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OBSERVETIONAL STUDY OF RELATION BETWEEN PRAKRITI & SHUKRA KSHAYA W.S.R. TO OLIGOSPERMIA.

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ABSTRACT:
Ayurveda is an ancient system of medicine documented and practiced in India since time immemorial. According to this system, an individual's Prakriti (basic constitution) to a large extent, determines predisposition and prognosis to diseases as well as therapy and lifestyle regime. Shukra Dhatu, one among the Saptadhatus basically meant for reproduction and also provides the qualities of Dhairya , Preeti, Dehabala and, Harsha etc. Shukra Kshaya is described by including under Shukra dusti, Here, it is planned to study the relation between Prakriti and Shukra Kshaya with oligospermia for its practical applicability and to propose preventive measures for such individuals if the relation is proved.

KEY WORDS: Prakriti, Shukra Dhatu, Shukra Kshaya, Oligospermia.

INTRODUCTION:

Ayurveda has very practical approach towards the healthy human being. The aim of Ayurveda is to maintain healthy state of human body & cure disease, i.e. Ayurveda has two aspects, preventive aspect & curative aspect.

Prakriti means a natural constitution and temperamant of an individual inherited by birth, depending upon the predominance of Dosha or Doshas prevailing at the time of sexual intercourse. Factor responsible for Prakriti formation and development are Sukrashonitha, Kala Garbhashaya, Garbhini Ahara –Vihara and Mahabhutavikara.

Almost all the Ayurvedic classics explained the importance of Vajikarana, which deals with fertility, potency and healthy progeny.

Acharya Charaka stated the symptoms of Shukra Kshayaas in Sutra Sthana:-

"दौर्बल्यंमुखशोषश्चपाण्डुत्वंसदनं श्रमः ।
क्लैब्यंशुक्राविसर्गश्च क्षीणशुक्रस्यलक्षणम्"॥ (च. सू. १७/६९)

In Modern Medicine, the conditions associated with Shukra Kshaya in Ayurveda can be correlate with Oilgospermia. Shukra Kshaya is the type of Shukra Dushti resulting in infertility in which Oligospermia is one of the presentations. Oligospermia is the condition where the sperm density less than 20 million/ml. The corresponding decrease in likelyhood of conception is associated with decrease of sperm count. Shukra Kshaya is a broad research topic. It can be explained in many ways. Complete presentation of Shukra Kshaya in terms of measurable objective criteria can be done with multiple factors. Such as Quantity, Viscosity, pH, Sperm count, Sperm motility and other contents. Oligospermia is one of them. It does not give complete idea about Shukra Kshaya (Kshin Shukra). It is note worthy that it represents at least some aspect of Shukra Kshaya. Hence Oligospermia & Shukra Kshaya (Kshin Shukra) are taken together for study.

The infertility factor accounts about 40% in males and about 40% in females and both share the rest 20%. Even though both the partners are contributing equally but when the problems of infertility arise usually females are blamed but it is necessary and equally important to examine the male partner also. So this topic is selected for current study.

NEED FOR STUDY:

Acharya Charaka stated the symptoms of Shukra Kshaya in Viman Sthana:-

"श्लेष्माहि स्निग्धश्लक्ष्णमृदुमधुरसार सान्द्रमन्दस्तिमित गुरुशीतविज्जलाच्छ:।

.... माधुर्यात् प्रभूतशुक्रव्यवायापत्या:, ...

त एवंगुणयोगाच्छलेष्मला बलवन्तो वसुमन्तो

विद्यावन्त ओजस्विन: शान्ता आयुष्मन्तश्च भवन्ति॥"

(च. वि. ८/९६)

Kapha predominant Prakriti is expected to have a lower incidence of Shukra Kshaya w.s.r.to Oligospermia when compared with other Prakriti.

"वातस्तु रुक्षलघुचलबहुशीघ्रशीतपरुषविशद:।..................

         वातला:प्रायेणाल्पबलाश्चाल्पायुष्श्चाल्पापत्याश्चाल्पसाधनाऽ ाल्पधनाश्च भवन्ति ॥" (च. वि. ८/९८)

Vata predominant Prakriti is expected to have a higher incidence of Shukra Kshaya w.s.r to Oligospermia when compared with other Prakriti.

Here, it is planned to study the relation between Prakriti and Shukra Kshaya with Oligospermia.

