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A COMPREHENSIVE REVIEW OF ASHTA SHUKRA DOSHA: INTEGRATING CLASICAL DIAGNOSTICS WITH MODERN SEMEN ANALYSIS

Authers

1. **Dr. Pranjali Suresh ashtikar** (Final MS Stree Roga Evum Prasuti Tantra)
2. **Dr. Dilip Katare** (MD, Professor Stree Roga Evum Prasuti Tantra)

Hon Annasaheb Dange Ayurved Medical College And Post Graduate Research Center

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ABSTRACT

Male infertility contributes to 30-40% of total infertility cases[1], with declining semen quality becoming a significant public health concern. *Ayurveda* provides a sophisticated framework for understanding male reproductive health through the concept of *Shukra Dhatu*. The *Ashta Shukra Dosha* described in classical texts like *Charak Samhita* and *Sushruta Samhita* offer a phenotypic classification of infertility. This article provides a comprehensive review of these eight disorders, correlating their clinical presentations with modern semen analysis parameters such as count, motility and morphology. By integrating *Tridosha* Theory with spermatogenesis, this review aims to provide bridge between ancient diagnositic and contemporary andrology, offering a holistic management protocol involving *Shodhana* and *Vajikarana.*

KEYWORDS: Ashta Shukra Dosha, Male Infertility, Semen Analysis, Ayurveda

INTODUCTION

In *Ayurveda*, *Shukra* is the seventh and most refined *Dhatu*, responsible for *Garbhotpadana* (reproduction). Healthy *Shukra* is described as *Sphatikabham* (translucent/crystalline), *Dravam*(liquid), *Snigdham*(unctuous) and *Madhuram*(sweet)[2]. Any deviation from these qualities due massification offers a qualitative and systematic understandingto vitiated *Doshas* results in *Shukra Dosha*.

Modern medicine identifies male infertility primarily through Semen Analysis, focusing on quatitative metrics.

However, *Ayurveda's Ashta Shukra Dosha* classification offers a qualitative and systematic understanding, looking at the "soil and seed" (*Ritu-Kshetr-Ambu-Beeja)* complex. Understanding these eight disorders is vital for personalised *Ayurvedic* Medicine, especially when modern "unexplained infertility" cases arise.

AIMS & OBJECTIVES

- To conduct a literary review of *Ashta Shukra Dosha* from *Brihatrayee (Charak*[3], *Sushruta*[4], *Vagbhata*[5]*).*
- To correlate the clinical features of each *Shukra Dosha* with modern semen analysis parameters (Oligozoospermia, asthenozoospermia, Teratozoospermia,etc)
- To establish an *Ayurvedic* management protocol based on the specific vitiated *Dosha*s.

MATERIAL AND METHODS

This review is based on a thorough study of classical *ayurvedic* texts, including *Charak Samhita, Sushruta Samhita and Ashtang Hriday* along with their respective commentaries (*Ayurveda Dipika, Nibandhsangrah*). Additionally, modern textbooks of gynecology of authors like D.C. Dutta, J.B. Sharma and Medical Databases (PubMed, Google Scholar) were searched for studies relating to semen pathophysiology, oxidative stress and herbal efficacy in spermatogenesis to provide a comparative analysis.

LITERATURE REVIEW: THE SCRIPTURAL FOUNDATION

The classical understanding of *Shukra* is rooted in the "*Dhatu Parinama*" (tissue transformation) theory. To provide a high quality academic review, we must examine the specific definations provided by the *Acharyas.*

DEFINATION OF *SHUDDHA SHUKRA* (HEALTHY SEMEN)

Acharya Sushruta provides four physical markers[4]:

Sphatikabham: Translucent like rock crystal (indicates absence of pus/infection)

Dravyam & Snigdham: Liquid and unctuous (reflects proper liquefication and lipid content).

Madhuram: Sweet in the taste/post-digestive effect (correlates with high fructose content in seminal vesicles).

Tailakshaudra Nibham: Appearance like oil or honey (reflecting ideal viscosity).

