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Case Study

AYURVEDIC MANAGEMENT OF ASTHENOTERATOZOOSPERMIA

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ABSTRACT

Asthenoteratozoospermia, characterized by reduced sperm motility and abnormal sperm morphology, is a significant cause of male infertility. Metabolic disorders such as obesity and dyslipidemia may adversely affect semen quality. In Ayurveda, this condition may be interpreted under the framework of *Shukra dushti* associated with *Kapha-meda dushti*, leading to *Sanga* (an obstructive type of *Srotodushti*) in the *Shukravaha srotas*. The resulting *Srotorodha* impairs the nourishment and function of *Shukra*, contributing to reduced sperm motility and abnormal sperm morphology. A 29-year-old male reported with primary infertility for 1.5 years with asthenoteratozoospermia, with progressive motility of 8% and normal morphology of 2%. The patient was obese with Body Mass Index (BMI) of 36.44kg/m^2 and had hypertriglyceridemia. Ayurvedic evaluation revealed *Shukra dushti* with involvement of *Kapha medho dushti* and *Srotorodha*. The patient subsequently received *Deepana-pachana*, *Kapha medohara*, *Shodhana*, and *Vrishya-rasayana* therapies, including internal medications, *Udwartana*, *Vamana karma*, *Virechana karma*, *Rajayapana vasti*, *Madhutailika vasti*, and supportive yoga practices. Following treatment, body weight decreased from 98kg to 94kg, and BMI decreased from 36.44kg/m^2 to 35kg/m^2. Semen parameters improved substantially, with sperm concentration increased from 75 to 120.7million/mL, progressive motility from 8% to 46%, and normal morphology from 2% to 5%. Triglyceride levels decreased from 290mg/dL to 241mg/dL. Following completion of treatment, the couple achieved natural conception, and a healthy female infant weighing 3.1kg was delivered. The overall semen response was partial rather than uniform: total motility and total cholesterol/LDL cholesterol did not improve alongside the gains in progressive motility, morphology, and triglycerides. In this single case, the treatment course was followed by improvement in metabolic and seminal parameters; however, causality cannot be established from a single case report.

INTRODUCTION

Infertility affects an estimated 8–12% of couples worldwide, with male factors contributing primarily or partially to nearly 50% of cases.[1] The etiology of male infertility is multifactorial, involving reproductive tract abnormalities, hormonal dysregulation, testicular dysfunction, and qualitative defects in spermatozoa. Furthermore, modifiable risk factors including obesity, tobacco use, excessive alcohol consumption, chronic stress, and environmental pollutant exposure may negatively affect spermatogenesis and seminal quality. The cumulative impact of these factors can impair sperm concentration, morphology, motility, and functional competence, ultimately compromising male fertility.[2] Asthenoteratozoospermia represents the coexistence of impaired sperm motility and abnormal sperm morphology. According to standard semen analysis criteria, asthenozoospermia is defined by progressive motility below 32%, whereas teratozoospermia is characterized by fewer than 4% morphologically normal spermatozoa.[3,4] According to Ayurveda, successful conception depends upon the proper interaction of four essential factors: *Ritu* (appropriate reproductive period and fertile phase), *Kshetra* (a healthy reproductive system), *Ambu* (adequate

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nourishment), and *Beeja* (healthy male and female gametes). Disturbance in any of these factors may adversely affect fertility and hinder conception. In the present case, the primary pathology involved *Beeja dushti*, reflected by abnormalities in sperm motility and morphology.

Asthenoteratozoospermia may be interpreted within the broader framework of *Shukra dushti* described in Ayurveda. The impaired sperm motility observed in asthenozoospermia may be associated with *Kapha-vata dushti*, wherein the normal properties and functions of *Shukra* are affected. Reduced sperm motility may result from the derangement of *Vata*, which is responsible for the movement and propulsion of spermatozoa, while vitiated *Kapha* may contribute to sluggishness and impaired functional capacity of *Shukra*. Teratozoospermia, characterized by abnormal sperm morphology, may be associated with *Vata-pitta dushti*. Vitiated *Vata* may interfere with the proper formation and maturation of *Shukra*, whereas aggravated *Pitta* may adversely affect its quality and structural integrity, resulting in morphological abnormalities of spermatozoa.

In the present case, the coexistence of obesity and hypertriglyceridemia suggests underlying *Agnimandya* with *Kapha medho dushti*. Impaired metabolism at the level of *Rasa* and *Meda dhatu* can adversely influence the nourishment of the subsequent *dhatus*, ultimately affecting the formation and quality of *Shukra dhatu*. Vitiated *Kapha* and *Meda* may lead to *Sanga*, an obstructive type of *Srotodushti*, in the *Shukravaha srotas*, resulting in *Srotorodha*. This obstruction may further disturb the normal functioning of *Vata*, contributing to defective sperm motility and abnormal sperm morphology, manifesting clinically as asthenoteratozoospermia.

