

## The efficacy of *Gokshuradi churna* in the management of male infertility

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### Abstract-

In this fast running world, I come across lots of patients, couples who is having Infertility due to different causes like oligospermia, decreased motility of sperms, defective morphology of sperm, high PH of semen and personal history like tobacco chewing, karrah chewing, hot, spicy and fast food like habits. I select this topic because drug and patients are easily available.

Reference: (BhaishajyaRatnavali). Method:- Randomly selected patients kept on single group on Gokshuradichurna. Gokshuradichurna 3 gm. BD with milk for 3 months. Discussion And Observation:- After treatment sperm count increase in 60% patients above 60 million and 25% patients above 45 million/ml. After treatment rapid motility showing from 9% to 52% patients and immotile sperms 66% to 10% patients. There is a classical improvement in defective morphology to normal morphology in head, neck and tail defects after treatment. In high PH of semen non-motile and immotile sperms are maximum after treatment in normal

PH rapid mobility of sperm is increase. Result and Conclusion Present research work can concluded that the Gokshuradichurna is highly effective in male Infertility.

**Key Worlds** -Gokshuradichurna, male infertility, oligospermia sperm count, motility, morphology.

### Introduction-

In this fast running world, I come across lots of patients, couples who is having infertility due to different causes like oligospermia, decreased motility of sperm, defective morphology of sperm, high PH of semen and personal History like Tobacco chewing, Kharrah chewing, Hot, spicy and fast food like habits.

Some of them married before 2 to 12 tears back and taken treatment from different Gynaecologist, Super specialist. Endocrinologist and big infertility centers. Some of them go through IUI, test tube baby and Laparoscopic like therapies.

I think that, why such pt's coming to words Ayurveda? Most of Pt. says that

this is a last chance of treatment from Ayurvedic therapy.

In Bhashajya Ratnavali in Vijakaran Adhayaya following Treatment in mentioned.

*Gokshurak: kshurak:  
shatmuliwanarinagbala cha.//  
Churnmidampatrasanishipeyamyasyagru  
hepramadashatmasti //  
...Vrushyauttam // 35// bhaishjya  
Ratnavali //  
(Gokshur ,Talimkhana, Shatawari,  
Kawachbij, Nagbala, Atibala)*

#### Aims & Objects -

- To find out appropriate treatment in male infertility.
- To find out effects of the drug on oligospermia, Decreased motility of sperms, defective morphology of sperms, increased PH of semene.

#### Material and Method -

##### Patient selection Criteria-

Patients having positive history of Male infertility with abnormal semen Analysis Reports Selected for this study. Randomly selected patients kept on single group on GokshuradiChurna.

##### Exclusive Criteria-

- Testicular atrophy
- Testicular Malignancy
- AIDS, VDRL +VE pt, severe anaemia.

##### Investigation -

Semene Analysis, CBC,  
Urine-Routine  
HIV-I & II, VDRL

##### Treatment -

Drug- Gokshuradichurna 3 gmBD

Anupam : Milk

Duration of Treatment : 3 months

#### Observations-

Result were observed according to every following visit and improvement in semen analysis reports ( sperm count, increased mobility, normal morphologies & normal PH of semene etc.)

#### Age wise Classification

Sr. No.	Age	Patients
1	25-30	7 ( 35%)
2	31-35	8 (40%)
3	36-40	5 (25%)

#### Prakriti wise classification

Sr. No.	Prakriti	Patients
1	Vatakapha	3 (15%)
2	Vatapitta	2 (10%)
3	Pittavata	5 (25%)
4	Pittakapha	4 (20%)
5	Kaphavata	3 (15%)
6	Kapha pitta	3 (15%)

#### Sperm Count Wise Classification

Sr no.	Sperm-Count million/ml	No. of Patients	
		Before Treatment	After Treatment
1	0%-15%	08 (40%)	
2	16%-30%	05 (25%)	01 (05%)
3	31%-45%	04 (20%)	02 (10%)
4	46%-60%	03 (15%)	5 (25%)

5	61%- above		12 (60%)
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### Sperm motility Wise Classification

Sr. No.	Motility	Patient	
		B.T.	A.T.
1	Rapid- progressive	9%	52%
2	Slow Progressive	10%	27%
3	Non Progressive	15%	11%
4	Immotile	66%	10%

### Sperm morphological Wise Classification

Sr. No.	Type of defective sperm	Patient	
		B.T.	A.T.
1	Head Defect	22%	7%
2	Neck defect	16%	5%
3	Tail defect	19%	6%

### PH of semen

Sr.No.	PH	B.T.	A.T.
1	PH more than 8.6	36%	7%

### Discussion-

- Maximum patients found in age group 31-35 years.
- Pitta Vata & Pittakaphaprakriti patients are more in this study.
- Sperm count below 15 million/ml are more patients in this research work. Only one patient having 'O' sperm count and after

treatment sperm count is increased.

- More than 66% patients having immotile sperms and 5 patients having Non Rapid motility and 3 patients having no slow motility and such a patients go up to Rapid Motility after treatment.
- Head Defect sperms are more in this study.
- 36% patients having PH above 8.6

### Result and conclusion-

- After scientific analysis of data I got following facts.
- After treatment sperms count increased in 60% patients above 60 million/ml and 25% patients above 45% million/ml.
- After treatment rapid motility showing from 9% to 52% patients and immotile sperm 66% to 10% patients.
- There is classical improvement in defective morphology to normal morphology in head, neck and tail defects after treatment.
- In high PH of semene non-motile & immotile sperm are maximum after treatment in normal PH Rapid mobility of sperm is increased.

Present research work can concluded that the GokshuradiChurna is highly effective in male infertility (i.e. in oligospermia, decreased mobility, defective morphology and high PH)

### References –

1. J.W.Wilson, Anatomy and Physiology in Health and

- illness, Ch.No.18, PP.431, 8<sup>th</sup> Edition 1996, Churchill Livingstone Publication.
2. J.C.Bennett, Cecil Text book of Medicine, Ch.209, PP.1331, 20<sup>th</sup> Edition 1999, A Harcourt Publication.
  3. D. C. Datta, Text book of Gynaecology, Ch.15, PP.216, 3<sup>rd</sup> Edition, 2001, New Central Book Agency Publication, Calcutta.
  4. E.Braunwale, Harrison, Principal of Internal Medicine, Ch.326, PP.1813, 11<sup>th</sup> Edition, 1987, M.C.Grawhill Publication.
  5. R.B. Scott, Price's Text book of Medicine, Ch.7, PP.445, 10<sup>th</sup> Edition 1966, Morrison & Gibb Publication.
  6. Bhaishajya Ratnavali, Abmikadatta Shastri, Varanasi, Chaukhamba Prakashan, 10<sup>th</sup> edition. P.P.778, Vajikaran Adhaya-Shloka 35
  7. Charak Samhita, Shastri S.N. Varanasi, Chaukhamba Prakashan 2001, Chikisasthan PP 90-43
  8. Dravyaguna VidyananAcharya Priyavrat Sharma, Varanasi, Chaukhamba Prakashan 2009, PP. 632
  9. Bhavprakash Nighantu Prof. Krushnachandra Chunekar, Chaukhamba Prakashan, 2013, PP. 280-46.

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