

## Needling Back Fertility: Ayurvedic Intervention with Microinvasive Viddhakarma in Enhancing Semen Quality and Sexual Function in Oligoasthenozoospermia - A Case Report


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Infertility is a significant global health issue, with male factors accounting for nearly 40% of cases. Among these, oligoasthenozoospermia - a condition marked by reduced sperm count and motility - poses a considerable challenge. This case report presents the successful Ayurvedic management of a 36-year-old male diagnosed with oligoasthenozoospermia and mild erectile dysfunction, correlating with the classical condition of Shukra Kshaya janya Klaibya. The patient, a software engineer with a stressful lifestyle, night shifts, and disturbed sleep, exhibited poor semen parameters and psychological distress. An integrative Ayurvedic approach involving Shodhana (purificatory therapies) including Virechana, Basti, and Uttara Basti, followed by Shamana Chikitsa with Rasayana, Vajikarana herbs, Viddhakarma, Yogic practices, and dietary modifications was adopted. Marked improvement was observed in semen parameters, erectile function, and overall well-being, with normospermia achieved and conception confirmed. This case highlights the potential of Ayurvedic protocols in addressing male infertility through holistic, individualized, and multi-modal interventions, emphasizing their relevance in contemporary reproductive healthcare.

**Keywords:** Male infertility, oligoasthenozoospermia, Shukra Kshaya, Ayurveda, Virechana, Basti, Vajikarana, Rasayana therapy, erectile dysfunction, integrative medicine

Corresponding Author	How to Cite this Article	To Browse
Nidhish Kumar S, Final Year Post Graduate Scholar, Dept of Prasuti Tantra Evam Stri Roga, Sri Kalabhyraveshwara Swamy Ayurvedic Medical College Hospital and Research Center, Bangalore, Karnataka, India. Email: <a href="mailto:nidhishk1111@gmail.com">nidhishk1111@gmail.com</a>	Nidhish Kumar S, Anupama V, Jana P, <a href="#">Needling Back Fertility: Ayurvedic Intervention with Microinvasive Viddhakarma in Enhancing Semen Quality and Sexual Function in Oligoasthenozoospermia - A Case Report</a> . J Ayu Int Med Sci. 2025;10(8):283-289. Available From <a href="https://jaims.in/jaims/article/view/4568/">https://jaims.in/jaims/article/view/4568/</a>	

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## Introduction

Infertility is a growing global health concern, affecting approximately 15% of couples of reproductive age, with male factors contributing to 30–40% of these cases. Among the male infertility cases, nearly 30% are attributed to abnormal semen parameters, including oligozoospermia (low sperm count), asthenozoospermia (reduced motility), and teratozoospermia (abnormal morphology).[1] This condition not only impacts the physiological ability to conceive but also contributes significantly to emotional distress, strained interpersonal relationships, and social stigma.[2] In *Ayurvedic* literature, the concept of fertility is deeply rooted in the integrity and vitality of *Shukra Dhatu*. *Shukra Sampat*—the optimum quality and quantity of semen is considered essential for the successful formation of *Garbha* (embryo), when all contributing factors such as *Ritu*, *Kshetra*, *Ambu*, and *Beeja* are present in harmony.[3] A decline in the quality of *Shukra* referred to as *Shukra Kshaya*, can be equated to the modern clinical conditions of reduced sperm quality and function.

The pathogenesis of *Shukra Kshaya* is often linked to the vitiation of *Vata* and *Pitta Doshas*, which causes *Dusti* in the *Shukravaha Srotas*. *Vata*, being responsible for movement and control, when aggravated, may hinder the proper ejaculation, erection and motility of sperm, while *Pitta*, governing metabolism and transformation, may cause oxidative damage to sperm morphology and DNA integrity. These subtle imbalances can manifest not only as infertility but also as sexual dysfunctions like erectile dysfunction, further complicating the clinical picture.

Modern lifestyle factors such as poor dietary habits, chronic stress, sedentary routines, exposure to environmental toxins, and excessive screen time contribute to oxidative stress, a major cause of sperm damage at the cellular level. *Ayurveda*, being a holistic science, views such dysfunctions not merely as isolated pathologies but as systemic imbalances that require a comprehensive approach to treatment.

