WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.453
Volume 15, Issue 1, 1677-1684. Case Study ISSN 2277–7105

AYURVEDIC MANAGEMENT OF SHUKRA KSHAYA W.R.T OLIGOSPERMIA: A CASE REPORT

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Article Received on 05 Dec. 2025,
Article Revised on 25 Dec. 2025,
Article Published on 01 Jan. 2026,

https://doi.org/10.5281/zenodo.18221762

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How to cite this Article: Dr. Sowmya G.[1], Dr. Malini G.[2*] (2026). Ayurvedic Management Of Shukra Kshaya W.R.T Oligospermia: A Case Report. World Journal of Pharmaceutical Research, 15(1), 1677–1684.

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ABSTRACT

Male infertility is a growing global concern, affecting nearly 8–12% of couples worldwide, with low sperm count (oligospermia) and reduced sperm motility (asthenospermia) being the primary causes.[1] According to the World Health Organization (WHO), a sperm concentration below 15 million per milliliter of semen is considered oligospermia. In Ayurveda, these conditions are correlated with *Shukravaha Srotas Dushti* and *Shukra Kshaya*, which denote the vitiation and depletion of *Shukra Dhatu*—the reproductive tissue responsible for vitality and fertility. *Acharya Sushruta*[2] has described ten types of *Shukra Dushti* that can impair progeny. The present case study highlights the Ayurvedic management of *Shukra Kshaya* leading to male infertility. A 40-year-old male, married for 13 years, with Semen analysis showing oligospermia. The treatment approach included *Aamapachana* (elimination of metabolic toxins), followed by *Shodhana* (bio-purification) and *Shamana* (curative therapy) to restore balance in *Shukravaha Srotas* and rejuvenate *Shukra Dhatu*. This ayurvedic approach improved sperm count and motility significantly, demonstrating the potential of Ayurvedic interventions in enhancing male reproductive health. This case underscores the relevance of traditional Ayurvedic concepts in addressing the root causes of infertility rather than merely treating symptoms. Through shodhana,brumhana and vajikarana chikitsa, Ayurveda offers an

effective, safe, and holistic alternative for managing oligospermia and improving fertility outcomes in men.

KEYWORDS: Shukravaha Srotas Dushti, Shukra kshaya, Male Infertility, Case Report.

INTRODUCTION

Infertility is a problem of global proportions, affecting approximately 8–12% of couples worldwide. The increasing incidence of infertility is attributed to several factors, including consumption of alcohol, drugs, and tobacco, emotional stress, and lifestyle disorders such as diabetes, hypertension, and obesity. In addition, exposure to electromagnetic radiation, environmental pollution, and malnutrition further contribute to declining fertility rates.

According to the WHO (2010) standards, Oligospermia is defined as the presence of fewer than 15 million spermatozoa per millilitre of semen. In more than 90% of male infertility cases, the cause is low sperm count (oligospermia) or poor sperm quality, excluding structural or physical defects.

In Ayurvedic classics, Shukra is described as the final dhatu (cellular component) and considered the essence (Sara) of all other dhatus. The primary function of Shukra is Garbhotpadana (procreation). As mentioned by Acharya Charaka, *"The man alone without offspring looks like a single tree having a single branch—shade less, fruitless, and with foul odour."* The Karma[3] of Shukra includes Dhairya (courage), Chyavana (rejuvenation), Priti (happiness), Dehabala (physical strength), and Harsha (joy), all of which contribute to vitality and progeny.

Both Charaka Samhita and Sushruta Samhita[4][5] elaborate on the Shukravaha Srotas and their Moolasthana (origin sites). Acharya Sushruta has also described various types of Shukra Dushti (vitiations of semen) such as Vata, Pitta, Kapha, Shonit, Kunap, Granthi, Puti, Puya, Ksheena, Mutra, Purisha, and Retas Dushti.

Levels of Low Sperm Count

In the latest statement of semen quality (2010), the WHO[6] now considers a sperm count of 15 million sperm/ml to be low for fertile men. The table below shows how low sperm counts are described.

Table 1: Levels of Low Sperm Count.

