



Case Study

INTEGRATED CLASSICAL AYURVEDIC INTERVENTION IN REFRACTORY
OLIGOASTHENOTERATOZOOSPERMIA CORRELATED WITH *SANNIPATIKA SUKRA DUSHTI*: A
CLINICAL CASE ANALYSIS

Binal R. Nedariya^{1*}, Asha Sreedhar²

¹PG Scholar, Department of Prasuti Evam Stri Roga, Government Ayurveda College, Thiruvananthapuram, Kerala.

²Professor & HOD, Dept. of Prasuti evam Stri Roga, Govt. Ayurveda College, Kannur, Kerala, India.

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ABSTRACT

Oligoasthenoteratozoospermia (OAT) is a significant cause of male factor infertility, defined by reduced sperm concentration, impaired motility, and abnormal morphology, leading to compromised fertilization potential. Although assisted reproductive techniques (ART) provide technological solutions, they are invasive, costly, and often fail to address underlying spermatogenic dysfunction. Ayurveda correlates such seminal abnormalities with *Sannipatika Sukra Dusti* or *Ksina sukra* under *Astavidha Sukra Dusti*, attributing pathology to *Tridosic* imbalance- predominantly *Vata-Pitta*- along with *Jatharagni Mandya* and *Sukravaha Srotodusti*. **Case Presentation:** A 42-year-old male with 18 years of primary infertility and past history of Grade II varicocele (post-laparoscopic correction) presented with persistent OAT. Baseline semen analysis showed sperm concentration of 10 million/ml, total motility 30%, and normal morphology 2%. Based on classical *Roga-Rogi Pareeksha*, diagnosed as *Sannipatika Sukra Dusti*. **Intervention and Outcome:** Managed with sequential protocol: periodic *Virechana (Sodhana)* followed by *Samana* and *Vajikarana* therapies including herbal decoctions, *Ghrita* preparations, and *Rasayana* formulations for 3 months. Dietary regulation (*Pathya*), lifestyle modification, and stress reduction advised concurrently. **Post-intervention:** Sperm concentration 50 million/ml (from 10), total motility 60% (from 30%), active motility 40% (from 20%), normal morphology 25% (from 2%), seminal volume 1.5ml (from 1ml). Improved physical stamina and psychological well-being reported. No adverse effects. **Conclusion:** Structured Ayurvedic management incorporating *Sodhana*, *Agni Deepana*, *Dosa Samana*, and *Vajikarana* resulted in marked seminal parameter improvement. This approach addresses underlying pathophysiology. Further large-scale controlled studies warranted.

INTRODUCTION

Infertility today is not just a medical condition but rather a profoundly distressing socio-psychological challenge that impacts nearly 8-12% of couples worldwide^[1], with male factors contributing to approximately 40-50% of cases^[2]. In addition to reduced fertility, male infertility can significantly influence marital harmony, self-esteem, and quality of life, especially within sociocultural context where

progeny is intertwined with identity and lineage continuity. Among the spectrum of seminal abnormalities, Oligoasthenoteratozoospermia (OAT) stands as a quintessential and complex male infertility syndrome characterized by a triad of diminished sperm concentration, impaired motility, and abnormal morphology. According to WHO standards^[1], Oligoasthenoteratozoospermia is characterized by sperm concentration $<15 \times 10^6/ml^{1"}$, total motility $<40\%$, and normal morphology $<4\%$, a triad that markedly reduces the probability of natural conception.

OAT is frequently idiopathic, accounting for nearly 30-40% of cases^[15], although contributory mechanisms include oxidative stress-mediated sperm damage^[14], endocrine dysregulation, genetic

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polymorphisms, varicocele, environmental toxins, lifestyle derangements, and systemic inflammatory states. Despite advances in andrology, current management remains largely supportive or technologically dependent, often culminating in Assisted Reproductive Techniques (ART). While ART offers hope, it is invasive, economically burden, emotionally draining, and does not rectify the underlying defect in spermatogenesis^[3]. Thus, the quest for a safe, cost-effective, and etiologically corrective modality remains ongoing.

