

EFFECT OF HERBO-MINERAL FORMULATION ON KSHEENSHUKRA (~OLIGOZOOSPERMIA) – A CASE REPORT

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ABSTRACT

Fertility is an important aspect of human life in India. Hence, infertility is seen as very physical and emotional issue amongst Indian society. In about half of the cases of infertility, male partner has a causative factor behind. Near about 35% of the infertile male are due to oligozoospermia. Although there is no promising cure for this disease, *Ayurvedic* preparations often have shown marked improvement in semen parameters. Here is the presentation of a subject, aged 28 years, whose initial sperm count was found to be 7.6 million/mL. The subject was treated with *vajikarak aushadha*, but before that *virechana karma* was done along with *snehapan (phalaghrita)* and external *snehana* and *swedana*. In *vajikarak aushadha* we used *madhuyashti churna*, *shatavaari churna*, *chandraprabha vati* and *vanari kalpa* which helped in improving sperm count. The medicine was given for 2-month period. After that period when semen analysis was repeated, the total sperm count was found to be 23.5. Here a guideline is given as how a case of oligozoospermia is successfully treated on proper *Ayurvedic* management.

KEYWORDS: Ksheenshukra, Oligospermia, Oligozoospermia, Ksheenretas, Shukra kshaya.

1. INTRODUCTION

Fertility is an important aspect of human life in India. Often a social stigma is attached that females are responsible for infertility amongst couple, although on scientific background it is found that about in 30-40% of the infertility cases are caused due to the male factor.^[1] Infertility is also thought to be very physical and emotional issue amongst Indian society. Also given in the classic that a person blessed with lots of progeny is compared to the holy tree which everyone worship.^[2] Out of those 30-40% cases of infertility caused due to male

partner, in about 35% of the cases cause is oligozoospermia.^[3] Hence oligozoospermia is given prime importance in the management of male infertility.

Shukra dhatu is the 7th and very pivotal *dhatu* in the *Ayurvedic* classic.^[4] There are 8 types of *shukra dushti* explained in *Ayurvedic* classics. Which are namely *vataj*, *pittaj*, *kaphaj*, *granthibhutaj*, *putipuyanibham*, *mutrapurishgandhi* and *ksheena*.^[5] Oligozoospermia stands near the term *Ksheenshukra* in *Ayurveda*. Although *Ksheenshukra* stands to be a broader term, as any decrement in quality or quantity comes under this term and it is caused by *vata* and *pitta dosha*.^[6] Oligozoospermia is the clinical condition where total sperm count is less than 15 million/mL.^[7]

2. CASE REPORT

2.1 Case History

A male subject aged 28 years old from Jhajjar, Haryana, who was labourer by profession, came with the below said complaint in the outpatient department, Kayachikitsa department, CBPACS, Khera Dabar, Najafgarh, New Delhi.

2.2 Chief complaints

1. Unable to procreate since last 3 years.

2.3 History of present illness

A 28-years-old male subject visited in the OPD having complaints of unable to procreate for 3 years. 3 years back the subject was apparently alright, it was been about 6 months to his marriage, and then he was planning to get a baby, and hence the couple started trying for the same. It was been about next 6 months that they keep trying for the baby, but nothing happened, hence they visited nearby hospital for the same. At that hospital they were advised to keep trying for at least a year as, it may take that much time, also counselling about the time and frequency was done there, which they followed. But even after trying for a year they did not get any satisfactory results. So, they visited that hospital again, and this time basic investigation of the couple was done. In the investigation the female partner was found to be fine, and the sperm count of the male partner was found to be low, they started taking medicines for the same from that hospital but got no satisfactory results. After that they visited specialized clinics for infertility as well, where after some months of treatment they were advised to undergo in vitro fertilization treatment, which they denied. Finally, they are visiting CBPACS for further management now.

2.4 History of past illness - There was no history of any major illness.

2.5 Personal History

Table No.1 - Details of personal history.

