

**EVIDENCE FOR INCREASE SPERM COUNTS BY AYURVEDIC FORMULATION A
CASE REPORT**Pravin Jawanjal*¹PhD Scholar, Dept. of Rasashastra and Bhaishajya Kalpana, IPGT&RA, Gujarat Ayurved University, Jamnagar,
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INTRODUCTION

Infertility is one of the significant problems in medical sciences. Infertility is the absence of pregnancy after 1 year's sexual intercourse without using contraception.^[1] One pair in every 6 couples encounters infertility during their life.^[2] According to World Health Organization reports, 80 million suffer from failure of pregnancy. About 15% of couples after 1 year are still infertile.^[3] Infertility in men is 7%, which is common.^[1] Idiopathic male infertility is a condition where abnormal semen parameters are obtained due to nonspecific causes. In the majority of cases, abnormal semen parameters lead to diagnosis of oligoasthenoteratospermia, and in others, it leads to isolated abnormalities of sperm concentration, motility, and morphology. There are several causes for male infertility such as congenital disorders (testicular dysgenesis, cryptorchidism, etc), acquired disorders, genitourinary (obstruction, tumor and testicular torsion, genitourinary tract infections, increase scrotal temperature), endocrine disorders, genetic disorders, immunological factors, systemic diseases, and external factors (medications, toxins, radiation, etc). Up to 30% to 45% of infertile men have unexplained causes (idiopathic).^[3,4] Idiopathic male infertility is a global problem with almost no definite medicinal treatment. Most patients have to go through intrauterine insemination or assisted reproductive technology for achieving fertility. Unfortunately, success rates are low in cases with very low sperm count. Therefore, it seems that improvement in sperm quality can have beneficial effects on assisted reproductive outcome. Ayurvedic formulation has very potential to increase and produce quality sperm. Most pharmaceutical industries attracted toward ayurvedic drugs because it uses is safe due to less adverse effect and remarkable significant results. Nevertheless, though it should be always used under observation of physician.

According to World Health Organization classification, normal semen specification is:

Semen volume ≥ 1.5 mLTotal number of sperms per ejaculation ≥ 39 millionSperm concentration per millilitre ≥ 20 millionTotal movement $\geq 50\%$ Sperm morphology (normal forms) $\geq 30\%$ ^[5]

Oligozoospermia: That is, reduction of sperm count,

Asthenozoospermia: motility of sperm decreased,

Teratozoospermia: shape of sperm is abnormal.

The drug which increases *Shukra* (sperm) is known as *Shukrala*, as *Ashwagandha* (*Withania somnifera*), *Shatavari* (*Asperagus racemosus*) *Mushali* (*curculigo orchoides*).^[6]

Withania somnifera (Ashwagandha) is very revered herb of the Indian Ayurvedic system of medicine as a *Rasayana* (tonic). It is used for various kinds of disease processes and specially as a nervine tonic. It improves the function of the reproductive system promoting a healthy sexual and reproductive balance.

Asperagus racemosus is a well-known Ayurvedic rasayana which prevent ageing, increase longevity, impart immunity, improve mental function, vigor and addvitality to the body and it is also used in nervous disorders, dyspepsia, tumors, inflammation, neuropathy, hepatopathy.

Safed musli (*Chlorophytum Borivilianum* L.) is a very popular aphrodisiac agent, with no side effects. It is often prescribed for enhancing male potency and overcoming signs of fatigue. It is particularly used for individuals with low sperm count and low libido.

Low sperm count, decreased quality and motility reduce succession of assisted reproductive technology; in case of pregnancy, the risk of abortion is increased compared with general population. With regard to above, an effective treatment method for clinicians and researchers has a great value.

CASE REPORT

A 30-year-old man with history of infertility for 3 years was referred to the ayurvedic hospital. The patient's wife is healthy. In his past medical history, mumps in childhood, smoking, alcohol, drugs, and surgery were negative. His sperm analysis showed 28 million/ml and motility 55%.

The patient was put on traditional medicine, treated with 1) *Ashwagandha churna* 4gm BD, 2) *Shatavari churna* 4gm BD, 3) *Safed Mushali churna* 4gmBD with milk were taken for 12 weeks because spermatogenesis takes 75 days. The patient had no complications during the treatment. After taking ayurvedic formulation he had a remarkable improvement in his sperm count 47 million/ml and motility 65%.

Mr. Raosahel
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PATIENT'S NAME: RAHAB TOE SEX: Male DATE: 21/07/2015

REFERRED BY: SELF

SEMEN EXAMINATION

INVESTIGATIONS	PATIENT'S VALUE	REFERENCE RANGE
Specimen Collected At :	Out side the Lab.	
Period of Abstinence :	3 days	2-5 days
Method of Collection :	Automanupulation	Automanupulation
PHYSICAL EXAMINATION -		
Quantity :	2 ml	2-5 ml
Colour :	Whitish	
Viscosity :	Normal	
Liquification :	20 Min.	10-30 Min
MICROSCOPIC EXAMINATION-		
Sperm Count :	47 millions/ml	40-150 Million/ml
Progressively Motile :	65 %	
Non Progressively Motile:	15 %	
Non Motile :	20 %	
Pus Cells :	6 - 8 /hpf	

Mr. Raosahel Gadhave
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Thank You!
Conditions of Report

REFERENCES

1. Gurunath, S, Pandian, Z, Anderson, RA, Bhattacharya, S. Defining infertility: a systematic review of prevalence studies. *Hum Reprod Update*, 2011; 17: 575–588. Google Scholar, Crossref, Medline.
2. Tournaye, HJ, Cohlen, BJ. Management of male-factor infertility. *Best Pract Res Clin Obstet Gynaecol*, 2012; 26: 769–775. Google Scholar, Crossref, Medline.
3. Jungwirth, A, Giwercman, A, Tournaye, H. European Association of Urology guidelines on male infertility: the 2012 update. *Eur Urol.*, 2012; 62: 324–332. Google Scholar, Crossref, Medline.
4. McAninch, JW, Lue, TF. Smith and Tanagho's General Urology. 18th ed. New York, NY: McGraw-Hill Professional, 2013. Google Scholar.
5. World Health Organization. WHO Laboratory Manual for the Analysis of Human Semen and Sperm-Cervical Mucus Interaction. 5th ed. Cambridge, UK: Cambridge University Press, 2010. Google Scholar.
6. *Sharangadhara, Sharangadhara Samhita* edited by pandit P.H Chandra murthy vidyasagar chaukhamba prakashana sixth edition purva khanda 4 /15-16 p37.
7. Ibn Sina, H. *Al-Qanun fi al-Tibb*. Beirut, Lebanon: Dar al-kotobalelmiah, 1991. Google Scholar.