



Case Report

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ROLE OF AYURVEDA IN IMPROVING SEMEN PARAMETERS: A CASE REPORT ON KSHEENA SHUKRA (OLIGOSPERMIA)

Sahil Sain ^{1*}, Sujata Yadav ²

¹ PG Scholar, Department of Kayachikitsa, A & U Tibbia College, Govt. of NCT of Delhi, New Delhi, India

² Associate Professor and HOD, Department of Kayachikitsa, A & U Tibbia College, Govt. of NCT of Delhi, New Delhi, India

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*Corresponding author

E-mail: sahil_sain7525@gmail.com

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ABSTRACT

Background: Male infertility contributes significantly to reproductive failure, with oligospermia being one of the common etiological factors. In Ayurveda, reduced semen quantity and quality are described under the condition Ksheena Shukra. The present case report aims to evaluate the effect of Ayurvedic management on semen parameters in a patient diagnosed with Ksheena Shukra. Aim: To assess the role of Ayurvedic management in improving semen parameters in a patient with Ksheena Shukra (oligospermia). Methodology: A 25-year-old male with primary infertility for one year and a history of premature ejaculation for two years was evaluated. Semen analysis revealed oligospermia with reduced sperm count and motility. The patient was treated with oral Ayurvedic formulation Shatavaryadi Choorna along with Shatpushpadi Yapana Basti. Results: After treatment, semen analysis showed marked improvement. Seminal volume increased from 1 ml to 2.5 ml, sperm count rose from 20 million/ml to 120 million/ml, and motility improved from 15% to 30%. Morphology and overall semen quality also showed favorable changes. Clinically, the patient reported enhanced sexual satisfaction and improved confidence. Conclusion: Safe and holistic alternatives for the management of male infertility may be achieved through integrative Ayurvedic approaches. This case highlights that the combined application of Shamana and Shodhana Chikitsa can significantly enhance seminal qualities and correct functional disturbances observed in Ksheena Shukra.

Keywords: Ksheena Shukra, Oligospermia, Ayurveda, Male infertility, Yapana Basti, Semen analysis

INTRODUCTION

Infertility, defined as the inability to achieve a pregnancy after 12 months of regular, unprotected intercourse, affects up to 15% of couples worldwide.¹ A male factor is thought to contribute to roughly half of cases, as a sole contributor in about 20% of infertile couples, or acting in conjunction with a female infertility factor in 30% of infertile couples.² Oligospermia is one of the primary factors contributing to male infertility, and it is defined as a subnormal concentration of spermatozoa in the penile ejaculate. A sperm concentration of less than 15 million sperm per milliliter is considered the condition of Oligozoospermia.³ There have been drastic changes in day-to-day activities, including lifestyle, food habits, sexual life, an increase in environmental pollution, industrial and occupational hazards; all these have contributed to the increased incidence of oligozoospermia. The prevalence rate could potentially increase, influenced by continued environmental exposure, lifestyle changes, and increasing stress factors.⁴ Causes of oligospermia include hypothalamic dysfunction, pituitary dysfunction, adrenal dysfunction, thyroid disease, genetic syndromes, anatomic disorders, obesity, medications, testicular injury, and idiopathic causes.⁵

Charaka Samhita

Charaka has mentioned Shukra Dhatu Kshaya Lakshana in Sutrasthana⁶ and its Chikitsa in Sharira Sthana.⁷ He has indicated Nidanans of Shukra Kshaya in Vajikarana Adhyaaya.

Sushruta Samhita

While giving the definition of Vajikarana Tantra, Sushruta has used the word Ksheena Retas.⁸ He has considered Ksheena Shukra as one type of Shukra Dusti. Here, he has explained Doshik involvement in Ksheena Shukra. Upachaya is the main treatment for Ksheena Shukra. Shukra Dosh occurs due to Vyaana and Apaana Vaayu Prakopa.⁹

Ashtanga Samgraha

Ksheena Shukra Lakshanas and Chikitsa have been described in Sutra Sthana.¹⁰ He explained that the vitiated Vata and Pitta Doshas are responsible for Ksheena Shukra and mentioned its management.

Ashtanga Hridaya

Ksheena Shukra Lakshanas have been mentioned in Sutrasthana.¹¹ Shukra-Kari kriyas have been advised for Ksheena Shukra.¹² Ksheena Retas occurs due to the vitiation of Vata and Pitta.¹³

CASE REPORT

Case history

A 25-year-old male from Delhi who was car electrician by profession came to the Kayachikitsa OPD of A&U Tibbia College and hospital with the mentioned complaints.

