



Case Report

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Effect of Ayurvedic Therapy in Azoospermia: A Case Study

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ABSTRACT

Azoospermia is a condition associated with infertility in up to 20% of males in India. Avarana is one of the unique concepts explained in Ayurveda for explaining the pathology of most of the diseases. Whenever seat of Vata is accumulated by other 2 vitiated doshas it is said to be murta avarana which is one of the 4 types of avarana. The present case study is an attempt to diagnose the azoospermia in terms of murta avarana – Shleshmavrutta Apana and treat it accordingly by removing the obstruction and reestablishing the normal gati of Vata. It is achieved with the help of Virechana, Ardhamatrik basti, Panchatikta ksheer basti and Shaman aushadhi.

Keywords: Azoospermia, Murta avarana, Shleshmavrutta Apana, Ayurvedic therapy.

INTRODUCTION

The person is expected to live disease free for 100 years if the Vata is having Avyahaat gati (which has not left its place - Aparityakta swamarga or is not obstructed by any other entities - Anavrutta marg) is Sthanastha-is at its abode, not deviated from its own path and is Prakruti sthit - is in normal state, neither increased nor decreased than the normal^[1]. The prior mention of unobstructed pathway of Vata depicts its importance in maintaining healthy and long life. The vitiation of Vata is either due to Dhatushaya - diminution of tissue elements and or due to Avarana means obstruction to its normal pathway^[2]. So the gati of Vata is important part as it plays important role in both maintaining healthy life and causation of disease also.

Avarana is the unique pathology where there is compulsory involvement of Vata as owing to its subtle characteristics is the impellar of Pitta and Kapha. When it gets vitiated it further leads to vitiation of the other two doshas which obstructs its normal pathway leading to manifestation of disease according to the place where they are propelled by the vitiated Vata. Once there is obstruction to normal gati of Vata the dhatus of the body doesn't get proper nourishment leading to their depletion^[3] as it is the function of normal Vata to provide nourishment to each dhatu in the body^[4].

Broadly Avarana is classified in 4 types –

1. Avarana of Murta by Murta
2. Avarana of Amurta by Murta (e.g Pittavrut Vat)
3. Avarana of Amurta by Amurta (e.g. Vyanavrut Apana)
4. Abhibhav (As the stars and moon are not visible in the daytime due to power of Sun)

If the other 2 doshas, Pitta and Kapha get lodged in the places described as habitat of Vata, they manifest various symptoms of disorders characteristic to each of them is the basic framework of Avarana of Amurta by Murta where the Murta - visible entities are considered Avaraka and Amurta (invisible entity) is considered as Avrutta^[5]. The treatment protocol is to remove the obstruction in normal gati of Vata according to the Avaraka i.e using medicines capable to alleviate Pitta if it is the Avaraka entity and to reestablish the normal gati of Vata considering the type and sthana of Vata involved^[6].

The present case study is of patient suffering from infertility due to azoospermia where an attempt is made to diagnose it in the form of Murta avarana – Shleshmavrutta Apana with the help of analysis of hetu, chronology of manifestation of symptoms and visualisation of samprapti. The treatment was done by

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adopting the measures to remove the obstruction by *Shleshma* and to reestablish the normal *gati* of *Apana*. It was achieved with the help of *Virechana*, *Ardhamatrik Basti*, *Tikta ksheer basti* and internal medicines.

MATERIALS AND METHOD

Written informed consent was taken from the patient and then treatment was started and case study was written.

Case study

Present complaints

A male patient of age 23 years was willing for child since last 2 years.

History of present illness

Patient got married before 2 years and was willing for child. He has taken Ayurvedic treatment previously but has not got any significant result. So, he visited OPD of our institute.

History of past illness

Patient had history of renal calculi before 6 months.

Patient was lamination worker by occupation.

Patient has previously taken Ayurvedic treatment with aphrodisiac drugs for 2 months before 4 months.

Patient had history of consagious marriage.

Patient was not having history of any other systemic illness or any anatomical abnormality of genital organs which can lead to azoospermia.

Patients wife was not having history of any major illness or any anatomical abnormality of genital organs. Her menstrual cycle was regular, and all the necessary investigations were normal.

Physical examination

All vital parameters like BP, PR,RR and temperature were within normal limits.

