

## **A REVIEW ARTICLE ON SUKRAVAHA SROTAS AND IT'S VIDDHA LAKSHANA WITH SPECIAL REFERENCE TO CONTEMPORARY SCIENCE**

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### **ABSTRACT**

Srotas are described in Ayurveda as channels responsible for circulation and nourishment of body tissues. Sukravaha Srotas is the channel related to Shukra Dhatu, which is responsible for reproduction and vitality. Classical texts mention specific symptoms when this Srotas is injured or disturbed, known as Viddha Lakshanas. These include Klaihya (erectile dysfunction), Alpa Shukrata (low sperm count), Vandhyatva (infertility), and Maithuna Asahishnuta (inability to perform sexual activity). When we analyse these symptoms in light of contemporary science, they closely resemble disorders of the male reproductive system such as hypogonadism, oligospermia, erectile dysfunction, and infertility. This article attempts to review the classical concept of Sukravaha Srotas and correlate it with modern anatomical and physiological understanding of the male reproductive system.

**KEYWORDS:** Sukravaha Srotas, Shukra Dhatu, Male Infertility, Erectile Dysfunction, Reproductive Physiology, Ayurveda.

### **INTRODUCTION**

Ayurveda explains the human body through the concept of Srotas, which are functional pathways responsible for movement, transformation, and nourishment of Dhatus. Each Dhatu

In modern medicine, the male reproductive system includes the testes, epididymis, vas deferens, prostate gland, seminal vesicles, and the hormonal regulation through the hypothalamic–pituitary–gonadal axis. Interestingly, many features described under Sukravaha Srotas dysfunction resemble disorders described in contemporary reproductive science.

### Acharya Sushruta mentions

9/12

### Symptoms of injury to Shukravaha srotas –

- ### Acharya Charaka mentions

चरक ☐ ☐ ☐ ☐ ☒ ☐ ☐ ☐ ☐ 9 / 9

This clearly shows that classical Acharyas had a strong anatomical understanding of reproductive structures.

Modern correlation includes

Spermatogenesis in seminiferous tubules

Testosterone secretion from Leydig cells

Sperm maturation in epididymis

Hormonal regulation through LH and FSH

Thus, Sukravaha Srotas can be understood as a combined structural and functional reproductive unit.

## MODERN CORRELATION OF VIDHHA LAKSHANAS

### 1. Kleeabata (□ □ □ □ □ □) □

Literal meaning: Impotence, loss of virility, inability to perform sexual activity.

Modern Correlation

Erectile Dysfunction (ED) – inability to achieve or maintain erection.

### Erectile Dysfunction

Erectile dysfunction is defined as the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual performance. It results from disturbances in the complex interaction between vascular, neurological, hormonal, and psychological systems. Normal erection involves parasympathetic-mediated release of nitric oxide, which increases cyclic guanosine monophosphate (cGMP) levels, leading to smooth muscle relaxation in the corpora cavernosa, increased arterial inflow, and venous occlusion. Etiologically, erectile dysfunction may be organic, psychogenic, or mixed. Organic causes include vasculogenic factors such as atherosclerosis, diabetes mellitus, and hypertension; neurogenic causes such as spinal cord injury and neuropathy; hormonal causes including hypogonadism; and drug-induced causes such as antihypertensives and antidepressants. Psychogenic erectile dysfunction is often associated with anxiety, depression, and relationship issues and is characterized by sudden onset and preserved nocturnal erections. Risk factors include aging, obesity, smoking, and cardiovascular disease, and erectile dysfunction is often an early marker of systemic vascular pathology. Diagnosis is based on detailed history, physical examination, and laboratory evaluation including glucose, lipid profile, and testosterone levels, with specialized tests such as nocturnal penile tumescence and penile Doppler studies when indicated. Management involves lifestyle modification, first-line pharmacotherapy with phosphodiesterase type 5 inhibitors, hormonal therapy in selected cases, intracavernosal injections, vacuum devices, and surgical implantation of penile prosthesis in refractory cases.

## 2. Chiraat Praseka (चिरात प्रसेका) □

Literal meaning: Delayed or slow discharge of semen.

Modern Correlation: Delayed Ejaculation

Delayed Ejaculation

Delayed ejaculation is a sexual dysfunction characterized by a marked delay in, infrequency of, or absence of ejaculation despite adequate sexual stimulation and desire, causing personal distress. It may be situational or generalized and can be lifelong or acquired. The condition results from disruption in the coordinated neurological and psychological processes required for ejaculation, which involves emission mediated by sympathetic fibers (T11–L2) and expulsion mediated by somatic and parasympathetic pathways. Etiological factors include psychological causes such as performance anxiety, relationship issues, and conditioned sexual behavior; neurogenic causes such as spinal cord injury, multiple sclerosis, and diabetic neuropathy; endocrine causes including hypogonadism and hypothyroidism; and medication-related causes, particularly selective serotonin reuptake inhibitors (SSRIs) and antipsychotics. Chronic illnesses, aging, and substance abuse may also contribute. Clinically, patients present with prolonged intercourse, inability to ejaculate during partnered sex despite normal erection, or requirement of excessive stimulation. Evaluation involves detailed sexual history, medication review, and assessment of endocrine and neurological status. Management focuses on addressing underlying causes, including psychological counselling, modification of offending medications, treatment of endocrine disorders, and behavioural therapy. Pharmacological options are limited but may include off-label use of agents such as dopamine agonists or sympathomimetics in selected cases.

