

**TO EVALUATE THE EFFICACY OF GUDUCHYADIYOGA IN THE  
MANAGEMENT OF OLIGOASTHENOSPERMIA**

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**ABSTARCT**

The mean global incidence of infertility among general population is estimated as 16.7% the contribution of male factor infertility is 26.2% to 46.6% to the total infertility<sup>1</sup>. Fertility is existential necessity and as such has assumed overwhelming from the immemorial on the hand infertility severally affected the couple psychologically sexually and socially. The modern medical field has now started realizing it's important.

Since ages Ayurveda which meticulously deal and maintains a separate branch known as *Vajikarana* which deals with promotion of sexual health, prevention and cure of seminal disorder resulting due to *Sukra-dusti*. *Guduchyadi Yoga* was selected which is having *Sukra Vrudhikar* and *Sukra Dhatu utpatti* properties and the does fixed in 3 gm BD with milk for 3 months.

**KEY WORDS:**

Oligoasthenospermia; male infertility; *Sukra dusti*

**INTRODUCTION**

Achievement of scientific integrity and credibility of the concepts can only be With Well designed and conducted research studies. To create a healthy progeny is one of The foremost *dharma* of an individual. So fertility is an existential necessity since the

immemorial time.

Nature always does better for all living beings, but life of modern man is far deviated from the rules of nature. In fact, there has been a drastic change in his daily activities including life style, food habits, sexual life, meditation, environmental pollution, industrial and

occupational hazards. Due to all these factors infertility is increasing day by day. WHO (1976) has estimated incidence of global infertility as 16.7%. The contribution of male factor alone to this total infertility is reported as 26.2% to 46.6% (Insler and Lunenfeld 1993).

Since the beginning of recorded history, the human race has placed a great emphasis on fertility. Infertility seldom causes physical debility, but its severity affects the couple's psychological harmony, sexual life and social function. The couple desiring a child but unable to conceive feels demeaned, deprived and bitter. Most cultures regard children as an extension of self, as bearers and perpetuators of the family name and tradition as well as an expansive strivings.

Male infertility can be defined as an inability to induce conception due to defect in spermatogenic functions. The male partner carrying pathological semen, reports include Low sperm count, Motility & Abnormal forms of sperms<sup>2</sup>.

In Ayurveda classics, eight types of *sukradoshas* are enumerated. *KshinaRetas* (Oligoasthenospermia) is

one of the manifestations of *SukraDusti*<sup>3</sup> i.e. abnormalities of seminal fluid. The procreation aspect of Life is dependent on normal formation, unobstructed transmission and ejaculation of semen (*Retas*) of an individual male and satisfactory deposition of sperms within the vagina on or near cervix of female. In Ayurveda, one of the factors responsible to achieve *Purushartha Chatushtaya* is procreational capability of an individual male. This is under the influence of biological dimensions from adequate development of spermatozoa, formation of seminal fluid, conception and birth. One of the causes responsible for this type of abnormality is *KshinaRetas* (Oligoasthenospermia) which may lead to male partner infertility. This biological abnormality is approximately 30-40 % responsible for male partner infertility in the reproductive age. The biological faults in the male are defective spermatogenesis & error in the seminal fluid which can be considered under *KshinaRetas*. The fertility of an individual male has also been admired in classical texts of Ayurveda. Simultaneously, a person without progeny has been condemned

as the man alone without progeny, looks like a tree having only one branch, shade less, fruitless and with foul smell Sperm count less than 20 million/ml is considered as Oligospermia. May be one among significant causes of male partner infertility<sup>4</sup>. Though there can be other factors responsible for decreased fertility but this abnormality is common amongst the males. In the present study, attempt has been made to study *KshinaRetas* with reference to Oligoasthenospermia considering it as main contributory factor for male pattern. In Ayurveda, normality and abnormality of *Shukra* and their management in a separate branch known as *Vajikarana Tantra* has been described. Acharya Charaka give utmost importance to *Vajikarana*<sup>5</sup>. The prime aim of the *Vajikarana* drug is to Potentiate virility, fertility and to have a good progeny. *Vajikarana* offers wide range of drugs which help in correcting various pathologies of semen. *Guduchyadyoga* Drugs having *madhura Rasa, Guru Snigdha Guna, Vrishya, Sukravardhaka, Balya and Rasayana* properties has to be used for the treatment of *Kshinaretasa*. *Guduchyadyoga* is explained in

HaritaSamhita Chapter 41<sup>th</sup> *vajikarana*<sup>6</sup>.

