



(CASE REPORT)



EFFICACY OF VIRECHANOTTARA UTTARABASTI IN THE MANAGEMENT OF TERATOZOOSPERMIA (SHUKRA DUSTI) - A SINGLE CASE STUDY

Chaithra S T *, Doddabasayya K and Santosh L Yadahalli

Department of P.G. Studies in Panchakarma, Taranath Government Ayurvedic Medical College and Hospital, Ballari, Karnataka, India.

ORCID Details

Chaithra S T: <https://orcid.org/0009-0009-2530-3773>

Doddabasayya K: <https://orcid.org/0009-0000-1607-1792>

Santosh L Yadahalli: <https://orcid.org/0000-0002-4756-5610>

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ABSTRACT

Infertility is defined as the inability to achieve pregnancy after 12 months of regular, unprotected sexual intercourse. *Shukra dushti* is a condition in which the quality and quantity of the *Shukra dhathu* is affected by *tridoshas*. Teratozoospermia is a condition in which less than 4% of sperm have normal morphology.

Objective: In the present study, an attempt was made to study the Efficacy of *Virechanottara Uttarabasti* followed by *Shamanoushadhi* in improving Spermatogenesis in Teratozoospermia case.

Case description: A male patient of 35 years old visited Panchakarma OPD, TGAMC Ballari with chief complaint of unable to beget a child in the last 7 years. Diagnosed with Teratozoospermia, b/l varicocele & wife aged 31 years with regular, ovulatory cycle with apparently no reproductive issues.

Methodology: Patient was subjected to *Virechana karma* with *trivrit lehya*, then *Uttarabasti* with *Ashwagandhadhi yamaka* followed by *shamanoushadhi*. Seminal parameters was assessed before and after treatment. Results- Before treatment morphology of sperm is 1% Sperm motility slow progressive was 57% rapid progressive was 28% After *Virechana karma*, Normal morphology improved >10%, Progressive motility upto 50% and after *Uttarabasti* Normal morphology improved upto 50%. Conclusion: This case highlights the potential of ayurvedic Panchakarma therapy, particularly *Virechana Karma* and *Uttarabasti* in the management Teratozoospermia.

Key words: Teratozoospermia, *Shukra Dusthi*, *Virechana Karma*, *Uttarabasti*.

1 INTRODUCTION

Infertility is defined as the failure to achieve pregnancy after 12 months or more of regular, unprotected sexual intercourse. It is a common reproductive health problem affecting approximately 1 in 6 adults worldwide. Male factors contribute to approximately 40–50% of infertility cases, either alone or in combination with female factors. Among the various causes of male infertility, abnormalities in sperm concentration, motility and morphology play an important role in impaired reproductive potential. Teratozoospermia is a condition characterised by abnormal sperm morphology, in which fewer than 4% of spermatozoa exhibit normal morphology according to current WHO reference criteria¹. Abnormalities may involve the head, midpiece or tail of the spermatozoon and may adversely affect sperm motility, fertilisation and the ability to achieve successful conception. *Shukra dhatu* is described as being derived from the *prasada bhaga* of *majja dhatu* through the action of *shukra dhatwagni*. *Shuddha shukra lakshana* like as *sphatikabha*, *drava*, *snigdha*, *madhura* and *madhu-gandha*². Impairment in the quality or quantity of *shukra* due to vitiation of the *doshas* is described under *Shukra dushti*. The morphological abnormality of sperm observed in Teratozoospermia may therefore be correlated with the concept of *Shukra dushti*, particularly when there is impairment in the structural and functional integrity of *Shukra*. Management of *Shukra dushti* involves correction of dosha vaishamyata, improvement of *shukravaha srotas* and enhancement of the functional capacity of *shukra*. *Virechana karma* was performed as a preparatory *shodhana* to eliminate aggravated *doshas*, promote *srotoshodhana* and improve *shukra* quality, followed by *Uttarabasti* with *Ashwagandhadhi Yamaka* to correct *shukra dushti* and to enhance reproductive tissue function through its *Vrishya*, *Balya* and *Rasayana karma*.

2 MATERIALS AND METHODS

2.1 Study Design

The present study was conducted as a single-case clinical study to evaluate the efficacy of *Virechanottara Uttarabasti* followed by *Shamanoushadhi* in a patient diagnosed with Teratozoospermia (*Shukra Dushti*).

2.2 Place of Study

The study was carried out at the department of *Panchakarma*, Taranath Government Ayurvedic Medical College and Hospital, Ballari, Karnataka, India.

2.3 Patient Information

A 35-year-old male patient presented to the *Panchakarma* Outpatient Department with the chief complaint of inability to beget a child for the past 7 years. He was a hindu by religion, belonged to a middle socioeconomic group and was working in a steel factory. The patient was a resident of ballari.

