

## Case Report on the Effect of Virechana in Male Infertility W.S.R.T Oligozoospermia

Dr. Ashwini S Balbatti<sup>1</sup>, Dr. Doddabasayya Kendadmth<sup>2</sup>, Dr. Rajesh Sugur<sup>3</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Professor, <sup>3</sup>Professor and HOD,

<sup>1,2,3</sup>Department of Panchakarma, Taranath Government Ayurvedic Medical College, Ballari, Karnataka, India

### ABSTRACT

Most authors define patients as infertile if they have been unable to achieve a pregnancy after one year of unprotected intercourse. The fact is, among 60% of all couples experiencing infertility, a male factor is involved. In approximately 40% of cases in the male alone and in another 20% both male and female are abnormal. Oligozoospermia refers to semen with a low concentration of sperm and is a common finding in male Infertility.

Hence the management of this issue is of utmost importance in the current days. Ayurveda addresses the male factor defects under broad classification of Ashtavidhasukradushti in which oligospermia can be correlated to Ksheenasukra, in addition it is said that Virechana karma enhances the quality level of shukra. A 33yr old male with 3 years of married life diagnosed with oligospermia, treated according to Ayurvedic principles. After Deepana pachana with Chitrakadi Vati and snehapana with Ashwagandha grita, Virechana with Trivrut Avaleha was given. Follow up showed improvement in Seminal parameters. The present case signifies the importance of Ayurvedic treatment in bringing a positive outcome in the field of male infertility.

**KEYWORDS:** Male infertility, Oligospermia, Ksheenushukra, Virechana, Ashwagandha Grita

### INTRODUCTION

Birth and death are two ends of life, in between man has to pass a lot of sufferings and pain to survival and others. Some have to face an extra struggle i.e, struggle to reproduce or have an offspring, which is termed Infertility. In fact there has been a drastic change in his day to day activities including life style, food habits, sexual life, environmental pollution, industrial and occupational hazards and due to all these factors, infertility is increasing day by day.

Ayurveda also state this as a worse condition in the words as a man without progeny is like a solitary tree<sup>1</sup>. It severely affects the couple's psychological harmony, sexual and social life. The couple desiring a child but unable to conceive feels demeaned, deprived and bitterness. Generally, due to defect in spermatic function, male is unable to induce conception due to low sperm count, Oligozoospermia means less than 20 million spermatozoa per milliliter of semen<sup>2</sup>.

Ksheena shukra is denoted among eight types of Shukra Dushti, enumerated in Ayurveda classics.

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Acharya Sushruta clearly defines the condition of Ksheena Shukra to be Vata-Pitta predominant<sup>3</sup>, and Upachaya is stated as treatment in this condition<sup>4</sup>. Shodhana i.e, Panchkarma therapies have been kept in supreme veneration by the classical authorities of Ayurveda in ameliorating different varieties of Shukradushti<sup>5</sup>. By the use of these Shodhana therapies, one gets rid of diseases, as well as gains strength, plumpness, offsprings and Virility.

Among these Panchkarma, Virechana mainly aims at eliminating the vitiated Pitta Dosha<sup>6</sup>. While describing the therapeutic measures for Klaihya in details, Acharya Charaka stated that after giving proper oleation and fomentation, patient should be given Virechana with Sneha<sup>7</sup>. " Acharya Kashyap describes wonderful benefit of Virechana Karma and very precisely states that the effect of Virechana enhances the structural and functional capabilities of reproductive gametes<sup>8</sup>. Keeping all these points in mind, a single case study was carried out.

**CASE REPORT**

Here is the case of 33 years old male patient with oligospermia. He was married 4 years back. The couple had been trying for child since three and half years. He was of kapha pitta prakruthi with samagni, madhyama kosta, bowels regular, no history of daibetis mellitus, hypertension, thyroid ect. On Examination – genitals- no abnormalities found, The

female partner was normal In the clinical and endocrinological examinations. Semen analysis was performed at the base line on 18/4/2022, sperm count was 18 million/ml, semen quantity was 2ml, 20% are of actively motile, abnormal forms of 30%. Patient administered classical Virechana (Purgation Therapy). The details of the procedures are described in table 1.

**Table 1: Procedure administered to the patient.**

Procedure	Medication	Dose	Duration
Deepana pachana	Chitrakadi vati	1 tablet trice a day	3days
Snehapana	Ashwagandha grita	Day 1 – 30 ml Day 2 - 60 ml Day 3 – 90ml Day 4 – 120ml Day 5 – 150ml Day 6 – 200ml	6 days
Sarwanga abhyanga followed by bhaspa sweda	Murchita tila taila	Day 7,8,&9	3 days
Virechana karma	Trivrut lehya	80gm of trivrut lehya with 50ml of milk.	1day
Samsarjana krama			5days

**Observations & Results****Observations on Virechana Karma:**

Total number of Vega observed during Virechana were 13. Kaphanta Shuddhi was achieved. Samsarjana Krama was advised for 5 days based on the Vaigiki Shuddhi of 13 Vega.

