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Effect of Phala Ghrita in the Management of Ksheena Shukra (Oligozoospermia): A Case Report

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Abstract:

Background:Incidences of male infertility are increasing in the present scenario, with low sperm count, decreased motility, abnormal forms of sperm being frequently observed in the reports of patients being visited to their physicians. It is estimated that about 30 million infertile couples in the country; 40 - 50 % cases are related with male partner, of which oligozoospermia is considered as one of the most prevalent factors.

Aim & Objective:A 30 years, healthy male patient visited the OPD of Kayachikitsa along with his wife. The couple were married and were unable to conceive even after having six years of married life. Semen analysis of this patient revealed low sperm count (13 million/ml)with no other abnormalities. This case was managed with *Virechana* procedure followed by *PhalaGhrita* 10ml once in a day with milk and sugar candy for two month. After this treatment, sperm count increased to 95 million/ml. The detail of this case highlights the role of *Shodhan* and *PhalaGhrita* in the management of oligozoospemia.

KEYWORDS: Infertility, KsheenaShukra, Oligozoospermia, PhalaGhrita, Virechana

Background:

Male infertility refers to the inability of a male to cause pregnancy in a fertile female. Some of the known responsible factors for male infertility are poor semen quality, impaired endocrine inter relationship, testicular function and genetical factors etc. Except some physical defects, low sperm count and poor sperm quality are responsible for the male infertility in more than 90% of cases. Though Modern medical treatment has reached to its peak in MART (Medically Assisted Reproductive Technology), artificial insemination, in vitro-fertilization, and intra cytoplasmic sperm injection, but it is not accepted widely in India because of many reasons Besides having low success rates, these procedures are unable to provide benefit to all classes of people in a society. Ayurvedic texts have described many aphrodisiacs drugs which are effective as well as can reach common men. Among these *Phala Ghrita* is a commonly used Ayurvedic poly-herbal formulation. Moreover, when these drugs are administered after proper *Shodhana*, they are more effective. In this case study, a success story of patient suffering from Oligoozoospermia has been presented who was treated with *Virechana* procedure followed by oral administration of *PhalaGhrita*.

CASE REPORT

A 30 years, apparently healthy male patient visited the OPD of Kayachikitsa along with his wife. The couple were married and were unable to conceive even after having six years of married life. On inquiry, his complaintwas Post act exhaustion, early ejaculation and body ache.

Patient came from urban set up and was labourer working under extreme hot environment. In addition he was in habit of taking excessive salt and spices in his routine diet. He was irregular in regards of food intake and had irregular bowel pattern. He was also addicted to tobacco chewing since long. Before coming to this hospital, he had never been managed for this condition and was not taking any medication for the same. The female partner was also having no history of irregular in menstruation and other hormonal and anatomical parameters were also normal.

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Physical examination of the patient showed that he was an individual with general built, fair nourishment state and was having proportionate body. Patient had normal size of penis. Skin texture of penis was normal with curve shaft, normal prepuce and glance. On inspection, no signs of hydrocele or vericocelewere found. After detailed examination, semen analysis was done where in total sperm count was 13 million/ml, motility of sperm 55% and 10% sperm was abnormal in form. All other haematological and biochemical parameters were within normal limit. (Image -1)

Treatment Protocol:

On taking into account, that the chief cause of infertility was law sperm count, it was decided that patient can be treated with *PhalaGhrita*asit is reported to have *Vrishva* (Aphrodisiac) property. Moreover before administration of Vajikarana drugs, proper Shodhana of the body is described and thus Virechana procedure was done prior to starting of *PhalaGhrita* administration. For the purpose of *Virechana*, for the first 3 days, for Deepanaand Pachana, 2gm of TrikatuChurna was administered twice in a day with lukewarm water after meal. On the 3rd day, after assessing the status of the patient, plain ghee in the dose of 40ml was given, early morning on empty stomach with lukewarm water and was observed for the proper Snehana features and accordingly for next 5 days, the dose of ghee was given in increased pattern till the patient achieve proper *Snehana* features. Patient had consumed 200ml of Ghee on 5th day of *Snehapana*. After completion of Snehana, for the next 3 days whole body massage and fomentation with BalaTaila and Vashpa Swedana was done daily. During this period, patient was kept on normal diet with precautions, to avoid excessive oil or heavy food items. On the day of Virechana after whole body massage and fomentation in the morning Virechana Yoga⁵ of TriphaladiKwatha was given. For the preparation of TriphaladiKwatha, 50gm of course powder of Triphala and 25gm of Trivritta was taken. To this 4time water was added and boiled until it was reduced to one fourth. To this prepared Kwatha, 5 gmof Danti powder was added taking into consideration of Koshtha of the patient. During Virechana the vital of the patients and details of Vega/ Upvegawere recorded and patient remained stable throughout the procedure. Patient had attained *MadhyamaShudhhi* with 16 Vega of Virechana.

After completion of *SamsarjanaKrama*, *PhalaGhrita* 10 ml once a day orally was given to patient before breakfast in the morning with a cup of lukewarm milk and sugar candy for the duration of two months.

Results:

Semen analysis reports were done with appropriate precautions and were repeated after completion of procedure of *Virechana* and after two months treatment with *PhalaGhrita* orally.