## 3. Rakta Shukrata (रक्त शुक्रत) □ □

Literal meaning: Presence of blood in semen.

Hemospermia

Hemospermia, or hemospermia, refers to the presence of blood in the semen and is often a benign and self-limiting condition, particularly in younger men. It results from bleeding anywhere along the male reproductive tract, including the seminal vesicles, prostate, ejaculatory ducts, or urethra. The condition may be idiopathic or associated with infections, inflammation, trauma, obstruction, vascular abnormalities, or malignancy. Common causes include prostatitis, seminal vesiculitis, urethritis, and iatrogenic trauma following procedures such as prostate biopsy. In older patients, especially those above 40 years, hemospermia warrants evaluation for malignancy, including prostate cancer. Patients typically present with

reddish or brownish discoloration of semen, which may be accompanied by dysuria, perineal discomfort, or hematuria. Diagnosis is primarily clinical, supported by history and physical examination, including digital rectal examination. Laboratory investigations may include urinalysis, semen analysis, prostate-specific antigen (PSA) levels, and imaging such as transrectal ultrasonography or MRI when indicated. Management depends on the underlying cause; reassurance is sufficient in most cases, while infections are treated with appropriate antibiotics, and specific interventions are directed at identified pathology. Persistent or recurrent hematospermia requires thorough urological evaluation.

## DISCUSSION

The concept of Sukravaha Srotas described in Ayurveda reflects a highly sophisticated understanding of the male reproductive system, integrating both structural and functional aspects. Classical Acharyas have identified the roots (Moola) of this Srotas as Vrishana (testes), Shepha (penis), and Stana (breasts), indicating an early recognition of reproductive anatomy and its hormonal influence. When interpreted through the lens of contemporary science, these structures correlate closely with the testes as the primary site of spermatogenesis and testosterone production, the penis as the organ of copulation, and secondary sexual characteristics influenced by hormonal balance. This suggests that the Ayurvedic concept of Shukra is not merely anatomical but encompasses endocrine, reproductive, and systemic vitality.

The Viddha Lakshanas described in classical texts provide a clinical framework that remarkably aligns with modern andrological disorders. Kleeabata, described as impotence, corresponds closely with erectile dysfunction, a condition now understood to involve vascular, neurogenic, hormonal, and psychogenic components. The Ayurvedic emphasis on functional incapacity parallels the modern understanding that erection is a neurovascular event influenced by multiple systems. Similarly, Chiraat Praseka, or delayed ejaculation, reflects disturbances in ejaculatory physiology, which modern medicine attributes to dysfunction in sympathetic and somatic neural pathways, as well as psychological and pharmacological factors. The classical observation of delayed or impaired semen expulsion demonstrates an early clinical recognition of ejaculatory disorders.

Rakta Shukrata, or the presence of blood in semen, is directly comparable to hematospermia in contemporary urology. While Ayurveda describes this as a pathological manifestation of Srotas injury, modern medicine recognizes it as a symptom arising from inflammatory,

infectious, obstructive, or neoplastic conditions of the male reproductive tract. The convergence of these descriptions highlights the diagnostic accuracy of classical Ayurvedic observations, despite the absence of modern investigative tools.

Another important aspect is the systemic interpretation of Shukra Dhatu in Ayurveda. Unlike the reductionist approach of modern medicine, which often localizes pathology, Ayurveda considers Shukra as the essence of all Dhatus, reflecting overall health and vitality. This holistic perspective aligns with emerging scientific evidence that reproductive health is closely linked to metabolic, cardiovascular, and endocrine status. For example, erectile dysfunction is now widely accepted as an early marker of cardiovascular disease, supporting the Ayurvedic view that disturbances in Shukra are indicative of broader systemic imbalance.

Thus, the comparison between Sukravaha Srotas and the modern male reproductive system reveals a strong conceptual overlap. While modern science provides detailed molecular and physiological explanations, Ayurveda offers a functional and integrative framework. The correlation of Viddha Lakshanas with clinical entities such as erectile dysfunction, delayed ejaculation, and hematospermia demonstrates that classical Ayurvedic knowledge remains clinically relevant and can be meaningfully interpreted in the context of contemporary biomedical science.

## CONCLUSION

The concept of Sukravaha Srotas represents an integrative understanding of male reproductive anatomy, physiology, and systemic vitality in Ayurveda. The classical descriptions of its Moola and Viddha Lakshanas demonstrate a profound clinical insight into reproductive health and disease. When examined in the light of contemporary science, these descriptions show significant correlation with modern andrological conditions such as erectile dysfunction, delayed ejaculation, and hematospermia. This highlights that ancient Ayurvedic scholars possessed a keen observational understanding of reproductive disorders, even without advanced diagnostic technologies.

The correlation also emphasizes that Shukra Dhatu is not limited to semen but reflects the overall functional integrity of the reproductive and endocrine systems. Modern medicine, with its detailed understanding of hormonal regulation, neurovascular mechanisms, and reproductive physiology, complements and validates many of these classical concepts.

Therefore, integrating Ayurvedic principles with contemporary scientific knowledge can provide a more holistic approach to understanding male reproductive health.

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