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Ayurvedic Management of Oligoasthenozoospermia (Ksheena Shukra) : A Case Report

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Abstract

Infertility can affect one or both partners and is present in approximately 15% of couples worldwide. In approximately 50% of cases, infertility is caused by the male partner. Low sperm motility and poor sperm motility (oligoasthenozoospermia) are the main causes of male infertility [4]. In Ayurveda, it is correlated with *Ksheena Shukra*, a *Vata Pittaja Vyadhi*, which is caused by *Shukravaha Srotodusti*. A 36-year-old male came with a clinical history of primary infertility, weakness of the whole body, and loss of libido. Baseline semen analysis showed oligoasthenozoospermia with a 15 million sperm count and 15% motility. He received a comprehensive Ayurvedic treatment for eight days which included *Pachana* (digestive correction), *Abhyanga* (oleation), *Shodhana* (purification) by *Mustadi Yapana Basti*, *Shamana Chikitsa* (palliative therapy) with Tentex Forte and polyherbal combination of *Ashwagandha*, *Kapikachhu, Shatavari*, and *Gokshura*. Repeat semen analysis after 23 days of treatment showed marked improvement, with a total sperm count of 70 million/ml and active motility of 25%. In this case, we have shown that integrated Ayurvedic treatment could be a useful alternative to conventional fertility treatments for improving semen parameters in patients with oligoasthenozoospermia.

Introduction

Infertility is defined as the failure to conceive after 1 year of unprotected sexual intercourse [1]. Approximately 15% of couples who have not become pregnant after one year consult a doctor for help with infertility. After a while, 5% of them become unwillingly childless. For half of the involuntary childless couples, a male infertility-associated factor is discovered along with abnormal semen parameters [2,3]. The term oligoasthenozoospermia refers to abnormal semen quality and represents a combination of oligospermia (low sperm count) and asthenozoospermia (no motile sperm or low mobility) [4]. Semen analysis according to the WHO guidelines 2021 states that the condition of less than 16 million sperm per ml is known

as oligospermia and less than 30% motile and moving to forward progression is known as asthenozoospermia [4].

According to classical texts, the term 'Oligoasthenozoospermia' can be related to *Ksheena Shukra* [5]. *Shukra*, the terminal tissue element of the body, is considered the Sara of all the other *Dhatus*. The particular function of *Shukra* is *Garbhotpadan* or "reproduction" [6]. *Shukravaha Strotas* is one of the important factors that ensures harmony and happiness in marital life. Charakacharya describes an unmarried man without children as a single tree without shade, fruit, and a bad smell [7]. Karma of Shukra is Dhairya (courage), Chyavana (ejaculation), *Priti* (pleasure), *Dehabal* (body strength), *Harsha* (delight) and helps in production of progeny [6]. The eight types of *Shukra Dushti* mentioned in Ayurveda are *Vataja*, *Pittaja, Kaphaja, Granthibhuta, Putipuyanibham, Mutrapurisha Gandhi,* and *Ksheena* [8]. *Ksheena Shukra Vikara* is a condition where there is reduced mobility and poor quality of semen. *Ksheena Shukra* is a *Vata Pittaja Vyadhi* originated due to *Srotodusti* of *Shukra*. The prevalence of the disease in *Madhyama Vayas* (middle age) is a disease of the *Apana Vayu* province, which is the case where there is a decrease in the quality and quantity of the *Shukra Dhatu* (semen). The cause of infertility as explained in classics are due to defects in *Beejansha* (sperm and ovum), *Aahar* (diet), *Vihara* (lifestyle), *Vichara* (thoughts) and *Bala* (strength). Systemic symptoms such as *Shrama* (fatigue), *Dourbalya* (weakness), *Angamarda* (body ache), *Panduta* (pallor), *Sadana* (listlessness), and delayed and blood-tinged ejaculation are associated with *Ksheena Shukra* [9].

In conventional medicine, numerous choices for primary infertility are available, ranging from drugs to IVF, each with their own limitations [3]. Ayurveda has extended the horizons of infertility management, providing fast healing for complex infertility issues. Ayurveda has depicted *Shamana* and *Shodhana Chikitsa* for the management of *Shukra Dushti*. It has some standard methodologies that are essential for its management, such as *Apyayana* (nourishment of Dhatus), *Prasadana* (detoxification process), *Upachaya* (drugs that aid spermatogenesis), and *Janana* (regenerative drugs) [5,8]. In this line of management, emphasis is given on Dhatu *Vriddhikara* (tissue nourishing), *Balakara* (strengthening), *Shukrajanaka* (semen promoting), and *Shukrapravartaka* (semen stimulating) aspects to increase the sperm count and motility.

