

AYURVEDIC MANAGEMENT OF OLIGOASTHENOSPERMIA THROUGH *SHAMANA CHIKITSA*, *VIDDHAKARMA* AND *BASTI*: A CASE REPORT

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ABSTRACT

Background: Oligoasthenospermia refers to a reduced sperm concentration together with reduced sperm motility and is one of the more commonly identified findings in male infertility. In Ayurveda, such conditions are described under *Shukra Dushti* and *Shukra Kshaya*, broadly referred to as *Shukralpata* and are understood to arise from vitiation of *Pitta*, *Kapha* or *Vata dosha* along with disturbance of *Shukra dhatu*.

Case Presentation: A 37 years old male patient presented with a 4-5 years history of *Krucchavyavayata* with early ejaculation along with *Daurbalya* (weakness), constipation, bloating, *Hritkanthadaha* (burning sensation), *Alpanidra* (reduced sleep) and other associated complaints. Semen analysis showed oligoasthenospermia. The condition was clinically assessed as *Shukralpata* with features of *Pitta-Rakta* involvement and *Apana Vayu* disturbance. Multiple dietary and lifestyle factors including *Ushna-Tikshna Ahara* (hot and spicy food), alcohol intake, smoking, irregular sleep due to shift duty, curd intake and excessive intake of cold water were identified. Ayurvedic examination showed *Kaphapittaja Prakriti* and *Kaphavataja Vikriti*. The patient was treated for 45 days with *Nidana Parivarjana* (avoidance of causative factors), *Viddhakarma* (Therapeutic bloodletting by puncturing) and internal Ayurvedic medicines. *Viddhakarma* was performed twice weekly for 3 weeks. The internal medicines were planned in phases with *Pitta*-pacifying (pacification of *Pitta*), *Anulomana* (elimination), *Rasayana* (rejuvenative therapy) and *Brimhana* (nourishing therapy) objectives followed by *Yogabasti* (therapeutic course of *Basti* consisting of *Niruha* and *Anuvasana Basti*).

Outcome: On repeat semen analysis performed after treatment, sperm concentration increased from 3 million/mL to 83 million/mL, total sperm count per ejaculate increased from 7.5 million to 207.5 million, total motility improved from 10% to 60% and viability improved from 50% to 82%. Progressive motility increased from 0% to 27%.

Conclusion: This case suggests that an individualized Ayurvedic approach combining *Nidana Parivarjana*, *Shamana Chikitsa* (Palliative treatment), *Viddhakarma* and *Basti* may be useful in the management of *Shukralpata*.

Keywords: *Shukralpata*, Oligoasthenospermia, *Shukra Kshaya*, *Viddhakarma*, *Shamana Chikitsa*, *Basti*

INTRODUCTION

Oligoasthenospermia is characterized by reduced sperm concentration and reduced sperm motility and is an important semen abnormality associated with impaired male reproductive potential. In India, primary infertility has been reported in 3.9% to 16.8% of couples and male-factor cases are frequently associated with low sperm count and other semen abnormalities.^[1,2] The condition may result from multiple factors including lifestyle-related and dietary factors that can adversely affect semen quality.

From an Ayurvedic perspective, disorders of *Shukra* are described under *Shukra Dushti* (vitiation of *Shukra*) and *Shukra Kshaya* (depletion of *Shukra*). Although oligospermia does not have a single exact classical equivalent, reduced *Shukra* can be understood in relation to *Ksheena Shukra* (depleted *Shukra*) or *Shukra Kshaya*, described among the eight types of *Shukra Dushti* (*Ashta Shukra Dushti*).^[3] The classical features of *Ksheena Shukra* include *Daurbalya*, *Mukhashosha* (Dryness of mouth), *Pandutva* (Pallor), *Sadana* (weakness), *Shrama* (fatigue), *Klaibya* (sexual weakness) and abnormality of *Shukravisarga* (ejaculation). In the present case, *Daurbalya*, *Glani*, *Shrama* and sexual difficulty with early ejaculation were observed along with reduced sperm concentration and motility.