The total sperm count which was 13 million/ml at the beginning of the course of *Virechana*increased to 82 million/ml after completion of *Virechana*procedure, which further increased to 95 million/ml after two months treatment of *PhalaGhrita*. Similarlythere was progressive improvement in Sperm motility 55% to 95%. After end of this therapy, couple was successful in attaining parenthood.(Image -2)

Discussion:

Samshodhana (cleansing procedures) is one of the important therapies of Ayurveda which deals mainly with elimination of the aggravated *Doshas* from the body, resulting in permanent and prolonged effect of drugs. This is the reason why, Ayurveda advocates the use of *Shodhana*(cleansing procedures) prior to *Shamana* therapy especially *Rasayana*(Rejuvenate) and *Vajikarana*(Aphrodisiac) therapies⁶. The reason is, *Shodhana*procedures open the occluded channels in the body and this enhances the therapeutic efficacy of the drug. Also, it is reported that *Virechana*enhances the quality level of *Shukra*(Semen)⁷. *PhalaGhrita* is a commonly used and prescribed Ayurvedic polyherbal formulation in male and female infertility. In classics, *Phala Ghrita*hasalso been indicated in the management of *ShukraDosha* and due to the drugs like *Ashwagandha*, *Shatavari*, *Gokshura*, *Punaranava* which processed in medicines like *Manjishtha*, *Daruharidra*, *Haridra*, *Priyangu* and cow milk it has been attributed with potent aphrodisiac effect along with potency of penetration till *Shukra Dhatu*.

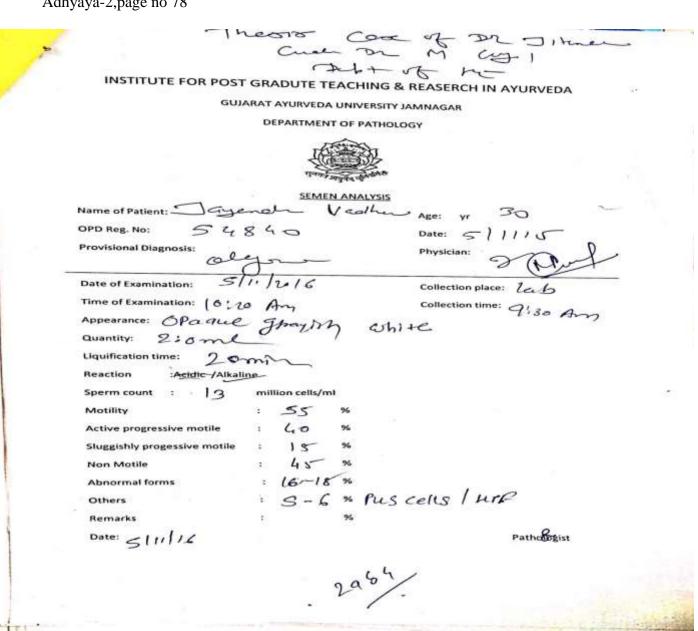
Conclusion:

It can be statedthat *Virechana* procedure followed by *PhalaGhrita* intake orally can increase total sperm count and thus, can be adopted as treatment protocol for the cases of oligozoospermia with no other major complication.

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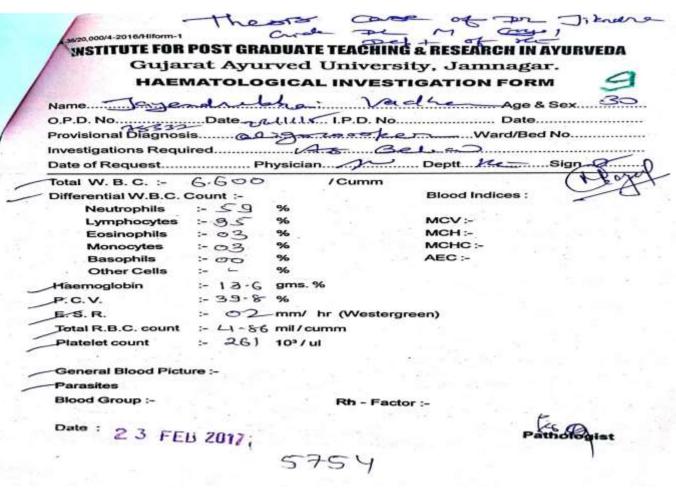
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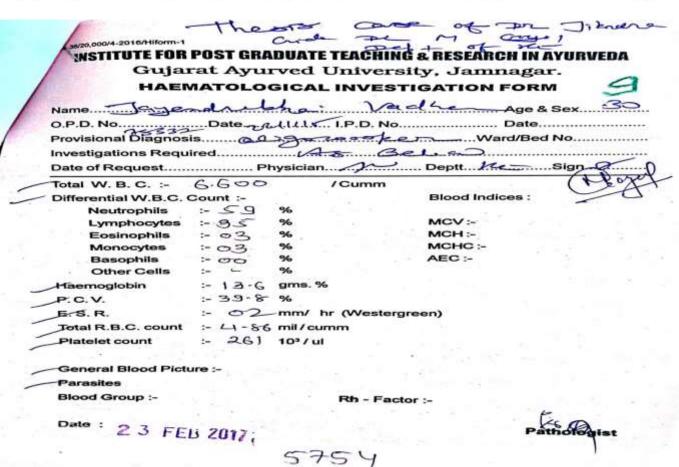
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