

Management of Male Infertility Due to Oat Syndrome (Shukra Dusthi) with Uttarabasti and Kushtamalaki Rasayana- A Case Series Study

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ABSTRACT

Male infertility is defined as the inability of a male to make a fertile female pregnant, for a minimum of at least one year of unprotected intercourse¹. Male factor is substantially contributory in about 50% of all cases of infertility. Ksheena Shukra Dusti² is a condition in which the quality and quantity of the Shukra dhatu is affected by vitiation of Vata and pitta dosha. OAT Syndrome includes Oligozoospermia, Asthenozoospermia, Teratozoospermia OAT Syndrome is one of the major cause for male infertility.

In this case series study, An attempt is made to study the efficacy of Mustadi Gana Mala pachana Kashaya³, Kosta shodhana with Virechana Kashaya⁴, 03 days Payasya Ikshuadi Niruha basti⁵ as a purva karma for Uttaravasti. Payasya Ikshuadi Gritha Uttarabasti⁶ for 03 days and Kusthamalaki Rasayana Chikitsa in improving spermatogenesis and conception in OAT (Shukra Dusti) cases.

Seminal parameters was assessed before and after the treatment. In these cases very encouraging results were reported, all four cases conceived. During follow-up of patients, no any abnormality was reported clinically as well as on USG. 03 cases delivered health baby and one case is under 9th month antenatal care. This treatment protocol can be adapted in male Infertility w.s.r. Shukra Dusthi in routine Ayurvedic practice.

KEYWORDS: Male infertility, OAT Syndrome, Ksheena Shukra, Uttarabasti, Kushtaamalaki Rasayana

INTRODUCTION

Male infertility is an issue in a man that lowers the chances of his female partner getting pregnant. It is estimated that infertility affects 8–12% of couples globally, with a male factor being a primary or contributing cause in approximately 50% of couple⁷. Oligozoospermia is a decrease in the sperm count below 15 million sperm per ml. Asthenozoospermia is reduced sperm motility below 40%⁸ (RLP+SLP) Teratozoospermia is Abnormal sperm morphology.

Ksheena shukra is qualitative and quantitative reduction of *shukra dhatu* caused by vitiation of by *vata and pitta dosha*. Mainly *apana vata and vyana vata* vitiation leads to reduction in sperm cell

concentration, *Chala guna of vata, Sara guna of pitta* vitiation leads to reduced sperm and vitiated *vata* along with *kapha dosha* impairs the normal morphology of sperm leading to OAT Syndrome (Oligoasthenoteratozoospermia).

This vitiation of doshas are due to indulging in *Aharaja hetus* like excessive consumption of *Katu rasa, Kashaya rasa, lavana rasa, Rooksha ahara, Teekshna ahara* for longer duration, excessive indulgence in Excessive sexual intercourse, Excessive physical exercise, Masturbation, Alcohol, smoking, tabacoo, Stress, environmental factors, Manasika hetus like *chinta, bhaya, krodha* for longer duration leads to *Rasadi dhatu* depletion resulting in *shukra*

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kshaya. Vajikarana has been described specially to improve the sexual reproductive health and enhance the status of Sukra.

MATERIALS AND METHODS

The patients presented with complaints of failure to conceive were examined, and then evaluation done with the help of Semen Analysis. After confirmation, patients having Reduced Sperm count, reduced sperm motility and high abnormal morphology are enrolled for this case series. Laboratory investigations like Hormonal parameters and routine investigations were also documented. An informed and written consent was taken from the patient before the commencement of treatment. Patient outcomes were also analysed.