AIM:

"To study the relation between Prakriti & Shukra Kshaya w.s.r. to Oligospermia"

OBJECTIVES:

1) To detect the Prakriti of selected subjects having Kshin Shukra with Oligospermia.

2) To establish the relation between Prakriti and Shukra Kshaya with Oligospermia with the help of Ayurvedic text criteria, Modern text criteria & Laboratorial Analysis of Semen report.

MATERIAL AND METHODS:

1) Ayurvedic texts.   2) Modern medical Books, Research Journals, Internet sources etc.

CLINICAL STUDY MATERIALS:

I) Previously detected 60 Male Subjects of Kshin Shukra with Oligospermia.

II) Prakriti Detection Chart.

III) As per Ayurvedic & Modern criteria case paper for the detection of previously Subject of Kshin Shukra with Oligospermia

IV) Sphygmomanometer, Thermometer, Weighing Machine etc. were used for the general examination of selected Subjects of Kshin Shukra with Oligospermia.

Selection Criteria:-

Selection Criteria of married male is given below.

Inclusion Criteria:-

Age – Between 21 years to 50 years.

Subjects with clinical presentation of Kshin Shukra with Oligospermia.

Subjects of Kshin Shukra with Oligospermia having total sperm count < 20 million/ml and defect in sperm motility.

Exclusion Criteria:-

Subjects of Azoospermia and Aspermia.

Subjects of Kshin Shukra with Oligospermia having various diseases like Varicocele in scrotum, Accessory sex gland infection, Sexually Transmitted Diseases, Severe Systemic Diseases and Diabetes Mellitus, Hypertension, Alcoholism, Hereditary, Congenital Disease etc.

Diagnostic Criteria:

Diagnosis was entirely based on Subjective finding of Kshin shukra with Oligospermia as well as Lab. Investigation.

METHODS:

➢ Previously detected 60 Male Subjects of Kshin Shukra with Oligospermia were selected irrespective of their occupation, habits, religion etc.

➢ Detection of Prakriti of Subjects having Kshin Shukra with Oligospermia were detected with the help of Prakriti Detection Chart available in Ayurvedic text books.

➢ As per Ayurvedic & Modern text criteria case paper was prepared.

➢ Clinical Signs & Symptoms are evaluated with Prakriti of Subjects having Kshin Shukra with Oligospermia.

➢ Clinically subjects of Kshin Shukra with Oligospermia were examined, previously detected Semen analysis data was collected and

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collected data was recorded systematically. Then recorded data were analysed & then conclusion is established.

Study Type : Observational Study.
SEXUAL HEALTH PARAMETERS:-

Sexual Health Parameters was recorded and graded (Mehra&Singh1994).
Commonly found Signs and Symptoms in Samhita Grantha are taken.
A) Grading For Subjective Parameters:
1) Klaibyam
   i) Sexual desire ii) Erections

i) Sexual desire:

1	Normal desire	0
2	Desire only on demand of partner	1
3	Desire present, but no activity	2
4	Lack of desire	3
5	No desire at all	4

ii) Erection:

1	Erection when ever needed	0
2	Erection with occasional failure	1
3	Initial difficulty but able to penetrate	2
4	Erection but unable to penetrate	3
5	Erection with artificial methods	4
6	No Erection by any method	5

2) Daurbalya –(Weakness)

1.	Can do routine exercise/work	0
2.	Can do moderate exercise with hesitancy	1
3.	Can do mild exercise only, with difficulty	2
4.	Cannot do mild exercise too	3

3) Mukh shosha) –Dryness of mouth)

1	Absent	0
2	Present	1

4) Maithunottar Shrama) -Post Coitus Exhaustion)

1	No exhaustion at all	0
2	Slight exhaustion occasionally	1
3	Exhaustion in 25 % of the encounters	2
4	Exhaustion in 50 % of the encounters	3
5	Exhaustion in 75 % of the encounters	4
6	Exhaustion after every sexual Coitus	5

5) Chirat Prasek) – Ejauculation)

1	Ejaculation with own and partners' satisfaction	0
2	Ejaculation with own satisfaction	1
3	Ejaculation with penetration, but early discharge	2
4	Ejaculation before penetration	3
5	Delayed Ejaculation without Orgasm	4
6	No Ejaculation at all	5

6) Pandutva (Pallor) – (Pallor in - Twaka, Nakha, Netravartma, KarnaPali, Jihva, Hastapadatala)