Accordingly, treatment was planned to address both the underlying metabolic derangement and the seminal abnormalities through *Deepana-pachana, Kapha medho hara, Shodhana karma*, and *Vrishya-rasayana* therapies.

Case Presentation

Presenting complaints and History

A 29-year-old married male presented with primary infertility of 1.5 years duration. He was married in October 2022. Following marriage, the couple initially used condoms for contraception. The couple had been actively attempting conception since 2024 without success. In November 2024, the patient underwent fertility evaluation at a tertiary infertility center, where semen analysis revealed teratozoospermia with hypospermia. No treatment was initiated at that time. On 24 July 2025, he presented to Outpatient Department (OPD), for further evaluation. Repeat semen analysis revealed asthenoteratozoospermia, and considering the associated metabolic abnormalities including obesity and dyslipidemia, he was admitted for Inpatient management.

Personal History

- Bowel- Normal
- Appetite- Normal
- Micturition- Normal
- Diet- Mixed diet with frequent intake of spicy and sweet foods.
- Sleep – Disturbed
- Addictions (smoking, tobacco, alcohol) - Nil
- Occupational Exposure -Heat Exposure
- Stress – Present

History of previous illness: Dyslipidemia

Family History: No significant family history.

Surgical History: No significant surgical history.

Sexual history: Frequency of intercourse– 3 times during ovulation period

Spouse factor

- Age – 29-year-old female,
- Menstrual history- Regular
- Interval: 30-32-day cycle
- Duration: 6 days with moderate menstrual bleeding.
- Pain: Nil
- Clot: Nil
- Known case of bilateral Polycystic Ovarian Syndrome (PCOS).

Clinical Findings

General Examination

- Height - 164cm
- Weight - 98 kg
- BMI - 36.44 kg/m^2
- Pulse rate - 76/min
- Respiratory rate - 17/min
- Blood pressure - 130/82mmHg

Dashavidha Pareeksha	***Ashtasthana Pareeksha***
Dushyam *Dosha- Vata Kapha* *Dhatu- Rasa, Rakta, Mamsa, Meda, Shukra*	*Nadi- Sadharana*
Desam *Bhoomi-Sadharana* *Deham -Vrushana*	*Mutra-Anavila*

Balam *Roga- Pravaram* *Rogi- Heena*	*Mala- Prakrutha*
Kalam- *Kshanadhi- sarvakalam* *Vyadhyavstha- Navam*	*Jivha-Anupalipta*
Analam- Madhyam	*Shabda- Spashta*
Prakruti – Kapha-Vata	*Sparsha- Anushnasheeta*
Vaya- Madhyam	*Drik- Vyakta*
Satwa- Avaram	*Akruti- Sthoola*
Satmya- Katu, Amla Rasa Pradhana	
Aahara *Jaranshakti- Madhyam* *Aabhyavaharanashakti- Madhyam*	

Timeline

24/07/2025: Presented to the OPD with inability to conceive for 1.5 years with semen analysis showing teratozoospermia and hypospermia.

24/07/2025: Repeated Semen analysis revealed asthenoteratozoospermia

26/07/2025: Admitted for inpatient treatment

26/07/2025 -1/08/2025: *Udwartana*

02/08/2025 - 08/08/2025: *Snehapana*

09/08/2025 - 11/08/2025: *Abhyanga*

12/08/2025: *Vamana Karma* performed

15/08/2025 - 17/08/2025: *Snehapana*

18/08/2025: *Virechana* performed

20/08/2025 – 24/08/25: *Rajayapana* and *Madhutailika Vasti* administered

20/08/2025: Repeat semen analysis demonstrated improvement in progressive motility and morphology, although some parameters remained abnormal.

25/08/2025: Discharged

19/09/2025: Urine pregnancy test positive

06/05/2026: Delivered a healthy female baby with weight 3.1kg

Diagnostic Assessment

After relevant investigations, it was diagnosed as asthenoteratozoospermia.