CASE REPORT-1

A male Patient of 26 Years visited Kayachikitsa Opd of Taranath Government Ayurvedic Medical College and Hospital, Ballari Presented with chief complaints of Unable to get a child since Married life of 2 years of regular unprotected coitus, associated with reduced sexual desire, Daurbalya, Mukhashosha, Klaibya since 02 months. He attained normal puberty and he was non-diabetic, non-hypertensive with good physical built. His appetite was normal, with regular bowel habits. His partner was normal on clinical and Endocrinological investigations. She had regular menstrual cycles and no history of any reproductive tract disorders or any surgery. On the basis of patient's complaints, semen analysis was advised. Semen analysis shows Sperm count: 14 Million/ml, Sperm motility: 30% (Active Motility- 20%, sluggish – 10%) Normal forms: 1%. On basis of semen analysis it was Diagnosed as Oligoasthenoteratozoospermia (Shukra Dusthi).

CASE REPORT-2

A male Patient of 23 years visited Kayachikitsa Opd of Taranath Government Ayurvedic Medical College and Hospital, Ballari Presented with chief complaints of Unable to conceive since Married life Married life of 4 years of regular unprotected coitus associated with Daurbalya, Mukhashosha, Klalithya since 06 months. He attained normal puberty and he was non-diabetic, non-hypertensive with good physical built. His appetite was normal, with regular bowel habits. His partner was normal on clinical and Endocrinological investigations. She had regular menstrual cycles and no history of any reproductive tract disorders or any surgery. Semen analysis shows Sperm count: 04 Million/ml, Sperm motility: occasional sperms seen, Normal forms: 3% reveals Shukra Dusthi due to OAT Syndrome

CASE REPORT-3

A male Patient, Presented with chief complaints of Unable to conceive since Married life Married life of

06 months of regular unprotected coitus associated with Daurbalya, srama after sexual intercourse, premature ejaculation since 06 months He attained normal puberty and he was non-diabetic, non-hypertensive with good physical built. His appetite was normal, with regular bowel habits. His partner was normal on clinical and Endocrinological investigations. She had regular menstrual cycles and no history of any reproductive tract disorders or any surgery. Semen analysis shows Sperm count: 14.5 Million/ml , Sperm motility: 21%, Normal forms: 2% suggestive of Oligoasthenoteratozoospermia (Shukra Dusthi).

CASE REPORT-4

A male Patient, presented with chief complaints of Unable to conceive since Married life Married life of 1.2 years of regular unprotected coitus associated with Mukhashosha, alpa shukra visarga since 06 months. He attained normal puberty and he was non-diabetic, non-hypertensive with good physical built. His appetite was normal, with regular bowel habits. His partner was normal on clinical and Endocrinological investigations. She had regular menstrual cycles and no history of any reproductive tract disorders or any surgery. Semen analysis shows Sperm count: 0.56 Million, Sperm motility: 33 , Normal forms: 2% suggestive of Shukra dusthi due to OAT Syndrome.

INTERVENTION

- Deepana Pachana with **Mustadi gana Kashaya 20ml TID** with Hotwater for 5days – Reference *Astanga Hrudaya 15/49*
- Kostha shodana with **Virechana Kashaya 60ml** with Hot water- Reference *Sahasra yoga Kashaya prakarana*
- **Payasya Ikshuadi Niruha Vasti for 03 days**
 - Madhu-100ml
 - Lavana-10gms
 - Sneha-Murchita Gritha 100ml
 - Kalka-Pippali churna-20gms
 - Payasya Iksuadi Kashaya-400ml

