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RESEARCH ARTICLE

A SUCCESSFUL CLINICAL CASE STUDY OF MALE INFERTILITY W.S.R. TO OLIGOASTHENOTERATOZOOSPERMIA

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ABSTRACT

Infertility is a global proportions affecting on an average 10 -15% of couples worldwide. Low sperm count (Oligozoospermia), low motility (Asthenozoospermia) and morphological deformities (Teratozoospermia) of sperms are the main causative factor of male infertility and it is correlated with Shukragata Vata. There is no satisfactory treatment in modern medicine for these conditions. Ayurveda is the better option for these conditions. In this article we are focusing on the management of the Oligoasthenoteratozoospermia through Ayurveda.

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INTRODUCTION

Infertility is defined as the inability to achieve pregnancy after one year of unprotected coitus. Infertility is a problem of global proportions, affecting on average 10–15 percent of couples worldwide (Inhorn, 2003). Annual incidence of male infertility is at least 2 million cases (based on The National Women's Health Information Centre - NWHIC). Its prevalence is extremely high in metropolis as well as in smaller towns of India. Except some physical defects, low sperm count (Oligozoospermia) and poor sperm quality are responsible for male infertility in more than 90% of cases. Out of these in about 30 - 40% of the cases are unexplained causes, and in the rest of the cases critical illness, malnutrition, genetic abnormalities, pollution, life style changes, side effects of some medicines, hormones and chemicals play the major role (Sharlip *et al*., 2002). Vajikarana (Charaka Samhita of Agnivesa, 2012) is one of the branch of Ayurveda that deals with the preservation and amplification of sexual potency of a healthy man and conception of healthy progeny as well as management of defective semen, disturbed sexual potency and spermatogenesis along with treatment of seminal related disorders in male. Vajikarana promotes the sexual capacity and performance as well as improves the physical, psychological and social health of an individual.

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The diagnosis is made according to history taking, clinical examination and investigations.

Aim and Objectives

To study treatment of Oligoasthenoteratozoospermia in Ayurveda.

MATERIALS AND METHODS

A male patient of 30 years age came to the OPD with the complaint of unable to conceive pregnancy to his wife and premature ejaculation since 3 years with normal secondary sexual characters. No any past history of major medical illness. No any personal history of smoking and alcohol consumption. He was a software engineer. Semen exam revealed Oligozoospermia (decreased sperm count), Asthenozoospermia (less motility), Teratozoospermia (abnormal sperm morphology), presence of pus cells and other investigations like Haemoglobin percent, Random blood sugar, USG abdomen (no Varicose veins and Hydrocele), testosterone level and Prolactin level are normal. Through clinical examination and literary review discovered this condition as 'Shukragata Vata (Charaka Samhita of Agnive, 2012). He received sequential medications as Shukragata Vata Cikitsa, Shukra Sroto Shodana Cikitsa, Shukra Vriddhi Kara Chikitsa (Charaka Samhita of Agnive, 2012).

Treatment plan

Treatment included Shodana Cikitsa followed by shaman Cikitsa for 5 months regular. Follow up: 1 month.

Prescription

Formula	Citrakadi Vati, Shatavari grit, Mahatiktak grit, Icchabhedi Ras, Neeri, Neo capsule, Chandra Prabha Vati, Speman Tab, Addizoa tab etc.
Single herbs	Kokilaksha, Katphala (Charaka Samhita of Agnivesa, 2012), Kushta, Usheera, Ashwagandha, Musali, Gokshura, Satavari etc.

Observations

Criteria	Therapeutic period						
	BT	During Shodana	1st follow up	2nd follow up	3rd follow up	4th follow up	5th follow up
Cell count Million/ml	6	6	6	18	26	39	52
Morphology In %	30	30	30	45	67	73	80
Motility In %	40	40	40	55	60	75	89
Pus cells In number	5-6	5-6	5-6	2-3	2-3	Nil	Nil
PME	Mild	Mild	Mild	Mild	Mild	Normal	Normal

Treatment course

Shodana therapy

a. Deepana Pachana with Citrakadi Vati 4tab BD before food for 7 days.
b. Snehana with Shatavari grit + Mahatikta grit for 7 days.
c. Shodana (Virechana) with Icchabhedi Ras
d. Samsarjan Karma (Re establishment of Agni)

1st follow up

After 15 days of Shodana therapy, Shamana Cikitsa started with the composition of drugs like;

1. Siddha Makara Dwaja (1 gm) + Vanga Bhasma (10 gm) + Pravala Pishti (20 gm) + Guduchi Satva (20 gm) + Ashwagandha Churna (50 gm) + Gokshura Churna (50 gm), 3 gm BD for 1 month.
2. Aswagandharista 40 ml BD for 1 month.

2nd follow up:

1. Tab. Neeri 2tab BD.
2. Tab. Neo 2tab BD.
3. Cap. Khsirabala 101 2 cap with hot milk BD
4. Avipattikara Churna 5 gm Bed time with Takra.
5. Maharasnadi kwath 30 ml BD with water after food.

3rd follow up:

1. Gokshura (50 gm) + Ashwagandha (50 gm) + Kapikachu (10 gm) + Siddha Makaradwaja (1 gm)
2. Tab. Chandra Prabhavati 2 tab BD
3. Tab. Speman 3 tab BD

4th follow up:

1. Tab. Addizoa 2 tab BD
2. Tab. Chandra Prabhavati 2 tab BD
3. Tab. Speman 2 tab BD
4. Usheerasav 20 ml BD
5. Kokilakhadi Kashayam 20 ml BD

5th follow up:

Shukra Shodana and Shukra Vardhana Cikitsa.

1. Kokilakha + Katphala + Kushta + Usheera + Ashwagandha + Musali + Gokshura + Shatavari with milk.
2. Usheerasavam 20 ml BD
3. Ahwagandharistam 20 ml BD
4. Kokilaksha kasayam 20 ml BD

Assessment criteria

1. Sperm cell count million/ml.
2. Motility of sperm cells
3. Morphology of sperm cells
4. Presence of pus cells
5. Premature ejaculation (severe/ moderate/ mild/ normal).

DISCUSSION

After Shodana and during fifth follow up of Samana therapy patient has reported his wife was conceived. After that, semen analysis revealed and significant improvement was seen on parameters like sperm count, motility, morphology, presence of pus cells and premature ejaculation.

RESULTS

Total duration of treatment is 5 months. Initial sperm count was 6 million/ ml, 60% non motile sperms, morphological abnormalities are 70%, 5 to 6 pus cells. After treatment count was 52 million/ ml, 80% motility, morphology of cells are good without any pus cells. Being sperm count increased and motility and morphology was excellent forward progressive, 'Garbhadharana' occurred after 5 months.

Conclusion

Ayurvedic Siddhantas are key to clinical success without any adverse effects. Mere only Shukravardhana Chikitsa is not crucial regarding treatment of Oligoasthenoteratozoospermia, rather one has to think about other factors like Pandu, Upadamsa, Sthoulya, Shukragata Vata, cikitsa, Shukrasroto Shodana Cikitsa.

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