

A Clinical Evaluation of Shukra Shodhan Gana In the Management of Shukra Dushti VIS A VIS Teratozoospermia.

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Abstract:

In the changing era health related problems are also goes increasing ,as there are many changes in the habits of the human beings. For the survival of the mankind reproduction is very necessary thing. To achieve this reproduction Health of both the parteners is important thing. So maintain this health Ayurvedic Acharya has given some groups of medications which are very useful in reproduction procedure. That group is known as *Shukrashodhan gana*. Today many disorders we can observed which affects in the process of reproduction. e.g. Azoospermia, teratozoospermia. With the help of Shukrashodhan gana we can cure these disorders. It is very necessary to evaluate clinically the management of shukradushti with the help of *shukrashodhan gana*.

Keyword:

Shukrashodhan gana, teratozoospermia, reproduction.

Introduction-

The aim of the human life as described by the Indian Mythology is to achieve “*Moksha*” for

Achieving this goal .three ladders as Dharma, Artha, Kama are shown, so that the person who desires moksha has to practice or earn earth i.e. worldly reaches and quench the lustful

Desires as directed by Dharma. All these four put together are called as *CHATURVIDHA PURUSHARTHA*.

To practice all these and achieve moksha, body and mind of the individuals should be sound i.e. in perfect health. Hence Indian medical science which is advocated to maintain the health of healthy and cure the diseases of the unhealthy person. Dharma also indicates the certain

obligations as the rhinas to be replayed one of which is fathering the progeny of one's Kula

All the *Acharyas* praise the person having many children especially the male child i.e. *Bahuputra purusha*, whereas the person who can't produce a child is condemned and is called Nindya. Such couples have aapatyakamna i.e. anxious for a child even after a long and normal married life is considered as "Vandhya Couple". The fertilization is thought to be a process which can take place. Out of these two, female partner might have some anatomical or physiological abnormalities which possesses hindrance in the *seman (bija)* has gone abnormal or scanty due to entry of the vitiated *dosha* in the external and /or internal genital organs of the male partner, also leads to Infertility in 45% of infertile couples Ayurvedic classics have described the *lakshan of Shuddha shukra* and *ashuddha shukra*.

Though the facilities for the microscopic examination were lacking ancient physicians were aware of the fact that the abnormalities of the semen causes infertility. With the advancement of the science and its uses in the medical field the microscopic examination started revealing the details of the abnormal semen and one can count number of sperms. The number

of abnormal sperms and their viability. It is obvious that the sperms with the abnormalities in its own anatomy and physiology can not fertilize the ovum. If the number of such abnormal sperms is high. The ovum can not be fertilized. Hence the couple seeks medical advice. It is well known fact that childless couple due to abnormalities in the male partner seek professional help from Ayurvedic health care providers. The internal medication used to correct teratozoospermia out of all other abnormalities of the sperms, is an available member of the *shukra shodhak gana* in the patients of *shukra dushti* with special reference to teratozoospermia.

Aims and objectives-

1. To study the effect of *shukra shodhak gana* in the management of *shukra dushti* vis a Vis teratozoosermia.
2. To study the semenogram in the childless patients of *shukra dushti* and find out the percentage of teratozoospermia.
3. To find out the possibility of providing the cost effective *ayurvedic* management for *shukra dushti* vis teratozoospermia.
4. To study the ancient and modern literature of *shukra dushti* and the abnormalities in the semen.

Materials and Methods

Study center – YMT Ayurvedic college and hospital.

Type of study- Open Non Comparative clinical study.

Number of patients-30

Literature: All available literature in Ayurvedic classics and modern Texts.

Drug-

Kushtha (*Sauassera lepa hop.*)

Elvaluk (*Prunus cerasus linn.*)

Kayphal (*Myrica esculenta*)

Samudraphen (*Sepia officinalis*)

Kadamb niryas (*Anthocephalus Indicus latex*)

Iksha (Saccharum officinarum linn.)

Kandekshu (Saccharum spontaneum)

Ikshurak (Asteracantha longifolia Nees)

Vasuk (Osmanthus Fragrans lour)

Ushir (Veltveria Zizanioidis Linn.)