The clinical history of the present case suggested prolonged exposure to *Pitta-Kapha Dushti* *Karaka Ahara* and *Vihara* along with irregular sleep, smoking and alcohol intake. Based on the clinical assessment, the condition was considered *Shukralpata* (depletion of *Shukra*) with associated features of *Shukra Kshaya*. The

treatment was planned with *Nidana Parivarjana*, *Shamana Chikitsa*, *Viddhakarma* and *Basti* with the objectives of reducing *Pitta-Rakta Dushti*, regulating *Apana Vayu* and supporting *Shukra Dhātu* (reproductive element).

Modern management of oligoasthenospermia includes lifestyle correction, antioxidant supplementation, hormonal therapy (e.g., clomiphene citrate, gonadotropins) and assisted reproductive techniques such as IUI, IVF and ICSI. These approaches may require repeated treatment cycles and can involve substantial cost, highlighting the need for evaluation of other therapeutic approaches.

Individualised Ayurvedic interventions have been reported to show improvement in semen parameters in published case reports.^[4,5,6,7] However, clinical reports describing an integrated approach combining *Shamana Chikitsa*, *Viddhakarma* and *Basti* in oligoasthenospermia are limited. Therefore, the present case report describes the Ayurvedic management of oligoasthenospermia through this integrated therapeutic approach.

Need of the Study: Although classical Ayurvedic texts describe management principles for *Shukra Dushti* and *Shukra Kshaya*, clinical evidence on individualized multimodal management combining *Shamana Chikitsa*, *Viddhakarma* and *Basti* in oligoasthenospermia remains limited. The present case provides objective before and after semen parameter data following a combined Ayurvedic treatment protocol. It highlights the potential role of an individualized multimodal Ayurvedic approach in the management of oligoasthenospermia and provides clinical observa-

tions that may support further systematic evaluation of this approach.

PATIENT INFORMATION

A 37 years old male presented to the OPD of Shri Vishwanath Ayurvediya and Panchakarma Chikitsalaya, Nagpur with *Krucchavyavayata* (difficulty in sexual intercourse) of 4-5 years duration associated with early ejaculation. He also reported *Daurbalya* (weakness) for the past 3-4 years, *Malavibandha* (constipation) for 10-12 years, *Adhmana* (abdominal distension/bloating) for 7 years, *Hritkanthadaha* (burning sensation in the chest and throat) for 7 years, *Sabdaasahinshnuta* (intolerance to sound) for 6 months, *Glani* (fatigue) for 6 months and *Alpanidra* (reduced sleep) for 8-10 years. The patient was a software engineer working in shift duties that included night and morning shifts. His body weight was 84 kg. His past medical history included operated *Ashmari* (renal calculi) 4 years earlier and

operated *Arsha* (haemorrhoids) 6 years earlier. He also reported *Amlapitta* (hyperacidity) for 8-10 years. These chronic gastrointestinal and pelvic complaints along with the history of *Ashmari* and *Arsha* were considered in the Ayurvedic assessment of *Apana Vayu* (downward moving *Vata*) disturbance.

His *Prakriti* (body constitution) was assessed as *Kaphapittaja* (predominance of *Kapha* and *Pitta*). The patient reported alcohol consumption twice weekly for 10-12 years and smoking 2-3 cigarettes daily for 7-8 years. He consumed hot and spicy food approximately three times weekly for the past 10 years. Fish and prawns were consumed approximately three times weekly for 15 years and curd approximately three times weekly for 10 years. He also reported regular intake of cold water approximately 500 mL in the morning, 500 mL between meals and 750 mL at bedtime.

Table 1: Clinical Findings (*Ashtavidha and Dashavidha Pariksha*)

Ayurvedic examination was performed using *Ashtavidha Pariksha* (Eightfold examination) and *Dashavidha Pariksha* (Tenfold examination).