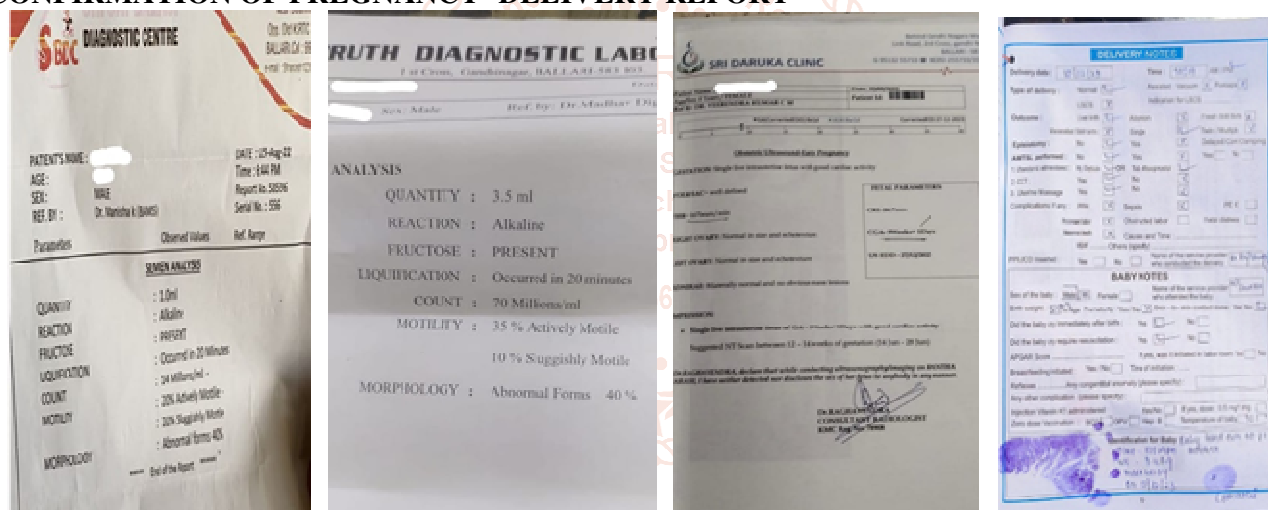
| Sl. No. | Drug | Botanical name |
|---------|----------------|------------------------------|
| 1 | <i>Payasya</i> | <i>Lilium polyphyllum</i> |
| 2 | <i>Ikshu</i> | <i>Saccharum officinalis</i> |
| 3 | <i>Sthira</i> | <i>Desmodium gangeticum</i> |
| 4 | <i>Rasna</i> | <i>Alpinia galanga</i> |
| 5 | <i>Vidhari</i> | <i>Pueraria tuberosa</i> |

- **Uttara Basti** with Payasya Ikshuadi Gritha-45 ml for 03 days
- **Rasayana Yoga:** Kushtaamalaki churna 500mg 2capsules TID Before Food for 01 Months.

