



Case Study

REINSTATING FERTILITY WITH AYURVEDA: A CLINICAL CASE REPORT ON *SHUKRA KSHAYA* (LOW SPERM COUNT)

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ABSTRACT

Male infertility is a significant reproductive health issue globally, with oligospermia- characterized by a low sperm count- being a leading cause. In Ayurveda, this condition is referred to as *Shukra Kshaya*, often resulting from *Shukravaha Srotas Dushti* (vitiation of the reproductive channels). **Objective:** To evaluate the effectiveness of Ayurvedic interventions in managing male infertility caused by *Shukra Kshaya* (Oligospermia). **Method:** A 36 years old male patient presenting with clinical signs of oligospermia underwent a treatment protocol based on Ayurvedic principles. The management included *Aamapachana* to eliminate metabolic toxins, followed by *Vrushya* and *Rasayana* therapy using herbal formulations Like *Yashtimadhu*, *Ashwagandha*, *Bala Beeja*, *Shatavari*, *Musli*, *Gokshura*, *Chopchini* and *Phala Ghrita*. Lifestyle and dietary modifications were also advised. **Result:** Post-treatment evaluation showed significant improvement in sperm count and motility. The patient reported enhanced sexual health and overall vitality. No adverse reactions were observed during the treatment course. **Conclusion:** Ayurvedic interventions, when appropriately selected and administered, can offer an effective, holistic, and non-invasive approach to managing male infertility associated with *Shukra Kshaya* (oligospermia). Further clinical trials are recommended to substantiate these findings and support their broader application.

INTRODUCTION

Infertility remains a pressing global reproductive challenge, affecting an estimated 8–12% of couples worldwide.^[1] Notably, male factor infertility contributes to nearly half of these cases: about 20% entirely due to male issues, and an additional 30–40% as a contributing factor.^[2] Within male infertility, oligospermia- a condition characterized by abnormally low sperm count- is one of the leading causes. A multicenter study encompassing 13,892 infertile men across 84 countries revealed that approximately 23.3% presented with oligozoospermia.^[3] Regional variations are notable: for instance, in parts of India, prevalence rates have been reported as high as 51% in certain regions like Kurnool^[4],

while a study in Nigeria found 25.6% of infertile male partners exhibited oligozoospermia.^[5] Additionally, a broader meta-analysis across Africa estimated that 31% of male infertility cases involved oligospermia.

In the context of Ayurveda, oligospermia correlates with *Shukra Kshaya*, a deficiency or degradation of *Shukra Dhatu* (reproductive tissue vital for fertility and vitality). Classical texts elaborate on this pathology: Acharya Charaka famously notes that "*Shukram hi purushasya āyushyam*"- implying that *Shukra* is paramount not only for reproduction but also for a man's vigor and lifespan.^[6]

Acharya Sushruta elaborates on the pathology further by describing ten types of *Shukra Dushti* (vitiation of semen), such as *Tanu*, *Ruksha*, *Picchila*, *Katu* and *Avasadi*, which correspond to qualitative and quantitative defects in semen^[7]. Among these, *Tanu Shukra* (thin or scanty semen) and *Shukra Kshaya* (decrease in *Shukra*) closely align with the modern understanding of oligospermia. The etiological factors responsible for *Shukra Kshaya* include: *Ati Maithuna* (Excessive indulgence in sexual activity), *Chinta*

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(mental stress), *Viruddha Ahara* (improper dietary habits), *Vega Dharana* (suppression of natural urges), *Jirna Vyadhi* (chronic illness), and *Agnimandya* (digestive impairment) leading to *Aama* formation, which obstructs the micro-channels (*Srotorodha*).

The Ayurvedic line of treatment emphasizes the removal of *Aama* through *Aamapachana*, restoration of *Agni*, and strengthening of the reproductive tissues via *Vrushya Chikitsa* and *Rasayana* therapy. This case report presents the Ayurvedic management of a male patient diagnosed with oligospermia, treated through a holistic protocol aimed at correcting *Shukra Kshaya*. The outcome highlights the clinical efficacy of Ayurvedic interventions in restoring fertility parameters and improving reproductive health.