Examination	Parameters	Findings
<i>Ashtavidha Pariksha</i>	<i>Nadi</i> (Pulse examination)	<i>Kaphapittaja</i> , 70/min
	<i>Mala</i> (Faeces/stool)	<i>Malavibandha</i>
	<i>Mutra</i> (Urine)	<i>Niyantrit</i>
	<i>Jivha</i> (Tongue)	<i>Sama</i>
	<i>Drik</i> (Eyes/vision)	<i>Prakrita</i>
	<i>Sparsha</i> (Touch)	<i>Ushna</i>
	<i>Shabda</i> (Speech)	<i>Spashta</i>
	<i>Aakriti</i> (Body build)	<i>Madhyama</i>
<i>Dashavidha Pariksha</i>	<i>Prakriti</i> (body constitution)	<i>Kaphapittaja</i>
	<i>Vikriti</i> (Altered pathological state)	<i>Kaphavataja</i>
	<i>Sara</i> (tissue quality)	<i>Madhyama</i>
	<i>Samhanana</i> (Compactness of body)	<i>Madhyama</i>

	<i>Desha</i> (Habitat)	<i>Sadharana</i>
	<i>Bala</i> (Strength)	<i>Madhyama</i>
	<i>Vaya</i> (Age)	37 years
	<i>Satmya</i> (Suitability)	<i>Madhyama</i>
	<i>Satva</i> (Mental strength)	<i>Pravara</i>

Table 2: Timeline of Clinical Events

Time point	Clinical events
Baseline	Baseline clinical assessment and semen analysis; oligoasthenospermia documented.
Treatment period	<i>Nidana Parivarjana</i> and Ayurvedic treatment administered for 45 days; <i>Viddhakarma</i> twice weekly for 3 weeks. <i>Yogabasti</i> was administered during days 16-22 concurrently with the second 30-day medicinal treatment duration.
After Treatment	Repeat semen analysis performed after completion of treatment showing improvement in seminal parameters.

Table 3: *Nidana* (Etiological factors/causes) Assessment

The major *Nidana* identified in the present case were assessed according to their probable effect on *Dosha*, *Dhatu* and *Srotas*.

<i>Nidana</i>	Pattern of exposure	Ayurvedic interpretation
<i>Madyapana</i> (Alcohol consumption)	Twice weekly for 10-12 years	<i>Madhya</i> possesses qualities such as <i>Ushna</i> (Hot), <i>Tikshna</i> (penetrating) and <i>Ruksha</i> (Dry) which are opposite to the <i>Snigdha</i> (unctuous), <i>Sheeta</i> (cold) and <i>Saumya</i> (mild) qualities attributed to <i>Shukra</i> and <i>Ojas</i> (vitality).
Smoking	2-3 cigarettes/day for 7-8 years	Considered a source of <i>Ushna</i> and <i>Tikshna</i> influence contributing to <i>Pitta-Rakta Dushti</i> in the Ayurvedic interpretation.
<i>Vidahi Annapana</i> (Food and drinks causing burning/irritation)	Hot and spicy food about 3 times/week for 10 years	Considered a <i>Pitta</i> and <i>Rakta Dushti</i> promoting dietary factor.
<i>Mamsahara</i> (Meat consumption)	Fish and prawns about 3 times/week for 15 years	Included as a dietary factor in the overall <i>Nidana</i> assessment.
<i>Dadhisevana</i> (Curd consumption)	Curd about 3 times/week for 10 years	Curd was considered <i>Abhishyandi</i> (causing obstruction) and contributory to <i>Kapha</i> related obstruction.
Shift duty and night waking	Night and morning shifts	The classical statement is: Night waking is described as <i>Ruksha</i> . ^[8] In this case, repeated night duty was considered to increase <i>Rukshata</i> (dryness) which is oppo-

		site to the <i>Snigdha</i> quality of <i>Shukra</i> .
Cold water intake	500 mL morning + 500 mL between meals + 750 mL at bedtime	Excessive coldwater intake was considered as an additional dietary factor in the overall assessment.

