

Successful Ayurvedic Management of Severe Oligoasthenozoospermia with Uttarbasti and Oral Ayurvedic Medications Resulting in Natural Conception: A Case Report

Ayurvedic Management of Severe Oligoasthenozoospermia

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Abstract: Background: Male infertility contributes to nearly half of infertility cases worldwide, with oligoasthenozoospermia being one of the most common semen abnormalities. Despite advances in assisted reproductive techniques, effective medical therapies capable of consistently improving spermatogenesis remain limited. Ayurveda describes impaired semen quality under Ksheena Shukra and recommends Vrishya, Rasayana, and Uttarbasti therapies to restore reproductive function.

Case Presentation: A 32-year-old male presented with primary infertility of six years' duration. Baseline semen analysis demonstrated severe oligoasthenozoospermia with a sperm concentration of 3 million/mL, total sperm count of 15 million/ejaculate, and progressive motility of 10%. Clinical examination, laboratory investigations, and ultrasonography were unremarkable, while evaluation of the female partner revealed no significant abnormality. The patient underwent weekly Murivena Taila Uttarbasti (10 mL) for four consecutive sittings along with oral administration of Vanari Kalpa (10 g twice daily with milk), Makardhwaj Vati (1 tablet twice daily with milk), Beejpushti Vati (1 tablet twice daily), and Speman (1 tablet twice daily) for three months.

Outcome: After treatment, sperm concentration increased to 55 million/mL, progressive motility improved to 50%, and no treatment-related adverse events were observed. During follow-up, the patient's spouse conceived naturally, confirming a favorable reproductive outcome.

Conclusion: This case suggests that Ayurvedic management incorporating Murivena Taila Uttarbasti and oral Vrishya-Rasayana therapy may improve semen quality in selected patients with severe oligoasthenozoospermia. Controlled clinical studies are required to validate these findings.

Keywords: Male infertility, Oligoasthenozoospermia, Ayurveda, Uttarbasti, Murivena Taila, Natural conception, Ksheena Shukra.

I. INTRODUCTION

Infertility is a major global reproductive health concern, affecting approximately one in six individuals during their reproductive years. The World Health Organization (WHO) defines infertility as the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse. Male factors contribute independently or in combination with female factors in nearly 50% of infertile couples, emphasizing the importance of timely evaluation and management of male infertility.[1,2]

Oligoasthenozoospermia, characterized by reduced sperm concentration and impaired progressive sperm motility, is among the most common causes of male infertility. The condition has a multifactorial etiology, including oxidative stress, endocrine abnormalities, infections, varicocele, environmental exposures, genetic defects, and idiopathic causes. Semen



analysis remains the cornerstone for the assessment of male fertility potential, and the WHO Laboratory Manual provides standardized reference values for its evaluation.[3–5]

Current management of oligoasthenozoospermia includes lifestyle modification, antioxidant therapy, hormonal treatment in selected patients, surgical correction of identifiable causes, and assisted reproductive techniques such as intrauterine insemination (IUI), in vitro fertilization (IVF), and intracytoplasmic sperm injection (ICSI). However, effective medical therapies capable of consistently restoring normal spermatogenesis remain limited, particularly in idiopathic cases.[2,6]

In Ayurveda, male infertility associated with poor semen quality can be correlated with Ksheena Shukra and Shukra Dushti, predominantly resulting from vitiation of Vata Dosha and impaired nourishment of Shukra Dhatu. Classical Ayurvedic texts advocate Vrishya, Rasayana, and Panchakarma therapies to restore reproductive function. Among these, Uttarbasti is considered a specialized therapeutic procedure for disorders of the genitourinary system, aiming to normalize Apana Vata, nourish Shukravaha Srotas, and improve reproductive capacity.[7–9]

The present case describes the successful management of severe oligoasthenozoospermia in a 32-year-old male using Murivenna Taila Uttarbasti in combination with Vanari Kalpa, Makardhwaj Vati, Beejpushti Vati, and Speman. The patient demonstrated a remarkable improvement in semen parameters, followed by natural conception, highlighting the potential role of integrative Ayurvedic management in selected cases of male infertility.

