

EVALUATION OF EFFICACY OF VRUSHYA YAPANA BASTI IN THE MANAGEMENT OF SHUKRA KSHAYA W.S.R TO OLIGOSPERMIA

¹Dr.Manjunath Akki ²Dr.Suresh Hakkandi ³Dr.Pavanraj Dani

¹Professor & Guide, Dept. of Panchakarma, ²Professor & HOD, Dept. of Panchakarma, SJG Ayurvedic Medical College, Koppal, Karnataka ³Assistant Professor, Dept. of Panchakarma, KPSVS Ayurvedic Medical College, Manvi, Karnataka

ABSTRACT

Shukrakshaya (oligospermia) is a severe stress that disturbs the physical, psychological and social well-being of a person. It may be due to intakes of substandard food, consumption of alcohol, smoking over indulgence in sex or the over stress and anxiety making the man impotent. Because of this he not only loses the ability to produce healthy progeny but also ends up in losing his normal course of enjoyment. In this connection it becomes more important for mankind to procure therapeutic drugs and Panchakarma Procedure to regain the positive health. Vajeekarana Procedures like VrushyaYapanaBasti not only help in the recreation but also in procreation, which are indicated in sexually active age. In this connection, the Vrushya Yapana Basti has been selected to evaluate Vajeekarna action in Shukrakshaya (Oligospermia). Out of 30 Patients, 21(70%) patients got mild effect and 9 (30%) patients got moderate effect.

KEYWORDS: Shukrakshaya, Oligospermia, Vajeekarana, Vrushya Yapana Basti,

INTRODUCTION

Basti is supposed to be the best treatment for most of the Vatavyadhi as quoted by Maharshi Charaka that “Basti Vataharanam Shreshtham”^[1]. Almost all the Acharyas consider Basti as half or whole of the entire therapeutic measures^[2] and advocated best and quickest way to provide strength and immunity to even children and old peoples^[3].

The essential factors of conception are Ritu (reproductive age and ovulation period), Kshetra (female reproductive tract), Ambu (nutritional factors) and Bija (sperm and ovum)^[4]. Any malfunction of the system may causes infertility. As per the Ayurvedic

classics reproduction is the work of Shukradhatu. There are eight types of Shukradusti mentioned in the classics. A person having Shukradusti is unable to fulfill his Chaturvidha Purusartha. Shukrakshaya is one of the types of Shukradusti. Kshina Shukra is a Vata Pittaja Vyadhi^[5] as an affection of Shukradusti manifested as a result of Shukravaha Srotodushti; prevalence in madhyama vayas, being a disease from Apana Vata province, in which decreased quality and quantity of Shukradhatu is observed, which incapacitates him from conceiving his life partner, ending in Infertility. In Ayurvedic classics several drugs and special

therapeutic procedures are described in details to treat the problem of Shukrakshaya. Charaka also specially mentioned Basti Karma for Shukradoshas^[6]. Therefore drugs which are administered in Basti form properly enhance the level of Shukra definitely. Thus in this study Vrushya Yapana Basti is selected for Basti which is specially indicated for this disease. It contains drugs having the Vrisya and Vatahara properties. The name of the

ingredients are Madhu, Ghrita, Saindavalavana, Shatapushpa, Ushnajala^[7]

OBJECTIVES

To evaluate the efficacy of Vrushya Yapana Basti in Shukrakshaya

MATERIALS AND METHODS

Drug review

The Vrushya Yapana Basti^[7] is said to be best medicament to improve the sperm count and capable to give offspring and it contains the following ingredients.

Table no 1, showing the ingredients of Basti

S. N	Ingredients	Latin name	Family	Parts used	Quantity
1	Madhu (Honey)	--	--	-	100 ml
2	Saindavalavana (Rock Salt)	--	--	--	12 gm
3	Murchita Ghrita	--	--	--	100 ml
4	Shatapushpa kalka	<i>Anenthus sova</i>	Umbiliferae	Beeja	25gm
5	Ushna jala (Warm Water)	--	--	--	200 ml

All the drugs are taken as mentioned above, At first Madhu and Saindava lavana added to khalvyantra triturated till proper mixture and then Murchita Ghrita added and Shatapushpa kalka added and mixed it properly then Ushnajala is added after complete mixing whole drug is used for Niruha Basti

a) Patients:

Patients attending O.P.D of the S. J. G. Ayurveda medical college and Hospital, Koppal, Karnataka were randomly selected for the study.