Definition	Sperm Concentration in Ejaculate
Mild Oligospermia	10 million to 15 million sperm/mL
Moderate Oligospermia	5 million to 10 million sperm/mL
Severe Oligospermia	Less than 5 million sperm/mL
Azoospermia	0 sperm

CASE REPORT

A 40 year old male patient with anxious to conceive came to the OPD of Sri Kalabyraveshwara swamy ayurvedic Medical college and research centre. He & his wife with married life of 13 years were trying to conceive for but unable to conceive despite unprotected coitus since 13 yrs. The couple had a history of 4 IUI and 2 IVF failure and Hence consulted our OPD for further management. His BMI is normal, 76kg, Vatha pitha prakiruthi, normal secondary sexual characters, and his semen analysis showed oligospermia.

PAST HISTORY: No H/o of Diabetes mellitus/Hypertension/Tuberculosis/Mumps/ trauma.

FAMILY HISTORY: There is no family history of infertility.

PERSONAL HISTORY

Non vegetarian, there is no history of smoking/Alcoholism/Tobacco/Pan chewing, Habits of frequent eating of junk foods, Occupation – Software engineer.

General Examination

Built: Moderate

Nourishment: Moderate

Pulse: 72/min.

BP: 120/70mmhg

Temperature: 98.1F

Respiratory Rate: 21 Cycles/min

Height: 176cm

Weight: 76kg

BMI: 24.5kg/m^2

Tongue: Uncoated

Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent.

Ashtasthana Pareeksha

Nadi: 76/min

Mootra: 4-5 times/day

Mala: regular, 1/day

Jihwa: Alipta

Shabdha: Prakrutha

Sparsha: Prakrutha

Drik: Prakrutha

Akruthi: Madyama.

Dashavidha Pareeksha

Prakruti: Vata Pitta

Vikruti: Kapha vata

Dosha: Pitta Pradhana Tridoshas

Dushya: Rakta Mamsa

Desha: Sadharana

Bala: Madyama

Sara: Madyama0

Samhanana: Madyama

Pramana: Madyama

Satmya: Madyama

Satva: Madyama

Ahara shakti: Madyama

Jarana shakti: Madyama

Vyayama shakti: Madyama

Vaya: Madyama

Systemic Examination

1. Central Nervous System

Patient is conscious

Well oriented to time, place and person

2. Cardio Vascular System

Inspection: No distended vessels over neck or chest

Palpation: Apex beat palpable at 5th intercostal space

Percussion: Cardiac dullness present on left side

Auscultation: S1 S2 heard no added sounds

3. Respiratory system

Inspection Shape of chest: Bilaterally Symmetrical

Movement symmetrical RR 18 cycles/min

Palpation:

Trachea: Centrally placed. Percussion:

Resonant over the lung field except card

4. GIT

P/A examination revealed soft and nontender

No organomegaly noted

Treatment given

1. Shodhana Chikitsa

Posted for yoga basti[7]