*Ayurvedic* management of male infertility emphasizes a two-fold approach:

1. *Shodhana Chikitsa* (bio-purification therapies) aimed at cleansing system and balancing doshas,

2. *Shamana Chikitsa* (pacifying therapies) utilizing *Rasayana* (rejuvenative herbs), *Vajikarana*, dietary regulations, lifestyle modifications, and psychological support.

This case report presents patient with oligoasthenozoospermia & mild erectile dysfunction, managed successfully through an integrative *Ayurvedic* protocol involving both *Shodhana* & *Shamana* therapies. Case highlights potential of *Ayurveda* in restoring male reproductive health, improving semen parameters, & enhancing overall vitality & quality of life.

## Case Report

**Patient Information:** A 36-year-old male software engineer presented with a history of subfertility and reduced erection strength from six months. No history of testicular trauma and surgeries was reported. The couple had a history of one spontaneous abortion at two months post-conception five years prior. His lifestyle involved night shifts, high work stress, disturbed sleep, and mixed diet consumption.

### Clinical Assessment

General and systemic evaluations were within normal limits.

### Urogenital examination

- Penis: Soft, non-tender,
- Glans: Dark pinkish, no ulcer,
- Urethral meatus: Center, non-discharge,
- Scrotum: Rugae present, no scar mark,
- Testis: Bilateral soft, non-tender,
- Spermatic cord: Soft, movable, non-tender,
- Femoral region: No swelling, non-tender,
- Inguinal Region: No swelling, non-tender
- Cremasteric reflex: Present.

### Ayurvedic Evaluation

- *Prakriti* - *Vatakapha*
- *Vikruti* - *Dosha* - *Vata Pittaja*, *Dushya* - *Rasa*, *Rakta*, *Shukra*
- *Desha* - *Jangala*
- *Bala* - *Madhyama*
- *Sara* - *Madhyama*

- *Samhanana - Madhyama*
- *Satva - Madhyama*
- *Ahara Shakti - Madhyama*
- *Abhyavarana Shakti - Madhyama*
- *Jarana Shakti - Avara*
- *Vyayama Shakti - Madhyama*
- *Vaya - Madhyama*

### Nidana

*Ahara - Katu, Rooksha Ahaara Sevana*

*Vihara - Ratri Jagarana and Atichinta*

*Roopa - Unable to conceive, Decreased erection strength*

### Samprapti:

*Nidana*

↓

*Jataragni Mandya*

↓

*Ama and improper Rasa Dhatu formation*

↓

*Improper Shukra formation*

↓

*Shukra Dusti and Kshaya*

### Samprapti Ghataka

- *Udbhava Sthana - Amashaya*
- *Sanchara Sthana - Shukravaha Srotas*
- *Vyakta Sthana - Vrushana And Shishna*
- *Adhishtana - Vrushana*
- *Vyadhi Marga -Abhyantara*
- *Sadhya Sadhyata - Yapy Sadhya*

### Laboratory Investigations

- Hb: 12.5 gm%,
- WBC: 9000/cmm,
- ESR: 22 mm/hr,
- FSH: 7.2 mIU/mL,
- Testosterone: 600 ng/dL

### Semen Analysis

- Patient reported to us with a previous semen analysis dated 27/6/2023: Asthenospermia.
- 8/11/2023: Oligoasthenozoospermia (Two semen analysis report in a gap of 3-6 month is ideally used for confirming)

Physical Examination	27/6/2023	8/11/2023
Volume	3ml	3ml
Liquification time	30 min	30 min
Viscosity	Normal	Normal
Chemical Examination		
Fructose	Present	Present
PH	7.0	8.0
Microscopic Examination		
Total sperm count	25.5 million/ml	2 million/ml
Sperm motility		
Rapid progressive	30%	20%
Non progressive	20%	30%
Immotile	50 %	50%
Sperm Morphology		
Normal forms		60%
Abnormal forms	70 %	40%
Pus cell	30	10-12/hpf
RBC	Nil	Nil
Epithelial cell	1-2/hpf	2-4 /hpf
Agglutination	Nil	Nil

### Sexual Health Inventory for Men score - 19

A	N	A	N	A	N	A	A	A
	U	U	U	U	U	U	U	

### Diagnosis

- Modern: Oligoasthenozoospermia with mild erectile dysfunction
- Ayurvedic: *Shukra Kshaya janya Klaibya*

### Treatment Plan

Treatment Plan Based on the above *Samprapti*, here the medical line of treatment was planned to address the patients concern. To alleviate the effect of *Dushita Vata* and *Pitta* on *Shukrotpatti*, the best possible way is to reverse the *Samprapti* was by *Nidana Parivarjana* for breaking the root of *Samprapti*, scavenging body through *Shodana* and correcting the *Vikruthi* through *Shamana Chikitsa*, thereby helping to overcome the infertility issue in the present condition, which was addressed through the following methods.