Systemic examination

Respiratory System – Air entry was bilaterally equal and clear.

Cardiovascular System – Heart sounds were normal.

Central nervous System – Patient was conscious and well oriented.

Gastrointestinal system – Abdomen was soft, and no tenderness was observed in per abdo examination.

Genitourinary System – No anatomical deformity was observed in the related organs.

Investigations

Semen analysis was done before starting the treatment and later on at the time of follow ups. The images of the reports are attached below. (Image 1,2 and 3)

Treatment given

1. *Nidan Parivarjana* – The patient was advised to deliberately avoid previous faulty dietary and lifestyle habits.
2. *Sarvang Snehana swedana* followed by *Virechana* with 3 tablets of *Abhayadi Modaka* and 30ml of *Trifala kwatha* was given where the patient had 7 *vegas*.
3. *Sansarjan krama* was advised for 2 days.
4. *Ardhamatrik basti* with all the mandatory *purva* and *paschat karma* for 8 days per month was given for next 3 months - 24 days. It included *matra basti* with *Ashwagandha siddha taila* 60ml on day 1,2,4,6 and 8. *Niruha basti* 760 ml was given on day 3,5 and 7. The *Niruha basti* was prepared as below-
 - 100gm of *Dashamula* coarse powder was mixed with 10gm of *Shatapushpa*.
 - This mixture was immersed in 3 litres of water for 8 hours.
 - Then it was boiled upto 1 litre.
 - In a pot, 30gm of honey and 10gm of *Saindhava* were mixed and churned properly 51 times.
 - 80 ml of indirectly heated lukewarm *Tila taila* was added to this and was further churned 51 times.
 - The decoction of *Dashamula* was added and churned further 101 times.[7]
5. After 3 cycles of *Ardhamatrik basti*, *Tikta Ksheer basti* having *Guduchi*, *Yashti*, *Patola* and *Kirattikta* coarse powder 15gm , 5gm each of *Kapikacchu* and *Vidari* were added. It was mixed with 120ml of cow milk and 60ml of water which was boiled upto 120ml. 15ml of indirectly heated lukewarm *Ashwagandha ghruta* was added in the *basti*. This *basti* was given for 15 days .
6. Internal medicines
 - *Beejpushti rasa* and *Mahalakshmi vilas rasa* 125mg each were taken after *Sukshmikaran* i.e by triturating it with 10 times of glucose for 6hrs each. *Talimkhana churna* and *Kantakari churna* each 2gm was added. This combination was administered twice a day before meal was started after *samsarjan krama* and continued till last.
 - *Apatyakara ghruta* 20 ml twice daily before meal was added later on and was given for 20 days.

Nidanpanchak

Hetu

Ahara- Ushapana(drinking water early in the morning 200ml daily), drinking water after food (200-250ml daily), Nonveg -meat of Beef/ chicken/eggs/fish(2-3 times/day), *Abhishyandi ahara* like *Dadhi, Sabudana, Rice* frequently. *Guru* and *Viruddha ahara* like Chinese food occasionally.

Vihara – watching TV while eating, Diwaswap after meal occasionally, excess bike travel.

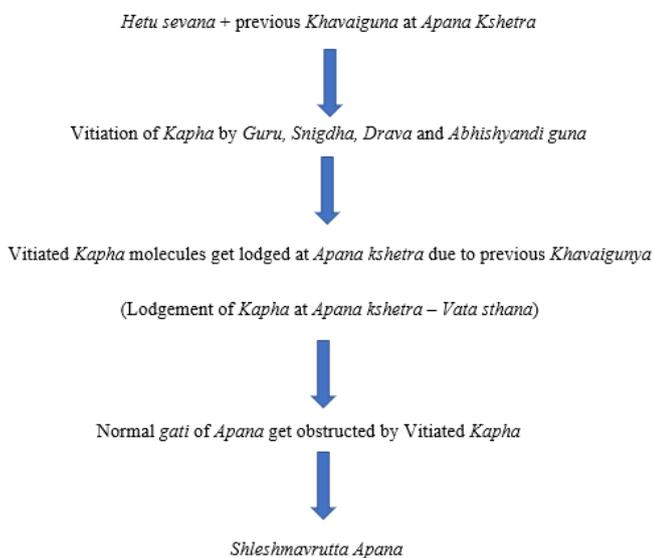
Manas – Stress due to occupation.

