



## Case Report

# "The Ayurvedic Path to Potency: Exploring Holistic Solutions for Semen Disorders - A Transformative Case Study"

<sup>1</sup>Dr. Lalita Dahiya, <sup>2</sup>Dr. Gaurav Kumar, <sup>3</sup>Dr. Rajesh Sharma

<sup>1</sup>PG Scholar (Ayu), <sup>2</sup>PG Scholar (Ayu), <sup>3</sup>Associate Professor (Ayu), H.O.D  
PG Department of Dravyaguna,  
A & U Tibbia College, Karol Bagh, New Delhi, India

### ABSTRACT

**Background:** Oligoasthenozoospermia is the condition where the two parameters, sperm count and sperm motility is altered. It depicts a decrease in the concentration and percentage of motile spermatozoa in a sperm sample and is determined by semen analysis. Researches show that nearly 50% of infertility in India is related to the male reproductive factors or diseases. Based on the study conducted by WHO from 2015 to 2020 in multicentres about 40% of infertility cases is due to male factors. Approximately 25% of Indian couples taking infertility treatment attributed the cause towards male factors. Oligoasthenozoospermia can be correlated to *Sukra kshaya Lakshanas* mentioned in *Ashta sukra dushtis*. **Aim and Objective:** To evaluate the role of Ayurvedic medicine *kantaka panchamoola* in infertility. **Material and Method:** A male patient aged 44 years with 10 years of married life revealed the semen volume as 1ml, Sperm concentration 30 million/ml, progressive motility 15%, Non progressive motility 25% and immotile sperms 20% with normal sperm morphology, normal viscosity and normal liquefaction time along with presence of pus cells 6-8. After Ayurvedic management with administration of *Kantaka Panchamoola* for 3 months patient semen analysis report came with Sperm count 45 million/ml, progressive motility 30% and Non progressive motility 12% and pus cells 2-3. This shows the effectiveness of Ayurveda medicines in the case of Oligoasthenozoospermia and ensures that *Ayurveda* can provide spectacular outcome in the areas of Male infertility.

**Keywords:** Oligoasthenoteratozoospermia, Semen analysis, *Shukra Dosha*

### INTRODUCTION

This is a case report of a male patient aged 44 years with 5 years of married life c/o secondary infertility with a child history of low sperm count with reduced sperm motility along with presence of pus cells and having alcohol addiction. On semen analysis he was diagnosed as Oligoasthenozoospermia with pus cells present, with Sperm concentration 30 million /ml and immotile sperms 20%. Also he was having a problem of satisfactory coitus only once a week. Infertility is one of the prevalent health problem in the current scenario which has serious social implications, nearly 50% of infertility is related to the disorders in the male<sup>[1]</sup>. Oligoasthenozoospermia condition can be correlated with *Sukra kshaya* explained in *Ashta sukra doshas* explained by *Brihathrayees*<sup>[2]</sup> and *Sodhana chikitsa*<sup>[3]</sup> followed by *Samana chikitsa*<sup>[4]</sup> was given based on the *Dosha dushti lakshanas*<sup>[5]</sup>.

### MATERIAL AND METHODOLOGY

Place of study: Ayurvedic and Unani Tibbia College and Hospital of Karol Bgah, New Delhi

OPD No. 18 (Ekal Dravya)

Name of patient: xxxx

Registration No. - 8632

Date of first visit: 09/02/23

Age: 44 years Gender: Male

Wt- 55 kg HT- 5.3 inches (Dwarf)

**CHIEF COMPLAINTS**

A couple married for 10 years presented with the complaint of inability to conceive after their first child born 6 years ago, having unprotected sexual life, attended the OPD of Ayurvedic and Unani Tibbia College and Hospital of Karol Bgah, New Delhi on 09<sup>th</sup> February, 2023. On detailed evaluation of the case, the female partner had regular menstrual cycles with normal bleeding pattern. Male partner had a history of inability to perform satisfactory coitus on regular basis alongwith reduced sperm count and motility, he was advised to do semen analysis. Semen analysis of the male partner aged 44 years revealed the semen volume as 1ml, Sperm concentration 30 million /ml, progressive motility 15%, Non progressive motility 25% and immotile sperms 20%. The sample shows normal sperm morphology, normal viscosity and normal liquefaction time. There was no abnormality detected on physical examination. Male partner had no other systemic illnesses. Based on the Lab investigations and the clinical history he was diagnosed with Oligoasthenozoospermia. As per *Ayurvedic* point of view this can be considered as *Ksheena shukra*, one among the *Ashtavidha sukra dushti*.

