

Effect of Virechan Karma in the management of Oligoasthenozoospermia (Shukradushti): A Case Report

Akshata L. Tare*¹, Tanuja Gaikwad²

1. PG Scholar,
2. Guide and HOD,

Panchakarma Dept., L. K. R. A. M. C., Gadhinglaj, Kolhapur, Maharashtra.

*Corresponding author: attare747@gmail.com; Phone No.: 7387456333.

Abstract:

Background : Low sperm count (oligozoospermia) and reduced motility of sperms (asthenozoospermia) is the main causes of male infertility and it is correlated with *Shukrdushti* (Vitiation of sperms) and is a problem of global proportions. Worldwide infertility is affecting on an average 8 – 12 % of couples. Infertile men may higher risk of developing other health problems such as diabetes, heart diseases and substance abuse disorders. Ayurveda advocated that, to produce a progeny four things are necessary i.e. Ritu (Reproductive age and ovulation period), Kshetra(Female reproductive tract), Ambu(nutritional factors) and Bija (Sperm and ovum). If there is Dushti (disturbance) in any one of the above factors it would lead into infertility. The modern medical field has now started realizing its importance and a new branch known as Andrology has been developed recently which is still in the progress of producing a satisfactory management for the current problem.

Virechana (medically induced purgation) is one among the five cleansing procedure described in Ayurveda which is said to be beneficial in reliving the disturbances of Dosha (bodily humour) & Dhatus (body tissue). Shukra being on among the seven Dhatus, Virechana has a significant potential to relieve the Vitiation/disturbances in it.

Aim: To access the efficacy of Virechana in the management of Oligoasthenozoospermia.

Materials & methods : The present case study is upon a 35 years old, dignosed case of oligoasthenozoospermia who attended the Panchakarma OPD at Late Kedari Redekar Ayu Mah Gadhinglaj, Kolhapur. Virechana was done as per the classical method. Assessment was done after Virechana and after 15 days of follow up.

Results : The sperm analysis showed an increase of Total sperm count from 01 million/ml to 68 million/ml.

Conclusion: Virechana procedure has shown an effective and safe method of increasing the sperm count to a significant level along with the increase in sperm motility. Hence the therapy might may be of significant benefits in patients suffering from oligoasthenozoospermia.

Keywords : Shukradushti, Virechana, Oligoasthenozoospermia

Materials and methods :

Case report : A 35 year old, dignosed case of oligoasthenozoospermia patient attended OPD of Panchakarma, Late Kedari Redekar Ayu Mah Gadhinglaj, Kolhapur with his semen analysis report and complained of failure to conceive since last 7 years. Their active marriage life was 8 years. His semen analysis Administration for *Virechana Karma*

report showed only single sperm count and 100% non-motile sperms while as semen quantity was sufficient. He had no any major illness in past. No any drug history or family history related this was found. The patient was dignosed as oligoasthenozoospermia and shukradushti as per Ayurveda on the basis of semen analysis report.

Virechana karma was done as per classics and assessments was done after virechana and after 15 days of follow up.

Treatment plan : Virechana karma was carried out as per classics method prescribed in table 1 and virechana yoga was administered as per mentioned in table 2.

Table-1: Method of Drug

Sr no.	Treatment	Drug used	Dose	Anupana	Duration
1	<i>Dipana-Pachana</i>	<i>Nagkeshar Churna</i>	2gm TDS	Luke warm water	3 days
3	<i>Snehapana</i>	<i>Phalaghrita</i>	<i>Vardhamana matra</i>	Luke warm water	5 days
4	<i>Sarvanga Abhyanga-Bashpa Swedana</i>	<i>Bala oil</i> for <i>Abhyanga</i>	15ml	-	3 Days
5	<i>Virechana Karma</i>	<i>DrakshaAaragvadh kwatha</i> <i>Eranda Tail</i>	100 ml 30 ml	Luke warm water	1 Day
6	<i>Samsarjana Krama</i> (post diet regimen after Virechana)				5 Days
	Day 1	Day 2	Day 3	Day 4	Day 5
Lunch	<i>Peya</i> (thin rice soup)	<i>Vilepi</i> (thicker rice porridge)	<i>Akrita yusha</i> (Boiled green grams prepared without spices and salt)	<i>Krita yusha</i> (Boiled green grams prepared with spices and salt, andeaten with fermented	<i>Krita yusha</i> (Boiled green grams prepared with spices and salt,

				vegetables)	andeaten with fermented vegetables)
Dinner	<i>Peya</i>	<i>Vilepi</i>	<i>Akrita yusha</i>	<i>Krita yusha</i>	Normal diet

Table-2: Virechana Yoga Drugs used for Virechana Karma

Sr. No.	Name	Botanical name	Family	Part used
1	<i>Aaragvadh</i>	<i>Cassia Fistula (Linn.)</i>	Fabaceae	Fruit Pulp
2	<i>Eranda</i>	<i>Ricinus communis (Linn.)</i>	Euphorbiaceae	Seed, Root
3	<i>Draksha</i>	<i>Vitis vinifera L.</i>	Vitaceae	Fruit

Investigations:

Semen analysis: They were done before treatment, after Virechana karma and after 15 days of follow up period.