Table 4: Chief Complaints and Duration

Complaints	Duration
<i>Krucchavyavayata</i> with early ejaculation	4-5 years
<i>Daurbalya</i>	3-4 years
<i>Malavibandha</i>	10-12 years
<i>Adhmana</i>	7 years
<i>Hritkanthadaha</i>	7 years
<i>Alpanidra</i>	8-10 years
<i>Sabdaasahinshnuta</i>	6 months
<i>Glani</i>	6 months

Diagnostic Assessment: Baseline semen analysis was performed after 3 days of sexual abstinence. Sperm concentration was 3 million/mL, total motility was 10%, progressive motility was 0% and viability was 50%. Semen volume, appearance, liquefaction time, viscosity, pH and fructose were within the reported reference limits. Sperm morphology was reported as normal in 90% of assessed forms, assessed against the WHO 6th edition (2021) reference of > 4%.^[9] The findings were con-

sistent with oligoasthenospermia. From the Ayurvedic perspective, the patient was assessed as having *Shukralpata* with associated features of *Shukra Kshaya*. It describes *Daurbalya*, *Mukhashosha*, *Pandutva*, *Sadana*, *Shrama*, *Klaibya* and abnormal *Shukravisarga* as features of *Ksheena Shukra*.^[10]

Flowchart 1: *Samprapti* (Pathogenesis) of *Shukralpata*

Hetu Sevan (Consumption/exposure to causative factors)
(*Pitta-Kapha Dushti Karaka Ahara/Vihara*)



Vridhhi of *Ushna Tikshana Guna* (qualities) of *Pitta*



Pitta-Rakta Ashraya-Ashrayi Bhava (Relation between the substrate and its dependent factor)



Rakta Dushti (Vitiation of blood tissue)



Ushna Tikshana Guna Vridhhi in *Uttarottara Dhatu* (Successive body tissues)



Reduction in *Snigdha*, *Sheeta*, *Saumya Guna* of *Shukra Dhatu*



Sthansamshraya (localization) of *Dosha* in *Apana Vayu Kshetra*



Shukralpata

Samprapti (Pathogenesis):

The *Samprapti* was assessed as predominantly *Pitta-Kapha Dushti* with involvement of *Rakta* and progressive impairment of *Shukra Dhatu* along with *Apana Vayu* disturbance. The history of *Ashmari* and *Arsha* and long-standing *Malavibandha* supported the possibility of pre-existing *Apana Vayu* dysfunction. The *Samprapti* was considered *Pakvashayastha Avrodhajanya*.

The therapeutic rationale was to reduce the excessive *Ushna-Tikshna* influence on *Rakta* and other *Dhatu*, correct *Apana Vayu* and support *Shukra Dhatu*. *Viddhakarma* was included with the Ayurvedic rationale of reducing local *Rakta Dushti* and improving local circulation, while internal medicines were selected according to their *Pitta*-pacifying, *Anulomana*, *Rasayana* and *Brimhana* actions.

Therapeutic Intervention

The treatment duration was 45 days. The treatment plan consisted of *Nidana Parivarjana*, *Viddhakarma* and internal Ayurvedic medicines. *Viddhakarma* was

performed twice weekly for 3 weeks, giving a total of 6 sittings.

Informed Consent

Written informed consent was obtained from the patient before treatment and for publication of this case report.

Nidana Parivarjana

The patient was advised to avoid or reduce identified *Nidana* including hot and spicy food, alcohol, smoking, excessive curd intake and inappropriate dietary habits. Correction of shift-related sleep disturbance was advised as far as feasible, with emphasis on adequate sleep and avoidance of unnecessary night waking.

