

EFFECT OF TRITIYA BALADI YAPAN BASTI IN THE MANAGEMENT OF KSHEENSHUKRA (OLIGOSPERMIA)

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ABSTRACT

Infertility is a reproductive health problem that affects many couples in the human population. Regardless of whether it is primary or secondary infertility affected couples suffer from enormous emotional and psychological trauma it can constitute a major life crisis in the social context.

Ksheenshukra' is the disorder in which there is kshaya of shukradhatu in the body. 'Ksheenshukra' is doshabalprvrutta, kruchrasadhyaroga of 'Shukravaha Srotasa'. It is understood that dushitavata and pitta dosha are responsible for this condition.

Browsing through the ancient literature of ayurveda related to male infertility, many formulation of vajikaran are recommended for the management of ksheenshukra. Yapanbastis are proved to be efficacious and hence have importance to manage the condition of Ksheenshukra. For these purpose the acharyas have advocate many vrushya yapan bastis which can takle the root cause and nourish concerned dhatus and act as balya, shukral, vrishya, brihan. Out of total Yapanbasti explained by Charak, Seven are acting on Shukravahastrotas.

Out of these Tritiya baladi yapan Basti is selected for the present study to assess their efficacy on Ksheenshukra.

CASE

PATIENT NAME- XYZ

AGE - 29 yrs.

SEX- Male

Occupation- Worker

Reg. No. 76102/2016

D.O.A-17/11/2016

D.O.D-1/11/2016

C/O – Dourbalya

Medhra shula

Vrishan vedana-since 3mth.

No H/O- Malaria /Typhoid /Jaundice.

K/C/O-Primary Infertility

M/S-3yrs back

No K/C/O- DM/PTB/BA/Epilepsy/HTN.

No H/O- Any Surgical illness.

No H/O- Any Drug Allergy.

O/E- GC- Fair & Afebrile

P-80/min BP-130/80 mm of hg

S/E- RS- AEBE Clear

CVS-S1 & S2 Normal

CNS-Conscious & Oriented

L/E-Penis-Normal, Urethral Opening -Normal

Epidydimis-Palpable, Scrotum-No hydroceale, vericoceale

Testis Size -N

INVESTIGATIONS

Hb-16%; RBC-5570; WBC-9200; ESR-05; Platelets- 238000

HIV, VDRL, HbsAg –Negative

Semen Analysis –Before Treatment-

Sperm count 7mill/ml

Other parameters WNL

Assesment Criterion- SUBJECTVE-

- 1) Daurabalya (Fatigue)
- 2) Panduta (Paleness)
- 3) Medhra Shula

4) Vhrushana Vedana

OBJECTIVE- Semen analysis – sperm count.

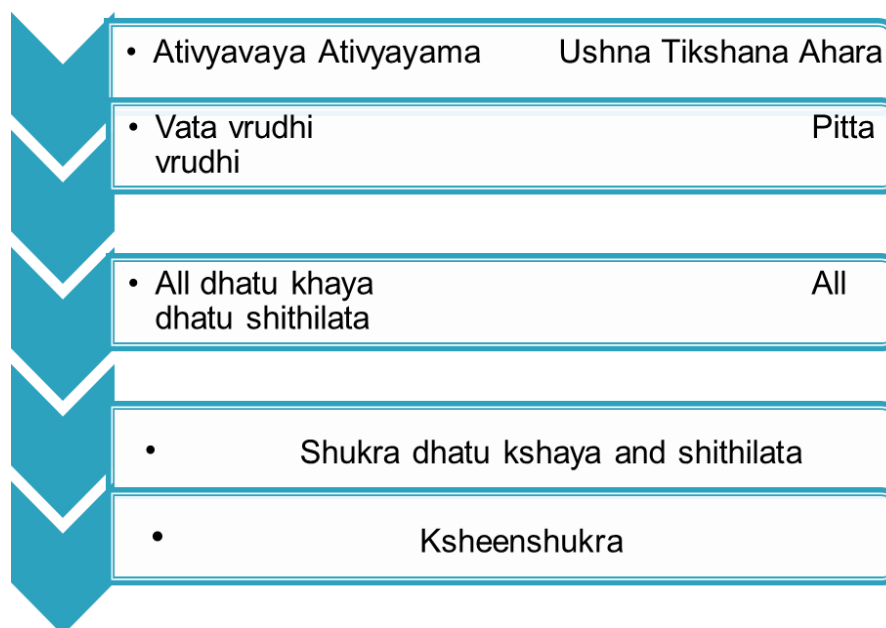
GRADATION OF SYMPTOM

0 – No symptom

1 –Mild

2 –Moderat

3 – Severe

KSHEENSHUKRA SAMPRA▶ **TREATMENT GIVEN**

- ▶ Tritiya Baladi Yavana Basti was given for 15 days for 3 Month with the gap of 15 Days in every Basti krama.
- ▶ Duration of Treatment – 3 month.

As per the textual reference charak Samhita siddhisthan 12/9.

- ▶ Complete procedure of preparation of Tritiya Baladi Yavana Basti as follows:
 - ▶ 1) Bala, Atibala, Apamarg, Atmagupta – 8 pala (320gm)
 - ▶ 2) Ardhashunnayava -1 Anjali (160gm)
 - ▶ 3) Water-1 Aadhak (2560ml)
 - ▶ 4) It will be boil to make it 1 prastha (640ml),then milk was added upto 2 prastha (1280 ml).

- ▶ 5) It was boiled till amount of milk remains
- ▶ 6) filtered by sterile cloth.
- ▶ 7) Prakshepdravya – Gud - 20gm Tail-20ml Lavana-5gm

▶ **DISCUSSION**

- ▶ Ksheenshukra is a disease having predominance of Vatadosha and also involvement of morbid pitta dosha. Hence the treatment which should alleviate morbid Vata, pitta is reduced in Ksheenshukra.
- ▶ Also the ksheenshukra is khayajanya vyadhi so balya Bruhan treatment is also necessary. Basti is explained as one among the line of treatment for ksheenshukra.
- ▶ Basti is the paramoushada for vata predominant disorders. Meanwhile is able to exert its action on pitta and kapha dosha. It functions as bruhana. Also Ksheenshukram vajikaroti
- ▶ Here i was used special type of basti Yapan Basti, which is described as Vrishya, shukra mans and balaprada. It gives bala and increases shukra.
- ▶ The drugs used in Tritiya Baladi Yapan Basti was Bala, Atibala, Atamgupta, Apamarga. Out of which Apamarga is ushna virya and is corrects srotorodh and vata-kapha nashini.
- ▶ Other drugs are mostly madhur rasatmaka, vrushya and balya.

Thus the Tritiya Baladi Yapan Basti was also found to increase sperm count and was very effective in patients of Infertility.

CONCLUSION

The case highlight the fact that confidence can be placed in Ayurvedic treatment principles even in a case where modern medicines progress is less effective as compared with Ayurvedic Medicine. The patient was diagnosed in Ayurvedic term and treated accordingly.

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