Table 1: Comparison of semen parameters before and after treatment

Semen Analysis	Before Treatment (24/07/2025)	After Treatment (20/08/2025)
Abstinence	2 days	2 days
Semen Volume (ml)	1.5	1.3
Viscosity	Normal	Normal
pH	8.0	7.5
Sperm Concentration (million/ml)	75	120.7
Total Motility (%)	71	54
Progressive Motility (%)	8	46
Non-progressive Motility (%)	63	8
Immotile Sperm (%)	29	46
Normal Morphology (%)	2	5
Agglutination	Present	Not reported

Table 2: Comparison of lipid profile before and after treatment

Lipid profile	Before Treatment (27/07/2025)	After Treatment (18/08/2025)
Total Cholesterol (mg/dL)	200	225
Triglycerides (mg/dL)	290	241
HDL Cholesterol (mg/dL)	41	38
LDL Cholesterol (mg/dL)	101	158
VLDL Cholesterol (mg/dL)	58	48

Ultrasonography: 2/8/25

- Whole Abdomen USG: No significant sonological abnormality detected.
- Scrotal USG: Bilateral testes and epididymis appeared normal.

Therapeutic Intervention

Table 3: Internal Medications

Phase of Rx	Internal Medicine	Dose, Frequency and Administration
Initial phase	*Gandharvahastadi Kashaya*	48 ml twice daily before food
	Vaiswanara Churna	5 g at bedtime with warm water
	Varanadi Kashaya	48 ml twice daily before food
	Kanchanara Guggulu	1tab twice daily after food
Later phase	*Guduchyadi Kashayam*	48 ml twice daily before food

Table 4: *Panchakarma* Procedures

Procedure	Medicine Used	Days
Udwartana	*Triphala Churna*	7 days
Snehapana	*Kalyanaka Ghrita (20–150 ml)*	7 days
Abhyanga with *Ushma Sweda*	*Karpooradi Taila*	3 days
Vamana Karma	*Madanaphala* 6 gm, *Vacha* 2.5 gm, *Yashtimadhu churna* 7.5 gm, *Madhu, Saindhava*	1 day
Peyadi Krama	—	2 days
Snehapana	*Kalyanaka Ghrita*	3 days
Virechana Karma	*Avipathy Churna 15 g*	1 day
Peyadi Krama	—	1 day
Rajayapana Vasti	*Saindhava* – 15 gm, honey – 100 ml *Kalyanaka ghrta* – 150 ml *Dhanwantara mezhukupaka*– 50 ml *Mamsarasa* – 100ml *Musthadi ksheera kashayam* – 240 ml *Kalkam (Mustadi Yapana Basti Kalka Churna)* – 30 gm	3 days (days 1, 3, 5)
Madhutailika Vasti	*Saindhava* – 15 gm Honey- 120 ml *Dhanwantara mezhukupaka*- 120 ml *Kalka – 30 gm* *Erandamooladi kashayam* - 480 ml	2 days (days 2, 4)

Table 5: *Yoga* Therapy

Yoga Practice	Category
Surya Namaskara	Loosening and strengthening exercise
Tadasana	Standing posture
Trikonasana	Standing posture
Bhujangasana	Back-bending posture
Pavanamuktasana	Supine posture
Vajrasana	Sitting posture
Nadi Shodhana Pranayama	Breathing practice
Bhramari Pranayama	Breathing practice
Meditation	Relaxation and stress management

Outcomes & Follow Up

Following treatment, the patient's body weight decreased from 98kg to 94kg and BMI from 36.44 to 35kg/m². Semen analysis showed improvement in sperm concentration from 75 to 120.7million/ml, progressive motility from 8% to 46%, and normal morphology from 2% to 5%. At the same time, several parameters did not show uniform improvement: total motility decreased from 71% to 54%, non-progressive motility and immotile fractions remained high, semen volume slightly decreased from 1.5ml to 1.3ml, and agglutination was not reported on follow-up. Blood investigations showed a reduction in triglycerides from 290 to 241mg/dL, but total cholesterol and LDL cholesterol increased. The overall response was therefore partial rather than complete, and the semen findings should be interpreted in the context of known intra-individual variability in semen analysis.

DISCUSSION

Asthenoteratozoospermia is characterized by impaired sperm motility and abnormal morphology, both of which may contribute to male infertility. In this patient, the disorder coexisted with obesity and hypertriglyceridemia suggesting a metabolic background that may have adversely affected semen quality. From an Ayurvedic perspective, the condition may be conceptualized as *Shukra dushti* associated with *Kapha medho dushti* and *Srotorodha*. The treatment was directed toward improving *Agni*, reducing metabolic load, and supporting *Shukra dhatu* through *Shodhana, Shamana*, and *Vrishya rasyana* measures.