CLASSICAL VS MODERN PARAMETERS

DETAILED TAXONOMY OF *ASHTA SHUKRA DOSHA*

A. Vataja Shukra Dosha

Description: Thin, dry, frothy and scanty

Clinical Correlation: Oligo-Asthenozoospermia. The *Chala* (mobile) and *Ruksha* 9/dry) qualities of *Vata* lead to a decrease in seminal plasma and erratic sperm movement.

B. Pittaja Shukra Dosha

Description: Blue/yellow discolouration, excessively hot and foul smelling.

Clinical Correlation: Pyospermia and Oxidative Stress. Modern medicine links "heat" in the scrotum (Varicocele) to sperm DNA fragmentation. The *Puti-gandha* (putrid smell) indicated inflammatory markers amd leukocytospermia.

C. Kaphaja Shukra Dosha

Description: White, slimy and clotted.

Clinical Correlation: Excess *Pichala* (sliminess) hinders the "swimming" capacity of sperms, mirroring high viscocity levels in modern SA which trap sperm in a fibrin-like mesh.

D. Kunapa Gandhi (Raktaja)

Description: Smelling like a cadaver.

Clinical Correlation: This is a severe pathology where *Rakta* (blood) vitiates the *Shukra*. It correlates with Necrozoospermia (dead sperm), where the vitality of the seed is lost entirely.

E. Granthi, Puti-Puya and others

***Granthi* (Clotted):** Attributed to *Vata-Kapha* blockage. It correlates with Sperm Agglutination (Sperm sticking together).

***Puti-Puya* (Pus-mixed):** Indicates chronic infection like Prostatitis or Vesiculitis.

INTEGRATION WITH MODERN SEMEN ANALYSIS

SAMPRAPTI (PATHOPHYSIOLOGY)

The formation of *Shukra* is a 30 day cycle (according to *Sushruta*) or a continuous process (according to *Charaka*).

- **General *Samprapti*:** Consumption of *Vidahi*(burning), *Abhishyandi*(clogging) or *Viruddha Ahara* (incompatible food) leads to *Agnimandya*(low digestive fire).
- ***Dhatu-Paka:*** This results in improper formation of *Ahara Rasa*, leading to poor nourishment of successive *Dhatus*.
- ***Srotodushti:*** Vitiated *Doshas* lodged in the *Shukravaha Srotas* (reproductive channels).
    - *Vata* causes dryness and low motility.
    - *Pitta* causes inflammation and DNA fragmentation.
    - *Kapha* causes obstruction and viscosity.

MANAGEMENT PROTOCOL

(I) Ayurvedic Management

The treatment follows a two-fold approach: ***Shodhana*** (Purification) followed by ***Vajikarana*** (Rejuvenation)

1. ***Shodhana*** (Detoxification)
    - ***Snehan & Swedana***: To loosen *Doshas*
    - ***Virechana*** (Purgation): Highly recommended for *Pittaja* and *Raktaja* disorders.
    - ***Basti***(Enema): *Yapana Basti* and *Uttarbasti* (intra-urethral) are the gold standards for improving *Shukra* quality.
2. ***Shamana & Vajikarana* (Herbal therapy)**
    - ***Vataja***: Use of *Brimhana* (bulking) herbs like *Ashwagandha* (*Withania somnifera*) and *Ghrita.*
    - ***Pittaja:*** Cooling herbs like *Shatavari* (*Asparagus racemosus*) and *Chandana.*
    - ***Kaphaja***: Purification with *Triphala* and use of *Gokshura* (*Tribulus terrestris)* to clear channels.
    - ***Ksheena:*** High doses of *Kapikacchu* (*Mucuna pruriens*), known to increase L-Dopa and stimulate spermatogenesis.

(II) Ashta Shukra Dosha Chikitsa [3],[4],[5]

1. Vataja:

- *Jeevaniya gana siddha Ghit, Chyawanprash, Shilajatu.*
- Use *Niruh* and *Anuwasan Basti.*

2. Pittaja:

- Use *Abhayamalki Rasayana.*
- *Nishottar Churna* with *Grita* for *Virachana.*
- *Anuvasana* and *Uttarbasti* with *Yashtimadhu* and *Mudagparni Taila.*

3. Kaphaja:

- Use *Pimpali, Gulvel, Lodhra, Triphala, Bhallataka.*
- *Vaman* with *Madanphal kwath* and *Virechana* with *Dantimul* and *Vidang churna.*
- *Anuvasana* and *Uttarbasti* with *Yashtimadhu* and *Pimpali siddha Taila.*