II. CASE PRESENTATION

Patient Information

A 32-year-old married male presented to the Outpatient Department of Shalya Tantra with the chief complaint of inability to achieve conception despite six years of regular unprotected marital life. The couple had been attempting conception without the use of contraception since marriage. The patient had previously received conventional medical treatment for infertility with minimal improvement in semen parameters and was advised assisted reproductive techniques. Seeking an alternative therapeutic approach, he presented to our hospital for Ayurvedic management.

There was no history of erectile dysfunction, ejaculatory disorder, decreased libido, genital trauma, mumps orchitis, varicocele surgery, sexually transmitted infections, radiation exposure, chemotherapy, or occupational exposure to gonadotoxic agents. He was a non-smoker and did not consume alcohol or recreational drugs.

The patient's medical history was unremarkable, with no history of diabetes mellitus, hypertension, thyroid disorders, tuberculosis, or other chronic systemic illnesses. Family history was non-contributory.

The female partner was 22 years old with regular menstrual cycles occurring every 28–30 days and normal menstrual flow lasting 3–5 days. Her routine infertility evaluation, including hormonal profile and ultrasonographic examination, was within normal limits, and no female factor contributing to infertility was identified.

III. CLINICAL FINDINGS

On examination, the patient was conscious, cooperative, and well oriented. His general condition was stable with a pulse rate of 84 beats/minute, blood pressure of 110/70 mmHg, oxygen saturation of 98% on room air, and normal body temperature. Systemic examination revealed no clinically significant abnormality. Cardiovascular, respiratory, abdominal, and neurological examinations were within normal limits. Local examination of the external genitalia was unremarkable, and ultrasonography of the abdomen and pelvis showed no structural abnormalities.

The patient had normal appetite, bowel and bladder habits, and adequate sleep. There was no history of smoking, alcohol intake, or other addictions. Based on the clinical presentation and semen analysis findings, the patient was diagnosed with severe oligoasthenozoospermia. From an Ayurvedic perspective, the condition was diagnosed as Ksheena Shukra (Shukra Dushti) with predominant Vata Dosha involvement affecting the Shukravaha Srotas.

Timeline

Date	Clinical Event
24 November 2025	Initial evaluation and semen analysis revealed severe oligoasthenozoospermia (sperm concentration 3 million/mL; progressive motility 10%).



01 March 2026	Ayurvedic treatment initiated with Vanari Kalpa, Makardhwaj Vati, Beejpushti Vati, Speman, and first sitting of Murivenna Taila Uttarbasti (10 mL).
08 March 2026	Second sitting of Murivenna Taila Uttarbasti completed.
15 March 2026	Third sitting of Murivenna Taila Uttarbasti completed with good tolerance.
22 March 2026	Fourth and final sitting of Murivenna Taila Uttarbasti completed; oral medications continued.
15 April 2026	Clinical review showed satisfactory compliance with no adverse events.
30 May 2026	Repeat semen analysis demonstrated marked improvement (sperm concentration 55 million/mL; progressive motility 50%).
July 2026	Natural conception confirmed in the patient's spouse during follow-up.

IV. DIAGNOSTIC ASSESSMENT

The diagnosis was established based on the patient's detailed clinical history, physical examination, and laboratory investigations. Semen analysis was performed according to the World Health Organization (WHO) Laboratory Manual for the Examination and Processing of Human Semen (6th Edition).[4] Baseline evaluation demonstrated severe oligoasthenozoospermia characterized by markedly reduced sperm concentration and poor progressive motility. Routine hematological and biochemical investigations were within normal limits, and ultrasonography of the abdomen and pelvis did not reveal any structural abnormalities. Evaluation of the female partner excluded significant female-factor infertility. From an Ayurvedic perspective, the condition was diagnosed as Ksheena Shukra (Shukra Kshaya) associated with Shukra Dushti, resulting from Vata Dosha predominance affecting the Shukravaha Srotas, leading to impaired formation, nourishment, and transport of Shukra Dhatu.