The treatment protocol was primarily aimed at correcting *Shukra dushti*, responsible for asthenoteratozoospermia, while simultaneously addressing the underlying metabolic dysfunction that could adversely affect semen quality. *Gandharvahastadi kashayam*[5] and *Vaishwanara churna* facilitated proper digestion, bowel evacuation, and regulation of *Apana Vata,* thereby promoting efficient nutrient assimilation and tissue nourishment. *Varanadi kashayam*[6] was administered to address *Kapha medho dushti* associated with obesity and dyslipidemia. Owing to its *Kapha medohara* and *Lekhana* properties, it helps reduce excess adiposity, improve cellular metabolism, enhance *Agni*, and alleviate inflammation. *Guduchyadi kashayam* was administered considering the inflammatory and oxidative components implicated in male infertility. *Guduchi* (*Amrita*) possesses *Rasayana, Raktashodhaka*, and *Dahaprashamana* properties, while the formulation as a whole exhibits *Vrishya, Shukra-vardhaka*, and *Vata-pitta shamaka* actions. These effects help protect spermatozoa from oxidative damage, improve spermatogenesis, and enhance sperm motility.[7] *Kanchanara Guggulu* further supported the reduction of *Kapha medho* accumulation and chronic inflammatory changes.

According to Ayurvedic classics, properly performed *Shodhana* promotes *"Balaṁ puṣṭirapatyaṁ ca vr̥ṣatā cāsya jāyatē|"*, indicating enhancement of strength, nourishment, health, and reproductive capacity.[8]

As the patient presented with weight gain and features of *Kapha medho* predominance, *Udwarthana*[9] was selected owing to its *Rukshana, Kaphahara*, and *Medovilayana* properties, helping to reduce excess body fat, improve peripheral circulation, and enhance tissue metabolism. *Triphala churna* was used for *Udwarthana* due to its *Lekhana, Medohara*, and *Dosha-shamaka* actions, which aid in *Kapha shamana, Ama pachana*, and attainment of *Samyaka rukshana lakshana.*

This was followed by *Snehapana* with *Kalyanaka ghrita* as part of the *Purvakarma* for *Shodhana*. owing to its *Rasayana, Medhya*, and *Balya* properties, it also helps to correct *Agnimandya*, alleviate *Kapha vata dushti*, improve tissue metabolism, and support proper nourishment of *Shukra dhatu. Vamana*[10] *karma* was performed to eliminate aggravated *Kapha* and *Pitta doshas*, thereby

facilitating proper *Dosha* expulsion and restoring physiological balance. Subsequently, *Snehapana* was repeated as *Purvakarma* for *Virechana karma*. *Virechana* was administered using *Avipathi churna*[11], which is particularly effective in expelling vitiated Pitta and Kapha doshas while promoting Srotoshodhana and Raktaprasadana, thereby aiding in the correction of the underlying metabolic disturbances. As described by Acharya Kashyapa, Virechana is beneficial in enhancing "*Virechanena beejam bhavati karmukam"* (functional competence of the reproductive elements), which may support fertility and reproductive health.[12]

Rajayapana vasti was administered as it is regarded as a *Rasayana, Balya*, and *Vrishya* therapy. Its ingredients, including milk, honey, and *Saindhava lavana*, facilitate tissue nourishment, improve drug delivery, clear obstructed channels, and support *Shukra dhatu* formation. *Kalyanaka Ghrita* was administered for *Snehapana* and *Sneha dravya* in *Vasthi karma* owing to its *Rasayana*, *Medhya*, and *Balya* properties. The formulation predominantly contains drugs with *Tikta, Katu, Madhura,* and *Kashaya rasa*, *Ushna veerya*, and *Katu-madhura vipaka*, which help in correcting *Agnimandya*, alleviating *Kapha-vata dushti*, and improving tissue metabolism.[13] The therapeutic effect of *Rajayapana vasti* may be attributed to the combined action of its ingredients. *Tikta rasa* promotes nourishment of deeper tissues, including *Asthi* and *Majja dhatus,* which are closely related to *Shukra dhatu*. Cow's milk possesses *Rasayana, Vrishya*, and *Balya* properties, supporting tissue nourishment and reproductive health. Honey, due to its *Yogavahi* and *Tridosha-shamaka* properties, facilitates drug delivery and helps clear obstructed channels. *Saindhava lavana* enhances penetration into subtle channels and aids in the removal of accumulated *Doshas*.[14]

