

A Role of Gokshuradi Churna in Shukra Beeja Ksheenata - A Case Study

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Infertility can complicate the most intimate relationships. It brings many strains - On time, finances, ability to make decisions and even the job. Although, both the partners experience it at the same time, each one is likely to have different feelings, often widely divergent ones, about one's impaired fertility. Sperm count of less than 15 million sperm / ml is considered as the condition of Oligozoospermia, although this lower limit or the reference limit set by WHO has been considered too low for a lower reference limit because the probability of pregnancy is essentially linear with sperm concentrations up to 40-50 million sperms / ml. Oligozoospermia stands near to the term Ksheena Shukra which is among eight types of Shukradushti mentioned in the classics and is a Vata Pittaja Vyadhi. The word "Kseen-Shukra" is made up of two words. i.e., Ksheena and Shukra. Ksheena is to decrease and Shukra is the 7th Dhatu of body. Vajikarana (Aphrodisiac therapy) a branch of Ayurveda deals with the promotion of sexual health, healthy progeny, treatment of male sexual disorders (erectile dysfunction, premature ejaculation) and infertility. Vajikarana therapy improves the nourishment and function of the reproductive organs and vitalizes tissues of reproductive organs, increasing sperm count, quality and strengthening their motility and making sperms more viable for conception.

Keywords: Infertility, Oligozoospermia, Shukradushti, Vajikarana, Kseen-Shukra

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Introduction

Infertility is defined as the inability of a couple to achieve pregnancy after at least 1 year of frequent unprotected intercourse. If a pregnancy has not occurred after 3 years, infertility will most likely persist without medical treatment. Approximately 20% of cases of infertility are exclusively due to a male factor, with an additional 30% to 40% of cases involving both male and female factors. Therefore, a male factor is present in one half of infertile couples.[1] Male infertility refers to the inability of a male to achieve a pregnancy in a fertile female. Some of the known responsible factor for male infertility are poor semen quality, endocrine inter relationship, testicular function and genetical factors etc.[2]

Oligozoospermia is the leading cause of infertility.[3] The term Oligospermia or Oligozoospermia refers to the semen with low concentration of sperm and is a common finding in male infertility.[4]

क्षीणं प्रागुक्तं पित्तमारुताभ्यां (शुक्रं भवति)" [5] (सु. शा. 2/3)

According to *Ayurveda*, *Shukra* is considered as the 7th *Dhatu* amongst the 7 *Dhatus* which constitutes the body[6] and is considered as the *Sara* (essence) of all the *Dhatus*. It gets its nourishment from the former *Dhatu* (*Majja*, the 6th *Dhatu*.[7] Its function is *Garbha Prasada*[8] (to produce progeny), *Dhairya* (courage), *Chyavana* (ejaculation), *Priti* (affection), *Deha Bala* (strength of body), *Harsha* (pleasure) and *Beejārtha* (purpose of seed).[9]

Causes of Shukra Beeja Ksheenata:

अतिव्यवायाद्यायामादसात्म्यानां च सेवनात् ।
अकाले वाऽप्ययोनौ वा मैथुनं न च गच्छतः॥
रूक्षतिक्तकषायतिलवणाम्लोष्णसेवनात् ।
नारीणामरसज्ञानां गमनाज्जरया तथा॥
चिन्ताशोकादविस्रम्भाच्छस्तक्षाराग्निविभ्रमात् ।
भयात्क्रोधादभीचाराद्याधिभिः कर्शितस्य च॥
वेगाघातात् क्षताच्चापि धातूनां सम्प्रदूषणात् ।
दोषाः पृथक् समस्ता वा प्राप्य रेतोवहाः सिराः ॥(च.चि.30/135-138)

Aim and Objectives

1. To evaluate the efficacy of *Gokshuradi Churna* in *Shukra Beeja Ksheenata*.
2. To generate data for establishment of guidelines for therapeutic regimen of *Gokshuradi Churna* in improving the *Ksheena-Shukra patients*.

3. To provide reliable, cost effective Ayurvedic treatment for *Shukra Beeja Ksheenata* with minimum / no recurrence.

Hypothesis

- **Null Hypothesis (H0)** - *Gokshuradi Churna* is not effective in *Shukra Beeja Ksheenata*.
- **Alternate Hypothesis (H1)** - *Gokshuradi Churna* is effective in *Shukra Beeja Ksheenata*.