Baseline Laboratory Investigations

Investigation	Result	Reference Range
Hemoglobin	14.2 g/dL	13–17 g/dL
Total Leukocyte Count	7,600/mm ³	4,000–11,000/mm ³
Random Blood Sugar	96 mg/dL	70–140 mg/dL
Serum Creatinine	0.9 mg/dL	0.6–1.3 mg/dL
Urine Routine Examination	Within normal limits	—
Ultrasonography (Abdomen & Pelvis)	Normal	—

Baseline Semen Analysis (Before Treatment)

Parameter	Result	WHO Reference Value (6th Edition)
Semen Volume	5.0 mL	≥1.4 mL
Sperm Concentration	3 million/mL	≥16 million/mL
Total Sperm Count	15 million/ejaculate	≥39 million/ejaculate
Progressive Motility (PR)	10%	≥30%
Non-progressive Motility (NP)	0%	—
Immotile Sperms	90%	—
Morphology	Not assessed	≥4% normal forms*

Morphology assessment was not available in the laboratory report.

Semen Analysis After Completion of Treatment

Parameter	Before Treatment	After Treatment
Semen Volume	5.0 mL	4.8 mL
Sperm Concentration	3 million/mL	55 million/mL
Total Sperm Count	15 million/ejaculate	264 million/ejaculate



Progressive Motility	10%	50%
Immotile Sperms	90%	50%

Final Diagnosis

Modern Diagnosis

- Severe oligoasthenozoospermia, based on WHO 6th edition semen analysis criteria.

Ayurvedic Diagnosis

- Ksheena Shukra
- Shukra Dushti
- Vata Pradhana Tridoshaja Vikara
- Shukravaha Srotodushti

V. THERAPEUTIC INTERVENTION

Following a comprehensive clinical assessment and confirmation of severe oligoasthenozoospermia, the patient was treated with a multimodal Ayurvedic approach comprising Murivenna Taila Uttarbasti and oral Vrishya-Rasayana formulations. The treatment protocol was designed to improve the quality and quantity of Shukra Dhatu, pacify vitiated Vata Dosha, nourish the Shukravaha Srotas, and promote normal spermatogenesis. The patient received four weekly sittings of Murivenna Taila Uttarbasti along with oral medications for a total duration of three months. Throughout the treatment period, the patient was advised to maintain a balanced diet, avoid smoking, alcohol consumption, sleep deprivation, excessive physical exertion, and psychological stress. Compliance with therapy was satisfactory, and no adverse events were reported.

Oral Medications

Drug	Dose	Anupana	Frequency	Duration
Vanari Kalpa	10 g	Lukewarm milk	Twice daily	3 months
Makardhwaj Vati	1 tablet	Lukewarm milk	Twice daily	3 months
Beejpushti Vati	1 tablet	Lukewarm water	Twice daily	3 months
Speman	1 tablet	Lukewarm water	Twice daily	3 months

Murivenna Taila Uttarbasti Procedure

Purva Karma (pre-procedure)

The procedure was explained to the patient, and written informed consent was obtained. The patient was advised to empty the bladder before the procedure. The genital region was cleaned using sterile normal saline, and strict aseptic precautions were maintained throughout the procedure. Murivenna Taila was warmed to approximately body temperature (37–40°C) before administration.

Pradhana Karma (Main Procedure)

The patient was placed in the supine position. After aseptic preparation of the external genitalia, a sterile disposable infant feeding tube (No. 6) lubricated with sterile jelly was gently introduced into the urethra. Ten millilitres of lukewarm Murivenna Taila was slowly instilled into the urethra using a sterile syringe attached to the feeding tube. Following instillation, the catheter was carefully removed, and gentle penile compression was maintained for approximately 2–3 minutes to minimize immediate leakage of the medicated oil.



