

AYURVEDIC APPROACH TO MALE INFERTILITY – A REVIEW

Dr. Mithun M. Bondre

Associate Professor Dept of Kayachikitsa Gomantak Ayurveda Mahavidyalaya & Research
Centre Shiroda Goa, India.

ABSTRACT

With the changing lifestyle and lowered quality of Dhatus, the potential problem the Health sector is facing today is married couple unable to conceive. One main reason for this lack of progeny is from the male partner. An extensive effort to find a solution goes in vain if the problem is not understood, discussed and sorted out with different views. In this article depending on the basis of textual reference and modern thoughts an attempt is made to find a solution to most common problems of male infertility. Remember without children a family is incomplete and the burden in not only physical and mental but also affects social wellbeing.

KEYWORDS: Shukra Dhatu, male infertility, ayurvedic treatment

INTRODUCTION

“The man alone without progeny looks like a tree with only one branch, shade less, fruitless”¹

The dismal picture described in Charak samhita is an image many a man suffering from infertility may have of himself. Approximately 15% of couples are infertile (defined as failure to conceive after a year of unprotected sex) and about half of these cases are due to male infertility. Sperm counts appear to have declined significantly over the last thirty years. Potency refers to the ability to obtain and sustain an erection, and fertility to the ability to ejaculate semen with adequate sperm count, quality and motility. Hence it is possible for a man to be potent but infertile and vice versa, although both potency and fertility are needed for unassisted conception. The present article will throw light on issues pertaining to fertility and sperm count².

DISCUSSION

To understand the concept of Shukra and Shukravaha srotas (Male reproductive system), the causes of infertility are scrutinized as below:

Male infertility causes:

- At the level of the Brain and Hypothalamus
- At the level of the Pituitary
- At the level of the Testes
- At the level of the Epididymis or Urethra

Many complex conditions requiring or resulting³ from major medical or surgical interventions may lead to male infertility. We will confine our discussion to causes that may present to an Ayurvedic practitioner and that may be susceptible to simple lifestyle changes and Ayurvedic therapeutics. Most of its causes mentioned in the conventional system of medicine tend to mirror those mentioned in literature of Ayurveda while the remaining causes can be

shapeup in Ayurvedic terms with thorough experience in the field.

The most common congenital cause of male infertility is Klinefelter's Syndrome⁴ this is an XXY chromosomal anomaly affecting one in 500 men. Patients with Klinefelter may be unusually tall, with lack of facial hair, Gynaecomastia, learning issues and a shy, gentle personality. Typically the Klinefelter patient presenting as an adult to an Ayurvedic consultant has already been diagnosed earlier, due to late onset of puberty, and has been treated with androgenic hormones. Although these treatments help male sexual development, men with Klinefelter typically remain infertile due to oligospermia / azoospermia (low / non-existent sperm count resp.). They may be able to father children with advanced reproductive technology such as intracytoplasmic sperm injection.

Infectious⁵ causes of male factor infertility include diseases that lead to testicular atrophy, such as mumps, as well as infections like Gonorrhoea that lead to Epididymal blockage. Chlamydia, a common STD, is now understood to be associated with low sperm count, where an infectious disease such as mumps has atrophied the testes.

Occupational and environmental causes of low sperm count include pesticide exposure, solvent exposure, heavy metals such as lead, mercury and cadmium, and ionizing radiation. Hence agricultural workers, greenhouse staff and industrial workers are at risk for male factor infertility, as well as chemists, house painters and artists. Excess heat exposure is another important occupational factor affecting not only

bakers, welders, ceramics workers and metal workers but also men with sedentary jobs or hobbies. Being seated for long periods affects scrotal thermoregulation, a factor that is pertinent for office and computer personnel, taxi and truck drivers, bicyclers and internet addicts. Tight clothing and underwear similarly are important in blocking scrotal thermoregulation, while a sedentary job plus tight clothing provides compounding factors.

Lifestyle plays an important role in male factor infertility. Cellular phones are a known cause of deficient shukradhatu. Body mass index is related to male factor infertility, probably because adipocytes secrete estrogen. Obesity having a body mass index of 26 and above has been found to carry a higher incidence of male infertility. Smoking cigarettes has been shown to lower sperm count and should be considered as a remediable cofactor where there are additional male or female factor causes of subfertility. Similarly, marijuana smoking can lower fertility by reducing sperm motility. Excess alcohol consumption has been established as an independent cause of male infertility. Stress is also a cause of lowered fertility. Given the prevailing male habits⁶—hard drinking, smoking, heavy eating, cell phone on the belt, tight jeans, it is interesting to note how many things that have become associated with manliness actually have a negative effect on the male's basic instinct of sperm survival.

Ayurvedic approach to Male infertility:

It is first important to identify and remove the cause⁷ and then only to institute the relevant treatment. Although not all affected

industrial, chemical, construction and agricultural personnel may be able to undergo a career change, some may be able to shift to a less toxic version, such as organic instead of industrial agriculture or water colour instead of oil paint. Others who are locked into such careers may need advice about protective clothing, use of respirators, better ventilation at the jobsite and showering and changing clothes as soon as they get home, all of which will at least modify their level of exposure. It is extremely important to advise men not to wear their phone or pager on their belt or in a pants pocket. Again, the first step is to remove the lifestyle factor that is causing or contributing to infertility.

