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 and treat it accordingly by removing the obstruction and reestablishing the normal gati of Vata. It is achieved with the help of Virechana, Ardhdamatrik basti, Panchatika ksheer basti and Shaman aushadi.

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 Ayyahat gati (which has not left its place - Aparityakta swamagya or is not obstructed by any other entities - Anavrutta marga) is Sthanastha-is at its abode, not deviated from its own path and is Prakriti 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 Dhatuskshaya - 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 dhatu 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. 2. Avarana of Amurta by Murta (e.g Pittavrut Vat)
3. Avarana of Amurta by Amurta (e.g. Vyanavrut Apana)
4. Abhijhav (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[4]. 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[5].

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 hetus, chronology of manifestation of symptoms and visualisation of sampaprati. The treatment was done by
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 vega.

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, Yashhti,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 **sansarjan 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), Norveg - 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

Heta sevana – previous Khvaigaunyaa at Apana Kshetra

Vitation of Kapha by Guru, Snigdha, Drava and Abhishyandi guana

Vitiated Kapha molecules get lodged at Apana kshetra due to previous Khvaigaunyaa

(Lodgement of Kapha at Apana kshetra – Vata sthanka)

Normal guna of Apana get obstructed by Vitiated Kapha

Shleshmanavritta Apana

Samprapti ghatak

Dosha

- Kapha – Doshaprapaka Prakara- Swatantra (caused due to hetus having similar qualities as that of Kapha)
- Vikalpa – Guru, Snigdha, Abhishyandi, Drava (qualities of hetus responsible particularly for vitiation of Kapha)
- Vata – Doshaprapaka 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 Khvaigaunyaa in mutravaha srotasaa which comes under the Apana kshetra. Further the indulgence of causative factors having Snigdha, Drava, Abhishyandi and Guru guana lead to the vitiation of Kapha. This was considered Swatantra prakopa of Kapha as the qualities of causative factors were same as that of Kapha[9]. The qualities of causative factors contributing to the vitiation were considered as Vikalpa samprapti [10].

The vitiated Kapha molecule got lodged at the site of Shukravaha srotasaa which comes under the Apana Kshetra as it was having Khvaigaunyaa [10] and the vitiated Kapha which previously has done dushti of Shukravaha srotasaa 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 vitiated 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 laboratory finding of Azospermia. The normal chalaguna of Vata was now taken over by the excess Snigdha, Guru, Shthira and Abhishyandi qualities of vitiated Kapha leading to diminished motility of the sperms on investigations. So, the normal gati and functions of Apana were hampered by obstruction due to vitiated 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 Kaika 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 Sukshmkaran 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.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Semen analysis parameter (abnormal ones are taken only)</th>
<th>Before treatment</th>
<th>After Virechana</th>
<th>After 3 cycles of Ardhamatrik basti</th>
<th>After 15 days of Tikta ksheerbasti</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sperm count</td>
<td>Nil</td>
<td>8 million</td>
<td>24 million</td>
<td>42 million</td>
</tr>
<tr>
<td>2</td>
<td>Sperm motility</td>
<td>Nil</td>
<td>Occasionally Slugishly motile</td>
<td>30% motile</td>
<td>30%</td>
</tr>
</tbody>
</table>

![Image 1: Showing reports of semen analysis before treatment](image)

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
  ( % of progressive & non progressive motility)
  Occasional Sluggishly Motile Sperm Seen
- Sperm Morphology
  Normal
  Abnormal
- Pus cells - 2 - 3 /hpf
- Fructose - Present

Minimum Requirements:
1. Volume - 1.5 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 .
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
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 Paratantra 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.

REFERENCES


