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Effect of *Ayurvedic* Management on Semen Parameters in a Patient with Oligoasthenozoospermia: A Case Report

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ABSTRACT:

Oligospermia and asthenozoospermia are major contributors to male factor infertility, correlated in *Ayurveda* with *Ksheena Shukra* and *Shukra Dushti*. According to *Ayurvedic* principles, *Shukra Dhatu* represents the quintessential tissue responsible for vitality (*Ojas*), strength (*Bala*), and reproduction (*Garbhotpadana*). A 35-year-old male presented with primary infertility of two years duration, reduced progressive motility, and sub-optimal sperm parameters accompanied by subjective complaints of general weakness and impaired digestion (*Agnimandya*). The patient was managed with oral Ayurvedic interventions comprising *Deepana-Pachana* therapy (*Chitrakadi Vati* 500mg three times) and *Vajikarana-Rasayana* formulation (*Count Plus*) along with dietary and lifestyle modifications for a period of 60 days. Pre- and post-treatment semen analyses were conducted. Post-treatment evaluation demonstrated substantial improvement in sperm concentration and progressive motility This case highlights the therapeutic efficacy of combining *Agnideepana* with targeted *Vajikarana* herbs in male reproductive dysfunction.

KEYWORDS: Count Plus, *Chitrakadi Vati*, Male Infertility, *Shukra Kshaya*, *Rasayana*, *Shukra Dushti*, *Vajikarana.*

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INTRODUCTION:

According to the World Health Organization (WHO) manual, normal reference lower limits include a total sperm concentration >15 million/mL and progressive motility >32%. [1] Infertility affects approximately 8–12% of reproductive-aged couples globally, with male factors contributing to nearly half of all cases. Semen analysis remains the cornerstone of male fertility

assessment. [2-3] Conditions presenting with quantitative and qualitative sperm deficits are classified as oligospermia and asthenozoospermia, respectively. [4-5]

In Ayurveda, *Shukra* is the seventh and most refined tissue element (*Dhatu Sara*), primarily dedicated to *Garbhotpadana* (progeny production) and maintaining vitality (*Harsha*, *Bala*, *Dhairya*). Derangement of *Agni* leads to improper *Dhatuparinama* (tissue metabolism) and formation of *Ama* (endotoxins), impairing subsequent nourishment of *Shukra Dhatu*. [6] Furthermore, factors such as *Atishrama* (overexertion), *Chinta* (psychological stress), *Ativyavaya* (excessive sexual indulgence), and *Vishamashana* (irregular dietary habits) aggravate *Vata* and *Pitta*, resulting in *Ksheena Shukra* (*Shukra Kshaya*) and *Shukra Dushti*. [7-8] Management requires a multi-pronged approach: restoring digestive bio-fire (*DeepanaPachana*), clearing micro-channels (*Srotoshodhana*), and administering restorative and spermatogenic therapies (*Rasayana* and *Vajikarana Chikitsa*). [9-10]

CASE REPORT:

A 35-year-old male patient reported to the outpatient clinic presenting with complaints of inability to achieve conception after two years of regular, unprotected cohabitation. Associated complaints included generalized weakness, loss of libido, and chronic indigestion. A comprehensive gynecological and reproductive assessment of his spouse revealed no abnormalities. Semen analysis was advised to assess male fertility factors.

Clinical Examination

- Pulse: 76/min
- Blood Pressure: 128/78 mmHg
- Temperature: 98.6°F
- Systemic Examination (CNS, CVS, RS, P/A): Normal; abdomen soft and non-tender
- Locomotor System: No structural deformities

***Ashtavidha* & *Dashavidha Rogi Pariksha* (*Ayurvedic* Assessment)**

- *Nadi* (Pulse): *Kapha-Pitta* predominance
- *Mala* (Bowel): *Samyaka* (regular)
- *Mutra* (Micturition): *Samyaka* (normal)
- *Jihva* (Tongue): *Saam* (coated, indicative of Ama)
- *Shabda* (Voice): *Prakruta* (normal)
- *Sparsha* (Skin): *Snigdha* (unctuous)
- *Druka* (Vision): *Prakruta* (normal)
- *Akruti* (Build): *Madhyama* (medium physique)
- *Agni* (Digestive Fire): *Mridu* / *Mandagni* (sluggish digestive fire)
- *Koshtha* (Bowel Habit): *Madhyama*
- *Nidra* (Sleep): *Akhandita* (undisturbed)
- Addictions: Nil

THERAPEUTIC INTERVENTION

The treatment was scheduled for 60 days, targeting metabolic correction followed by tissue nourishment.

