Ayurvedic Management of Oligospermia on Fertility Enhancement: A Case Report from Sri Lanka

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Abstract

Male infertility contributes to nearly half of all infertility cases worldwide, with Oligospermia being a common cause. *Garbha Sambhava Samagri* is a foundational concept in Ayurveda, delineating the essential factors for successful conception and healthy fetal development as *Ritu* (Fertile Period), *Kshetra* (uterus), *Ambu* (Nutrition) and *Beeja* (Gametes). *Beeja* are the male and female reproductive elements of *Shukra* (sperm) and *Artava* (ovum), which must be unvitiated and of optimal quality for conception. Ayurveda describes low sperm count as *Ksheena Shukra* or *Shukrakshaya*, often attributed to *Vata* and *Pitta* vitiation. A 29-year-old male patient presented to the Bhagya Suwa Arana Ayurveda Medical Center, Sri Lanka, with a complaint of being unable to produce progeny despite having unprotected sexual intercourse for five years. This was clinically diagnosed as a primary infertility with borderline low sperm concentration (16.6 million/ml) of semen analysis that without any other significant medical history. The patient was treated with a two-month holistic treatment plan involving *Shodana* therapy for dosha purification and *Shukrajanana* and *Vajikarana* medications to enhance sperm quality and quantity with dietary and lifestyle modifications. Post-treatment semen analysis demonstrated remarkable improvements in sperm concentration, increased from 16.6 to 77.2 million/ml, total sperm count from 49.8 to 231.6 million, total progressive motile sperm from 9.2 to 31.1 million/ml, and the Sperm Motility Index from 81 to 195. This case illustrates the potential efficacy of a holistic Ayurvedic approach in improving semen quality and restoring fertility. Future studies with larger sample sizes and controlled clinical trials are needed to systematically evaluate the efficacy and mechanisms of Ayurvedic interventions in male infertility.

Keywords: Male infertility, Oligospermia, *Ksheena Shukra*, Ayurveda

I. INTRODUCTION

Infertility is usually defined as the inability to conceive even after 1 year of unprotected, frequent sexual intercourse of a couple (American Society for Reproductive Medicine, 2008). According to the World Health Organization (WHO), 17.8% of adults in high-income countries and 16.5% in low- and middle-income countries experience infertility during their lifetime. The male is solely responsible for about 20% of cases and is a contributing factor in another 30% to 40% of all infertility cases. A male factor is identified in about 50% of infertile couples as a primary or contributing factor and among those, 20-30% of cases are due to the primary reason of male infertility (Schlegel et al., 2021). Low sperm concentration (Oligospermia), poor sperm motility (Asthenozoospermia), and abnormal sperm morphology (Teratospermia) mainly contribute to male infertility (Kumar and Singh, 2015). Environmental factors, psychological stress, unhealthy lifestyles, and oxidative stress contribute to Oligospermia.

Garbha Sambhava Samagri is a foundational concept in Ayurveda, delineating the essential factors for successful conception and healthy fetal development as *Ritu* (Fertile

Period), *Kshetra* (uterus), *Ambu* (Nutrition) and *Beeja* (sperm and ovum) (Ambikadatta, 2007). According to Ayurveda, eight types of vitiated semen are described in *Shukra Dushti* as *Vataja, Pittaja, Kaphaja, Kunapagandhi* (emits a cadaver smell), *Granthibhuta* (clotted with low motility power), *Putipuya* (smell of pus), *Ksheena* (small in quantity) and *Mutra purisha retasa* (mixed with urine and faeces) (Murthy, 2006).

II. CASE PRESENTATION

A 29-year-old married male patient presented to the Bhagya Suwa Arana Ayurveda Medical Center, Sri Lanka, on 18th June 2023 with a complaint of being unable to produce progeny despite having unprotected sexual intercourse for five years. He had consulted various allopathic doctors within one year for the treatment of fertility enhancement, but those were not successful. The patient did not have any history of illness, including mumps, orchitis, tuberculosis, hydrocele, genitourinary tract infections, trauma to the gonadal part or sexually transmitted diseases. He had constipated bowel, normal appetite, normal micturition, disturbed sleep (occasionally), mixed diet and no Habits or Allergy in his personal history. On examination, he was not pale. Pulse rate 76/min, normal rhythm and BP was 130/80 mmHg, and his BMI was 24kg/m^2. The Semen Analysis Report (17.06.2023) interpreted that the borderline low sperm concentration of 16.6 million/ml, which was generally considered the lower limit of normal for fertility.