Total of 3 Niruha and 5 Anuvasana basti

Anuvasana Basti with Ashwagandadi gritha[8]– 70ml

Niruha basti with eranda mooladi Kashaya

Mahanarayana taila – 100ml

Ashwaganda kalka – 25gms

Eranda mooladi Kashaya – 150ml

Uttara basti with phalagritha[9] - 3 days

3 cycles of above treatment was given to the patient

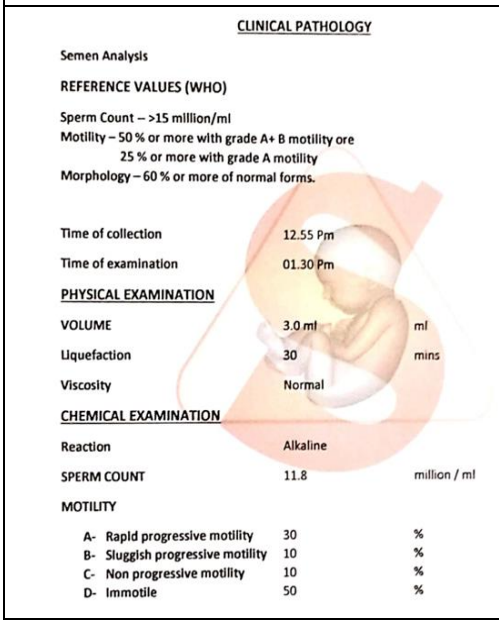
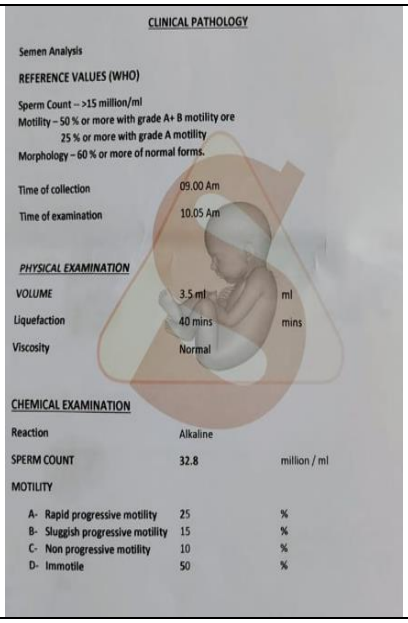
2. Shamana chikitsa

- T Addyzoa 1 tab BD
- T Falova 1 tab BD
- T Ashwagandha 1tab BD
- T Fertisure 1 Tab OD

Table 2: Semen Analysis Before and after treatment.

Semen Analysis	Semen Analysis before treatment dated on 30/06/2025	Semen Analysis after treatment dated on 30/10/2025
Physical characteristics Quantity	3ml	3.5ml
Colour	Pearly white	Pearly white
Viscosity	Normal	Normal
Reaction	Alkaline	Alkaline
Liquefaction	30 minutes	40 minutes
Microscopic Examination Total sperm count	11.8 million/ml	32.8 million/ml
Sperm motility Rapid progressive	30 %	25%
Sluggish progressive	10%	15%
Non progressive	10%	10%
Immotile	50%	50%
Sperm morphology Normal	80	80
Abnormal		
Round headed	04	04
Pin headed	04	04
Large headed	03	03
Small headed	00	00
Tail defect	04	04
Neck and mid piece defect	05	05
Double tailed	00	00
Tapering forms	00	00ss
Immature	-	-
Epithelial cells	Nil	Nil
Pus cells	3-4/HPF	3-4/HPF
RBC	Nil	Nil

Table 3: Image of semen analysis report.

Semen Analysis before treatment dated on 30/06/2025	Semen Analysis after treatment dated on 30/10/2025
	

CLINICAL PATHOLOGY

Semen Analysis

REFERENCE VALUES (WHO)

Sperm Count – >15 million/ml
Motility – 50 % or more with grade A+ B motility ore
25 % or more with grade A motility
Morphology – 60 % or more of normal forms.

Time of collection	12.55 Pm	
Time of examination	01.30 Pm	
PHYSICAL EXAMINATION		
VOLUME	3.0 ml	ml
Liquefaction	30	mins
Viscosity	Normal	
CHEMICAL EXAMINATION		
Reaction	Alkaline	
SPERM COUNT	11.8	million / ml
MOTILITY		
A- Rapid progressive motility	30	%
B- Sluggish progressive motility	10	%
C- Non progressive motility	10	%
D- Immotile	50	%

CLINICAL PATHOLOGY

Semen Analysis

REFERENCE VALUES (WHO)

Sperm Count – >15 million/ml
Motility – 50 % or more with grade A+ B motility ore
25 % or more with grade A motility
Morphology – 60 % or more of normal forms.

Time of collection	09.00 Am	
Time of examination	10.05 Am	
PHYSICAL EXAMINATION		
VOLUME	3.5 ml	ml
Liquefaction	40 mins	mins
Viscosity	Normal	
CHEMICAL EXAMINATION		
Reaction	Alkaline	
SPERM COUNT	32.8	million / ml
MOTILITY		
A- Rapid progressive motility	25	%
B- Sluggish progressive motility	15	%
C- Non progressive motility	10	%
D- Immotile	50	%

DISCUSSION

Sperm count and motility are typically found to be low in oligospermia. Increasing sperm count and motility should be the goals of treatment for oligospermia. Shukradushti. Shukradushti Is the causative factor for the infertility. Initial sperm count i.e before treatment was 11.8 million / ml, 3 months after taking medicines sperm count was 32.8 million/ml, 40% motile sperms, Being sperm count and motility gradually increasing he is still continuing the medication since pregnancy not yet occurred.