Paschat Karma (post-procedure)

The patient was advised to remain in the supine position for 15–20 minutes following the procedure. He was instructed to avoid strenuous physical activity, sexual intercourse, long-distance travel, and exposure to cold immediately after the procedure. Oral medications were continued without interruption throughout the treatment period.

Uttarbasti Schedule

Sitting	Procedure	Interval
First	Murivenna Taila Uttarbasti (10 mL)	Day 1
Second	Murivenna Taila Uttarbasti (10 mL)	After 7 days
Third	Murivenna Taila Uttarbasti (10 mL)	After 14 days
Fourth	Murivenna Taila Uttarbasti (10 mL)	After 21 days

Concomitant Advice

The patient was advised to:

- Consume a balanced diet rich in milk, ghee, fresh fruits, nuts, and green vegetables.
- Maintain adequate hydration and regular sleep.
- Avoid smoking, alcohol consumption, recreational drugs, and excessive caffeine intake.
- Avoid prolonged exposure to heat, tight-fitting undergarments, excessive cycling, and prolonged sitting.
- Perform moderate physical activity and stress-reducing practices such as yoga and meditation.
- Maintain regular marital relations during the fertile period.

Outcome and Follow-up

The patient completed the planned course of treatment with good compliance and attended all scheduled follow-up visits. No adverse drug reactions, procedural complications, urinary discomfort, hematuria, or local infections were observed during or after the four sittings of Murivenna Taila Uttarbasti. The patient reported satisfactory tolerability to both the local procedure and oral medications throughout the treatment period.

Repeat semen analysis performed after approximately three months demonstrated a marked improvement in semen quality. Sperm concentration increased from 3 million/mL to 55 million/mL, while progressive sperm motility improved from 10% to 50%. Total sperm count also showed substantial improvement from 15 million/ejaculate to 264 million/ejaculate, indicating significant recovery of spermatogenic function.

During subsequent follow-up, the patient's spouse conceived naturally without the need for assisted reproductive techniques. Pregnancy was confirmed by a positive urine pregnancy test followed by ultrasonographic confirmation of an intrauterine gestational sac. The patient expressed satisfaction with the treatment outcome and reported improved psychological well-being following successful conception.

No recurrence of symptoms or deterioration in semen parameters was reported during the available follow-up period.

Comparison of Semen Parameters

Parameter	Before Treatment	After Treatment
Semen Volume	5.0 mL	4.8 mL
Sperm Concentration	3 million/mL	55 million/mL
Total Sperm Count	15 million/ejaculate	264 million/ejaculate
Progressive Motility	10%	50%
Immotile Sperms	90%	50%
Natural Conception	No	Yes



Follow-up Schedule

Follow-up Visit	Clinical Observation
15 Days	Patient tolerated treatment well; no adverse events or procedural complications.
1 Month	Completed all four sittings of Murivenna Taila Uttarbasti; oral medications continued with good compliance.
3 Months	Repeat semen analysis showed marked improvement in sperm concentration and motility.
Subsequent Follow-up	Spouse achieved spontaneous natural conception; pregnancy confirmed clinically and by ultrasonography.

CARE Guideline Outcome Summary

- **Primary Outcome:** Improvement in semen parameters.
- **Secondary Outcome:** Achievement of spontaneous natural conception.
- **Treatment Compliance:** Excellent.
- **Adverse Events:** None reported.
- **Patient Satisfaction:** High.

VI. DISCUSSION

Oligoasthenozoospermia is a common cause of male infertility and is characterized by reduced sperm concentration and impaired progressive motility. Oxidative stress, inflammation, endocrine disturbances, and lifestyle factors are recognized contributors to impaired spermatogenesis and decreased sperm function. [10,11] Although assisted reproductive techniques have improved pregnancy outcomes, effective medical treatments capable of consistently restoring normal semen quality remain limited, particularly in idiopathic cases. [2,6]

In the present case, a 32-year-old male with six years of primary infertility presented with severe oligoasthenozoospermia, having a sperm concentration of 3 million/mL and progressive motility of 10%. Following three months of treatment with Murivenna Taila Uttarbasti, Vanari Kalpa, Makardhwaj Vati, Beejpushti Vati, and Speman, sperm concentration increased to 55 million/mL, while progressive motility improved to 50%. The patient tolerated the treatment well, and no adverse events were observed. During follow-up, the couple achieved natural conception, representing a favorable clinical outcome.