### **AIM AND OBJECTIVES:**

To study and assess the efficacy of *Guduchyadi yoga* in the management of *kshinaretasa* with special reference to oligoasthenospermia.

### **MATERIAL AND METHODS -**

**Selection of patients**-30 patients were selected on the basis of simple randomized sampling procedure from the O.P.D & I.P.D of Prasutitantra & Striroga department in ShriSiddharudha charitable hospital. Patients fulfilling the inclusion criteria were included for the study.

#### **Inclusion criteria-**

1. Sperm count less than 20 million/ml.
2. Male patients between the age group of 25 years and 45 years.

#### **Exclusion criteria-**

1. Known case of genetic abnormalities.
2. Accessory sex gland infection, testicular undescend, Previous reproductive organsurgery.
3. STD, HIV & HBsAg positive patients.
4. Past history of Mumps, Orchitis, Trauma, D.M., Thyroid disorders & Tuberculosis.
5. Azoospermia.

#### **Investigations –**

- CBC
- HIV, HBsAg

- Complete semen analysis.

#### **Assessment criteria-**

Improvement in semen parameters such as

1. Spermcount
2. Motility

#### **Gradings-**

##### **EJACULATION-**

1. Ejaculation with own satisfaction -0
2. Ejaculationwithpenetration -1
3. Ejaculationbeforepenetration - 2
4. Delay ejaculation - 3

##### **LOSS OF LIBODO-**

1. Normal libido -0
2. Libido but no activity -1
3. Lack of the libido -2
4. Compleat loss of libido -3

##### **SPERM COUNT-**

1. >120Million -0
2. Mild(<90-110Million) -1
3. Moderate (<40-60Million) -2
4. **Severe (<20Million) -3**

##### **SPERM MOTILITY-**

1. >60% - 0
2. Mild (40%-60%) -1
3. M0derate (<30%) - 2
4. Severe(<10%) - 3

#### **Dose & Duration of Drug –**

Patients were given the *Guduchyadi Yoga* in the dosage of 3gm twice daily with milk for 3 months.

#### **Follow up period –**

Once in a month for 3 months for examinations/ counseling. Further follow up after completing the course for necessary investigations.

#### **OBSERVATIONS:**

- 30 patients of *KshinaRetas* (Oligo-asthenospermia) were administered with *Guduchyadi Yoga*.
- In 60% patient's the sperm count & sperm motility were increased.

#### **RESULT:**

##### **1. Effect of drug on loss of libido :**

The mean score of symptoms which was  $1.167 \pm 0.9855$  before treatment ,reduces to  $0.5333 \pm 0.9371$  When these values were statistically analyzed, it shows gradual improvement when compaired with before treatment. The drug was highly significantly effective with P value 0.000

##### **2 . Effect of drug on sperm count**

The mean score of symptoms which was  $1.333 \pm 0.9223$  before the treatment, reduces to  $0.4667 \pm 0.8604$  when these values were statistically analyzed, it showed that the drug was highly significantly effective with P value 0.000

##### **3 . Effect of drug on Ejaculation :**

The mean score of Ejaculation was  $2.233 \pm 0.5683$  before treatment,

reduces to  $0.5667 \pm 0.8584$ . when these values were statistically analyzed, it showed that the drug was significant. However there was highly significant with P value 0.000

The statistical data obtained for sperm motility shows gradual improvement when compared with before treatment of the improvement was seen, which shows that the trial drug is highly significant with P value 0.000