Method of data collection:

The Study was carried out on the male patients diagnosed on the basis of the classical signs and symptoms and lab investigation of Shukrakshaya.

Inclusion Criteria

1. Patients presenting with the classical

signs and symptoms of Shukra kshaya were selected.

2. Male patients of age group between 21-40 years were selected.

3. Who are fit for the Basti karma.

Exclusion Criteria

1. Cryptorchidism

2. Varicocele

3. Seminoma.

4. All metabolic disorders

5. Azoospermia cases

Subjective parameters:

1. Klaibhaya

2. Mukhashoosha

3. Pandu

4. Daurbalya

5. Shrama

6. Medravrushana vedana

Objective parameters:

Sperm Count

Study Design

Simple randomized single group clinical trial.

Sample size & Grouping

30 patients were taken in single group

Yapana Basti :

The patients were administered Avipattikara churna internally in a dose of 3-6 grams one day before to Basti karma.

Preparation and Administration of Basti^[8]

The Niruha Basti dravya was prepared at the time of administration, first 6 gms of finely powdered Saindhava lavana was taken in the Khalva and 100 ml of Makshika with Peshani, then 100ml of Murchita Ghrita was taken and churned with the same. After this 25gm fine powder of Shatapushpa Kalka dravya was added and well churned with the previous mixture. Finally 230 ml of Ushnajala, was added and churned properly up to the uniform consistency.

In this study Vrushya Yapana Basti is administered in Kalabasti pattern i.e for 15 days. On that morning after evaluation of bowels and bladders and in empty stomach, then the patient was sent to Panchakarma theatre and subjected for local Abhyanga and Sweda. Niruha Basti was filtered and indirectly warmed in a boiling water vessel to make it Luke warm. Then the patient was asked to lie down on the table in the left lateral position with the left knee extended, right limb flexed both at the hip and knee joint and resting on the left knee. The head was supported by the patient's left hand. Plastic enema can with a capacity of 1200ml was taken and administered through Gudamarga. Simultaneously the patient was asked to take deep breaths; Then the patient

was asked to turn into the supine position, raised his both legs three times and his buttocks were gently patted and his palms and soles were rubbed. Patient was advised to remain in the table till he feels the urge for defecation. Patient was watched for the evacuation of drug. After defecation they were allowed to take hot water bath and then light food. The quantity of VrushyaYapanaBasti administered was 450ml each time.

Diagnostic Criteria

The symptoms mentioned in classics and modern text was the base for the diagnosis

Posology: 437 ml of Yapana Basti^[9] in Kala Basti Pattern^[10]

Treatment Duration: Study duration is 15 days and follow-up of 30 days, total 45 days

Assessment Of Results: subjective and objective parameters of baseline data to post medication data were assessed

Follow Up: 30 days

After the completion of the treatment, patients were followed up for 30 days. After the follow up, the condition of the patient was assessed under four criterions; sustained, further improvement, no changes and deteriorate.

OBSERVATIONS AND RESULTS

The process can frequently be eased and shortened by both partners working together with their fertility physicians from the beginning.

In addition to the tests on women, it is often necessary to perform a semen analysis to be sure a husband has sufficient normally functioning sperm for fertilization to occur. In order to obtain an optimal semen specimen, the husband may be requested to refrain from ejaculation for at least 48 hour

prior to providing a specimen. Do not abstain for longer than 5 to 7 days, as the quality of sperm decreases with prolonged storage in the body. A private room is provided near reproductive Assay Laboratory for the collection of semen

specimens. The wife accompany husband if he wishes.

Many factors affect the quality of sperm produced by an individual at any given time. These factors along with subjective and objective parameters are assessed as under.

Table 2: Observations of patients based on age

Sl. No.	Age in Years	Number of patients	Percentage
1	25-30	12	40%
2	31-35	11	36.66%
3	36-40	7	23.33%

Out of 30 patients 12 (40%) patients were in the range of 25-30 years, 11 (36.66%) patients were in the range of 31-35 years, 7

(23.33%) patients were in the range of 36-40 years.