Purvaroopa- No

Rupa- willing for child

Upashaya- was observed with *Nidanparivarjana, Virechana, Basti* and internal medicines.

Samprapti



Samprapti ghatak

Dosha

- *Kapha – Doshaprakopa Prakara- Swatantra* (caused due to *hetus* having similar qualities as that of *Kapha*)
- *Vikalpa – Guru, Snigdha, Abhishyandi, Drava* (qualities of *hetus* responsible particularly for vitiating of *Kapha*)
- *Vata – Doshaprakopa prakara – Paratantra* (caused due to *hetus* which are dissimilar to that of *Vata*)

Dushya- Shukra

Srotasa – Shukravaha

Sthanasamshraya – Apana kshetra

Type of *samprapti-* *Murta Avarana* of *Kapha* on *Apana*.

DISCUSSION

Patient previously had a history of Renal calculi depicting the presence of *Khavaigunya* in *mutravaha srotasa* which comes under the *Apana kshetra*. Further the indulgence of causative factors having *Snigdha, Drava, Abhishyandi* and *Guru guna* lead to the vitiating of *Kapha*. This was considered *Swatantra prakopa* of *Kapha* as the qualities of causative factors were same as that of *Kapha*^[8]. The qualities of causative factors contributing to the vitiating were considered as *Vikalpa samprapti*^[9].

The vitiating *Kapha* molecule got lodged at the site of *Shukravaha srotasa* which comes under the *Apana Kshetra* as it was having *Khavaigunya*^[10] and the vitiating *Kapha* which previously has done *dushti* of *Mutravaha srotasa* now has done of *Shukravaha* as this is adjacent to it^[11]. The *Apana Kshetra* which is basic seat of *Vata* now gets accumulated with the vitiating *Kapha* molecule leading to obstruction of its normal *gati* and hampering of its normal function.

Due to this obstruction, the *Shukra dhatu* has not got the proper nourishment which resulted in laboratorial finding of Azoospermia. The normal *chala guna* of *Vata* was now taken over by the excess *Snigdha, Guru, Sthira* and *Abhishyandi* qualities of vitiating *Kapha* leading to diminished motility of the sperms on investigations. So, the normal *gati* and functions of *Apana* were hampered by obstruction due to vitiating *Kapha* i.e. *Murta avarana* by *Kapha* on *Apana*.

The basic treatment principle is to remove the obstruction caused by *Kapha*. By considering this the obstruction was removed with the help of *Virechana* with *Ruksha* and *Ushna* drugs which are opposite to that of qualities of *Kapha*^[12]. Now to reestablish the normal *gati* of *Apana*, *Ardhamatrik basti* was given in which *Ashwagandha taila matra basti* was *Snigdha, Vrushya* and *Vatahara*. The *Dashamoola kwatha niruha* was *Vatahara*. The ideal method of formulation of *Niruha* as described in the classics^[13] made dispersed particles into very fine molecules for faster and better absorption uniform distribution of fine molecules of *Sneha* and *Kalka* throughout the *Kwatha* was made possible^[14].

The disease and largely depends on the *Sthana* and *Dushya* and so is its treatment^[15]. Here *Shukra* was the *dushya*, *Madhura – Tikta rasatmak ksheer basti* was given with *Ashwagandha ghruta* for *Vrushya* and *Rasayana* effects as is indicated in *Shukravaha srotodushti*^[16] and *Shukrakshay chikitsa*^[17]. Internal medicines having *Vrushya* properties were given. The process of *Sukshmikaran* has helped to increase the potency and reduce the dosage^[18]. They were given twice a day before meal considering the *Apana dushti*^[19]. Patient has previously also taken the Ayurvedic aphrodisiac drugs but the removal of obstruction caused by *Kapha* was not done by any purification process. So, no significant results were obtained then as the *Rasayana* requires prior purification for its proper action^[20].

RESULT (Table no 1) – improvement in semen analysis report is maintained.

Images of investigation (Image 1,2,3 and 4)- images of Semen analysis report before treatment during follow ups is attached below.

Table 1: Showing results of semen analysis.