**Observation on semen analysis:**

After Virechana it was found that quantity of semen is increased from 2ml to 3 ml and the sperm count was increased from 18 million/ml to 50 million/ml and Motility increased to 30%.

**Result** – The couples got conceived very next menstrual cycle of female partner

**DISCUSSION**

**Virechana Karma** - According to Charaka Acharya, ‘The man alone without offspring looks like a single tree having single branch, shade less, fruitless and with foul smell’. Shukra dhatu is one among the Sapta dhatus mentioned in Ayurvedic literature, predominant in soumya guna and having Shadrasa. The prime function of Shukra is Garbhorpadana. Shukra is produced from the sneha of majja by the action of Shukra dhatvagni. As per Ayurveda, 8 types of Shukra dushti were explained. When vata and pitta doshas gets vitiated, quality and quantity of Shukra gets altered leading to Ksheena Shukra. Vata having the property of Shoshana bring about hindrance in the uttarottara dhatu parinama leading to the depletion in Shukra dhatu. Pitta vitiation causing amottpatti Leading to improper formation of dhatu, Causes Shukra kshaya. Oligospermia can be correlated with Ksheenasukra dusti.

Shukra is Saumya guna and Jala Mahabhuta Pradhana dhatu. Shukra kshaya was said to be due to increased pitta dosha and motility dysfunction was said to be due to vitiated vata dosha. Hence Virechana karma was performed for pacifying the vitiated vata pitta doshas. As per Kashyapa Samhita for vata and pitta doshas involved with Shukra kshaya, Virechana karma is considered as best line of treatment. It also potentiates dhatvagni resulting in increased formation of new shukra dhatu.

**Ashwagandha Ghrita** - Ayurveda, the traditional system of medicine practiced in India, can be traced back to 6000 bc<sup>9-12</sup>. For most of this history, Ashwagandha (*Withania somnifera*), also known as "Indian ginseng" due to its rejuvenating effects, has been described in folk medicine as an aphrodisiac and geriatric tonic<sup>13</sup>. It is classified as an "adaptogen, meaning that this herb assists in combating stress and disease, improving physical strength and metabolism without adverse effects. Ashwagandha has been used as a "rasayana" in Ayurvedic medicine. In particular, the root of Ashwagandha is regarded as a tonic and aphrodisiac. Ashwagandha is rich in a wide variety of chemical compounds, such as alkaloids, ergostane steroids, amino acids, and neurotransmitters, which explains its numerous medicinal properties that can directly or indirectly prevent and treat a number of diseases. It has been widely documented that, in addition to conventional therapies, many individuals with sexual dysfunctions often seek alternative therapies. It is noteworthy that, from ancient times, Ashwagandha has been used by Ayurvedic

practitioners as an aphrodisiac to improve on matters related to infertility and sexual activities. Numerous human and animal studies have validated the aphrodisiac and testosterone enhancing effects of Ashwagandha<sup>9-12</sup>. Experimental studies have shown that treatment with Ashwa gandha induced testicular development and spermatogenesis in immature Wistar rats by directly affecting the seminiferous tubule<sup>14-15</sup>, improved prosexual behaviour of sexually sluggish mice, and increased testicular daily sperm production and serum testosterone level. It has been well documented that high levels of reactive oxygen species (ROS) in the semen induce oxidative damage to the sperm and are associated with abnormal sperm parameters leading to infertility<sup>16-17</sup>. Ashwagandha has been found to counteract the formation of ROS in infertile men<sup>17</sup>.

### CONCLUSION

Infertility is becoming one of the major health concern in the present day life. Male factor defect accounts for a large proportion in such couples, of which oligospermia is the leading cause in about 20-30%. Oligospermia may be multifactorial and an integrated approach through Ayurvedic medication along with dietary and lifestyle modification is found to achieve tremendous result as in this case. Proper Shodhana therapies helps in removing Srotorodha, pacify the aggravated Doshas and promote the process of Sukrotpathi leading formation of Uttama shukra dhatu which results in conception.

