Case Report

Management of Male Infertility (Oligoasthenozoospermia) in Siddha Medicine – A Case Report

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Received: 02-04-2025; **Revised:** 25-06-2025; **Accepted:** 06-07-2025; **Published online:** 15-07-2025.

ABSTRACT

Infertility is a global problem in the field of reproductive health. It is a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular unprotected sexual intercourse. Infertility affects millions of people – and has an impact on their families and communities. Conception depends on the fertility potential of both male and female partner. The male is directly responsible in about 30-40%, the female in about 40-55% and both are responsible for about 10% of cases. The remaining 10% is unexplained. Siddha system of medicine is an ancient system of medicine that originated in south India. This case report explains about a case of male infertility (Oligoasthenozoospermia) who visited Out-patient Department of National Institute of Siddha treated with Siddha regimen comprising *Poorana chandrodayam, Amukkara chooranam* and *Thaneervittan Nei* for three months which resulted in increase in sperm count and motility. The patient turned to normozoospermia after the treatment. This regimen can be further tried as a case series to prove the effectiveness of the medicines.

Keywords: Male infertility, oligoasthenozoospermia, Siddha regimen, Sperm count, Poorana chandrodayam.

INTRODUCTION

Infertility is a leading global health issue that has significant health and societal consequences. A data obtained from Global Burden of Disease (GBD) study revealed the prevalence of infertility between 15-49 years of age over 204 countries and territories from 1990-2021.In 2021 an estimated 55000818 men and 110089459 women were living with infertility worldwide i,e 1820.6 cases per 100000 population(1.8%) for male and 3713.2 cases per 100000 population (3.7%) for female.[1] The prevalence of infertility in India during 2019-20 was 18.7/1000 among women who have been married for five years and who are currently in union. The prevalence of Infertility in Tamil Nadu is 24.8% according to data obtained from National Family Health Survey-5 (NFHS).[2] The definition of Oligoastheno zoospermia or OAT is a condition where men experience both reduced sperm count and poor sperm motility. Sperm count refers to the number of sperms present per millilitre of semen. Sperm motility refers to the ability of the sperm to move effectively towards the egg for fertilization.[3] According to criteria established by the WHO, a man does not suffer from astheno zoospermia, that is to say, their sperm has normal motility when it presents: Values equal to or above 40% of motile sperm (progressive and non-progressive)Values above 32% of sperm with progressive motility, that is to say, capable of moving forward.[4]This case report discusses about a 39 years old male who came for infertility treatment with his partner where he was diagnosed as Oligo astheno zoospermia. He came with his partner and taken siddha medications for forty-eight days and was advised to take semen analysis after treatment. There was increase in semen count and motility after taking siddha regimen. A regimen comprising *Poorana chandrodayam, Amukkara chooranam, Thaneervittan* nei found to be effective in treating Oligoasthenozoospermia.

CASE PRESENTATION

A 39 years old male and 31 years old female visited National Institute of Siddha Out Patient Department for infertility treatment on 19th May 2024. The couple had complaints of anxious to conceive a child and married for four years. They had undergone Intra Uterine Insemination for one time but did not succeed. On detailed evaluation, the male partner had Oligo astheno zoospermia on semen analysis and the female partner had Irregular menstrual cycle and bilateral Polycystic ovaries. The semen analysis report revealed a volume of 1.2 ml, pH 8.0, moderately viscous, Total sperm count of 24 million, Total sperm concentration of 20 million/ml, sperm motility of 15% and immotile sperms of 65%. He had normal morphology of sperms. There was no abnormality detected on physical examination. He had no other systemic illness and no history of smoking and alcoholism.

The treatment was started by Oleation with *Arakku thylam* on the first day. The patient was advised to take oil bath by applying 100 ml of the thylam from head to foot and left for about thirty minutes. Then he was advised to take bath with hot water. On second day Purgation was started with *Agathiyar kuzhambu* 200 mg with Ginger juice during early morning. The patient had loose stools for 3-4 times and then purgation was arrested by drinking buttermilk. Complete rest was given on third day. From fourth day siddha medicines were started. *Poorana chandrodayam*

tablets 2 nos were taken with betel leaf for three months twice a day. Other medicines such as *Amukkara chooranam* 2gm, twice a day with milk, *Thaneervittan nei* 5 ml, twice a day with food.

The patient was advised to take *Inji thaenooral* in the morning before food and to add *Chukku* in the afternoon diet. *Kadukkai chooranam* was advised to take in the night before food. This advise was based on the text book "*Thiruvalluva Nayanar karpam 300*" indicated for male infertility.[5]

The semen analysis report of the patient before and after taking medication has been tabulated below.