Viddhakarma

Viddhakarma was performed twice weekly for 3 weeks. It was planned in view of the assessed *Pitta-Rakta* involvement and the *Pakvashayastha Avrodhajanya Samprapti*. In the Ayurvedic rationale of the case, *Viddhakarma* was intended to reduce local *Rakta Dushti* and *Ushna-Tikshna* predominance and thereby support local circulation and correction of the involved pathway.

Abhyantara Chikitsa (Internal medications)

Table 5: Abhyantara Chikitsa (Internal Medicines Administered)

The medicines were selected according to the stage of treatment and the intended objectives of *Pitta Shamana*, *Pitta Rechana* (*Pitta* elimination), *Anulomana*, *Rasayana* and *Brimhana*.

Duration	Medicine	Dose	(Timing / Anupana (adjuvant taken with medicine))
First 15 days	<i>Kamdudha Rasa (Muktayukta)</i>	250 mg BD	<i>Vyanodane</i> (after food)
First 15 days	<i>Avipattikara Churna</i>	2 g OD	<i>Apane</i> (before food)
First 15 days	<i>Panchasakara Churna</i>	3 g OD	<i>Nishikale</i> (at bedtime)
First 15 days	<i>Sutshekhar Rasa</i>	250 mg BD	<i>Vyanodane</i> (after food)
First 15 days	<i>Lohasava</i>	20 mL BD	<i>Vyanodane</i> (after food)
First 15 days	<i>Shatavari Kalpa</i>	10 g BD (7 am	<i>Rasayana kale</i> (early

		and 6 pm)	morning) with <i>Godugdha</i> (cow's milk) <i>Anupana</i>
First 15 days	<i>Suvarna Saraswatarishta</i>	20 mL OD	<i>Nishikale</i> (at night)
Days 16-22	<i>Yogabasti - Niruha Basti</i> (Decoction based enema) (<i>Erandamuladi Kwatha</i>)	–	As per <i>Basti</i> schedule
Days 16-22	<i>Yogabasti - Anuvasana Basti</i> (oil based enema) (<i>Dhanvantara Taila</i>)	–	As per <i>Basti</i> schedule
Days 16-45	<i>Tapyadi Loha (Rajatayukta)</i>	250 mg BD	<i>Vyanodane</i> (after food)
Days 16-45	<i>Kamdudha Rasa (Muktayukta)</i>	250 mg BD	<i>Vyanodane</i> (after food)
Days 16-45	<i>Shatavari Kalpa</i>	10 g BD (7 am and 6 pm)	<i>Rasayana kale</i> with <i>Godugdha Anupana</i>
Days 16-45	<i>Bastyanda Ghrita</i>	10 mL BD	with <i>Godugdha Anupana</i>
Days 16-45	<i>Suvarna Saraswatarishta</i>	20 mL OD	<i>Nishikale</i> (at night)

Follow-up and Outcomes (Semen Analysis: Before and After Treatment)

Repeat semen analysis at follow-up showed marked improvement in sperm concentration, total sperm count, total motility and viability.