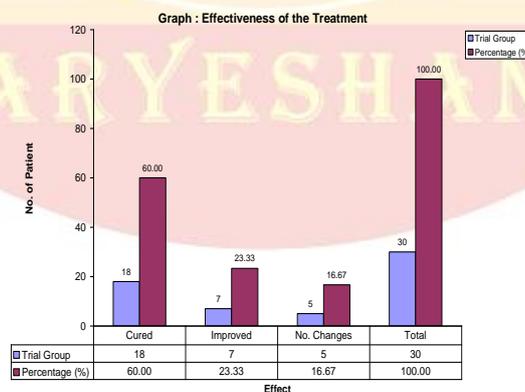
#### 4 . Effect of drug on Motility :

##### STATSTICAL ANALYSIS

Sign/ symptoms	BT		AT		
	Mean $\pm$ SD	Mean $\pm$ SD	t- Value	P- Value	Remarks
Loss of Libido	1.167 $\pm$ 0.9855	0.5333 $\pm$ 0.9371	4.829	0.000	HS
Sperm Count	1.333 $\pm$ 0.9223	0.4667 $\pm$ 0.8604	6.177	0.000	HS
Ejaculation	2.233 $\pm$ 0.5683	0.5667 $\pm$ 0.8584	8.877	0.000	HS
Motility	1.8 $\pm$ 0.7144	0.4 $\pm$ 0.8137	8.226	0.000	HS

**overall clinical results:** This trial group show 60% result.

Effective	Trial Group	Percentage (%)
Cured	18	60.00
Improved	7	23.33
No. Changes	5	16.67
Total	30	100.00



#### DISCUSS ION:

Treatment of male infertility (Oligoasthenospermia) should be aimed to increase sperm count and motility. *Guduchyadi Yoga* was effective on sperm count and motility.

**DRUG DISCUSSION:** *Guduchyadi yoga* drugs are having *Madhura Rasa, Guru, Snigdha, Guna, Sita Virya, Madhura Vipaka and Vrishya, Sukra Vardhak, Balya, Rasayana* properties has to be used for the treatment of *Kshinaretasa*<sup>7</sup>.

**DESEASE DISCUSSION:** In *kshinaretas* vitiation of *Vata&Pitta Dosa* are responsible for manifestation. *Vata&Pitta* provocation damages the *Shukradhatu* and causes *Shukradhatu Daurbalya & Shukravaha Sroto Dushti*<sup>8,9</sup>. In *Guduchyadi Yoga* drugs are having *VataPittahara* properties<sup>10</sup>. So it treats the *Kshinaretas*.

### CONCLUSION

- *Guduchyadi Yoga* has provided better improvement on seminal parameters like sperm count and sperm motility.
- *Guduchyadi Yoga* has proved to be better in patients of oligoasthenospermia. *Shukrakshaya* is one of the manifestation of "*Shukra dusti*". abnormality of seminal fluid .
- This biological abnormality is most

responsible factor for male infertility.

Rapidly changing life styles, urbanization, and industrialization triggered a Study raise in the prevalence of male infertility since past one decade. Modern Therapeutic techniques like artificial insemination etc. are advisable but results cannot be guaranteed. Abnormal semen with regards to its count, motility, sperm shape of abnormality volume have a direct impact on male infertility. Though many *Vrisya* and *Vajikarana* formulations are told in *Harita samhita, Saharsrayoga Yogarathnakara* etc. the cost, non availability of most of the ingredients ,and lengthy Duration of the treatment causes, physical, mental and economical stress to the patient. So the search for effective, cheap and easily abundantly available drug had become a necessity. So an attempt has been made to solve above problem to cure the symptoms and to provide a better results.

Prognosis is difficult but in this condition we find better result by the use of *Guduchyadi yoga*. its prevalence and importance leading to male infertility initial screening of the male should be considered whenever

the patient presents with the chief complaint of infertility. The most important part of the management of male infertility is the correct diagnosis. The use of standard drug *Guduchyadi yoga* for evaluating medical problems in general, such as complete history, physical examination, and laboratory tests is essential for this purpose.

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