Madhutailika Vasti was selected for its dual *Rasayana* and *Shodhana* actions; it promotes systematic nourishment of all *Dhatus*, from *Rasa dhatu* to *Shukra dhatu*, while simultaneously facilitating the elimination of vitiated *Doshas*, particularly *Vata dosha*.[15] *Madhutailika vasti* is highly *Brimhana* in nature due to the substantial proportion of *Madhu* and *Taila* used in its formulation. *Dhanwantaram taila*, employed as the *Sneha* component, possesses *Madhura rasa, Guru-snigdha guna,* and *Vata kaphahara* properties and is indicated in conditions of *Ksheena shukra*. Owing to its ingredients, *Madhutailika vasti* is predominantly characterized by *Madhura rasa* and *Vipaka, Guru* and *Snigdha guna*, and *Sheeta virya*. These attributes closely resemble those of *Vrishya dravyas*, which are known for their nourishing, life promoting, *Brimhana*, and reproductive health-enhancing effects. Thus, *Madhutailika vasti* supports *Shukra dhatu* nourishment and promotes overall reproductive function.[16]

Ayurveda highlights the significant role of mental well-being in reproduction. Classical texts describe *"Saumanasyam garbhadhaaranaanaam sreshtham"* (a calm and positive mental state) as a favourable factor for conception, whereas *"Daurmanasyam avrshyaanaam"* (mental stress, anxiety, or emotional disturbance) is considered detrimental to fertility and reproductive function.[17] Yoga may support male reproductive health by improving metabolic function, reducing oxidative stress, and enhancing seminal parameters such as sperm count and motility. Practices, including asanas, pranayama, and meditation, help alleviate stress and anxiety, promote hormonal balance, and strengthen antioxidant defences, thereby creating a favourable environment for optimal reproductive function.[18]

The post-treatment semen profile showed improvement in key fertility-related parameters, especially progressive motility and morphology, but the overall pattern was mixed because not all parameters improved uniformly. This is important because semen analysis has substantial intra-individual variability, and changes in volume, motility, morphology, and concentration may fluctuate between samples even without a major biological intervention. The finding that total motility fell and some metabolic parameters worsened while others improved should therefore be presented as a partial response rather than as complete normalization. Since multiple therapies were given together, it is not possible to attribute the reproductive outcome to any single intervention. The later natural conception and live birth are clinically notable, but they should be reported as an outcome that followed treatment rather than as proof of causality. Given that spermatogenesis takes approximately 74 days, the relatively short interval between treatment and conception may reflect changes in seminal environment, sperm maturation, or oxidative stress rather than full regeneration of a new sperm cohort. Future case reports should include repeat semen analyses over a longer interval, along with clearer metabolic follow-up, to better define whether the response is sustained. This single case suggests a possible association between a comprehensive Ayurvedic protocol and improvement in selected seminal and metabolic parameters, followed by natural conception and live birth. Because the laboratory response was mixed and the report is uncontrolled, causality cannot be inferred. Controlled studies are needed to confirm efficacy, safety, and reproducibility.

CONCLUSION

The present case demonstrates that an Ayurvedic treatment protocol aimed primarily at correcting *Shukra dushti*, along with alleviating *Kaphamedho dushti* and clearing *Srotorodha*, may be

beneficial in the management of asthenoteratozoospermia associated with metabolic dysfunction. Improvement in seminal and metabolic parameters, followed by natural conception and the birth of a healthy child, was observed after treatment. These findings indicate the potential of a holistic Ayurvedic approach in enhancing male reproductive health; however, further clinical studies are needed to establish its effectiveness and reproducibility.

Patient Perspective

The patient reported satisfaction with the treatment and felt that his general health and well-being improved during the course of care. He was pleased that conception occurred after treatment and that the couple later had a healthy baby, and he felt that the treatment was helpful overall. This perspective reflects the patient's experience and should not be interpreted as proof of treatment causality.

Strength and Limitations

This case is notable for its detailed clinical documentation, objective semen and metabolic data, and clinically meaningful reproductive outcome. However, as a single uncontrolled case with multiple concurrent interventions, causality cannot be established. The response was also mixed, with improvement in selected semen parameters but not in all laboratory measures. In addition, the absence of longer-term repeat semen analysis and detailed safety outcomes limits interpretation of durability and treatment-specific effects. The patient's spouse had known bilateral polycystic ovarian syndrome, a female-factor contributor to the couple's infertility that is not addressed in this report; the timing of conception therefore cannot be attributed to improvement in male seminal parameters alone. The patient's documented occupational heat exposure, a recognised modifiable risk factor for impaired spermatogenesis, is also not revisited in the management or discussion, and it is unclear whether this was addressed during treatment. Finally, the post-treatment semen analysis was performed only 27 days after treatment began, well short of a complete spermatogenic cycle (approximately 74 days); the marked improvement in progressive motility within this interval may partly reflect changes in the seminal plasma or epididymal environment rather than a fully matured new sperm cohort, and this should be stated explicitly alongside the similar point already made about the conception timing.

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