By analyzing the clinical features and investigations, this condition was diagnosed as primary infertility due to mild Oligospermia. According to Ayurveda, the Oligospermia condition can be correlated with *Ksheena shukra* or *Shukrakshaya,* which is primarily caused by *Vata* and *Pitta* vitiation.

III. MANAGEMENT

The treatment plan was begun with the administration of *Shodana Chikitsa,* followed by *Shaman Chikitsa* with oral medicines according to Ayurveda as mentioned in *Shukra dushti Chikitsa* (Trikamji, 2003). At the beginning of the treatment, the patient underwent *Shodana karma* with a duration of two weeks in the vitiation of *Shukra* and admiration of *Dipana-Pachana* (improving digestion) and *Anulomana Aushadha* (correcting the vitiation of dosha by facilitating natural movement and proper elimination of waste products). *Shukrajanana* and *Vajikarana Aushadha* ((sperm promoting and aphrodisiac drugs) were administered for six weeks for the enhancement of sperm quality and quantity.

Table 1: Treatment Plan

Treatment Process	Medicine	Dose	Method of Use	Time	Duration
Drugs for purification (*Shodana*)	*Panchamuli laghu draksha Panta*	15g	seeped in a cup (240 ml) of boiled water	before meal - meaning and evening	2 weeks
	Chandraprabha Vati	2 pills	with warm water	after meal - morning and evening	
	Avipathikara Churna	5g	seeped in 125 ml of boiled water	after meal- nocte	
Drugs for enhancement of sperm quality and quantity	*Ashwagandharishta*	15ml	Table spoonful	after meal - twice daily	6 weeks
	Ranahansa Rasyana	5g	with fresh milk	before meal – morning	
	Gokshuradi Guggulu	2 pills	with warm water	after meal- nocte	

Panchamuli laghu draksha Panta, *Chandraprabha Vati* (pill) and *Avipathikara Churna* were used for the purification (*Shodana*) process in the first two weeks. *Ashwagandharishta*, *Ranahansa Rasyana* and *Gokshuradi Guggulu* (pill) were administered for the next six weeks as *Shukrajanana* (sperm promoting) and *Vajikarana* (aphrodisiac) medicines. The patient was advised to consume a balanced diet predominantly with sweet taste (*Madhura*) like dates and jaggery, milk and dairy products, cow ghee, urad dal, moong dal, fresh vegetables and fruits, salads, avocado, ripened jack fruit and durian fruits. The patient was managed with lifestyle modifications according to Ayurvedic principles for the enhancement of fertility power. Also, he was counseled to avoid suppressing natural urges, sitting on hot seats continuously, high exposure to hot environment, wearing tight undergarments, the use of spermicidal lubricants and stressful conditions. He was advised to avoid foods containing soy, genetically modified foods, canned foods, high fat foods, red meat, hot spicy foods, smoking and alcohol consumption. Regular bathing, washing with cold water, wearing light color clothes and adequate sleep were counseled. After completion of treatments for two months, the patient underwent for Semen Analysis Report (SFA) (28.08.2023), which revealed significant progress.