### REFERENCES:

- [1] Acharya Agnivesha, Charaka Samhita elaborated by Charaka and radbahala with the Ayurveda Deepika Commentary by Chakrapanidatta, Edited by Vaidya ladavaji Trikamaji Acharya, Published by Chaukhamba Surabharati Prakashana-Varanasi, Reprint Edition 2008, Chikitsa Sthana, 2nd Chapter-Vajikarana Chikitsita, 1st Pada - Sanyogasara Muliya Pada, Verse No. 16-17, Page No. 191
- [2] Trevor G. Cooper et al, World Health Organization reference values for human semen characteristics, Human Reproduction Update, Vol.00, No.0 pp. 1-15, 2009 doi:10.1093/humupd/dmp048, published on December 4, 2009
- [3] Acharya Sushruta, Sushruta Samhita with Nibandhasangraha commentary of Shri Dalhanacharya and Nyayachandrika Panjika of Shri Gayadasacharya on Nidana Sthana, Edited by Vaidya Jadavaji Trikamaji Acharya, Published by Chaukhamba Surbharati Prakashana - Varanasi, Reprint 2008, Sharira Sthana, 2nd Chapter Shukrashonita Shuddhi Sharira, Verse No. 4, Page No. 344
- [4] Acharya Sushruta, Sushruta Samhita with Nibandhasangraha commentary of Shri Dalhanacharya and Nyayachandrika Panjika of Shri Gayadasacharya on Nidana Sthana, Edited by Vaidya Jadavaji Trikamaji Acharya, Published by Chaukhamba Surbharati Prakashana - Varanasi, Reprint 2008, Sutra Sthana, 1st Chapter - Vedotpatti Adhyaya, Verse No. 8, Page No. 3
- [5] Acharya Sushruta, Sushruta Samhita with Nibandhasangraha commentary of Shri Dalhanacharya and Nyayachandrika Panjika of Shri Gayadasacharya on Nidana Sthana, Edited by Vaidya Jadavaji Trikamaji Acharya, Published by Chaukhamba Surbharati Prakashana - Varanasi, Reprint 2008, Sharira Sthana, 2nd Chapter - Shukrashonita Shuddhi Sharira, commentary on Verse No. 6. Page No. 345, Line No.24 B.
- [6] Acharya Vagbhata, Ashtanga Hradaya with the commentaries of Arunadatta and Hemadri, Collated by late Dr. A. M. Kunte and K. R. 5. Navare, Edited by Harishashtri Paradakara Vaidya, Chaukhamba Orientalia - Varanasi, Reprint Ninth Edition - 2005, Sutra Sthana, 1st Chapter-Ayushkamiya Adhyaya, Verse No. 25, Page No. 16
- [7] Acharya Agnivesha, Charaka Samhita elaborated by Charaka and Dradhabala with the Ayurveda Denepika Commentary by Chakrapanidatta, Edited by Vaidya ladavaji Trikamaji Acharya, Published by Chaukhamba Surabharati Prakashana - Varanasi, Reprint Edition 2008, chikitsa sthana, 30<sup>th</sup> chapter, Yonivyapata Chikitsa, Verse no. 196, Page no. 642.
- [8] Vruddha Jivaka, Kashyapa Samhita revised by Vatsya with Sanskrit introduction by Pandit Hemaraja Sharma with Vidyotini Hindi commentary by Srisatyapala Bhisagacharya, Published by Chaukhambhu Sanskrita Sansthana Varanasi, Reprint edition 2008, Siddhi Sthana Trilakshana Siddhi, Line No. 10-11
- [9] M. Halpern, Principles of Ayurvedic Medicine, California College of Ayurveda, Grass Valley, Calif, USA, 5th edition, 2001,
- [10] P. V. Sharma, Introduction to Dravyaguna (Indian Pharmacol. ogy). Chaukhambha Orientalia, Varanasi, India, 1975,

- [11] S. Subramanian, "Ashwagandha an ancient Ayurvedic drug" *Arogya Journal Health Sciences*, vol. 8, pp. 135-139, 1982
- [12] N. Singh and M. Gülca, *Herbal Medicine-Science Embraces Tradition A New Insight into the Ancient Ayurveda*, Lambert Academic Publishing, Saarbrücken, Germany, 2010,
- [13] M. A. Weiner and J. Weiner, "Ashwagandha (Indian ginseng)," in *Herbs That Heal*, pp. 70-72, Quantum Books, Mill Valley, Calif, USA, 1994.
- [14] E. M. Abdel Magied, H. A. Abdel Rahman, and E. M. Harraz, "The effect of aqueous extracts of *Cynomorium coccineum* and *Withania somnifera* on testicular development in immature Wistar rats," *Journal of Ethnopharmacology*, vol. 75, no. 1, pp. 1-4, 2001.
- [15] I. Iyaperuna, W. D. Ratnasooriya, and T. R. Weerasooriya, *Evidence Based Complementary and Alternative Medicine*.
- [16] IE Kodama, Y. Kuribayashi, and C Gagnon, "Effect of sperm lipid peroxidation on fertilization," *Journal of Andrology*, vol. 17, no.2 pp.151-157, 1996.
- [17] N. Desai, R. Sharma, K. Makker, E. Sabanegh, and A. Agarwal, "Physiologic and pathologic levels of reactive oxygen species in neat semen of infertile men," *Fertility and Sterility*, vol. 92, no. 5, pp. 1626-1631, 2009,
- [18] A. Agarwal, K. P. Nattella, S. S. H. Allamaneni, and M. Said, "Role of antioxidants in treatment of male infertility: an overview of the literature" *Reproductive BioMedicine Online*, vol. 8, no. 6, pp. 616-627, 2004

