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ROLE OF VIRECHANA KARMA IN MALE INFERTILITY: A CASE STUDY ON OLIGOASTHENOZOOSPERMIA

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ABSTRACT

Male infertility is a significant contributor to reproductive challenges, often associated with abnormalities in sperm count and motility.[1,5] In Ayurveda, it is correlated with conditions such as *Shukra Kshaya* and *Beeja Dushti*, arising due to *Dosha* imbalance, impaired metabolism[2], and obstruction of channels. This case study evaluates the role of *Virechana Karma* followed by *Vajikarana* therapy in a 32-year-old male diagnosed with Oligo-Asthenozoospermia, presenting with infertility, premature ejaculation, and erectile dysfunction. The treatment protocol included *Deepana-Pachana*, *Snehapana*, *Virechana* with Trivrit Avaleha, and subsequent administration of rejuvenative formulations such as *Beejapusti Rasa* and *Ashwagandha Vati* for two months. Post-treatment evaluation revealed a marked improvement in semen parameters, with sperm count increasing from 8 million/ml to 65 million/ml and motility from 5% to 70%. The findings suggest that *Virechana* effectively removes metabolic toxins and restores Dosha balance[3], while *Vajikarana* therapy enhances reproductive tissue quality and function.[4] This integrative approach demonstrates promising results in the management of male infertility and supports the potential of Ayurvedic interventions in reproductive health.

INTRODUCTION

Male infertility is defined as the inability to achieve conception after one year of regular unprotected intercourse, contributing to nearly 40–50% of infertility cases worldwide.[5] In Ayurveda, it is correlated with *Klaibya, Shukra Kshaya, and Beeja Dushti*[2,6], where impairment of *Shukra Dhatu* affects reproductive capacity. Proper formation of *shukra* depends on balanced *Doshas* and healthy Dhatus.[7] Vitiation of *Doshas* where depletion of *shukra* and dysfunction of sexual act lead by *Vata dosha*, vitiation of *Pitta* leads to qualitative sperm defects, and *Kapha* results in obstruction of *Shukravaha Srotas.*[7] Key pathological factors include *Agnimandya, Ama*[8] accumulation and *Srotorodha*, which disturb spermatogenesis.[9]

The above said factors can be corrected through Ayurveda management of purification and rejuvenation. *Virechana*, an important *Shodhanarha Panchakarma* therapy helps in eliminating vitiated *Pitta.*[3] Thus restores metabolic balance[10] and clears channels to create a favorable internal environment. As Ayurveda holds *Vajikarana*[4], a specialized branch dealing with fertility related issues. *Shukra kshaya* is a condition holds good with this branch treatment adopted by using principles of *vajikarana* by using *vaji dravyas* enhances *Shukra Dhatu*, improves semen quality[11], and promotes vitality through *Dhatu Poshana* and *Shukra Vriddhi*. It also strengthens physical and mental health. Thus, synergic effect of *Virechana* and *Vajikarana* together provide a comprehensive and holistic approach in primary infertility management.

MATERIALS AND METHODS

Case Study

Pradhana vedana

- c/o no issue since 2 years of married life

Anubhandi vedhana.

premature ejaculation and erectile dysfunction since 2 ½ years.

Sn	Complaints	Duration
1.	Unable to conceive	2 years
2.	PME And ED	2 ½ YEARS
3.	Weakness	3 years