Drug Preparation:

Raw material of *Shukra shodhak gana* available plants were collected from the market and were authenticated by the *Dravyagun and Rasashastra* department of the institute Drug was prepared in the form of vati in the pharmacy attached to the college under the supervision of the experts.

- *Anupan – Koshna Jal*
- Diet – Usual diet of the patient

- Dose- 500 mg Tabs 2 Tablets before food thrice a day.

- Mode of Administration – Oral

- Duration of Treatment – 3 months

Criteria for selection –

a) Inclusion criteria:

Male patients in the reproduction age up to the age 60 yrs.

The patients suffering from abnormal morphology of sperms.

The patients having classical symptoms of shukradusthti as described in the classics of Ayurveda vis a is Teratozoospermia will be selected for this study.

Male infertile patients of primary infertility will be screened.

b) Exclusion criteria:

Patients having varicocele, testicular maldescent, previous history of genito urinary tract or inguinal surgery will be excluded.

Patients taking chemotherapy and radiotherapy.

Patients addicted to different addictions like tobacco, alcohol, opioids etc.

Cancer anywhere in the body & immuno compromises diseases.

Age below 18 years and more than 60 years of age.

Patients suffering from STD and other serious systemic illnesses.

Assessment Criteria:

Semen analysis was performed and during analysis the abnormality of sperms morphology was observed, which was then compared with before and after treatment reports.

Co-relation of sperm morphology was per W.H.O. Criteria (W.H.O. manual 1999) morphology – 30 % or more with normal morphology.

Follows up –

Patients were called for regular follow up every 15 days in the OPD

Drop Outs –

Drop out patients were not included in the study.

Investigations:

Semenogram study every month and blood investigation.

Case record Form:-

Record and follow up of all the patients included in the study was maintained after duly filling of the necessary details and documented in case record forms.

Probable Action of the study medication

Probable Action of Study Medication

Shukra shodhan Gana vati proves to be effective in the treatment of Teratozoospermia as the drug has *Tikta, Kashaya Rasa and Katu Vipak* which are known to have *shodhana* properties.

The drug showed good results in the improvement of sperm count and volume of the semen as because it is having Madhura Rasa which is known for its.saptadhatu Vandhak, Brihana and Vrishaya properties.

The Lagha Guna of the drug helps to improve the Agni and Digestion, hence, improves the formation of Shudha Shukra Dhatu.

The *stambhana* property of *Ruksha Gana Kashaya Rasa* and sheet virya helped the patient to increase the ejaculation time.

There was significant decrease in the total abnormal forms of the sperm but statistical significant result was observed in the abnormal head and insignificant decrease was there in the abnormal tail and neck of the sperm along with significant improvement in the sperm count. It seems that if the study drug is continued for longer time period, we might observe further decrease in abnormalities of neck & tail as well. Seminal parameters were recorded in specially designed case record form. The data thus generated was subjected to statistical analysis and interpretation. On the basis of these analysis conclusions are drawn which suggests that, the various treatments available for Teratozoospermia in modern medicine is very costly. *Shuktashodhan*

Gana vati contains herbal drug and samudraphen which are cost effective. It contains many micro nutrients which are required to improve the sperm count and helps to treat the abnormal morphology of the sperm. It increases the amount of total number of viable sperms per ejaculate along with the decrease in the abnormal form of head, but there is insignificant change in the neck and tail of the sperms.

With the awareness that the sample size of this study is not so sufficient to establish these claims, but this being a modest effort to a step forward towards success.

In this changing work every one is driving hard to reach to the top due to which the male sexuality and the quantity and quality of semen along with many other factor are highly affected. This study provides a beam light in the hope for treating the ones suffering.

Conclusion:

Teratozoospermia, abnormal morphology of the sperms is considered as one of the major causative factor for the infertility in males. Now a days Teratozoospermia is one of the Major problem in the world because of which patients of infertility are in trouble. It's a condition in which even the sperms are in adequate percentage but because of the abnormal morphology of tail and neck, they are unable to reach the

site of fertilization and if they reach then abnormalities of head does not allow the sperm to fertilize with ovum and patients remain infertile.