S. No	Semen analysis parameter (abnormal ones are taken only)	Before treatment	After Virechana	After 3 cycles of Ardhmatrik basti	After 15 days of Tikta ksheerbasti
1	Sperm count	Nil	8million	24 milion	42 milion
2	Sperm motility	Nil	Occasionally Slugishly motile	30% motile	30%

SEMEN ANALYSIS REPORT			
TESTS	RESULTS	UNIT	REFERENCE RANGE
Abstinence	: 3 days		
Physical Examination			
Amount	: 2.6	ml	0.5 - 5
Appearance	: Opaque White		
Viscosity	: Normal		
Liquefaction time	: 15	min.	0 - 30
Chemical Examination			
Reaction	: Alkaline		
Fructose	: Present		
Microscopic Examination			
Sperm count	: NIL	mil/ml	60 - 120
Motility : (At room temp.)			
% motile in 1st hr.	: NIL	%	42 - 74
Grade of Motility	: NIL		
Type of Motility	: NIL		
Morphology			
Abnormal Forms	: NIL	%	0 - 30
Other Features			
pus cells	: occasional		
BC	: nil		
epithelial cells	: 1-2		
granules & Globules	: seen+		
PRESSION	: AZOOSPERMIA		

Image 1: Showing reports of semen analysis before treatment

SEMEN EXAMINATION :

* MACROSCOPIC EXAMINATION

- 03 ml.
- Grey white opaque.
- Normal Liquefaction time & Viscosity.

* MICROSCOPIC EXAMINATION :

- Sperm count - 8 millions/ml
- Total Motility - Occasional Sluggishly Motile Sperm Seen
(% of progressive & non progressive motility)
- Sperm Morphology
Normal - -
Abnormal - -
- Pus cells - 2 - 3 /hpf
- Fructose - Present.

Minimum Requirements :

1. Volume - 1.5 ml .
2. Sperm Count - 15 million / ml .
3. Total Motility - 32% or more
4. Normal forms- 4% or more
5. Fructose Present .

Image 2: Showing reports of semen analysis after *Virechana*

SEMEN EXAMINATION

* MACROSCOPIC EXAMINATION

- 1.5 ml.
- Grey white opaque.
- Normal Liquefaction time & Viscosity.

* MICROSCOPIC EXAMINATION :

- Sperm count - 24 millions/ml
 - Total Motility - 30 %
(% of progressive & non progressive motility)
 - Sperm Morphology
 - Normal - 10 %
 - Abnormal - 90 %
 - Pus cells - 1- 2 /hpf
 - Fructose - Present.
-

Minimum Requirements

1. Volume - 1.5 ml .
2. Sperm Count - 15 million / ml .
3. Total Motility - 32% or more
4. Normal forms - 4% or more
5. Fructose Present .

Image 3: Showing reports of Semen analysis after 3 cycles of *Ardhamatrik basti*

SEMEN EXAMINATION

* MACROSCOPIC EXAMINATION

- 2.5 ml.
- Grey white opaque.
- Normal Liquefaction time & Viscosity.

* MICROSCOPIC EXAMINATION :

Sperm count	-	42 millions/ml
Total Motility (% of progressive & non progressive motility)	-	30 %
Sperm Morphology		
Normal	-	10 %
Abnormal	-	90 %
Pus cells	-	4 - 6 /hpf
Fructose	-	Present.

Minimum Requirements :

- | | | | |
|-----------------------|---------------------|-------------------|---------------|
| 1. Volume | - 1.5 ml . | 3. Total Motility | - 32% or more |
| 2. Sperm Count | - 15 million / ml . | 4. Normal forms | - 4% or more |
| 5. Fructose Present . | | | |

Image 4: Showing reports of Semen analysis after 15 days of *Tikta ksheera basti*

CONCLUSION

The lodgement of other 2 *doshas* at the place of *Vata* leads to the manifestation of *Murta Avarana*. The vitiation of other 2 *doshas* should be understood with respect to the *hetus*, previous *Khavaigunya* if any, vitiation of *Dosha* whether *Swatantra* or *Partantra* and by *Vikalpa*, manifestation of symptoms and visualisation of *Samprapti*. Once the precise diagnosis of *Murta avarana* is made on this basis, it is easy to treat properly. As the treatment is aimed to remove the obstruction by the vitiated *dosha* and to re-establish normal *gati* and functions of *Vata* accordingly.

Conflict of interest

No any conflict of interest regarding this provided information.

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