IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

MANAGEMENT OF SHUKRAKSHAYA (LOW SPERM COUNT) - AN AYURVEDIC PERSPECTIVE.

Dr.Megha Shivprasad Khade¹ Dr.Vinodini Vijay Payghan²

(1.Assistant professor in Rognidan and Vikritivigyan department SST Ayurved College, Sangamner. 2. Assistant professor in Rognidan and Vikriti vigyan department, Bhausaheb Muluk Ayurved College, Butibori)

ABSTRACT-

Background:

Male Infertility is one of the issue now a day's along with female infertility,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..

Methods:It is a single case study. A 31 year old male patient who was already diagnosed with Oligozoospermia. Sperm count was only 3 millions. The patient was treated with Deepan-Pachan ,Shodhana Chikitsa -Vamana and Virechana with Mahatiktaka Ghritapana and Ashwagandha ksheerpana basti and followed by Shamana Chikitsa.

Result: The sperm analysis showed an increase of total sperm count from 3 million to 32 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 ,Mutrapurishagandhi 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 31 year old, diagnosed case of Oligozoospermia patient attended the OPD with his semen analysis report and complained of failure to conceive since last 3 years. Their active marriage life was 4 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

Sr No	Treatment	Drug used	Dose	Anupana	Duration
1	Dipana-Pachana	Shankhvati, Avipattikar churna	1 BD 10 gm HS	Luke warm water	5 days 5 days
2	Snehapana	Mahatiktak ghruta	Vardhamana matra	Luke warm water	5 days
3	Sarvanga Abhyanga- Bashpa Swedana	Shatavari taila for Abhyanga	Q.S.	-	1 day
4	Vaman Karma	Yashtimadhu ksheer akanthapana - madanphala yoga- yashtimadhu phant- saindhav jal-sukhoshna jal -sansarjan krama	Sukhoshna jala	Sukhoshna jala	1 Day

After 10-15 days again Deepan – Pachan dravayas are given for 3 days.

Table-2: Method of Drug Administration for Vaman Karma

Sr No	Treatment	Drug used	Dose	Anupana	Duration
1	Dipana-	Shankhvati,	1 BD	Luke warm	5 days
	Pachana	Avipattikar churna	10 gm HS	water	5 days
2	Snehapana	Mahatiktak ghruta	Vardhamana matra	Luke warm water	5 days
3	Sarvanga Abhyanga- Bashpa Swedana	Bala oil for Abhyanga	Q.S.	-	1 day

www.ijcrt.org	© 2023 IJ	ICRT	Volume 11, Is	sue 2 February	2023	ISSN: 2320-28	82

4	Virechana Karma	Trivrutta Avleha Eranda Tail	4 TSP Drakshajala 30 ml	Drakshajala	1 Day	
		Lianda Tan	30 III			

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

Table-3: Basti chikitsa

Sr No	Name	Drugs	Quantity	Day
1	Anuvasan	Vidari ghrut	50 ml	1,2,4,6,8
	Basti			
2	Niruha basti	Ashwagandha	300 ml	3,5,7
		ksheerpaka		
		basti		

Table-4: Shaman chikitsa

Medicines	Quantity	Days	
Ashwagandha vati	2-0-2	15	
	1-0-1 with milk	15	
(baidyanath)			
Avipattikar churna	1 tsp bedtime with	15	
	manuka hima		

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 life style (day -sleep and late-night sleep) especially Sansarjana Krama (Peya, Vilepi, Mudga Yusha).

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

No	Total Sperm	BT	AT	Follow Up
	Counts			
1	Total Spermatozoa	3 million/ml	25 million/ml	32 million/ml
	Counts			
	Total Spermatozoa	12 million/ ml	50 million/ ml	80 million/ ml
2	Counts/Ejaculation			

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 32 million/ml after follow up of 15 days.

DISCUSSION & CONCLUSION:

To produce healthy progeny four things is necessary i.e. Ritu,Kshetra, Ambu and Beeja¹¹ 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 oligoasthenozooapermia, which involves either defective mechanism of testosterone or excess production of reactive oxygen specimen or both. ^[12] Acharya Sushruta has included Shukrakshaya (oligozoospermia) under Shukradusti. ^[13] 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 Strotas 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 Shukrais 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 Doshaand also open the occluded channels within the body and thus enhances the quality and quantity of Shukra.