IV. RESULTS

Table 2: Semen analysis (before treatment and after treatment)

Parameters	Before Treatment (17/06/2023)	After Treatment (28/08/2023)
Volume	3.0 ml	3.0 ml
Appearance	Normal	Normal
Viscosity/ Liquefaction	Normal	Normal
Sperm Concentration	16.6 million/ml	77.2 million/ml
Total Sperm Number	49.8 million	231.6 million
Motile Sperm	36.7 million	113.9 million
Total Progressive Motile Sperm	27.7 million	93.3 million
Total Functional Sperm	8.3 million	21.2 million
Total Morphologically Normal Sperm	7 million	23.2 million
Sperm Motility Index (SMI)	81	195
Motile Sperm Concentration (MSC)	12.2 million/ml	38 million/ml
Progressively Motile Sperm Concentration	9.2 million/ml	31.1 million/ml
Functional Sperm Concentration (FSC)	2.8 million/ml	7.1 million/ml
Velocity (VAP)	35 mic/Sec	41 mic/Sec

V. DISCUSSION

Infertility is a multifactorial condition affecting a substantial proportion of couples worldwide, with male factors contributing to nearly half of all cases either as a primary or a contributing cause (Schlegel et al., 2021). In the presented case, the patient exhibited primary infertility due to mild Oligospermia, characterized by a borderline low sperm concentration of 16.6 million/ml. In Ayurveda, the condition of low sperm count is described as *Ksheena Shukra* or *Shukrakshaya*, often attributed to *Vata* and *Pitta* vitiation (Murthy, 2006).

The therapeutic management incorporated both *Shodana* (purification) and *Shamana* (palliative) treatments aimed at restoring the quality and quantity of sperm and eliminating

Vata and *Pitta doshas*. The initial two-week *Shodana* therapy using *Panchamuli Laghu Draksha Panta, Chandraprabha Vati*, and *Avipathikara Churna* focused on digestion improvement, elimination of accumulated *Vata* and *Pitta doshas*, and systemic detoxification (Department of Ayurveda, 1976). Subsequent six-week administration of *Shukrajanana* and *Vajikarana* medicines, including *Ashwagandharishta*, *Ranahansa Rasyana*, and *Gokshuradi Guggulu*, was intended to enhance spermatogenesis, improve sperm motility, and restore reproductive potential. Acharyas mentioned that *Ashwagandharishta* is useful in *Bala-kṣaya* (loss of strength), *Kṣeena Shukra* (low semen/oligospermia), *Vata vyadhi* and *Manasika vikara* (mental disorders) (Tripathi, 2019). A previously published study demonstrated that a standardized root extract of *Ashwagandha* significantly improved sexual well-being in adult men (Chauhan, Srivastava, and Pathak, 2022). *Ranahansa Rasyana* was used to prevent of *Shukara Dhatu Kshaya* (Sperm deficiency) and *Bala-kṣaya* (loss of strength) (Department of Ayurveda, 1976). Acharyas mentioned that *Gokshura* has the properties of *Mutravirechanīya* in urinary disorders, and its action on *Apana Vata* supports the physiology of reproduction and semen quality (Sharma and Dash, 2009). *Gokṣura* is also described as a *Vṛṣya* (aphrodisiac) and as a *Rasāyana dravya* (Murthy, 2012). The integrative approach also included a diet rich in *Madhura Rasa* (sweet taste), dairy products, and antioxidant-rich foods, alongside counseling to avoid environmental and lifestyle factors detrimental to fertility.

Post-treatment semen analysis demonstrated a remarkable improvement in all measured parameters. Sperm Concentration increased from 16.6 to 77.2 million/ml, Total Sperm Count from 49.8 to 231.6 million, and Motile Sperm from 36.7 to 113.9 million. Total Progressive Motile Sperm Concentration improved from 9.2 to 31.1 million/ml, and the Sperm Motility Index increased from 81 to 195, indicating a significant enhancement in both sperm quantity and functional capacity. These findings confirmed that Ayurvedic interventions can contribute to the restoration of male fertility in cases of Oligospermia with enhancement of testicular function and spermatogenesis via authentic herbal medicines and optimization of systemic health through dietary and lifestyle management. Although this case study supported an existing literature indicating the potential efficacy of integrative Ayurvedic treatments in male infertility management.

VI. CONCLUSION

The present case concluded that the effectiveness of a holistic Ayurvedic approach in managing primary male infertility led to marked improvements in sperm count, motility, and overall semen quality with therapeutic management, dietary, and lifestyle modifications. Future studies with larger sample sizes and controlled clinical trials will be needed to systematically evaluate the efficacy and underlying mechanisms of Ayurvedic interventions in male infertility.

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