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Case Study

AYURVEDIC MANAGEMENT OF ASTHENOZOOSPERMIA

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ABSTRACT

Infertility is a problem of global population and is defined as the inability to conceive even after one year of unprotected coitus. It affects about 10-15% couples and male factor is directly responsible in about 30-40% cases. Asthenozoospermia is a common cause of male infertility and is characterized by reduced sperm motility. The prevalence is 18.71% for asthenozoospremia and 63.13% for asthenozoospermia associated with Oligo-and/or teratozoospermia. According to WHO criteria 2021, asthenozoospermia is diagnosed when total motility is less than 42% or (Progressive and Non progressive) or progressive motility less than 30%. Ayurveda classics have elaborately explained about the causes of male infertility and more focus is given to the pathological conditions of *Sukra* along with its management, these are included under the concept of *Ashta sukradushti*. *Grandhisukradushti* caused by *Kaphavatadoshadushti* is one among them in which *Sukra* will be incapable to combine with the *Beeja* and it will be slowly progressive in nature thus becomes inefficient in the formation of *Garbha*, hence treatment aims at pacifying *Kaphavatadosha*. While analysing the clinical features, the condition Asthenozoospermia can be considered under *Grandhisukradushti*. A 35year old male patient attended the infertility clinic of Govt. Ayurveda College, Thiruvanathapuram, with complaints of primary infertility due to severe asthenozoospermia associated with seminal hyper viscosity since 6 years. The condition was diagnosed as *Grandhi sukra dushti.* Management focused on *Deepana pachana, Kaphavata hara, Srothoshodhana, Vrishya,* and *Vatanulomana.* Treatments given were *Takrapana* and *Snehapana* followed by *Virechana.* On follow up scan, total sperm motility was found to be improved and the patient's female partner got conceived in the next cycle.

INTRODUCTION

Infertility is the inability to achieve a clinical pregnancy even after one or more years of regular unprotected sexual intercourse[1]. It can have a profound and multifaceted impact on individuals and couples, causing emotional distress, social stigma, financial burden, and psychosocial strain. According to new report published by WHO, 1 in 6 couple worldwide-experience infertility[2]. It may occur due to male, female and unexplained factors. Medical statistics shows that the males are equally responsible for infertility, either alone or in combination with the partner.

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Asthenozoospermia is a condition characterized by reduced sperm motility and is a common cause of male infertility, it is diagnosed when semen analysis reveals a total motility less than 42% or progressive motility less than 30%[3]. Patients with asthenozoospermia typically undergo various treatments, including clomiphene, HMG, HCG injections, testosterone, vitamin E, vitamin C, and antioxidants. If these treatments fail, options like artificial insemination, IVF, or micro fertilization may be considered, depending on the severity of male infertility

In Ayurvedic tradition, four key elements are crucial for conception: *Ritu* (the optimal reproductive age and ovulation period), *Kshetra* (a healthy female reproductive system), *Ambu* (adequate nutrition for fetal development), and *Beeja*[4] (the presence of healthy sperm and ovum). When any of these critical factors are compromised, the chances of conception

are significantly reduced, leading to infertility. In asthenozoospermia, *Beeja* is affected and the condition shares clinical features with *Grandhi sukradushti* mentioned under *Ashtasukradushti. Grandhi sukradushti* is caused by *Kapha vata dosha dushti*[5] and hence treatment aimed at *Deepana pachana, Kaphavata hara, Srothoshodhana, Vrishya,* and *Vatanulomana.*

Case Report

A 35 year old couple attended infertility clinic of Govt. Ayurveda, Thiruvanathapuram, with complaints of primary infertility since 6 years of unprotected sexual life. The female partner had regular menstrual cycles and on further investigations, there were no documented pathologies associated with female fertility, indicating that the pathologies were probably associated with male partner. The male partner had a history of bilateral Grade III varicocele. He was under Ayurveda treatment for last 4 years. He underwent *Jalookavacharana* as a part of treatment and the condition got resolved completely, but they didn't get conceived even after the treatment. 1 year back he attended Infertility clinic of Govt. Ayurveda College Hospital and on semen analysis he was diagnosed to have asthenozoospermia associated with seminal hyper viscosity, underwent OP level management.

History of past illness

No H/O of diabetes mellitus, hypertension & dyslipidemia

H/O bilateral Grade III varicocele

Medical history

Took Ayurvedic treatment for the same.

Personal history

Diet- Mixed

Bowel- Constipated

Appetite- Reduced

Micturition- Normal

Sleep- Disturbed

Addictions- Nil

Allergy-Nil

Vegadharana- Present

Taste preferred- *Madhura, Katu*

Psychological status- Stress++

Sexual history

Frequency of coitus per week: 3-4

Erection: Normal

Ejaculation: Normal

Contraceptive history: Nil

Local Examination

Scrotum: No scar, swelling, thickened superficial veins.

Testes: Normal size

Temperature: Normal

Investigations

Semen analysis Report (30-03-2024)	
Abstinence	3 days
Volume	2ml
Appearance	opaque
Viscosity	Highly viscous
Liquefaction time	60 minutes
pH	7
Sperm concentration	15 million/ml
Motility Rapidly progressive Slow progressive Non progressive Immotile	 15% 20% 10% 55%
Morphology Normal Abnormal	 60% 40%
Impression	Severe Asthenozoospermia

Treatments given

Treatment	Medicine	Dose	Duration
Takrapana	*Takra with 5gm Vaiswanara churna*	500ml	3 days
Snehapana	*Satisidha ghrita*	12ml twice daily before food	30 days
Virechana	*Gandharvahasthadi eranda taila*	20ml	1 day

RESULTS & FOLLOW UP

Semen analysis was repeated after the treatment, an improvement in sperm motility noted. Liquefaction time and seminal viscosity became normal. The female partner got conceived on next cycle.