1.	Absent	0
2.	Present in one site	1
3.	Present in 2 – 3 sites	2
4.	Present in all sites	3

7) Maithunaasakti –(Performance Anxiety):-

1.	No anxiety at all	0
2.	Slight Anxiety, does not hamper Sexual act	1
3.	Anxiety that hamper in 25% encounters	2
4.	Anxiety that hamper in 50% encounters	3
5.	Anxiety that hamper in 75% encounters	4
6.	Anxiety that hamper in almost all the encounters	5

B) Grading For Objective Parameters:-

1)Sperm Count

Normal	> 20 Million / ml	0
Mild	20 >-< 14Million / ml	1
Moderate	14 - 07 Million / ml	2
Severe	07 > Million / ml	3

2) Sperm Motility

Normal	Motility above 75%	0
Mild	Motility 50% -75 %	1
Moderate	Motility 25%- 50%	2
Severe	Motility 25%	3

Total Kshin Shukra Gradation Score
Total Subjective Parameter Score

Total Kshin Shukra Scorel (31)	Prakriti		
	Vata	Pitta	Kapha
Mild (0-10)			
Modrate (11-20)			
Sever (21-31)			

Total Objective Parameter Score

Total Objective Parameter Scorel (06)	Prakriti		
	Vata	Pitta	Kapha
Mild (0-02)			
Modrate (03-04)			
Sever (05-06)			

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STATISTICAL ANALYSIS:-

As grading used for the parameters were ordinal in nature, "Kruskal-Wallis test" with "Dunn test" (Bonferroni corrected) as post-hoc test is used.

Post-hoc tests are performed only when there is significant difference observed in omnibus tests (i.e. either Kruskal-Wallis). We have tested hypothesis for each parameter and result is interpreted accordingly. The level of significance is kept at 0.05.

OBSERVATIONS AND RESULTS:

Incidence of Prakruti:-

Sr. No.	Prakriti	Total	
		Count	%
1.	Vata	32	53.33%
2.	Pitta	18	30.00%
3.	Kapha	10	16.67%
	Total	60	100.00%

Out of 60 patients, 32 patients (53%) were of vata prakriti, 18 patients (30%) were of Pitta prakriti while remaining 10 patients (17%) were of kapha prakriti.

Statistical analysis of different parameters:-

1. **Klaibyam:-**

a. **Sexual desire**

Using Kruskal-Wallis test, to test the hypothesis –

H_0 : Distribution of Sexual desire for all three subgroups is equal.

H_1 : Distribution of Sexual desire for at least one subgroup is significantly different.

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	3	2.94	0.56	2	12.741	0.002
Pitta Prakriti	3	2.22	1.26			
Kapha Prakriti	1	1.50	1.18			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Sexual desire score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.025 and 0.003 respectively).

i.e. as sexual desire score is inversely proportional to sexual desire, we can say that, sexual desire for "Vata Prakriti" was significantly lower than that of "Pitta Prakriti" and "Kapha Prakriti". Also "Pitta Prakriti" was observed with less sexual desire than "Kapha Prakriti".

a. **Erection**

Using Kruskal-Wallis test, to test the hypothesis –

H_0 : Distribution of Erection for all three subgroups is equal.

H_1 : Distribution of Erection for at least one subgroup is significantly different.

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	3	3.22	0.79			
Pitta Prakriti	3	2.56	1.20	2	8.346	0.015
Kapha Prakriti	2	2.10	1.60			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Erection score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.022 and 0.005 respectively).

i.e. as erection score is inversely proportional to erection, we can say that, erection for "Vata Prakriti" was significantly lower than that of "Pitta PrakrIti" and "Kapha PrakrIti". while "Pitta PrakrIti" and "Kapha Prakriti" were observed with statistically identical erection.

2. Dourbalya

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	2	2.28	0.77			
Pitta Prakriti	2	1.78	1.00	2	9.444	0.009
Kapha Prakriti	1	1.30	0.82			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Dourbalya score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.040 and 0.002 respectively). While Dourbalya score for Pitta Prakriti subgroup and Kapha Prakriti subgroup were not significantly different (P-value = 0.084) at 5% level of significance.

3. Mukh Shosha

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	1	0.97	0.18			
Pitta Prakriti	1	1.00	0.00	2	39.189	< 0.001
Kapha Prakriti	0	0.20	0.42			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Mukh Shosha score for Vata Prakriti subgroup was significantly higher than that Kapha Prakriti subgroup (P-values < 0.001). Also, Mukh Shosha score for Pitta Prakriti subgroup was significantly higher (P-value < 0.001) than Kapha Prakriti subgroup at 5% level of

significance. While there was no significant difference between Mukh Shosha score of Vata Prakriti and Pitta Prakriti (P-value = 0.384).

