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Case Study

EFFECTIVENESS OF SIDDHA MEDICINE ON OLIGOSPERMIA (THATHU NATTAM) - A CASE STUDY

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ABSTRACT

Siddha medicine, which has always been India's pride. An ancient, Indigenous medical system framed by siddhars. Amidst all other medical systems siddha remains unique, since it gave equal importance to the external body and the internal soul. To Generate new knowledge on Siddha Andrology to fertility regulation and Endocrine disorders ancient Siddha literatures describes many safe and effective drugs identified by Siddhars for thousands of years. Oligospermia is one of the major leading causes of infertility. The patient having erectile dysfunction, premature ejaculation and lack of sexual desire is administered with Amukkarallagam in a dose of 5 gram along with Pavalaparbam 200mg. The sperm count was increased from 8mil/ml to 57 mil/ml after treatment along with increased sperm motility. Amukkarallagam along with Pavalaparbam shows significant improvement in the sperm count and motility. As ApanaVayu is responsible for the proper expulsion of Shukkilam. So medicines are given at Amukkarallagam along with Pavalaparbam has shown significant increase sperm count, improvement in erection dysfunction and sexual desire.

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INTRODUCTION

Nature always doing better for all living being; but very due to present life style, there has been a drastic change in day to day activities including life style, food habits, sexual life, medication, environmental pollution, industrial and occupational hazards and these changes have adverse effect on *Shukkila Dhathu* (Vindhu) which leads to infertility. According to Siddha medicine, *Shukkilam* is the terminal 7th tissue element of the body. It is considered as the Saram of all other Dhatu. It is composed of Vayu, Agni, Appu and Prithvibhutam. In the state of their excellence. Oligospermia or synonymously oilgozoospermia highly resembles *Thathu Nattam*, is a condition in which sperm count is get reduced. WHO (1992) describes the condition as the one in which total sperm count will be less than 20 million / ml. However Thathu Nattam is a condition in which *Shukkila Dhathu* is reduced both quantitatively and qualitatively. Disturbed daily routine, food habits, mental stress and busyness on account of fast life are affecting *Shukkila Dhathu* adversely.

Case Report

A 29yrs old male with normal BMI was presented with premature ejaculation, erectile dysfunction, lack of sexual desire, general debility and fatigability since three years. Personal history revealed that he is bicycle mechanic by occupation and without any addiction, got married 2 yrs ago. His wife failed to conceive in spite of frequent intercourse (average not less than twice a week) even during 12-16th day of menstruation. The only measure of contraception adopted was condoms which were used less frequently and it wasn't used since 1 year. He got his semen analysis done from approved medical pathology laboratory, as per advice of General Physician. He came in OPD of Ayothidoss Pandithar Hospital, National Institute of Siddha, Tambaram Sanatorium Chennai. With report of semen analysis for consultation and further treatment. Report of Semen analysis revealed oligozoospermia with other pathologies like reduced motility, non-motile sperms and abnormal forms (Table 1). His personal history revealed no major stress. He was not having past medical history of Mumbs, Tuberculosis, Orchitis, Hydrocele,

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Diabetes, fever (in last 2 years), Systemic arterial Hypertension, trauma to gonadal parts, or history of any other long term debilitating disorder or life threatening emergency. He was not having history of previous surgical interventions like Hydrocele, herniorrhaphy, varicocele, vasectomy reconstruction and no history of consumption of gonadotoxic agents (Cyclophosphamide, Sulphasalazine, Ranitidine/ Cimetidine, Androgenic steroids) or use of any medication for prolonged period. He wasn't on any other concomitant treatment/ drugs. Obstetric History of wife revealed that she was nullipara, no misabortions/ miscarriages, regular and normal menstrual history, no history of surgical interventions, no significant past medical illness and no history of consumption of long term drug treatment. There was no tenderness or signs of inflammation or enlargement of scrotum/ gonadal parts (epididymis) and no palpable and tender inguinal lymphadenopathy in local examination. There was no significant psychological disorder affecting daily routine or social behavior/ family or social relationship. Systemic examination didn't reveal any significant abnormality. His occupation, daily routine, lifestyle was similar as that of in last 2 years till the follow up period. He was diagnosed as case of Oligospermia and was prescribed with *Amukkara Ilagam* and *Pavala parpam*. Sperm count increased from 8mil/ml to 57mil/ml after above treatment. Percentage of Actively Motile and Non- motile sperms increased and Decreased respectively by 10% and abnormal forms decreased by 1% after treatment of three months. (Table-1) There was also an improvement in erectile dysfunction, premature ejaculation and general debility.

