

## ROLE OF KSHEERA BASTI AND MALKANGANI TAILA PAANA IN THE MANAGEMENT OF MALE INFERTILITY: A CASE STUDY

Rakesh Mishra\*<sup>1</sup>, Ankita Mishra<sup>2</sup>, Prakash Meti<sup>3</sup> and I.B. Kotturshetti<sup>4</sup>

<sup>1</sup>P.G. Scholar/Ayu Med Officer, Dept of Panchakarma, RGES AMC&H Ron/Chhattisgarh Kamdhenu University, Durg.

<sup>2</sup>Associate Professor, Bharti Ayu Medical College and Hospital, Durg and Chief of Aayu Care Ayurved Panchakarma Clinic, Raipur.

<sup>3</sup>Assistant Professor and Co-Guide at RGES AMC&H, Ron, Karnataka.

<sup>4</sup>Principal, Professor, HOD & Guide at RGES AMC&H, Ron, Karnataka.

Article Received on  
01 Sept. 2020,

Revised on 21 Sept. 2020,  
Accepted on 11 October 2020

DOI: 10.20959/wjpr202013-19005

### \*Corresponding Author

**Dr. Rakesh Mishra**

P.G. Scholar/Ayu Med  
Officer, Dept of  
Panchakarma, RGES  
AMC&H Ron/Chhattisgarh  
Kamdhenu University,  
Durg.

### ABSTRACT

Infertility is not just a woman's problem. Both men and women are equally likely to suffer with fertility issues. Hence the conception depends on the fertility potential of both the male and female partner. The male is directly responsible in about 30-40% of cases. Oligospermia and psychological effects cause male infertility. A 30 years old man, presented with complaints of restlessness, fatigue, early ejaculation, erectile dysfunction, mood swing and stress since last 3 years. After the clinical examination and laboratory investigation, and diagnosed as Oligospermia associated with Psychological symptoms. In this particular case the principle of treatment was adopted for both Vrihana chikitsa and Manas chikitsa. Patient was treated with Ksheera Basti for Vrihana and administered orally Malkangani Oil for 16 days.

At the end the 1<sup>st</sup> follow up semen analysis showed a remarkable improvement in the sperm count and reduced in the psychological symptoms. Hence we can conclude that assessment of manasik nidanas are important along with shukra vikriti in the patient with male infertility and for diagnosis and treatment. The present case report provides an effective management in Oligospermia associated with psychological symptoms through Ayurvedic formulations.

**KEYWORDS:** Male infertility, Oligospermia, Psychological effect, Vrihana chikitsa and Manas chikitsa.

## INTRODUCTION

Infertility is a burning issue in the present scenario. On an average of 8-12% couples are affected. Globally annual incidence rate for male infertility is observed to be 2 million cases, and holds around 30-40% of total infertility cases. Infertility is defined as a failure to conceive only within one or more years of regular unprotected coitus. Oligospermia is a condition, where sperm count is less than 15 million per ml.

According to Ayurveda, Acharya sushrut mentioned about Garbhasambhava samagri Ritu (fertile period), Kshetra (reproductive organs), Ambu (nutrient) and beeja (Shukra & Shonita-Sperm & ovum). Abnormalities in one or all mentioned factors may lead to infertility.

Shukra is mentioned as one of the Saptadhatu. Shukra is formed from majja dhatu, hence it is also known as majja rasa. It consists 4 bhutaguna as tej, vayu, jala & pruthavi mahabhuta. It develops dhairya, chyavana, priti, dehabala, harsha and helps in production of progeny Shuddha shukra (normal shukra) are characterized as sphatikabham (white like alum), drava (liquid), snigdham (viscid), madhuram (sweet in taste) and madhughandi (odor as of honey).

Shukra vikriti nidanas<sup>[1]</sup> are classified under Aahar, Vihar and manasja. In Ayurveda, 8 types of Shukradusti are mentioned i.e Vataja, pittaja, Kaphaja, granthibhut, putipuyanibham, mutrapurishagandhi and Ksheena. When vata & pitta doshas are vitiated, quality and quantity of Shukra gets altered that leads to Ksheena shukra. Hence Ksheena shukra can be correlated with Oligospermia.

Manasik nidana<sup>[2]</sup> are responsible for shukra vikriti they are Chinta, bhaya khrodha, shoka, Irshya, Utkantha & Udvega etc. Krodha, shoka, bhaya & chinta leads to vitiation of pitta & vata that causes Rasa-Rakta dushti. Dushit rakta gets obstructed in shukra vaha srotas that results in shukravaha dushti, leading to shukra vikriti.