4. **Maithunottar Shram:-**

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	3	3.19	0.90			
Pitta Prakriti	3	2.56	1.20	2	8.107	0.017
Kapha Prakriti	1.5	1.90	1.66			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Maithunottar Shram score for Vata Prakriti subgroup was significantly higher than that of Pitta PrakrIti and Kapha Prakriti subgroups (P-values = 0.039 and 0.004 respectively).

5. **Chiratpresak:-**

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	1	1.22	1.04			
Pitta Prakriti	2	1.50	0.92	2	23.107	< 0.001
Kapha Prakriti	4	3.80	0.92			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Chiratpresak score for Kapha Prakriti subgroup was significantly higher than that of Vata Prakriti and Pitta Prakriti subgroups (both P-values < 0.001).

6. **Pandutva**

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	1	0.75	0.44			
Pitta Prakriti	2	1.88	0.32	2	38.78	< 0.001
Kapha Prakriti	1	0.70	0.48			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Pandutva score for Pitta Prakriti subgroup was significantly higher than that of Vata Prakriti and Kapha Prakriti subgroups (both P-values < 0.001).

7. **Maithunasakti:-**

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	3.5	3.22	1.04	2	8.397	0.015

Pitta Prakriti	2.5	2.39	1.04		
Kapha Prakriti	2	2.20	1.48		

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Maithunasakti score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.010 and 0.010 respectively).

8. Sperm count:-

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	2	2.34	0.70			
Pitta Prakriti	2	1.89	0.83	2	15.647	< 0.001
Kapha Prakriti	1	1.20	0.42			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Sperm count score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.029 and < 0.001 respectively). *As sperm count score is inversely proportional to sperm count, it can be said that – the sperm count for Vata Prakriti was significantly lower than that of Pitta and Kapha Prakriti. Also, Pitta Prakriti patients were with significantly less sperm count as compared to Kapha Prakriti patients.*

9. Sperm motility:-

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	2.5	2.44	0.62			
Pitta Prakriti	2	1.94	0.80	2	9.864	0.007
Kapha Prakriti	1	1.60	0.84			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Sperm motility score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.018 and 0.002 respectively).

As sperm motility score is inversely proportional to sperm motility, it can be said that – the sperm motility for Vata Prakriti was significantly lower than that of Pitta and Kapha Prakriti. Also, Pitta Prakriti patients were with significantly less sperm motility as compared to Kapha Prakriti patients.

Overall analysis:-

For assessing, relation between Prakriti and Shukra Kshya, all the 10 subjective parameters along with 2 objective parameters – Sperm count & motility were considered. For this total summated score of all 10 lakshanas are considered as "degree of Shukra Kshaya" for that patient. And then these scores of three prakritis are compared.

Using Kruskal-Wallis test, to test the hypothesis –

H_0 : Distribution of Summated score of Shukra Kshaya for all three subgroups is equal.

H_1 : Distribution of Summated score of Shukra Kshaya for at least one subgroup is significantly different.

Subgroup	Median score	Mean score	S.D. of score	d.f.	Kruskal-Wallis statistic	P- Value
Vata Prakriti	22.0	22.56	2.72			
Pitta Prakriti	19.5	19.72	2.35	2	21.223	< 0.001
Kapha Prakriti	17	16.50	3.81			

Post-hoc analysis using Dunn test with Bonferroni correction revealed that, Summated score of Shukra Kshaya score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha PrakrIti subgroups (P-values = 0.001 & < 0.001 respectively). Also, Summated score of Shukra Kshaya score for Pitta Prakriti was significantly higher than that of Kapha Prakriti (P-value = 0.047) at 5% level of significance.