2.4 History of Present Illness

A 35-year-old male patient came with a complaint of inability to beget a child for the past 7 years despite regular sexual intercourse. The condition was associated with dull pain over the scrotal region and loss of erection during intercourse. The patient was evaluated and diagnosed with bilateral varicocele and Teratozoospermia. Semen analysis revealed an ejaculated semen volume of 3 mL, total sperm count of 114.5 million/ml and sperm morphology of 1% normal forms. Among the morphologically abnormal spermatozoa, abnormalities of the head were observed in 72%, midpiece abnormalities in 30%, and tail abnormalities in 28%. The patient had no known history of hypertension, diabetes mellitus, or hypothyroidism. With these complaints patient approached our hospital for further management.

2.5 Partner History

The patient's female partner 31 years old and had regular menstrual cycles with apparently regular ovulation. There was no reported history of reproductive abnormality or other significant gynaecological problems. Hence, the couple was evaluated with particular consideration of the identified male factor.

2.6 Clinical Examination

Table 1: Examination of Scrotum

Scrotal examination	Right	Left
Inspection	Dilated veins present Skin is normal, no scars, no discoloration	Dilated veins present Skin is normal, no scars, no discoloration
Palpation	Warmth	Warmth

Temperature		
Spermatic cord above testes	Dilated Tortuous veins, soft bag of worm consistency palpable	Dilated Tortuous veins, soft bag of worm consistency palpable

2.6.1 Investigations

To assess disease severity the following investigations were performed.

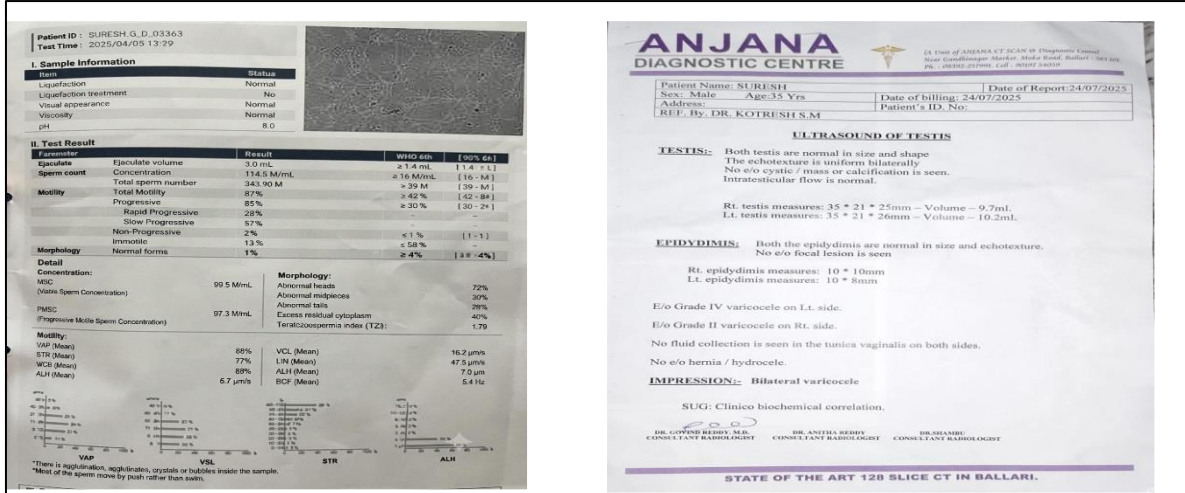


Figure 1: Baseline investigation of the patient before treatment.

The semen analysis revealed normal volume (3.0 mL) and Total motility (87%) Slow progressive 57% and Rapid progressive 28%, but marked teratozoospermia with only 1% normal forms. Scrotal ultrasonography showed normal testicular size and echotexture bilaterally. The ultrasound concluded with a definitive impression of bilateral varicocele, specifically noting Grade IV on the left and Grade II on the right.

2.6.2 Diagnosis

Based on the clinical presentation, laboratory investigations, imaging findings and ayurvedic assessment, the patient was diagnosed with *Shukra dushti* (Teratozoospermia).

2.6.3 Intervention

Virechana followed by *Uttarabasti*.

Table 2: Therapeutic management of the case.