Ayurveda, the classical science of life, provides a remarkably coherent conceptual framework for understanding such disorders. The clinical presentation of OAT can be correlated with *Kshina sukradusti* and *Sannipatika Sukra dusti* described under the *Astavidha Sukra Dusti*^[4,5]. Here, the pathology encompasses both quantitative depletion (*Kshaya*) and qualitative impairment (*Dusti*) of *Sukra Dhatu*, the supreme essence responsible for *Garbhotpadana sakti*. The fundamental pathogenesis involves *Vata-pitta* predominance, compounded by *Jatharagni manḍya*, leading to defective *Dhatuparinama* and progressive *Uttarottara dhatu kshaya*^[4]. Contemporary lifestyle stressors irregular dietary patterns (*Akala bhojana*), incompatible food combinations (*Viruddhahara*), occupational heat exposure, psychological strain (*Chinta, Soka*), suppression of natural urges (*Vega dharana*), and environmental pollutants etc., act as aggravating factors producing *Apana vayu vaigunya* and *Sukravaha srotodusti*^[5], thereby mirroring the spermatogenic impairment observed in OAT.

From a therapeutic view, Ayurveda does not merely aim at symptomatic enhancement of seminal parameters but addresses the root pathology through a sequential and rational approach. *Sodhana Chikitsa*, particularly *Virechana* is advocated for elimination of vitiated *Dosas* and restoration of *Srotas* potency. Classical authorities emphasize that *Vajikarana* administered after proper *Sodhana chikitsa* optimal *Brumhana* and *Balya* effects, ensuring *Dhatu poshana* and *Sukra janana*^[6,7,8]. Subsequent *Samana* and *Vajikarana dravyas* such as *Ashvagandha*, *Vidari*, and *Ghrita*-based formulations aim at enhancing

spermatogenesis, improving motility, and restoring reproductive vigor. Emerging clinical observations and case reports have demonstrated appreciable improvements in sperm count, motility, and morphology following integrated Ayurvedic interventions^[19,20], highlighting its potential as a holistic and cost-effective alternative in managing OAT.

In this context, the present study endeavors to explore the Ayurvedic conceptualization and management of *Oligoasthenoteratozoospermia*, integrating classical doctrines with contemporary andrological parameters to evaluate its therapeutic potential in a systematic and evidence-oriented manner.

Case Information

A 42-year-old man hailing from Tamil Nadu and working as a construction laborer presented to the Out-patient Department of Prasutitantra & Striroga, Government Ayurveda College, Thiruvananthapuram, Kerala, with the chief complaint of inability to beget a child despite 18 years of unprotected sexual life. He reported that he got married at the age of 25 years and had been living with his wife for the past 18 years. After one year of marriage, as conception did not occur, the couple consulted an allopathic hospital where he was diagnosed with Grade II varicocele and *Oligoasthenoteratozoospermia*. He underwent treatment including laparoscopic surgery for varicocele in 2010; however, no improvement was noted in his condition, following which he sought consultation at our OPD. His past medical history was significant for varicocele and chicken pox. Family history revealed that his father had diabetes mellitus. Personal history indicated untimely food habits, daily intake of curd and pickles, day sleep especially after lunch, regular heavy weight lifting, occupational exposure to hot conditions, and a depressed nature with significant stress. His bowel, appetite, and micturition were normal, while sleep was disturbed. He had no history of smoking, tobacco, or alcohol use, and no known allergies. On general examination, pulse rate was 68/min, heart rate 70 beats/min, respiratory rate 16 breaths/min, blood pressure 138/78 mm Hg, and temperature 98.4°F.

