Case Report

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AYURVEDIC MANAGEMENT OF ASTHENOZOOSPERMIA (GRANTHI SHUKRA DUSHTI): A CASE REPORT

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ABSTRACT

Infertility and impaired fecundity have long been a concern, and they remain a significant clinical problem today. Males can be solely responsible for infertility in 20% to 30% of cases, accounting for approximately 50% of infertility in couples. In Ayurveda, is associated with Shukradushti. A couple who complained of being unable to have a viable child even after 4 years of unprotected sexual life visited the OPD of Kayachikitsa department. The couple had not used any contraception during this time and had normal sexual intercourse. After detailed evaluation of the male partner's semen revealed reduced sperm motility, increased liquefaction time, viscosity, and normal sperm count. The patient was managed with Virechana (Therapeutic Purgation) and oral medications like Makardwaj Vati 1 Vati twice a day after meal with Anupana of Nagarwalli swarasa, Pippali Churna 3 gm twice a day before meal with Anupana of Nagarwalli Swarasa, Chandraprabha Vati 1 Vati Before meal with Anupana of Koshna Jal. Following completion of the treatment protocol, Semen Analysis revealed a significant improvement in sperm motility. This case study demonstrated the effectiveness of Ayurvedic medication in the treatment of Asthenozoospermia (Granthi Shukra Dushti).

Keywords: Ayurveda, Granthi Shukra Dushti, Virechana, Chandraprabha Vati

INTRODUCTION

Infertility is a reproductive system disorder in which a couple is unable to conceive after one year of unprotected, regular sexual contact. Around 23% of Indian couples seeking therapy have a male element as the explanation. According to recent research on the situation of infertility in India, male reproductive anomalies or illnesses account for over 50% of all infertility cases. Because female and male reasons commonly interact, both spouses should be evaluated for infertility.[1] Spermatozoa travel great distances to reach and fertilize the egg, hence sperm motility is essential for successful fertilization. Asthenozoospermia, or reduced sperm motility, is a prevalent cause of male infertility. The incidence of asthenozoospermia was 18.71%, with 63.13% of cases related with oligo or teratospermia. [2] There are presently no established strategies for increasing sperm quality. ICSI and IUI are two increasingly prevalent assisted reproduction technologies. Asthenozoospermia has symptoms similar to Granthi Shukra Dushti.

Patient Information

On May 27, 2024, a couple came to the OPD complaining that they were unable to conceive a child after four and a half years of unprotected, natural sexual activity. During this time, the couple engaged in regular sexual activity two to three times a week and did not use any form of birth control. After careful examination, the 33-year-old male partner's semen analysis revealed a longer liquefaction time and decreased sperm motility. The male partner did not take any medication for systemic conditions like diabetes mellitus or hypertension, and he denied any history of sexual dysfunction, including erection, orgasm, or ejaculation. There is no history of previous genital tract surgery, testicular trauma, or history of radiation/chemical/heat exposure. He had no history of mumps and taking gonadotoxic medication. His partner is a 31-year-old woman with known fertility concerns who underwent some investigations in which the female partner was found to be normal.

Clinical Finding

The patient was admitted to the IPD for further Ayurvedic management. The general condition of the patient was anxious, with moderate appetite, and the tongue appeared coated. The blood pressure was 110/70 mm Hg, the pulse rate was 76 per minute, and it was full in volume and regular. The patient had no significant medical history or surgical or accidental history. None of the family members had any disease related to the reproductive system. The patient was well-oriented to time, date, and place. He was very calm and supportive during the treatment. There was no history of any fall, trauma, or any accident. During physical examination, the patient was normal. No abnormality was found in the Uro-Genital Examination.

Table 1: Inspection

Penis (Size)	Normal
Lymph node	Normal
Skin Texture	Normal
Shaft	Curved
Prepuce	Normal
Glans	Normal
External Urethral Meatus	Normal

Palpation: No tenderness present.

