A clinical study to evaluate the efficacy of Vrushya Madhuka Yoga in the Ksheena Shukra w.s.r. to oligospermia.

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**ABSTRACT**

Ksheenashukra is a condition in which there is a qualitative and quantitative decrease of shukradhatu. It may be altered and may lead to shukradushti when vata and pitta dosha are vitiated in a body. By definition and symptoms Ksheenashukra it can be correlated with Oligospermia. A study was made to assess the efficacy of VrushyaMadhuka Yoga on seminal parameters without any shodhana procedures at OPD level. As a drug under trial has based on hypothesis that is ingredients Yashtimadhu, Ghrita(Goghra) and Kshaudra(Madhu) having Vrushya property and it is useful for combating Ksheenashukra. Hence the trial of the drug VrushyaMadhuka Yoga was done on diagnosed male patient of oligospermia from the OPD of CSMSS Ayurved Rugnalaya, Aurangabad with detailed semen analysis. Duration of clinical trial was 90 days and the patient were followed up after 30 days to evaluate the effect of trail drug. Single case study has been performed and significant result were seen.

**KEYWORDS** – Ksheenashukra, Oligospermia, VrushyaMadhuka Yoga.

**INTRODUCTION**

Ayurveda is a science of life. In Ayurveda 7 Dhatus has been described and Sara of all dhatu is considered as Shukradhatu. Now a days sedentary life style, where people prefer to take out side food more often and busy work schedule have made humans more vulnerable to many disease. Its effects on formation of Shukradhatu.

Sushrutacharya stated that Ksheenashukra is caused by vitiation of Pitta and Vata.¹ It is condition characterized by Medhra and Vrushanvedana, Ashatki, Apresaka, Raktadarshan.² According to Charakacharya Ksheenashukra is a condition in which there is a qualitative and quantitative decrease of Shukra characterized by Daurbalya, Mukhashosha, Pandutva, Sadanam, Shrama, Klaibya, Shukravisrga.³ Ksheenashukra is one of the Shukra dosh which is the common etiology for Male infertility.⁴ Infertility is defined as a failure to conceive within
one or more years of unprotected coitus.6

By definition and symptoms Ksheenashukra it can be correlated with Oligospermia. Oligospermia is condition where the sperm concentration is less than 20 million/ml. whereas normal sperm count of healthy person is about 120 million/ml. and normal ejaculated volume at each coitus is 3.5 ml.6 Therefore, Oligospermia is one of the prime factors in male infertility. In allopathic treatment of Oligospermia may give positive results, but their prolonged use may cause side effect and may cause impotency.7 In modern medical science we have seen very advance technologies like IVF, GIFT, ZEFT, ICSI etc. But it is not accepted widely in India, where poverty is rampant. So it is unable to provide these services to all class of people in society and it may be hardly successful many times. To out come through above mentioned problem, for better results in Ksheenashukra, choose an Ayurvedic drug “VrushyaMadhuka Yoga”8 It is having Vrushya property and it is use for combating Ksheenashukra. It is easily available and much cheaper than other drug and minimum or no side effect.

**AIM & OBJECTIVES –**

**AIM -**

TO STUDY THE EFFICACY OF VRUSHYA MADHUKA YOGA IN KSHEENA SHUKRAW.S.R. TO OLIGOSPERMIA.

**OBJECTIVES–**

- To carry out the comprehensive literary work Ayurveda classic, contemporary system of Medicine on Ksheenashukra (Oligospermia).
- To study detailed pathophysiology of Ksheenashukra. (Oligospermia).

**CASE REPORT –**

A male patient, aged 30 years presenting with complaints of Maithun-ashakti (libido), Shukra-avisarga (ejaculation of semen), Shrama (fatigue), Daurbalya (weakness), Sadanam (Exhaustion) during sexual intercourse since 7-8 months came in OPD of CSMSSAyurvedRugnalaya, Aurangabad. Patient had taken initial treatment at private hospital but had no relief and the semen analysis report brought by the patient it is understood that he is suffering from Oligospermia.

**Chief complaints –**

- Sadanam (Exhaustion)
- Shukra-avisarga (ejaculation of semen)
- Daurbalya (weakness)
- Shrama (fatigue)

**Personal history –**

- Surgical – Nothing significant
- Allergic - Nothing significant
- Addictions - Nothing significant
- Family history - Nothing significant

**Physical examination –**

- BP – 120/80 mm of Hg
• PR – 80 / Min.
• RR – 20 / Min.
• Temp. – 98.6°F
• Testicles – Normal (Size & Shape)

Systemic examination –

• CVS – S1 S2 normal
• CNS – NAD
• RS – AEBE clear
• GIT – NAD

Lab investigations –

• Semen analysis–
  Abstinence – 6 days

Physical examination –

  Quantity – 1.5 ml
  Transparency – Translucent.
  Self Liquification – Complete within 25 minutes
  Colour – Milky white
  Viscosity – Moderate

Chemical examination –

  Fructose – Present.
  pH – 7.1

Microscopic examination –

  Sperm Count –

The number of spermatozoa per ml – 1.3 Millions
The number of sperms per ejaculate – 1.9 Millions
Viability – 0 % spermatozoa alive at the end of ½ hr.