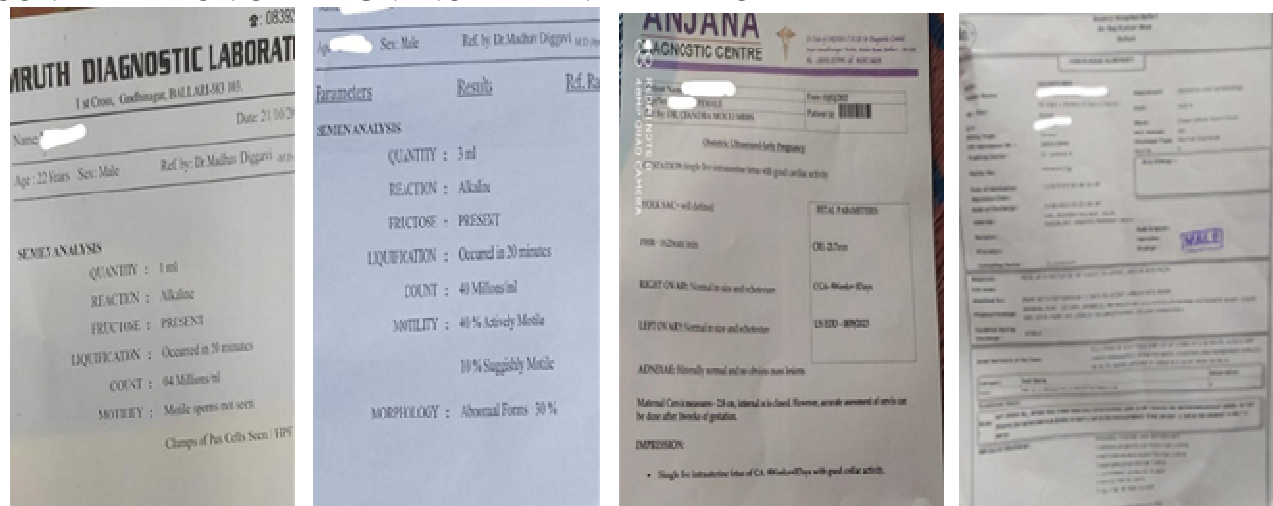
OBSERVATION & RESULT

| SEMEN PARAMETERS | SUBJECT 1 | | SUBJECT 2 | | SUBJECT 3 | | SUBJECT 4 | |
|---|---|-------|---|-------|--|-------|---|-------|
| | BT | AT | BT | AT | BT | AT | BT | AT |
| Observations | | | | | | | | |
| Semen volume (in ml) | 1ml | 3ml | 1ml | 2.2ml | 1.5ml | 2ml | 1ml | 2.5ml |
| Sperm Count (in million/ml) | 14 | 70 | 04 | 40 | 14.5 | 20 | 0.56 | 20 |
| Sperm motility (Prgressive+Sluggish) in % | 20+10 | 40+10 | Motile sperm not seen | 35+10 | 21.4 | 60+10 | 33 | 70 |
| Sperm Morphology | 1% | 30% | 3% | 40% | 2% | 40% | 2% | 30% |
| CONCEPTION | UPT Positive of spouse | | UPT Positive of spouse | | UPT Positive of spouse | | UPT Positive of spouse | |
| USG ABDOMEN REPORT OF SPOUSE | Single live intrauterine fetus of GA 9 weeks +7 days with good cardiac activity | | Single live intrauterine fetus of GA 9 weeks +7 days with good cardiac activity | | Single live intrauterine fetus of GA 17+2 weeks with good cardiac activity | | Single live intrauterine fetus of GA 8 weeks with good cardiac activity | |
| DELIVERY OF BABY | MALE BABY With 3.4 Kg Weight | | MALE BABY with 2.8 kg Weight | | GIRL BABY 2.4 Kg Weight | | EDD 15/02/2023 | |

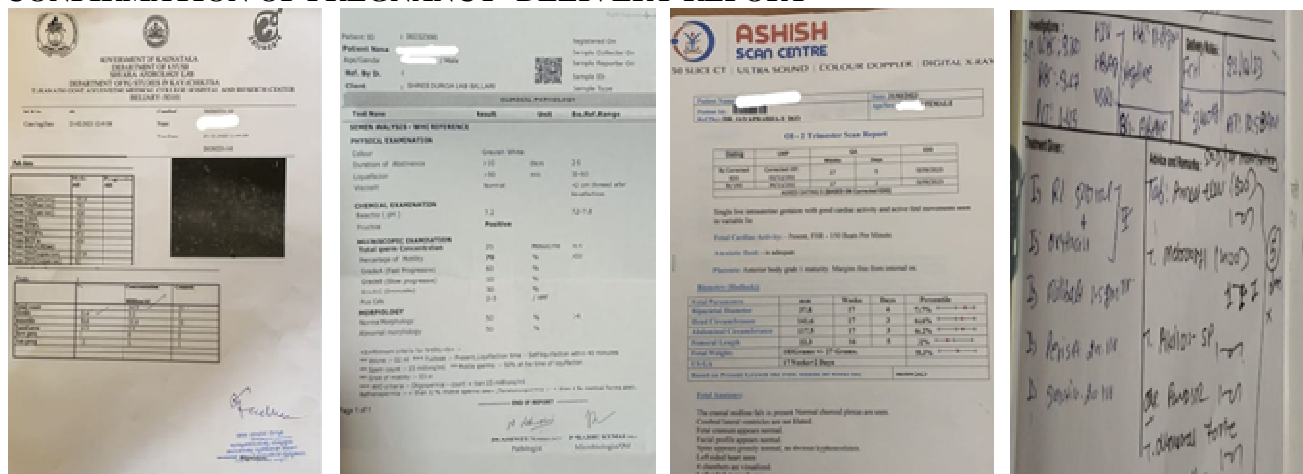
REPORTS OF SUBJECT 1, BEFORE TREATMENT- AFTER TREATMENT- USG REPORT CONFIRMATION OF PREGNANCY- DELIVERY REPORT