Table 1: The semen analysis report of the patient before and after taking medication

Semen Analysis	Before Treatment (03/08/24)	After Treatment (04/11/24)
Abstinance	5 days	5 days
Liquefaction Time	Within 35 minutes	Within 35 minutes
Colour	Grey	Grey
Volume	1.2 ML	1.0 ML
Viscosity	Moderately Viscous	Moderately Viscous
Reaction	Alkaline	Alkaline
pH	8.0	8.0
Concentration	20 million/ML	45.0 million/ML
Spermatazoa count	24 millions	45 million
MOTILITY		
Rapid progressive	15%	30%
Sluggishly progressive	20%	15%
Non motile	65%	55%
Agglutination	NIL	NIL
Pus Cells	2-4 hpf	2-4 hpf
MORPHOLOGY		
Normal sperms	50%	60%
Abnormal head	20%	20%
Tail defects	30%	20%
Remarks	**Oligoasthenozoospermia**	**Normozoospermia**

DISCUSSION

After taking medicines for three months semen analysis report revealed that the sperm concentration which was 20 million/ml was improved to 45 million/ml, sperm count which was 24 million was improved to 45 million and progressive motility which was 35% improved to 45%. Normal sperms were improved from 50% to 60%. *Poorana chandrodayam* is known for its rejuvenating property. In siddha it comes under *kaya karpam* medicines.[6] It is a Herbo- mineral preparation and acts as a potent anti oxidant.[7] It is also known to support the treatment of sexual health disorders and various chronic ailments by balancing the body's energy. *Karpooram* (*Cinnamomum camphora*), *Takkolam* (*Illicium verum*), *Lavangapattai* (*Cinnamomum tamala*), *Jadhikkai* (*Myristica fragrans*), *Jadhipaththiri* (*Myristica fragrans*), *Lavangam* (*Syzygium aromaticum*), *Sirunagapoo* (*Cinnamomum wightii*), *Milagu* (*Piper nigrum*), *Thippili* (*Piper longum*), *Chukku* (*Zingiber officinale*), *Sarkarai* (*Saccharum officinarum*), *Poornachandirodhaya chendooram* - A Sublimation product of gold, mercury and sulphur. The above ingredients help to improve the sperm quality and boosts semen production. *Amukkara choornam* which contains *Amukkara* (*Withania somnifera*) acts as Aphrodisiac, strengthens body and improves immunity. In an ayurvedic journal a case report of male infertility it has been revealed that *Amukkara kizhangu* (*Withania somnifera* Dunal.) enhances spermatogenesis via a presumed testosterone-like effect.[8]*Thaneervittan nei* which contains *Thannervittan kizhangu* (*Asparagus racemosus* Willd.) appears to enhance fertility by reducing oxidative stress.[9]

In Siddha, *Thathu nashtam* [Oligozoospermia] has not been described as a separate disease entity. There is no direct reference for the comparison of *Thathu nashtam* to oligozoospermia however its feature can be understood on the basis of the indirect references available in the Siddha literatures. The various nomenclature used in siddha texts in relation with *Sukkilam* the seventh *udal thathu* [physical constituent] can be compared to sperm and not semen alone since its function is reproducion. The term *Thathu Rogam* [vinthu vai patria noi] denotes disease relating to sperm and *Thathu kuraivu / Thathu pushti kuraivu* denotes Oligozoospermia and *Sukkila vadham* denotes Asthenozoospermia hence the terms *Thathu Rogam* and

Sukkila vatham can be compared to Oligoasthenozoospermia of contemporary science as both are similar in terminology [oligo-low; zoospermia-spermatozoa in semen; thathu sperm; nashtam-lack, be deficient in].[10]

All the *Uyir Thadhukkal – Vadham, Piththam* and *Kabam* has been deranged and the seven *Udal Thathukkal* has to be affected in case of Oligoasthenozoospermia. Mental stress and strain reduce sperm count in which *Vatham* and *Saram* is deranged. The Air element has the property of mental agony and *Saram* gives mental and physical perseverance. In excessive physical strains most of the *Saram* is utilized and does not reach till *Sukkilam*. Due to derangement of *Piththam* (Transformation energy) spermatogenesis (primary spermatocytes to immature sperms) and spermiogenesis (immature sperms to mature sperms) is affected. Due to derangement of *Iyam* there is agglutination of sperms which hampers the motility of sperms and results in Asthenozoospermia. The line of treatment was choosed accordingly in which Oleation was started to correct the deranged *Piththam*. The next day Purgation was given to correct the deranged *Vadham*. And medicines were chosen to correct the deranged *Kabam*.[11]

CONCLUSION

This article clearly showed the effectiveness of the medicines in improving the count and motility of sperms. To conclude, the medicine *Poorana chandrodayam* can be a good drug of choice for treating male infertility along with *Amukkara chooranam* and *Thannervittan nei*. Further case series can also be done to prove the effectiveness of the medicines.

Acknowledgement:

I would like to express my sincere thanks to the Professors of Kuzhanthai Maruthuvam Department of National Institute of Siddha, Chennai. Furthermore, I extend my sincere appreciation to my colleagues and friends for their support to write this article.

Source of Support: The author(s) received no financial support for the research, authorship, and/or publication of this article

Conflict of Interest: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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