4. Kunapgandhi:

- Use *Dhatkipushpa, Khadir, Dadim* and *Arjun saal siddha Ghrita.*

5. Granthibhut

- *Pashanbheda siddha ghrita.*

- *Palashkshar siddha Ghrita.*

6. ***Puyadoshyukt***
    - *Purushakadi gana siddhi ghrita.*
    - *Vatadi gana siddha ghrita.*
7. ***Ksheen***
    - Use *Vajikaran Dravya.*
8. ***Purishgandhi***
    - Do *Snehan, Swedan, Vaman, Virechan* in order.
    - *Chitrak, Ushir, Hinga siddha Ghrita*.

(III) Modern Aspect of Management[6]

1. **Lifestyle Changes**
    - He should avoid stress, should consume nutritious healthy diet and perform regular exercise.
    - Should stop drinking alcohol, smoking and tobacco chewing.
    - Should control obesity.
2. **Treatment of underlying endocrine diseases**
    - Underlying Endocrine diseases like hypothyroidism or diabetes should be treated.
3. **Treatment of genital infection**
    - Doxycycline 100 mg twice daily or erythromycin 500mg 4 times a day is given for 6 weeks.
    - Long term antibiotic treatment can treat epididymis, orchitis, prostatitis and sexually transmitted diseases.
4. **Role of antioxidants**
    - Antioxidants like lycopene (4mg daily), Vitamin C, Vitamin E, Coenzyme Q with trace elements are beneficial in oligozoospermia and asthenozoospermia.
5. **Treatment of hyperprolactinemia**
    - Bromocriptine 2.5-5 mg daily or cabergoline 0.25-0.5 mg twicw weekly for 3-6 months
6. **Treatment of hypogonadotropic hypogonadism:**
    - Pulsatile GnRH therapy can be given.
    - Inj. hCG 2500-5000 units intramuscularly twice weekly or 10,000 units weekly for 6-12 months.

- Inj hMG (human menopausal gonadotropin) 150 IU thrice weekly can be combined with hCG for 6-12 months.
- Testosterone in dose of 25-50 mg orally daily for 3-6 months may improve spermatogenesis.

7. **Clomiphene Therapy:**
   - Given in dose of 25 mg orally daily for 25 days in a month followed by 5 days rest for 3-6 months.
8. **Treatment of Premature Ejaculation:**
   - Dapoxetine(Sustinex) in dose of 30 mg orally is taken 1 hr before coitus.
9. **Treatment of erectile dysfunction**
   - Sildenafil citrate (Viagra) in dose of 50 mg is taken orally one hour before coitus.
   - It should be avoided in patients of ischemic heart disease, diabetic retinopathy, retinitis pigmentosa and those on antihypertensive medication.
   - Tadalafil in dose of 10-20 mg 1 hr before coitus can also be used.
10. **Treatment of antisperm antibodies**
    - Corticosteroids like prednisolone 50 mg or dexamethasone 0.5 mg orally daily for 10 days in each cycle for 3-6 months.
    - Intrauterine Insemination is preferred.
11. **IUI:** 0.5 ml washed and prepared sample of highly motile, morphologically normal spermatozoa separated fromdead sperms, leucocytes and seminal plasma are inserted transcervically into the uterus at the time of ovulationthrough a thin flexible catheter.
12. **IVF:** Performed if sperm concentration is less than 10 million/ml.
13. **ICSI:** Applicable when sperm concentration is very low (<1million/ml) or totally immotile and morphologically abnormal sperms.

