



Case Study

VIRECHANA PASCHAT SHATAVARI GHRITA UTTARA VASTI IN KSHEENA SHUKRA- A CASE STUDY

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ABSTRACT

Oligozoospermia is a condition in which sperm count is less than 20 millions/ml associated with motility defects; accounts for about 90% of male infertility cases and its prevalence is increasing in the current era. In about 30-40% cases, the cause of oligozoospermia is unknown. In Ayurvedic parlance, the condition is referred as *Ksheena Shukra*; a *Vaata pitta* vitiation disorder affecting the volume and concentration of *Shukra* with associated complaints like *Maithuna ashakti*, *Medhra vrushana vedana*. Ayurvedic management includes *Shodhana* therapy along with *Uttara vasti* administration. A male patient presented with inability to beget a child due to low sperm count (< 10 million/ml) and sperm motility (< 30%) detected in previous two semen analyses along with reduced sexual desire and inability to sustain erection. *Snehapaana* with *Shatavari ghrita*, followed by *Virechana* with *Kalyanaka gudam* and later *Uttara Vasti* with *Shatavari Ghrita* administered in 7 sittings after initial administration of 2 *Madhutailika Vasti* resulted in significant increase in sperm count (>50 millions/ ml) and motility (>50%). A significant improvement in sexual desire, sustained erection till the completion of sexual act was noticed and testicular pain along with post coital exhaustion was completely relieved. This case indicates that *Ksheena shukra* condition can be treated successfully with *Panchakarma* intervention namely *Snehapaana*, *Virechana* and *Uttara vasti*.

KEYWORDS: *Virechana*, *Uttara vasti*, *Shatavari Ghrita*, *Ksheena Shukra*.

INTRODUCTION

Infertility is defined as the inability of a couple to conceive after one year of unprotected regular intercourse and affects about 8-12 % couples worldwide [1]. In almost 40% cases, male factor is identified as the cause of infertility among couples.

Sperm count in normal healthy viable males ranges between 60 to 170 million/ ml. More than 90% of male infertility cases are due to low sperm counts, poor sperm quality or both (oligozoospermia). In about 30-40% cases, the cause of oligozoospermia is unknown. Oligozoospermia[2], a seminal disorder in which sperm count is less than 20 millions/ml associated with motility defects has thus become the new threat of modern era affecting the sexual life and conception. In the current era, due to altered food habits, addictions and stressful life, in metropolis and smaller towns, the prevalence of oligozoospermia is high.

In Ayurvedic context, this condition is referred to as *Ksheena shukra*. In this condition due to vitiated *Vaata* and *Pitta*, *Shukra dhatu* becomes *Ksheena*- deterioration in quantity and quality of *Shukra dhatu*[3] along with associated complaints like *Medhra vrushana vedana*, *maithuna ashakti* [4]. For the management of this condition, *Vaata pittahara*, *Vrishya* and *Brimhana* therapies analogous to *Shukra dhatu guna* should be administered. *Acharya Sushruta* has laid special emphasis on administering *Shodhana therapy* followed by *Uttara Vasti* for *Shukra doshas*. [5]

Case History

A 35 year old male patient, non diabetic and non hypertensive presented with inability to beget a child after 3 years of unprotected sexual intercourse and complaints

of inability to maintain prolonged erection and reduced libido along with post coital exhaustion and testicular pain since 1 year. Female partner was normal on clinical and endocrinological investigations. Sperm count and sperm motility in male was significantly low with oligozoospermia detected in 2 consecutive semen analyses. Patient was non anaemic and non obese with good physical build. Appetite was normal and with regular bowel movement. He had a stressful business life with no H/O addictions. Frequency of sexual act was reduced from 2-3 times weekly to once or twice in a month. He took many allopathic and Ayurvedic medications but did not get much relief.

On examination, no evidence of congenital anomaly of gonads, varicocele or hydrocele was not present. Latest semen analysis reports revealed sperm count < 10 millions/ml (9.2millions/ml) and motility was < 30% with volume 2ml with evidence of Oligozoospermia.

Table 1: Dasavidha Pareeksha

1.	<i>Dooshyam</i>	<i>Vaata, Pitta Shukra</i>
2.	<i>Desham</i>	<i>Deha- Shukrasaya Bhoomi- Jangala Sadharana</i>
3.	<i>Balam</i>	<i>Roga bala- Pravara Rogi bala- Madhyama</i>
4.	<i>Kalam</i>	<i>Kshanadi- Sharad Vyadyhavastha- Purana</i>
5.	<i>Analam</i>	<i>Samagni</i>
6.	<i>Prakriti</i>	<i>Vaata Pitta</i>
7.	<i>Vayah</i>	<i>Madhya</i>

8.	Satwam	Madhyama
9.	Satmyam	Katu, Amla, Ushna
10.	Aharam	Jarana sakthi- Madhyama Abhyavahara- Madhyama

The patient was analyzed according as per Ayurvedic norms, based on which he was diagnosed as *Ksheena shukra* and a treatment strategy comprising of *Shodhananga snehapaana* with *Shatavari ghrita* followed by *Virechana* with *Kalyanaka gudam* and *Uttara vasti* with *Shatavari ghrita* was scheduled.