Follow-Up: after 15 days of Virechana Karma.

Pathyapathya (Dietary Restrictions):

The patient was strictly advised to follow the restrictions regarding food (Bitter, Sour and Salty foods were avoided) food habits and life style (day- sleep and late-night sleep) especially Sansarjana Karma (Peya, Vilepi, Mudga Yusha).

Assessment Criteria:

Table-3: Physical Examination of Semen

The efficacy of the therapy was assessed before and after treatment on the basis of objective criteria of Semen analysis reports.

Observations & Results: There was no difference found in Physical examination i.e. consistency, volume and liquefaction time in semen analysis report [Table-3].

There was significant increase found in total spermatozoa i.e. 62million/ml after Virechana and 68million/ml after follow up of 15 days [Table-4].

No.	Physical Examination	BT	AT	Follow up
1	Volume	2 ml	2 ml	2 ml
2	Consistency	Viscous	Viscous	Viscous
3	Liquefaction	20 mins	20 mins	20 mins

Table-4: Effect on Total Sperm Counts on Semen Analysis

NO.	Total Sperm Counts	BT	AT	Follow up
1	Total Spermatozoa Counts	01 million/ml	62 million/ml	68 million/ml

Table-5: Effect on Motility of Sperms on Semen Analysis

NO.	Motility	BT	AT	Follow up
1	Rapidly Progressive	0%	30%	40%
2	Sluggishly Progressive	0%	40%	30%
3	Non Progressive	0%	10%	15%
4	Immotile	100%	20%	15%

Major positive difference was found in motility of sperms i.e. rapidly progressive sperms 30% after *Virechana* and 40% at follow up period and immotile sperms showed 20% after *Virechana* and 15% at follow up period which were 100% immotile before treatment [Table-5].

Table-6: Effect on Abnormal Forms of Sperms on Semen Analysis

NO.	Defect	BT	AT	Follow up
1	Head Defect	9%	4%	3%
2	Body Defect	9%	6%	2%
3	Tail Defect	7%	4%	2%

DISCUSSION & CONCLUSION:

To produce progeny four things is necessary

i.e. *Ritu*, *Kshetra*, *Ambu* and *Beeja*[11] and presence of any *Dushti* in the above factors will lead into *Shukradushti* which is the prime cause of infertility. Oligoasthenozoospermia is one of the most prevalent reasons for male infertility in clinical practise. In most of the cases, functional deformity in spermatogenesis is the major reason for oligoasthenozoospermia, which involves either defective mechanism of

testosterone or excess production of reactive oxygen specimen or both.[12] *Acharya Sushruta* has included *Kshinashukra*(oligozoospermia) under *Shukradusti*. [13] Here *Vata Dosha* along with *Pitta* undergo vitiation and does disturbance in the normal qualities and quantity of the *Shukra Dhatu*. [14] As a result of this, *Shukravaha*

Strotas undergoes *Dushti*, which debilitate one normal individual from impregnating his life partner, ending in infertility.

Virechana might have effect as *Vyadhiviparita*

Chikitsa. *Acharya* have given a list of the various disease conditions (*Virechya Vyadhi*) where *Virechana Karma* is ideal to administer as prior choice of therapy. *Retodosha* is one among *Virechya Vyadhis*. [16] *Samyaka Virechana* contributes *Indriya-samprasada* (cleansing of all senses) and detoxification of body [17]. *Acharya Kashyapa* has mainly highlighted the role of *Virechana* on *Shukra Dhatu*. According to him by the action of *Virechana*, the function of *Shukra* increases i.e. *Shukra* becomes more active. The whole process helps in removing the free radicals (oxidants)

present in the micro circulatory channels of *Shukravaha Srotasa*, which interferes with the function of *Shukra* and by doing so, increases the activity of *Shukra*(motility).[18] Each and every *Samshodhana* drug has its own target tissue affinity. *Trivit* is said *Sarvarogahara*[19]and it has purgative effect as a part of body cleansing[20]. *Eranda Tail* is told *Yoni Shukra Vishodhana* (useful in cleansing vagina and semen) to improve motility and to treat sperm defects [21]. *Draksha* is *Virechanopaga* (adjuvant drug in *Virechana*) *Dravya*.[22] It enhances the potency of chief *Virechana* drug and nullifies its adverse actions. It has properties like *Madhura Rasa*, *Madhura Vipaka*, *Sheeta Virya*, *Vatapitta Shamaka Doshagnata* and *Vrishya Karma*[23]. There is *Vata- Pitta* involvement in *Shukradushti*. *Shukra* is *Jala mahabhut* (water element) dominant. So in order to increase *shukra* one has to decrease the *Agni mahabhut*(fire element) which can be possible through removing vitiated *Pitta dosha*. *Virechana* is useful for eliminating vitiated *Pitta Dosha*, active transformation of *Strotasa*(micro circulatory channels) and most desirable *shukraprocured*. This process helps to remove free radicals or oxidants which are present in microcirculatory channels of semen pathway and increase the motility of sperms. Thus the chosen *Virechana Yoga* might have played a crucial role in disintegrating or loosening the pathology of Oligoasthenozoospermia. *Deepana*, *Pachana* and *Shodhana* should be given systematically and can get better outcome in the management

of *Shukradushti* (Oligoasthenozoospermi).