Semen analysis Report (02-05-2024)	
Abstinence	3 days
Volume	2ml
Appearance	opaque
Viscosity	Normal
Liquefaction time	30 minutes
pH	7
Sperm concentration	32 million/ml
Motility Rapidly progressive Slow progressive Non progressive Immotile	 35% 25% 15% 25%
Morphology Normal Abnormal	 62% 38%
Impression	Normozoospermia

DISCUSSION

Normally functioning *Jataragni, Dhatwagni* and *Srotas* are mandatory for proper formation and functioning of *Sukra*. *Apathya ahara* and *Vihara* like *Vishamasana, Asatmya bhojana, Chinta, Soka*, etc, impairs *Agni* that finally causes vitiation of *Doshas* and *Dhatus* leading to formation of abnormal *Sukra*. In Ayurvedic classical literatures, seminal pathologies are explained on the basis of physical characteristics of semen and all the pathologies are categorized under *Ashta sukra dushti*. These are *Vata, Pitta, Kapha, Kunapa, Grandhi, Pootipooya, Ksheena* and *Mutra pureesha retas* and it is said that in all these conditions, the sperms are unable to fertilize the ovum. The condition asthenozoospermia can be correlated with *Grandhi sukra dushti,* which is *Kapha vata* predominant condition. The ejection of semen, known as *Sukra nishkramana*, is facilitated by *Apana vata*, but for fertilization to occur in the fallopian tube, the sperms need to traverse the cervix and uterus, and *Vyana vata* is responsible for this movement. *Samana vata* provides the energy required for sperm movement. Hence any derangement in *Vata* may results in impaired sperm motility. Additionally, there is an intrinsic relationship between *Sukra* and *Kapha*. *Kapha* increases the viscosity of *Sukra* due to the *Asraya-asrayi bandha* and may potentially reduce motility. Resorting to excess use of *Ahara* which are *Guru, Madhura, Abhishyandhi, Seeta* and *Rooksha, Vihara* like *Divaswapna, Veghadharana* and *Manasika bhava* like *Soka* and *Chintha* may leads *Agni vaishamya* which in turn lead to *Kapha-vata dosha dushti*, making the *Sukra* more *Grandhila* and *Grandhi sadrisya* and resulting in *Grandhi sukra dushti*. Therefore, in the management of *Grandhi sukra*, correcting *Agnimandya* should be accorded top priority, as it plays a crucial role in restoring reproductive health and overall well-being. In short, *Deepana pachana, Kaphavata hara, Srothoshodhana, Vrishya,* and *Vatanulomana* medicines are to be selected in the management of *Grandhi sukra*.

For *Agni Deepana, Takrapana* with *Vaiswanara churnam* was selected. *Takra* is *Deepana* and *Kapha vatahara*, hence it can be used in the management of *Grandhi sukra dushti*. *Vaiswanara churna* is also having *Kaphavata samana* and *Deepana*. For *Snehapana*, *Satisidha Ghrita* mentioned in *Susruta Samhita sareera sthana Sukrasonitha sudhi adhyaya, Grandhisukra*

dushti chikitsa was selected. It is a single drug formulation prepared with *Sati* (*Kaempferia galanga* Linn.) as both *Kashaya* and *Kalka dravya*. The *Ushna teekshna guna*, *Katu vipaka* and *Ushna veerya* of *sati* acts as *Agni deepana* and *Kapha vata samana,* hence *Grandhi sukra dushti* got managed and it may result in improvement in sperm motility.

Srotorodha happening in *Sukravaha srotas* may alter the sperm motility as it causes *Vata vaigunya*. The sati is having *Kashya katu tikta rasa*. All these *Rasas* possess *Kleda soshana* property, it helps in removing *Srotorodha* in *Sukravaha srotas*, normalizing *Vata gati* and hence the sperm motility got improved. *Kapha dosha* is the principal cause of seminal hyper viscosity. *Kashaya katu tikta rasa, Ushna teekshna guna, Katu vipaka* and *Ushna veerya* of the formulation helps in regularizing *Kapha dosha* and hence seminal hyper viscosity got reduced. Seminal hyper viscosity occurs mainly due to infection and inflammation of the accessary glands. Anti-inflammatory and anti-microbial properties of *Sati* may fight against the infection and inflammation in the accessory glands and it may help to reduce hyper viscosity of the seminal fluid. *Virechana* was done as *Sodhanakarma* as it is having *Beeja karmuka* property. *Gandharvahastadi eranda taila* was selected since it is *Vata kaphasamana* and *Apana vatanulomana*. It is having *Vrishya* and *Sukra soshana* property.

CONCLUSION

Asthenozoospermia is a medical term for reduced sperm motility. The factors contributing to seminal abnormalities are better understood by the relevant concept of Ayurveda in terms of *Ashtasukradushti* and its rectification is highly significant now a days. In contemporary system, hormonal therapies and invasive procedures are used for treating male infertility. Many of these have found to be ineffective. Majority of the patients cannot afford the cost of these artificial reproductive techniques. Ayurveda treatments have been able to considerably contribute to the management of male infertility. This case report highlights the scope of Ayurveda in the management of asthenozoospermia associated with seminal hyper viscosity.

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