INVESTIGATIONS & OUTCOMES:

Pre- and post-treatment semen evaluations were conducted at a single accredited laboratory following three days of sexual abstinence.

Table- 1: Therapeutic Regimen and Dosage Schedule

Regimen	**Formulations prescribed**	**Dosage & Timing**	***Anupana***	**Route**
DeepanaPachana	*Chitrakadi Vati*	2 tablets (500 mg each)	Lukewarm water	Oral
Rasayana & *Vajikarana*	Count Plus Granules	15 g twice daily after meals	Warm Cow's Milk (*Godugdha*)	Oral

Table- 2: Composition and Pharmacological Action of *Chitrakadi Vati*

Ingredient	**Botanical / Common Name**	**Active Phytochemicals**	**Ayurvedic Properties (Karma)**
Chitraka	Plumbago zeylanica	Plumbagin, sitosterol	*Deepana, Pachana, Grahi*
Pippali	Piper longum	Piperine, piperlongumine	*Deepana, Pachana, Vatanulomana*
Maricha	Piper longum	Piperine, chavicine	*Deepana, Pachana, Kaphahara*
Shunthi	Zingiber officinale	Gingerols, shogaols	*Deepana, Hridya, Vatanulomana*
Hingu	Ferula assafoetida	Ferulic acid, umbelliferone	*Deepana, Vatanulomana, Shoolahara*
Ajamoda	Trachyspermum roxburghianum	Thymol, pinene	*Deepana, Pachana, KaphaVatahara*

Saindhava Lavana	Rock Salt	Sodium Chloride, trace minerals	*Rochana, Deepana, Vatanulomana*

Table 3: Comparative Semen Analysis (Before vs. After Treatment)

Parameter	**Before Treatment**	**After Treatment**	**Biological Reference Range**
Volume	2.0ml	2.0ml	>1.5ml
Sperm Concentration	22.6 million/mL	53.0 million/mL	>15 million/mL
Progressive Motility (PR)	5%	20%	>32%
Total Motility (PR + NP)	30%	30%	>40%
Fructose	Positive	Positive	Positive
Germ / Pus Cells	4-6/hpf	2-4/hpf	<5/hpf
Diagnostic Impression	Asthenozoospermia	Marked Improvement	Normal

DISCUSSION:

The pathophysiology of subfertility in this case was rooted in *Mandagni* and *Amapradhana. Shukra Dushti*. Administration of *Chitrakadi Vati* as a primary metabolic intervention facilitated *Ama Pachana* and rekindled *Jatharagni* and *Dhatvagni*, allowing proper conversion of nutrients into subsequent tissues up to *Shukra Dhatu*.

Subsequent administration of Count Plus containing classical *Vajikarana* herbs (Mucuna pruriens, Withania somnifera, Asparagus racemosus, and Curculigo orchioides) delivered key bioactive constituents like L-DOPA and withanolides. [11] These phytoconstituents exert antioxidant activity against seminal reactive oxygen species (ROS), optimize the

hypothalamicpituitarygonadal (HPG) axis, and foster spermatogenesis. Consequently, substantial elevation was documented in sperm concentration (over a twofold increase) and progressive motility (5% to 20%). Subjective parameters including appetite, stamina, and libido also improved noticeably.

The ingredients of Count Plus have Antioxidant properties which indludes *Kapikacchu (Mucuna pruriens) is Vrishya, Shukrala*; dopaminergic stimulant of gonadotropins and libido. [12] *Yashtimadhu (*Glycyrrhiza glabra) having *Brimhana, Balya;* anti-inflammatory and cytoprotective activity. *Bala* (Sida cordifolia), has *Balya, Jeevaniya;* enhances energy metabolism and stamina. *Jeevanti* (Holostemma ada-kodien) have *Rasayana, Chakshushya;* supports cellular rejuvenation. [13-14]

CONCLUSION:

Ayurvedic management utilizing *Deepana-Pachana* followed by targeted *Rasayana-Vajikarana* formulation demonstrated substantial clinical efficacy in improving sperm concentration and motility. This protocol represents a safe, holistic, and reproducible conservative approach for male subfertility. Controlled clinical trials with larger cohorts are warranted to establish standard treatment benchmarks.

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