Chief complaints

1. Unable to procreate since 1 year.
2. Premature ejaculation since 2 years.

History of present illness

A 25-years-old male subject visited in the OPD having complaints of inability to conceive with his spouse for the past one year, along with a history of premature ejaculation persisting for approximately two years. Patient and his partner both were having good health. Despite regular, unprotected intercourse for the next six months, conception did not occur. They initially consulted a nearby healthcare facility, where they were advised to continue natural attempts for at least one year, as it may take that long for conception to occur naturally. They were also counseled regarding optimal timing and frequency of intercourse. Despite adhering to the advice, conception was not achieved, after which both of them underwent basic fertility investigations. The female partner was found to have no identifiable reproductive issues, while the male partner's semen analysis revealed oligospermia. Alongside, the patient also reported experiencing premature ejaculation, with ejaculation occurring within one minute of penetration, causing significant personal distress and affecting the couple's sexual satisfaction. The patient had taken treatment for few months but did not get significant improvement. Then patient visited the Kayachikitsa OPD of A&U Tibbia College and Hospital for further treatment.

Past History

No History of HTN/DM type 2/Thyroid Dysfunction or any other systemic major illness.

No History of trauma, injury, STI, varicocele, mumps, orchitis.

Family History

No relevant history found like Diabetes mellitus, Thyroid disorder, History of infertility in male relatives.

Surgical History: Nil

Drug History

The patient had previously taken allopathic treatment (records not available).

General Examination

Pulse rate - 72/min
BP - 118/88 mm/Hg
Temp - 98.6°F
R/R - 18/min.
Conjunctiva - Clear
Nails - NAD
Tongue - Uncoated
Pallor - Absent
Icterus - Absent
Clubbing - Absent
Cyanosis - Absent
Edema - Nil
Lymphadenopathy - Absent

Dashvidha Pariksha

Prakriti - Vata Pittaj
Vikriti - Dushya - VP Pradhan
Sara - Rasa Sara
Samhanana - Madhyam
Pramana - Madhya
Satmya - Pravara
Satva - Madhyama

Ahara Shakti - Madhyam
Vyayama Shakti - Pravara
Vaya - Madhyam
Ashtavidha Pariksha
Nadi (Pulse) - Vata Pittaja
Mutra (Urine) - Pandur 3-4/Day, 0-1/Night
Mala (Stool) - Badda Samanya Mal Gandhi
Jivha (Tounge) - Nirama (Non-Coated)
Shabda (Voice) - Samanya (Clear)
Sparsh (Skin) - Samasheetushana
Drika (Eye) - Prakrut
Akriti (General Appearance) - Madhyam

Personal - History

Diet - Vegetarian
Appetite - Appropriate
Bowel habit - Regular, 1-2 times / day
Micturition - Regular, 3-4 / 0-1 day / night
Sleep - Sound sleep, 7-8 hours / 24 hours
Addiction - Nil

Localized Examination

Inspection - There was no localised swelling, no discolouration, no venous engorgement, no redness, no scar marks were found at and near the genital area.

Palpation - There was no tenderness, no edema, no rise in localized temperature, no anatomical anomaly was found. There was no evidence of localised varicosities, or hernia at the time of examination.

Treatment Plan

The patient was managed with a combination of Shamana Aushada (oral medication) and Shodhana, aimed at improving Shukra Dhatu quality.

Shamana chikitsa

Shatavaryadi Choorna (Yogratnakar/Vajeekaran adhyay): 3 grams, administered twice daily, with an Anupana of Ghrita, Madhu, and Sharkara.

Shodhana Chikitsa: Panchakarma

Shatpushpadi Yapana Basti: Administered as a course of 15 days.

Table 1: Shatpushpadi Yapana Basti Content (Cha.Si.12/17(14))

Drug Name	Quantity
Madhu (Honey)	2 Prasuta (190ml)
Ghrita (Cow Ghee)	2 Prasuta (190ml)
Milk	2 Prasuta (190ml)
Shatpuspha Kalka (<i>Pimpinella anisum</i>)	½ Pala (24gm)
Saindhav (Rock Salt)	½Karsha (6gm)

Ethical Considerations

Informed written consent was obtained from the patient prior to publication of this case report. The study was conducted in accordance with institutional ethical standards.

