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Case Study

ROLE OF *BASTI KARMA* AND *SHAMANA AUSHADHIS* IN THE MANAGEMENT OF *SHUKRA DUSHTI* WITH SPECIAL REFERENCE TO MALE SECONDARY INFERTILITY

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ABSTRACT

Shukra is described as the seventh and final among the seven *Dhatus* in Ayurveda and plays an important role in reproductive functions and procreation. Impairment in the characteristics of *Shukra* due to the involvement of *Vata, Pitta* and *Kapha Doshas* is described as *Shukra Dushti*. Infertility is defined as the inability to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. According to the World Health Organization (WHO), approximately one in six people experience infertility during their reproductive life. Infertility may result from male factors, female factors or a combination of both. Male infertility is commonly associated with abnormalities in viscosity, sperm concentration, motility and morphology, which are evaluated through semen analysis. **Methodology**: A 33-year-old male presented with a history of difficulty in achieving a second child for one year, with semen analysis revealing asthenoteratozoospermia. He initially received *Phala Ghrta Uttara Basti* along with *Shamana Aushadhis*. **Results**: Semen parameters were assessed before and after treatment. Improvement was observed in semen parameters following treatment. **Conclusion**: This case highlights the clinical application of *Phala Ghrta Uttara Basti* along with *Shamana Aushadhis* in the management of *Shukra Dushti* with special reference to male secondary infertility.

INTRODUCTION

Shukra Dushti refers to the vitiation of *Shukra Dhatu*. *Acarya Caraka* describes eight forms of *Shukra Dosha*[1], namely *Tanu* (thin), *Shushka* (dry), *Phenila* (frothy), *Ashveta* (non-white), *Puti* (foul-smelling), *Atipicchala* (excessively slimy), *Anyadhatupahita* (mixed with other bodily constituents) and *Avasadi* (settling or sedimentary). *Acarya Sushruta* also describes eight types of *Shukra Dushti*[2] are *Vataja, Pittaja, Kaphaja, Kunapa, Granthi, Puti-Puya, Kshina* and *Mutra-Purisha*. These conditions may affect the characteristics and quantity of *Shukra* and contribute to difficulty in conception. The aggravation of *Vyana* and *Apana Vayu* is also described in association with *Shukra Dosha*.

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Male infertility may result from various factors affecting spermatogenesis, sperm maturation, transport and ejaculation. Causes[3] include endocrine disorders, systemic and nutritional factors, lifestyle-related factors, congenital factors, infections, thermal factors, iatrogenic factors, testicular failure, obstruction of sperm ducts, ejaculatory and coital disorders, seminal fluid abnormalities, immunological factors. Semen analysis is a fundamental investigation for evaluating male infertility. The present case report describes the clinical application of *Shodhana Basti*[4] followed by *Phala Ghrta*[5] *Uttara Basti*[6] along with *Shamana Aushadhis*, in the management of *Shukra Dushti* with special reference to male secondary infertility, with treatment outcomes assessed through changes in semen parameters.

A 33-year-old male presented to Sri Venkateswara Ayurvedic Hospital, Tirupati, with a history of difficulty in conceiving a second child. He had been married for seven years, and his first child was born two years after marriage. The couple had been planning for a second child for the past one year. He

had previously consulted an allopathic hospital, where investigations revealed asthenoteratozoospermia, with a sperm concentration of 24.2million/ml, total sperm count of 60.5 million/ejaculate, total motility of 8%, progressive motility of 5%, non-progressive motility of 3%, immotile spermatozoa of 92% and normal forms of 1%. Despite receiving multivitamin supplementation, no significant improvement was observed. He subsequently sought Ayurvedic treatment and was admitted to Sri Venkateswara Ayurvedic Hospital for further management.