Inclusion Criteria

- Age - 21-45 years of male
- Sperm count <15 million/ml (according to WHO-2010).
- Subjects who are *Yogya* for *Mridu Virechana*.
- Subject who are ready to sign informed consent.
- Subjects who are not registered in any other research project.
- Subjects who can take medicine orally

Exclusion Criteria

- Age below 21 and above 45 years.
- Sperm count >15 million/ml
- Patients of azoospermia and aspermia
- Subjects who are *Ayogya* for *Mridu Virechana*.
- Patients of various dis. like varicocele, accessory sex gland infection, sexually transmitted diseases, severe systemic diseases etc.
- Genetic disorders like Klinefelter's syndrome.
- Taking treatment for major psychiatric problem
- History of previous medications and trauma leading to oligozoospermia.
- Subjects suffering from Tuberculosis, Uncontrolled Diabetes mellitus and Hypertension and Inflammatory bowel disease.
- Subjects who are not ready to sign the informed consent.
- Subjects who are registered in any other research project.
- Subjects who cannot take medicine orally.

Case Report

Chief Complaints:

Partial Loss of Erection × 6 months.

Generalised weakness

Delayed Ejaculation

History of Present Illness

According to the patient he was apparently asymptomatic 6 months back. Then he developed Partial loss of erection due to which he was unable to perform a coitus. He also complaint of Delayed Ejaculation for which he went to nearby hakim and got her treatment done but did not get any satisfactory relief.

On further enquiry he also complaint of Generalised weakness due to which he was unable to perform day today daily activities. With these complaints he came to RAC, Haridwar and got his treatment done.

Personal History:

- Bowel - Incomplete Evacuation, Hard stool with a frequency of Daily once.
- Appetite - Reduced.
- Micturition - Normal, 4-5 times/day and 1-2 times during night hours.
- Sleep - Sound.
- Thirst - Normal, 2-3 litres water consumed per day.
- Addiction - Alcohol consumption, twice weekly.

General Physical Examination:

General condition was stable, Age 24 years Male/Adult; weight: 65 kg, height: 178 cm, non-obese with BMI: 20.5kg/m². No cyanosis, pallor, icterus, clubbing and lymphadenopathy were seen. Vitals of the patient at the time of visit were stable with pulse rate: 84/min, regular, blood pressure: 110/78 mm of Hg, respiratory rate: 20/min, regular and was clinically afebrile. Her *Prakriti* was *Vatapitta* dominant having *Madhyam Bala* and *Krura Koshtha*.

Systemic Examination:

- **Gastrointestinal Examination:** Soft and non-tender abdomen, Normal Bowel sounds Heard.
- **Respiratory System Examination:** Normal vesicular breathing sound heard, no added sounds, Bilaterally equal air entry.
- **Cardiovascular system:** Normal S1 S2 heard, no Murmurs Audible.
- **Urogenital system:** NAD

Investigations:

Semen Analysis- (Reports Attached)

Physical examination

Quantity - 1.2 ml

Sperm count - 10 million/ml

Motility of spermatozoa

Rapid Linear Progressive - 40 %

Sluggish Linear Progressive - 20 %

Non-Motile - 40 %

Abnormal forms

Total Abnormal Forms - 50

Treatment

A. *Deepana Pachana* with *Trikatu Churna* for 3 days

B. *Virechana*: with *Haritkyadi Yoga* on day 4.

C. Day 5 Rest

D. Day 6 onwards; 5gm of *Gokshuradi Churna* with milk 30 min. before meal.

E. Total period of trial - 90 days + 30 days of Follow-up after trial completion.

Contents of Gokshuradi Churna

गोक्षुरकः क्षुरकः शतमूली वानरिनागवलातिवला च ।

चूर्णमिदं पयसा निशि पय यस्य गृहे प्रमदाशतमस्ति ॥
(चक्रदत्तः66/9)

Contents of Haritakyadi Yoga

हरीतकीनां चूर्णानि सैन्धवामलके गुडम् ।

वचां विडङ्गं रजनीं पिप्पलीं विश्वभेषजम् ॥ (च.चि.1/1/25)

Observations and Results

Subjective Criteria

Symptoms	Before Treatment	After 30-Days	After 60 - Days	After 90 - Days	Follow-Up (30 days after completion of trial)
1. Medhravrishana Vedna	0	0	0	0	0
2. Ashakti Maithuna	2	2	2	1	1
3. Chirat Praseka	2	1	1	0	0
4. Praseke Cha Alpa	2	2	1	0	0
5. Daurbalya	2	1	1	0	0
6. Shrama	2	1	0	0	0