Patient Information

A 36-year-old male patient, residing at Ilkal in the Bagalkot district of Karnataka and working in SBI, moderately built and married for 10 years, was apparently healthy. His symptoms included failure to conceive despite being actively married, epigastric pain, weakness, and erectile dysfunction. His wife was 30 years old and had menstruated normally without a notable history of any other disorder of her reproductive tract, pelvic infections, or surgeries. They visited the Department of Kayachikitsa at R P Karadi Ayurveda Hospital, Ilkal. The patient was diagnosed with oligoasthenozoospermia during a routine check-up, while his wife was normal.

Past History: N/K/C/O DM/HTN/thyroid dysfunction.

Family history: No specific findings.

Personal History: The patient followed a mixed diet, had a good appetite, normal bowel movements (1–2 times per day), normal micturition (3–4 times during the day and once at night), and reported good sleep quality.

Medical/surgical history: No specific findings.

Clinical Findings

Table 1: ***Dasha Vidha Pareeksha***

Parameter	**Finding**
Prakruti	*Pitta*
Vikruti	*Vata-Pitta*
Sara	*Madhyama*
Samhanana	*Madhyama*
Pramana (Height)	178 cm
Dehabhara (Weight)	79 kg
Satmya	*Madhyama*
Satva	*Madhyama*
Ahara Shakti – Abhyavarana Shakti	*Madhyama*

Ahara Shakti – Jarana Shakti	*Madhyama*
Vyayama Shakti	*Madhyama*
Vaya	*Youvana* (young adult)

Diagnostic Assessment

The patient was diagnosed with oligoasthenozoospermia through a semen analysis prior to any treatment. Baseline semen analysis (December 9, 2023) revealed the following:

Table 2: Baseline semen analysis (December 9, 2023)

Parameter	**Baseline Finding**
Volume	2 ml
Colour	Milky white
Appearance	Clear
Viscosity	Thick
Litmus Reaction	Alkaline
Fructose Test	Positive
Motility	Slightly motile
Active Spermatozoa	15%
Motility Grade	II
Total Sperm Count	15 million/ml
Other Components	4-6 pus cells/hpf
Morphology	6-8 abnormal sperm/gpf
Remarks	Oligospermia

The diagnosis of oligoasthenozoospermia was established based on the WHO 2021 criteria: sperm count below 16 million/ml and motility below 30% [4].

Therapeutic Intervention

A comprehensive Ayurvedic treatment protocol was implemented from December 9, 2023, to January 1, 2024 (23 days), comprising *Pachana*, *Shodhana*, and *Shamana Chikitsa*.

Phase 1: *Pachana* (Digestive Correction)

One day of *Nimba Amrutadi Eranda Taila* (30 ml) stat was administered for *Ama Pachana* and *Koshtha Shodhana. Nimba Amrutadi Eranda Taila* is used to correct *Agnidusti* (digestive impairment) and promote *Vata* and *Mala Anulomana* (proper elimination). *Vati* (purification) restores normal movement (*Prakrita Gati*) to the vitiated *Vata*, and elimination of vitiated *Pitta* is done through *Virechana* (purgation). Therefore, bowel cleansing or *Koshtha Shodhana* was well achieved.

Phase 2: *Abhyanga* and *Swedana* (Oleation and Sudation)

Sarvanga Abhyanga (whole-body oil massage) was performed daily with *Tila Taila* (sesame oil), followed by *Vashpa Sweda* (steam therapy) for 8 days.

Phase 3: *Shodhana Chikitsa* (Purification Therapy)

Mustadi Yapana Basti was planned for 8 days.

Table 3: *Mustadi Yapana Basti* contents

Contents	Measurement
Makshika (Honey)	50 ml
Saindhava Lavana (Rock salt)	5 g
Mahanarayana Taila	100 ml
Ashwagandha Kalka	12 g
Mustadi Yapana Kwath	350 ml
Mamsa Rasa (Meat soup)	100 ml