Past History: Fissure in ano 1 year ago, no H/o HTN/ T2DM/varicocele/others

Family History: Nothing specific

Personal History

- Appetite – Good
- Bowel – Constipated
- Sleep – Disturbed
- Micturition- Normal
- Addictions- No
- *Agni – Samagni*
- *Koshtha – Krura*

Dasa Vidha Pariksha

- *Prakrti - Vata Pradhana Pitta*
- *Satmya - Madhyama*
- *Vikrti - Madhyama bala*
- *Satva - Pravara*
- *Sara - Madhyama*
- *Ahara sakti - Madhyama*
- *Saṃhanana - Madhyama*
- *Vyayama - Avara*
- *Pramaṇa - Madhyama*
- *Vayas - Madhyama*

Asta Vidha Pariksha

- *Nadi - Vata Pradhana*
- *Sabda - Prakrta*
- *Mala - Vibandha*
- *Sparsha - Prakrta*
- *Mutra - Prakrta*
- *Drk - Prakrta*
- *Jihva - Nirlipta*
- *Akrti – Madhyama*

General Examination

- Built: Moderate
- Gait: Normal
- General Appearance: Normal
- Pulse rate: 70 /min
- Respiratory rate: 18/min
- Blood pressure: 125/85 mm of Hg
- Height: 5’8”
- Weight: 64 kgs
- Oedema: Absent
- Anaemia: No
- Icterus: No
- Clubbing: Absent
- Cyanosis: Absent
- Pigmentation: Absent
- Deformities: Absent

Systemic Examination

- Respiratory System: NAD
- Cardio Vascular System: NAD
- Central Nervous System: NAD

Genital System Examination

- Pubic hair distribution: Normal
- Penis: Normal in shape and size; no lesions
- Scrotum: Normal in appearance; no swelling or tenderness
- Testes: Bilaterally palpable, with no tenderness
- Epididymis: Normal
- Spermatic cords: No tenderness bilaterally
- Cremasteric reflex: Present bilaterally

Investigations

Hemogram

- Hb: 13 g/dl
- T.C: 10000 cells/mm^3
- E.S.R: 10 mm/hr

Blood sugar

- FBS – 93 mg/dl
- PPBS – 110 mg/dl

Viral Markers: Negative

Urine Examination

- Routine: Sugar- Nil
- Albumin- Nil
- Microscopic: Pus cells- 2 to 3/HPF
- Epithelial cells- 1 to 2/HPF

Coagulation profile

Bleeding time: 2 minutes 30 seconds

Clotting time: 5 minutes 30 seconds

Nidanapañcaka

1. *Hetu: Mithya Ahara* and *Mithya Vihara*
2. *Purvarupa:* Not elicited
3. *Rupa:* Inability to achieve conception
4. *Upashaya:* No specific relieving factors reported.
5. *Anupashaya:* Intake of *Takra* (daily 5 times)
6. *Samprapti:* The vitiated *Doshas*, either individually or collectively, reach the *Retovaha Siras* and vitiate *Shukra Dhatu*, resulting in *Shukra Dushti*.

Samprapti Ghatakas

- *Dosha: Vata, Pitta* predominant
- *Rogamarga: Bahya*
- *Dushya: Shukra Dhatu*
- *Srotas: Shukravaha Srotas*
- *Srotodustiprakara: Sanga*
- *Adhistana: Sarva Sharira*

Chikitsa

Date	***Shodhana Cikitsa***	***Shamana Cikitsa* (for 3 months)**
11/11/2025 to 13/11/2025	*Shodhana Basti* for 3 days followed by	Cap. Spermonet 1-0-1after food Spermakot granules 3/4th tsp-0-3/4th tsp with milk BD after food Tab. Fortege 1-0-1 BD after food
14/11/2025 to 28/11/2025	*Uttara Basti* with *Phala Ghrta* for 9 days in the pattern of one *Uttara Basti* per day for 3 consecutive days which is to be repeated with a gap of 3 days until the total cumulated to 9 *Basti's*.	

RESULTS

Semen Parameter	**Baseline 0 Day**	**90th day after treatment**
Volume	2.5 ml	2 ml
Viscosity	Viscid, opaque	Viscid, opaque
pH	8	8
Sperm concentration	24.2 million/ml	31.9 million/ml
Total sperm count	60.5 million/ejaculate	63.8 million/ejaculate
Total motility	8%	31%
Progressive motility	5%	27%
Rapidly progressive	4%	9%
Slowly progressive	1%	18%
Non-progressive	3%	4%
Immotile spermatozoa	92%	69%
Morphology, normal forms	1%	2%

DISCUSSION

Basti Karma is given particular importance in the management of *Shukra Dosha*. *Basti* is an important therapeutic modality in Ayurveda and is regarded as *Ardhacikitsa*, particularly in the management of *Vata* disorders. Although administered through the rectal route, with the *Pakvashaya* considered its primary site of action, its therapeutic effects are understood to extend throughout the body through the regulation of *Vata Dosha*. The *Guda, Nabhi, Kati, Parshva* and *Kukshi* are important regions associated with its therapeutic action. In the present case, the relevance of *Basti* can be understood in terms of *Apana Vata* regulation, promotion of *Vatanulomana* and support of tissue nourishment.