Table 2: Uro-Genital Examination

Right	Finding	Left
Rugae Present, No scar, Swelling and Pigmentation	Scrotum	Rugae Present, No scar, Swelling and Pigmentation
Distended with normal size and shape	Testis	Distended with normal size and shape
No tenderness present	Palpation	No tenderness present
Palpable with swelling	Epididymis	Palpable with swelling
No tenderness	Spermatic Cord	No tenderness

The patient was a government employee. On routine investigation, i.e. (CBC, Vit. B-12, thyroid profile, urine routine and microscopic, serum Testosterone, serum FSH) they were found to be within normal limits (Dashvidha Pariksha (tenfold examination of patient) was done for patient assessment. The patient has Kaphapradhan Vatanubandhit in Prakriti, Vikriti Vata-Kaphaja, Sama Pramana (anthropometry), and Madhyama Sara, with Madhyam Vyayam Shakti and Madhyam Bala (strength).

Table 3: Timeline of the case

Date	Clinical events/investigation	Intervention/procedure
27 May 2024	The patient visited OPD for the first time	Only the procedure was explained to the patient.
01June 2024	On second visit patient was admitted for further management	Aampachak Vati 2 Vati each of 500 mg after meal with Anupana of Koshna Jal and Langhana was advised.
04 June 2024 to 09 June 2024 (6 days)	Hospital stays continued	Snehapana was started with Shuddha Goghrita at early morning until Samyak Snehalakshan was not observed. 1st day-30 ml 2nd day-60 ml 3rd day-90 ml 4th day-120 ml 5th day-150 ml 6th day-180 ml
10 June 2024 to 12 June 2024 (3 Days)	Hospital stays continued	After getting Samyak Snigdha Lakshna Snehapana was stopped and Sarvanga Abhyanga with Bala Tailam and Sarvanga Bashpa Swedan with Dashmool Kashaya was stared.
12 June 2024	Hospital stays continued	Virechana was given with Kalyanakaguda with Anupana of Koshna Jal
12 June 2024 to 16 June 2024	Hospital stays continued	Sansarjan Krama after Virechana was adviced.
17 June 2024	Patient was discharged from hospital	-
Follow up 1 07 July 2024	-	Makardwaj Vati 1 tablet (500 mg) after meal with Anupana of Nagarwalli Swarasa, Pipali Churna 3 gm before meal with Anupana of Nagarwalli Swarasa, Chandraprabha Vati 1 tablet before meal with Anupana of Koshna Jal
Follow up 2 27 July 2024	-	Makardwaj Vati 1 tablet (500 mg) after meal with Anupana of Nagarwalli Swarasa, Pipali Churna 3 gm before meal with Anupana of Nagarwalli Swarasa, Chandraprabha Vati 1 tablet before meal with Anupana of koshna Jal
Follow up 3 15 August 2024	Semen analysis done	Makardwaj Vati 1 tablet (500 mg) after meal with Anupana of Nagarwalli Swarasa, Pipali Churna 3 gm before meal with Anupana of Nagarwalli Swarasa, Chandraprabha Vati 1 tablet before meal with Anupana of koshna Jal
Follow up 4 15 October 2024	Semen analysis done	-

Diagnostic Assessment

The diagnosis was done based on the Semen Analysis. In Ayurveda, this condition resembles to Granthi Shukra Dushti.

Therapeutic Intervention

During the IPD stay, the patient was given Deepana and Pachana with Aampachana Vati 2 Vati each of 500 mg after a meal with Anupana of Koshna Jala and Langhana was advised for 3 days and Snehapana was started by Shuddha Goghrita at early morning.

Table 4: Snehapana Dose

Day	Sneha	Dose
1st day	Shuddha Goghrita	30 ml
2nd day	Shuddha Goghrita	60 ml
3rd day	Shuddha Goghrita	90 ml
4th day	Shuddha Goghrita	120 ml
5th day	Shuddha Goghrita	150 ml
6th day	Shuddha Goghrita	180 ml