Vedana Vrittanta

A 32 years old male patient with no co-morbidities reported for the treatment of no issue since 2 years, associated with premature ejaculation and male sexual dysfunction and general debility since 3 years. Subject is an Electrician, no habits of tobacco, drinking and also he was not having any past medical history of hydrocele, trauma related to pelvic part, and not having history of long-term debilitating disorder, he was not having history of previous surgical intervention and no history of consumption of Gonadotoxic agent. Patient was married since 2 years and couple wanted an issue. But his wife failed to conceive inspite of unprotected frequent intercourse even during 12^{th} to 18^{th} day of menstruation since 2 years. Before marriage his wife was normal and her cycles were also normal in 28 to 30 days in variation, but after marriage unknowingly variations in her cycles from 28days to 20 days, some times 15days, 35 to 40 days per cycle. Due to varitions in her cycles she consulted near by alopathic hospital, and they adviced for USG abdomen and in that she diagnosed as **Polycystic ovarian disorder.** Then the consultant who treated previously and adviced for USG she straight away refered to our hospital for further management for her pcod condition. In the same way she adviced him to semen analysis after proper abstinence, in that he diagnosed with **Oligo-Astheno-Zoospermia.** So he came to Government Ayurveda Medical and Hospital, mysore on 16/06/2025 further management.

Purva Vedana vrittanta

The patient had no known past history of hypertension, cardiovascular disease, or thyroid disorder.

Kula vyadhi Vrittanta: All are said to be healthy.

Vyayaktika Vrittanta

- Diet – mixed diet (non veg – mutton and chiken trice in month)
- Appetite – good
- Bowel – regular twice in day (normal)
- Micturation – 5-6 time/ day.
- Sleep – disturbed (due late night electrical works)
- Habit – no habits.

General physical examination

- General condition – fair

- Build – moderate
- Nourishment – well
- Pallor – absent
- Icterus – absent
- Clubbing – absent
- Cynosis – absent
- Odema – absent
- Lymhedenopathy – not palpable

Rogi Pareeksha

- *Prakruti - vata (gati hani), pitta (paka and kshaya of shukra*
- *Vikriti - shukra*
- *Sara – shukra sara hina*
- *Samhanana – madyama*
- *Pramana – madyama*
- *Satmya – Avara*
- *Aahara - madyama*
- *Vyayama – Avara*
- *Vaya – madhyama.*

Asta stana pareeksha

- *Nadi - 78bpm*
- *Mala - prakruta*
- *Mutra - prakruta*
- *Jihwa - alipatata*
- *Shabda - prakruta*
- *Sparsha - prakruta*
- *Drik - prakruta*
- *Akriti - madyama*

	Before treatment	**After treatment**
Semen analysis	0n 16/11/2024 1. Volume – 1.5ml 2. Liquification – 40min 3. Sperm count – 8 milion / ml 4. Active motile – 05%	on 26/08/2025 1. Volume – 2 ml 2. Liquification – 30 min 3. Sperm count – 65 milion / ml 4. Active motile – 70%