**Personal history**

- ✓ Diet - Vegetarian
- ✓ Dominant *Rasa* in diet - *Katu*
- ✓ Nature of diet - Carbohydrate Rich
- ✓ Dietary Habits - *Adhyasana*
- ✓ Quantity of diet - *Alpa*
- ✓ Qualities of diet - *Sheeta*
- ✓ Birth Place - *Aanoop*
- ✓ Occupational history - Service
- ✓ Type of Occupation - Sitting
- ✓ *Agni* - *Vishama*
- ✓ *Kostha* - *Madhya*
- ✓ Bowel habits - Irregular
- ✓ Micturition - Scanty
- ✓ *Trishna* - *Madhya*
- ✓ Appetite - Reduced
- ✓ Emotional status - Tensive
- ✓ *Nidra* - *Alpa*
- ✓ *Sharira* - *Madhyama*
- ✓ Addiction - Tobacco
- ✓ Exercise habits - *Alpa*
- ✓ Height - 159 cm
- ✓ Weight - 55 kg
- ✓ Built - Moderate

**INVESTIGATION** : Semen Aanlysis**DIAGNOSIS** : Oligoasthenozoospermia**TREATMENT** : The treatment was done as follows:

Sr. No.	Visit	Date	Medicine	Dose	Duration
1.	Baseline	09-02-2023	<i>Kantaka</i> <i>Panchamoola</i>	3 gm BD with water	15 days
2.	Visit 1	24-02-2023	<i>Kantaka</i>	3 gm BD with	15 days

			<i>Panchamoola</i>	water	
3.	Visit 2	13-03-2023	<i>Kantaka</i> <i>Panchamoola</i>	3 gm BD with water	15 days
4.	Visit 3	28-03-2023	<i>Kantaka</i> <i>Panchamoola</i>	3 gm BD with water	15 days
5	Visit 4	12-04-2023	<i>Kantaka</i> <i>Panchamoola</i>	3 gm BD with water	15 days
6.	Visit 5 (Completion Day)	27-04-2023	<i>Kantaka</i> <i>Panchamoola</i>	3 gm BD with water	15 days
7.	Visit 6	09-05-2023	<i>Kantaka</i> <i>Panchamoola</i>	3 gm BD with water	15 days

## DRUG POSOLOGY :

Drug	Dose	Anupana	Time
<i>Karmarda</i> ( <i>Carisa carandas</i> )	Mixer 3 gm	With water	After breakfast and after food At night
<i>Gokshura</i> ( <i>Tribulus terrestris</i> )			
<i>Saireyaka</i> ( <i>Barleria prionitis</i> )			
<i>Shatavari</i> ( <i>Asaparagus racemosus</i> )			
<i>Himsra</i> ( <i>Capparis spinosa</i> )			

## PATHYA APATHYA<sup>[6]</sup>

### **Pathya:**

1. Patient was asked to take *Shalidhanya*, *Godhuma*, *Mamsa*, *Ksheera*, *Dadhi*, *Ghrita*, *Navnita*, *Kharjura*, *Amalaki phala*, *Lashuna*, *Guda-sharkara*.

2. Patient was advised to take proper *Nidra* (Adequate sleep at night), *Abhayanga* (Oil Massage), *Sanana* (Bath).

3. Stay clean environment, *Padatraana dharna* (Brisk walking) and *Vyayam* ( light exercises), *Vega Adharana* (Evacuation of urges like Urine, Faeces etc. at proper time.

### **Apathya :**

1. Patient asked to avoid *Dahi Sevan*, *Ati Katu- TiktaLavan Rasa Sevana*, *Sarshap Taila*, *Guru-Virudha Bhojan*, Excessive intake of Oily, fried, Spicy food items, Fast food, Ice cream, Cold drink, Bread, biscuit, Alcohol, Tobacco, Tea and Coffee.

2. Patient also asked to avoid *Ati maithun* (excessive coital act), *Amaithun* (ignorance of coital act), *Atisahasa* (excessive exercise), *Shukra Vega Dharan* (Suppression of urge of ejaculation), Suppression of natural urge, intercourse during menstruation cycle, Fasting, Stress and strain etc.

3. The patient was instructed to stay away from hot baths, constrictive clothing, extended bike rides, and hot and spicy foods.

The Semen Analysis was performed once more on February 9, 2023. Sperm concentration was 45 million/ml, and the percentages of progressive, non-progressive, and immobile sperms were 30%, 20%, and 12%, respectively. The sample reveals typical sperm morphology, normal viscosity, normal liquefaction time, and diminished pus cells 2-3. Compared to prior therapy, the patient had decreased body heat and more vitality. The couple was advised to try for conception.