Acharya Sushruta has said that there is emphasis on the importance of *Basti* in *Ksheena Shukra* as "*Ksheena Shukra Vajikaroti*" (returns to him depleted semen) [10]. *Mustadi Yapna Basti* (MYB) is a form of *Yapana Basti* that is used to increase strength and provide nutrition to muscles and gonads. It possesses the properties of both *Sneha Basti* and *Niruha Basti*. MYB contains 27 ingredients, each of which has

multimodal effects. The ingredients of MYB possess anti-weakness, anti-enfeebled semen, anti-semen purification, anti-enfeebled virility, rejuvenating, and anti-improving digestive power activities. MYB supports the improvement of sperm quality and quantity. A well-given *Basti* according to Sushruta is located in the *Pakvasaya* (colon), *Sroni* (pelvis) and below the *Nabhi* (umbilicus) and the *Virya* (potency) of *Basti Dravyas* is conveyed to the organs of the body through the *Srotas* (channels). MYB contains ingredients with positive effects on the quality and quantity of sperm and biomarkers of spermatogenesis (serum FSH, LH, and testosterone). MYB has the dominancy of *Madhura Rasa* (sweet taste), *Tikta Rasa* (bitter taste), *Snigdha* (unctuous), *Guru Guna* (heavy quality) and *Shita Virya* (cold potency).

Phase 4: *Shamana Chikitsa* (Palliative Therapy)

Tentex Forte (Himalaya) 1 tablet twice daily.

Mode of Action of Tentex Forte Ingredients on *Ksheena Shukra*:

Ashwagandha (*Withania somnifera*)- *Rasa*: *Tikta* & *Katu*, *Virya*: *Ushna*, *Vipaka*: *Madhura*. Known for its adaptogenic action, it modulates the HPA axis, reduces cortisol levels, and enhances testosterone synthesis [12].

Shatavari (*Asparagus racemosus*) *Rasa*: *Madhura*, *Virya*: *Sheetal*, *Vipaka*: *Madhura*. It acts as a rejuvenative (*Rasayana*), promoting spermatogenesis and balancing *Pitta dosha* in reproductive tissues.

Kapikachhu (*Mucuna pruriens*)– *Rasa*: *Madhura* and *Amla*; *Virya*: *Ushna*; *Vipaka*: *Madhura*. It contains L-DOPA-, a precursor of dopamine, which regulates libido and improves mood [13].

Gokshura (*Tribulus terrestris*)- Supports testosterone production and enhances sperm parameters.

The synergy (*Yogavahi* effect) of these ingredients enhances their absorption and efficacy. For instance, the *Ushna Virya* of *Ashwagandha* complements the *Sheetal Virya* of *Shatavari*, balancing the internal heat generated during increased metabolic activity. *Vipaka Madhura* across the formulation assists in nourishing *Dhatus* like *Shukra* (reproductive tissue) and *Majja* (nervous tissue), thereby targeting energy, endurance, and sexual health simultaneously [12,13].

Polyherbal Combination: *Ashwagandha* + *Kapikachh*

u + *Shatavari* + *Gokshura* -1 teaspoon twice daily.

***Pathya-Apathya* (Dietary and Lifestyle Advice)**

The patient was advised to stop *Ratraujagrana* (night awakening) and chewing tobacco. He was advised to consume *Shadrasatmak Aahar* (diet comprising all six tastes) without prolonging hunger.

Follow-up and Outcomes

The patient was followed up 23 days after treatment (January 1, 2024). Repeat semen analysis demonstrated significant improvement in the following parameters:

Table 4: Comparison of semen analysis before and after treatment

Parameter	Before Treatment (09/12/2023)	After Treatment (01/01/2024)
Volume	2 ml	2 ml
Total Sperm Count	15 million/ml	70 million/ml
Active Motility	15%	25%
Viscosity	Thick	Thick
Motility Grade	II	II
Morphology	6-8 abnormal sperm/gpf	10-12 dead sperm/gpf
Remarks	Oligospermia	Normozoospermia

The sperm count increased from 15 million/ml to 70 million/ml, which falls within the normal reference range of 60-105 million/ml. Active motility improved from 15% to 25%. The patient reported resolution of generalized weakness and erectile dysfunction. No adverse effects were observed during the treatment period.

Discussion

Generally, in oligospermia, the sperm count and motility are low. One of the reasons for oligoasthenozoospermia is impaired spermatogenesis due to oxidative stress. When the ability to produce sperm (spermatogenesis) is impaired, it is due to testicular dysfunction. The treatment of oligospermia should be directed towards improving the number of sperm as well as improving their mobility. *Shukra Dushti* is

the causative factor for infertility. The treatment of *Ksheena Shukra* mainly aims at *Shukrajanaka* (semen promoting) and *Shukrapravartaka* (semen stimulating) in terms of increasing the sperm count and motility by using *Vajeekarana Dravya* (aphrodisiac drugs) [5,8].