Dashvidha pareeksha: Astha Sthana Pareeksha

<i>Dosha</i>	<i>Sannipatika</i>	<i>Nadi</i>	<i>Sadharanam</i>
<i>Dushya</i>	<i>Rasa, Rakta, Sukra</i>	<i>Mootra</i>	<i>Anavilam</i>
<i>Desha</i>	<i>Jangala</i>	<i>Mala</i>	<i>Prakrutham</i>
<i>Bala</i>	<i>Madhyamam</i>	<i>Jihwa</i>	<i>Anuplitam</i>
<i>Kala</i>	<i>Puranam</i>	<i>Shabdham</i>	<i>Vyaktam</i>
<i>Anala</i>	<i>Avara</i>	<i>Sparsham</i>	<i>Anushansheetam</i>
<i>Prakriti</i>	<i>Vata pitta</i>	<i>Drik</i>	<i>Vyaktam</i>
<i>Vaya</i>	<i>Madhyamam</i>	<i>Akruthi</i>	<i>Anshatah sthula</i>

Satwa	Madhyamam		
Satmyam	Madhyamam		
Ahara	Jarana sakti- Madhyamam Abhyavaharana sakti- Madhyamam		

On local examination, the scrotum appeared normal on inspection with no discoloration, pigmentation, or scars noted. Palpation findings were normal, and no nodules, swelling, or tenderness were elicited. The testes were normally positioned bilaterally; however, reduced size of bilateral testes was observed. The surface of the testes was smooth with no nodularity. Examination of the penis revealed normal skin texture with no evidence of inflammation, scabies, burrows, scars, or ulcers. The shaft was normal with no curvature, shrinkage, plaques, warts, or scars. The prepuce was normal, and there was no

phimosis or smegma; the patient was circumcised. The glans appeared normal, with no signs of balanitis, balanoposthitis, ulcers, or scars.

Diagnostic Assessment

After relevant examination and investigations, it was diagnosed as oligoasthenoteratozoospermia (OAT)/ *Sannipathika sukra dushti* [12].

Assessment criteria

The patient was assessed based on semen analysis before and after the treatment. Details of the semen analysis carried out before the treatment is as follows.

Table 1: Semen analysis- 04/08/2023 [Before treatment]

Parameters	Observations
Before Treatment	
Volume	1ml
Color	Grey white
Liquefaction time (minutes)	20
Viscosity	Normal
Sperm concentration (million/ml)	10 million/ml
Active motile	20%
Sluggishly motile	10%
Non motile	70%
Normal forms	2% [1]

Treatment

The patient was managed at OPD level. Initially *Samana oushadhis* like *Chiruvilwadi kashaya*, for two weeks and *Ashwagandharistam*, Cap. Vigor plus, *Ashwagandhadi lehyam*, and Thrombex capsule were given for a period of 2 months. *Virechana* with *Avipathy churna*[27] was repeated every 2 weeks. In follow-up *Kalyanaka gulam*, *Dhtrayadi ghritam*, *Praval bhasma* was advised for 2 months and *Jalukavcharana*[21] was done after *Virechna*. The semen analysis was repeated after 3 months and the report showed significant improvement. [Table :2]

Medicine	Dose	Duration
<i>Chirivilwadi kashayam</i>	15ml <i>Kashaya</i> with 60ml water bd, before food	2 weeks
<i>Aswagandharishtam</i>	20 ml Bd, before food	3 months
Vigor plus	1-0-1 after food	3 months
Thrombex capsule	1-0-1 after food	3 months
<i>Ashwagandhadi lehyam</i>	1 tsp after food at evening	3 months
<i>Avipathy churna</i>	20 gm with honey	Once in 2 weeks
<i>Kalyanaka gulam</i>	1 tsp at bed time	2 months
<i>Phala sarpis</i>	1 tsp bd before food	2 months
<i>Praval bhasmam</i>	¼ tsp bd with <i>Phalasarpis</i>	2 months
<i>Vidaryasavam</i>	20 ml bd after food	2 months
<i>Ashwagandha ghanvati</i>	0-0-2 after food	2 months

Pathya

Patient was asked to take *Shalidhanya*, *Godhuma*, *Mamsa*, *Ksheera*, *Ghrta*, *Navnita*, *Kharjura*, *Amalaki phala*. Patient was advised to take proper *Nidra* at night, *Abhayanga*, *Snana* in lukewarm water, and *Vyayama*, *Vega adharana*.