Shodhana Basti was administered for three days prior to *Uttara Basti* as a preparatory procedure. *Uttara Basti* is so called because it is administered after *Niruha Basti* or through the urinary/genital route. The *Shodhana Basti* administered in the present case comprised *Madhu* (100ml), *Saindhava Lavana* (3g), *Tila Taila* (50ml), *Madanaphala-Trivrt Kalka* (10g) and *Madanaphala-Trivrt Kwatha* (300ml). *Madhu*, owing to its *Yogavahi* property, facilitates the combined action of the ingredients. *Saindhava Lavana*, with its *Sukshma* and *Tikshna* properties, aids *Dosha Vilayana* and the mobilisation of vitiated *Dosha*. *Tila Taila* contributes *Snigdha* and *Vatashamaka* effects. The *Kalka* prepared from *Madanaphala* and *Trivrt* supports the consistency and uniform distribution of the *Basti Dravya*, while the *Kwatha* prepared from the same drugs serves as the aqueous component and contributes to the *Shodhana* action. Collectively, these ingredients facilitate the mobilisation and elimination of vitiated *Dosha*, promote *Vatanulomana* and help alleviate *Srotorodha*.

The aqueous medium facilitates dispersion of the formulation, while the volume of *Basti Dravya* may produce mechanical stimulation and distension of the rectum and colon, supporting intestinal motility and evacuation. Thus, the pharmacological properties of the ingredients, together with the physical effects of rectal administration, may complement cleansing action.

Uttara Basti involves the administration of *Phala Ghrta* through the urethral route, providing localized contact with the genitourinary mucosa. In *Shukra Dushti*, its therapeutic relevance may be understood in relation to *Shukravaha Srotas* and the functional support of *Shukra Dhatu*. The *Snigdha, Guru* and *Brmhana* properties of *Phala Ghrta*, along with its *Vrshya, Shukrala, Balya* and *Rasayana* actions, may support *Shukra Dhatu* nourishment and *Vatanulomana*.

Phala Ghrta is a polyherbal *Ghrta* formulation prepared with herbal ingredients, *Go Ghrta* and *Go Kshira*. Its constituents possess complementary *Dipana, Pacana, Shothahara, Vrshya, Shukrala, Balya, Brmhana* and *Rasayana* properties. The process of *Ghrta*

Samskara facilitates the incorporation of the herbal constituents into the *Sneha* medium, combining their therapeutic attributes with the nourishing properties of *Go Ghrta* and *Go Kshira*. These properties provide an Ayurvedic rationale for the use of *Phala Ghrta Uttara Basti* in the management of *Shukra Dushti.*

From a modern perspective, the urethral route provides localized mucosal exposure to the bioactive constituents of *Phala Ghrta*. These constituents may interact with the mucosal surface and undergo local diffusion depending on their physicochemical properties and tissue permeability. The lipid medium may facilitate the availability of lipophilic constituents at the mucosal interface. Along with the antioxidant, cytoprotective and reproductive-supportive properties of *Phala Ghrta*, this localized exposure may help reduce oxidative cellular stress, support reproductive function and contribute to spermatogenesis, thereby contributing to improvement in semen parameters in *Shukra Dushti*.

CONCLUSION

The present case demonstrated improvement in semen parameters following *Shodhana Basti, Phala Ghrta Uttara Basti* administered along with *Shamana Aushadhis* in the management of *Shukra Dushti*. The improvement was reflected in sperm concentration, motility and morphological forms during post-treatment assessment. *Shamana Aushadhis* were administered during the subsequent five-month follow-up period, following which his wife's pregnancy was confirmed by a positive urine pregnancy test (UPT) and ultrasonography (USG). These clinical observations indicate the potential role of this combined Ayurvedic treatment approach in managing *Shukra Dushti* associated with abnormal semen parameters. Further clinical studies involving larger sample sizes and appropriate controlled designs are required to substantiate these findings and establish the efficacy of this treatment approach.

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