## Methods

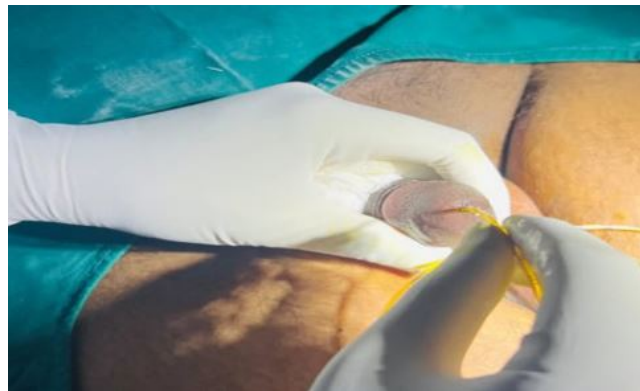
### A. Shodhana Chikitsa

**1. Virechana** was given.

- *Deepana Pachana: Agni Tundi Vati* 2 tid, after food with *Ushna Jala Anupana* given for three days.
- *Snehapana: Kalyanaka Ghrita* was given for drinking in *Arohana Krama* started with 30 ml, and increased 30 ml each days for five consecutive days, on the 6th day morning, the *Samyak Snigdha Lakshana* was obtained.
- *Vishramakala*: Followed by *Snehapana*, *Sarvanga Abhyanga* with *Baspa Sweda* for three days was given.
- *Virechana*: On the third day of *Vishramakala*, after *Sarvanga Abhyanga* and *Baspa Sweda*, patient was given *Trivrit Lehya* 90 grams at 8.00AM with *Ushnajala Anupana*. Patient had about 22 Vegas, he was hemodynamically stable after *Shuddhi* and initiated *Madhyamashuddhi Samsarjana Karma* for five days classically.

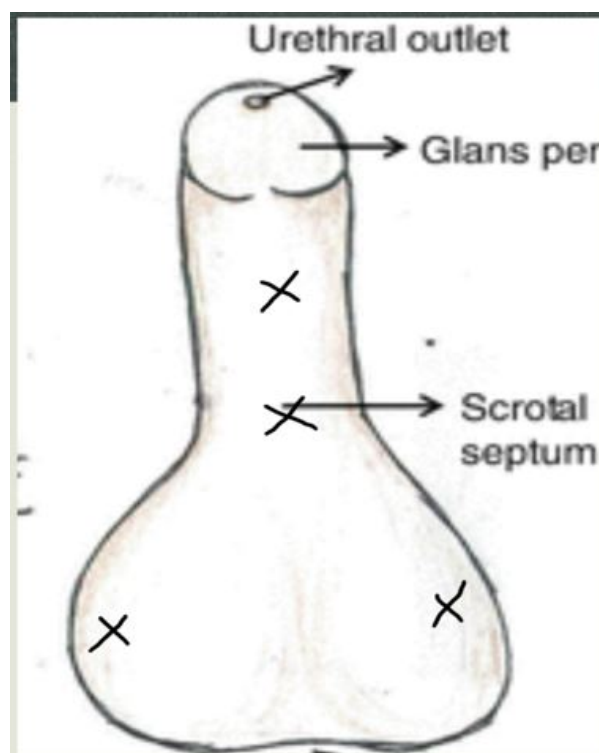
## 2. Basti was given

- *Erandamooladi Niruha Basti* was given in *Yoga Basti* pattern
- *Anuvasana* with *Shatavari Ghrita* - 120 ml
- *Niruha* with *Erandamooladi Kashaya*
- *Uttara Basti* with *Phala Sarpi* - 10-20ml on days of



## B. Shamana Chikitsa

After the completion of *Samsarjana karma* and obtaining of *Prakrita Bala*, the patient was advised the following *Shamana Chikitsa*





**1. Sarvangasana** - *Yogik* postures were advised for the first seven days for five minutes, then gradually increased to ten minutes per day once in the morning regularly.