Apathya

Patient was asked to avoid *Dadhi Sevan*, *Ati Katu- Tikta*, *Lavan Rasa Sevana*, *Sarshap Taila*, *Guru-Virudha ahara*, intake of oily, fried, spicy food, fast

food, ice cream, cold drink, bread, alcohol, soft drinks, tobacco. Patient also asked to avoid *Ati maithun*, excessive exercise, suppression of natural urges, intercourse during menstruation, fasting, stress, strain etc.

RESULTS

The semen analysis taken after 3 months shows marked improvement in results.

Table 3: Semen analysis-10/11/2023 [After treatment]

Parameters	Observations
	After Treatment
Volume	1.5 ml
Color	Grey white
Liquefaction time (minutes)	30
Viscosity	Normal
Sperm concentration (million/ml)	50 million/ml
Active motile	40%
Sluggishly motile	20%
Non motile	40%
Normal forms	25% [1]

DISCUSSION

In Ayurveda, *Sukra* or semen, is considered the foundation of male reproductive health. Classical texts encompass almost all semen-related disorders under the category of *Ashtasukra dushti*^[4], which refers to the eightfold imbalance of semen. *Sukra dhatu* plays a crucial role in the process of procreation, or *Garbhotpadana*. Its nature is naturally *Saumya* means cool and soothing, and dominated by the *Jala mahabhuta*. When there is a disruption in the body's balance, it can lead to conditions such as oligospermia, which is a low sperm count, along with issues in sperm movement and shape. The fiery qualities of *Pitta dosha*, known as *Agneya guna*, conflict with the cool nature of *Sukra*, resulting in a decrease in sperm count. Similarly, an imbalance in *Vata dosha* can affect sperm motility i.e., *Chalatva guna*^[12], or the ability of sperm to move, since motility is closely related to the kinetic properties of *Vata*. In Ayurveda, the terms *Klaibya* and *Vandhyatva* are used to describe male infertility, which includes conditions like impotence or inability to conceive. These concepts correspond to *Shukra kshaya*^[4], or semen depletion, and are comparable to the modern medical term oligoasthenoteratozoospermia, or OAT.

Excessive consumption of *Rooksha*, *Vidahi* and *Virudha* (incompatible) *Ahara*, irregular meal timing (*Akala bhोजना*), physical overexertion (*Ayasa*), mental stress (*Chinta*), grief (*Soka*), fear (*Bhaya*), and nocturnal wakefulness (*Rathri jagarana*) precipitate *Vata dosha* vitiation. On other side *Tiksna* (pungent) *Usna* (hot), *Vidahi* (caustic) diets, and

exposure to extreme heat aggravate *Pitta dosha*. *Kapha dosha* imbalance arises from *Snigdha* (unctuous), *Abhishyandhi* (slimy) foods and *Divaswapna* (daytime sleep). *Pitta* derangement secondarily induces *Rakta dhatu* pathology via the *Asraya-asrayi bhava*. *Jatharagni mandya* results from improper dietary and lifestyle habits, hindering optimal *Rasa dhatu* formation and leads to sequential *Uttarottara dhatu dushti* ultimately causes *Shukra dushti*^[4]. Furthermore, *Apana vayu* dysfunction- triggered by irregular eating, anxiety (*Chinta*), and heavy lifting (*Bhara udvahana*)- further disrupts *Shukra* genesis and function.