Date	Therapeutic approach	Medicines with dosage	Duration
14/6/25- 17/6/25	1) <i>Pachana – Deepana</i>	With <i>Trikatu churna</i> 1 karsha (2-3 grams, thrice daily before food till <i>Nirama lakshanas</i>).	4 days.
18/6/25-22/6/25	2) <i>Snehapana</i>	With <i>Murchita gritha</i> , administered in increasing doses till the appearance of <i>Samyak snigdha lakshana</i> . (30ml, 50ml, 90ml, 130ml, 150ml)	5 days.
23/6/25 -25/6/25	3) <i>Vishrama kala – Sarvanga abhyanga followed by Bashpasweda</i>	With <i>Murchita tila taila</i> .	3 days.
26/6/25	4) <i>Virechana karma</i>	With <i>Trivrit lehya</i> 70 gms – 18 vegas observed.	1 day.
27/6/25- 30/6/25	5) <i>Samsrjana krama</i> .	<i>Peyadi karma</i> .	4 days.

8/7/25-16/7/25 With 3 days gap, 6 days of <i>uttarabasti</i> was done	2 Eranadamooladi niruha basti followed by <i>Uttarabasti</i> .	<i>Uttarabasti</i> with <i>Ashwagandhadi yamaka</i> .	6 days.
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Table 3: Uttarabasti schedule

Date	8/7/25	9/7/25	10/7/25	11-13/7/25	14/7/25	15/7/25	16/7/25
<i>Niruha Basti</i> with <i>Erandamooladi kashaya</i> in Morning	NB	NB	-	-	NB	NB	-
<i>Uttara Basti</i> with <i>Ashwagandhadi yamaka</i>	UB	UB	UB	-	UB	UB	UB

Table 4: Proceudre of Uttarabasti.

UTTARA BASTI	Purva Karma	<i>Sthanika abhyanga</i> to <i>Udara, Kati, Uru pradesha</i> with <i>Murchita tila taila</i> followed by <i>Patrapindasweda</i> . <i>Erandamooladi Niruha basti</i> given in the early morning on the day of <i>Uttarabasti</i> . <i>Basti samyojana</i> – <i>Makshika</i> -50ml, <i>saindhava</i> – 6 gms, <i>Murchita ghrita</i> - 70ml, <i>Shatapushpadi churna</i> - 12 gms, <i>Erandamooladi kashaya</i> – 300ml.
	Pradhana karma	After <i>pratyagamana</i> of given <i>Niruha basti</i> , patient is advised to have <i>laghu bhojana</i> and then <i>Uttarabasti</i> with <i>Ashwagandhadi Yamaka</i> 45ml administered under aseptic measures.
	Paschat karma	Patient was instructed to lie down for half an hour.

2.6.4 SHAMANUSHADHI

After completion of *Uttara Basti* procedure, *Shamanoushadhis* given for 10 days.

- *Beejapushti rasa* 1-0-1 after food with water.
- *Shilaprawang vati* 1-0-1 after food with water

**Figure 2: Sambhara sangraha for Uttarabasti**



Figure 3: Procedure Of Uttarabasti

3 RESULTS

After *Virechana karma* (03/07/25)- The semen volume increased to 6 ml, the sperm count reached >100 M/ml, active motility improved to 50%, sluggish motility was 50% and normal forms increased to >10%. After *Uttarabasti* and *Shamanoushadhi* (27/07/25)- The semen volume adjusted to 2.5 ml, sperm count further increased to 150 M/ml, active motility remained at 50%, sluggish motility 10% and normal forms significantly improved to >50%.



Figure 4: Post treatment laboratory findings.

4 DISCUSSION

Teratozoospermia represents a qualitative abnormality of sperm and may occur either in isolation or along with abnormalities of sperm concentration and motility. Contemporary literature indicates that abnormal sperm morphology may be associated with oxidative stress, impaired antioxidant defence, sperm DNA damage, mitochondrial dysfunction and apoptotic changes. However, isolated teratozoospermia remains a heterogeneous condition, and its relationship with natural and assisted reproductive outcomes is not completely consistent. In the present case, the presence of varicocele may have been one of the contributing factors to impaired sperm morphology. Varicocele is associated with increased scrotal temperature, venous stasis, impaired testicular microcirculation and increased oxidative stress, all of which may adversely affect spermatogenesis and sperm quality. Therefore, the observed teratozoospermia may be considered multifactorial, with varicocele potentially contributing to the deterioration of sperm morphology.

Teratozoospermia can be interpreted as a qualitative *shukra dushti*, although no direct one-to-one classical equivalent of sperm morphology exists. The pathogenesis begin with *agnimandya*, in which impaired *jatharagni* leads to inadequate digestion and transformation of *ahara*. As the *dhatu*s are nourished sequentially through the action of their respective *dhatvagni* over formed *anna rasa*, persistent *agni* impairment may result in defective *dhatu poshana* from

rasa through *rakta*, *mamsa*, *meda*, *asthi* and *majja* ultimately affecting *shukra dhatu*. Since *shukra* is the seventh dhatu, its proper nourishment is considered dependent upon the integrity of the preceding *dhatu*s and their metabolic processes.

