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Case Report

Restoration of Seminal Health by Balancing Pitha and Vatha Doshas: A Siddha-Based Case Study

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ABSTRACT

A 38-year-old male with a four-year history of primary infertility presented to the Siddha outpatient department at the Primary Health Centre, Malankinaru, Virudhunagar District, Tamil Nadu, India. The patient had well-controlled Type 2 Diabetes Mellitus and Hypertension and reported no history of smoking or alcohol consumption. Clinical evaluation revealed normal secondary sexual characteristics with bilaterally small testes and no palpable varicocele. Semen analysis showed oligoasthenospermia, with a total sperm count of 18 million/mL and 20% motility. Based on Siddha diagnostic principles, a combined disturbance of Pitha and Vatha doshas was identified. A three-month Siddha therapeutic regimen comprising *Thaneervitan Nei, Venthamarai Chooranam, Amukkara Chooranam, Silasathu Parpam*, and *Seeraga Thylam* was administered, accompanied by specific dietary and lifestyle modifications. Post-treatment evaluation revealed remarkable improvement in seminal parameters, with the sperm count rising to 52 million/mL and motility increasing to 85%, along with improved sperm morphology. No adverse effects were observed. This case highlights the potential of Siddha-based integrative therapy in improving seminal quality by addressing underlying dosha imbalances associated with oligoasthenospermia.

Keywords: *Aan maladu*, *Dosha*, Oligoasthenospermia, Siddha medicine, *Pitha-Vatha* imbalance.

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INTRODUCTION

Infertility affects approximately 8-12% of couples worldwide, with male-related factors contributing to nearly half of the cases (Agarwal *et al*., 2021). A significant number of individuals dealing with infertility opt for Complementary and Alternative Medicine (CAM) as part of their treatment approach. According to a global systematic review and meta-analysis, around 54% of infertile patients make use of CAM therapies, with prevalence varying between 26.3% and 96.1% dependency (Sharifi *et al*., 2024). In Siddha literature, Oligozoospermia is referred to by several synonymous terms, including *Thathu Rogam, Thathu Kuraivu, Vinthu Kuraivu, Vinthu Anu Kuraivu*, and *Sheena Vinthu* (Commission for Scientific and Technical Terminology, 2003).

In the Siddha system of medicine, the Uyir Thathukal (bio-energetic principles) consist of Vatham, Pitham, and Kabam, collectively known as the Tridoshas. Vatham is responsible for initiating and regulating the functions of the seven Udal Kattugal (physical constituents of the body). Sadhaka Pitham plays a key psychosomatic role, particularly influencing the formation of semen and the stimulation of sexual desire. It also supports and harmonizes the activity of the physical constituents. Tarpaka Kabam, which corresponds to Cerebrospinal Fluid (CSF), is believed to contribute significantly to the production of Sukilam (semen). Therefore, the goal of this case study is to address the specific imbalance of these Doshas and work toward restoring optimal seminal health (National Institute of Siddha, 2014). The aim of this case report is to demonstrate the management of male infertility due to oligoasthenospermia through the correction of *dosha* imbalances and strengthening of *Sukila dhatu* (reproductive tissue) using Siddha-based personalized herbal-mineral formulations, diet, and lifestyle measures.

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CASE PRESENTATION

A 38-year-old male presented with a four-year history of primary infertility to the Siddha outpatient department, Primary Health Centre, Malankinaru, Virudhunagar District, Tamil Nadu, India.

He was a non-smoker and non-alcoholic, married for four years, and had a history of Type 2 Diabetes Mellitus and Hypertension, both well-controlled with *Metformin* 500 *mg* twice daily and Telmisartan 40 mg once daily.