Ksheena Shukra is the dominant *doshas, Vata* and *Pitta*, hence to correct this *Koshtha Shodhana* was performed. *Sadyovirechana* (immediate purgation) was done by applying 30 ml of *Nimba Amrutadi Eranda Taila* stat. *Nimba Amrutadi Eranda Taila* helps correct *Agnidusti* and promotes *Vata* and *Mala Anulomana*. *Vata* is killed, Vitiated *Prakrita Gati* is restored, and vitiated *Pitta* is eliminated by *Virechana*. Therefore, *Koshtha Shodhana* is achieved.

Mustadi Yapana Basti was administered for eight days. *Basti* is highlighted as being important for *Ksheena Shukra*, with its emphasis being in "*Ksheena Shukra Vajikaroti*" [10] as quoted by Acharya Sushruta. *Mustadi Yapana Basti* is a type of *Yapana Basti* which is used to strengthen muscles and nourish gonads. It possesses the properties of both *Sneha Basti* and *Niruha Basti* [11]. *Mustadi Yapana Basti* consists of 27 ingredients, all of which have multimodal functions. The ingredients of *Mustadi Yapana Basti* possess *Balya, Shukrala, Shukra Shodaka, Vrishya*, *Rasayana* and *Agni Vardhaka* properties. *Mustadi Yapana Basti* helps enhance the quality and quantity of sperm. According to Sushruta, if *Basti* is administered properly, it stays in *Pakvasaya, Sroni* & below *Nabhi* and *Virya* of *Basti Dravyas* travels throughout the body through *Srotas* [11]. Due to the above properties of the drugs, *Mustadi Yapana Basti* has the dominancy of *Madhura Rasa, Tikta Rasa, Snigdha, Guru Guna* and *Shita Virya.*

The Tentex Forte is composed of *Ashwagandha* (Withania somnifera), *Shatavari* (Asparagus racemosus), *Kapikachhu* (Mucuna pruriens) and *Gokshura* (Tribulus terrestris). In clinical trials, ashwagandha has been shown to have a spermatogenic effect in patients with a reduced number of sperm. *Ashwagandha* is an adaptogen that affects the HPA axis, lowers cortisol levels, and boosts testosterone production [12]. L DOPA is a precursor of dopamine in *Kapikachhu*, which regulates libido and improves mood [13]. These ingredients work synergistically to increase absorption and effectiveness via the *Yogavahi* effect.

Ashwagandha was used with *Kapikachhu, Shatavari* and *Gokshura* as the polyherbal combination for their properties of being *Shukrajanaka* and *Vrishya. Aswagandha (Withania somnifera)* has *Tikta (*bitter*) and Katu (*pungent*) Rasa, Ushna (*hot*) Virya,* and *Madhura* (sweet) *vipaka*. This

combination of properties gives rise to several pharmacological activities. This combination makes it a strong adaptogenic organism, mainly due to its capacity to regulate the hypothalamic-pituitary-adrenal (HPA) axis, which helps lower high cortisol levels and ease some of the physical imbalances that come with stress. Moreover, it nourishes Dhatu, especially providing *Ushna Virya* and *Madhura Vipaka*, which enhances the production of testosterone; thus, it is a valuable *Vajeekarana* and *Balya* drug for *Ksheena Shukra*. [12].

More than one pathway was used in the protocol to treat oligoasthenozoospermia, including correction of digestive fire, detoxification, tissue nourishment, and direct stimulation of the spermatogenic tissue. The marked enhancement of sperm motility and count were observed as 15% to 25% and 15 million/ml to 70 million/ml, respectively, in 23 days, which shows the efficacy of this integrated Ayurvedic approach.

Conclusion

This Ayurvedic treatment protocol of *Pachana, Abhyanga, Sweda, Mustadi Yapana Basti* (*Shodhana*), and *Shamana Chikitsa*, along with Tentex Forte and a polyherbal combination, successfully treated Oligoasthenozoospermia (*Ksheena Shukra*) in a 36-year-old male patient. After treatment, the patient's sperm count and motility improved significantly within 23 days. This case illustrates the beneficial effect of integrated Ayurvedic interventions in improving semen parameters in male infertility, which may be a promising alternative to conventional fertility interventions. However, further studies with larger patient cohorts are needed to support this method.

Informed Consent

The authors state that written informed consent was obtained from the patient. The patient provided consent for the publication of clinical data and laboratory reports in a scientific journal. The patient’s identity has been anonymized.

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