The pathology involve predominantly *Pitta pradhana tridosha dushti* according to the individual clinical and seminal features. *Shukravaha sroto dushti* further contribute to impaired reproductive tissue function and transport of *shukra*. In the present case, the associated varicocele act as an additional local etiological factor by producing venous stasis, altered testicular microcirculation, increased scrotal/testicular temperature and oxidative stress. The local heat and metabolic injury associated with varicocele may be conceptually related to *Pitta*, whereas disturbed circulation and tissue-level functional impairment may be related to *Vata* and *Shukravaha sroto dushti*.

Shodhana was considered important not merely for elimination of vitiated *doshas* but as an initial intervention aimed at restoring physiological balance before administration of *Rasayana* and *Vajikarana dravya*. In the present case, *Virechana karma* was selected as the principal *shodhana* procedure with the aim of eliminating vitiated *doshas*, *Murchita ghrita Snehapana* was administered initially as a *purva karma*, with the objective of achieving adequate internal oleation and facilitating the movement of vitiated *doshas* from the peripheral tissues towards the *koshta*. *Virechana dravyas* possessing *Ushna*, *Teekshna*, *Sukshma*, *Vyavayi* and *Vikasi guna* are considered as capable of penetrating, mobilizing and separating vitiated *doshas* and facilitating their movement from *koshta*. *Trivrit Lehya*, was given to facilitate elimination of the aggravated *doshas*. Following *shodhana*, appropriate *Samsarjana krama* was adopted to gradually restore *agni*. A/C to *Kashyapa*, "*Beejam bhavati karmukam*," has been interpreted as appropriate purification enhance the functional competence of reproductive system i.e beeja, providing a classical rationale for *shodhana* in reproductive disorders.

Erandamooladi kashaya Niruha basti was administered before *Uttarabasti* with the intention of addressing *Vata*, particularly *Apana vata*, which has a central role in the physiology of elimination, ejaculation and reproductive functions. *Basti* considered to prepare and normalize the reproductive environment before administration of a more localized therapy.

Uttarabasti was subsequently administered after *Niruha basti*, *Sneha dravya* is introduced through the *Uttara Marga*⁴. In the present case, *Ashwagandhadhi yamaka* was selected for *Uttarabasti*, consisting of medicated *Taila* and *Ghrita* processed with *Ashwagandha*, *Gokshura*, *Sariva* and *Ksheera*. The combination provides a predominantly *Madhura rasa*, *Snigdha*, *Guru guna* and *Shukrala*, which was appropriate after the preceding *Shodhana* procedures. *Ashwagandha* possess *Balya*, *Brimhana* and *Vrishya* properties, *Gokshura* has *Madhura rasa*, *Guru*, *Snigdha*, *Sheeta guna* and *Vrishya* and *Sariva* is predominantly having *Madhura-Tikta rasa*, *Guru-snigdha* and *sheeta* with *shukrala* property. Collectively, these properties interpreted as counteracting vitiated *pittadi guna* and supporting *Shukra dhatu*.

Beejapushti rasa is a herbo-mineral *Vajikarana yoga* containing ingredients such as *Gokshura*, *Shatavari*, *Musali*, *Atmagupta*, *Yastimadhu*, *Amalaki* and mineral preparations like *Suvarna bhasma*, *Poornachandrodaya makharadwaja* which possess *vrishya*, *shukrala*, *balya* and *rasayana* properties. *Shilapravang*, containing ingredients such as *Shuddha shilajatu*, *Vanga bhasma*, *Pravala pishti*, *Mauktika pishti* and *Suvarna makshika* is having *Vrishya*, *balya* and *Rasayana* and support quality of *shukra* and sexual function. In the present case, both formulations were administered after *shodhana* to provide *Shukra dhatu poshana* thereby potentially improving the qualitative and functional properties of sperm.

5 CONCLUSION

The present single-case study suggests that *Virechanottara Uttarabasti*, followed by *Shamanoushadhi*, have a beneficial role in the management of Teratozoospermia (*Shukra Dushti*). Sequential administration of *Virechana Karma* and *Uttarabasti* was associated with improvement in sperm morphology, progressive motility, sperm count and other seminal parameters in this patient. The observed improvement in normal sperm morphology from 1% to 50% indicates a notable change following the intervention. The therapeutic approach have supported *agni*, *tridosha samata*, *shukra dhatu poshana* and the functional integrity of *Shukravaha srotas*.

STATEMENTS ON COMPLIANCE WITH ETHICAL STANDARDS

Disclosure of conflict of interest

The authors declare no conflicts of interest regarding this manuscript.

Statement of informed consent

Informed consent was obtained from the participant included in the study.

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