Clinical Findings

Vital signs: BP 130/90 mmHg, Pulse 72 bpm, HR 80 bpm, RR 19/min, Temperature 98.6°F

General examination: Well-nourished, no acute distress, normal secondary sexual characteristics

Genital examination: Bilaterally small testes (~12 mL each), non-tender epididymis and vas deferens, no palpable varicocele

Laboratory Investigations

Table 1: Laboratory investigation

Parameter	Pre-treatment	Reference range
Fasting Blood Sugar	123 mg/dL	70-110 mg/dL
Postprandial Blood Sugar	154 mg/dL	<180 mg/dL
HbA_{1C}	6.5%	<7%

Semen Analysis (Pre-treatment)

Volume: 2 mL,

pH: 7.8,

Liquefaction: 39 min,

Sperm count: 18 million/mL,

Motility: 20%,

Normal morphology: 30%,

Fructose test: Positive,

Diagnosis: Oligoasthenospermia.

Therapeutic Intervention

Based on Siddha diagnostic principles, the patient had combined *Pitha* and *Vatha* derangement. Treatment was aimed at pacifying these doshas using medicines with *Inipu* (sweet) and *Thuvarpu* (astringent) tastes and *Thapaveppa Veeriyam* properties.

Dietary and Lifestyle Recommendations

Avoid *Macrotyloma uniflorum* (horse gram), yam, unripe mango, bitter gourd, *Sesbania* leaves, pond water, and red water (Durairajan, 1993; Mudaliyar, 2003).

Avoid intercourse during daylight or immediately after meals; sunset coitus is discouraged as per Siddha principles (Uthamarayan, 2003).

Follow-up and Outcomes

Table 2: Siddha system of examination.

En vagai thervu	Result	Interpretation and Dosha affected
Naadi (Pulse)	Pitha vatham	Heat-induced semen quality deterioration (Pitha) poor motility (Vatha).
Neer (Urine)	Pale yellow color Neikuri- Aali pol paravuthal	Indicates Pitha imbalance.
Malam (Stool)	Irregular bowel movements, occasional constipation	Coating indicates Ama (toxins), dryness reflects dehydration or Vatha.
Naa (Tongue)	Slight white coating, dryness at edges	Coating indicates Ama (toxins), dryness reflects dehydration or Vatha.
Niram (Body Complexion)	Slightly dull, lacking brightness	Points toward reduced Ojas (vital energy).
Mozhi (Voice)	Low-pitched, lacking clarity, slow speech	Indicates nervous weakness general virility decline.
Vizhi (Eyes)	Mild dryness, dark circles, lack of luster	Sleep disturbance, and emotional stress - all impacting reproductive health.
Sparisam (Skin)	Dry, cool to touch	Classic sign of Vatha dominance, linked with semen dryness or low volume.

Table 3: Siddha Formulations Administered.

Sl. No.	Medicine	Dose	Adjuvant	Route	Duration
1	Thaneervitan nei (Government of India, Part I, 1992).	5 mL bd	-	Oral	3 months
2	Venthamarai choornam (Government of India, Part II, 1992).	1 g	Luke warm water	Oral	3 months
3	Amukkara choornam (Government of India, Part I, 1992).	1 g	Milk	Oral	3 months
4	Silasathu parpam (Government of India, Part I, 1992).	200 mg	Milk	Oral	3 months
5	Seeraga thylam (Government of India, Part I, 1992).	30 mL	-	External (0il bath)	3 months (weekly twice)

DISCUSSION

In the current case, based on laboratory findings and clinical evaluation, the diagnosis has been established as Oligoasthenospermia. From the history and clinical symptoms of the patient Oligoasthenospermia is differentiated, where varicocele often presents with scrotal heaviness and a "bag of worms" feel on standing, infections of the reproductive tract are associated with scrotal pain, swelling, fever, and urinary symptoms, while genetic disorders like Klinefelter syndrome typically show features such as small, firm testes, gynecomastia, and reduced secondary sexual characteristics.

Based on the diagnostic principles of the Siddha system as outlined in the table, the patient presents with a combined disturbance of Pitha and Vatha doshas. When Pitham-the energy responsible for transformation-is imbalanced, it can disrupt both spermatogenesis (the fomation of immature sperm from primary spermatocytes) and spermiogenesis (the maturation of sperm cells) (Tables 1 and 2). Asthenozoospermia, or poor sperm motility, is associated with an imbalance in Vatham, the principle responsible for movement and kinetic activity (Agathiyar. n.d.).