In the management of Śukra Kṣaya, Aśvagandhā (Withania somnifera) plays a pivotal role due to its Madhura–Tikta–Kaṣāya Rasa, Laghu–Snigdha Guṇa, Uṣṇa Vīrya, and Madhura Vipāka, possessing potent Rasāyana and Vājīkara Prabhāva. Its Vāta-hara and Bṛhmaṇa properties promote nourishment of all Dhātus, particularly Śukra Dhātu, thereby enhancing vitality, semen quality, and reproductive efficiency. Phala Ghṛita, containing Aśvagandhā, Śatāvarī, Gokṣura, Punarnavā processed in Mañjiṣṭhā, Daruharidrā, Haridrā, Priyaṅgu and cow milk, acts as a comprehensive Vājīkara formulation. Its Snigdha and Bṛhmaṇa qualities assist in rejuvenating the depleted Śukra Dhātu and improving overall reproductive potency.

When administered through Nirūha, Yoga, and Uttara Basti, these formulations exert synergistic actions. Nirūha Basti provides systemic nourishment, pacifies Vāta Doṣa, and enhances Dhātu Pushti, while Yoga Basti offers a balanced detoxification and rejuvenation effect through the alternate administration of Anuvāsana and Nirūha bastis. Uttara Basti, being a direct mode of drug administration into the genitourinary tract, ensures localized action at the level of Śukra Vaha Srotas, thereby improving semen quality, increasing seminal volume, and restoring Vājīkara Bala. Together, these therapies help in the regeneration of Śukra Dhātu, restoration of sexual vigor, and correction of Vāta imbalance, making them highly effective in the management of Śukra Kṣhaya.

CONCLUSION

Ayurvedic medicine treats infertility by detoxifying the body, or Shodhana. It focuses on all elements, such as Aahara and Vihara, which are crucial in the manifestation of any pathology. In this instance, we used Ayurvedic principles to treat Shukradushti. Effects of the ingredients Increased sexual desire, length of coitus, having an orgasm or feeling sexual satisfaction, as well as sperm motility and count.

REFERENCES

1. C.Dutta, Edited by Hiralal Konar, Textbook of Gynecology, Jaypee Heath Science Publisher, Seventh Edition Reprint 2016, Page No. 190
2. Sushrut Samhita, with Nibandhasangraha of Dalhanacharya and Nyaychandrika Panjika of Gayadasacharya edited by Vaidya Yadavji Trikamji Acharya, shareersthana, chapter 2, shloka 3, Chaukhamba Surbharti Prakashan.
3. Vd Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Chikitsa sthana, Vajikaran Adhyaya, Chapter 2/1, shloka16-17, Chaukhamba Publication New Delhi. Reprint 2018, Pg. No –391.
4. Vd Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Vimansthan, chapter 5, shlok 8, Chaukhamba Publication New Delhi. Reprint 2018
5. Sushrut Samhita, with Nibandhasangraha of Dalhanacharya and Nyaychandrika Panjika of Gayadasacharya edited by Vaidya Yadavji Trikamji Acharya, Shareersthana, chapter 9, shloka 12, Chaukhamba Surbharti Prakashan.
6. C. Dutta, Edited by Hiralal Konar, Textbook of Gynecology, Jaypee Heath Science Publisher, Seventh Edition Reprint 2016, Page No. 190
7. Vd Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Siddhisthana chapter 12, shloka 20-22, Chaukhamba Publication New Delhi. Reprint 2018, pg. no. 734.
8. Chakradutta with the vaidyaprabha hindi commentary, by indradeva Tripathi, chaukambha Sanskrit sansthan, Varanasi 2nd edition, 1994- mansavardhaka, viryavardhaka 22/90
9. Bramhanand tripati, Ashtanga hrudaya uttarasthana chapter 34 shloka 63-67, Chaukhamba Publication New Delhi.