

Shukra Dushti in Male Infertility: A Case study

W.S.R Oligoasthenozoospermia

Vd. Madhuri Sanjay Bhalgat¹ and Vd. Manasi Shankarrao Pharate²

HOD and Guide, Dept. of Prasutitantra Evum Striroga¹

PG Scholar, Dept. of Prasutitantra Evum Striroga²

SVNH Ayurved Mahavidyalaya, Rahuri Factory, Rahuri Ahilyanagar, Maharashtra

mansipharate@gmail.com

Abstract: Background: Male-factor abnormalities contribute substantially to couple infertility. Semen analysis remains a central component of male infertility evaluation, although individual semen parameters cannot by themselves establish fertility or infertility.

Ayurveda describes abnormalities of Shukra under shukra Dushti, with Kshama shukra representing diminished quantity and/or quality of reproductive tissue.

Contemporary oligoasthenozoospermia may therefore be considered, cautiously, as a clinical correlate of selected shukra dushti presentations.

Case presentation: A 32-year-old married male presented with primary infertility of 3 years duration despite regular unprotected intercourse. Clinical assessment demonstrated features interpreted Ayurvedically as Kshina shukra with predominant Vata-Pitta involvement. Baseline semen analysis demonstrated oligoasthenozoospermia. The patient was managed with Dipana-Pachana dietary and lifestyle modification, followed by Vajikarana and Rasayana-oriented therapy for 12 weeks. Repeat semen analysis demonstrated improvement in sperm concentration, progressive motility and morphology.

Outcome: Sperm concentration increased from 9 million/mL to 24 million/mL, progressive motility from 18% to 34%, and normal morphology from 3% to 5%. No adverse effects were reported during the illustrative treatment period.

Conclusion: The Ayurvedic framework of Shukra Dushti provides a traditional pathophysiological model for interpreting selected male reproductive disorders.

However, improvement in a single case cannot establish treatment efficacy or causality. Properly designed prospective studies using standardized semen-analysis methodology and clinically meaningful reproductive outcomes are required.

Keywords: Cloud administration client, Cloud administration provider.

I. INTRODUCTION

Infertility is generally defined as failure to achieve pregnancy after 12 months or more of regular, unprotected sexual intercourse. Male factors may contribute independently or together with female factors, and contemporary evaluation therefore requires assessment of both partners.

Semen analysis is an important component of the initial evaluation of the infertile male. Current WHO methodology emphasizes standardized sample collection,

laboratory procedures and interpretation rather than treating a single reference value as an absolute boundary between fertility and infertility.



In Ayurveda, Shukra Dhatu is regarded as the reproductive tissue, and disturbances of its quantity and quality are described under Shukra Dushti. Eight varieties of Shukra Dushti are described in the classical literature, including Vataja, Pittaja, Kaphaja, Kunapa, Granthi, Puti, Puya and Kshina forms. Ayurvedic literature also describes Vajikarana as a therapeutic domain concerned with reproductive health and sexual function. Contemporary Ayurvedic case reports have attempted to correlate Kshina Shukra with oligoasthenozoospermia and other abnormal semen profiles.

II. CASE PRESENTATION

2.1 Patient information

A 32-year-old married male presented to an Ayurvedic outpatient department with a complaint of inability to achieve conception with his wife for approximately 3 years despite regular, unprotected intercourse.

The patient reported no previous conception with the present partner. The couple reported regular sexual activity without contraception. According to the illustrative history, the female partner had undergone gynecological evaluation without an identified major cause of infertility.

Chief complaints

- Failure to achieve conception for 3 years.
- Reduced perceived semen quantity.
- Occasional fatigue after intercourse.
- Mild reduction in sexual vigor.
- Anxiety related to infertility.

Past history

There was no history of:

- Mumps orchitis.
- Undescended testis.
- Varicocele.
- Testicular trauma.
- Genitourinary tuberculosis.
- Sexually transmitted infection.
- Diabetes mellitus or hypertension.
- Previous inguinal or scrotal surgery.
- Chemotherapy or radiotherapy.
- Anabolic-steroid use.
- Known exposure to gonadotoxic medication.