.

Virechana with Trivrutta leha and Eranda Taila

Mahabhuta Pradhanta Here, Shukra is Saumya having Jala pathology 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. Kashyapa has underlined the role of Virechana Karma (purgation) for the Shukravaha Sroto shodhana purification of the Beeja(sperm), as it makes Beeja effective It additionally improves sexual vigor and aides in accomplishing sound fertilization. progeny. Virechana also facilitates Dhatvagni Deepana and helps in improving the liver function which plays a significant role in controlling the plasma testosterone¹⁶ 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 IJCR statistical results.

REFERENCES:

- 1. Chris D. meletis, Jason Barker. Natural ways To Enhance Male Fertility. Alternative and Complementary Therapies. 2004;10(1):22-27
- 2. Myrskylä M, Kohler HP, Billari FC. Advances in development reverse fertility declines. Nature.

2009;460:741

3. Lutz W. Fertility rates and future population trends: Will Europe's birth rate recover or continue to

decline? Int J Androl. 2006;29:25-33

4. Sharlip I, Jarow J, Belker A, Lipshultz L, Sigman M, Thomas A, et al. Best practice policies for male

infertility. Fertil Steril. 2002;77:873-82

5. Thonneau P, Marchand S, Tallec A, Ferial ML, Ducot B, Lansac J, et al. Incidence and main causes of

infertility in ar esident population. Hum Reprod. 1991 Jul;6(6):811-6

6. Mehta RH et al. Prevalence of Oligozoospermia and Azoospermia in male partners of infertile couples

from different parts of India. Asian j Androl 2006;8:89-93

- 7. Bunge RG, Keettel WC, Sherman JK. Clinical use of frozen semen; report of four cases. Fertil Steril 1954;5(6):520-29
- 8. Dohle GR, Jungwirth A, Colpi G, Giwercman A, Diemer T, Hargreave TB. European Association of Urology. Guidelines on male infertility. [Internet].
- 2012. Cited on [15 Jan 2017]: Available from: http://www.uroweb.org/fileadmin/user_upload/Guidelines/13%20Male%20Infertility.pdf
- 8. Agnivesha, Charaka, Dradhabala, Charakasamhita, Vidhyotini Hindi commentary, Chikitsa sthana,

Chapter 30, Verse 136-139, edited by Narayana Shashtri, Varanasi: Chaukhambha Bharati Academy

2013; p.860-861

- 9. Vriddha Jivaka, Vatsya, Hemraja Sharma, Kashyap samhita, Vidhyotini Hindi Vyakhya, Siddhi Sthana, Chapter 2, Verse 6, edited by Satyapala rd Bhshagacharya, 3 ed. Varansai: Chaukhamba Sanskrit Series; 2008, p.225
- 10. Sushruta, Dalhana, Sushrutasamhita, NibandhaSamgraha, Shareera Sthana, Chapter 2,

Verse 34, edited by Jadavji Trikamji Acharya, 8th ed. Varanasi: Chaukhambha Orientalia ;2008, p.348

- 12. Mohammad Eid hammadeh et al, Reactive Oxygen Species and Antioxident in Seminal Plasma and Their Impact On Male Infertility IJFS, Vol 3, No 3, Nov-Dec 2009, 87-110
- 13. Sushruta Samhita of Sushruta edited by Vaidhya Jadavji Trikamji Acharya, Chaukhambha Sanskrit

Sanshthan Varanasi, Reprint 2013; Sharira sthana Chapter 2/3; 344

14. Agnivesha, Charaka, Dradhabala, Charakasamhita, edited by Brahmanand Tripathi, Vol II, Varanasi:

Chaukhamba publications; 2007, p. 1159-1160

15. Ibidem 9, Part 1, Sutra sthana, Chapter 4/13;85

16 . Bhavaprakasha, Bhavaprakashanighantu, Vidyotini Hindi Commentary, Aamradi Falavarga, Verse 109-th 111, edited by Brahmashankara Mishra, 11 ed. Varanasi: Chaukhambha Sanskrit Bhavan; 2007, p.585