RESULT

Table 2: Semen Analysis

S.no.	Character	Before treatment	After treatment	Value in
Physical Examination				
1.	Volume	1	2.5	ml
2.	Colour	Pearly white	Opaque Grey	
3.	Viscosity	Normal	Normal	
4.	Reaction	Alkaline	Alkaline	
5.	Liquefaction time	30	40	min
Microscopy				
1.	Total sperm count	20	120	/million
2.	Active motility	15	30	%
3.	Sluggish motility	35	10	%
4.	Non motility	50	60	%
Sperm Morphology				
1.	Normal form		40	%
2.	Abnormal form		60	%
3.	Epithelial cells	occasional	occasional	/HPF

DISCUSSION

Amalaki is sheeta virya, laghu, and has all rasa except lavana rasa and madhura in vipaka. Amalaki is a potent Rasayana that supports tissue regeneration, especially Rasa and Shukra Dhatus. Its sheeta virya and madhura anupana effect help pacify Pitta and Vata. Its antioxidant properties protect sperm cells from oxidative stress, improving sperm viability and function.

Shatavari is madhuraa and tikta in rasa, guru and snigdha in guna, sheeta in virya, and madhura in vipaka. It is a classical Shukravardhaka and Balya herb known for its ability to nourish and strengthen reproductive tissues. Its madhura rasa and unctuous nature help build Ojas and promote the quality and quantity of Shukra Dhatu. Its cooling potency calms Vata and Pitta and its Rasayana property enhances reproductive longevity and vitality. It also helps in regulating hormonal activity, which is critical in the process of spermatogenesis.

Gokshura is madhura, guru, snigdha, sheeta and madhura vipaka. It is widely regarded as a Vrishya and Mutrala, which means it is both aphrodisiac and diuretic. It acts directly on the mutravaha and shukravaha srotas, promoting reproductive and urinary tract health. Gokshura has shown androgenic and spermatogenic activity in several studies, aligning with its classical indication as a rejuvenator of male reproductive tissues. It also supports testosterone regulation and enhances libido and performance.

Bala is madhura, guru, snigdha, sheeta and, madhura vipaka. It is a nervine tonic and Vata pacifying herb used extensively in conditions involving premature ejaculation. It helps in building tissue strength and endurance. Its Balya and Vajikarana actions support the tone of reproductive organs and nerve response during coitus. Its rejuvenative effects contribute to both physical stamina and mental calmness, which are essential in preventing early ejaculation.

Vidari is also madhura, guru, snigdha, sheeta and, madhura vipaka and known for its Brumhana and Rasayana properties. It acts as an anabolic agent, improving Dhatu poshana, especially of Mamsa, Meda, and Shukra Dhatus. Its sweet taste and cooling potency make it particularly effective in balancing Vata and Pitta. Vidari is also known to increase semen volume and density, improve vitality, and enhance overall virility.

The combination of these herbs in Shatavaryadi Churna, when administered with Ghrita, Madhu, and Sharkara, enhances bioavailability and absorption by its Yogavahi property and

ensures deep tissue nourishment. The use of Ghrita helps deliver lipid-soluble phytoconstituents to the target tissues, while Madhu acts as a Yogavahi and supports quick assimilation. This multidimensional action supports the improvement of both semen parameters and sexual function.

When combined with Shatpushpadi Yapana Basti, which regulates Apana Vata, the entire protocol addresses the root of the disorder from both systemic and local pathways.

CONCLUSION

The present case demonstrates the efficacy of an Ayurvedic approach in managing Ksheena Shukra (oligospermia) and associated premature ejaculation. The patient showed significant clinical improvement following the treatment protocol. Post-treatment semen analysis revealed significant enhancement in sperm count, motility, and morphology, reflecting positive changes in Shukra Dhatu. The improvement extended beyond laboratory values, as the patient also reported better sexual satisfaction and relief from psychological stress associated with infertility. This underlines the holistic action of Ayurveda, which simultaneously addresses the physical, functional, and emotional aspects of reproductive health. Although this is a single case and further large-scale studies are necessary, the outcome suggests that Ayurvedic management has the potential to provide a safe and effective alternative or supportive therapy in male infertility, particularly oligospermia.

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