

**AYURVEDIC MANAGEMENT IN MALE INFERTILITY W.S.R TO OLIGO ASTHEN-
OSPERMIA: A CASE REPORT****Niketa Shantikar¹, Neeta Deshmukh²**

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Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse[WHO]³. Infertility may occur due to male, female or unexplained factors[WHO].In the male reproductive system, infertility may be caused by abnormal sperm function and quality [WHO]. Oligoasthenospermia is a condition with a decrease in the concentration of the spermatozoa and the percentage of motile spermatozoa in a sperm sample. A 36-year-old male patient with no issues for six years of marital life diagnosed with oligoasthenospermia visited our OPD in July 2022. Initially advised with Nitya Virechana, followed by Chandraprabha Vati and Burundi kashaya given after that, Tablet chandraprabha vati, Tab Confido, Tab Tentex forte and Tab Rejuspermin have been provided for six months. Follow-up showed improvement in seminal parameters regarding sperm concentration and motility, resulting in pregnancy. The present case signifies the importance of Ayurvedic treatment in bringing successful outcomes in the field of male infertility.

Keywords: Infertility, Male infertility, oligoasthenospermia

INTRODUCTION

Infertility is defined as “inability to achieve spontaneous pregnancy within one year of regular unprotected sexual intercourse”¹. It is estimated to affect 48 million couples and 186 million individuals globally. Infertility affects around one in eight couples of reproductive age, with a male factor being solely responsible in 20% and contributory in an additional 30% of cases⁴. Hence, a male factor could be a primary or contributing cause in approximately 50% of couples⁵. According to the Criteria of the World Health Organization(WHO) 5th edition manual(2010), a man suffers from Asthenozoospermia when there are less than 32 % progressively motile sperm in the ejaculate or less than 40% of total motile sperm. In addition, we speak of oligozoospermia when the sperm concentration is less than 20 million per ml of sample.

Oligoasthenozoospermia is a cause of infertility because the sperm must travel to fertilise the egg, which is very long and along this journey, the natural selection of the most suitable sperm to achieve the desired fertilisation. During this selection, most sperm are discarded, and only those with better mobility and morphology can try to fertilise the ova. Therefore, the ejaculate must have a good amount of sperm and good mobility.

PATIENT INFORMATION

A 36-year-old male patient with six years of married life came to our OPD with a complaint of no issues and advised semen analysis and diagnosed with oligoasthenospermia with ultrasound suggestive of bilateral epididymal cyst.

Medical History: No history of Diabetes, Hypertension and Thyroid Dysfunction

THERAPEUTIC INTERVENTIONS

S.NO	MEDICINE	DOSE	ROUTE	DURATION
1.	TRIPHALA KADHA	15 ML HS	ORAL	1 MONTH
2.	CHANDRAPRABHA VATI	2 Tab 2 times a day	ORAL	6 MONTHS
3.	TENTEX FORTE	1 tab 2 times in a day	ORAL	4 MONTHS
4.	CONFIDO	2 tab 2 times in a day	ORAL	1 MONTH
5	REJUSPERMIN	2 tab 2 times in a day	ORAL	6 MONTHS

Family History: Nothing relevant in family History; Father died due to Old Age, and Mother is Alive.

Surgical History: Nasal Polypectomy done in the year 2021.

Marital status: Married since 2017.

Contraceptive History: No use of any contraceptive by both partners.

Coital History: No Erectile dysfunction, satisfied but less strength, two times per week

Personal History :

Diet: Vegetarian

Appetite: Normal

Micturition: Regular and Normal

Bowel: Regular and Normal

Allergy: Nil

Addiction: Nil

CLINICAL FINDINGS

RS: Normal bilateral lung sound heard

CVS: S1 S2 Heard

CNS: conscious and well-oriented

Per Abdomen: Soft, non-tender, No Organomegaly

Genitourinary Examination: Mild Scrotal swelling is observed

DIAGNOSTIC ASSESSMENT

BEFORE TREATMENT

Ultrasound of scrotum s/o Bilateral Epididymal cyst and normal appearing Testes and Scrotal Sac.

Right epididymal cyst 2.5 x 0.57 cm noted in the head region

Left epididymal cyst 2.6 x 0.5 cm pointed out in the head region

Semen analysis is s/o low sperm count with very low motility.

FOLLOW-UPS AND OUTCOMES

The Patient was advised to have a follow-up on the OPD With reassessment of Semen Analysis. After treatment, there was a good improvement in the seminal Parameters.

S.NO	SEMINAL PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
1	Colour	Greyish white	Milky
2	Quantity	1.5 ml	1.5 ml
3	Viscosity	Normal	Normal
4	Count	2 million	60 million/ml
5	Liquefaction	>1 hour	30 minutes
6	Actively Motile	Nil	60%
7	Sluggishly motile	25 %	20%
8	Non motile	75%	20%
9	RBCS	Nil	Nil
10	Pus cells	6-8 /HPF	2-4 /HPF
11	Abnormalities/Normal	95% Abnormal	80% Normal
12	Abstinence	4 days	4 days

DISCUSSION

Infertility is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse[WHO]³.

In the male reproductive system, infertility may be caused by abnormal sperm function and quality. Conditions or situations that cause abnormal shape and movement and low count of sperm negatively affect infertility[WHO]³.

Nitya Virechana was done daily by advising Triphala Kadha for dosha nirharana, which facilitates sroto shodhana karma by removing toxins.

Chandraprabha vati is known for its action on the mutravaha srotas by correcting apana vayu. Tablet Condo is known for its aphrodisiac properties and helps to reduce anxiety and enhance sexual wellness. Tab Tentex forte is known for its action on erectile dysfunction, rejuvenation, low sperm count and low sex drive. Tab Rejuspermin is known for its action on male infertility due to low sperm density and movement. Hence, all the drug which has an action on seminal parameters was given.

Follow-up showed improvement in seminal parameters regarding sperm concentration and motility, resulting in pregnancy. The present case signifies the importance of Ayurvedic treatment in bringing successful outcomes in the field of male infertility.

CONCLUSION

Ayurvedic treatment initially Nitya Virechana is done, and Shamana oushadhis were given to enhance sperm count and motility. After the treatment, Semen analysis was done, and it showed all the Seminal Parameters that Sperm average concentration and Motility to a Normal level. and his wife conceived and delivered a male baby in the year 2023 November and hence adopted Ayurvedic treatment is considered effective in patients of Oligoasthenospermia.

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