Karma of shukra is dhairya, harsha, Bhaya and Dhairya gunas are opposite to each other. Bhaya can be examined by vishada and dhairya by avishada If Shukra is in normal state then there will be dhairya, harsha etc. Hence manas nidanas play important role in male infertility.

### **Effect of malkangani oil<sup>[3]</sup> (*Celastrus panniculatus*) in the treatment of shukra kshaya**

The herb Jyotismati has been extensively used as a Medhya in the field of Ayurveda to treat Manas disorders/disease and many more health problem. The Acharya BhavPrakash

mentioned this drug under the Shirovirechan Gana and Acharya Susruta – Adhobhagar, Shirovirechan gana and many of the samhitas mentioned its role as a Medhya. Its belong from the *Celastraceae* family and its botanical name is *Celastrus panniculatus*. It has a property of Rasa (Taste) – Katu, Tikta, Guna (Quality) – Teekshan, Virya (Potency) – Ushna Vipaka (Post digestion effect) – Katu Prabhav- Medhya Effect on Tridosha – it balances all the three doshas – Vata, Pitta, Kapha.<sup>[8]</sup> The oil of jyotismati is significantly increases the activity of nerve and avail the activity of brain cells. Due to its effect on the nervous system it is a very good effect in the Vajikaran (Aphrodisiac).

### CASE REPORT

A 30 year old male patient with chief compliant of restlessness, fatigue, early ejaculation, erectile dysfunction, mood swing, stress and associated symptom of insomnia and constipation. General examination & laboratory routine examination was done for infertility. Semen analysis indicated Oligospermia. On examination Patient had no history of alcohol intake but with irregular diet and irregular life style was a part of his routine.

History of present illness - The patient has been complaining restlessness, fatigue, early ejaculation, erectile dysfunction, mood swing and stress since last 3 years. Patient was also psychological upset since last 2 years. He had used various oral allopathic medicaments. But there was no relief. He came with his old blood investigation report. In the blood report clearly mention the case of Oligospermia.

### Rogi-Vritanta

- Past history** : Not significant  
**Personal history** : Middle class family responsibility, Irregular lifestyle, Poor nutrition.  
**Marital status** : Married  
**Occupation** : Banker.  
**Bad habits** : Smoker.

### Astavidha pareeksha (O/E)

- Nadi (pulse) = 68/min.
- Mala (stool) = Vibandha
- Mutra (urine) = Normal.
- Jeeva (tounge) = Saam.
- Agni = Manda

- Shabda (speech) = Normal.
- Sparsha (skin) = Normal.
- Druka (eyes) = Normal.
- Akrti = Madhyama.
- Bala = Alpa.
- Raktachap (B.P) = 120/70 mm/Hg.

### Body weight- 52 kgs

**Treatment plan-** Patient was treated on the basic line of treatment of Ayurveda which are mentioned in Shastra.

A. Selected External Ayurvedic drugs during poorvakarma -

**Drug:** Bahya Snehan with Tila taila. The taila was applied on the whole body. After the Snehan sthanik swedana is also applied

**Duration:** Daily duration of Poorva karma

B. Selected Internal Ayurvedic drugs for Basti Karma

**Drugs-** Ksheera Basti,<sup>[4]</sup> it is administered on the daily as per treatment plan.

C. Selected Internal Ayurvedic Drugs for Shamana Chikitsa by Malkangani Taila Paana.

## MATERIALS AND METHODS

**Place of study-** Aayu Care Ayurveda and Panchakarma Clinic, Raipur

**Type of study-** Simple random single case study

**Shamana chikitsa drugs:-** Selected on the basis of their effect to pacifying Vikrit Manas Dosha and potency to relieve signs and symptoms of Manas Dosha. In this study Malkangani Taila 5 Drops BD with anupana of Sharkara/Batasha is administered morning and evening.

**Samprapti Ghatak:-** on the basis of Shastra.

**Dosh:** Vata & Pitta pradhana associated with Manas Dosha

**Dushya:** Rasa and Shukra.

**Adhishtana:** Shukra wah sansthan.

### Plan for schedule

Before the *Basti karma* evaluation of *Agni bala* is very important. *Uttam Agni bala* is the indication for the best of *Vrihana Chikitsa*. Snehana and Sthanik Swedana is the important

process of poorva karma that decides the whole outcome of Basti Karma. With the help of samyak snehan and swedana, Basti Karma will be splendid & by this proper protocol *Dhatu Poshan i.e. Vrihan* is achieved. In this period, Sukhushna jala is given in order to cleanse the mouth & for proper digestion. Patient is advised to follow the instruction of avoid sleep during day time & when he feels thirst warm water is given for drinking. Along with the Basti Karma Malkangani Taila Paana is given to the patient to the dose of 5 drops with the anupana of sarkara/batasha morning and evening.