Figure 1: Semen analysis report before treatment

METROPOLIS			
Name	Dr. Pankaj Tiwari	VID No.	25010401001790
Age / Gender	37 / Male	PID No.	PS012550833843
Contact No.	9826101000	Referral by	Self
Address	Subodh, 5th Floor, 4th Floor	Registered On	26/11/2023 10:31 AM
Pincode	400010	Collected On	26/11/2023 10:31 AM
		Reported On	26/11/2023 1:48 PM
Routine Examination Profile - Semen (Semen)			
Investigation	Observed Value	Unit	Biological Reference Interval
Abstinence	3 Days		
Time of Collection	10:43 am		
Time of examination	11:53 am		
Physical Examination (Semen)			
Volume	2.5	mL	> 1.5
Appearance	Homogenous grey opalescent		Homogenous grey opalescent
Liquefaction Time	30	min	Upto 60 min
Viscosity	Within normal limit		< 2 cm thread after liquefaction
Chemical Examination (Semen)			
pH	8		Alkaline (> 7.2)
Fructose (Qualitative)	Positive		Positive
Microscopic Examination (Semen)			
Viability (eosin-nigrosin)	50	%	> 58
Sperm Count	3	million/mL	> 15
Sperm count per ejaculate	7.5	%	40 million or more
Sperm motility at 37° C (Total-PR-NP)	10	%	> 40
(Evaluated 200 spermatozoa)			
Grade: Progressive motility (PR)	0	%	> 32
Grade: Non Progressive motility (NP)	10	%	
Sperm Morphology (Semen)			
Normal sperms	90	%	> 4% (WHO 6th edition, 2021)
Abnormal Head	0		For N/P prognosis (rugged)-
Abnormal Neck	10		Above 15% - Best
			4 to 15% - Good
			Below 4% - Poor

DISCUSSION

The findings in this case are in agreement with several previously published Ayurvedic case reports on oligospermia and oligoasthenospermia. Gade et al. managed oligoasthenozoospermia in a 31-year-old man with a combined yoga and

Figure 2: Semen analysis report after treatment

METROPOLIS			
Name	Dr. Pankaj Tiwari	VID No.	25010401001790
Age / Gender	37 / Male	PID No.	PS012550833843
Contact No.	9826101000	Referral by	Self
Address	Subodh, 5th Floor, 4th Floor	Registered On	26/11/2023 10:31 AM
Pincode	400010	Collected On	15/05/2024 10:34 AM
		Reported On	15/05/2024 10:34 AM
Routine Examination Profile - Semen (Semen)			
Investigation	Observed Value	Unit	Biological Reference Interval
Abstinence	3 Days		
Time of Collection	10:31 AM		
Time of examination	11:30 AM		
Physical Examination (Semen)			
Volume	2.5	mL	> 1.4
Appearance	Homogenous grey opalescent		Homogenous grey opalescent
Liquefaction Time	30	min	Upto 60 min
Viscosity	Within normal limit		< 2 cm thread after liquefaction
Chemical Examination (Semen)			
pH	8		Alkaline (> 7.2)
Fructose (Qualitative)	Positive		Positive
Microscopic Examination (Semen)			
Viability (eosin-nigrosin)	82	%	> 54
Sperm Count	83	million/mL	> 15
Sperm count per ejaculate	207.5	%	> 39 million or more
Sperm motility at 37° C (Total-PR-NP)	60	%	> 42
(Evaluated 200 spermatozoa)			
Grade: Progressive motility (PR)	27	%	> 30
Grade: Non Progressive motility (NP)	33	%	
Grade: Immotile	40	%	
Velocity	16		> 5
Prog Motile Sperm (M/Im)	22.6		> 5
SPERM MOTILITY INDEX	35		> 80
Sperm Morphology (Semen)			

Ayurvedic protocol over four months, correlating the condition with *Shukra Kshaya* under *Ashta Shukra Dushti*.^[1] Patel and Shaikh reported a retrospective case series of three men with oligoasthenospermia managed at the outpatient department of *Prasutitantra*

evam Streeroga.^[11] Panwar et al. described a 36 year old man with oligoasthenospermia treated on the principle of *Aamapachana* followed by *Vrishya chikitsa* with improvement in *Shukra Kshaya*.^[4] Singh et al. reported successful management of a 35 year old man with a sperm count of 8 million/mL over approximately five months using an Ayurvedic protocol.^[5] Uppin and Aravinth documented resolution of oligoteratozoospermia to normozoospermia within three months using *Shodhana chikitsa* (Purificatory therapy) and *Vajikarana aushadhi* culminating in a natural conception.^[6] Upadhyay and Vasani similarly used *Anuvasana Basti* together with *Shamana* drugs such as *Shatavari*, *Ashwagandha* and *Kapikachhu* in a 33 year old man with oligospermia^[7] and Akhilraj and Amalraj achieved improvement in a similarly diagnosed case using *Shodhana* (*Virechana Karma*) followed by *Rasayana* and *Vajikarana* (Aphrodisiac) drugs.^[2]