Diet	Vegetarian
Appetite	Appropriate
Bowel habit	Regular, 1-2 times / day
Micturition	Regular, 6-7 / 0-1 day / night
Sleep	Sound sleep, 7-8 hours / 24 hours
Addiction	Nil

2.6 Family History - No relevant family history was found.

2.7 General Examination

Table No. 2 - Details of general examination.

Pulse	78 beats / min, regularly regular
Height	170 cm
Weight	62.3 kgs
BMI	21.56
Respiratory Rate	18/min
Pallor	No
Oedema	No
Icterus	No

2.8 Localized Examination

Inspection - There was no localised swelling, no discolouration, no venous engorgement, no redness, no scar marks were found at and near the genital area.

Palpation - There was no tenderness, no oedema, no rise in localized temperature, no anatomical anomaly was found. There was no evidence of localised varicosities, or hernia at the time of examination.

2.9 Dashvidha Pariksha

Table No. 3 - Details of dashvidha pariksha.

<i>Prakriti</i>	<i>Vatakpittaj</i>
<i>Vikriti</i>	<i>Vatapittaj</i>
<i>Sara</i>	<i>Avara</i>
<i>Sanhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Sama</i>
<i>Satmaya</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Ahara Shakti</i>	<i>Pravara</i>

<i>Vyayama Shakti</i>	<i>Pravara</i>
<i>Vaya</i>	<i>Bala</i>

2.10 Ashtavidha Pariksha

Table No. 4 - Details of *ashtavidha pariksha*.

<i>Nadi</i> (Pulse)	82 beats / min
<i>Mala</i> (Bowel habit)	Regular, 1-2 times / day
<i>Mutra</i> (Micturation)	Regular, 5-6 / 0-1 day / night
<i>Jihva</i> (Tongue)	Uncoated
<i>Shabda</i> (Speech)	Clear
<i>Sparsha</i> (Touch)	Normal
<i>Drika</i> (Vision)	Normal
<i>Akriti</i> (Built)	<i>Madhyam</i>

2.11 Treatment plan

Table No. 5 - Details of treatment modalities used.

S.No.	Treatment modality	Dose along with drug
1.	<i>Deepan</i> and <i>Pachana</i>	<i>Chitrakadi vati</i> 2 BD after meal for 3 days <i>Hingwashtak churna</i> 3 gm BD after meal for 3 days
2.	<i>Snehapana</i>	For 6 days with <i>Phala ghrita</i> in increasing order of dose (30 mL, 60 mL, 90 mL, 120 mL, 150 mL and 180 mL)
3.	<i>Sarvanga Snehana</i>	With <i>til tail</i> all over body for 3 days
4.	<i>Sarvanga Svedana</i>	<i>Vashpa Svedana</i> all over body for 3 days
5.	<i>Virechana</i>	Done after proper <i>snehapana</i> , <i>snehana</i> and <i>svedana</i> with <i>trivrit avleha</i> , <i>madhyama shuddhi</i> was done
6.	<i>Sansarjana Krama</i>	Was followed after <i>virechana</i> for 5 days (according to <i>madhyama shuddhi</i>)
7.	<i>Shamana Chikitsa</i>	Details in next table

2.12 Shaman aushadhas used

Table No. 6 - Details of *shamana aushadha* used.

S. No.	Name of the drug used	Dose	Route of administration	Duration
1.	<i>Chandraprabha vati</i>	2 BD after meal	Oral	2 months
2.	<i>Madhuyashti churna</i>	3 gm BD after meal	Oral	2 months
3.	<i>Shatavari churna</i>	3 gm BD after meal	Oral	2 months
4.	<i>Vanari kalpa</i>	5 gm BD after meal	Oral	2 months

3. RESULT

Semen analysis was performed before and after treatment (after 3 days of abstinence) as follows -

Table No. 7 - Details of semen analysis pre and post treatment.