	5. Sluggish motile -05% 6. Non motile – 90%	5. Sluggish motile -20% 6. Non motile – 10%

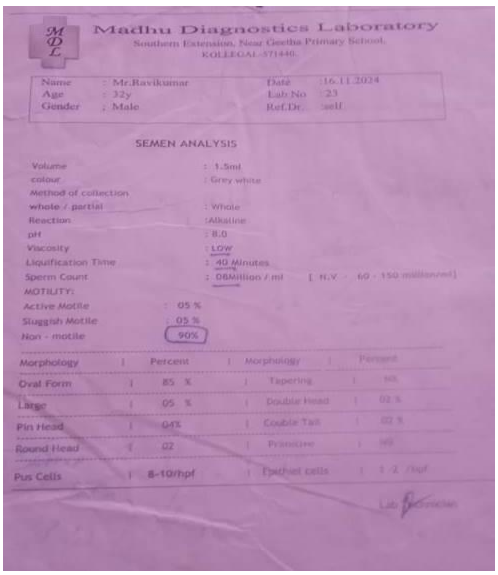
Diagnosis

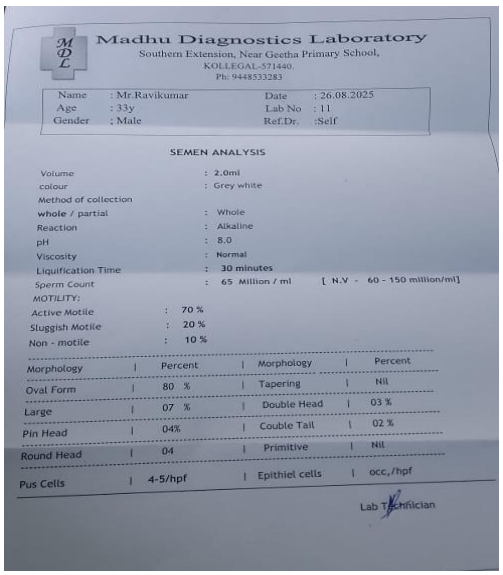
Treatment Given

1. Deepana pachana with Agnitundi vati 1-0-1
2. Snehapana with Phalasarpi ghrita
3. Virechana with Trivrit avaleha
4. Followed by shamanoushadi Tab – beejapusti rasa, Count plus granules, Tab Ashwagandha vati for 2 month

Date	Medication	dose	Duration
13/6/2025	*Agni tundi vati*	2-2-2 B/F	3 days
16/6/2025 – 20/6/2025	*Phalasarpi*	30ml – 240ml	5 days
21/6/2025- 23/6/2025	*Sarvangha abhyanga with kbt oil*	------	3 days
24/6/2025	*Virchana with trivrit avaleha*	60gms	1 days
27/6/2025	*Tab – beejapusti rasa,*	1-0-1 A/F	2 month
27/6/2025	*Count plus granules,*	1 tsp-0-1 tsp with milk	2 month
27/6/2025	*Tab Ashwagandha vati*	1-0-1 A/ F	2 month

With above mentioned medication patient approached with Absistence in 3rd follow up, then advised to do the semen analysis on 26/08/2025. In that there is enormous increases in sperm count from 8million/ml to 65 million/ml, along with in its motility from 05% to 70%.





DISCUSSION

The present case highlights the effectiveness of a combined Ayurvedic approach involving *Shodhana* (purification) and *Shamana* (pacification) therapies in the management of male infertility associated with **Oligo-Asthenozoospermia**. The patient presented with classical features of *Shukra Kshaya* along with associated symptoms such as Premature ejaculation, Erectile dysfunction, and generalized weakness. From an Ayurvedic perspective, these manifestations can be attributed to *Vata-Pitta vitiation*, *Agnimandya*, *Ama accumulation*, and *Srotorodha*[12], ultimately leading to impaired *Shukra Dhatu formation*.

The line of treatment was initiated with *Deepana-Pachana* to correct impaired digestion and metabolism, followed by *Snehapana* to facilitate internal oleation. *Virechana*, being a prime therapy for eliminating vitiated *Pitta*, played a crucial role in detoxifying the body, restoring metabolic balance, and clearing obstructed channels. This created a favorable internal milieu for proper nourishment of *Dhatus*[13], especially *Shukra Dhatu*.

Subsequently, administration of *Vajikarana* drugs such as *Beejapusti* Rasa and *Ashwagandha Vati* contributed to *Shukra Vriddhi*, improved sperm quality, and enhanced reproductive strength. The observed improvement in semen parameters—particularly the increase in sperm count from 8 million/ml to 65 million/ml and motility from 5% to 70% (as shown in the **semen analysis table on** indicates significant restoration of spermatogenesis and functional capacity.[14] This outcome demonstrates the synergistic effect of purification and rejuvenation therapies in correcting both the root cause and functional impairment.

CONCLUSION

This case study demonstrates that *Virechana Karma*, when administered as part of a comprehensive Ayurvedic treatment protocol, plays a vital role in the management of male infertility. By eliminating vitiated *Doshas*, especially *Pitta*, and improving metabolic and physiological functions, it facilitates proper formation and nourishment of *Shukra Dhatu*. When followed by appropriate *Vajikarana* therapy, it significantly enhances semen quality and reproductive potential. Thus, an integrated approach combining *Shodhana* and *Vajikarana* therapies offers an effective, safe, and holistic management strategy for male infertility.

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