The present case was assessed as *Shukralpata* with associated features of *Shukra Kshaya* in the setting of *Pitta-Rakta* involvement and *Apana Vayu* disturbance. The patient had several long-standing dietary and lifestyle factors that were considered contributory particularly *Ushna-Tikshna Ahara*, alcohol intake, smoking and night-shift work. Classical Ayurveda describes night waking as *Ruksha* which provides a rationale for considering repeated night duty as a factor that may increase *Rukshata*.^[8]

The patient's history of *Malavibandha*, previous *Ashmari* and previous *Arsha* was considered supportive of longstanding disturbance in the *Apana Vayu* region. The

presence of constipation and bloating also supported an approach aimed at correcting *Anulomana* and *Pakvashaya* related obstruction before and along with *Shukra Dhatu Poshana* (nourishment of *Shukra Dhatu*).

The treatment was therefore planned in stages. *Kamdudha Rasa* (*Muktayukta*) was given for its *Snigdha* and *Sheeta Guna* to reduce excessive *Ushnata* while *Sutshekhar Rasa* supported *Pitta Pachana* (correction of *Pitta*-related digestion) and *Shamana* (pacification of *Pitta*). *Avipattikara Churna* was used for *Pitta Rechana* and to correct *Pitta*-related digestive disturbance and *Panchasakara Churna* was used for *Pachana* followed by *Anulomana* and correction of bowel-related obstruction. *Lohasava* was included for *Balya Karma* (Strength-promoting action). *Shatavari Kalpa* was used as a *Rasayana* for *Rasa Kshaya* (depletion of *Rasa* tissue) correction and subsequent *Dhatu* nourishment (Nourishment of body tissues). *Suvarna Saraswatarishta* was included to support normal sleep and mental wellbeing. *Yogabasti* comprising *Erandamuladi Niruha Basti* and *Dhanvantara Taila Anuvasana Basti* was used for *Anulomana* and regulation of *Apana Vayu*. In the later phase (days 16-45), *Tapyadi Loha* (*Rajatayukta*) was continued for *Balya*, *Kamdudha Rasa* for *Pitta Shamana*, *Shatavari Kalpa* for *Rasa Kshaya* correction and nourishment from *Rasa* to *Shukra Dhatu*, *Bastyaanda Ghrita* for *Shukra Vriddhi* (increase of *Shukra Dhatu*) based on the principle of *Samanena Samana Vriddhi* (Principle that similar substances/qualities increase each other)

and *Suvarna Saraswatarishta* for continued sleep support.

Viddhakarma was an important component of this individualized plan. Its inclusion was based on the Ayurvedic assessment of *Pitta-Rakta Dushti* and the local role of *Rakta* in the *Samprapti*. In this case, reducing the local *Ushna-Tikshna* predominance and supporting local circulation was considered helpful for correction of the involved pathway.

CONCLUSION

This case demonstrates an individualized Ayurvedic approach to *Shukralpata* with oligoasthenospermia using *Nidana Parivarjana*, *Shamana Chikitsa*, *Viddhakarma* and *Yogabasti*. Sperm concentration increased from 3 million/mL to 83 million/mL, total motility improved from 10% to 60%, and viability improved from 50% to 82%, indicating a clinically meaningful response to treatment. These results support the potential role of an individualized Ayurvedic protocol in the management of oligoasthenospermia warranting further evaluation through larger controlled studies.

Patient Perspective

The patient reported improvement in his overall complaints and was comfortable with the treatment. The improvement observed in semen parameters was encouraging to him. He was willing to continue follow-up as advised.

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