S.No.	Character	Before treatment	After treatment	Value in
Physical Examination				
1.	Volume	1.5	1.8	mL
2.	Colour	Whitish	Whitish	
3.	Viscosity	Normal	Normal	
4.	Reaction	Alkaline	Alkaline	
5.	Liquefaction time	30	30	Minutes
Microscopy				
1.	Total sperm count	7.6	23.5	Million/mL
2.	Active motility	45	50	%
3.	Sluggish motility	40	35	%
4.	Non motility	15	15	%
Sperm Morphology				
1.	Normal form	90	90	%
2.	Abnormal form	10	10	%
3.	Epithelial cells	1-2	1-2	/HPF

4. DISCUSSION

Chandraprabha vati^[8] - It contains *chandraprabha*, *vacha*, *musta*, *bhunimba*, *amrita*, *daruka*, *haridra*, *ativisha*, *darvi*, *shadushna*, *triphala*, *trijata*, *dhanyaka*, *vidanga*, *gajapippali*, *makshika bhasma*, *yava kshara*, *sarji kshara*, *saindhava lavana*, *sauvarchala lavana*, *vida lavana*, *trivrit*, *danti*, *vanslochana*, *lauha bhasma*, *sita*, *shilajatu* and *gugglu*. It is indicated in *vibandha*, *anaha*, *shoola*, *granthi*, *pandu*, *kamala*, *mutrakricchra*, *prameha*, *ashmari*, *arsha*, *arbuda*, *mutraghata*, *antravridhi*, *kati shoola*, *kustha*, *kandu*, *pliharoga*, *bhagandara*, *dantaroga*, *netraroga*, *aruchi*, *mandagni*, *striroga*, *artavaruja*, *shukradosha* and *daurbalya*. Hence it is used in the management of this case.

Madhuyashti churna^[9,10] - It is *madhura* in *rasa*, *sheeta* in *virya*, *madhura* in *vipaka* and *guru* & *snigdha* in *guna*. It is *vata* and *pittaghna*, *chakshushya*, *balkrit*, *varnakrit*, *shukrala*, *keshya* and *swarya* in *karma*. It is indicated in *pittaj roga*, *vataj roga*, *raktaj roga*, *vranshotha*, *visha*, *chhardi*, *trishna*, *glani* and *kshaya*. Hence it is used in the management of this subject.

Shatavari churna^[11,12] - It is *madhura* and *tikta* in *rasa*, *sheeta* in *virya*, *madhura* in *vipaka* and *guru* & *snigdha* in *guna*. It is *stanyajanana*, *mutrajanana*, *shukrajanana*, *balya*, *vrishya*, *vayasthapana*, *chakshushya*, *agnivarshaka* *alpasangrahaka* and *tridoshaghna* in *karma*. It is

indicated in *napunsakta*, *shukrameha*, *shukralpata*, *shukrataralya*, *netraroga*, *atisara*, *grahni*, *mutrakrichhra*, *raktapitta* and *apasmara*. Hence it is used in the management of this subject.

Vanari kalpa - it is a proprietary drug of Sandu pharmaceuticals. It basically contains *kapikacchu* and *kalpa* are formed by the help of sugar. It claims to help in the restoration of virility and potency. It improves physical strength, reduces stress and promotes wellness and potent aphrodisiac medicine.^[13] Hence it is used in the management of this subject. *Kapikacchu*^[14,15] is *madhura* and *tikta* in *rasa*, *ushna* in *virya*, *madhura* in *vipaka* and *guru & snigdha* in *guna*. It is *atyanta vrishya*, *brihana*, *vatanashaka*, *balakarak*, *kapha*, *pitta* and *rakta nashaka* in *karma*. Hence it is used in the management of this subject.

5. CONCLUSION

As far there is no satisfactory and clinically significant modern treatment modality available for the management of oligozoospermia. *Ayurvedic* treatment modality stands non-invasive, cost effective and relatively cheaper treatment option here. Here a case was presented, the subject was suffering from oligozoospermia, successfully treated by *Ayurvedic* treatment modality.

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