## RESULT

### Semen Analysis Reports

	09 February, 2023	09 May, 2023
<b>Method</b>	Masturbation	Masturbation
<b>Volume</b>	1 ml	2 ml
<b>pH</b>	>7	>7
<b>Sperm concentration</b>	30	45
<b>Progressive Motility</b>	15	30
<b>Non Progressive Motility</b>	25	20
<b>Immotile</b>	20	12
<b>Morphology</b>	Normal	Normal
<b>Pus cells</b>	6-8	2-3
<b>RBCs</b>	NIL	NIL
<b>Impression</b>	Oligoasthenoteratozoospermia	Normozoospermia

## DISCUSSION

Asthenozoospermia (lower sperm motility) and oligozoospermia (low spermatozoon count) are combined to form oligoasthenozoospermia. This is comparable to *Sukrakshaya*, which is referenced in the *Ashtasukra dushti* of classical Ayurvedic literature.

The treatment was started with *Sodhana* and aimed in *Vatanulomana*, *Pittahara* and *Vajeekarana*. In our classics “*ksheene suklakari kriya*” was the *Chikitsa* mentioned for *Ksheena sukra dushti*. Initially *Virecanam* with *Eranda taila* was given on first day, as *Shodhana* (purificatory therapy) is the foremost and essential procedure in our *Sastra* before *Shamana Chikitsa*.

*Kantaka Panchamoola* helps in the *Dhatvagni vivardhana* and proper formation of *Dhatu*s which helps in the production of *Sukra dhatu*.

Almost all drugs of *Kantaka Panchamoola* are having *Snigdha seeta mrdhu gunas*, *Seeta veerya* and *Madhura vipaka*. *Carakacharya* described *Vajeekarana yogas* and *Rakta pittahara yogas* are beneficial in *Sukradushti chikitsa*.

This drug promote spermatogenesis and improve the sperm motility and acts as a stress reliever. The individual drug in the *Yogam* has antioxidant property, with predominant *Madhura rasa* followed by *Katu*, *Tikta*, *Kashaya* and *Amla rasa*. The *Yogam* has *Kaphavatahara* property and *Ushna veerya* which helps in improving the motility and viability of sperms.

*Kantaka Panchamoola* has antioxidant and immunomodulatory properties which improves blood flow to the sex organs and increases the sperm quality and motility. *Karmarda*, *gokshura*, *saireyaka*, *shatavari* and *himsra* present in this have aphrodisiac, rejuvenating and antiageing properties.


Acharya *Sushruta* states that *Kantaka Panchmoola* has five medicinal herbs. *Kantaka Panchmoola*, which refers to these five plants, are thorny (*Kantaka*). These *Dravya's Moola* (Root) is utilised in the creation of pharmaceutical products. Except for *Karmarda* and *Himsra*, all of the *Dravya* of *Kantaka Panchmoola* have *Madhura Rasa*; the other two retain *Amla Rasa* and *Tikta Rasa*, respectively. Therefore, *Amla*, *Madhura*, *Tikta*, and *Katu* are chosen as the collective *Rasa* of *Kantaka Panchmoola*. Both *Sheeta Virya* and *Ushna Virya* are possessed by certain *Dravya* of *Kantaka Panchmoola*. *Shothahar*, *Raktapitta Nashak*, *Shukra Vardhaka*, *Vrishya*, and *Rasayana* are the pharmacological effects of *Kantaka Panchmoola*, according to *Rasapanchaka*. These behaviours are explained above by *Acharya Susruta*.

Furthermore, *Kantaka Panchamoola* was referred to as *Shukradoshanashak* by *Acharya Sushruta*. In other words, *Kantaka Panchamoola* will eliminate all *shukra dhatu doshas* or make things better. Males are determined to be the only cause of 20–30% of infertility cases, although they also account for 50% of all instances. When sexual activity continues regularly and unprotectedly for 12 months without producing a clinically detectable pregnancy, it is said to be infertility.


Its frequency among couples who are of reproductive age is estimated to be between 8 and 12% worldwide. Other factors that could be at play include consanguinity, endocrine disruptors, and the observed semen reduction over time. Male infertility has a variety of causes, but they can all affect spermatogenesis. These causes might be congenital, acquired, or idiopathic. Male fertility can be impacted by a variety of medical issues, which highlights the importance of doing a thorough patient evaluation to uncover lifestyle variables or medical diseases that can be treated or reversed.

### CONCLUSION


Male infertility is mostly caused by a disorder called oligoasthenozoospermia, which is characterised by a decreased sperm count and sperm motility. Briefly, male causes can be found in around half of all cases of infertility. According to the *Dosha dushti lakshanas*, oligoasthenozoospermia—which our ancient texts connected with the *Sukrakshaya* condition—can be treated in Ayurveda. In Ayurveda, *Samana Chikitsa*, together with dietary and lifestyle changes, can provide positive outcomes, as this case report demonstrates.