**2. Viddhakarma** - using 28 and half needle, *Viddhakarma* was performed over the genital points thrice a week for 1 month.

**3. Shukra Prasadana & Shukrala** - *Vanari Kalpa* 2tsp tid with milk and T Addizoa one tid, till the desired results are obtained.

**4. Pathya** - *Kshira, Masha, Aja Mamsa, Mudga*, Unpolished rice.

**5. Apathya** - *Ushna, Katu, Tikshna, Ati Lavana, Ati Vyayama*

## Results

The patient reported marked improvements in semen parameters (normospermia by 06/07/2024)

Physical Examination	06/07/2024
Volume	1 ml
Liquification time	30 min
Viscosity	Normal
Chemical Examination	
Fructose	Present
PH	7.3 ml
Microscopic Examination	
Total sperm count	20 million/ml
Sperm motility	
Rapid progressive	60%
Non progressive	10%
Immotile	30%
Sperm Morphology	
Normal forms	55%
Abnormal forms	45%
Pus cell	3-4/hpf
RBC	Nil
Epithelial cell	1-2 /hpf
Agglutination	Nil

SIMHS Score revaluated - 23

UPT positive on 27/8/24

Erection strength, sleep quality, and psychological wellbeing. No adverse effects were noted

## Discussion

*Tri Upastambhas* (*Nidra, Ahara and Abrahmacharya*) are very basic need of any living system for the survival and continuation of life, In *Charaka Chikitsa Sthana Vajikarana Adhyaaya*,

Importance of parenthood has been explained beautifully. Here having children is not only to develop his generation, but it also matter of social respect & pride.[4] If couple doesn't have progeny in specific time, then it leads to stress, & other social problems, mainly psychological issues would manifest. Modern system of medicine with its advancement of technological innovations, has went long way ahead in infertility care. But it is always unparallel with natural way of giving birth. In this regard *Ayurveda* offers wonderful treatment possibilities, without causing much distress to patient. *Shukra Kshaya* is disorder in which depletion of *Shukra* is observed both qualitatively & quantitatively, & which is major cause for infertility. To understand pathogenesis of *Shukrakshaya* it is important to know about formation of *Rasa Dhatu*, decrease of *Rasa Dhatu* finally leads to diminution of *Shukra* (sperm count). Formation of *Rasa Dhatu* is affected when there are *Jatharagni Mandya* along with vitiation of *Apana, Vyana Vayu*. *Shukra Kshaya* under *Shukradusti* in which *Vatadosha* along with *Pitta* undergoes vitiation, channel which carry *Shukra* undergoes *Dushti* due to factor like *Ratri Jagarana*, stress & *Krodha*. *Virechana* indicated in *Yoni & Shukra Roga* was performed. *Virechana* helps to relieve *Shotha*, it helps to remove *Sthanikapitta & Rakta Dosha Dushti*, & also helps to re-establish movement of *Vata (Vatanulomana)*, which is very important in *Dhatu Utpatti* & crucial for proper absorption of *Vajikarana Dravyas*. [4] *Erandamooladi Niruha Basti* by virtue of its drugs processing properties like *Vrushya, Vataharanam* corrects impaired *Vayu*. *Uttarabasti* with *Phalasarpi* is considered as both *Snehana & Shodana* tackles *Vata-Pitta Dusti* at level of *Shukra Dhatu* there by normalising *Reto pariksha*. [5] *Sarvangasana* was advised initially for five minutes daily, followed by 10 minutes once daily. It mainly helps to regulate blood circulation in spermatogenic veins, thus helps to restore normal spermatogenesis. [6] *Viddhakarma*, minimally invasive procedure rooted in *Ayurvedic Shalyatantra*, offers targeted, localized detoxification & neurovascular stimulation modality. [6] In present case, *Viddhakarma* was employed at strategic sites:

1. Root of the penis (dorsal shaft region) - near the dorsal penile vein
2. Midshaft region - where neurovascular bundles travel
3. Scrotal septum - corresponding with perineal venous plexus and pudendal nerve pathways