CONCLUSION:

Panchakarma is an inseparable part of any treatment protocol in Ayurveda. *Virechana* is an important modality and eminent bio cleansing process for vitiated *Pitta Dosha*. Through *Shodhana*, *Srotoshudhi* (Clearing of channels) can be accomplished. The present case study highlights the efficacy of *Virechana Karma* and a study on larger sample size could yield a significant statistical results.

REFERENCES:

1. Chris D. meletis, Jason Barker. Natural ways To Enhance Male Fertility. Alternative and Complementary Therapies.2004;10(1):22-27
2. Myrskylä M, Kohler HP, Billari FC. Advances in development reverse fertility declines. Nature. 2009;460:741
3. Lutz W. Fertility rates and future population trends: Will Europe's birth rate recover or continue to decline? Int J Androl. 2006;29:25-33
4. Sharlip I, Jarow J, Belker A, Lipshultz L, Sigman M, Thomas A, et al. Best practice policies for male infertility. Fertil Steril. 2002;77:873-82
5. Thonneau P, Marchand S, Tallec A, Ferial ML, Ducot B, Lansac J, et al. Incidence and main causes of infertility in ar esident population. Hum Reprod. 1991 Jul;6(6):811-6
6. Mehta RH et al. Prevalence of Oligozoospermia and Azoospermia in male partners of infertile couples from different parts of India. Asian j Androl 2006;8:89-93
7. Bunge RG, Keettel WC, Sherman JK. Clinical use of frozen semen; report of

- four cases. Fertil Steril 1954;5(6):520-29
8. Dohle GR, Jungwirth A, Colpi G, Giwercman A, Diemer T, Hargreave TB. European Association of Urology. Guidelines on male infertility. [Internet]. 2012. Cited on [15 Jan 2017]: Available from: http://www.uroweb.org/fileadmin/user_upload/Guidelines/13%20Male%20Infertility.pdf
 9. Agnivesha, Charaka, Dradhabala, Charakasamhita, Vidhyotini Hindi commentary, Chikitsa sthana, Chapter 30, Verse 136-139, edited by Narayana Shashtri, Varanasi: Chaukhambha Bharati Academy 2013; p.860-861
 10. Vriddha Jivaka, Vatsya, Hemraja Sharma, Kashyapsamhita, Vidhyotini Hindi Vyakhya, Siddhi Sthana, Chapter 2, Verse 6, edited by Satyapala Bhshagacharya, 3rd ed. Varanasi: Chaukhambha Sanskrit Series; 2008, p.225
 11. Sushruta, Dalhana, Sushruta Samhita, Nibandha Samgraha, Shareera Sthana, Chapter 2, Verse 34, edited by Jadavji Trikamji Acharya, 8th ed. Varanasi: Chaukhambha Orientalia; 2008, p.348
 12. Mohammad Eid hammadeh et al, Reactive Oxygen Species and Antioxidant in Seminal Plasma and Their Impact On Male Infertility IJFS, Vol 3, No 3, Nov-Dec 2009, 87-110
 13. Sushruta Samhita of Sushruta edited by Vaidhya Jadavji Trikamji Acharya, Chaukhambha Sanskrit Sanshthan Varanasi, Reprint 2013; Sharira sthana Chapter 2/3; 344
 14. Ibidem 13; Sharira Sthana Chapter 2/4; 344
 15. Ibidem 9, Sutra sthana Chapter 16/ 17-18; 315
 16. Ibidem 9, Siddhisthana Chapter 2/13; 981
 17. Ibidem 9, Siddhisthan Chapter 1/17; 964
 18. Ibidem 10, Siddhi Sthana, Chapter 2/6; 225
 19. Ibidem 9, Kalpasthana, Chapter 7/6; 917
 20. Agnivesha, Charaka, Dradhabala, Charakasamhita, edited by Brahmanand Tripathi, Vol II, Varanasi: Chaukhamba publications; 2007, p. 1159-1160
 21. Ibidem 13, Sutra Sthana, Chapter 45/114; 205
 22. Ibidem 9, Part 1, Sutra sthana, Chapter 4/13; 85
 23. Bhavaprakasha, Bhavaprakashanighantu, Vidyotini Hindi Commentary, Aamradi Falavarga.

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