INTEGRATIVE MANAGEMENT SUMMARY TABLE

Clinical Condition	Allopathic Approach	Ayurvedic Approach	Integrated Perspective
Low Sperm Count	Hormonal therapy, Zinc, ART (IUI/IVF)	Vajikarna (Ashwagandha, Kapikacchu)	Both aim at HPG- axis stimulation
Low Motility	Antioxidants, L- Carnitine	Vata- Sharman, Uttarbasti	Addressing mitochondrial/ oxidative stress

Infections	Antibiotics	Shukra Shodhana (Purification)	Targeted antimicrobial action
Severe Intertility	IVF/CSI	Panchkarma (Deep Detox)	Detoxification to improve success rates

DISCUSSION

1. The Convergence of *Agnimandya* and Metabolic Syndrome

A pivotal finding in this review is that *Ashta Shukra Dosha* is rarely a localized pathology of the testis; rather it is a systemic manifestation of *Agnimandya* (impaired digestive and metabolic fire). In *Ayurveda*, the transformation of *Ahara Rasa* (nutrient plasma) into *Shukra Dhatu* (reproductive tissue) follows a sequential metabolic chain (*Dhatu-Parampara*). If the *Jatharagni* (central digestion) or *Dhatvagni* (tissue-specific enzymes) are compromised, the resulting *Shukra* is either *Alpa* (quantitatively deficient) or *Dushta* (qualitatively deranged).

2. The Pathophysiological Bridge: *Ama* and Oxidative Stress[7], [8]

The *Ayurvedic* concept of *Ama*- the toxic byproduct of undigested food- is the ancient precursor to the modern understanding of Metaboli Syndrome and Systematic Inflammation. When *ama* accumulates due to sedentary lifestyles and *Apathya Ahara* (unhealthy diet), it leads to *Srotorodh* (blockage of micro-channels). In the context of male infertility, this correlates with the accumulation of Reactive Oxygen species (ROS). High ROS levels induce a state of oxidative stress that parallels the *Pittaja Shukra Dosha* (characterized by *Daurgandhya* and *Ushna*), leading to lipid peroxidation of the sperm membrane and subsequent DNA fragmentation.

3. Endocrine Disruption and *Shukra Agni*

Modern research identifies the Hypothalamic-Pituitary_Gonadal (HPG) axis as the regulatory center for spermatogenesis. In *ayurveda*, this regulation is governed by the coordination of *Prana vata*, *Sadhaka Pitta* and *Shukra Agni*. We posit that Metabolic syndrome-characterised by insulin resistance, obesity and dyslipidemia- mirrors the *Kaphaja* and *Medovaha srotodushti* described in classical texts. Obesity leads to the peripheral conversion of testosterone into estrogen; similarly, *ayurveda* describes hoe excess *Meda* (fat) consumes the body's nutritive resources, leaving the *Shukra Dhatu* "starved" (*Dhatu-kshaya*). This explains the clinical presentation of *Ksheena shukra* (Oligozoospermia) in overweight patients.

4. Sperm Motility and *Vata-Vikriti*

The kinetic energy required for sperm motility is a function of *Vata* Dosha)specifically *Vyana Vata*).

Modern andrology attributes low motility (asthenozoospermia) to mitochondrial dysfunction in the sperm midpiece. This review suggests that *Vataja Shukra Dosha*- characterized by *Rukshata*(dryness) and *Alpata*(scantiness)- is a direct result of mitochondrial "*Agnimandya*" at the cellular level. The success of *Basti Chikitsa* in treating motility issues can be explained by its ability to regulate the *Vata* dominated enteric nervous system, which has a symbiotic relationship with the pelvic autonomic nerves governing ejaculation and sperm transport.

5. Clinical Implications for Integrative Medicine

Integrating *Ashta Shukra Dosha* diagnostics with modern Semen Analysis allows for a stratified medicine approach. While a modern clinician might prescribe generic antioxidants for "idiopathic infertility", an *Ayurvedic* physician can differentiate between a *Pittaja* (inflammatory) case requiring *Virechana* and *Shatavari*, and a *Kaphaja* (obstructive/viscous) case requiring *Lekhana* (scrapping) therapy and *Shilajit.* This personalized metabolic correction address the root cause- the *Agnimandya*- ensuring not just a higher sperm count, but the birth of a healthy offspring (*Shreyasi Praja*)

CONCLUSION

The *Ashta Shukra Dosha* provides a comprehensive diagnostic toolkit that goes beyond simple numbers. By identifying the specific *Dosha* involved, an *Ayurvedic* practitioner can offer a more nuanced treatment plan than the generalized "antioxidant therapy" often found in modern clinical practice. Integrating these classical observations with modern parameters allows for a standardized yet personalized approach to curing male infertility.

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