These sites were selected based on the understanding of penile and scrotal anatomy in relation to *Srotas* (channels) and *Marma* points involved in *Shukravaha Srotas*.<sup>[2]</sup> The dorsal penile vein is involved in venous outflow regulation, and its controlled stimulation may facilitate improved hemodynamics. Similarly, the scrotal septum is in proximity to the external pudendal vein and perineal nerve branches, which when stimulated may enhance local nitric oxide release and neuromuscular responsiveness, thus improving erectile capacity.<sup>[8]</sup> For *Shukra Prasadana* and *Shukrala* an herbal formula comprising of extracts of *Withania somnifera*, *Tribulus terrestris*, *Mucuna pruriens*, *Chlorophytum arundinaceum*, *Asparagus racemosus*, *Sida cordifolia* as key ingredients to increase the quality and quantity of *Shukra Dhatu*. *Musali* is a well-known drug for *Shukrotpatti*, has *Madhurarasa* and *Sheetavirya*, has *Balya*, *Brimhana* and *Rasayana*, *Vajikarana* property, it is extremely useful in *Shukrakshaya*.<sup>[9]</sup> All the above drugs are known *Shukrotpadaka* and *Shukraprasadaka Dravyas*. Along with all these medications it is very important to follow the *Pathyaharas*, and avoid all contra indicated *Ahara* which are antagonistic to the *Utpatti* of *Shukra*. With the above treatments, the semen analysis patient shows a remarkable progress in the quantity and quality of the semen.

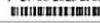
## Conclusion

This case demonstrated the effectiveness of a classical Ayurvedic management plan in a patient with oligoasthenozoospermia and mild erectile dysfunction. Integrating classical principles with modern diagnostics offers promising outcomes in male subfertility management. the treatment protocol followed in the present study which aimed not only correcting the report but also targeted the *Dosha Dusti* in *Ayurveda Reto Pariksha* Further clinical trials are warranted to substantiate these outcomes in larger sample sizes.

## References



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NAME	: Mr. KIRAN 2306695	REG LAB NO	: 23065093 / 214291
AGE/SEX	: 34 Yrs / Male	DATE OF COLLECTION	: 27-06-2023 at 11:55 AM
REFERRED BY	: Dr. MAMATHA	DATE OF REPORT	: 27-06-2023 at 05:46 PM
SOURCE	: Sri Krishna Scanning & Diagnostic Centre		
			
TEST PARAMETER	RESULT	REFERENCE RANGE	
<b>SEMIANALYSIS</b>			
<b>MICROSCOPIC EXAMINATION</b>			
Volume of Sample Ejaculate	3 ml	2 - 5 ml	
Colour	Whitish		
pH (Reaction)	7.0		
Viscosity	Normal		
Liquefaction Time	30 min	<b>Special condition:</b> 20-30 Minutes (Note : Failure to liquefy may indicate inadequate prostate secretion)	
<b>CHEMICAL EXAMINATION:</b>			
Fructose	Present	20 - 120 Million/ml	
<b>MICROSCOPIC EXAMINATION</b>			
Total sperm count :	25.5 Million/ml		
<b>SPERM MOTILITY</b>			
Grade 4	40	<b>Special condition:</b> Generally > 50% (4+3) Sperm moving rapidly in straight line with little yaw and lateral movement	
Grade 3	20		
Grade 2	10	<b>Special condition:</b> Sperm moving rapidly in straight line with slow movement	
Grade 1	10		
Grade 0	20	<b>Special condition:</b> Sperm move even more slowly and with substantial yaw	
<b>Special condition:</b> Sperm have no forward progression			
<b>Special condition:</b> Grade 0 10 % Zero Progression denotes absence of any motility			
<b>MORPHOLOGY</b>			
Abnormal forms	70	<b>Special condition:</b> An agglutination shows an immunological cause	
<b>Special condition:</b> Zero Progression denotes absence of any motility			
Pus Cells	30		
Epithelial Cells	1-2 -hpf		
R.B.C s	Nil		

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Page 1 of 2

NAME	: Mr. KIRAN 2306695	REG LAB NO	: 23065093 / 214291
AGE/SEX	: 34 Yrs / Male	DATE OF COLLECTION	: 27-06-2023 at 11:55 AM
REFERRED BY	: Dr. MAMATHA	DATE OF REPORT	: 27-06-2023 at 05:46 PM
SOURCE	: Sri Krishna Scanning & Diagnostic Centre		
TEST PARAMETER	RESULT	REFERENCE RANGE	
Sample Type	Semen		
IMPRESSION	ASTHENOSPERMIA.		
			