DISCUSSION:
Prakriti:
Maximum Subjects were found in group of Vata Predominant Prakriti (53.33 %). It may be due to Vata Dosha have been found responsible as initiating factor to vitiate the Shukra Dhatu in Shukra Kshaya.
Discussion on statistical analysis of different parameters :-
 A) Discussion on subjective parameters
Klaibyam :- Ayuervedic klaibyam subjective parameter was observed under two criteria **.**
 A) Sexual desire   b)   Erection
a) Sexual Desire:
as sexual desire score is inversely proportional to sexual desire, we can say that, sexual desire for "Vata Prakriti" was significantly lower than that of "Pitta Prakriti" and "Kapha Prakriti". Also "Pitta Prakriti" was observed with less sexual desire than "Kapha Prakriti". it may be due to i) while describing Vata Prakriti Charakacharyaa says that due to "gandharva chitta"
(Gandharva Chitta or Gandharva Satava is a type of Satavika Manas Prakriti who loves to be with womans and to spent time with them. Ch. Sharir S. 4/36. So Gandharva Chitta is not a right camparision) and "anavasthit chitta", sexual desire found to be less. ii) As per Acharya Charaka Madhur and Snigdh Gunas are very much important for Vajikaran and Sexual desire, but Vatta Prakriti have exactly opposite gunas like Ushna and Katu and due to this particular Reason Vatta Prakriti have less sexual desire .
B) Erection:
as erection score is inversely proportional to erection, we can say that, erection for "Vata Prakriti" was significantly lower than that of "Pitta Prakriti"

and "Kapha Prakriti". while "Pitta Prakriti" and "Kapha Prakriti" were observed with statistically identical erection. It may be due to in Vajikaran adhaya Charakacharya describes erection (Harsh) as , "dehsatvabalapekshi harsha shaktishch harshja" but Vata Parkriti carries exactly opposite gunas like ruksh and alpabal hence in Vata Prakriti people erection is found to be less.
Dourbalya :
Dourbalya *occurs due to post Coitus Exhaustion is very common in Vata Prakriti people because of Ruksh guna and Apachit sharir of Vata Prakriti. Hence* Dourbalya *is more occurs in Vata Prakriti.*
Mukh Shosha:
Vata Prakriti subgroup was significantly higher than that Kapha Prakriti subgroup (P-values < 0.001). Also, Mukh Shosha score for Pitta Prakriti subgroup was significantly higher (P-value < 0.001) than Kapha Prakriti subgroup at 5% level of significance. it may be due to while describing Shosha in Mahakosha is defined as , "shushkoto vayuaha karm swekam" as per this statement due to ruksh guna of Vata and Tikshna , Ushna guna of Pitta. Mukh Shosha found more in Vata and Pitta prakriti, than that of Kapha Prakriti.
Maithunottar Shram:
it may be due to Vata Prakriti is having Kleshasahishnutva, Alpabala and Ruksh, guna of Vata that causes more post coitus exhaustion in Vata Prakriti that of Pitta and Kapha Prakriti.
Chiratpresak :
Chiratpresak score for Kapha Prakriti subgroup was significantly higher than that of Vata Prakriti and Pitta Prakriti subgroups (both P-values < 0.001). While Chiratpresak score for Pitta PrakrIti

subgroup and Vata Prakriti subgroup were not significantly different (P-value = 0.117) at 5% level of significance, *it may be due to Manda guna of Kapha late ejaculation occurs causes more that of Vata and Pitta Prakriti and Shigrakshobh gunas of Vata early ejaculation in Vata Prakriti.*

Pandutva :

It may be due to Soma, Snigdh, Shukla, Shit gunas of Ojha and Pitta Prakriti carries exactly opposite gunas of Ojha that is Ushna-Tiksha and due to this particular reason Pandutva is very common is Pitta Prakriti.

(In Pitta Pradhan Prakriti, Pitta gets vitiated very easily , which leads to vitiation of Agni –it leads to distrubence in formation of Anna Rasa. From Anna Rasa the Evolutive Meatmorphosis (DHATU POSHAN)of the Dhatus takes place. So the Sapta Dhatus and Ojas are vitiates very easily, hence Pandutva is seen more in Pitta Pradhan Prakriti)

Maithunasakti:

Maithunasakti score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.010 and 0.010 respectively). While Maithunasakti score for Pitta Prakriti subgroup and Kapha Prakriti subgroup were not significantly different (P-value = 0.344) at 5% level of significance. *it may be due to in Harita Samhita Vata Prakriti is described as in "Hinsatva" and due to this Hinsatva, Maithunasakti found to be more in Vata Prakriti.*

DISCUSSION ON OBJECTIVE PARAMETES

Sperm Count: Sperm count score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha Prakriti subgroups (P-values = 0.029 and < 0.001 respectively). Also, Sperm count score for Pitta Prakriti subgroup was significantly higher than that of Kapha Prakriti subgroup (P-value = 0.016) at 5% level of significance, *it may be due to according to Lokpusrush Samanya Sidhanta, Vata Prakriti is having Alpa and Apachit Sharir as well as Sukshma Sharir. Sperm Count, also having same properties like Alpa and Apachit . Hence sperm count is less in Vata Prakriti.*