Table 3: Results of Parameters after treatment and after follow-up

Sl No	Laxanas	After Treatment	After Follow Up
1	Klaibhaya	47.90%	74.25%
2	Mukhashoosh	68.25%	95.24%
3	Pandu	0	0
4	Daurbalya	57.45%	84.35%
5	Shrama	61.33%	86.92%
6	Medravrushanavedana	0	0
7	Sperm count	14.22%	33.92%

Table no 4: Statistical analysis (paired t test) of Sperm count after treatment and after follow up

Mean Score	% of reduction in mean score		S.D (±)	S.E (±)	't' Value	'p' Value	Remark
	BT	AT					
2.53	2.17	14.22	0.91	0.17	4.0975	<0.0003	S
BT	FU	% of reduction in mean score	S.D (±)	S.E (±)	't' Value	'p' Value	Remark
2.53	1.67	33.99	1.12	0.21	6.5000	<0.0001	H.S.

Sperm count Mean BT is 2.53 and mean AT is 2.17 with 14.22% Of improvement with standard deviation of 0.91 standard error as 0.17 with significant at the level of $p < 0.0003$.

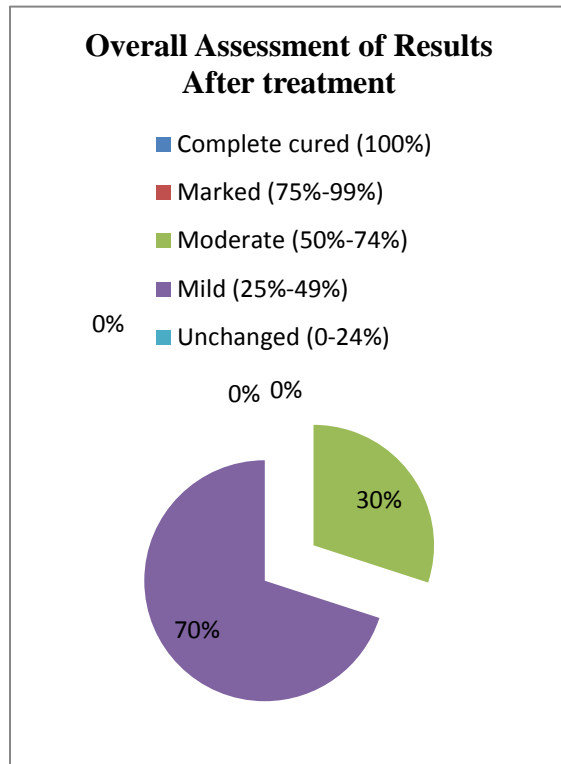
Sperm count in Mean BT is 2.53 and mean AT is 1.67 with 33.99% Of improvement with standard deviation of 1.12 standard error as 0.21 with significant at the level of $p < 0.0001$.

(BT: Before treatment; AT: After treatment)

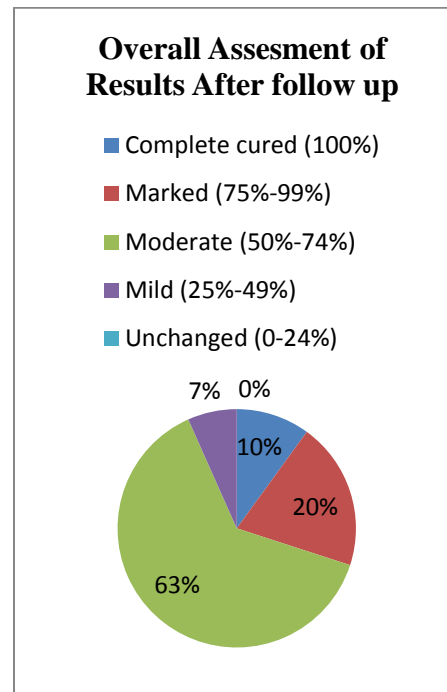
Table no 5: Overall assessment of result

Effect	AT	Percentage	FU	Percentage
Complete cured (100%)	0	0	3	10%
Marked (75%-99%)	0	0	6	20%
Moderate (50%-74%)	9	30%	19	63.33%
Mild (25%-49%)	21	70%	2	6.67%
Unchanged (0-24%)	0	0	0	0

On the overall study after treatment, it showed that among the 30 patients of Shukrakshaya 9 (30%) got Moderate improvement, and 21 (70%) got mild improvement. But it was observed that during follow-up period much more



improvement observed.