Dr. JAVAPRAKASH I.L.T.			

Reported on 27/6/23, Impression - Astheno Spermia

Name : Mr. KIRAN GOWDA Ref. Doctor : DR. PARIYA Registered Date : 08/11/2023 11:32 AM  
 Age / Sex : 35 Year(s) / Male Client : Walk-in Collected On : 08/11/2023 11:42 AM  
 Patient ID : PDY149571 Received On : 08/11/2023 02:12 PM  
 Visit No. : 23YP218553 Reported On : 08/11/2023 05:06 PM

Report Type : Final

Test	Results	Units	Biological Reference Range
<b>CLINICAL PATHOLOGY</b>			
<b>Semen Analysis</b>			
<b>PHYSICAL EXAMINATION</b> - semen			
Volume	3	ml	1.3-1.5
Liquification Time	30	Mins	<30 Mins
Viscosity	Normal		Normal
<b>CHEMICAL EXAMINATION</b> - semen			
Fructose	Present		Present
pH	8.0		7.2-8.0
<b>MICROSCOPIC EXAMINATION</b> - semen			
Total Sperm Count	2	million/mL	>= 15
Sperm Motility - semen			
Rapidly Progressive	20	%	>= 32
Non Progressive	30	%	>= 42
Immotile	50	%	

Dr. R. Senthil,  
 Pathologist  
 APAC 94440  
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Name : Mr. KIRAN GOWDA Ref. Doctor : DR. PARIYA Registered Date : 08/11/2023 11:32 AM  
 Age / Sex : 35 Year(s) / Male Client : Walk-in Collected On : 08/11/2023 11:42 AM  
 Patient ID : PDY149571 Received On : 08/11/2023 02:12 PM  
 Visit No. : 23YP218553 Reported On : 08/11/2023 05:06 PM

Report Type : Final

Test	Results	Units	Biological Reference Range
<b>CLINICAL PATHOLOGY</b>			
<b>Sperm Morphology</b> - semen			
Normal Forms	60	%	> 4
Abnormal Forms	40	%	
<b>Other Findings</b> - semen			
Pus Cells	10-12	/hpf	NIL
RBC's	NIL		NIL
Epithelial Cells	2-4	/hpf	NIL
Agglutination	NIL	%	
<b>INTERPRETATION</b>			
OLIGOSPERMIA			
→ End of Report →			

Kindly correlate clinically. If necessary discuss/consult

Reported on 08/11/23, Impression - Oligospermia

Name : Mr. KIRAN GOWDA Patient ID : PDY149571 Registered Date : 06/07/2024 11:41 AM  
 Age / Sex : 35.7 Year(s) / Male Visit No. : 24YP253310 Collected On : 06/07/2024 11:59 AM  
 SRP ID : Ref. Doctor : DR. PARIYA Received On : 06/07/2024 02:38 PM  
 Passport No. : Client : Walk-in Reported On : 06/07/2024 04:26 PM

Report Type : Final

Test	Results	Units	Biological Reference Range
<b>CLINICAL PATHOLOGY</b>			
<b>Semen Analysis</b>			
<b>PHYSICAL EXAMINATION</b> - semen			
Volume	0.5	ml	1.3-1.5
Liquification Time	30	Mins	<30 Mins
Viscosity	Normal		Normal
<b>CHEMICAL EXAMINATION</b> - semen			
Fructose	Present		Present
pH	7.3		7.2-8.0
<b>MICROSCOPIC EXAMINATION</b> - semen			
Total Sperm Count	20	million/mL	>= 15
Sperm Motility - semen			
Rapidly Progressive	60	%	>= 32
Non Progressive	10	%	>= 42
Immotile	30	%	
<b>Sperm Morphology</b> - semen			
Normal Forms	55	%	> 4

Dr. Sheelaprasanna,  
 Pathologist  
 RMC No: 28220

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Reported on 06/07/24, Impression - Normospermia