Treatment strategies in Ayurveda for *Shukra dushti*- related male infertility emphasize *Sodhana* (purificatory therapies) and *Samana* (palliative measures). *Samana* interventions primarily encompass *Deepana-pachana* (appetizer-digestive) agents to kindle *Jatharagni*, *Vata-kapha shamana* (pacifiers of *Vata* and *Kapha*), *Pitta hara* (anti-*Pitta*) formulations, *Rakta prasada* (blood purifiers), and *Vajikarana* (aphrodisiac/rejuvenative) therapies to restore seminal integrity and reproductive vigor.

On the initial consultation, the patient was prescribed *Chirivilwadi Kashayam* and *Ashwagandharishtam*. *Chirivilwadi Kashayam* helps to *Vata anulomana* and *Agni vivardhana* thereby enhancing *Dhatvagni*^[9] to promote sequential *Dhatu* formation, culminating in optimal *Shukra dhatu* genesis.

Ashwagandharishtam also helps balance *Vata* and has *Medhya* effects. its *Kapha shamana* action alleviates fatigue, and have *Balya*, *Rasayana*^[19,20], and *Vrishya* properties. Additionally, it helps reduce stress and anxiety by improving digestion and providing nourishment.

Vigor Plus, which includes *Ashwagandha*, *Kapikacchu*, *Shatavari*, and other supporting herbs, helps improve physical strength and energy levels. It also supports sexual health and helps in male infertility by enhancing the body's ability to adapt and support sperm production.

Thrombex Capsule is used to treat conditions such as deep vein thrombosis (DVT) and varicocele. It works by supporting the health of blood vessels and maintaining proper blood clotting functions.

During the follow-up visit, *Virechana* using *Avipathi Choorna* administered once every two weeks, along with *Chandanasavam* and *Kalyana Gulam* which were prescribed together with Vigour Plus- was prescribed. *Virechana* act as *Pitta hara* conferring *Indriya bala*, *Agni deepan*, and *Chiraccha pakam vayasya* (delayed aging). *Avipathi Choorna* embodies *Pitta hara* and *Anulomana*^[17] attributes. *Chandanasavam* contains drugs with *Snigdha*, *Sheeta*, *Mridu gunas*, *Sheeta virya*, and *Madhura vipaka* exerts *Pitta Hara* action; indicated for *Shukla meha*, it promotes *Bala pushti kara*, *Hridya* and is renowned as *Parama agni sandeepanam*. *Kalyana Ghrita* helps in *Agni deepana*, *Anulomana*, with indications in *Arsas*, *Grahani*, and *Pandu*; it harbors *Pumsavana* effects and balances *Vata-pitta*.

Vidaryadyasavam acts as *Vata- pitta samana* alongwith *brimhana*. Its main ingredient, *Vidari* (*Pueraria tuberosa*), supports the production of sperm by enhancing its quantity and movement.

Next phase includes *Raktamokshana* by *Jaluka avacharana*. *Raktamoksha* is indicated in *Raktapradoshaja vikara*. *Jaluka avacharana* is classified under *Unusastra*, proving efficacious for *Pitta-rakta vyadhis*, particularly useful in localized *Dushti*. The saliva from leeches contains active substances that help prevent blood clotting, reduce inflammation, and alleviate swelling in the body. At the same time, *Pravala Bhasma*, by *Madhura rasa*, *Laghu*, *Snigdha guna* and *Madhura vipaka*, it act as *Vata- pitta samana*, *Ama pachana*, *Balya*, *Rakta pitta hara*.

Ashwagandhadi Lehyam, a well-known preparation from *Sahasrayoga*, contains *Ashwagandha* as its main component. It acts as a *Rasayana* and a *Balya*, improving endurance, vitality, and balance of *Vata*. It may also contribute to enhancing sperm movement and quantity.