Siddha Treatment

AmukkaraIlagam - 5g
 Pavala parbam-130 mg with Pomegranate Juice
 Duration of Treatment 2 months.
 Drug administration time (Half hour after Breakfast and lunch, dinner).
 Adjuvant Cow's milk

Preparation and Quality Control of Amukkara Ilagam and Pavala Parpam

Medicines are issued from Pharmacy, National Institute of Siddha, Ayothidass Pandithar Hospital, Chennai. TamilNadu. Our Hospital Medicines purchased from TAMPCOL and IMCOPS, both are Certified GMP Pharmaceuticals Units in Siddha Medicine .

Table 1 Examination of Seminal Fluid (*Shukkilathervu*)

Test	Before Treatment	After Treatment
Method	Masturbation	Masturbation
Abstinence	3 days	3 days
Collected At	09:35 A.M	10:05 A.M
Examined At	09:55 A.M	10:20 A.M
Physical Examination		
Quantity	1.50 ml	2.50 ml
Colour(<i>Niram</i>)	Grey White	Grey White
Odour (<i>Manam</i>)	Normal	Normal
Viscosity (<i>Thanmai</i>)	Viscid	Viscid
Liquefaction	Within 20 min.	Within 20 min.
Reaction (pH)	Alkaline	Alkaline
Microscopic Examination		
Total Sperm Count	08 mil/ml	57 mil/ml
Sperm Motility		
Actively Motile	30%	45%
Sluggishly Motile	20%	15%
Non-Motile	50%	35%

Abnormal Forms	16%	14%
Other Abnormalities		
Pus Cells	Absent	Absent
R.B.C Cells	Absent	Absent
Epithelial Cells	Absent	Absent

CONCLUSION

Changing life style has very bad impact on human life including sexual health. Male impotency, premature ejaculation, erectile dysfunction becomes the burning issues of today's era. Siddha Medicine formulations have potential to overcome the health issues. AmukkaraIlagam along with PavalaParpam has given better result in Thathu (Vindhu) Nattam. After treatment there is significant improvement was observed in sperm count as well as motility. That is qualitative as well as quantitative improvement in the sperm.

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References

1. National Institute of Siddha: Siddha Treatment Guidelines for selected Diseases, Dept. of AYUSH, GOI, I edition: 2014
2. Sambasivam Pillai, T.V. Tamil – English Dictionary on Medicine, Chemistry, Botany and Allied Sciences, 1931,
3. WHO technical report series 820. Recent advances in medically assisted conception. World Health Organization, Geneva 1992.
4. World Health Organization: Report of the Meeting on the Prevention of Infertility at the Primary Health Care Level. WHO, Geneva 1983, WHO/MCH/1984.4.
5. Zargar AH, Wani AI, Masoodi SR, Laway BA, Salahuddin M. 1997. Epidemiologic and etiologic aspects of primary infertility in the Kashmir region of India. *FertilSteril*, 68:637-643.
6. Andrology, Male Reproductive Health and Dysfunction 3rd Edition, ISBN: 978-3-540-78354-1
7. Kamel R.M. Management of the infertile couple:an evidence –based protocol, Report Bio Endocrinol RBE,8(2010)21
8. Dr. K.S. Uthamarayan, Siddha Maruthuvanga Surukkam, Indian Medicine and Homoeopathy Department, 3rd edition, Pg. 41
9. Dr.P.M. Venugopal, H.P.I.M, Udalthathuvam, Indian Medicine and Homoeopathy Dept, 1st edition, 1968, Pg. 176
10. K.S. Murugesamudhaliyar, Gunapadam Mooligaivaguppu, Indian Medicine and Homoeopathy Dept, 2nd edition, 2002,