To address this imbalance, the treatment approach involves selecting medicines that harmonize the affected *doshas* (Table 3). Specifically, formulations with sweet (*Inipu*) and astringent (*Thuvarpu*) tastes are recommended in this case, as these are known to effectively soothe both Pitha and Vatha energies. The internal medicines prescribed in this case possess *Thapaveppa Veeriyam* and are intended to correct imbalances in *Pitha* and *Vatha* doshas (Shanmughavelu, 2003).

Thaneervitan Nei and *Amukkara Chooranam* have also been shown to enhance sperm count and motility from the study Dr. Beneti Kaniz Fatima *et al.*, (Fatima and Sonika, 2021).

Venthamarai Chooranam, as prescribed in this case, has been scientifically demonstrated to exhibit anti-hypertensive activity in renal hypertensive rat models. In traditional medicine, hypertension (referred to as *Pitha Athikam*) is attributed to an imbalance of the *Pitha dosha* (Babu *et al.*, 2014). Silasathu Parpam has been shown to significantly improve sperm count and motility, as reported in the study H. Mubarak1 *et al.*, (Mubarak *et al.*, 2016). *Asai Thylam* is traditionally used for oil baths to manage *Pitha Noi* (disorders associated with *Pitha dosha*).

Table 4: Comparison of Seminal Parameters before and After Treatment.

Seminal Parameters	Pre-treatment	Post-treatment
Volume	2 mL	2.5 mL
Viscosity	Normal	Normal
Liquefaction	Complete within 39 min	Complete within 30 min
Sperm count	18 Millions/mL	52 Millions/mL
Morphology	Normal	Normal
Motility	Actively motile: 20% Non-motile: 80%	Actively motile- 50% Sluggish motile - 35% Non motile - 15%
Fructose	Positive	Positive
Pus cells	5-6/HPE	4-6/HPE

From Tables 4 and 5, after three months of Siddha-based treatment, semen volume increased to 2.5 mL with normal viscosity and faster liquefaction. Sperm count rose from 18 to 52 million/mL, normal morphology improved from 30% to 60%, and motility enhanced significantly. Semen color prognosis shifted from "fair" to "good," reflecting improved seminal quality and fertility potential.

This case illustrates the potential effectiveness of a Siddha-based integrative approach in the management of oligoasthenospermia. However, limitations include the absence of a control group and reliance on a single case. Larger clinical studies are required to

Table 5: Indication of Semen colour in Prognosis (Shanmughavelu, 2003).

Colour prognosis	State	Before Treatment	During Treatment	After Treatment
White and butter like	Excellent			
White and curd like	Very Good			
White and milk like	Good			✓
White and akin to buttermilk	Fair	✓	✓	
Akin to the honey in colour and consistency	Average			
Akin to the ghee in colour and weight	Poor			
Akin to the toddy in colour and thickness	Very poor			
Akin to the water	Bad			

No adverse effects were observed during or after treatment.

validate these findings and better understand the mechanisms involved.

CONCLUSION

This case demonstrates the clinical value of a dosha-based therapeutic approach in Siddha medicine for managing oligoasthenospermia. This case underscores the importance of tailoring infertility management based on individual doshic constitution and imbalance, a core principle in AYUSH systems. It supports the integration of personalized dosha-based interventions in primary care settings for effective and holistic male infertility management.

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ABBREVIATIONS

BP: Blood pressure; **bpm:** Beats per minute; **HR:** Heart rate; **RR:** Respiratory rate; **°F:** Degree Fahrenheit; **mg/dL:** Milligrams per decilitre; **HbA_{1C}:** Glycated hemoglobin; **mL:** Millilitre; **HPE:** High-power field; **AT_1R:** Angiotensin II type 1 receptor; **eNOS:** Endothelial nitric oxide synthase; **CAM:** Complementary and alternative medicine; **CSF:** Cerebrospinal fluid; **M.D:** Doctor of Medicine; **mg:** Milligram; **gm:** Gram; **2K1C:** Two-kidney, one-clip model.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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