Case report

A 36-year-old married male presented to the outpatient department of National Institute of Ayurveda, Jaipur with a primary complaint of infertility for the past three years. He reported regular, unprotected sexual intercourse with his wife, who had a regular menstrual cycle and no history suggestive of reproductive issues. The couple had not conceived despite multiple attempts and prior consultations.

Medical History

- Duration of Infertility: 3 years
- Sexual History: Normal libido; no history of erectile or ejaculatory dysfunction.
- Diet & Lifestyle: Irregular eating habits, frequent intake of heavy, oily food (*Guru Ahara*), occasional alcohol use, and a sedentary lifestyle.
- Psychological Factors: Reported moderate work-related stress and anxiety related to infertility.
- Past Medical History: No history of systemic illness or trauma
- Past Surgical History: Nothing specific
- Family History: The patient did not report any significant genetic or familial health issues
- Personal history: Appetite- Good, Bowel- 1-2 times/ day, Micturition - 3 to 4 times / day 1 time / night, Sleep - Disturbed sleep

General examination

Treatment Plan

The treatment was planned in two phases, in accordance with Ayurvedic principles.

Duration	Therapeutic intervention given
Phase I- Aamapachana (Detoxification and <i>Agni Deepana</i>)	<i>Trikatu Churna</i> 2gm twice daily with warm water. <i>Hingvashtaka Churna</i> 3gm twice daily before meal.
Phase II- Vrushya Chikitsa (Rejuvenative & spermatogenic Therapy)	☞ <i>Ashwagandha Churna</i> - 4gm + <i>Yashtimadhu Churna</i> - 2gm twice daily with warm milk. ☞ <i>Bala Beeja Churna</i> - 4gm twice daily with warm milk. ☞ <i>Shatavari Churna</i> - 3gm + <i>Musli</i> - 2gm

Built - Moderate

Blood pressure - 120/80 mmHg

Pulse rate - 82 bpm

Temperature - 97.2°F

Respiratory rate - 20/min

Height - 162cms

Weight - 78 kg

Systemic examination

CVS: S1 and S2 heard,

CNS: Conscious and well oriented,

RS: Normal breathing, no added sounds,

P/ A: Soft, non-tender

Investigations

CBC - Hb% - 14.2gm%

ESR - 14mm/hr

VDRL- Non-reactive

HBsAg- Non-reactive

HIV- Non-reactive

HCV- Non-reactive

Diagnostic assessment

Ayurvedic Assessment

- *Prakriti*: Vata-Pitta
- *Agni*: Mandagni
- *Srotas*: *Shukravaha Srotas Dushti* with obstruction due to *Aama*
- Diagnosis: *Shukra Kshaya* associated with *Aama Dushti*

Modern Assessment

Semen Analysis (Before Treatment)

- Volume: 1.5 mL
- Sperm Count: 10 million/mL
- Motility: 20%
- Motility Grade A- 10%
- Motility Grade B- 30%
- Motility Grade C- 60%
- Normal Forms- 30%
- Abnormal Forms - 70%
- Exudate - WBC 2-3/HPF
- Diagnosis: Oligospermia

	<ul style="list-style-type: none"> ☞ <i>Phalghrita</i>- 5ml daily on an empty stomach ☞ <i>Gokshur Churna</i>- 2gm + <i>Chopchini Churna</i>- 2gm twice daily with lukewarm water.
Advice: Lifestyle & diet recommendations	<ul style="list-style-type: none"> ✓ Satvik diet, rich in milk, ghee, nuts and fresh fruits. ✓ Avoidance of smoking, alcohol and processed food. ✓ Regular sleep pattern and stress-reducing practices (<i>Pranayama</i>, light <i>Yoga</i>). ✓ Practice barefoot brisk walk for 30 minutes.

Follow-up and Outcome

After 90 days of treatment, the patient reported:

- Improved energy levels, libido, and psychological well-being.
- No side effects or adverse reactions during the course.