### **Basti management**

As per the Charaka Samhita<sup>5</sup> there is some protocol to apply basti to the patients. In this treatment we used Kala Basti. In this type of basti the total duration is 16 days. In this procedure ask the patient to release his natural urge before the procedure. After that sthanik abhyanga with Tila Taila is applied and after that sthanik swedana is also done. After that we prepared basti dravya as per Charak Samhita. Then ask the patient for Vamaparshava (Left lateral) position. After the poorvakarma administered the prepared 500 ml basti dravya to the patient. Patient is ask to follow astamahadoshkar factor during 16 days of Kala Basti peried.

### **Inference/observations**

Patient is lean thin, low body weight looks like a Dhatu kshaya condition. When I ask the details about his condition he told me whole condition. After the discussion, it was all about pschyco-somatic condition of male infertility. In this condition patient suffered from stress last 2 years which creates *aam dosha, vibandha and sroto avarodha results Dhatu kshaya*. No past history of DM, Hypothyroidism etc. In this condition I thought to treat Brihan chikitsa along with Manas chikitsa.

### **Management**

Patient was treated for shukra dusti and for manas as he was having dhatu kshaya with mansik nidanas.He was given brihamana chikitsa , manasik chikitsa.

**Table no 1: Showing ingredients of external preparations with their properties used in Poorva Karma and Padhana Karma.**

S. N.	Name of Medicine	Latin name	Dose	Properties
1.	Tila taila (Bahya	<i>Sesamum indicum</i>	Till complete	Vatanulokak

	Snehan )		snehan approx 300ml/ day	Madhur, Kasay, good snehan properties, Vrishya
2.	Ksheera Basti (Panchaprasritik Ksheera basti )	<i>Ref- Charak Samhita</i>	500ml	Basti dravya (Vrishya, Dhatu poshak etc)
	Dugdha	-	200ml	
	Madhu	-	100ml	
	Ghrita	-	100ml	
	Taila	-	100ml	
3.	Malkangani Taila	<i>Cleastrus panniculatus</i>	5 drops	Medhya, Vajikarak

**Table no 2: Intervention.**

Procedure	Intervention
Poorva Karma	1. Sthanik Abhyanga with Tila Taila 2. Sarvanga Swedana
Pradhana karma	Ksheera Basti -500ml Niruha Basti followed by 120 ml anuvasan basti in Vyatyas Kram (Alternately)
Paschat karma	Follow the asta maha dosh kara varjya vishayas upto the Parihara Kala
Kaala	As per Shastra
Duration of Therapy	16 days
Manas Chikitsa	Malakangani Taila 5 drops BD with Sarkara/Batasa
Follow Up	After 7 days
Total Study Duration	23 Days

**Table no 3: Table showing changes in signs and symptoms during each follow up.**

S.N.	Sign & Symptoms	Before Treatment	1 <sup>st</sup> follow up
1.	Angi Dourbalya	Present	Subsided
2.	Indigestion	Present	Subsided
3.	Restlessness	Presents	Subsided
4.	Fatigue	Presents	Subsided
5.	Early ejaculation	Presents	Becomes normal
6.	Erectile dysfunction	Presents	Becomes normal
7.	Mood swing	Presents	Subsided
8.	Stress	Presents	Subsided
9.	Insomnia	Presents	Sound sleep
10.	Constipation	Presents	Subsided

**Table no 4: Table showing changes in Liver Function Test before and after Treatment (Report attached in figure 1 & 2).**

S.N.	Value	Before Treatment	After Treatment
1.	Sperm Count	7 millions/ml	38 millions/ml

2.	Active Motile	35%	60%
3.	Non-Progressive Motile	35%	20%
4.	Non- Motile	30%	20%
5.	Pus cells	3-5/HPF	2-5/ HPF
6.	Red blood cells	Absent / HPF	Absent / HPF
7.	Epithelial cells	Absent / HPF	Absent / HPF

## DISCUSSION

Patient is belong from lower middle class family. Due to his future ambition and family responsibility stress was the part of his life. Due to stress in his life he was disturbed with his bowel movement and digestion issue since last 3 years. He had severe issue of insomnia. Considering all condition he came at my OPD and share his all issue with me. Because of patient condition and prakriti I was plan a Vrihana Chikitsa with Ksheera Basti and Manas Chikitsa with Malkangani Taila paana. In above condition Vikrita Vata is responsible for all issue so Basti is the preferred treatment of Vata dosha. In this I have chosen ksheera basti it is type of Niruha basti. After the treatment of planned schedule we got the positive effect on the each factor which is responsible for Ksheena Shukra. Patient gained body weight and Dhatu poshan. In this case only Vrihan Chikitsa is not is not enough to treat oligospermia so I was administrated orally oil of Mslkangani 5 drops with Sarkara/Batasha at morning and evening. The whole course of treatment provide us a best result in such type of Psychosomatic Oligospermia.