After getting Samyaka Snigdha Lakshana (proper oleation), like Vatanulomya (evacuation of the flatus), Deeptogni (good digestive power), Varcha Snigdha Asamhat Mala (unctuous and soft stool), Mardavata, and Sneigdhanga (Soft and smoothness of the body) Snehapana was stopped, and Sarvang Abhyanga (therapeutic massage) with Bala taila and Sarvang Bashpa Swedana (sudation therapy) with Dashmoola Kwath for 3 days. On the 3rd day, Virechana was given Kalyanakaguda 100 gm with

an Anupana of Koshna Jal. Pravar Sudhi was found (25 Vega), and Sansarjan Krama was advised for 5 days (9 Annakal) after the completion of Sansarjan Krama Makardwaj Vati 1 tablet (500 mg) after a meal with Anupana of Nagarwalli Swarasa, Pipali Churna 3 gm before a meal with Anupana of Nagarwalli Swarasa, and Chandraprabha Vati 1 tablet Before the meal, with Anupana of koshna Jal, we were advised. Guidelines mentioned below were followed during the treatment and the follow-up.

Table 5: Pathya (~wholesome) and Apathya (~unwholesome) guidelines

	Pathya (~wholesome)	Apathya (~unwholesome)
Ahara	Suka Dhanya Varga (Corn with bristles)- Rakta shaali, Godhuma, Nandimukha Godhuma, Sami Dhanya (Pulses)- Masha, Krishna Tailam, Atasi. Saka Varga (Vegetables) - Vastuka, Pothaki, Klambi, Patola Patra, Kasamarda Patra. Phala Varga (Fruits) - Kushmanda Phala, Alabu Phala, Patola Phala, Kharjura.	Katu Rasa, Tikta Rasa, Lavana Rasa – Ati Sevana. Nishpava, Kulattha. Kshara Sevana and Pippali Ati Seva
Vihara	Abhyanga, Anjana, Udavartana, Seka, Pada Prakshalana, Snana, Abharana	Adhika Vyavaya, Adhika Chinta, Soka, Bhaya. Mautra Vegdharan Atimaithun Diwaswapna Ayonimaithun

Table 6: Details of Ayurvedic procedures

Procedure	Drug used	Duration	Method
Snehapana	Shuddha Goghrita	6 days	-
Sarvanga Abhyanga (therapeutic massage)	Bala Tailam	3 days	Lukewarm oil is poured all over the body and a gentle massage was given for 20 minutes per day.
Sarvanga Bashpa Swedana (sudation therapy)	Dashmool Kashaya	3 days	Sudation therapy was given with the steam of Dashmoola Kashaya for 10 minutes or as long as the patient feels comfortable.
Virechana (therapeutic purgation)	Kalyanaka Guda 100gm with Anupana of Koshna Jal	1 day	therapeutic purgation was given after Sarvanga Abhyanga and Sarvanga Bashpa Swedana

Table 7: Semen Analysis

Parameter's	BT Semen Analysis	AT Semen Analysis	During Follow up
	20 May 2024	15 August 2024	15 October 2024
Quantity	Grayish white	Grayish white	Grayish white
Viscosity	Viscus	Viscus	Viscus
Liquification	Liquification after 40 min.	Liquification within 20 min	Liquification within 20 min
Total Sperm Count	50mill/ml	50mill/ml	52mill/ml
Actively Motile	05%	70%	80%
Sluggishly Motile	05%	20%	10%
Non Motile	90%	10%	10%
Abnormal Forms			
Head	04%	04%	04%
Body	04%	03%	03%
Tail	02%	01%	01%
Pus Cells	Absent	Absent	Absent
Red blood Cells	Absent	Absent	Absent
Epithelial cells	Absent	Absent	Absent

RESULTS AND DISCUSSION

The semen analysis taken after 75 days of treatment shows marked improvement in results.

