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MANAGEMENT OF INFERTILITY THROUGH VIRECHANA FOLLOWED BY GO-GHRITA: A CLINICAL STUDY.

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ABSTRACT

Infertility is the inability of a sexually active, non-contraception couple to achieve spontaneous pregnancy in 1 year. Shodhana procedures are indicated in the case of Vitiation of Shukra. Go-Ghrita (cow Ghee) is a rejuvenator and aphrodisiac. Maximum preparations for the disease of Shukra and reproductive system are prepared in Go-Ghrita and reported to be useful in the management of infertility.

INTRODUCTION

Infertility as a medical and social problem has acquired global dimension, and its incidence is supposed to be increasing day by day, due to the present lifestyle, food habits, sexual life, environmental pollution, etc. Infertility is defined as inability to conceive after a year of sexual intercourse without the use of contraceptives. A male contributory factor is involved in approximately half of these cases. Oligozoospermia is termed as Ksheena Shukra in Ayurvedic text which indicates low volume and less number of spermatozoa in seminal fluid. The principle of treatment for depletion of tissue (Dhatu Kshaya) is to administer the drugs, which are having the same qualities of that Dhatu. Drugs having properties like Madhura (sweet), Sheeta (cold) and Snigdha (unctuous) are effective in enhancing the quality and quantity of Shukra Dhatu. Ghrita also possess similar properties, that is Madhura, Sheeta and Snigdha, and thus helps to increase semen parameters.

Aims and objectives: - The objective was to evaluate the efficacy of Virechana followed by oral administration of Go-Ghrita in the management of infertility.

Inclusion criteria: - Male patients with an age group of 21–40 years having sperm count <15 million/ml and eligible for the procedure of Virechana were included for the present clinical trial.

Method:- Before administration of Go-Ghrita, Virechana Karma was performed. Before administration of Go-Ghrita, all the registered patients were given Virechana. For this purpose, patients who met inclusion criteria and gave consent for the Virechana were administered Trikatu Churna for the first 3 days for Deepana and Pachana in the dose of 2 g twice in a day with lukewarm water after meal. On the 4th day, Cow Ghrita in the dose of 40 ml was given in the early morning on empty stomach with lukewarm water. The patients were observed for Sneha Jeerna Lakhshana (proper digestion of Ghrita) and accordingly for the next 5-7 days, the dose of Ghrita was given in increasing pattern till the patients achieved proper Snehana features. After completion of internal Snehana for the next 3 days, whole-body massage with Bala Taila along with Vashpa Swedana was done daily in the morning. During this period, patients were kept on a normal diet with precautions, to avoid excessive oil, or heavy food items. On the day of Virechana, after massage and fomentation in the morning, Virechana Yoga of Haritakyadi Yoga was given.

Thereafter, according to the type of Shuddhi, at the end of Virechana procedure, 3, 5 and 7 days of post-Virechana dietary regimen for revival were advised which included Peya, Vilepi, Akrita Yusha and Krita Yusha in a sequential pattern.

After completion of Virechana, Go-Ghrita was administered for 8 weeks in the dose 10 gm twice a day after meal with a cup of milk and patients were asked to report fortnightly and on every visit, the details regarding the status were recorded.

Objective parameters: Improvement in the semenogram was observed, especially on the total sperm count. Changes in serum FSH, serum LH and serum testosterone were also considered for assessment.

RESULTS

Effect on seminal parameters

Go-Ghrita administered after Virechana (medicated purgartion) provided increase of 80.92%, on total sperm count, 41.78% increase in sperm motility, 12.5% increase in normal form of total sperm, 41.69% decrease

Effect if therapies on seminal parameters.

in abnormal forms, and increase in semen volume by 45.22%.

Effect on hormones: Go-Ghrita administered after Virechana provided 17.38% increase in serum FSH, 26.63% increase in serum LH value and 25.84% in serum testosterone value.

Seminal parameters n=38	Mean value (million/ml)		Difference	Percentage
Seminar parameters ii=38	B.T	A.T	Difference	rercentage
Total sperm count	9.42	55.50	46.08	80.92↑
Sperm motility	41.18	68.15	20.78	41-78↑
Normal sperm form	79.82	90.13	10.31	12.58 ↑
Abnormal form of sperm	19.52	14.78	4.74	↓41-69
Semen volume	1.45	2.47	1.02	45.22↑

Effects of Therapies on Hormones.

Hammanag (n_20)	Mean value (ng/ml)		Difforence	Domoontogo
Hormones (n=20)	BT	AT	Difference	Percentage
FSH	6.80	8.79	1.99	17.38↑
LH	4.89	6.40	1.51	26.63↑
Testosterone	566.39	734.63	168.24	25.84↑

Go- Ghrita possess Vrishya (aphrodiasic), Rasayana (rejuvenation), Vata and Pitta pacifying effect and digestive action. It also contains Vitamin A, D, E and K. Among them, Vitamin A and E are antioxidants and are helpful in preventing oxidative injury to the body.

CONCLUSION

Go-Ghrita administered after Virechana Karma provides statistically highly significant increase in total sperm count, sperm motility, normal form of sperm, volume of semen and significant decrease in abnormal form of sperm. Significant increase in serum testosterone, serum FSH and serum LH indicates that the combined therapy of Virechana followed by Go-Ghrita acts through hormonal pathway to improve seminal parameters. As Go-Ghrita has provided significant result on seminal parameters, thus it can be choice of drug for the management of oligozoospermia. As Virechna Karma has also provided a significant increase in total sperm count and improved the quality of semen, it can also concluded that Virechana Karma alone is also effective in cases of infertility.

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