There are not much drugs to treat this, antiestrogens have been shown to be effective in the treatment of Teratozoospermia. The other treatments which help these infertile patients is ICSI (intra cytoplasm Sperm injection) & latest is the IMSI (intra cytoplasmic morphologically selected sperm injections).

These procedures are costly & no every couple can afford it. In these conditions the whole world looks toward Ayurveda as the ray of hope for their progeny. Keeping these things in mind we decided to work on this topic with Shukrashodhan Gana.

Open non comparative dinical study was carried out on 30 male patients between the age group of 18-60 years. Before starting the treatment complete semen analysis was done.

Demographic details in this study suggest that majority of patients i.e. 86-66% were from the active reproductive age, but no conclusions can be drawn from this as the sample size is small and the age of marriage in the urban and rural areas have great difference due to the educational difference.

All data generated were filled in the specially designed case record form.

It was observed that total percent of abnormal forms has significantly decrease statistically but it can be observed from the above results that there is statistically significant difference in the abnormal heads of the sperm, where as abnormal necks and tails had no significant change. It is also interesting to note that as the no. of abnormal heads reduced the motility and viability increased inspite of the abnormalities of necks and tails.

As herbal drug it is cost effective and can be taken easily rather than going for costly procedures of ICSI and IMSI.

No any side effects were observed while administrating the shukra Shodhan gana vati.

SUMMARY

The present study entitled “A dinical evaluation of effect of Shukra shodhoak gana in the management of shukra dushti vis a vis. Teratozoospermia” was undertaken to evaluate the more effective treatment for Teratozoospermia.

Acharya charaka has mentioned different types of “Ganas” the system and disease specific internal medications which are employed for different types of diseases on which they act and showed encouraging results. One such “Gana” has been

mentioned as “Shukra Shodak Gana” the composition of which seems to be promising in correcting the abnormalities of the shukra. So this topic was selected for study and results obtained in this study are presented. This study was carried out in the O.P.D. of our Institution.

30 patients of Teratozoospermia as per the reports were selected in the present study with different age, religion and economical status having different prakritis.

Demographic details in this study suggest that majority of the patients i.e. 86.66% were from the active reproductive age and 93.33% patients were from Hindu community 36.66% patients had vishmagni, reason being anxiety as they were deprived of being parents.

Majority of the patients were using warm water for bathing as it can be a reason for reduced sperm count. All these patients were selected on the basis of semen analysis report and then treated with *Shukra Shodhak Gana Vati* in the dose of 2 tablets thrice a day for 3 months.

In this article introduction comes first which gives a brief idea of the disease, prevalence of the disease and description of Charak about childless patients. Then aims and objectives of the study is mentioned. Materials and method are also mentioned. Later there is information

about probable action of study medication. Then conclusion was followed by summery, bibliography, case record form and master charts.

After giving the treatment for three months, got some observations and results.

The observation in the change of this observation suggests that the total number of viable sperms per ejaculate increases along with the decreased abnormal forms in abnormal heads. The motility also increase in spite of abnormal neck and tail increasing the possibility of fertilization of the ovum as only the head having chromatin material enters the ovary discarding neck and tail.

This observation probably suggests that the study drug in equal combination increases the semen volume and number of sperms per ejaculate and reduces the abnormal forms of the head of the sperm which is the most important part of the sperm. It seems that if the study drug is continued for longer time period there might be further increase in the sperm count and reduction in the abnormal forms.

It also suggests that these herbal medications if supplemented with Rasa Aushadhies like Makar Dhawaja, Kamdeo Ras, Vanga Bhasma etc. might give better results in the shorter time period. It would be worth while to plan such study and find

out a solution to the anxiety and agony of the childless male patients.

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Cite this article:

**A Clinical Evaluation of Shukra Shodhan Gana In the Management of Shukra Dushti VIS A
VIS Teratozoospermia.**

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Ayurlog: National Journal of Research in Ayurved Science-2015; 3(3): 41-48

ISSN: 2320-7329

NJRAS