REPORTS OF SUBJECT 2, BEFORE TREATMENT- AFTER TREATMENT- USG REPORT CONFIRMATION OF PREGNANCY- DELIVERY REPORT



REPORTS OF SUBJECT 3, BEFORE TREATMENT- AFTER TREATMENT- USG REPORT CONFIRMATION OF PREGNANCY- DELIVERY REPORT



REPORTS OF SUBJECT 4, BEFORE TREATMENT- AFTER TREATMENT- USG REPORT CONFIRMATION OF PREGNANCY- EDD



DISCUSSION

Mustadi Gana Kashaya: In *shukra dushti*, *Deepana pachana* is *adya upakrama*, after the management of *agni* and *ama*. It makes easier for the action of other medicines to acts upon target cells and produce the outcome efficiently. so here *Mustadi gana Kashaya* which aims at *agni Deepana*, *mala pachana* is selected to enhance the *agni* at *dhatu* level and act upon *shukravaha srotas*. *Mustadi gana Kashaya* possess key ingredients that promotes *agni*, tackles *ama* and *avarana*, it also constitutes *vrushya* drugs like *Kushtha*, *Amalaki*, *Bhallataka*, *Ela* which helps in improving semen parameters too.

Virechana Kashaya

Acharya Charaka very clearly opines importance of *shodhana* before administration of *vajikarana chikitsa*, keeping the same in mind *Koshtha shodhana* with *virechana Kashaya* is planned in this clinical trial. *Virechana Kashaya* contains *patola*, *Danti*, *triphal*, *ikshu*, *shunti*, *karanga*, *aragvadh*, *trivrut*. In case of *ksheena shukra dushti* there is vitiation of

vata and *pitta* causing defects in semen, *virechana* which is *pitta doshahara* helps in removing vitiated *pitta* and *vata* facilitating production of pure *shukra*. *Virechana* is responsible for rectifying the *Pittadhara Kala*, as it is the main procedure for *Pitta Shodhana*.

Discussion on Niruha Basti

Basti has the potential to excrete morbid *dosha* from all the parts of the body even though it is *pakvashayastha*. The ingredients of *niruha basti* are *saindhava*, *madhu*, *Sneha*, *kalka*, *kwatha*. *Niruha basti* is considered to be *Shukra balaprada*. *Saindhava* due to its *sukshma guna* reaches upto the micro channels, *Teekshna guna* break down the morbid *mala* and *dosha sanghata*, *singdha guna* liquify the *dosha*. *Madhu* forms the homogeneous mixture with *saindhava kapha chedana* and *vilayana*. *Ghrta* owing the *snigdha guna* it produces *snigdhat* in the body which in turn help for easy eliminations of *dosha* and *mala* and also does *vishyandana* and *srotomukha vishodhana*, it also protects the mucous membrane. The *kalka* used in *basti* enhances the

potency of the *basti* and facilitate better absorption. The *kwatha* contents *payasya*, *ikshu*, *sthira*, *rasna*, *vidhari* effectively acts on *vata dosha* mainly *apana vata* and also balances *pitta* and *kapha dosha* as well. In this clinical trial, *Payasya Ikshuadi Niruha basti* was planned to subjects which contains *Madhu* having *Tridosahara* property, *Saindhava Lavana* having *Madhura vipaka*, *tridosahara* and *Vrushya*, *Murchita ghrta* which is *Vata pittahara*, nourishes *Rasa dhatu*, *shukra dhatu*, *Pippali churna* as *kalka* is *vatakaphahara*, *Dipana*, *vrushya* and *sroto shodhaka*. *Kashaya* of *payasya*, *ikshu*, *sthira*, *rasna*, *vidhari* having the properties of *Basti vishodhana*, *shukrala*, *Tridosha shamaka* and *Vrushya*. Hence this procedure helps in improving semen parameters and attaining Conception.