Table 2: Pharmacological profile of Shatavari Ghrita

	Shatavari	Godugdha	Goghrita
Rasa	Madhura, Tikta	Madhura	Madhura
Vipaka	Madhura	Madhura	Madhura
Veerya	Sheeta	Sheeta	Sheeta
Guna	Guru, Snigdha	Snigdha, Mrdu, Slakshna, Picchila	Snigdha, Guru
Dosha karma	Vaata pittaghna	Vaatapitta shamaka	Vaatapitta shamaka
Karma	Shukra Janana, Vrishya, Balya.	Vrishya, Brimhana, Jeevaniya, Shukradosha hara.	Shukra Janana

Treatment Schedule

Kriyakrama	Drug used	Duration
Shodhananga Snehapaana	Shatavari ghrita	5 days
Virechana	Kalyanaka gudam	-
Abhyanga	Dhanwantharam tailam	7 days
Nirooha Vasti	Madhutailika Vasti	2 days
Uttara Vasti	Shatavari ghrita	7 days

Procedure of Uttara vasti

Equipments

- Sterile 50 ml glass syringe
- Sterile cotton pad
- Drugs to prevent *Vyaapath*
- Autoclave
- Simple rubber catheter

Poorva karma

1. Two *Madhutailika vasti* were administered on previous two days before *Uttara Vasti*.
2. Patient was educated about the procedure and informed consent was taken.
3. Pubic area was cleaned with antiseptic and pubic hair shaved.
4. Patient was asked to void urine before the procedure
5. Vitals were checked.

Pradhana karma

1. Under aseptic precautions, glass syringe was filled with 50 ml of lukewarm medicated ghee (*Shatavari ghrita*) and air was removed from syringe.
2. Patient was asked to lie supine and sterilized rubber catheter was introduced into the external urethral meatus and it was fitted with syringe and piston of syringe was pressed slowly over a period of 30 seconds.
3. Penile clamp was then applied and patient was asked to rest for some time.

Paschat karma

1. *Sneha pratyagamana* took place usually after 20 minutes.
2. Patient was advised to take rice with *Mamsa rasa*.
3. Patient was advised to abstain from sexual intercourse for 15 days and avoid strenuous activities.
4. Procedure was repeated for 7 more days.

Outcome and Follow Up

Patient was advised to administer *Shatavari ghrita* only in the form of *Brimhana Snehapaana* as part of discharge medication. Semen analysis was repeated after 3 months of therapy.

Parameters	Before Treatment	After Treatment
Sperm count	9.2 millions/ ml	53 million/ ml
Sperm motility	< 30%	>50 %
Semen volume	2 ml	4 ml
Testicular pain (<i>Medhra vrushana vedana</i>)	Present	Absent

Sexual desire: Before treatment, patient experienced lack of interest in sexual activity. After follow up, patient experienced increase in sexual desire and frequency of sexual activity was significantly increased.

Erection: After *Uttara Vasti* with *Shatavari ghrita*, improvement in penile erection with sustained tumescence till the completion of sexual act was noted by patient.

Orgasm: Before treatment, patient experienced inability to enjoy sexual act, but after treatment, patient experienced enjoyment in sexual act with attainment of own and partner satisfaction.

DISCUSSION

Shatavari ghrita contains *Shatavari*, *Godugdha* and *Goghrita*. *Shatavari ghrita* is described as "*Vrishyatama*" by *Acharya Charak*^[6]. All the ingredients of *Shatavari ghrita* are *Madhura*, *Sheeta*, *Vaata pitta hara* and *Shukrala*, *Vrishya*, *Balya* properties which are helpful for *Sampraprti Vighatana* of *Ksheena shukra*. So *Shatavari ghrita* was selected for *Shodhananga snehapaana*. *Virechana karma*, apart from *mitigating Pitta* has attribute of facilitating "*Beeja Karmukata*" by *Acharya Kashyapa*^[7]. So *Mrdu virechana* with *Kalyanaka gudam* was administered. *Kalyanaka gudam* is having "*Pumsavana*" attribute, thus making it drug of choice in reproductive pathology^[8].

Shukra dhaatu is said to be *Sarva sharira vyaapi* and *Shukravaha srotas mulasthana* are described as *Medhra* and *Vrushana*^[9]. The administration of *Uttara vasti* into *Uttara maarga* that is through *Medhra* facilitates *Shukra poshana* by virtue of *Shukra samanya guna* present in *Shatavari ghrta* and also pacifies *Vaata pitta* vitiation of *Shukra*. By rectifying pathological *Vaata* and *Pitta*, it facilitates the improvement in quantity and quality of sperms.

Virechana also have an effect on *Shukraagni* normalization; thus accelerating the sluggish spermatogenesis and *Uttara vasti* with *Shatavari ghrta* by *Shukra samanya guna* favoured sperm nourishment which eventually affected sperm proliferation and sperm production. This aided regulation of androgen levels and elevated sperm count with increased seminal volume. The elevation in androgen level favored improvement in sexual desire. *Apaana vaata* normalization by *Shatavari ghrta Uttara vasti* also resulted in alleviating testicular pain after intercourse and achieving prolonged penile erection with good penile tumescence and seminal ejaculation with self and partner satisfaction.

CONCLUSION

Although *Ksheena shukra* is a *Krcchra saadhya* condition, it can be relieved significantly by *Shodhana* by *Virechana* followed by *Uttara Vasti*. Further clinical studies should be conducted to validate the treatment principles applied for treating this case.

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