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Ayurvedic Management of Male (*Oligo-astheno-zoospermia*)

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ABSTRACT

Infertility is the failure of a couple to become pregnant after 12 months of regular, unprotected intercourse. Male infertility can be defined as an inability to induce conception, due to defect in spermatogenic functions. The male carrying pathology in semen production includes low sperm count, volume, motility, abnormal forms and sperm functional tests. In Ayurveda all these are classified in to *ashta shukra dushti* which is the main reason for male infertility. Previous studies shows that infertility has revealed that about 1 in every 3 cases are due to fertility issues in male partner. A 31 year old male visited in OPD who had been diagnosed as *Oligoastheno-zoospermia* with low sperm count and few non motile spermatozoa with 3 years of married life. The patient was treated with *Maha kalyanaka Ghritam, Aswagandhadhi Leham and Narsinaha Rasayanam* showed the improvement in the seminal parameters shows the efficacy of Ayurvedic treatment in the management of male infertility.

Keywords: *Ayurveda, Male Infertility, Oligoastheno-zoospermia, Mahakalyanaka ghritam.*

Aswagandhadhi leham and Narasinaha rasayam

INTRODUCTION

Prevalence of male infertility is 20-30% among total fertile population of the world. In India, 1 out of 10 couples suffers from infertility due to impaired sperm production or its function, improper ejaculation, impaired sperm delivery. The causes may vary from vicious fast life styles and abnormal environmental exposure, higher pesticide and insecticidal contents in food etc.

Infertility is defined as failure of a couple to conceive after 12 months of regular intercourse without using any contraception. Male infertility means inability to cause a pregnancy in a fertile female. WHO 's multi-centre study reveals that 20% cases were attributed to Male Factors, Male infertility can be defined as an inability to induce conception, due to defect in spermatogenic functions. The male carrying pathology

in semen production includes low sperm count, volume, motility, abnormal forms and sperm functions. *Shukra dushti*, which impairs the normalcy of the semen and is considered as the main reason for the infertility. Studies conducted on infertility have revealed that about 1 in every 3 cases are due to fertility issues in male partner. Hence the male fertility in current times is an alarming issue that needs to be given highest attention.(B)

Case Study-

A 31 year old male came in OPD who had been diagnosed as Oligoashenozoospermia with low sperm count and few non motile spermatozoa with 3 years of married life. There was no any history of surgical procedures involving the inguinal and scrotal areas (vasectomy, orchiectomy and herniorrhaphy), drugs and environmental exposures. The physical examination does not show any anatomical abnormalities and there were no signs of inflammation, ulceration or rashes on testes or penis. His past and personal history was not contributory to the present condition. His Development of secondary sexual characters is normal. He has never suffered from any chronic medical illness, Infections (mumps orchitis, sexually transmitted infections) and genitourinary tract infections. Based on the history and laboratory investigations, the case of male infertility was diagnosed as Oligoashenozoospermia decreased number of spermatozoa (Oligozoospermia), decreased motility (Asthenozoospermia), compared to the condition *shukra dushti* specially *Ksheena Shukra* and the patient was

treated with *Maha kalyanak Ghruta* 20 gms (A.H.U 6/26-33) at morning empty stomach with warm water, *Aswagandhadi Leham* (A.S.S.) 2 t.s.f twice in a day after food with milk, and *Narsinaha Rasayanam* (A.H. U 39/170-172) 2 t.s.f H.S after dinner with warm milk., showed the improvement in mere 6 months of treatment the seminal parameters shows the efficacy of Ayurvedic treatment in the management of male infertility and resulted in pregnancy.

OBSERVATIONS & RESULTS- After 2 months of treatment there was significant upsurge found in total Spermatozoa and other parameters

Contents of *Mahakalyanak ghrit-*

- *saariva*
- *shyاملata*
- *haldi*
- *daruharidra*
- *shaalparni*
- *prishanparni*
- *priyangu*
- *nata*
- *brihati*
- *kusth*
- *manjishtha*
- *nagkeshar*
- *dadima-phala-dalchini*
- *vella*
- *taalish-tejpatra*
- *ela*
- *malati mukula*
- *utpal*
- *danti*
- *padmak*
- *water for decoction*
- *srpi*

- *grsti ksira*
- *vira*
- *meda*
- *mahameda*
- *kakoli*
- *ksira kakoli*
- *kapikachu*
- *visani*
- *surpa par*

Contents of Ashagandhadi leham-

- Ashwagandha: *withania somnifera*
- Anantmul: *hemidesmus indicus*
- Jeeraka: *cuminum cyminum*
- Musli: *curculigo orchoides*
- Ela: *elettaria cardamomum*
- Draksha: raisins
- Guda: jaggery
- Gritha: ghee

Table 3- Contents of Narsinha rasayana:

Herbs	
Botanical Name	Sanskrit Name
<i>Acacia catechu</i>	<i>Katha, Khair, Gayatri</i>
<i>Dalbergia sissoo</i>	<i>Shisham, Shimshapa</i>
<i>Embelia ribes</i>	<i>Vidanga, Vaividang</i>
<i>Pterocarpus marsupium</i>	<i>Vijayasar, Asana</i>
<i>Plumbago zeylanica</i>	<i>Cheeta, Chitrak</i>
<i>Terminalia chebula</i>	<i>Hareetki</i>
<i>Terminalia bellirica</i>	<i>Bibitaki</i>
<i>Semecarpus anacardium</i>	<i>Bhilawa, Bhallatak</i>

Table 4-

Results showing before and after treatment in semen analysis-

Test description	parameter	Values before treatment	Values after treatment
Physical examination			
	volume	1.4 ml	1.9 ml
	Liquifaction time	50 min	40 min
Microscopic examination			
	Sperm count	18 million /cu.mm.	46 million/cu.mm.
Motility at room temp			

	Grade 4 (fast and forward progression)	5%	15%
	Grade 3 (forward slower speed in curved direction)	10%	10%
	Grade 2 (Slow movement in poorly defined direction)	15%	5%
	Grade 1 (sperm move but failed to progress)	20%	20%
	Grade 0 (non motile)	50%	50%

DISCUSSION & CONCLUSION:

In Indian couples seeking treatment, the Male factors is the Shukradushti. The male Infertility can be complete or partial termed. Males were considered infertile with sperm parameters and the most significant of these are Oligozoospermia, Asthenozoospermia, Necrozoospermia, Abnormal Sperm Morphology (Teratozoospermia) or any Combination of these. Oligoasthenospermia is a combination of reduced sperm motility and low spermatozoon count.

Vajikarana is the specialized branch of Ayurveda dealing with Shukra dushti and Klaibya. Shukra dushti is an acquired quantitative and qualitative abnormality in Shukra caused by faulty dietetic, psychological, traumatic factors and chronic debilitating illness³ that results the individual becomes Kleebea (erectile dysfunction & premature ejaculation) and there is Aharshana (decreased sexual desire). Ksheena Shukra is included in one of the varieties of ashtavidha shukra dushti. When both vata and pitta dosha are vitiated, the quality and quantity of the Shukra alters and resulting into shukra dushti specially Ksheena Shukra. Ayurveda give emphasis to the treatment

of shukra dushti with dhatuvridhikara, balakara, Shukrajanaka and Shukrapravartaka those in-terms of increasing the sperm count and motility by using vajeekarana dravya.

According to the data, 10-15% married couples in India face infertility. It is surprising that only 45% of couples visit a doctor when they are trying to conceive. In Oligoasthenozoospermia both less number of sperm and low motility are found. Treatment of Oligoasthenozoospermia should be aimed at to increase sperm count and motility⁴. Shukra dushti is the causative factor for the infertility. Ksheenashukra⁵ is a type of shukradushti which can be correlated to Oligoasthenospermia. The treatment of ksheenashukra is mainly aims at Shukrajanaka and Shukrapravartaka in-terms of increasing the sperm count and motility by using vajeekarana dravya. Ayurveda explains both shamana and shodhana chikitsa⁵. The Agneya guna of Pitta along with chala guna of vata dosha is causing the low count and reduced motility, in ksheenashukra. So to treat ksheena shukra, the better line of treatment is Ghritapana which is useful in elimination of pitta dosha and vata shamana and by its virtue of Shamana

property; it clears the srotas and improves the Dhatu Poshana⁶. Administration of shukravridhikara Aushadha gives better result due to better absorption and utilization. Madhura Rasa, Guru, Snigdha Guṇas, Sheeta Virya, Madhur Vipaka, Balya, Vrishya and Shukrala action of these drugs provided a better improvement in sperm count and motility. Due to improved status of dhatus and as well as the action of ingredients showed increased sexual desire, erectile function, ejaculatory function, frequency, duration of coitus, getting an orgasm or sexual satisfaction.

REFERENCES

1. Zegers-Hochschild F, Adamson GD, De Mouzon J, Ishihara O, Mansour R, et al. (2009) International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology, 2009. Fertil Steril 92: 1520-1524
2. Fertil Steril 92: 1520-1524 2. World Health Organization. Towards more objectivity in diagnosis and management of male infertility. Int J Androl. 1987;7:1-53
3. Agnivesha, Charaka, Charaka Samhita with Ayurvedadipika commentary of Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, published by Nirnaya Sagar Press, Bombay, 1941, Chikitsasthana 30/135-137; 640
4. Zegers-Hochschild F, Adamson GD, De Mouzon J, Ishihara O, Mansour R, et al. (2009) International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) revised glossary of ART terminology, 2009. Fertil Steril 92: 1520-1524
5. Sushruta Samhita of Sushruta edited by VaidhyaJadavji Trikamji Acharya, published by Nirnaya Sagar Press, Bombay, 1941,; Sharirasthana 2/3-9; 345-46
6. Sarngadhara Samhita of Sarngadhara, with adhamalla's Dipika and Kasirama's Gudhardha Dipika commentary, 2nd Edition, published by Nirnaya Sagar Press, Bombay, 1931, Uttarakhand 4/45; 318.

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