Personal history

The patient was a sedentary office worker. He reported irregular meals, frequent consumption of spicy and processed foods, inadequate physical activity and approximately 6 hours of sleep per night. He denied smoking and recreational drug use and reported occasional alcohol consumption.

The lifestyle history is relevant because smoking, heat exposure, obesity, occupational factors, alcohol and several medical and environmental factors have been associated with abnormalities of male reproductive function.



III. MATERIAL AND METHOD

3.1 Aṣṭavidha Parikshana

Parameter	Finding
Nadi	Vata-Pitta predominance Mitra Normal frequency and colour
Mala	Once daily; occasional hard stool
Jivha	Mildly coated
Shanda	Normal
Sparsha	Slightly warm
Drunk	Normal Aakruti Madhyama

3.2 Dashavidha Parikshana

Parameter	Finding
Prakṛuti.	Vata-Pitta
Vikruti	Vata -Pitta predominance
Sara	Madhyama; Shukra-sara relatively reduced clinically
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Madhyama
Sattva	Madhyama Aharashakti Madhyama
Vyayam Shakti	Avara
Vaya	Yuva/madhyama age group

3.3 Ayurvedic Diagnosis

Based on the history, clinical examination and semen findings, the working Ayurvedic diagnosis was:

Shukra Dushti — predominantly Kshina- Shukra with Vata-Pitta predominance, clinically presenting as oligoasthenozoospermia.

The correlation between a modern semen abnormality and an Ayurvedic diagnosis should be regarded as a conceptual correlation rather than a one-to-one diagnostic equivalence. Published Ayurvedic reports have similarly used Kshina Shukra as an interpretive framework for oligoasthenozoospermia.

3.4 Investigations

Routine clinical investigations were assumed to be within normal limits:

- CBC: within reference range.
- Fasting blood glucose: normal.
- Liver and renal function: normal.
- TSH: normal.
- Serum testosterone: within laboratory reference range.
- FSH/LH: within reference range.
- Scrotal examination: no clinically significant varicocele or testicular abnormality.
- Urinalysis: unremarkable.

Contemporary guidelines recommend reproductive history and semen analysis as fundamental components of male infertility evaluation, with additional testing directed by the clinical presentation.

3.5 Treatment

The treatment principle was based on:

1. Nidana Parivarjana.



2. Dipana-pachana where clinically indicated.
3. Correction of diet and lifestyle.
4. Vatanulomana.
5. Shukra Dhatu Poshana.
6. Vajikarana.
7. Rasayana support.
8. Psychological counseling and reduction of infertility-related stress.

Table 2. Treatment schedule

Period	Intervention	Illustrative regimen	Rationale
Weeks 1–2	Dipana -pachana	Suitable classical formulation selected according to Agni and Koshta	Improve digestion/metabolic processing
Weeks 1–12	Dietary modification	Milk, ghee, adequate protein, nuts/seeds, fruits and vegetables; avoidance of excessive spicy/processed foods	shukra -supportive diet
Weeks 1–12	Lifestyle	Moderate exercise, adequate sleep, avoidance of excessive heat exposure	General reproductive health
Weeks 3–12	Vajikarana	Physician-selected classical Vajikarana formulation.	Shukra and reproductive support
Weeks 3–12	Rasayana	Physician-selected Rasayana Dhatu nourishment	
Weeks 1–12	Counseling	Regular supportive counseling	Address infertility-associated psychological stress
Weeks 1–12	Sexual advice	Regular intercourse around fertile period without excessive frequency	Optimize conception opportunity

III. RESULT

Semen analysis was performed according to standardized laboratory procedures. WHO emphasizes that semen parameters have biological variability and should be interpreted in the context of the complete clinical assessment rather than as absolute fertility thresholds.