Over 40% of infertile individuals have asthenozoospermia, which is characterized by reduced motility of ejaculated spermatozoa. Spermatozoon motility is divided into three types: immobility (IM), non-progression (NP), and progressive motility (PR). Asthenozoospermia is diagnosed when a male's PR is less than 32% or his total motility (PR + NP) goes below 40%. To pass through the vaginal mucous and fertilize a woman's egg, sperm must have a progressive motility of at least 25 micrometres/second. [3] Discussions of Shukra and Shukra Dushti are not limited to the present. It was extensively discussed even during the Vedic period. Shukra is thought to be the primary driver of male reproduction. Ashtashukra Dushti contains almost all of Ayurveda's foundational anomalies. In the current study, subjects had low sperm motility and a longer Liquefaction time. Asthenozoospermia is thus a possible component of Granthi Shukra. Granthi Shukra is one of the Ashta Shukra Dushtis mentioned in Ayurvedic texts. Kaphavata is the predominant dosha here. For Granthi Shukra, no specific Samprapti is mentioned. Impaired Agni and Ama production has a significant impact on pathology. The treatment primarily aims to increase sperm count by combining Vajikarana Dravyas (aphrodisiac drugs) with Sukrajanana (sperm production) and Sukrapravarthaka (ejaculation) properties. Before Vajikarana (aphrodisiac), there must be shodhana (purification process). The method of Shodhana (purificatory therapy) used is called Virechana (purgation), which reduces Pitta and causes Vatanulomana (pacification of Vata). It helps to clear the Sukravahasrotas (semen-carrying channels) from Srothorodha (channel blockage). It also helps Dhatwagni (metabolic energy) function properly, resulting in the formation of new Sukra Dhatu (semen). Sodhana (purificatory therapy) improves the assimilation and absorption of Aushadas (medicines).

Probable Mode of Action

Makaradhwaja has powerful spermatogenic and aphrodisiac properties that are extremely beneficial for treating erectile dysfunction, premature ejaculation, oligospermia (i.e., low sperm count), hypospermia (low volume of semen), asthenozoospermia (i.e., sperm motility), teratospermia (i.e., abnormal sperm shape), and enhances spermatogenesis (i.e., sperm production).[4] As a natural antioxidant, the drug promotes the synthesis of male hormones such as testosterone and luteinizing hormone. It successfully produces an erection by increasing blood flow to the penile tissue. As a natural aphrodisiac, it increases libido by stimulating hormones while decreasing mental stress and anxiety. It also improves virility and stamina in men. Chandraprabha Vati. [5] It contains Chandraprabha, Vacha, Musta, Bhunimba, Amrita, Daruka, Haridra, Ativisha, Darvi, Shadushna, Triphala, Trijata, Dhanyaka, Vidanga, Gajapippali, Makshika Bhasma, Yava Kshara, Sarji Kshara, Saindhava Lavana, Sauvarchala Lavana, Vida Lavana, Trivrit, Danti, Vanslochana, Lauha Bhasma, Sita, Shilajatu and Gugglu. It is indicated in Vibandha, Anaha, Shoola, Granthi, Pandu, Kamala, Mutrakricchra, Prameha, Ashmari, Arsha, Arbuda, Mutraghata, Antravriddhi, Kati Shoola, Kustha, Kandu, Pliharoga, Bhagandara, Dantaroga, Netraroga, Aruchi, Mandagni, Striroga, Artavaruja, Shukradosha and Daurbalya. Hence it is used in the management of this case. Nagarwalli has Katu Tikta Rasa, Katu Vipak, Ushna Virya and Vatakaphaghna Doshagnata and Vrishya and Bastishodhak Properties along with that it has Polyphenols, Flavonoids, Tannins and Essential Oils these are the potent antioxidants which may reduce oxidative stress which is known to damage sperm motility and ultimately semen quality[6] Pipali Churna has Katu Rasa Madhura Vipak, Sita Virya, Vat Kapha Doshagnata, Vrishya, and Rasayana properties, in addition to Nagarwalli Swarasa Anupana. A combination of the aforementioned drugs may aid in Samprapti Vighatana and the formation of Shuddha Shukra.

CONCLUSION

The treatment approach based on Ayurvedic principles with its holistic approach targets the root cause of asthenospermia and balance Dosha, Dhatu, Mala. It may decrease the oxidative stress and inflammation and help in production of ideal quality of Shukra. The case study showed encouraging results in the management of Shukra Dosha (Asthenozoospermia), improvement in sexual functional parameters and increasing the quality and quantity of semen. Such encouraging results offer hope to many patients who are suffering from Asthenozoospermia and also instil confidence among new Ayurveda physicians in handling male infertility without surgical interventions and simple medication.

Declaration of Patient Consent

Authors declare that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity.

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