuta, Putipuyanibham ,Mutrapurishagandi and Ksheena. Acharya Sushruta clearly characterizes the condition of Ksheena Shukra Vikaraas diminution of semen quality along with reduced sperm count. It is enclosed in one among the varieties of Asthavidha Shukra Dushti having vitiation of Vata and Pitta Dosha. Ayurveda had depicted Shamana and Shodhana Chikitsa for the management of Shukra Dushti. Amongst them Vajikarana as represented within the texts of Ayurveda is a special category of treatment modalities which improve the reproductive system and upgrade sexual functions, it offers an answer to attenuate Shukra defects and to guarantee a healthy progeny. Before administration of Vajikarana medication, Shodhana Karma is to be done as to get desired result of treatment. Thus, Shodhana Karma have been kept in permanent veneration by Ayurveda in enhancing various assortments of Shukra Dushti. After the shodhan chikitsa shaman chikitsa has to be done.
MATERIALS AND METHODS:

Case Report: A 34 year old, diagnosed case of Oligozoospermia patient attended the OPD of striroga and prasuti with his semen analysis report and complained of failure to conceive since last 6 years. Their active marriage life was 7 years. His semen analysis report showed only few sperm count and 70 to 80% non-motile sperms while as semen quantity was sufficient. He had no any major illness in past. No any drug history or family history related this was found. The patient was diagnosed as oligozoospermia (shukrakshaya) i.e.,Shukradushti as per Ayurveda on the basis of semen analysis report.

Table-1: Method of Drug Administration for Vaman Karma

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Treatment</th>
<th>Drug used</th>
<th>Dose</th>
<th>Anupana</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dipana- Pachana</td>
<td>Shankhvati, Avipattikar churna</td>
<td>1 BD 10 gm HS Luke warm water</td>
<td>5 days 5 days</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Snehapan</td>
<td>Mahatiktak ghruta Vardhamana matra</td>
<td>Luke warm water</td>
<td>5 days</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sarvanga Abhyanga-Bashpa Swedana</td>
<td>Bala oil for Abhyanga Q.S.</td>
<td>Sukhoshna jala</td>
<td>1 day</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Vaman Karma</td>
<td>Yashtimadhu ksheer akanthapana -madanphala yoga- yashtimadhu phant- saindhav jal- sukhoshna jal -sansarjan krama Sukhoshna jala</td>
<td>Sukhoshna jala</td>
<td>1 Day</td>
<td></td>
</tr>
</tbody>
</table>

After 10-15 days again Deepan – Pachan dravayas are given for 3 days.
Table-2: Method of Drug Administration for Vaman Karma

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Treatment</th>
<th>Drug used</th>
<th>Dose</th>
<th>Anupana</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dipana-Pachana</td>
<td>Shankhvati, Avipattikar churna</td>
<td>1 BD 10 gm HS</td>
<td>Luke warm water</td>
<td>5 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 days</td>
</tr>
<tr>
<td>2</td>
<td>Snehapanama</td>
<td>Mahatiktak ghruta</td>
<td>Vardhamana matra</td>
<td>Luke warm water</td>
<td>5 days</td>
</tr>
<tr>
<td>3</td>
<td>Sarvanga Abhyanga-Bashpa Swedana</td>
<td>Bala oil for Abhyanga</td>
<td>Q.S.</td>
<td></td>
<td>1 day</td>
</tr>
<tr>
<td>4</td>
<td>Virechana Karma</td>
<td>Trivrutta Avleha Eranda Tail</td>
<td>4 TSP Drakshajala 30 ml</td>
<td>Drakshajala</td>
<td>1 Day</td>
</tr>
</tbody>
</table>

After virechan sansarjana karma is followed, then one week gap and again started with Basti chikitsa

Table-3: Basti chikitsa

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Name</th>
<th>Drugs</th>
<th>Quantity</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anuvasana Basti</td>
<td>Vidari ghrut</td>
<td>50 ml</td>
<td>1, 2, 4, 6, 8</td>
</tr>
<tr>
<td>2</td>
<td>Niruha basti</td>
<td>Ricinus communis (Linn.)</td>
<td>300 ml</td>
<td>3, 5, 7</td>
</tr>
</tbody>
</table>

Table-4: Shaman chikitsa

<table>
<thead>
<tr>
<th>Medicines</th>
<th>Quantity</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashwagandha vati</td>
<td>2-0-2</td>
<td>15</td>
</tr>
<tr>
<td>Kapikachhu + shatavari + varahikand churna</td>
<td>1 tsp-0-1 tsp with vidari ghruta</td>
<td>15</td>
</tr>
<tr>
<td>Avipattikar churna</td>
<td>1 tsp before food</td>
<td>15</td>
</tr>
</tbody>
</table>
Investigations:
Semen analysis: They were done before treatment, after Shodhan karma and after 15 days of shaman chikitsa follow up period.