Sperm Motility : Sperm motility score for Vata Prakriti subgroup was significantly higher than that of Pitta prakriti and kapha prakriti subgroups (P-values = 0.018 and 0.002 respectively). While Sperm motility score for Pitta Prakriti subgroup and Kapha

Prakriti subgroup were not significantly different (P-value = 0.148) at 5% level of significance, *it may be due to according to lokpusrush samanya Sidhanta Vata Prakriti is having Alpa and Apachit Sharir as well as Sukshma Sharir. Sperm Motility also having same properties like Alpa and Apachit . Hence Sperm motility is less in Vata Prakriti.*

DISCUSSION ON OVERALL ANALYSIS

For assessing, relation between Prakriti and Shukra Kshaya, all the 10 subjective parameters along with 2 objective parameters – Sperm count & motility were considered. For this total summated score of all 10 lakshanas are considered as "degree of Shukra Kshaya" for that patient. And then these scores of three Prakritis are compared

Summated score of Shukra Kshaya score for Vata Prakriti subgroup was significantly higher than that of Pitta Prakriti and Kapha prakrIti subgroups (P-values = 0.001 & < 0.001 respectively). Also, Summated score of Shukra Kshaya score for Pitta Prakriti was significantly higher than that of Kapha Prakriti (P-value = 0.047) at 5% level of significance.

CONCLUSION:

At the end of this study, conclusions are drawn on the basis of the observations noted,results obtained and discussion with experts. These are as follows:

1)

I) In kshin Shukra with Oligospermia subjects symptoms of Shukra Kshaya i) Klaibyam (a. Sexual Desire, b.Erection)Dourbalya, Maithunottar Shrama, Maithunaasakti were found more in Vata Prakriti than that of Pitta and Kapha Prakriti.

II) Mukhashosh (Dryness of mouth) Symptom of Shukra Kshaya in Kshin Shukra with Oligospermia subject was found more in Vata and Pitta Prakriti than that of Kapha Prakriti.

III) Pandutva (pallaor) Symptom of Shukra Kshaya in Kshin Shukra with Oligospermia subject was found more in Pitta Prakriti than that of Vata and Kapha Prakriti.

IV) Chiratprasek (delayed ejaculation) Symptom of Shukra Kshaya in Kshin Shukra with Oligospermia subject was found more in Kapha Prakriti than that of Pitta and Vata Prakriti.

2) In Kshin Shukra with Oligospermia subjects sperm count, sperm motility was found less in Vata Prakriti as compare to Pitta and Kapha Prakriti.

3) Shukra Kshaya for Vata Predominant Prakriti is significantly higher than that of Pitta and Kapha Prakriti.

REFRENCES:

1. Charak Samhita of charak with commentary of Chakrapani edited by Vaidya Yadavaji Trikamji , Chaukhambha Orientalia Varanasi Prakashan - Reprint 2009 .

2. Sushruta Samhita of sushruta with commentary of Dalhan edited by Vaidya Yadavaji Trikamji ,Chaukhambha Orientalia Varanasi Prakashan -9th Edition 2010.

3. Asthang Sangraha of vagbhata with commentary of Shashilekha edited by Prof. Jyotirmitra Acharya , Chaukhambha Sanskrit series Varanasi Prakashan– 3rd Reprint 2012.

4. Ashtanga Hridaya of Vagbhata with the Commentaries Sargvanga sundara of Arunadatta and Ayurveda rasayana of Hemadri Edited by Pt. Hari Sadashiv Shastri Paradkar Bhishagacharya, Chaukhamaba Sanskrit Sansthan, Varanasi- Reprint-2010.

5. Vd.U.K.Bande -(Sharir kriya vigyan Ayurved-adhunik prakruti paramarsh) -Amey publication-1st edition 2001.

6. Guyton & Hall- text book of medical physiology – Elsevier saunders- 12th Edition- 2011.

7. Toratora G.J.; Principles of anatomy and physiology, 8th edition, 1996, Harsper Collins college publishers, New York.

8. Sembulingam; Essentials of Medical Physiology by K. Sembulingam & Prema Sembulingam, Reprint 4th edition, Published by Jaypee Brothers Medical Publishers (P) Ltd, 2008, New Delhi.

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