## CONCLUSION

Now a days oligospermia prevalence in society is growing up corporate person who have any type of stress like social, professional and family. Irregular food habits and life style propagate such type of conditions. Ayurveda principles play a key role in successful treatment. Dhatu poshan/Vrihan is done with Ksheera basti and Manas Chikitsa with Malkangani oil. Hence shukra dhau pushati, Nourshiment of dhatus, enchancing sperm count and motility. Mansik chikitsa helped in reducing the psychological disturbance. In this case I took the history of patient and works minutely in his whole day to day activity. I treated patient and all the disease symptoms are subsided. But this is not enough I advised him to follow Pathyapathya for best result is future.

**Table no 4: Table showing changes in Liver Function Test before and after Treatment (Report attached in figure 1 & 2).**


**Clinical Path Lab**

Reg. No. : [REDACTED] Lab No. : 2727  
 Patient's Name : M- [REDACTED] Age : 30 Years Sex : Male  
 Referred By : Dr Rakesh Mishra Date : 03/04/2020  
 Mo. No. :

### SEMINAL FLUID EXAMINATION

Coli. Time : 11:05 AM

Exami. Time : 11:40 AM

#### Physical Examination :

Quantity : 2.0 ml

Total Sperm Count : 7.0 60 - 120 million/ml

Active Motility : 35 %

Non Progressive motile : 35 %

Non Motile : 30 %

#### Others :

Pus Cells : 3 - 5 / HPF

Red Blood Cells : Absent / HPF

Epithelial Cells : Absent HPF

Dr. P. K. Khodiyar  
MBBS, MD. (Biochem)

Dr. Shymali Chatterjee  
MBBS, DCP, DNBE

-----End of Report-----

Collected by : RAJESH VERMA - 9329886552, 9926729785

Verified By : sandhy

**Figure no. 1: Before treatment.**




**Clinical Path Lab**

Reg. No. : \_\_\_\_\_ Lab No. : 2743  
 Patient's Name : \_\_\_\_\_ Age : 30 Years Sex : Male  
 Referred By : Dr Rakesh Mishra Date : 04/05/2020  
 Mo. No. : \_\_\_\_\_

### SEMINAL FLUID EXAMINATION

Coli. Time : 12:15 AM  
 Exami. Time : 12:50 AM

#### Physical Examination :

Quantity : 2.0 ml  
Total Sperm Count : 38.0                      60 - 120 million/ml

Active Motility : 60 %  
 Non Progressive motile : 20 %  
 Non Motile : 20 %

#### Others :

Pus Cells : 2 - 5 / HPF  
 Red Blood Cells : Absent / HPF  
 Epithelial Cells : Absent HPF

Dr. P. K. Khodiyar  
 MBBS, MD. (Biochem)

Dr. Shymali Chatterjee  
 MBBS, DCP, DNBE

-----End of Report-----

Collected by : BAGESH  
 Verified By : sandhy

**Figure no. 2: After treatment.**

**REFERENCES**

1. Charaka Samhita, Charak Chandrika, Hindi commentary by Dr Bramhanand Tripathi Chikitsa Sthan Chaukhamba Surbharti Prakasan, Varanashi, 2008; 1035(30): 135-138.
2. Charaka Samhita, Charak Chandrika, Hindi commentary by Dr Bramhanand Tripathi Chikitsa Sthan Chaukhamba Surbharti Prakasan, Varanashi, 2008; 1041(30): 181-185.
3. Dravayaguna-Vigyana by Acharya Priyavrat Sharma part Chaukhmabha Bharti Academy, 2005; 2, 1-4, 11-14.
4. Charaka Samhita, Charak Chandrika, Hindi commentary by Dr Bramhanand Tripathi Sidhi Sthan Vol-II Chaukhamba Surbharti Prakasan, Varanashi, 2008; 1261: 8-4.
5. Charaka Samhita, Charak Chandrika, Hindi commentary by Dr Bramhanand Tripathi Sidhi Sthan Vol-II Chaukhamba Surbharti Prakasan, Varanashi, 2008; 3: 1189-1211.