Follow-Up: after 15 days of basti Karma.

Pathyapathya (Dietary Restrictions): The patient was strictly advised to follow the restrictions regarding food (Bitter, Sour and Salty foods were avoided) food habits and lifestyle (day sleep and late-night sleep) especially Sansarjana Krama (Peya, Vilepi, Mudga Yusha).

Table-4: Effect on Total Sperm Counts on Semen Analysis

<table>
<thead>
<tr>
<th>No</th>
<th>Total Spermatozoa Counts</th>
<th>Sperm</th>
<th>BT</th>
<th>AT</th>
<th>Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5 million/ml</td>
<td>25 million/ml</td>
<td>40 million/ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>12 million/ml</td>
<td>50 million/ml</td>
<td>80 million/ml</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assessment Criteria:
The efficacy of the therapy was assessed before and after treatment on the basis of objective criteria of Semen analysis reports.

OBSERVATIONS & RESULTS:
There was significant increase found in total spermatozoa i.e. 25 million/ml after shodhan chikitsa and 40 million/ml after follow up of 15 days.

DISCUSSION & CONCLUSION:
To produce healthy progeny four things is necessary i.e. Ritu, Kshetra, Ambu and Beeja and presence of any Dushti in the above factors will lead into Shukradushti which is the prime cause of infertility. Oligozoospermia that is shukrakshaya is one of the most prevalent reasons for male infertility. In most of the cases, functional deformity in spermatogenesis is the major reason for oligoasthenozoospermia, which involves either defective mechanism of testosterone or excess production of reactive oxygen specimen or both. Acharya Susruta has included Shukrakshaya (oligozoospermia) under Shukradusti. Here Vata Dosha along with Pitta undergo vitiation and does disturbance in the normal qualities and quantity of the
Shukra Dhatu.\(^{[14]}\) As a result of this, Shukravaha Srotas undergoes Dushti, which debilitate one normal individual from impregnating his life partner, ending in infertility. Shodhan and shaman might have effect as Vyadhiviparita Chikitsa.\(^{[15]}\). Deepana, Pachana and Shodhana should be given systematically and can get better outcome in the management of Shukradushti (Asthenecroteratozoospermia).

**Vamana with Madanphaladi Yoga:**

Shodhana has direct impact on metabolism. As Shukra is a Sara of all Dhatus in the event that Rasa Dhatu development isn’t appropriate, at that point Uttarottara Dhatu (consequence tissue) will not be nourished appropriately. Vamana helps to purifies Rasa, Rakta as well as Kapha and Pitta Dosha and also open the occluded channels within the body and thus enhances the quality and quantity of Shukra.

**Virechana with Trivrutta leha and Eranda Taila**

Shukra is Saumya having Jala Mahabhuta Pradhanta Here, pathology incorporates diminished sperm motility alongside low count. Low count is attribute of Vata which gets vitiated resulting in pathology of low motility and reduced count is because of involvement of Pitta Dosha because it possesses Agneya Gunawhich is opposite to Saumya Guna of Shukra so as to evacuate the vitiated Pitta and Vata Dosha, Virechana is administered. Acharya Kashyapa has underlined the role of Virechana Karma (purgation) for the Shukravaha Sroto shodhana purification of the Beeja(sperm), as it makes Beeja effective in achieving fertilization. It additionally improves sexual vigor and aides in accomplishing sound progeny. Virechana also facilitates Dhatvagni Deepana and helps in improving the liver function which plays a significant role in controlling the plasma testosterone\(^{16}\) concentration in the body.

**YOGAVASTI**

induces Vatanulomanan body and maintain the harmony of Tridosha which are disturbed due to causative factors. With the assistance of various medicated decoction and oil it additionally provides strength to Katisthanawhich is the vital site of organs.

**CONCLUSION:**

Panchakarma is an important treatment protocol in Ayurveda. shodhana chikitasa is an important for vitiated Pitta Dosha. Through Shodhana, Srotoshudhi (Clearing of channels) can be accomplished. The present case study highlights the efficacy of vaman, virechana and basti chikitsa along with shaman chikitsa and a study on larger sample size could yield a significant statistical results.
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