Motility Of Spermatozoa
  Total Forward Progressive – 5 %
  Rapid linear progressive – 0 %
  Sluggish linear progressive – 5 %
  Non-Progressive - 10 %
  Non-Motile – 85 %

Final Diagnosis – Ksheenashukra (Oligospermia).

Treatment given – “VrushyaMadhuka Yoga”. Which contains Madhuka (Yashtimadhu), Ghrita(Goghrita) and Kshaudra(Madhhu).

Drug Review –

1. Yashtimadhu
  Botnical name – Glycerhizaglabra.
  Useful part – Mula (Root)
  Rasa – Madhura
  Vira – Shita
  Vipak – Madhura
  Guna – Guru, Snigdha
  Karma – Shukravardhak, Medhya, Pittahara.

2. Madhu (Honey)
  Ras – Madhura, Kashaya.
  Guna – Ruksha, Shita, Laghu.

3. Ghrita
  Here, ghrita means Goghrita. Goghrit is best among all types of ghrita.
  Ghrita is considered food as well as medicine. It is rich in antioxidants and helps in absorption of vitamins and minerals from food.
Rasa – Madhura (Charak, Sushrut, Bh.P.)
Virya – Shita (Sushrut, Bh.P.)
Vipaka - Madhura (Charak, Sushrut, Bh.P.)
Guna – Guru, Snigdha, Manda, Mrudu, Sheeta

Sevankal – Pratahakali
Anupana – 200 ml of Koshnadugdha.

Duration – 90 Days.
Follow up – Follow up was taken on every 30 days.

Dose – 25gms

Assessment Criteria (Subjective) -

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade 0</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>No exhaustion at all</td>
<td>Slight exhaustion occasionally</td>
<td>Exhaustion during sexual encounter</td>
<td>Exhaustion without sexual encounter</td>
</tr>
<tr>
<td>Sadanam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(exhaustion)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shukra-avisarga</td>
<td>Normal ejaculation (self and partner satisfaction)</td>
<td>Early ejaculation after penetration</td>
<td>Prolonged ejaculation after penetration</td>
<td>No ejaculation at all</td>
</tr>
<tr>
<td>(ejaculation of semen)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daurbalya</td>
<td>No weakness at all</td>
<td>Slight weakness occasionally</td>
<td>Weakness during sexual encounter</td>
<td>Weakness without any activity</td>
</tr>
<tr>
<td>(weakness)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shrama</td>
<td>No fatigue</td>
<td>Fatigue not affecting his sexual activity</td>
<td>Fatigue affecting his sexual activity</td>
<td>Fatigue without any activity</td>
</tr>
<tr>
<td>(fatigue)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Objective criteria –

<table>
<thead>
<tr>
<th>Value</th>
<th>Grade 0</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semen Analysis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Total Sperm Count

<table>
<thead>
<tr>
<th>Count</th>
<th>&gt;40million/ml.</th>
<th>30-40million/ml.</th>
<th>20-30million/ml.</th>
<th>&lt;20million/ml.</th>
</tr>
</thead>
</table>

### Sperm Motility

<table>
<thead>
<tr>
<th>Motility Type</th>
<th>&gt;50% progressive forward motility</th>
<th>40-50%</th>
<th>30-40%</th>
<th>Non Motile&lt;25%</th>
</tr>
</thead>
</table>

### Sperm Volume

<table>
<thead>
<tr>
<th>Volume Type</th>
<th>2.0ml or More(1.5ml)</th>
<th>1-1.5ml</th>
<th>0.5-1ml</th>
<th>&lt;0.5ml.</th>
</tr>
</thead>
</table>

**Observation & result (Subjective criteria)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Observation (Subjective criteria)</th>
<th>Before T/t 0 day</th>
<th>30th day</th>
<th>60th day</th>
<th>90th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:1</td>
<td>Sadanam (exhaustion)</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Shukra-avarga (ejaculation of semen)</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Daurbalya (weakness)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Shrama (fatigue)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

(Objective Criteria)

<table>
<thead>
<tr>
<th>No.</th>
<th>Observation (Objective criteria)</th>
<th>Before T/t 0 day</th>
<th>90th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total sperm count</td>
<td>1.3 ml</td>
<td>4.5ml</td>
</tr>
<tr>
<td>2</td>
<td>Sperm Volume</td>
<td>1.8 ml</td>
<td>2.0ml</td>
</tr>
<tr>
<td>3</td>
<td>Sperm Motility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Forward Progressive</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Rapid linear progressive</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Sluggish linear progressive</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Non-Progressive</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Non-Motile</td>
<td>80%</td>
<td>60%</td>
</tr>
</tbody>
</table>
Conclusion ;-

The effect of treatment for the subjective criteria such as Sadanam, Shukra-avisarga, Daurbalya, Shrama of ksheenshukra “VrushyaMadhuka Yoga” is significant.

The effect of treatment for the objective criteria such as Sperm count, Motility and Volume of VrushyaMadhuka Yoga is improved.

The single case study shows that the “VrushyaMadhuka Yoga” has potential action on ksheenaShukra (Oligospermia). It is Easily available and No side effect.

Further study is needed to evaluate it’s efficacy in more patients so that it can prove beneficial to mankind.

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3) Charak Samhita Sutrasthan 17/69.
4) Sushrut Samhita Sharirsthan 2/3.