Discussion on Uttarabasti:

Uttarabasti is transurogenital intra vesicular drug delivery system in male, medicine administered into the bladder through the phallus last beyond the first voiding of the urine after installation. In *Shukra dushti* main principle of management should be to restore the normal functioning of *apana vata* as it is responsible for *shukra nishkramana kriya*. *Uttarabasti* gaining direct access to *basti* the seat of *apana vata* and by purgative action of *Uttara Basti* in the urinary bladder the process of sexual functions will be re-established. Hence it is indicated in management of *shukra dushti*, as it alleviates the *sanga*, *atipravrutti* of *vata* and cleansing the *srotas* for proper movement of *vata*.

In this clinical trial, *Uttarabasti* with *Payasya Ikshuadi Ghrta* improves semen parameters as it mainly contains *Pippali* which is *Katu rasa pradhana* helps in reducing *sthira guna* of *kapha*, *Madhura Vipaka* improves *sara guna* of *Pitta* and *chala guna* of *vata*, thus helps in improving sperm motility and sperm morphology. *Murchita ghrta* and *Payasya*, *ikshu*, *sthira*, *rasna*, *vidhari* are *shukrala* thus this combination helps in improving Quality of life of subjects with OAT syndrome and attained Conception.

Discussion on Kushtha amalaki Rasayana:

*Kushtha*⁹ is having *Tikta*, *katu Madhura Rasa*, *Laghu*, *Rooksha*, *Teekshna guna*, *Katu vipaka* there by improves *agni* and does *ama pachana*. Once *agni* is improved at *dhatvagni* level, and *srotoshuddhi* is achieved, *Rasadi dhatu poshana krama* is promoted, due to *shukrala* and *vrushya* effect of the drug, it helps in spermatogenesis and improves semen count in *ksheena*. The presence of The Inulin, essential oil, tannins, alkaloids and sugars are play a key role in the action of the drug and due to smooth muscle relaxant action of sesquiterpenoids helps to relieve *Dourbalya*

and give *bala* to *sarvadaihika shukra* and improves Quality of life in *ksheena shukra*.

Charaka Samhita mentioned *Amalaki*¹⁰ is one of the most potent and nutritious drug and also a best rejuvenating herb (*Amalaki Vayasthapnam Sreshtham*. *Amalaki* being *Pancha rasa*, *Madhura Vipaka*, *sheeta veerya*, *Ruksha guna* and is *Tridosha shamaka*. Thus, The combination of *shukrala*, *shukra shodhana*, *Rasayana* effect of *kushtha* and *vrushya*, *tridosha shamaka*, *rasayana* effect of *Amalaki* helped in improving *ksheena shukra* and finally aim to *vajikarana* i.e attaining Healthy progeny attained in all subjects.

CONCLUSION

Ayurvedic drugs, skilled Vaidya and samitha based, evidence based clinical practice are key to clinical success. The application of *Uttarabasti* is a broad spectrum clinical modality, and well known purification process for *Shukra Dosha*. *Srotoshuddhi* is achieved by its virtue of *Basti* and *uttarabasti*, and thus it improves the *Dhatu Poshana Krama*. Application of *Vajikarana Aushadha* following *basti* and *Uttarabasti* gives better result due to better absorption and utilisation without any other complications. Ayurvedic treatment modality stands non-invasive, cost effective. Here a case series presented, 4 subjects suffering from Male infertility, successfully treated by Ayurvedic treatment modality.

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