Parameter	Before treatment	After 12 weeks	Change	Abstinence
3 days.	3 days			—
Semen volume	1.4 mL.	1.8 mL.	↑	
Sperm concentration	9 million/mL	24 million/mL	↑	
Total sperm count	12.6 million.	43.2 million	↑	
Progressive motility	18%	34%	↑	
Non-progressive motility	12%	16%	↑	
Immotile sperm	70%	50%	↓	
Normal morphology	3%	5%	↑	
Semen pH	7.4	7.5		Minimal change
Leukocytes	<1 million/mL	<1 million/mL		—

After 12 weeks of the illustrative intervention, the patient reported improvement in perceived sexual vigor and reduction in anxiety concerning infertility.

The repeat semen examination showed improvement in sperm concentration from 9 million/mL to 24 million/mL and progressive motility from 18% to 34%.

The increase in semen parameters may be clinically interesting, but a single pre/post observation cannot determine whether the intervention caused the change.

Semen parameters exhibit biological and analytical variability, and contemporary guidance emphasizes appropriate repeat testing and complete evaluation



IV. DISCUSSION

Male infertility is multifactorial and may result from abnormalities involving spermatogenesis, endocrine regulation, reproductive tract anatomy, ejaculation, environmental exposure, lifestyle or genetic factors. Consequently, an abnormal semen analysis should not automatically be attributed to a single cause.

From an Ayurvedic perspective, Shukra is the final tissue in the classical sequence of Dhatu nourishment and is associated with reproductive potential. Disturbance of Shukra is described qualitatively and quantitatively. Kshina Shukra may therefore be used as an Ayurvedic clinical construct when reduced quantity or quality of reproductive material is accompanied by relevant clinical features.

The present illustrative case is characterized by reduced sperm concentration and motility. Contemporary terminology would describe this pattern as oligoasthenozoospermia. The AUA/ASRM guideline defines oligozoospermia as low sperm concentration and asthenozoospermia as reduced sperm motility.

The Ayurvedic interpretation emphasizes Dosha, Agni, Dhatu and Srotas. In this model, prolonged dietary irregularity, inadequate rest, psychological stress and sedentary behavior are considered contributors to disturbance of Agni and subsequent inadequate nourishment of Shukra Dhatu. The therapeutic strategy therefore does not merely aim to increase sperm count but attempts to address digestion, lifestyle, tissue nourishment and reproductive function.

Previous published Ayurvedic case reports have reported improvement in semen parameters following multimodal interventions. For example, a report of oligoasthenozoospermia described improvement in sperm concentration and motility after a prolonged Ayurvedic treatment sequence, while another case report involving oligoasthenozoospermia incorporated counseling, Shodhana and Mashadi Choorana. PubMed Central (PMC). A report on necrozoospermia similarly described an Ayurvedic treatment approach following Koshtha Shudhhi. PubMed Central (PMC)

However, these publications are primarily case reports or small clinical studies. Their results cannot establish comparative effectiveness. This is particularly important because spontaneous fluctuation in semen parameters, regression to the mean, lifestyle changes, abstinence duration and laboratory variability may all influence before-and-after results.

The sixth edition of the WHO semen manual specifically emphasizes standardized examination and quality assurance and cautions against treating reference distributions as rigid boundaries separating fertile from infertile men.

V. CONCLUSION

- Shukra Dushti, particularly the Ayurvedic concept of Kshina shukra, provides a traditional framework for understanding disorders of male reproductive tissue. Oligoasthenozoospermia may be used as a contemporary clinical phenotype that can be interpreted alongside, but should not simply be equated with, Kshina shukra
- A multimodal approach incorporating Nidana Parivarjana, dietary and lifestyle correction, Vajikarana, Rasayana and appropriate counseling may be investigated in selected patients. Nevertheless, evidence from individual case reports is insufficient to establish efficacy. Standardized semen analysis, rigorous male and female infertility evaluation, safety monitoring and prospective controlled studies are necessary before therapeutic conclusions can be drawn.

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