According to Ayurveda, this condition can be correlated with Ksheena Shukra and Shukra Dushti, in which vitiated Vata Dosha impairs the formation, nourishment, and function of Shukra Dhatu. Classical Ayurvedic texts recommend Vrishya, Rasayana, and Uttarbasti therapies for disorders of the male reproductive system with the aim of restoring the normal function of Shukravaha Srotas.[7–9]

Uttarbasti is considered a specialized Panchakarma procedure for genitourinary disorders. Murivenna Taila was selected because of its Vatahara, Shothahara, and tissue-healing properties. Experimental studies have demonstrated anti-inflammatory, antioxidant, and tissue regenerative activities of Murivenna, which may improve the local reproductive environment and support spermatogenesis.[12]

The oral medications were prescribed to complement the local therapy. Vanari Kalpa, Makardhwaj Vati, and Beejpushti Vati are traditionally used as Vrishya-Rasayana formulations to nourish Shukra Dhatu, improve reproductive strength, and enhance semen quality. Speman, a standardized polyherbal formulation, has shown beneficial effects on sperm concentration and motility in clinical studies and may contribute through its antioxidant and spermatogenic actions.[13] The duration of therapy in this case also corresponds with the biological process of human spermatogenesis, which requires approximately 74 days for the production and maturation of spermatozoa.[14] Therefore, the improvement observed after nearly three months is biologically plausible.

The most clinically significant finding in this case was the achievement of spontaneous natural conception following documented improvement in semen parameters. While semen analysis is an important indicator of male fertility,



successful conception remains the ultimate therapeutic outcome. However, as this is a single case report, a causal relationship between the intervention and pregnancy cannot be established. Furthermore, hormonal evaluation, sperm DNA fragmentation, and oxidative stress markers were not assessed. Larger controlled clinical studies are warranted to confirm the efficacy and safety of this treatment approach.

VII. CONCLUSION

This case demonstrates that a multimodal Ayurvedic treatment approach comprising Murivenna Taila Uttarbasti along with Vanari Kalpa, Makardhwaj Vati, Beejpushti Vati, and Speman was associated with substantial improvement in semen quality in a patient with severe oligoasthenozoospermia. After three months of treatment, sperm concentration increased from 3 million/mL to 55 million/mL, and progressive sperm motility improved from 10% to 50%. Importantly, the couple subsequently achieved spontaneous natural conception during follow-up, representing a favorable clinical outcome. Although encouraging, these findings are based on a single case report and should be interpreted cautiously. Further well-designed prospective clinical studies are required to establish the efficacy, safety, and reproducibility of this therapeutic approach in the management of male infertility.

Patient Perspective

The patient reported good compliance with the prescribed treatment and experienced no adverse effects during the treatment period. He expressed satisfaction with the progressive improvement in his semen analysis reports and appreciated the minimally invasive nature of the treatment. The subsequent natural conception of his spouse significantly improved the couple's emotional well-being and strengthened their confidence in the treatment received.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical data. A copy of the written consent is available for review by the Editor-in-Chief upon reasonable request.

Ethical Statement

Ethical approval was not required for this single-patient case report in accordance with institutional policy. The manuscript has been prepared in accordance with the CARE (CAse REport) 2017 Guidelines.

Conflict of Interest

The authors declare that they have no conflict of interest.

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Author Contributions

All authors contributed substantially to the conception and design of the study, clinical management of the patient, data collection, interpretation of clinical findings, drafting of the manuscript, and critical revision of the article. All authors reviewed and approved the final version of the manuscript.

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