Once potential causative factors are addressed, Panchakarma⁸ should be Herbs traditionally used for Vajikarana are:

Name of herb	Botanical name	Part used	Specific action
Kapikacchu ¹²	Mucuna prurita	Seed	Increases sperm concentration and motility
Gokshura ¹²	Tribulus terrestris	Fruit, Root	raises testosterone levels
Ashwagandha ¹²	Withania somniferum	Root	enhances spermatogenesis via a presumed testosterone-like effect
Shatavari ¹²	Asparagus racemosus	Root	enhances fertility by reducing oxidative stress
Pippali ¹²	Piper longum	Fruit	improve Semen quality
Vidari ¹²	Pueraria tuberosa	Rhizome	improve Semen quality
Kushmand ¹²	Benincasa hispida	Fruit, Seed	Increases sperm count

Vajikarana herbs may be of assistance, depending upon how far the atrophy has gone and whether it may still be reversible. Epididymal blockage may require surgery but may also be cured by medication possessing lekhan properties (scraping agents) like turmeric¹², Yogarajguggulu¹³ and Shilajit¹⁴. Chlamydial infertility typically reverses once the infection is resolved and so could be addressed using anti-infective herbs like turmeric and

undertaken to remove toxins from Shukradhatu, followed by Rasayana⁹ and Vajikarana¹⁰ treatments. Panchakarma- the holistic detoxification therapy followed by internal medications holds key in those with Klinefelter's syndrome, who have Oligospermia rather than Azoospermia to increase libido and sperm count. Couples with a Klinefelter's male are often desperate and grasping at straws. It is important to be clear and straightforward regarding what Ayurveda can and cannot do for them. Panchakarma treatments like Uttarabasti¹¹ (Intravesicle drug administration) is proven highly effective treatment in conditions of male infertility with miraculously treating even some of the advanced and grave conditions.

neem¹². It is worth noting that Acharya Charaka recommends goats testes boiled in milk¹⁵, i.e. treatment with exogenous testosterone.

Apart from Vajikarana therapy advice should be given for use of loose-fitting cotton or wool clothing and frequent standing or short walks to allow scrotal temperatures to normalize. Also Patient is readily susceptible to Ayurvedic lifestyle counseling.

Most medications should be given with milk as Anupan or combined with a Vajikaran diet¹⁵.

CONCLUSION

Thus by addressing simple lifestyle factors and providing effective Panchakarma and Vajikarana remedies offered in the Ayurvedic texts, the Ayurvedic fertility experts can help male clients optimize their fertility and thus increase their wellbeing.

After all it is believed that Progeny brings pleasure, strength, Happiness, livelihood, fame and contentment.

REFERENCE

1. Charak Samhita (English Translation) edited by Prof P.V.Sharma, fifth edition, vol 2, Chaukambha Orientalia, Varanasi Ch. Chi 2/16
2. Ayyagiri Raghuram, A comparative study on the role of Baladi vrsya Basti and Satavaryadi yoga in the management of Ksinashukra with special reference to oligozoospermia, cover story, Ayurvedline ISSN 09736360, XI edition, part 1, pg 150, Ayurvedline Bangalore, 2010
3. Charak Samhita (English Translation) edited by Prof P.V.Sharma, 5th edition, vol 1, Chaukambha Orientalia, Varanasi Ch. Vi. 5/27
4. Harrison's Manual of Medicine, 15th edition, McGraw Hill publication, page 791
5. Harrison's Manual of Medicine, 15th edition, McGraw Hill publication, page 793
6. Harrison's Manual of Medicine, 15th edition, Mc Graw Hill publication, page 791
7. Sushruta Samhita with Dalhana commentary by Dr. Ambikadata Shastri, 1st edition 2000, vol 3, Chaukambha Sanskrita Samsthana, Varanasi. Su. Ut. 1/25

8. Charak Samhita (English Translation) edited by Prof P.V.Sharma, Chaukambha Orientalia, Varanasi Ch. Si 2/1
9. Charak Samhita (English Translation) edited by Prof P.V.Sharma, fifth edition, vol 2, Chaukambha Orientalia, Varanasi Ch. Chi.1
10. Charak Samhita (English Translation) edited by Prof P.V.Sharma, fifth edition, vol 2, Chaukambha Orientalia, Varanasi Ch. Chi. 2
11. Sushruta Samhita with Dalhana commentary by Dr. Ambikadata Shastri, 1st edition 2000, vol 2, Chaukambha Sanskrita Samsthana, Varanasi. Su. Chi. 37/226
12. Dravya Guna Shastra by P.V.Sharma, vol 2, sixteenth edition, 1994, Chaukambha Bharati Academy, Varanasi.
13. Gutti Vati by Y. G. Joshi, 1988, 3rd edition, Sanjay Prakashan, Pune, page 59
14. Bhaishajya Ratnavali with vidyodhini hindi commentary by Dr. Ambikadata Shastri, Chaukambha Sanskrita Samsthana, Varanasi, 74/36.
15. Charak Samhita (English Translation) edited by Prof P.V.Sharma, fifth edition, vol 2, Chaukambha Orientalia, Varanasi Ch. Chi. 2/42

CORRESPONDING AUTHOR

Dr. Mithun M. Bondre
Associate Professor Dept of Kayachikitsa
Gomantak Ayurveda Mahavidyalaya &
Research Centre Shiroda Goa- India.
Email: mithunbondre23@yahoo.co.in

Source of support: Nil,

Conflict of interest: None Declared

Cite this article as

Mithun M. Bondre: Ayurvedic Approach to Male Infertility – A Review; ayurpub; V(2): 1439-1442