**RS Diagnostics**  
Head Off. : A-456, Prem Chowk, Shastri Nagar, Delhi-52  
Contact us : 8700883208, 8459511452, 9560455272



ISO  
9001:2015  
CERTIFIED LAB



**RS Diagnostics**  
Head Off. : A-456, Prem Chowk, Shastri Nagar, Delhi-52  
Contact us : 8700883208, 8459511452, 9560455272



ISO  
9001:2015  
CERTIFIED LAB

Laboratory Test Report

Name	: ARUN	Patient No.	: R289
Age/Gender	: 44 Yrs/Male	Registered On	: 09/02/2023
Referred By	: -	Collected On	: 09/02/2023
Doctor's Name	: DR. LALITA DAHYA	Reported On	: 10/02/2023

Laboratory Test Report

Name	: ARUN	Patient No.	: R339
Age/Gender	: 44 Yrs/Male	Registered On	: 09/02/2023
Referred By	: -	Collected On	: 09/02/2023
Doctor's Name	: DR. LALITA DAHYA	Reported On	: 10/02/2023

Clinical Pathology			
Test Name	Results	Units	Bio. Ref. Interval
<b>SEMEN ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
Volume, Semen	1.0	ml	-
Colour, Semen	Whitish	-	-
Viscosity	Normal	Viscous	-
pH Semen	Alkaline	> 7.2 (Alkaline)	-
Liquification Time	30	minutes	30
<b>MICROSCOPIC EXAMINATION</b>			
Total Sperm Count	30	Million	15 - 150
Active Motile	15	%	31 - 65
Sluggish Motile	25	%	10 - 25
Non Motile	20	%	-
Pus Cells	6 - 8	/ Hpf	1 - 2
R.B.C.	NIL	/ Hpf	NIL
Epithelial Cells	NIL	/ Hpf	1 - 2
Others	NIL		


Kindly correlate clinically

\*\*\*End of the report\*\*\*


Clinical Pathology			
Test Name	Results	Units	Bio. Ref. Interval
<b>SEMEN ANALYSIS</b>			
<b>PHYSICAL EXAMINATION</b>			
Volume, Semen	2.0	ml	-
Colour, Semen	Whitish	-	-
Viscosity	Normal	Viscous	-
pH Semen	Alkaline	> 7.2 (Alkaline)	-
Liquification Time	30	minutes	30
<b>MICROSCOPIC EXAMINATION</b>			
Total Sperm Count	45	Million	15 - 150
Active Motile	30	%	31 - 65
Sluggish Motile	20	%	10 - 25
Non Motile	12	%	-
Pus Cells	2 - 3	/ Hpf	1 - 2
R.B.C.	NIL	/ Hpf	NIL
Epithelial Cells	NIL	/ Hpf	1 - 2
Others	NIL		

Kindly correlate clinically

\*\*\*End of the report\*\*\*



**Dr Sarika Jain**  
MBBS, DCP (Pathology)  
Consultant Pathologist  
DMC No 30898



**Dr Sarika Jain**  
MBBS, DCP (Pathology)  
Consultant Pathologist  
DMC No 30898

Reporting Collection : 7:00 am to 9:00 am

Reporting Collection : 7:00 pm to 9:00 pm

**Before Treatment**

**After Treatment**

### REFERENCES

1. Kumar, N., & Singh, A. K. (2015). Trends of male factor infertility, an important cause of infertility: A review of literature. *Journal of human reproductive sciences*, 8(4), 191–196.
2. Maharshi Susrutha, Susrutha Samhitha, Acarya Yatavji Trikamji, Choukamba sanskrita samsthan, Varanasi, 8th edition, 2005, page 313.



3. Agnivesha, Caraka samhita, Acharya Yatavji Trikamji, revised by Caraka and Dridabala with Ayurveda deepika commentary of Chakrapanidatta, Chaukamba krishnadas Academy, Varanasi, Samskarana 2006 Chikitsa Sthanam 30 th chapter pg 517.

4. Vagbhata. Ashtanga hridayam uthara sthanam volume III,5th edition: Chowkambha Krishnadas Academy Varana.

5. Rajini P. Ayurvedic Management of Oligoasthenozoospermia - A Case Report. International Journal of Ayurveda and Pharma Research. 2022;10(5):113-116.

6. Jitendra Varsakiya Et Al., Review On Ksheena Shukra( Oligozoospermia) – Male Infertility: A Medico Social Problem Its Management In Ayurveda, European Journal Of Biomedical And Pharmaceutical Sciences , 2018, Volume 5, Issue 6 306-313.