Phalasarpi, a renowned *Ghrita* preparation, addresses *Shukra dosha*, supports *Pumsavana* and

offers benefits such as *Ayushyam*, *Paushtikam*^[25], and *Dhanyam*. It is effective in treating infertility in both males and females. The formulation contains herbs with strong antioxidant properties, primarily characterized by *Madhura rasa*, with secondary *Katu*, *Tikta*, *Kashaya*, and *Amla rasa*. These herbs help pacify *Kapha* and *Vata* through their *Ushna virya*, which enhances sperm motility and viability. *Ghrita* naturally increases sperm count and quality, and *Ghrita ksheera* is considered as prime *Pathya* for *Shukra*-related disorders.

Ashwagandha Ghana Vati, with *Tikta* and *Kashaya rasa*, is beneficial for *Shukra rogas* by alleviating *Vata dushti*; it is *Balya*, *rasayana*, and *Ati sukrala* (potent semen promoter). *Ashwagandha* act as a strong aphrodisiac and helps to counter stress-induced infertility by regulating testosterone levels and offering antioxidant protection against free radicals. This helps maintain sperm integrity, count, and quality while reducing psychosocial risks to male reproductive health

Together, these formulations, which include *Deepana-pachana*, *Kapha hara*, *Vata-pitta shamana*, *Rakta prasdana*, and *Vrishya* agents when combined with *Sodhana chikitsa* synergistically to improve sperm count and motility.

CONCLUSION

The present case highlights that a structured Ayurvedic therapeutic protocol integrating *Sodhana* and *Samana-Vajikarana* modalities resulted in significant improvement in seminal parameters in a patient diagnosed with Oligoasthenoteratozoospermia (OAT). After a 3-month treatment regimen comprising periodic *Virechana*, *Dosha Samana* formulations, *Rasayana* and *Vrishya* drugs, along with strict adherence to *Pathya-Apathya*, marked enhancement was observed in sperm concentration (10 to 50 million/ml), total motility (30% to 60%), active motility (20% to 40%), and normal morphology (2% to 25%), in addition to improvement in seminal volume.

From an Ayurvedic viewpoint, correction of *Jatharagni Mandya*, normalization of *Apana Vayu*, clearance of *Sukravaha Srotodushti*, and subsequent *Dhatu Poshana* appear to have collectively contributed to the observed therapeutic response. The sequential administration of *Sodhana* prior to *Vajikarana* possibly enhanced treatment efficacy by facilitating proper *Srotoshuddhi* and optimizing *Sukra Dhatu* formation in accordance with classical principles.^[4,6,18]

Although limited to a single case, these findings suggest that an individualized Ayurvedic approach addressing the root pathology of *Sannipatika Sukra Dushti* may offer a cost-effective and etiologically directed therapeutic option in selected cases of male

infertility, particularly where conventional interventions have yielded limited benefit. Larger controlled clinical studies are warranted to validate these observations and establish standardized treatment protocols.