Demographic discussion:

It was observed in this study, as many patients are under the age groups of 21 to 40 years of the age and 50% have a history of more than 5 years duration of matrimony. This is clear evidence that the discussed diet and psycho, social and economic factors of distributions in the “observations and results” section are establishing. When occupation wise patients are classified, mainly belongs to either to the labor group (76.66%) or to the sedentary group (23.33%), where strain or stress plays an important role. Many middle class (60%) people are recorded as the urge to reach the higher economic conditions and to utilize

the ultra-modern equipment causes more stress and strain, Present medicament (Procedure) i.e. Vrushya Yapana Basti offered good values to the patients with such above said classifications and made ultimately to improve semen count.

DISCUSSION

Based on Observation

Religion: Present study explains Hindu and Muslim communities are reported with the maximum of oligospermia. It don't mean others don't have this problem the area in which study underwent has these groups of populations out of 30 patients recorded 28 (93.33%) patients belong to the Hindu religion, and 2 (6.66%) patients belong to Muslim community.

Occupation out of 30 patients 23 (76.66%) patients are labors, 7 (23.33%)

Patient's sedentary categories and 0(0%) patients are Active.

Socio-Economic status refers to the physical and psychological status of an individual patient. In this study out of 30 patients, 5 (16.66%) patients belong to poor class, 18 (66%) belongs to middle class and patients belongs to Higher class 7 (23.33%).

Habits; Out of 30 patients, 8 (26.66%) patients are alcoholic, 4 (13.33%) patients were tobacco chewers, 9 (30%) patients were smokers and 9 (30%) patients were not having any habits. The study shows that smoking and alcohol directly effects on shukrakshaya

Prakruti: Vata Pittatmaka Prakruti dominance with 22(73.33%) was observed, followed by Vata Kapha Prakruti with 8(26.66%). No patient of Pitta Kapha prakruti. According to classics also it is mentioned that vatapitta

prakruti persons more prone to diseases and the study also shows that more number of persons from vatapitta prakruti

Discussion on Symptoms (Lakshanika Vichara):

Out of 30 cases none of the patients were suffering from the history of scrotal injury. None of the patients were suffering from Panduta and Medravrushana vedana in this clinical trial. Of course masturbation may not be condition to get less sperm count but it has a psychological interference. 10 patients in total i.e. 33.33% accepted this condition and got through this concept developed by them. VrushyaYapanaBasti made them to improve sperm count. Only 1 Patient had previous history of Conception explains in this study.

Discussion on Subjective parameters:

VrushyaYapana Basti was done for 15days. It provided significant results statistically in Klaibhya (47.90%), Mukhashosha (68.25%), Shrama (61.33%), Daurbalya (57.14%), Spermcount 14.22% on the 15th day. Also the results shown on these sign sand symptoms were statistically significant on 45th day.

Discussion on Objective parameter:

On the overall study after treatment, it showed that among the 30 patients of Shukrakshaya 9 (30%) got Moderate improvement, and 21 (70%) got mild improvement. But it was observed that during follow-up period much more improvement in sperm count.

CONCLUSION

Shukrakshaya is disease condition pertains to impairment Sukra utpatti i.e. spermatogenesis in the testis. Shukrakshaya

is caused due to the dietetic and psychological interference.

Vrushya Yapana Basti proves its efficacy by increasing sperm count and also associated factors of semen and sex quality.

It was found that Klaibya, Dourbalya and Mukhashosha, Sharma become significant result after the administration of Vrushya Yapana Basti.

Vrushya Yapana Basti shows statistically viable with highly significant as $p < 0.001$.

Out of 30 patients, 70% patients were moderately improved and 30% were mild improved.

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CORRESPONDING AUTHOR

Dr Manjunath Akki
Professor & Guide, Dept. of Panchakarma
SJG Ayurvedic Medical College, Koppal,
Karnataka
Email: drmanju78@gmail.com

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