Repeat Semen Analysis (Post Treatment)

- Volume: 2 ml
- Sperm Count: 55 million/mL
- Motility: 70%
- Motility Grade A- 50%
- Motility Grade B- 20%
- Motility Grade C- 30%
- Normal Forms- 90%
- Abnormal Forms – 10%
- Exudate – WBC 1-2/HPF

DISCUSSION

Oligospermia, or *Shukra Kshaya* in Ayurvedic terms, is a condition characterized by reduced sperm count, often contributing to male infertility. According to Ayurveda, *Shukra Dhatu* is the seventh and most refined of the *Sapta Dhatus*, and its depletion signifies systemic imbalance, often caused by impaired digestion (*Agni*), accumulation of toxins (*Aama*), mental stress, or excessive indulgence in sexual activity. The two-phase treatment approach used in this study was designed to address these underlying etiological factors by restoring digestive fire, removing metabolic toxins, and then nourishing and revitalizing the reproductive system.

Phase I – *Aamapachana* and *Agni Deepana*: In the first phase, the primary objective was detoxification and stimulation of digestive fire (*Agni*). The formulations *Trikatu Churna* and *Hingvashtaka Churna* were used, both known for their *Deepana* (digestive stimulant) and *Pachana* (carminative) properties. *Trikatu Churna* (a combination of *Pippali*, *Maricha*, and *Shunthi*) helps in enhancing *Agni*, improving metabolism, and reducing *Aama* (undigested toxic materials). *Hingvashtaka Churna* aids in regulating digestion, alleviating *Vata* in the gastrointestinal tract, and promoting better assimilation of nutrients. This phase plays a crucial role in preparing the body for nutrient absorption and optimal functioning of *Dhatu* formation, especially

Shukra Dhatu. Detoxification through *Aamapachana* also prevents obstruction in microchannels (*Srotorodha*), a common pathological factor in *Shukra Kshaya*. Phase II – *Vrushya Chikitsa* (rejuvenation and spermatogenesis). Following detoxification, the second phase focused on *Vrushya Chikitsa*, aimed at enhancing *Shukra Dhatu* both quantitatively and qualitatively. The herbs and formulations selected have classical references for their role in improving fertility, enhancing vitality, and rejuvenating reproductive tissues. *Ashwagandha Churna* is a well-known adaptogen and *Rasayana*, effective in reducing stress-related infertility by modulating cortisol levels and improving semen parameters. *Yashtimadhu Churna* supports hormonal balance and acts as a demulcent, aiding tissue regeneration. *Bala Beeja Churna* is specifically beneficial in improving semen quality and increasing sperm count and motility. *Shatavari* and *Musli* have proven efficacy in nourishing reproductive tissues, enhancing libido, and acting as phytoestrogens that support hormonal harmony. *Phalghrita*, a medicated ghee, acts as a carrier (*Yogavahi*) that enhances the bioavailability of other herbs, while directly nourishing *Shukra Dhatu*. *Gokshura* and *Chopchini* are traditionally used in genitourinary disorders, improving testicular function and reducing inflammation or infections that might impair spermatogenesis. Adopting a disciplined lifestyle with a Satvik diet, avoidance of harmful substances, regular sleep, and stress management directly complements Ayurvedic therapeutic interventions. These modifications not only improve the quality and quantity of *Shukra Dhatu* but also restore systemic balance and enhance mental clarity, leading to better outcomes in the management of Oligospermia. Therefore, lifestyle and diet are not merely adjuncts but integral pillars of successful treatment in *Shukra Kshaya*.

CONCLUSION

The two-phased Ayurvedic intervention demonstrates a holistic and systemic approach in managing oligospermia by addressing both the root cause (*Aama* and *Agnimandya*) and the resultant *Dhatu* depletion (*Shukra Kshaya*). The integration of *Deepana-Pachana* followed by *Rasayana-Vrushya* therapy not only improved the reproductive potential

but also promoted overall vitality and mental well-being, crucial in cases of male infertility. These findings suggest the potential of Ayurvedic therapy as a supportive or standalone treatment for oligospermia, warranting further clinical research and standardization.

Patient perspective

After undergoing treatment at the National Institute of Ayurveda, Jaipur, I am delighted to share that my condition has significantly improved, and my wife and I have successfully conceived. The Ayurvedic approach not only addressed the root cause of my infertility but also enhanced my overall health and well-being. The personalized treatment, dietary guidance, and lifestyle modifications helped restore my confidence and optimism. I am deeply grateful to the doctors and staff for their dedicated care and support throughout the journey.

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