Objective Criteria

Symptoms	Before Treatment	Follow-Up (30 days after completion of trial)
1. Sperm count	10 million/ml	39 million/ml
2. Sperm Morphology	Total Abnormal Forms - 50	Total Abnormal Forms - 20
3. Sperm Motility	<ul style="list-style-type: none"> Rapid Linear Progressive - 40 % Sluggish Linear Progressive - 20 % Non-Motile - 40 % 	<ul style="list-style-type: none"> Rapid Linear Progressive - 70 % Sluggish Linear Progressive - 10 % Non-Motile - 20 %

Probable mode of action of drugs

- Keeping in mind that *Chikitsa Sutra* of *Kshaya & Vriddhi of Dosha-Dhatu-Mala* as mentioned in *Charaka Samhita, Sutra Sthana* 12th Chapter;

समानगुणाभ्यासो हि धातुनां वृद्धिकारणमिति । (च. सू. 12/6)

- Most of the drugs are *Madhura Rasa*, *Snigdha Guna*, *Sheeta Veerya* & *Madhura Vipaka* which are similar to the *Gunas* of *Shukra* e., *Madhura Rasa*, *Snigdha Guna* & *Sheeta Veerya* thus following;

सर्वदा सर्वभावानाम् सामान्यं वृद्धिकारणम् । (च. सू. 1/44)

- As the *roga Shukra Beeja Ksheenata* is caused by vitiation of *Vata & Pitta Dosha* and almost all the Drugs of *Gokshuradi Churna* are having *Vata-Pitta Shamak*
- Drugs used here are having *Vrishya*, *Balya*, *Shukrakara*, *Rasayana*, *Shukra Vriddhikara*

Assessment for Subjective Criteria**Medhravrishana Vedna (Pain in the penile and scrotal region)**

SN	Features	Score
1.	Absence of any pain	0
2.	Pain only during sexual activity	1
3.	Mild pain otherwise and increases during sexual activity	2
4.	Moderate or severe pain	3

Ashakti Maithuna (Weakness in performing sexual activity)

SN	Features	Score
1.	No weakness in performing sexual activity	0
2.	Mild weakness in performing sexual activity (satisfaction unaffected)	1
3.	Moderate weakness in performing sexual activity (satisfaction affected)	2
4.	Severe weakness in performing sexual activity (unable to penetrate)	3

Chirat Praseka (Delayed passage of Shukra)

SN	Features	Score
1.	Passage of Shukra unaffected	0
2.	Mild delay in passage of Shukra	1
3.	Moderate delay in passage of Shukra	2
4.	Severe delay in passage of Shukra	3

Praseke Cha Alpa (less amount of Shukra)

SN	Features	Score
1.	Semen amount 2 - 5 ml	0
2.	Semen amount 1.9 - 1.5 ml	1
3.	Semen amount 1.4 - 1.0 ml	2
4.	Semen amount less than 1.0 ml	3

Daurbalya (Generalised Weakness)

SN	Features	Score
1.	No weakness	0
2.	Weakness after hard work	1
3.	Weakness after routine work	2
4.	Can not do any work	3

Shrama (Fatigue)

SN	Features	Score
1.	No Fatigue	0
2.	Fatigue during hard work only	1
3.	Fatigue during hard routine only	2
4.	Cont. fatigue even in lying position.	3

Discussion

Here *Kayachikitsa* and *Samhitha* based *Chikitsa Krama* was adopted. Vitiation of *Vata* and *Pitta Doshas* leads to *Ksheena Shukra* and *Apana Vayu* and *Vyana Vayu* vitiation leads to lowering the concentration of sperm cells, which results in oligospermia. Hence here along with abnormal Semen parameters, *Ksheena Shukra Lakshanas* are taken for observation before treatment and after treatment. Hence, it can be said that *Ksheena Shukra*- Oligozoospermia manifested due to various causes can be effectively managed by *Deepana Pachana*, *Kostha Shodhana* and administration of oral drugs having properties like *Madhura Rasa*, *Snigdha Guna*, *Sheeta Veerya* & *Madhura Vipaka* which are similar to the *Gunas* of *Shukra* i.e.; *Madhura Rasa*, *Snigdha Guna* & *Sheeta Veerya* are useful in management of *Shukra Beeja Ksheenata*.

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