REFERENCES

1. World Health Organization. WHO laboratory manual for the examination and processing of human semen. 6th ed. Geneva: WHO Press; 2021.
2. Agarwal A, Mulgund A, Hamada A, Chyatte MR. A unique view on male infertility around the globe. *Reprod Biol Endocrinol.* 2015; 13: 37.
3. Duca Y, Calogero AE, Condorelli RA, La Vignera S, Vicari E, Calogero G. Male infertility: a practical approach. *Expert Rev Endocrinol Metab.* 2020; 15(4): 345-58.
4. Acharya JT, editor. Charaka Samhita of Agnivesha, Ayurveda Dipika Commentary of Chakrapanidatta. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. Chikitsa Sthana 2/4/49-52.
5. Acharya JT, editor. Charaka Samhita of Agnivesha, Ayurveda Dipika Commentary of Chakrapanidatta. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. Chikitsa Sthana 30/203-205.
6. Shastri K, editor. Sushruta Samhita of Sushruta, Ayurveda Tattva Sandipika Commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 2017. Uttara Tantra 39/84-87.
7. Tripathi B, editor. Sharangadhara Samhita, Dipika Commentary. Varanasi: Chaukhambha Krishnadas Academy; 2012. Purva Khanda 2/92-95.
8. Sri Satguruideva, editor. Bhaishajya Ratnavali. Varanasi: Chaukhamba Prakashan; 2018. Vajikarana Adhikara 1/10-15.
9. Sharma PV, editor. Sahasrayoga. Varanasi: Chaukhambha Bharati Academy; 2016. p. 156-8.
10. Venkatasubramani AS. Textbook of Prasuti Tantra & Striroga. Vol 2. Varanasi: Chaukhambha Sanskrit Series; 2020. p. 456-62.
11. Galib, Ravishankar B, Prajapati PK. Role of Rasashastra in male infertility management - A review. *J Ayurveda Integr Med.* 2022; 13(2): 100-8.
12. Ambika Prasad V, editor. Ashtanga Hridaya of Vagbhata, Sarvanga Sundara Commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. Nidana Sthana 8/35-38.
13. Panda PK, Tripathi A. Shukra Dushti and its management - An Ayurvedic review. *Ayu.* 2021; 42(3): 145-52.
14. Mahajan RT, Chopda MZ. Role of oxidative stress in male infertility. *J Hum Reprod Sci.* 2019; 12(4): 245-52.
15. Li Y, Nan L, Ping Z. Idiopathic oligoasthenoteratozoospermia: A Review. *Transl Androl Urol.* 2021; 10(9): 3682-91.
16. Practice Committee of the American Society for Reproductive Medicine. Diagnostic evaluation of the infertile male. *Fertil Steril.* 2019; 112(1): 16-25.
17. Deshpande P. Virechana Karma in Shukra Dushti - Clinical study. *J Res Ayurveda Sci.* 2020; 4(2): 78-85.
18. Gupta S, Sharma V. Vajikarana therapy in male infertility: A single-arm clinical study. *Anc Sci Life.* 2019; 39(1): 32-8.
19. Ambiyee VR, Dongre S, Aptikar P, Joshi K, Kulkarni M, Dongre S. Clinical evaluation of the spermatogenic activity of the root extract of Ashwagandha (*Withania somnifera*) in oligospermic males. *Evid Based Complement Alternat Med.* 2013: 571420.
20. Mahdi AA, Shukla KK, Ahmad S, Rajender S, Shankar SN, Singh V, Dalela D. *Withania somnifera* improves semen quality in stress-related male infertility. *Evid Based Complement Alternat Med.* 2011; 2011: 576962.
21. Sharma RK, editor. Rasa Tarangini. Varanasi: Motilal Banarasidas; 2004. 24/145-150.
22. Tripathi RD, editor. Rasendra Sara Sangraha. Varanasi: Chaukhambha Bharati Academy; 2009. p. 112-5.
23. Satoskar RS, Bhandarkar SD, Rege NN. Pharmacology and Pharmacotherapeutics. 25th ed. Mumbai: Popular Prakashan; 2017. p. 789-92.
24. Nadkarni KM. Indian Materia Medica. Vol 1. Mumbai: Popular Prakashan; 2009. p. 124-8.
25. Paradkar HS, editor. Ashtanga Sangraha of Vagbhata, Sasilekha Commentary. Varanasi: Chaukhambha Orientalia; 2012. Uttara Sthana 34/45-50.
26. Murthy KRS, editor. Ashtanga Sangraha of Vagbhata. Varanasi: Chaukhambha Krishnadas Academy; 2010. Chikitsa Sthana 28/15-20.

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*Address for correspondence

Dr. Binal R. Nedariya

Post Graduate Scholar,
Dept. of Prasuti evam Stri Roga,
Govt. Ayurveda College,
Thiruvananthapuram, Kerala.

Email: drbinalnedariyaayu@gmail.com

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